

INTEGRATED PLAN 2008/09 – 2011/12

Department of Community Health & Epidemiology

College of Medicine, University of Saskatchewan

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Table of Contents

I College/Unit-level Strategic Plan 2008/09 – 2011/12

- 1. Executive Summary page 3
- 2. Introduction page 6
- 3. Situation Assessment 2004 – 2007 page 8
- 4. Strategic Initiatives 2008/09 – 2011/12 page 15

II Community Health & Epidemiology

- a. Priority #1: Enrich the SPH Focus page 22
- b. Priority #2: Enhance Aboriginal Programming and Scholarship page 27
- c. Priority #3: Enhance engaged and experiential learning page 31
- d. Priority #4: Accelerate Research Momentum in Population
and Public Health page 35
 - Appendix A – Research Project Detail page 39
- e. Priority #5: Build a High Performance Organization page 43
 - Appendix A - Vision, Mission, Value & Goals page 46
 - Appendix B - Progress on First Integrated Plan page 50
 - Appendix C - Second Integrated Plan page 57
 - Appendix D - Strategic Initiatives Implementation Timeline page 70
 - Appendix E - Preparation Progress for Second Integrated Plan page 75

SECOND INTEGRATED PLAN

Community Health & Epidemiology, College of Medicine March 15, 2007

I. College/Unit-level Strategic Plan 2008/09 – 2011/12

1. Executive Summary

Community Health & Epidemiology (CH&E) is a small but dynamic department in the College of Medicine, with 12 faculty (4 part-time, of which 3 are with associated research units, and additionally one on leave of absence), 39 graduate students enrolled at the time of writing of this plan (4 Aboriginal, 10 international; 14 PhD, 25 MSc), and 3 clerical staff. In addition to the major commitment to graduate student training, CH&E is responsible for contributing to teaching in the undergraduate and postgraduate medical curricula. It is “a major contributor to University research intensivity”¹ with faculty research awards totaling \$29,584,806² over the period of the First Integrated Plan (2004/05-2007/08) an increase of 24% over the 4 year term 1999-2003, a 35% increase in federal funds including Tri-Council agencies.

CH&E met or exceeded its First Integrated Plan targets in all areas, with the exception of significantly increasing relevance to Aboriginal students, which it intends to continue to work on in the Second Plan.

CH&E proposes five strategic initiatives for the Second Integrated Plan, ranked in priority below.

Initiative # 1 – Enrich and expand the School of Public Health Conceptualization

The Department of Community Health and Epidemiology proposes to work with School of Public Health (SPH) Steering Committee partners to enrich the conceptualization of the SPH, ensuring a SPH that enhances the unique “human-animal interconnection” aspect with:

- a strong focus on health equity and social justice
- global/local links and studies
- north/south international connections
- connections between the environment and the individual and community
- engaging effectively with communities, and
- knowledge exchange.

¹ Second Attachment: Planning parameters, College of Medicine, University of Saskatchewan, July 14, 2004 pg 2.

² This total amount includes grant awards to CH&E faculty in which they were PIs or Co-applicants. While an amount which totals only grant awards in which CH&E faculty are PIs will be less (and this amount is reported elsewhere) we have reported a total grant activity amount here given the prominent role that CH&E faculty often plays in collaborative research activity, especially in large team grants.

Building on the SPH draft plan, CH&E wishes to collaborate in conceptualizing the Uof S School of Public Health as unique in reflecting a sense of place, having preeminence in some of the most important emerging areas of public health (especially the human-animal interconnection and working effectively with communities to improve health inequities), and entrench internationalism as central to the SPH.

Initiative # 2 – Aboriginal participation and focus

CH&E intends to enhance Aboriginal programming and scholarship through several integrated actions. Graduate course content relevant to Aboriginal students will be increased, and development of cultural competence of graduate students in working collaboratively with Aboriginal communities will be facilitated.

Initiative # 3 – Enhance engaged and experiential learning

CH&E proposes to increase the exposure that students have to experiential learning,³ and to expand opportunities for students to engage directly with community in research and transformational learning.

Initiative # 4 – Accelerate Research Momentum in Population and Public Health

CH&E intends to expand its current research, sustaining successes and where possible increasing the research momentum of faculty. Examples of major new grants awarded within the last year include: Teasdale-Corti Grant by IDRC \$1,600,000 (S. Abonyi, L. Hanson, co-applicant), NCE \$1,600,000 Canadian Obesity Network (B. Reeder, co-applicant), CIHR \$1,500,000, Biologically based predictors of juvenile arthritis (N Muhajarine, P. Pahwa, co-principal investigators), CIHR \$1,100,000 for a review of immunization disparities (A. Ross, co-applicant), CIHR \$795,790 reducing mental health disparities through population health promotion (L. Williams, principal applicant), CIHR \$750,000, research on health service access inequities for minority Francophone populations (A. Leis, principal applicant), and CIHR \$750,000, Globalization and health of Canadians (N. Muhajarine, co-applicant).

Initiative # 5 Build a High-Performance Organization

CH&E intends to improve its organizational performance in graduate student administration, teaching, and improving its visibility to prospective students and the larger community. Improved teaching is also linked with Initiative # 3 Enhance Engaged and Experiential Learning, and with the University Strategic Theme of Enhance Student Life.

Appendices

- A. Vision, Mission, Values and Goals of University, College of Medicine, and Community Health and Epidemiology.

³ See also the University of Saskatchewan Outreach and Engagement Foundational Document, 2006.

- B. Progress on First Integrated Plan initiatives - Accomplishments of Community Health and Epidemiology
- C. Grants and Awards received by Faculty in Community Health and Epidemiology 2003/04 – 2006/07
- D. Process for development of Second Integrated Plan, Community Health and Epidemiology Department.

2. Introduction

Community Health & Epidemiology (CH&E) in the College of Medicine has a complement of 12 faculty members appointed variously in tenured, tenure-track or without-term appointments. Of these 12 faculty members, five are full-time and seven part-time in CH&E. Most of the part-time members are cross-appointed with another academic or administrative unit. One faculty member is on a five-year contract, cross-appointed with Saskatoon Health Region. One faculty member is currently on a 3-year leave. Given these various arrangements, only somewhat more than half of faculty are available for direct teaching. In addition to the faculty complement, CH&E has three core administrative staff, and affiliated research units have five administrative staff.

CH&E is research intensive; faculty engages in leading edge research, with good to excellent ability to access grants and develop/lead national research networks. There are two research Chairs: a CRC Tier 2 Chair in Aboriginal Health, and the Louis Schulman Chair in Cancer Research. There are eight related research and educational support units whose faculty and staff has academic homes in CH&E or who have administrative or programmatic links:

- The Saskatchewan Population Health Research and Evaluation Unit (a bi-university interdisciplinary research unit with University of Regina; two CH&E faculty on staff)
- The Indigenous People's Health Research Centre (a tri-university research unit with University of Regina, First Nations University of Canada; one CH&E faculty member on staff, currently on three year leave)
- The Saskatchewan Cancer Control Research Program (one faculty member on staff)
- The Prairie Region Health Promotion Research Centre (one faculty in Extension, in transition)
- The Training for Health Renewal Program in Canada and Mozambique
- The Prairie Women's Health Centre of Excellence
- The Centre for Integrative Medicine
- The Education and Development Support Unit of the College of Medicine (two faculty with administrative links to CH&E).

The Department established a Doctoral program in 2002, building on its Master's of Science program (commenced in 1991). Its current student complement is 39, 14 PhD and 25 Masters; in addition 7 students graduated between May and December 2006. It has graduated a total of 27 Master's students and 3 Doctoral students in the last four years. Between 8 and 10 new graduate students will be admitted for Fall 2007, out of an applicant group of 36.

Between 1999 and 2007, the Department has had 7 Aboriginal ancestry graduate students, with 3 at the doctoral level. Three Master's students of Aboriginal ancestry and one Doctoral student have graduated (who is now on faculty with the University of Saskatchewan).

There are currently 10 international graduate students (6 PhD and 4 MSc) as well.

Total current grant awards to CH&E faculty equal \$29,584,806, and increase of 24% over the 4 year term 1999-2003. In the 2004 College of Medicine Planning Parameters, CH&E, along with Biochemistry, was cited as a “major contributor to the University’s research intensity”.⁴

In addition to the units mentioned above, CH&E also maintains working relationships with:

- Department of Academic Family Medicine, College of Medicine
- Northern Medical Services
- Saskatoon Health Region, Public Health Services
- Applied Research, Department of Psychiatry
- Western College of Veterinary Medicine
- The Canadian Centre for Health and Safety in Agriculture.

Vision

The Department of Community Health and Epidemiology supports the vision and values of the University of Saskatchewan (see Appendix A).

Mission

The Department also supports the mission statement of the University of Saskatchewan (see Appendix A) and that of the College of Medicine (see Appendix A).

Furthermore, in keeping with our Department’s emphasis on community health and epidemiology, our perspective on health goes beyond health care to include the broad range of determinants of health, the community-based promotion of health, and disease prevention. We pursue new relationships with the Aboriginal communities in Saskatchewan in order to increase the contribution of our teaching, research and service to the improvement of Aboriginal health and wellbeing. We encourage the development of programs and curricula that provide an international perspective on campus. It is also our goal to enhance opportunities for university students, faculty and staff to participate in and contribute to global development of community and academic organizations and institutions. We would therefore promote and expand scholarly exchange programs for faculty, students and staff.

Goals

The Department of Community Health and Epidemiology faculty has developed goals in three main areas of activity (teaching, research, and extension and service), as well as two process areas (the department as a healthy community, and resources). These are detailed in Appendix A.

⁴ Second Attachment: Planning parameters, College of Medicine, University of Saskatchewan, July 14, 2004 pg 2.

3. Situation Assessment 2004 – 2007

a. Current organization

CH&E has a Department Head that reports to the Dean, College of Medicine. Faculty is responsible to the College through the Department Head. CH&E has repeatedly requested representation at the College of Medicine governance committees (College Review Committee, Budget Priorities and Planning Committee), reflecting population health as the third 'pillar' of research, teaching and service in the College of Medicine.

b. Progress against current integrated plan

CH&E has completed nearly all of its planned initiatives in the First Integrated Plan. Some highlights are below; a complete review is in Appendix B.

Some work remains to be done in increasing relevance of courses to Aboriginal students and communities; this is one of CH&E's strategic initiatives proposed for the Second Integrated Plan. Plans for an International Centre for Community Health Teaching and Research (to be linked with the Training for Health Renewal Program (THRP) Canada-Mozambique) have not been pursued due to a change in direction for the THRP requested by the Mozambique Government.

Several initiatives not included in the First Integrated Plan have been completed or are in progress. These are noted as NEW in the text below.

Education

- Leadership to the proposed School of Public Health initiative. Enrolment of 10 inaugural MPH students, Fall 2006; extensive overlap in graduate courses with CH&E students.
- 39 graduate students (25 MSc; 14 PhD); 61% of graduate students receive scholarship support; 39 research assistantships.
- Secure and fill faculty tenure track positions in: Health Promotion, Global Health (recruitment underway), Public Health (partnering with Saskatoon Health Region; recruitment in final stages), Biostatistics (Director Clinical Research Support Unit), Aboriginal Health (with IPHRC; faculty on leave), 1 in Aboriginal Health (CRC Chair) plus recruit 4 term positions for term positions including one shared with Education Development and Support for teaching Program Planning & Evaluation. (4 of the 10 have left for personal reasons or due to expired terms.)
- Permanent status of its PhD program with 14 current students (increased from 4-6 in First Plan); continuation of MSc with 25 current students.
- Permanent status: CH&EP 412.3 Global Health II: Selected Issues in Nicaragua (course offered in Nicaragua); now exploring establishing official University of Saskatchewan (UofS) links with Nicaragua School of Public Health.

- Permanent status: Clinical Masters of Science established by College of Medicine; CH&E contributes teaching in research methods and clinical epidemiology (NEW).
- PRHPRC completed two biannual Health Promotion Summer Schools; five Community Development Capacity Building Workshops in northern Saskatchewan, partnering with Northern Diabetes Prevention Coalition.
- Faculty teach in undergraduate and postgraduate medicine curricula, contribute to LMCC Refresher courses, Clinical Research Skills course; undergraduate classes in Global Health (one of which offered in alternate years in Nicaragua), graduate classes in Community Health and Epidemiology (9 regular with 3 NEW courses, 2 NEW special topics), and contribute special lectures to a wide variety of courses across campus and throughout Canada.
- CIHR funded strategic training programs: Community and Population Health Research, 26 students supported to date, from University of Saskatchewan and University of Regina.
- Leadership in establishing Integrative Medicine courses and units (undergraduate), seminar services (public).
- Leadership, through the Training for Renewal Health Program (Mozambique-Canada), in establishing Interdisciplinary International Community-University Studies Program to increase experiential community learning for all health science professions students (not forecasted).
- Establish an applied public health teaching/research unit with Saskatoon Health Region (recruiting a director in final stages).

Research

- Total grants approved 2003/04–2006/07: \$29,584,806 awarded (another \$6,299,500 pending) reflecting a 24% increase in total grant funding over 1999-2003. \$22,854,366 comes from Tri-Council funding, and \$3,992,700 from other federal agencies, representing a 35% increase in all federal funding. \$2,746,743 comes from non-federal/national agencies, including the Saskatchewan Health Research Foundation.⁵
- Total grants where a CH&E faculty was the PI: \$7,421,724.
- Leadership in developing the Cancer and Complementary and Alternative Medicine (CCAM) Research Team, a pan-Canadian network. [NEW].
- CRC Chair in Aboriginal Health to CH&E-based SPHERU faculty member [NEW].
- Several projects with Saskatchewan First Nations through Prairie Region Health Promotion Research Centre; international project on culturally effective health promotion [NEW].

⁵ Includes all grant funds, including multi-site research team grants and in-kind contributions. It also includes Dr. Lewis Williams grant totals of \$948,790. Dr. Williams' position is in transition (formerly with Extension); PRHPRC, which she heads, has been associated with CH&E for over 15 years.

- On-going collaboration with the Indigenous Peoples Health Research Unit (tri-university unit funded by CIHR), including a tenure-track faculty (now on 3 year leave).
- Examples of major new grants awarded within the last year include: Teasdale-Corti Grant by IDRC \$1,600,000 (S. Abonyi, L. Hanson, co-applicant), NEC \$1,600,000 Canadian Obesity Network (B. Reeder, co-applicant), CIHR \$1,500,000, Biologically based predictors of juvenile arthritis (N Muhajarine, P. Pahwa, co-principal investigators), CIHR \$1,100,000 for a review of immunization disparities (A. Ross, co-applicant), CIHR \$795,790 reducing mental health disparities through population health promotion (L. Williams, principal investigator), CIHR \$750,000, research on health service access inequities for minority Francophone populations (A. Leis, principal investigator), and CIHR \$750,000, Globalization and health of Canadians (N. Muhajarine, co-applicant).

Extension and Service

- Supported development in First Nations University of Canada of undergraduate epidemiology and community health (part of Aboriginal health initiative).
- CIHR Award for Knowledge Translation given to Dr. Muhajarine for work in linking his and others' research in early childhood development with improvements in early childhood development services and publicly funded education [new].
- Sustained relationships with community agencies, including significant involvement in the CUISR initiative linking community and university.

Other

- Completing the University Systematic Program Review; obtained 1 additional administrative support position.
- Devolved scholarship administration from University funds (\$63,377 in 2006).

c. Progress against PCIP planning parameters

PCIP Planning Parameters were established in summer 2004. Applied to the College of Medicine they include the following items, against which CH&E is measuring itself as of January 2007.

- Graduate student enrolment: CoM objective - increase of 24 (for other Medicine Departments)⁶ CH&E increase in graduate enrolment: between 2003/04 –2006/07 admitted 11 PhD students (total 14 in program in January 2007), 30 MSc (total 25 in program, January 2007).

⁶ Second Attachment: Planning parameters, College of Medicine, University of Saskatchewan, July 14, 2004 pg 1.

- International students: University objective 8% of student population; CH&E international graduate student admission of 4–5 international students annually or 10% of rolling average.
- Aboriginal student enrolment to grow; CH&E current enrolls 4 Aboriginal graduate students (about 10% of rolling average), with 7 total over First Integrated Plan, with 3 graduated – 2 MSc, 1 PhD.
- Research Productivity: CoM objective - 25% increase from Tri-Council grants; CH&E total grants awarded \$29,439,208, increased by 24%, with a 35% increase in federal agency grants including Tri-Council awards. The Tri-Council total for CH&E was \$23,036,889.
- Create a Masters of Public Health Program: accomplished; 10 MPH students enrolled in September 2006.
- Resources – Finances: Reduce CoM claim on University operating budget by 1%. CH&E annual operating allocation 2002/03: \$627,603.00. CH&E operating allocation 2006/07: \$821,451.
- Resources – Space: College of Medicine to work on plans for new Saskatchewan Academic Health Sciences Centre. Work is progressing, with completion anticipated for 2011.

d. Financial performance

Highlights of CH&E changes with finance implications during the First Integrated Plan include:

- Addition of tenure-track positions in: CRC (Tier 2) in Aboriginal Health; Aboriginal Health (IPHRC Director; currently on three-year leave); Biostatistics (Clinical Research Support Unit); Global Health (recruitment spring/summer 2007)
- Tenure track position in Epidemiology requested and received in University faculty priorities process.
- Retirement of one tenured faculty.
- Retirement of the Director, Prairie Region Health Promotion Research Centre, who was funded on grant funds.
- Cooperation with Extension Division on tenure track faculty appointment for Prairie Region Health Promotion Research Centre.
- 1 tenure track faculty appointment with 50% CH&E time in Clinical Epidemiology; replacing previous appointment.
- 50% 5-year term faculty shared with Saskatoon Health Region for a Teaching/Research Public Health Unit.

- Tenure-track faculty appointment shared 50% with Saskatoon Health Region (recruitment underway).
- Addition of one new clerical staff position based on recommendations of the SPR.

Grant funds are managed by individual researchers, or in the case of research units by unit administrative staff.

e. Assessment of current strengths/weaknesses/opportunities/threats

Through an intensive series of interviews with CH&E faculty, staff, graduate students, and related research units, along with documents review, CH&E has assessed its current strengths and weaknesses and its environmental opportunities and threats. More detail about the process is below in Appendix D. In the following section quotations from interviews are in italicized texts.

Strengths

Research: CH&E is seen as a “*thriving research environment*” that is already research intensive. CH&E faculty link with other researchers locally, nationally, and globally, have gained national recognition, and earned a reputation for “*policy relevant*” research on health inequity/equity as the generally unifying theme.

Graduate Education: CH&E has one of the larger graduate student enrollments at the University, typically about 40 students. Students are considered high quality by outside observers and prospective and current employers. “*I’m very impressed with their research training...I would hire a student from CH&E over any others.*” While some graduate students believe that teaching quality needs to be improved or made more even, many observers see “*a very positive teaching environment because of the interest faculty take in teaching.*” All teaching faculty supervise students during thesis/dissertation work, several have more than 5 students. Faculty is able to support and mentor some graduate students through research assistantships. CH&E administers and awards its share of devolved scholarships (\$63,377 in 2006).

Relationships with communities: CH&E has strong collaborative educational and research partnerships with communities. “*...Faculty members are known, and generally well spoken of. The number of collaborative research projects...in the community seems high and they also are, generally, considered, by my colleagues in the community, to be relevant, the highest praise from a community partner.*”

Organizational culture: “*Collegial*”, “*friendly*”, “*welcoming*” “*a strong sense of community*” describe CH&E. CH&E is rooted in core values of: inclusiveness, empowerment and participation, respect for diversity balanced with priorities reflecting the common good, sharing of work and resources, and building strategic partnerships.

Diversity: CH&E faculty and students reflects diversity of nationality, ethnicity, gender, research and educational interests, and scholarly expertise including in both qualitative and quantitative inquiry. This enriches learning environments for students, and increases research collaboration opportunities.

Size and accessibility: CH&E present size features good accessibility for students, and individual attention to supporting students through their graduate degree work. Small size plus diversity combined with research intensity provides students “*lines to get you [to projects], and when you get there, there are opportunities.*” Many students feel that “*professors are fairly accessible*” and “*it still has the potential to feel like a community*”.

Weaknesses

Teaching faculty complement: Many observers have noted that CH&E’s teaching/supervision faculty size is proportionately small given the large graduate programs (time specifically linked with teaching/supervision is estimated at less than a total 7 FTEs for 40 CH&E graduate students, combined with undergraduate and graduate teaching in Medicine and growing teaching loads for MPH). Faculty also has demands from graduate program administration, university committee work, etc. These challenges, combined with faculty research commitments and those who work in affiliated other centres, mean “*people are inevitably stretched at one place or another*”. Students have raised concerns about supervision accessibility and quality. Teaching loads vary considerably, and equity of teaching/supervision loads needs to be addressed.

Financial support to graduate students: CH&E is financially supporting all but 2 PhD candidates (these have employer support), 9 of 25 of its MSc candidates with scholarships, and also provides a total of 39 research assistantships. CH&E wants, and needs, to find increased financial support for its students.

Organizational culture: Recent rapid growth in programs, changes in faculty complement, and part-time positions means that CH&E’s healthy organizational culture, particularly its sense of community, is being challenged.

Aboriginal health: To increase its relevance to both Aboriginal communities and students, CH&E needs and wants to better translate its experience working with northern and inner-city organizations into course materials and learning activities. CH&E needs a proactive recruiting strategy to continue attracting Aboriginal students.

Space, furniture, and equipment: CH&E will move into new health science complex space in 2011, but until then a major constraint is the extremely poor space, in terms of availability (only a few graduate students who also work as research assistants have office/study space in the Department, no space for new faculty) and quality (small classrooms, old hospital patient rooms for offices). Combined with existing furniture

this gives the Department an “*outdated*” appearance, off-putting to visitors, new faculty, and students.

Little time to share scholarly work: Due to teaching and supervision loads combined with high research intensity, CH&E faculty rarely make time to talk over scholarly interests and issues, limiting opportunities for collaborative research projects to emerge within the Department.

Opportunities and Threats

School of Public Health: The proposed School of Public Health is simultaneously an opportunity and a threat. Reflecting on opportunities, CH&E faculty sees a potential for a critical mass of educator-scholar-researchers focused on population and public health and potential for research synergy, along with a wider range of courses for students. CH&E could be part of a dynamic, influential, well-respected school of public health. This could potentially act as a ‘magnet’ attracting top faculty and students, and research funding.

The proposed School of Public Health could threaten CH&E in several ways: potential for significantly increased teaching loads without commensurate addition of faculty resources (“*Are we to become the pack horses in terms of teaching, but the research-rich centres will have more influence over things?*”), negative changes to organizational culture, and power differentials with new partners (“*potential lack of respect for people who are into social and economic determinants...different methodologies*”). In terms of organizational culture while the intention to establish a value-base for school of public health is evident in proposals, these organizational values needs to be worked out by involving all potential faculty and organizations. One additional concern is withdrawing a mass of population health expertise from Medicine.

Threats in general environment:

- Across Canada increasing competition for graduate students, and for faculty. Saskatchewan’s situation is more acute. Competition for Aboriginal students will increase, as more universities recognize the fundamental importance of Aboriginal peoples to Canada’s future.
- Current capping of CIHR funds could reduce research support at a crucial time.
- A continuing push to further increase research intensity across Canadian universities would negatively affect teaching time, and eventually quality, especially with rising student enrollments.
- Climate change has significant negative consequences for Saskatchewan’s resource-dependent economy, with potential repercussions for university funding.

Additional Opportunities:

- Currently, funding for northern, Aboriginal, and rural health research is more available; CH&E can take advantage of these resources.
- CH&E has been amassing expertise in community-university work, national and provincial organizations encourage partnerships. It has an opportunity to gather, record, and share its knowledge.
- As part of its initiative in Aboriginal health, CH&E has an opportunity to extend its relationships with Aboriginal communities and organizations, regularly canvassing for research needs, and linking students and faculty.
- Several CH&E faculty are well known nationally; more top graduate students are being attracted, along with research funding.

4. Strategic Initiatives 2008/09 – 2011/2012

a. Key Initiatives in the second planning cycle (presented in rank order)

CH&E's strategic initiatives for 2008/09 – 2011/2012 are briefly described below. More detail is presented in Section II of this Plan.

Initiative # 1 – Enrich and expand the SPH Conceptualization

The Department of Community Health and Epidemiology proposes to work with other School of Public Health (SPH) Steering Committee partners to enrich the conceptualization of the SPH, ensuring a SPH that enhances the unique “human-animal interconnection” aspect with:

- a strong focus on health equity and social justice
- global/local links and studies
- north/south international connections
- connections between the environment and the individual and community
- engaging effectively with communities, and
- knowledge exchange.

These ideas seek to build further on the vision, mission, values and goals articulated in the SPH proposal (submitted to University Council, anticipated date March, 2007). CH&E wishes to collaborate in a process to articulate an orientation that would make the U of S School of Public Health unique in reflecting a sense of place, have preeminence in some of the most important emerging areas of public health (especially the human-animal connection and working effectively with communities to improve health inequities), and entrench internationalism as central to the SPH.

To extend further the Uof S SPH as a magnet university education site, CH&E proposes using engaged, experiential and transformative learning in addition to traditional education methods, in a variety of learning settings locally and globally, with course offerings tailored for Masters and Doctorate students. When and where resources exist, course offerings will be expanded so that existing practitioners

(Canadian and international) will have a selection of Summer School, certificate, diploma, and undergraduate learning opportunities.

Initiative # 2 Aboriginal participation and focus

Since 1999, CH&E has had 7 Aboriginal graduate students, 4 Masters, 3 PhD. CH&E is the academic home in Saskatoon for the Indigenous Peoples' Health Research Centre. As well, CH&E has Adjunct and Associate Faculty with expertise in northern, rural, and Aboriginal health.

CH&E intends to enhance Aboriginal programming and scholarship through several integrated actions. Graduate course content relevant to Aboriginal students will be increased, and development of cultural competence of graduate students in working collaboratively with Aboriginal communities will be facilitated through:

- Increased CH&E graduate course content in Aboriginal health.
- Offering in collaboration with IPHRC a permanent course in Aboriginal community health research (offered as a special-topic course currently).
- Profile in seminars and courses, Aboriginal health service and research excellence and community strengths, balancing typically negative profiles of Aboriginal health due to major inequities in health determinants.
- Supporting IPHRC to renew CIHR research and graduate student funding.
- Strengthening relationships with Aboriginal health agencies, communities and their governments, actively soliciting community identified research priorities for faculty and student research projects.
- Continuing and, where resources permit, expanding student access to community engagements/placements.

It also intends to maintain or enhance its record in attracting Aboriginal graduate students by implementing a proactive recruitment strategy:

- Designating a culturally competent key contact within CH&E to link with and support Aboriginal students in completing graduate studies.
- Actively recruit Aboriginal students into CH&E in collaboration with the Colleges of Medicine and Nursing and/or proposed SPH.
- Ensuring course relevance through changes proposed above.

CH&E anticipates that by 2012, due in part to the above changes, it will have an Aboriginal faculty member in a tenure track position.

Initiative # 3 – Enhance engaged and experiential learning

CH&E proposes to increase the exposure that students have to experiential learning,⁷ and to expand opportunities for students to engage directly with community agencies in research and transformational learning.⁸

⁷ See also the University of Saskatchewan Outreach and Engagement Foundational Document.

CH&E now uses experiential learning in most existing graduate courses, combining a variety of case examples, small group work, problem-based learning with direct community placement. Students in three classes have course requirements that link them with community agencies to assist in evaluation design, work on problems relating to health inequity, and become familiar with daily living environments of the inner city neighborhoods. As well, CH&E could help to entrench the Interdisciplinary International Community-University Student Program which links health professions students with Saskatoon-based agencies that have a social justice and transformation learning approach. The College of Medicine has funded IICUSP, supporting a half-time coordinator and small stipends for community partners who provide course lecturers, coordinate student placements, and extend research or learning opportunities to students. An evaluation of IICUSP is currently underway (partly funded by CUISR, conducted by a CH&E student with supervision from CH&E faculty).

Initiative elements

- As part of the SPH Initiative, CH&E proposes that multiple routes of academic entry be established to meet diverse student needs, e.g., certificates, diplomas, e-learning, part-time options, co-op learning programs. (new resources required)
- Establish mechanisms to include community co-supervisors or field supervisors to all community-related CH&E graduate student theses or dissertations.
- Through the CH&E network of related research units, community agencies, and additional links with northern, rural, and Aboriginal community health organizations, regularly solicit research issues and system problems for potential graduate student research projects and course case examples. Structure explicit links with graduate students, first in CH&E and then elsewhere to connect community projects with potential students and supervisors.
- Commission, through special funds, graduate student-developed case studies to be used for CH&E and other U of S courses to illustrate community issues and whole systems operations, to enhance critical analysis skills, enrich learning. (new resources needed)
- Build on and use more often links with CIDA-funded THRP– Mozambique project for student placements in Mozambique, for Mozambique student placements here.

⁸ A process of getting beyond gaining factual knowledge alone to instead become changed by what one learns in some meaningful way. It involves questioning assumptions, beliefs and values, and considering multiple points of view, while always seeking to verify reasoning. Concepts arise out of work by Paulo Freire and Jack Mezirow.

Initiative # 4 Accelerate Research Momentum In Population And Public Health

CH&E intends to expand its current research, sustaining and where possible increasing the research momentum of faculty. New initiatives, both proposed and already funded, include:

- A Clinical Research Support Unit to extend biostatistical and epidemiological research support to other College of Medicine research teams.
- Support continued community university research partnerships in applied public health research, e.g., CIHR funded two large collaborative research projects on health inequities (adolescents and immunization) - Saskatoon Health Region and the College of Medicine (including CH&E faculty).
- A collaborative initiative with partner community agencies to document the steps, relational aspects, required resources, processes and principles of collaborative community-university research partnerships.
- Continued and expanded research on community health interventions to determine factors affecting effectiveness, and to develop principles that can guide further community health interventions.
- A CIHR funded Team grant to examine the socio-environmental, cultural, and structural factors that influence access to health services by Francophones living in minority language situations.
- A SHRF Team Grant application from SPHERU to build new knowledge, increase research capacity, and influence policy change in northern and Aboriginal health, healthy children, and rural health
- Proposed renewal of the Indigenous Peoples Health Research Centre, and related graduate student scholarships funded by CIHR.
- An inter-university (U of S and UBC) research project on literacy and health.
- Two projects on Aboriginal and racialized immigrant women's conceptualization of mental health, a partnership between Sturgeon Lake First Nation, PRHPRC, and IPHRC.
- CH&E and SPHERU faculty collaborative research with IPHRC on indigenous health disparities.
- Continue faculty research projects, including seeking opportunities to expand research intensiveness and increase opportunities for graduate student research assistants.
- Exploring opportunities for interdisciplinary research projects between CH&E and other proposed SPH faculty, to build research collaboration experience within the proposed SPH.
- Exploring possibilities to establish a Naturalistic Research Support Unit, to complement the Clinical Research Support Unit.

Initiative # 5 Build a High-Performance Organization

CH&EP intends to improve its organizational performance with the following actions, including those related to improved teaching. Improved teaching is also linked with Initiative # 3 Enhance Engaged and Experiential Learning, and with the University Strategic Theme of Enhance Student Life.

- Ensure completion of work on Strategic Initiatives: Establish Ad-hoc Working Groups to work on Strategic Initiatives; have monthly updates from Working Groups at Faculty meetings. Ensure annual assessment of progress against Integrated Plan. Gather information to assess Plan performance including: graduate (and other) student numbers, course of study, scholarship and research assistance support, faculty research grants and awards (details including amounts), changes in faculty and administrative staff complement, Departmental funding.
- Systematize graduate student administration: Consistent information given to students, ensure effective administration of graduate studies for all students by reviewing, revising, and codifying graduate administration and advising information for all faculty.
- Increase visibility on campus, to prospective students, within larger community through Website update and regular renewal, linking with local media on newsworthy stories, regularly sharing information on faculty and student accomplishments.
- Improve teaching quality through assistance from ES&D, review all courses and educational materials; meet with CH&E faculty individually, observe classes, provide rollup feedback on review to all faculty, monitor implementation of changes and improvements.
- Improve quality and relevance of Seminar Series for students through needs assessment, seminar revision, evaluate regularly; consider other formats, e.g., one-day workshop or practical “how to” aspects of research. Include mixture of outside speakers, faculty and student research presentations, journal clubs, etc.
- Match teaching resources to needs: Map out teaching and supervising requirements and available resources to identify any gaps, ensure adequate resources (i.e., for CH&E MSc and PhD, MPH over the next 5 years).

b. Resource Plan

Faculty and Staff Complement Plan (2008/09 – 2012/2012)

Faculty needs include:

- 1 tenure track faculty position in Program Planning & Evaluation Salary (\$67,088 Associate Professor, + 2 increments) + benefits + office set up (est. \$5000.00) + annual overhead
- 1 tenure track position in Health Promotion

- 1 tenure track faculty position in Biostatistics \$67,088 Salary (\$67,088 Associate Professor, + 2 increments) + benefits + office set up (est. \$5000.00) + annual overhead
- Sessional lecturers for certificate/diploma courses: 4 sessionals annually @ \$4308 = \$17,232.
- Tenure track faculty complement requirements for proposed School of Public Health as described in the SPH Proposal to University Council (anticipated submission, March 2007).

Administrative staff needs include:

- 0.5 FTE in grants administration for faculty outside research units (research units have grant administrative staff within the units). ASPA Operational/Administrative Phase 1 0.5 x \$39,186 = \$19,593 + benefits + office setup (est. \$2500) + annual overhead.
- 1 FTE for a Community Learning Facilitator to coordinate student community placements (including international placements), liaise with community agency guest lecturers, assist with community-university relationship building and maintenance including with Aboriginal health organizations and non-Saskatoon based community organizations, and support community-university dialogues about research needs and research partnerships. ASPA Specialist/Professional or Managerial Phase 2 \$57,460 + benefits + office set up + annual overhead.

CH&E expects that SPH will identify administrative support staff required for the expansion generated by the School.

ii. Space and Infrastructure

CH&E's space needs are being addressed in the long-term through construction of the Saskatchewan Academic Health Sciences Centre, scheduled for completion in 2011. In the meantime, space in the old section of the Royal University Hospital (second floor D and E Wings) is at a premium, with virtually no space for new faculty, research or support staff, and graduate students. New faculty office space is limited to one remaining office in the area adjacent to existing offices.

iii. Other resources

- Community agency stipends and guest lecturer travel expenses: \$20,000/year

To make certain initiatives possible (e.g., Engaged and Experiential Learning) it is essential to link students with community learning in and outside classrooms. Repeatedly asking community agencies to 'volunteer' their time for student education burdens their slender resources; CH&E must be able to defray travel expenses for those outside Saskatoon, and provide small stipends

for all community agencies who are regularly involved in student education. IICUSP has arranged for this; such arrangements need to be extended and made permanent.

- Global Health guest lecturers travel stipends: \$10,000/year
With increasing emphasis on internationalization, CH&E needs to be able to provide special travel support to visiting international faculty to assist with high travel costs. While CH&E will make every effort to coordinate with other programs, some additional funds will be needed.

- Development of case studies for graduate courses: \$10,000.
Graduate students, with faculty supervision and support, plus outside supports, will research and write case studies to enhance experiential learning and enrich Aboriginal content in CH&E courses.

5. Appendices

- A. Vision, Mission, Values and Goals of University, College of Medicine, and Community Health and Epidemiology.
- B. Progress on First Integrated Plan initiatives - Accomplishments of Community Health and Epidemiology.
- C. Grants and Awards received by Faculty in Community Health and Epidemiology 2003/04 – 2006/07.
- D. Process for development of Second Integrated Plan, Community Health and Epidemiology Department.

II. STRATEGIC INITIATIVES

Community Health & Epidemiology Strategic Initiative Priority # 1: Enrich the SPH Focus

Themes addressed by Initiative

- Foster an Engaged University
- Innovate and Focus

Initiative # 1 – Enrich and expand the SPH Conceptualization

The Department of Community Health and Epidemiology (CH&EP) proposes to work with other School of Public Health (SPH) Steering Committee partners to enrich the conceptualization of the SPH, ensuring a SPH that enhances the unique “human-animal interconnection” aspect with:

- a strong focus on health equity and social justice
- global/local links and studies
- north/south international connections
- connections between the environment and the individual and community
- engaging effectively with communities, and
- knowledge exchange.

These ideas seek to build further on the existing draft vision, mission, values and goals of the SPH. CH&EP wishes to collaborate in a process to articulate an orientation that would make the U of S School of Public Health unique in reflecting a sense of place, have preeminence in some of the most important emerging areas of public health (especially the human-animal connection and working effectively with communities to improve health inequities), and entrench internationalism as central to the SPH.

To extend further the U of S SPH as a magnet university education site, CH&EP proposes using engaged, experiential and transformative learning in addition to traditional education methods, in a variety of learning settings locally and globally, with course offerings tailored for Masters and Doctorate students along with existing practitioners (Canadian and international) able to choose from a selection of certificate, diploma, undergraduate, and graduate courses.

2012 Outcomes

Initiative Objectives

By the end of 2012, the U of S SPH:

- Offers course content and learning opportunities focused on:
 - Effective strategies and practices for engaging with community
 - Community-university research collaboration practices
 - Patterns of health inequities and disease contagion north/south.

- Has a wide-ranging student body, with 10% Indigenous people (both Canadian and international), 15% international students.
- Is establishing its national reputation as a unique graduate education centre with a rich knowledge base on engaging community, knowledge translation.
- Has established multiple routes of entry for diverse students where resources match demand, e.g., certificates, diplomas, part-time options so that existing practitioners as well as graduate students can improve knowledge and skills.
- Offers students an education on a wide range of research methods, both statistical and naturalistic inquiry, and opportunities to learn mixed methods research applications.
- Exhibits a vibrant, internationally-flavoured student life where students can learn from peers as well as professors about local/global public and population health challenges and practices.
- Reviews faculty for tenure and promotion using criteria tailored to the SPH's unique approach to working in public and population health, including recognition of multiple & diverse scholarship (e.g., Biostatistics requires pre-collected data sets compared with community based scholarship that requires large research grants to both collect and analyze data in a context of partnerships and trust; grants success from other than Tri-Council or traditional academic sources are recognized and valued equally).

By the end of 2010, the U of S SPH:

- Sponsors seminar series, through the expanded use of distance and electronic education media, which engage students, faculty, and community practitioners in learning exchange.
- Provides opportunities to all students for experiential learning in applied public health practice using a combination of community-placements, transformative learning short courses and community plunges, collaborative community-university research project participation.
- Has established at least one set of diploma or certificate access courses for existing practitioners, local and/or global.
- Ensures that the social justice hallmark of the U of S SPH is reflected in graduate, certificate, and diploma course variety, learning materials including teaching case examples, and required reading and assignments.

By the end of 2008, the U of S SPH:

- Has clearly articulated its niche as an educational environment in population and public health, based on particular strengths
- Has identified the resultant academic and organizational work to realize the niche definition, and created plans to complete this work.
- Ensures that Aboriginal and northern health, global health and internationalism are central to SPH courses.

Revenues and Costs

Impacts on revenues are expected to be:

- Increased ability to recruit graduate students; SPH graduate student expansion to 80 (from 40); tuition revenues of \$3000/year/student = \$160,000; gain of \$80,000.
- Increased success in obtaining research funding from established, as well as new sources (e.g., the Gates Foundation, CIDA, IDRC). Revenue increase of \$2.5 million.
- Revenues from short courses, including summer school learning events, diploma and certificate course registration. Revenues of \$350/student x 150 students = \$52,500 x 2 Summer Schools = \$105,000; diploma/certificate student tuition @ undergraduate level of \$495/3 credit course x 4 courses/yr/student x 20 students = \$39,600/year.

Impacts on costs between 2007-08 and 2010-11 are expected to include:

- Additional faculty, space, overhead and other costs, as proposed in the SPH Proposal to University Council.
- Graduate student teaching assistant funding for certificate and diploma and summer school courses 4 sessionals @ \$4,308/year = \$17,232.
- Travel stipends for visiting international faculty \$10,000/year.
- One full-time coordinator/learning facilitator to facilitate and support community placements, including in international settings (in addition to the existing 1/2 time IICUSP funding). (See also Initiative 2 & 3 for Learning Facilitator support) ASPA Specialist/Professional or Managerial Phase 2 \$57,460 + benefits + office set up (est. \$5000.00) + annual overhead.

Performance Measures/Metrics

Enrolment of students by 2011-12 is to be:

- Certificate and diploma students: 20, with 15% international/indigenous ancestry students.
- Summer school courses: 150 student/practitioners enrolled in short courses.
- Masters and Doctoral students as proposed in the SPH Draft submitted to University Council.

Course array includes courses on Aboriginal health, Global health; 20% of course materials include social justice analysis;

15% of students have selected SPH due to its orientation to social justice, Aboriginal and Global health.

Responsibility

The SPH Ad Hoc Working Group (CH&EP Department Head and 2-3 faculty representatives).

Timeline:

Work is underway, during February and March 2007, to facilitate this enriched conceptualization of the SPH. To date there has been interest in CH&E's proposals and a desire by the SPH Steering Committee to continue with dialogue.

- CH&EP faculty will prepare case studies to present to other SPH partners describing the contributions of CH&EP to the overall academic richness of the proposed SPH. (by September, 2007)
 - e.g., dealing with avian flu, immunization and culling, and its economic consequences for small family owned agricultural holdings using community development approaches combined with other approaches;
 - e.g., conceptualizing population & public health from bench science to community implementation in graduate education (what competencies and disciplines are involved).
- Meet with the larger SPH Steering Committee to describe the possible CH&E contributions, and to propose enlarging the conceptual description of the SPH to include a School that can combine the "human-animal interconnection" with population health with a social justice base, engaged learning relationships with community, and make global/local links. (February 2007 – on-going)
- Create a seminar series to have different disciplines & faculty describe their research interests, and how these connect to the new SPH (September 07 – September 08).
- Work with SPH Steering Committee partners to ensure that an explicit social justice/inequities focus for the SPH is exhibited in all foundational documents (February 07- until planning finished).

Within the next several months and years as necessary, CH&E will work with other SPH proponents and senior leaders to ensure that the unique focus on social justice/health equity is clear in:

- Faculty recruitment and selection processes
- Course variety
- Course content (including case examples, student assignments, community placement projects)
- Teaching methods
- Research team projects, and
- Organizational culture.

For timeline also see Appendix D 2007-2012 Implementation Work chart

Comments

Competitive advantage to the University

In establishing a SPH that fosters learning within and among the above interconnections (human-animal, global-local, environment – individual/ community, equity-social justice, engaged with community, knowledge translation), the U of S would have a uniquely faceted school of public health distinguished from others nationally.

This enriched conceptualization would result in a School that could:

- Help to conceptualize effective health intervention strategies that involve multiple disciplines from immunology to community development.
- Educate students in working effectively with community by providing engaged learning opportunities using diverse pedagogies and creative course offerings.
- Ground students in social justice and community development so they understand how health inequities act as engines for poor health outcomes across borders, classes, and societies, accelerating the spread of infectious diseases and elevating chronic illness rates.
- Assist students to develop effective strategies for knowledge exchange that influence health policies and practices at the individual, community, societal, and global levels.
- Build on Saskatchewan's historic traditions in social justice.
- Have a broad research focus on health equity and inequity that encourages interdisciplinary research teamwork.
- Establish international partnerships are truly reciprocal and mutual, with – for example – exchanges for faculty and students north/south, northern practica for south students.
- Balance qualitative research methods with quantitative methods in terms of respect, teaching, course work.
- Use innovative, effective methods for teaching,
- Increase research collaboration of all types (local/provincial/international and across disciplines).
- Engage students and faculty with the community (in multiple sectors).

Other partners

Other partners who are working to establish the School of Public Health would need to explore and eventually embrace this enriched definition of the SPH. These include leaders in College of Medicine along with:

- CCHSA
- WCVM
- Commerce
- Nursing
- VIDO
- Kinesiology
- Pharmacy and Nutrition

Community Health & Epidemiology
Strategic Initiative, Priority # 2: Enhance Aboriginal Programming and Scholarship

Themes addressed by initiative:

- Enhance Aboriginal programming and Scholarship
- Practice effective Enrolment Management

Initiative # 2 Ensure relevant curricula, learning methods, and support for continued Aboriginal participation in graduate learning

Description of Initiative:

Background

In the last decade, CH&E has graduated two Aboriginal Masters students, one PhD student (now on U of S faculty), accepted two additional PhD students and two additional Masters students. CH&E is the academic home in Saskatoon for the Indigenous Peoples' Health Research Centre, with whom it has partnered to offer a Special Topics course in Aboriginal community health research. As well, CH&E has Adjunct and Associate Faculty with expertise in northern and Aboriginal health.

Initiative

CH&E intends to enhance Aboriginal programming and scholarship through several integrated actions. Graduate course content relevant to Aboriginal students will be increased, and development of cultural competence of all graduate students in working collaboratively with Aboriginal communities will be facilitated through:

- Increased learning content in Aboriginal health for all graduate students.
- Offering, in collaboration with IPHRC, a permanent course in Aboriginal community health research.
- Profile Aboriginal health service and research excellence, and community strengths, balancing typically negative profiles of Aboriginal health due to major inequities in health determinants.
- Supporting IPHRC in renewing its CIHR funding, and grants for graduate students.
- Increasing its relationships with Aboriginal health agencies, communities and their governments.

It also intends to maintain or enhance its record in attracting high quality Aboriginal graduate students by:

- Actively recruiting Aboriginal students into CH&E in collaboration with the College of Medicine and/or proposed SPH.
- Ensuring course relevance through changes proposed above.

CH&E anticipates that by 2012, due in part to the above changes it will have an Aboriginal faculty member in a tenure track position.

Objectives/Outcomes by 2010

By the end of 2011/1212, CH&E (within College of Medicine or within SPH):

- Has at least one Aboriginal faculty member in a tenure-track position.
- 10% of graduate students are of Aboriginal ancestry.

By the end of 2010/11, CH&E will:

- Enhance and expand collaborative learning and research opportunities in Aboriginal health identified through expanded partnerships with Aboriginal communities, their health agencies and governments. .
- Build a network of researchers linked with Aboriginal health, by establishing, in collaboration with other relevant units/colleges and community organizations, an Aboriginal Health Research Forum
- Facilitate cultural competence of graduate students in working with Aboriginal communities, through increasing exposure during student assignments, projects, and theses/dissertations to Aboriginal health issues, strengths, and ways of knowing, as well as in class experiences. (Annual workshops are proposed for graduate students wishing to work with Aboriginal communities, including community engagement and research ethics, if they cannot take a credit course in these areas.)

By the end of 2009-10, CH&E will:

- Sustain Aboriginal student participation by developing and implementing a full Aboriginal student recruitment strategy, working in cooperation with College of Medicine and SPH, the Aboriginal Students' Centre, and Aboriginal and northern community health services.
- Prepare to add an Aboriginal faculty member, by having at least one Aboriginal PhD candidate, actively recruited to complete PhD study with the intention of joining the CH&E faculty.
- Maintain 2002-06 average intake levels of Aboriginal ancestry graduate students.
- Contribute to Aboriginal scholarship by establishing, in collaboration with IPHRC and other relevant U of S Aboriginal faculty, a permanent course on Aboriginal community health research methods, including Aboriginal knowledge systems, ethical research practice, and community engagement.

By the end of 2008-09, CH&E will:

- Increase exposure of all CH&E students to Aboriginal health issues: increase content relevant to Aboriginal communities and health issues with systematic review and revision of teaching/learning content and methods. Specific efforts will be made to identify and profile areas of accomplishment and strength in Aboriginal health.
- Expand CHEP 990 Seminar Series to include case examples of Aboriginal health service and community health research excellence, collaborating with relevant units/colleges, Aboriginal health services and communities.
- Build capacity for Aboriginal scholarship and practice by extending learning opportunities to Aboriginal health practitioners, managers, and leaders, with the explicit idea of interesting some in further graduate study, using special CIHR funding or other available funding.
- Continue on-going relationships with IPHRC to support scholarships and additional research project funding for Aboriginal graduate students; systematically entrench collaborative relationships with IPHRC and other U of S faculty with special interest in Indigenous People.

Revenues and Costs:

Revenues:

- Renewed CIHR funding for IPHRC
- Renewed CIHR funding for Aboriginal graduate students (now flow through IPHRC)
- CIHR and/or other funding for extended learning opportunities for existing practitioners

Costs:

- Complementary efforts with existing College of Medicine Aboriginal recruitment and/or SPH sponsored efforts.
- Short courses and workshops offered to existing practitioners in Aboriginal health services (see also costs for certificate/diploma programs Initiative # 1 -SPH – 4 sessionals @\$4308 /yr = \$17,232).
- Travel stipends for Aboriginal researchers and course lecturers (see Initiative # 3 Engaged and Experiential Learning, \$16,000/year).
- Funds to support development of case examples for use in graduate courses, with funds supporting community participation as well as some graduate student research and writing (see Initiative #3 – Engaged and Experiential Learning - \$10,000).
- Community agency stipends to facilitate graduate course presentations and community placements (see Initiative # 3 Engaged and Experiential Learning).

Performance measures/metrics

- Aboriginal graduate student admission comparative with 2002-06 CH&E levels; 10% of graduate student enrolment.
- Have 50% of its graduate students exhibit multiple characteristics of cultural competency when working in/with community agencies.
- Have established links with a minimum of 10 Aboriginal health organizations and/or communities/governments.
- Regular contact with 10 members of an Aboriginal health research network, within in Saskatchewan.

Responsibility:

Department Head supported by faculty members on Aboriginal programming working group.

Timeline:

See above objectives

Comments:

With the proposed SPH, it is possible to profile excellence in Aboriginal health studies as well as increase total numbers of Aboriginal students attending combinations of graduate, undergraduate, diploma or certificate courses and special workshops or summer school courses.

CH&E intends to work closely with IPHRC and the College of Medicine and/or SPH on recruiting and retention of graduate students, establishing a permanent graduate course in Aboriginal health, and recruiting an Aboriginal faculty member. IPHRC plus other relevant U of S faculty and CH&E graduate students (former and current) will be asked to advise on course revisions.

Community Health and Epidemiology
Strategic Initiative # 3: Enhance engaged and experiential learning

Themes Addressed by this Initiative

- Enrich student experience
- Foster an engaged university

CH&E Initiative # 3 – Enhance engaged and experiential learning

Description of Initiative

CH&E proposes to increase the exposure that students have to experiential learning⁹, and to expand opportunities for students to engage directly with community agencies in research and transformational learning¹⁰.

Background

CH&E use experiential learning in most existing graduate courses, combining a variety of case examples, small group work, problem-based learning with direct community placement. Students in three classes have course requirements that put them into community agencies to assist in evaluation design, work on problems relating to health inequity, and become familiar with daily living environments of the inner city neighborhoods. As well, the Training for Health Renewal Program (Mozambique-Canada) of CH&E helped to establish the Interdisciplinary International Community-University Student Program to organize health professions student links with Saskatoon-based agencies that have a social justice and transformation learning approach. The College of Medicine has funded IICUSP, supporting a half-time coordinator and small stipends for community partners who provide course lecturers, coordinate student placements, and extend research or learning opportunities to students. An evaluation of IICUSP is currently underway (partly funded by CUISR).

Initiative elements

- As part of the SPH Initiative, CH&E proposes that multiple routes of academic entry be established to meet diverse student needs, e.g., certificates, diplomas, e-learning, part-time options, co-op learning programs.
- Establish mechanisms to include community co-supervisors or field supervisors to all community-related CH&E graduate student theses or dissertations.
- Through the CH&E network of related research units, community agencies, and additional links with northern, rural, and Aboriginal community health organizations, regularly solicit research issues and system problems for potential graduate student research projects and course case examples. Structure explicit links with graduate

⁹ See also the University of Saskatchewan Outreach and Engagement Foundational Document.

¹⁰ A process of getting beyond gaining factual knowledge alone to instead become changed by what one learns in some meaningful way. It involves questioning assumptions, beliefs and values, and considering multiple points of view, while always seeking to verify reasoning. Concepts arise out of work by Paulo Freire and Jack Mezirow.

students, first in CH&E and then elsewhere to connect community projects with potential students and supervisors.

- Commission, through special funds, graduate student developed case studies to be used for CH&E and other U of S courses to illustrate community issues and whole systems operations, to enhance critical analysis skills, enrich learning.
- Build on and use more often links with CIDA-funded THRP – Mozambique project for student placements in Mozambique, for Mozambique student placements here.

Objectives

2010-2012

- Students graduating from CH&E will know effective ways to work with community, and community health agencies.
- Partnerships with other agencies not based in Saskatoon will expand students' access to experiential learning opportunities.
- At least 5 students and 3 faculty select research and thesis/dissertation projects from community identified research priorities proposed by northern, Aboriginal, rural communities, gathered by an on-going CH&E process.
- To ensure community participation in research decision-making, all community-related CH&E graduate student theses or dissertations will include community co-supervisors or field supervisors; community-university projects will have steering committees with community representation.

2009-2010

- CH&E will regularly solicit research issues and system problems for potential graduate student research projects and course case examples by establishing links with northern, Aboriginal, rural community health organizations. Structure explicit links with graduate students.
- International student placement and research opportunities will expand, building on Global Health class links with Nicaragua and the THRP - Mozambique project.
- Mozambique student will be studying at the U of S, resulting from work with THRP to devise new university-based course offerings.
- Courses will have access to a wider range of community-based guest speakers due to an 'inventory' of community-based guest speakers (especially Aboriginal and northern) established by CH&E and regularly up-dated.
- Additional case examples or small group learning processes will be used in existing courses.

2008-09

- Where graduate student theses or dissertations are linked with community-defined priorities or with community agencies, requirements for community co-supervisors or field supervisors will be put into place.

- To keep students focused on community health priorities, student thesis proposals will be required to define establishing community relevance, and opportunities for knowledge translation or exchange.
- Graduate student exposure to community issues and health systems operations, and development of critical analysis skills will be increased by in class use of case studies commissioned by CH&E. Case studies to be used for CH&E and other U of S courses to illustrate community issues and whole systems operations,
- Establish communication mechanisms to facilitate faculty responsiveness to community medicine and community health issues as potential theses/practica for students; encourage use as theses/dissertation topics.

2007-08

- Community learning facilitator appointed full-time to improve coordination of community-based learning experiences (practica, speakers, volunteer placement, plunges, etc.) of experiential and engaged learning. This individual will support and coordinate CH&E student placements, coordinate community-university lecturers in CH&E classes (and likely with SPH classes), and establish and maintain relationships with community agencies, and canvass for community research priorities. Further use can be made of the Interdisciplinary Dean's Committee, or the Gwenna Moss Learning and Teaching Centre.
- CH&E will to define best practices in experiential learning to use in its courses by completing environmental scan of experiential learning in the province, Canada, US and the world.
- All CH&E graduate students will be required to complete a “community plunge” preferably during the first year of studies.
- To ensure all students have access to experiential learning, CH&E will identify implications of adding MPH students into existing courses that have engaged and experiential learning:
 - e.g., offering Health Promotion twice yearly and therefore increasing the demand on community agency speakers and guest lecturers.
 - Program Planning & Evaluation student evaluation design projects
 - Global Health classes community placements & links
 - SPHERU coordinated population health issues course
 - Define the scope of additional demand, reasonable expectations for community agencies, needs for increased stipends or sources for guest lecturers from community agencies, additional experiential community learning resources.
- Future opportunities defined for application of epidemiology to community research needs.
- Experiential learning increased in existing courses through review and revision, drawing on ESD support (see also Initiative # 5)

Revenues and Costs

Revenue:

Revenue sought from specialized funding sources for additional case studies for CH&E classes.

Costs:

Increased coordination of community-university links (identified in Initiative # 1 \$57,460 + benefits, office set up + annual overhead).

Community – university guest lecturer travel costs & community agency student placement stipend @ \$16,000/year

University funds for initial case studies: \$10,000 (1 set of cases by faculty supervised graduate student committees; 1 set of cases with outside resource).

Performance Measures

- Each CH&E course will use at least 1 experiential learning activity. Students in selected courses (e.g., Program Planning & Evaluation) will be required to participate in a community agency assignment to complete course requirements. When relevant, agencies will ask for continued student placements.
- All CH&E graduate students will participate in one “community plunge” during their studies.
- Students wishing to participate in community agency placements during their studies will have placements facilitated by CH&E.
- Community agencies with sustained links to CH&E will expand from 4 to 8. Community agencies with occasional links will expand to 20.
- Using appropriate metrics, ED&S will assist CH&E to gather students’ assessment evaluations of their experiential learning annually, and share findings with CH&E faculty. Over the Second Cycle, ratings will improve.
- All students involved with experiential learning will engage in all four stages of the cycle, including reflection.

Responsibility

CH&E Ad Hoc Working Group on experiential learning

Timeline

See Objectives and Appendix D 2007-2012 Implementation Work chart

Comments

Collaboration opportunities with other colleges/units engaged with internationalism. Further discussions required.

Collaboration with IPHRC in linking and supporting student projects with Aboriginal communities.

Community Health & Epidemiology
Strategic Initiatives Priority #4:
Accelerate Research Momentum in Population and Public Health

Themes addressed by Initiative:

- Accelerate Research Momentum
- Foster an Engaged University

Initiative # 4 Accelerate Research Momentum in Population and Public Health

Description of Initiative

CH&E intends during the term of the Second Integrated Plan to expand its current research, increasing the research momentum of faculty. New initiatives, both proposed and already funded, include:

- A Clinical Support Research Unit to extend biostatistical and epidemiological research support to other College of Medicine research teams.
- Support continued community university research partnerships in applied public health research, such as the one between Saskatoon Health Region and the College of Medicine (including CH&E faculty) that has been funded by CIHR for two large grants on health inequities (adolescents and immunization).
- A collaborative initiative with partner community agencies to document the steps, relational aspects, required resources, processes and principles of collaborative community-university research partnerships.
- Continued and expanded research into community health initiatives to determine factors affecting intervention effectiveness, and to develop principles that can guide further community health initiatives.
- A CIHR funded Team grant to team to examine the socio-environmental, cultural, and structural factors that influence access to health services by Francophones living in minority language situations.
- A SHRF sponsored Team Grant for SPHERU to build new knowledge, increase research capacity, and influence policy change in northern and Aboriginal health, healthy children, and rural health.
- Proposed renewal of the Indigenous Peoples Health Research Centre, and related graduate student scholarships funded by CIHR.
- An inter-university (UofS and UBC) research project on literacy and health.
- CH&E and SPHERU faculty collaboration with IPHRC on indigenous health disparities.
- Continue faculty research projects, including seeking opportunities to maintain research intensiveness and increase opportunities for graduate student research assistants.
- Exploring opportunities for interdisciplinary research projects between CH&E and other proposed SPH faculty, to build research collaboration experience within the proposed SPH.

- Exploring possibilities to establish a Naturalistic Research Support Unit, to complement the Clinical Research Support Unit.

Further detailed description of these projects is below; details on research 2003/04 - 2006/07 are in Appendix C.

Objectives/Outcomes by 2012

Past the end of the Second Planning cycle, the following research projects will be completed, providing current grant applications are successful:

- Two CIHR funded projects on health disparities in Saskatoon, a collaboration between CH&E, other CoM Departments, and the Saskatoon Health Region.
- CIHR Interdisciplinary Capacity Enhancement Grant (Team) Special Competition examining the socio-environmental, cultural, and structural factors that influence access to health services by Francophones living in minority language situations.
- SPHERU Team Grant to build new knowledge, increase research capacity, and influence policy change in northern and Aboriginal health, healthy children, and rural health (awarded from SHRF, start date 2008).
- The IPHRC Team Grant renewal (to be submitted to CIHR 2007-08).
- An inter-university (UofS and UBC) research project on literacy and health.

By the end of 2011-12, CH&E will:

- Complete a feasibility review on establishing a Naturalistic Research Support Unit.

By the end of 2010/11, CH&E will:

- Complete at least one additional research project to determine factors affecting the effectiveness of community health interventions.

By the end of 2009-10:

- CH&E will receive funding for its community research collaboration project, and established a research team.
- The Clinical Research Support Unit will be partially funded by research project fees for service in providing biostatistical and epidemiological support to research teams in the College of Medicine.
- CH&E will identify at least one interdisciplinary team research project to pursue with SPH colleagues.

By the end of 2008-09, CH&E will:

- Prepare a grant submission to document CH&E - community research collaborations deriving lessons learned and capacity building results, and to articulate ethical and effective principles of engaging with community in research work using both traditional research approaches and innovative approaches including research teams of community-university researchers.
- Establish the Clinical Research Support Unit.
- Establish an interdisciplinary research working group with other SPH colleagues to explore collaborative research opportunities.

Revenues and Costs

Revenues (based on awarded funds to date) (citation of examples only; actual revenues will be significantly higher).

- CPHI (Canadian Population Health Initiative) Grant to study impact of KidsFirst program in Saskatchewan - \$350,000 over three years (N Muhajarine)
- Teasdale-Corti Grant by IDRC \$1,600,000 (L. Hanson)
- NEC \$1,600,000 Canadian Obesity Network (B. Reeder)
- CIHR \$1,500,000, Biologically based predictors of juvenile arthritis (N. Muhajarine, P.Pahwa)
- CIHR \$1,100,000 for a review of immunization disparities (A. Ross)
- CIHR \$795,790 reducing mental health disparities through population health promotion (L. Williams)
- CIHR Team grant \$750,000, research on health service access inequities for minority Francophone populations (A. Leis).

Costs:

- 0.5 FTE Research Grants Administrator to be shared with CoM; ASPA Operational/Administrative Phase 1 $0.5 \times \$39,186 = \$19,593$ + benefits + office setup (est. \$2000.00) + annual overhead.

Performance Measures/Metrics

CH&E faculty will continue to generate grant revenue in similar or better per/faculty amounts as the average of the First Cycle. CH&E is already considered research intensive.

Responsibility

Coordination: the Department Head, CH&E

Timeline:

See above, Objectives; see also Appendix D, Implementation Timeline

Comments

Multiple opportunities for collaboration with other units/colleges; other universities; community agencies.

See Appendix C for grants and awards 2003/04 – 2006/07.

Appendix A – Research Project Detail

New Proposed Research and Support Initiatives

A) Clinical Research Support Unit

Dr. Lim will be leading a new initiative to establish a Clinical Research Support Unit with a mandate to “be a resource of biostatistical and clinical epidemiological sciences to faculty, staff, and students in the biomedical and clinical sciences.” Increasingly, clinical research grant proposals require participation of biostatisticians to support appropriate research design, methods, and analysis of research data. Such specialized expertise is also increasingly necessary in working with large health service administrative data sets, or large complex health survey data sets. Without this essential support, the abilities of other faculty and departments to obtain research funding and produce high-quality publishable research results are compromised.

B) Building Community Capacity for Healthy Change

A significant proportion of CH&E research work is carried out with community partners, for community change. This is true for both faculty research and graduate student research. Over the past decade and more, CH&E has been practicing and refining effective ways to work with communities and community-based agencies to do collaborative team research that is meaningful for the community, responsive to priority community needs, and methodologically sound.

In this process, CH&E has developed expertise in:

- Community-based, community-responsive research processes.
- Building community-based agencies’ research capacity so that agencies are more effective and equal partners in knowledge production and use.
- Knowledge translation and exchange, where research findings are used to shape community health interventions.

Within this thematic focus we propose to undertake the following initiatives:

B 1) Applied Public Health Research: Enhanced Research Capacity in the Public Health Infrastructure

Universities have long been where research is carried out, with communities typically the location for interventions. All too often in the past, these have been two solitudes. Engaging in long-term relationship building between the University and communities and their agencies can result in enhancing appetites for policy relevant research, capacities to identify research opportunities, conceptualize the research problem, engage in research design, and then carry out research activities. Facilitating this process is complex and multi-faceted.

Examples of this type of complex relational work include CH&E's on-going collaboration with the Saskatoon Health Region (SHR) in applied public health research. As a result of cross-appointed faculty (CH&E – SHR) and contributions to enhancing research capacity in PHS-SHR, the SHR has recently begun taking a leadership role in initiating research projects and using research results to improve practice. This is a significant step in increasing the research capacity in the Saskatchewan public health infrastructure. As such it is an exemplar of how the community-university relationship can positively affect the health infrastructure. To date, two large CIHR grants have been awarded for the Saskatoon Health Region and the University of Saskatchewan (Psychiatry, Paediatrics and Community Health and Epidemiology) to work together to study the impact of health disparities in Saskatoon. The first grant will primarily study the impact of health disparity on Saskatoon adolescents. The second grant will try to determine why low-income children have immunization coverage rates half that of high-income children.

B 2) Community-University Research Collaboration

CH&E has been engaged in research teams working with community partners, using innovative methodologies. This is rapidly becoming a characteristic of the type of research for which CH&E wishes to be best known. During these processes, CH&E faculty has developed knowledge about how to engage with community, the principles of collaborative relationship engagement and management, effective processes, and ways of supporting action on research findings.

During the term of the Second Integrated Plan, CH&E will structure a collaborative process to articulate this knowledge around effective community-university research approaches and innovative methods.

- Establishing a working group on collaborative community research methods to document CH&E collaborations, lessons learned, capacity building results, and to articulate ethical and effective principles of engaging with community in research work using both traditional research approaches and innovative approaches including research teams of community-university researchers.
- Preparing a series of community presentations about lessons learned and ethical, effective principles, establishing ways to share these findings with communities, and to ensure these findings are part of an on-going dialogue with communities.
- Offering a seminar series, in collaboration with other U of S faculty, on the facets of community-university collaboration.
- Using the working group findings to co-author with community, a series of scientific papers on findings and ethical, effective principles.

B 3) Building Capacity in Interventions Research

KidsFirst is Saskatchewan's flagship early childhood development intervention project led by Saskatchewan Learning, and funded by the federal government. A team of CH&E faculty-graduate student researchers will soon undertake a province-wide evaluation of the effectiveness of KidsFirst, led by Dr. Nazeem Muhajarine. As well, CH&E faculty and graduate students (Muhajarine, Reeder) have been involved prominently in In Motion research and from this foundation will partner with faculty from other colleges (Kinesiology, Arts and Science) to develop a comprehensive evaluation of the In Motion program in Saskatoon and throughout the province.

CH&E intends to build on this research base to develop national prominence in community-based health intervention research. With increasing needs for public health interventions and recognized national gap for conducting high-quality intervention research, CH&EP, and by implication UofS, is very well placed to address this gap in Canada. This "policy-relevant" research is characteristic of existing research units affiliated with CH&E, such as SPHERU, IPHRC, as is of department itself. Another example is the work of Dr. Leis and her colleagues and students in whole systems research aimed at improving cancer treatment alternatives for patients and their support systems including family and friends.

In addition to carrying out more of this type of intervention research, during the term of the Second Integrated Plan, the CH&E researchers will look at extracting fundamental principles of what causes initiatives to be more or less successful. This can then be used in designing further initiatives, and maximize the use of scarce prevention and treatment resources.

Key Examples of Additional Innovative Research

- CIHR Interdisciplinary Capacity Enhancement (Team) Grant, special competition on reducing health disparities & improving health for vulnerable populations, award of \$753,929 over five years. Dr. Anne Leis is co-leading a team to examine the socio-environmental, cultural, and structural factors that influence access to health services by Francophones living in minority language situations.
- A SPHERU Team Grant proposal (Dr. Muhajarine Co-Principal Applicant, Dr. Abonyi Co-Applicant) to CIHR for the term of 2008-2013 in the amount of \$2,500,00 total (with a U of S portion of \$1,325,000) to build new knowledge, increase research capacity, and influence policy change in northern and Aboriginal health, healthy children, and rural health.
- Indigenous Peoples Health Research Centre renewal team grant
The Indigenous Peoples Health Research Centre, funded by CIHR, to build Aboriginal capacity for health research. This Centre has been funded through CIHR for the past four years, and will be applying for renewal. As well, it has been instrumental in supporting three Aboriginal CH&E graduate students through Masters and Doctoral level research. CH&E will support IPHRC renewal of additional grants to support Aboriginal graduate students.

- An inter-university literacy and health research project between the Prairie Region Health Promotion Research Centre (Dr. Williams) and University of British Columbia (Dr. Irv Rootman).
- A 2007 Health Promotion Summer School (Dr. Williams) will focus on research and practice, with the goal of improving research knowledge, skills, and practice of existing health service practitioners in Saskatchewan.
- A research project exploring indigenous health disparities (Dr. Abonyi) that is linked with the IPHRC.

C) Research Initiatives to Explore

C 1) Interdisciplinary SPH research projects and teams

In the event that CH&E moves to a proposed School of Public Health, the Department wishes to actively engage with other SPH faculty to seek interdisciplinary research projects that forward the overall agenda of the SPH. This is part of the overall approach that CH&E wishes to take in the proposed SPH to foster an engaged and enriched SPH.

To establish interdisciplinary SPH research projects, CH&E commits to the following steps during the term of the Second Integrated Plan:

- Establishing collegial mechanisms to explore research interests with other SPH faculty.
- Facilitating articulation of common areas of research interest, methods of inquiry, populations and environment for investigation.
- Exploring specific research project possibilities with other SPH faculty.
- Working collaboratively to conceptualize interdisciplinary collaborative research projects, write grant proposals, and carry out research activities when research funds are provided.
- Documenting lessons learned about collaboration in interdisciplinary team research.

C 2) Establishing a naturalistic research support unit

Just as research projects can benefit from accessible biostatistical and epidemiological expertise in drafting research designs and proposal and carrying out research activities, so too can projects need expertise in using naturalistic methods. Increasingly, research projects are using mixed methods and researchers do not often have expertise in both qualitative and quantitative methods. Naturalistic methods can elucidate areas of inquiry where statistical methods are less appropriate. CH&E wishes to explore, with other University partners, the opportunities for establishing a Naturalistic Research Support Unit to enhance the abilities of faculty to access grant funds, especially in exploring new areas of inquiry using non-traditional methods.

Community Health & Epidemiology
Strategic Initiative Priority # 5: Build a High Performance Organization

Themes addressed by Initiative

- Build a High Performance Organization
- Enhance Student Life

Initiative # 5 –Build a High Performance Organization

Community Health and Epidemiology intends to improve its organizational performance with the following actions, including those related to improved teaching. Improved teaching is also linked with Initiative # 3 Enhance Engaged and Experiential Learning, and with the University Strategic Theme of Enhance Student Life. Systematized graduate student administration described below also links with the latter theme.

- Ensure completion of work on Strategic Initiatives: Establish Ad-Hoc Working Groups to work on Strategic Initiatives; have monthly updates from Working Groups at Faculty Meetings. Ensure annual assessment of progress against Integrated Plan. Gather information to assess Plan performance including: graduate (and other) student numbers, course of study, scholarship and research assistance support, faculty research grants and awards (details including amounts), changes in faculty and administrative staff complement, Departmental funding.
- Systematize graduate student administration: Consistent information given to students, ensure effective administration of graduate studies for all students by reviewing, revising, and codifying graduate administration and advising information for all faculty and providing related orientation.
- Increase visibility on campus, to prospective students, within larger community through Website update and regular renewal, linking with local media on newsworthy stories, regularly sharing information on faculty and student accomplishments.
- Improve teaching through assistance from ES&D, specifically in enhancing teaching quality, use of technology and student evaluation. ES&D's assistance is sought in: review of all courses and educational materials and methods, meet with faculty individually, observe classes and provide individual feedback, provide rollup feedback to all faculty, monitor implementation of changes and improvements.
- Improve quality and relevance of Seminar Series for students through needs assessment, seminar revision, evaluate regularly; consider other formats, e.g., one-day workshop on practical "how to" aspects of research. Include mixture of outside speakers, faculty & student research presentations, etc.
- Match teaching resources to needs: Map out teaching and supervising requirements and available resources to identify any gaps, ensure adequate resources (i.e., for CH&E MSc and PhD, and MPH over next 5 years).

2012 Outcomes

Initiative Objectives

Note: CH&E anticipates finishing work in these areas by 2009.

By the end of 2009, CH&E will:

- Ensure all courses are taught effectively by CH&E faculty through a course-by-course review of faculty education methods, learning materials supported by ES&D faculty, by completing necessary faculty professional development in education methods, and by regularly monitoring educational performance.
- Increase faculty participation in the Seminar Series by 50%.
- Keep on target with all Strategic Initiatives by continuing its on-going review of the Second Integrated Plan & Timeline, and related development work.
- Continue to ensure strong development of the SPH by participating fully in SPH operational planning and implementation.
- Update departmental offices by completing necessary furniture and equipment purchases.

By the end of 2008, CH&E will:

- Complete a review of all CH&E courses, including educational methods, materials and evaluation processes, with Education Support & Development. Reviews will be on a course-by-course basis.
- Develop professional development plans for faculty to improve educational quality in all CH&E classes.
- Offer a Seminar Series course to graduate students who meet both the faculty and students needs, basing the Seminar Series on a combination of student-assessed learning needs and faculty educational objectives, using improved educational methods and increased faculty participation.
- Administer its graduate studies program in a systematic way, ensuring consistent guidance for all students by providing to all faculty members up-to-date and organized information on the entire graduate program, and ensuring all faculty have an adequate orientation to using the standardized policies and procedures.
- Improve graduate student – faculty communication through an annual review by graduate students of departmental performance, facilitated by Graduate Student Representatives. Recommendations will be brought to the faculty attention through on-going meetings between the Graduate Student Representatives and the Graduate Committee (current practice). Regular feedback to students by faculty through changed communications behaviours.
- Ensure strong development of the SPH through full participation in operational planning.

By the end of 2007, CH&E will:

- Increase visibility of CH&E to:
 - graduate students by revising the Department's website
 - the larger community by regularly following up newsworthy stories with local media.
- Identify any faculty resource gaps related to the SPH initiative and develop a strategic plan to close these gaps.

Revenues and Costs

Nil

Performance Measures/Metrics

- Improved student course evaluations in weak courses
- Updated Seminar Series
- Declining frequency of incidences where students receive inappropriate advice on graduate studies, monitored in annual meetings of graduate students.

Responsibility

Department Head; Chair, Graduate Committee

Timeline:

See Objectives above, also see Appendix D Timeline.

Comments:

Essential support required from Education Support and Development, College of Medicine.

APPENDIX A

Vision, Mission, Values and Goals

Vision, Values, and Mission of the University of Saskatchewan¹¹

Our Vision

The University of Saskatchewan will be a model of scholarly enquiry, a place where all who contribute to its achievements -- students, faculty, and staff -- can take pride in their commitment to this centre of excellence dedicated to the service of the people of Saskatchewan and Canada.

The University will be a diverse yet integrated institution through which students and scholars interact with national and international colleagues in a broad range of academic activities.

The University will provide leadership by reflecting the demographic realities of the Province in our students, faculty, and staff.

The University's graduates will be adaptable to rapid change and competitive with their peers around the world.

The University of Saskatchewan will initiate further interdisciplinary approaches to issues facing society.

We look forward to developing additional collaborative relationships with other educational institutions and to extending university programs to the broader community.

We are confident that we will assist society to become more just, more culturally enriched, and more prosperous.

We recognize that, as the needs of Saskatchewan continue to change, creative ways to balance new initiatives with current activities will be required.

Our Values

Members of the University community share certain values:

We value creativity, intellectual curiosity, innovation, critical thinking, and knowledge.

We value the pursuit of high academic and ethical standards.

We value the diversity of our university community: the people, their points of view, and the contributions they make to the realization of our mission.

¹¹ Approved by the Board of Governors, 20 May 1993.

We value the ideas, continuing interest, and support of the people of Saskatchewan and Canada.

We value the University as a place of human dignity and fairness.

We value the freedom and independence to engage in the open pursuit of knowledge.

We value our campus as a place of inspiration and beauty.

Our Mission

The University of Saskatchewan belongs to the people of Saskatchewan. As an academic community, our mission is to achieve excellence in the scholarly activities of teaching, discovering, preserving, and applying knowledge.

Mission of the College of Medicine

The mission of the College of Medicine is to pursue excellence in the creation, preservation and dissemination of medical knowledge. The College will enhance the quality and effectiveness of health care for the people of Saskatchewan through high quality health science education programs and research and the provision of health services to the community, including specialized expertise.

Goals of the Department of Community Health & Epidemiology¹²

Teaching

1. To foster high-quality, scholarly teaching, based on an interdisciplinary, Primary Health Care approach.
2. To prepare students to effectively perform the roles of practitioner, researcher, and/or teacher.
3. To help students develop a broad and sound base of knowledge, skills, and attitudes and to become excellent 'team players,' continuous learners, and reflective practitioners.
4. To increase the relevance of our graduate program to Aboriginal communities.

Research

¹² Approved by the faculty of Community Health & Epidemiology, 2002

1. To enhance interdisciplinarity of our research (e.g., build broader, more diverse research networks; improve ways of working with other disciplines).
2. To increase local, national, and international dissemination and recognition of our research (possible means/indicators: involvement with communities; invitations to sit on review panels; presentations at conferences; publications at these three levels).
3. To improve engagement with communities (e.g., CBOs, RHAs, community members, policy-makers) in relevant aspects of research.
4. To make our research findings more accessible to and usable by communities, practitioners, and policy-makers (focusing on both the dissemination products and process).
5. To use ethical guidelines that go beyond the Tri-Council Guidelines, with particular regard to research with Aboriginal communities and in international settings.
6. To strengthen research in our existing content areas:
 - Population Health: global health; children's health determinants; community quality of life
 - Health Promotion: approaches, skills and knowledge for reflective capacity-building practice in communities; Primary Health Care
 - Gender and Health: women's health issues, gender as a determinant of health
 - Cancer: behavioural and psychosocial aspects; quality of life; prevention; complementary and alternative medicine; palliative care; cancer in Aboriginal people
 - Occupational and Environmental Health: respiratory health; agricultural health and safety; ecosystem health
 - Aboriginal Health: Diabetes etiology and prevention; Aboriginal ways of knowing.
7. To develop new research opportunities in International Health, beginning with our current partners in Mozambique and Nicaragua.

Extension And Service

1. To develop relationships with community groups and organizations (with special emphasis on Regional Health Authorities, Aboriginal Health Authorities and the international community) which form the basis for effective extension and service.
2. To share the knowledge and skills of the Department with clinicians, other faculty, communities, health workers, government, industry and non-governmental agencies, through consultation, advisory and support services. This includes the provision of direct service to develop and maintain professional skills, and for remuneration.
3. To collaborate in the continuing education of clinicians and other humans service

workers.

4. To continuously improve the provision of extension and service activities through reflection and evaluation.

Department as a Healthy Community

1. To be a healthy, energetic, stimulating community providing a supportive working environment based on good communication and collaboration.
2. To support faculty members' personal career goals in teaching, research, service and in administrative duties.
3. To integrate the goals of individual faculty members with Department priorities, responsibilities and funding.

Resources

1. To sustain development of the Department through appropriate faculty and staff complement, financial stability and professional development.
2. To use resources in an optimal way to realize the teaching, research and service goals of the Department

**APPENDIX B – PROGRESS ON FIRST INTEGRATED PLAN
CH&EP 2003/04 – 2006/07**

Category	First Integrated Plan Objectives	Progress as of January, 2007
Undergraduate Education	<p>Medicine undergraduate courses:</p> <ul style="list-style-type: none"> -Undergraduate medicine CH&E 410.6 -Summer courses in research methods & biostatistics -Supervise student research projects -Review course for LMCC exams 	<ul style="list-style-type: none"> -Continued with undergraduate Medicine courses -Continued supervision of undergrad student research projects as appropriate -Contributions to instruction in Physiotherapy undergrad curriculum
	<ul style="list-style-type: none"> -CH&E 402.3 Global Health and Local Communities: Issues and Approaches -CH&E 412.3. Global Health II: Selected issues in Nicaragua (in Nicaragua) to be permanent -IICUSP placements for students 	<ul style="list-style-type: none"> -Continued with CH&E 402.3; substantial growth in class size and high demand; Fall 2006 semester had 24 students and waiting list was cut off at 30. -CH&E 412.3 Intermediate International Health (in Nicaragua) offered on permanent basis -CH&E graduate student and faculty involvement in IICUSP evaluation (funded in part by CUISR)
Graduate Program, Community Health and Epidemiology	<ul style="list-style-type: none"> -Continue to admit 8-10 MSc students per year -Enrol PhD students to have 4-6 enrolled at any given time in the program 	<ul style="list-style-type: none"> -PhD program established in December 2002; January 2007 – 14 PhD and 27 MSc students; 10 graduated between May and December 2006 (including 1 PhD); will enroll 8-10 new students in Fall 2007.

Category	First Integrated Plan Objectives	Progress as of January, 2007
Graduate Courses - Community Health and Epidemiology	Maintain courses in: Biostatistics Community Health Issues Epidemiology I Epidemiology II Health Promotion Health Program Planning & Evaluation Research Seminars	Courses offered: Biostatistics I Biostatistics II Community Health Issues I Community Health Issues II - Health Policy (offered in partnership with Commerce; required for PhD students) Epidemiology I Epidemiology II Health Promotion Health Program Planning & Evaluation Community Health Research Methods Research Seminars Special topics: Aboriginal Community Health Research Special topics: Applied Statistical Methods for longitudinal data Special topics: Interdisciplinary Seminar on Advanced Populatin Health Research
Graduate Courses – Medicine	-Critical Appraisal course (6 weeks) to 1 st & 2 nd year residents -Research Methods for Orthopedic residents – pilot	-Assistance in teaching Clinical Sciences MSc program (clinical epidemiology) and with the planning of the MSc/PhD program Pilot completed; change to Masters in Clinical Science courses for all residents
New courses	-Create graduate level Research for Health Development with Global focus (800 level proposed)	-This focus incorporated into two courses (CH&E 402.3 and CH&E 412.3 Intermediate International Health (in Nicaragua) now offered on permanent basis -On-going support to the Mozambique-Canada partnership on Training for Health Renewal Program (THRP)
	Complementary and Alternative Medicine: new undergraduate medicine teaching modules; clinical seminar series; promote interdisciplinary research	CAM program established; CAM now part of medical core curriculum at undergraduate level; public seminar series established and continuing
	Advanced training in biostatistics with new Biostatistics II course to be approved	Biostatistics II developed by Dr. Pahwa; approved in 2003

Category	First Integrated Plan Objectives	Progress as of January, 2007
	Offer a course on Community Health Issues II	Community Health Issues II was offered three times as a special topics course (winters 2003, 2004 and 2005). It has been offered under the new listing CH&EP808 entitled Health Policy and Politics since 05/06.
	Research Methods course for medical students and residents; part of future Masters in Clinical Science	Teaching research methods and clinical epidemiology in Masters in Clinical Science program
	Health Program Planning & Evaluation	Course is required for PhD students in CH&E; initially taught by interdisciplinary team but now taught solely by CH&E faculty
	Community Health Research Methods (not included in First Integrated Plan, NEW work)	Community Health Research Methods required for MSc students, commenced in 2005/06; course developed based on SPR recommendations
	Population Health (not included in First Integrated Plan – NEW work)	2 new CIHR funded training institutes: * Community and Population Health Research Training Program * Grad training Public Health and Agricultural Rural Ecosystem Significant CH&E faculty involvement and leadership in these programs, especially in CPHR training program
Innovations in teaching	-Increased relevance to Aboriginal communities: recruit students, increase course relevance -Hire aboriginal ancestry faculty member	-More work remains to be done – Second Plan CH&E Initiative #2 -4 Aboriginal Masters candidates (two graduated); 3 Aboriginal Doctoral candidates (one graduated, now on faculty U of S)
	Interdisciplinary teaching of health science students in joint learning opportunities	Organized IICUSP (International Interdisciplinary Community-University Student Practicum) to increase joint community learning

Category	First Integrated Plan Objectives	Progress as of January, 2007
	<p>Establish inter-disciplinary teams</p> <p>Use problem based learning</p> <p>Encourage links with community agencies</p>	<p>Team teach with other Departments three graduate level courses;</p> <p>Most classes have problem based learning opportunities</p> <p>Links with community agencies in courses such as: Health Promotion, Program Planning & Evaluation, Global Health I & II</p>
	<p>Increase opportunities to involve medical undergrad & grad students with community activities</p>	<p>IICUSP links health science students with experiential inner-city placements</p>
	<p>Continuing to offer global health study abroad opportunities</p>	<p>CH&E 412.3 Intermediate International Health (in Nicaragua) now offered on permanent basis;</p> <p>Students have opportunities to participate in placements with Training for Health Renewal Program (Mozambique)</p>
<p>Increase portion of graduate students receiving funding</p>	<p>(2002 – 26/48 students received support)</p> <p>Objectives:</p> <ul style="list-style-type: none"> -75% of second-year student receive support -2 scholarships for first year students 	<p>2006/07 21/42 receive support (50%)</p> <ul style="list-style-type: none"> -Devolved graduate student funding from U of S in 2006: \$63,770; plus 39 research assistantships supported by grants -12/14 (85.7%) PhD & 9/25 (36%) MSc on scholarships -Over 40% of students qualified for scholarships on competitive granting basis
<p>Recruitment and retention – faculty</p>	<p>Recruit for Public Health Physician (Teaching/Research Health Unit), shared faculty position with Saskatoon Health Region</p>	<ul style="list-style-type: none"> -Recruitment of Public Health Physician in final stages -Recruitment underway for 1 additional tenure-track faculty -Need to recruit for 4 term/without term faculty (four faculty left Department through retirement, term ending, or for personal reasons)
<p>Recruitment and retention – students</p>	<ul style="list-style-type: none"> -Retention rate of 95% in 2002 -New recruitment strategies directed at increasing number of Aboriginal students and yielding top quality students generally 	<ul style="list-style-type: none"> -Changed applications for admissions deadline from Feb 28 to January 15 to harmonize with deadlines of other comparable and competitive grad programs. -Some early success in recruiting top-calibre students, linked with Devolved Fund Scholarships. Benefited from CGSR Dean's Scholarship program.

Category	First Integrated Plan Objectives	Progress as of January, 2007
Research	Continue links with affiliated research units	<p>-Saskatchewan Cancer Control Research Program: Louis Schulman Chair (U of S); Dr. Leis has research program in socio-behavioural aspects of cancer; plays leadership role in SK vision for cancer control research, leadership in Pan-Canadian Network on complementary and alternative cancer therapies. Dr Leis holds a without term CH&E faculty position; coordinates/teaches 2 courses; numerous students supervised and supported.</p> <p>-Prairie Region Health Promotion Research Centre: Dr. L. Williams appointed to tenure track position (Extension); has offered two Summer Schools in health promotion; some graduate student supervision.</p> <p>-Training for Health Renewal Program (Mozambique) renewed by CIDA; asked by Mozambique Dept of Health to act as leader in developing extended Mozambique-based training centre using THRP and Mozambique curricula & methods</p> <p>-Indigenous Peoples Health Research Centre established (tri-university with U of Regina, First Nations U), Director Dr. Smylie (now on a 3 year leave), support to CH&E Aboriginal graduate students. Partners with CH&E/SPHERU/ PRHPRC faculty in research projects, courses, and graduate student supervision.</p> <p>-Saskatchewan Population Health Evaluation and Research Unit (bi-university with U of Regina); 2 CH&E faculty involved; innovative CIHR funded education program in community and population health research has funded xx CH&E students to date.</p> <p>-Prairie Women's Health Centre of Excellence: 2 CH&E faculty grant awards in gender, work, and family as proposed in First Plan.</p> <p>-Canadian Centre for Health and Safety in Agriculture: 2 CH&E faculty on 1/2 time basis.</p>

Category	First Integrated Plan Objectives	Progress as of January, 2007
	-Increase partnerships with Mozambique and Nicaragua for health training, focus on social transformation and human-centered development	-Partnerships continuing; no research increase -Bi-lateral university links proposed between U of S School of Public Health and Nicaragua School of Public Health
	Create a Teaching Research Health Unit with SHR Primary Health Care and Public Health Services	-Recruitment in final stages for a Public Health Physician (shared with SHR) who will be the director of the Teaching Research Health Unit -Establishing Clinical Research Support Unit with support from CoM
	Extend research ethics guidelines for Aboriginal and Global settings beyond Tri-Council Guidelines	Work underway on Pan-Canadian basis, CH&E contributing through U of S and national networks
	Develop innovative dissemination products and processes to increase research knowledge translation and transfer	-A vast array of knowledge translation efforts continuing -Highlights include: IPHRC held Indigenous Knowledge Translation Summit, March 2006 with CIHR funding, CHRF, NAHO, Health Canada, and CIHR Knowledge Translation Award to Nazeem Muhajarine
Extension & service	Provide academic home for Education Support & Development faculty and staff	ESD has academic home in CH&E
	Establish tenure-track position for PRHPRC	Extension had provided a tenure track position for the director of PRHPRC
	Partnership with Northern Diabetes Prevention Coalition in capacity building	Two Northern Capacity Building in Community Development Workshop offered; total attendance 270 participants, 30 faculty & facilitators; positive participant evaluations; some lasting effects on workshop formats in Northern human services
	Continue with projects with Mozambique & Nicaragua	THRP – gained additional grant award from CIDA; seen as model training unit by Mozambique Minister of Health Nicaragua – continued with Global Health II course; plus Nicaragua School of Public Health requests university-to-university links
	Work with PRHPRC and	Not proceeded with; change in THRP

Category	First Integrated Plan Objectives	Progress as of January, 2007
	THRP to develop Global centre for community health teaching and research	direction at request of Mozambique Minister of Health

APPENDIX C - Second Integrated Plan 2008- 2012								
CH&E Grants 2003/04 - 2006/07								
(All funds including multi-site grants and in-kind commitments)								
(Duplicate awards for CH&EP faculty teams have been removed)								
Faculty	Focus of Research/Funding Research	Awarded	Pending/in preparation	Tri-Council	Other federal	PI \$ amounts	PI or Co PI or Co	Year
Hanson, Lori	Teasdale-Corti Research Grant, International Development Research Centre	\$1,600,000.00			\$1,600,000.00		Co-PI	Dec-06
Hanson, Lori	Research Acceleration Program, U of S., Team development and seed grant for CANICA Canada-Nicaragua consortium.	\$4,000.00				\$4,000.00	PI	Oct-06
Hanson, Lori	Global Health Funding Opportunity for Faculty, College of Medicine, U of S., CANica coalition.	\$2,500.00				\$2,500.00	PI	Oct-06
Hanson, Lori	Equity Gauge Zambia – Phase II IDRC Governance, Equity and Health Program	\$300,000.00			\$300,000.00		Co and Research Advisor	Apr-06
Hanson, Lori	Collaborative Research Grant Facilitation Program, U of S, for preparation of <i>Equity Gauge Zambia – Phase II</i> proposal to IDRC Governance, Equity and Health Program	\$6,350.00			\$6,350.00			Nov-05
Hanson, Lori	College of Medicine Global Health Funding Opportunity for Faculty, <i>Internationalizing community health curriculum: Evaluation of contributions of CHEP 402 “Global health and Local Communities” and CHEP 412 “Global Health – II”</i>	\$2,500.00				\$2,500.00	PI	Nov-05
Hanson, Lori	College of Medicine Global Health Funding Opportunity for Faculty, <i>Partnership Development in Nicaragua</i> , College of Medicine - Feb 2004)	\$1,500.00				\$1,500.00	PI	Feb-04

Faculty	Focus of Research/Funding Research	Awarded	Pending/in preparation	Tri-Council	Other federal	PI \$ amounts	PI or Co PI or Co	Year
Hanson, Lori	<i>Aboriginal People and Housing: An exploration of the relationship with Habitat for Humanity</i> \$18,000	\$18,000.00		\$18,000.00				May-03
Hanson, Lori	U of S President's Fund for International Activity (~\$5000 each year awarded in 2002, 2003 & 2005)	\$15,000.00				\$15,000.00	PI	Feb-07
Hanson, Lori	Seed research grant <i>Examining issues related to Child Sexual Abuse</i> , Prairie Women's Health Centre of Excellence,	\$5,000.00						Dec-03
Hanson, Lori	<i>Connecting Community and Campus: Mid-term Review</i> . CIDA-funded project evaluation involving Universities in Calgary, Mexico & Belize							Apr-03
Reeder, Bruce	Network of Centres of Excellence (NCE) New Initiative Competition. Canadian Obesity Network.	\$1,600,000.00					Co and Theme Leader	2006-10
Reeder, Bruce	IECPCP P-CITE Interdisciplinary Education grant. Interdisciplinary Population Health Project for undergraduate students in Medicine, Nursing, Physical Therapy, and Kinesiology.	\$5,000.00					Co-PI	2005-06
Reeder, Bruce	New Emerging Team (N.E.T.) Grant. CIHR Institute of Nutrition, Metabolism and Diabetes (INMD). Understanding the Individual and Socio-Environmental Health Risks of Obesity: The Canadian Heart Health Surveys Follow-up Study.	\$1,500,000.00		\$1,500,000.00		\$1,500,000.00	PI	2004-09
Reeder, Bruce	Saskatoon In Motion: Building Community Capacity and Health Promotion Research. Community Alliance for Health Research, Canadian Institute of Health Research.	\$703,450.00		\$703,450.00				2004-09

Faculty	Focus of Research/Funding Research	Awarded	Pending/in preparation	Tri-Council	Other federal	PI \$ amounts	PI or Co PI or Co	Year
Reeder, Bruce	Canadian Institutes for Health Research (CIHR): Gasotransmitter Research and Training (GREAT) Institute.	\$1,586,857.00		\$1,586,857.00			Co	2003-04
Muhajarine, Nazeem	Early childhood intervention in the community... Makes sense, but does it really work? CIHR		\$449,500.00				Pending - PI	2007-10
Muhajarine, Nazeem	Early childhood intervention in the community... Makes sense, but does it really work? Canadian Population Health Initiative		\$300,000.00				Pending - PI	2006-09
Muhajarine, Nazeem	Nonpharmacologic interventions to improve mental health outcomes during pregnancy. CIHR		\$100,000.00				Pending - Co	2007
Muhajarine, Nazeem	Building the Social Ecology of an Inclusive Community, SSHRC-CURA, BBOP grant	\$20,000.00		\$20,000.00			Co-PI	2006
Muhajarine, Nazeem	Tools to investigate the relationship between spatial inequalities and health disparities. CIHR	\$99,500.00		\$99,500.00			Co	2006-07
Muhajarine, Nazeem	Antenatal and Postpartum Depression in High-Risk Women. CIHR,	\$305,676.00		\$305,676.00		\$305,676.00	PI	2005-08
Muhajarine, Nazeem	Globalization and the Health of Canadians: a transdisciplinary research network. CIHR –ICE	\$1,000,000.00		\$1,000,000.00			Co	2005-10
Muhajarine, Nazeem	Saskatoon In-Motion Research ; CIHR (Community Alliance for Health Research initiative).	\$1,060,000.00		\$1,060,000.00			Co	2001-06
Muhajarine, Nazeem	Understanding the Early Years in Saskatoon: From Research to Action ; Social Development Canada (formerly Human Resources Development Canada)	\$805,000.00			\$805,000.00		Co-PI	2000-07

Faculty	Focus of Research/Funding Research	Awarded	Pending/in preparation	Tri-Council	Other federal	PI \$ amounts	PI or Co PI or Co	Year
Muhajarine, Nazeem	Population Health Training That Works: Strengthening the Interface between Research, Policy and Community, Training Grants Program, CIHR	\$1,890,000.00		\$1,890,000.00		\$1,890,000.00	PI	2002-08
Muhajarine, Nazeem	Role quality and health: influences of individual, workplace and community social supports CIHR	\$81,135.00		\$81,135.00			Co	2003-04
Muhajarine, Nazeem	Tracking Quality of Life in Saskatoon. SSHRC	\$220,000.00		\$220,000.00			Co	2004-07
Muhajarine, Nazeem	Preventing FASD, Caring for Children with FASD through Interdisciplinary Research, Community Participation and Interventions. Saskatchewan Health Research Foundation	\$30,000.00				\$30,000.00	PI	2003-05
Muhajarine, Nazeem	Gender, work, family and health. CIHR. \$160,970.00						Co	2003-04
Muhajarine, Nazeem	Health globalization, Africa and the G8: Promises kept, broken, right or wrong. CIHR Global Health Research Program Development and Planning Grants	\$99,314.00		\$99,314.00				2003-2004
Muhajarine, Nazeem	Health globalization, Africa and the G8: Promises kept, broken, right or wrong (2003-2004). Saskatchewan Health Research Foundation .	\$48,000.00						2003-04
Muhajarine, Nazeem	First Nation's health development: Tools for assessment of health and social service program impacts on community wellness and capacity CIHR	\$223,750.00		\$223,750.00			Co	2002-06
Muhajarine, Nazeem	First Nation's health development: Tools for assessment of health and social service program impacts on community wellness and capacity Saskatchewan Health Research Foundation	\$80,763.00					Co	2002-05

Faculty	Focus of Research/Funding Research	Awarded	Pending/in preparation	Tri-Council	Other federal	PI \$ amounts	PI or Co PI or Co	Year
Muhajarine, Nazeem	Building Working Knowledge: Exchanging Web-based Concepts and Tools (2002-04). Health Canada	\$213,576.00			\$213,576.00		Co	2002-04
Abonyi, Sylvia	Saskatchewan Government: "Cultural Vitalization as a Health Determinant among Aboriginal Canadians"	\$250,000.00				\$250,000.00	PI	Jan-05
Abonyi, Sylvia	Canada Foundation for Innovation (CFI): "Aboriginal Health Research and Training Facility" Infrastructure support for Canada Research Chair Program of Research: "Cultural Vitalization as a Health Determinant among Aboriginal Canadians"	\$125,000.00			\$125,000.00	\$125,000.00	PI	Jan-05
Abonyi, Sylvia	Saskatchewan Government: "Aboriginal Health Research and Training Facility" Infrastructure support for Canada Research Chair Program of Research: "Cultural Vitalization as a Health Determinant among Aboriginal Canadians" (\$125,000 matching funding for CFI -above)	\$125,000.00				\$125,000.00	PI	Jan-05
Abonyi, Sylvia	CIHR Operating: "Role quality and health: Influence of individual, workplace, and community social supports." \$81,135 (see N. Muharjarine)						Co-PI	2003-04
Abonyi, Sylvia	Determining factors towards improving HIV/AIDS support structures in northern Saskatchewan Aboriginal communities over 3 years)CIHR Operating	\$192,000.00		\$192,000.00		\$192,000.00	PI	2-Jun

Faculty	Focus of Research/Funding Research	Awarded	Pending/in preparation	Tri-Council	Other federal	PI \$ amounts	PI or Co PI or Co	Year
Leis, Anne	Examen des facteurs socio-environnementaux, culturels et structurels qui influent sur les disparités en matière de santé chez les francophones en situation minoritaire CIHR Interdisciplinary Capacity Enhancement Grant, special competition on reducing health disparities & improving health for vulnerable populations	\$753,929.00		\$753,929.00		\$753,929.00	PI	2006-11
Leis, Anne	Quality End of Life Research Group Saskatchewan Health Research Foundation & University of Saskatchewan (matching funds)	\$100,000.00					Co	2006-08
Leis, Anne	La formation en santé en français Consortium de formation en français, l'Institut français, University of Regina	\$20,000.00				\$20,000.00	PI	2005-06
Leis, Anne	High Risk Breast Cancer Assessment Clinic HOPE Cancer Help Centre, Inc & SK Cancer Agency	\$23,500.00				\$23,500.00	PI	2004-06
Leis, Anne	Palliative care in cross-cultural context: A NET for equitable and quality cancer care for ethnically diverse populations. CIHR Palliative and End of Life Care: New Emerging Team Grants	\$1,117,327.00		\$1,117,327.00			Co	2004-09
Leis, Anne	Complementary and Alternative Health Care (CAHC) Research Team CIHR Interdisciplinary Capacity Enhancement Grants	\$165,000.00		\$165,000.00				2003-08
Leis, Anne	The value of quality of life information to cancer patients NCIC	\$105,124.00			\$105,124.00			2003-06
Leis, Anne	Cancer and Complementary and Alternative Medicine (CCAM) Research Team. NCIC Sociobehavioural Cancer Research Network/Centre for Behavioural Research & Program Evaluation.	\$582,400.00			\$582,400.00		Co-PI	2000-08

Faculty	Focus of Research/Funding Research	Awarded	Pending/in preparation	Tri-Council	Other federal	PI \$ amounts	PI or Co PI or Co	Year
Leis, Anne	Research Team in Improving Quality of Life and Informing Social Policy in Palliative Care NCIC Sociobehavioural Cancer Research Network/ Centre for Behavioural Research & Program Evaluation (renewable)	\$576,000.00		\$576,000.00				2000-08
Leis, Anne	Dr. Louis Schulman Chair Annual research grant accompanies chair position Dr. Louis Schulman Trust Fund, College of Medicine, University of Saskatchewan Annual research grant, various amounts						PI	1996-present
Pahwa, Punam	Biologically-based Outcome Predictors in Juvenile Idiopathic Arthritis. CIHR	\$1,500,000.00		\$1,500,000.00			Co-PI	2006-11
Pahwa, Punam	Faculty Release Time Support. CIHR CCHSA Faculty Release Time - Support Program	\$40,000.00		\$40,000.00		\$40,000.00	PI	2005-08
Pahwa, Punam	Pre-existing non-malignant respiratory diseases and risk of developing cancer. CIHR CCHSA-Pilot Project Program	\$16,000.00		\$16,000.00		\$16,000.00	PI	2005-06
Pahwa, Punam	Longitudinal Changes in Health-related Quality of Life in Grain Workers with Chronic Obstructive Pulmonary Disease SHRF	\$80,000.00					PI	2003-2006
Pahwa, Punam	Direct Cost of Unintentional Farm Injuries; College of Medicine, U of S	\$10,000.00				\$10,000.00	PI	2001-present
Pahwa, Punam	Saskatchewan farm injury cohort study CIHR	\$1,150,000.00		\$1,150,000.00			Co	2005-10
Pahwa, Punam	Understanding the Individual and Socio-Environmental Health Risks of Obesity: The Canadian Heart Health Surveys Follow-up Study CIHR \$1,500,000 (see B. Reeder)						Co	2004-09

Faculty	Focus of Research/Funding Research	Awarded	Pending /in preparation	Tri-Council	Other federal	PI \$ amounts	PI or Co PI or Co	Year
Pahwa, Punam	Effect of combined exercise therapy and isoflavone supplementation on prevention of osteoporosis CIHR	\$1,400,000.00		\$1,400,000.00			Co	2004-09
Williams, Lewis	Interdisciplinary Capacity Enhancement Grant, Canadian Institutes of Health Research "Reducing mental health disparities through population health promotion: translating practice into knowledge - knowledge into practice"	\$795,790.00		\$795,790.00		\$795,790.00	PI	Apr-06
Williams, Lewis	New Researchers Award, Saskatchewan Health Research Foundation . "Healthcare policies, knowledge systems and approaches to mental well-being in Saskatchewan: A Cree perspective"	\$70,000.00				\$70,000.00	PI	Jun-05
Williams, Lewis	"Taking a population health approach to mental health: opportunities and challenges". Research Connections Grant with the Saskatchewan Health Research Foundation	\$2,000.00				\$2,000.00	PI	Jun-07
Williams, Lewis	Canadian Institute of Health Research, ICEG Reducing health disparities and promoting equity with vulnerable populations. Reducing mental health disparities through population health promotion: translating practice into knowledge – knowledge into practice	\$5,000.00		\$5,000.00		\$5,000.00	PI	May-05
Williams, Lewis	VP Research Office, U of S, Nov 04 "Mobilizing language, literacy and culture as resources for health with Aboriginal communities.	\$18,000.00				\$18,000.00	PI	Nov-04
Williams, Lewis	The Indigenous Peoples Health Research Centre, "Building Health Equity through literacy, language and culture: the Village of La Loche"	\$10,000.00				\$10,000.00	PI	Jul-04

Faculty	Focus of Research/Funding Research	Awarded	Pending/in preparation	Tri-Council	Other federal	PI \$ amounts	PI or Co PI or Co	Year
Williams, Lewis	Co-Investigator, Indigenous People's Health Research Centre, Development Grant. "Traditional healing in a contemporary context: Sturgeon Lake First Nation.	\$10,000.00				\$10,000.00	PI	Jul-07
Williams, Lewis	Principle Investigator for research contract with the Mental Health Foundation of New Zealand. A literature review and analysis to inform mental health promotion practice in Aotearoa New Zealand	\$20,000.00				\$20,000.00	PI	nd
Williams, Lewis	A literature review and analysis of evidence based approaches to preventing Aboriginal youth suicide". Contract established with the First Nations and Inuit Health Branch.	\$18,000.00			\$18,000.00	\$18,000.00	PI	nd
Janzen, Bonnie	CIHR Operating Grant. Development and validation of a measure of family work demands and resources.	\$70,000.00		\$70,000.00			Co-PI	2006-08
Janzen, Bonnie	CIHR Operating Grant (2004-2006). Gender, work, family and health	\$170,000.00		\$170,000.00		\$170,000.00	PI	2004-06
Janzen, Bonnie	CIHR Interdisciplinary Capacity Enhancement grant - Reducting health disparities and promoting equity for vulneralbe populations. \$795,700 (see L. Williams)						Co	2006-10
Shaw, Syed	Senior Faculty Release Time Support, Canadian Centre for Health and Safety in Agriculture (CCHSA), Institute of Population and Public Health, CIHR	\$19,200.00		\$19,200.00		\$19,200.00	PI	2006-08
Shaw, Syed	Health Sciences Computer Lab Enhancement Fund to Setup STATA Lab. College of Medicine.	\$4,380.00				\$4,380.00	PI	2005-06

Faculty	Focus of Research/Funding Research	Awarded	Pending/in preparation	Tri-Council	Other federal	PI \$ amounts	PI or Co PI or Co	Year
Shaw, Syed	Nutrient and Food Intakes of Canadian Children: are dietary patterns putting children and adolescent at risk for chronic disease? CIHR	\$49,800.00		\$49,800.00			Co	
Shaw, Syed	Reducing Health Disparity in Saskatoon. CIHR	\$157,466.00		\$157,466.00			Co	
Shaw, Syed	Growing Healthy Minds: Improving Mental Health in the Agricultural Workplace. CIHR	\$1,500,000.00		\$1,500,000.00			Co	
Green, Kathryn	CIHR Research Grant Reducing mental disparities through population health promotion: Translating practice into knowledge - knowledge into practice \$870,040 (see L. Williams)						Co	2005-10
Green, Kathryn	Research Grant. Looking Out: Women's Perspectives on Poverty and Public Policy. Prairie Women's Health Centre of Excellence	\$4,600.00				\$4,600.00	PI	2005-06
Ross, Allen	Evaluation of Ontario's Universal Immunization Program. CAD Source: CIHR	\$1,100,000.00		\$1,100,000.00			Co	2006-08
Ross, Allen	Interdisciplinary Population Health Project. Source: University of Saskatchewan	\$20,000.00				\$20,000.00	PI	2006
Ross, Allen	Assessing the etiology of low immunization coverage rates among deprived neighbourhoods in Saskatoon CAD Source: CIHR	\$300,000.00		\$300,000.00			Co	2007-09
Ross, Allen	Controlling Sexually Transmitted Diseases in the Province of Saskatchewan Through Integrated Control. Source: CIHR Team Grant		\$5,000,000.00				In preparation PI	2007-11
Ross, Allen	Assessing the role of a transmission blocking vaccine for livestock in controlling human schistosomiasis in the Philippines. Source: Human Frontiers in Science.		\$450,000.00				In preparation PI	2007-09

Faculty	Focus of Research/Funding Research	Awarded	Pending/in preparation	Tri-Council	Other federal	PI \$ amounts	PI or Co PI or Co	Year
Smylie, Janet	Indigenous Knowledge Translation Summit, CIHR-IAPH	\$10,000.00		\$10,000.00		\$10,000.00	PI	2006
Smylie, Janet	Indigenous Knowledge Translation Summit, CIHR-KT	\$5,000.00		\$5,000.00		\$5,000.00	PI	2006
Smylie, Janet	Indigenous Knowledge Translation Summit, SHRF	\$15,000.00			\$15,000.00	\$15,000.00	PI	2006
Smylie, Janet	Indigenous Knowledge Translation Summit, National Collaborating Centre Aboriginal Health	\$30,000.00			\$30,000.00	\$30,000.00	PI	2006
Smylie, Janet	Resilient Indigenous Health Workforce Networks: Constructing an International Framework CIHR	\$1,997,030.00		\$1,997,030.00			Co	2005-10
Smylie, Janet	Bringing a Women-Centred and Culturally-Informed Approach to Fetal Alcohol Syndrome Prevention Targeting Northern Saskatchewan First Nations Women CIHR	\$232,240.34		\$232,240.34			Co	2005-08
Smylie, Janet	Community Characteristics and Canadian Aboriginal Birth Outcomes. CIHR-IAPH	\$225,000.00		\$225,000.00			Co	2005-09
Smylie, Janet	Indigenous Knowledge Translation Summit Health Canada	\$102,000.00			\$102,000.00	\$102,000.00	PI	2005
Smylie, Janet	Environmental Scan of First Nations health Sector Labour Force On-Reserve in Saskatchewan First Nations and Inuit Health Branch, Saskatchewan Region	\$40,250.00			\$40,250.00	\$40,250.00	PI	2005-06
Smylie, Janet	Interfacing Western Health Science and Indigenous knowledge systems to enhance the health of young Aboriginal families CIHR/IAPH/AMS Senior Research Fellowship in the History of Aboriginal Health and Medicine – Phase 2	\$200,000.00		\$200,000.00		\$200,000.00	PI	2005-07

Faculty	Focus of Research/Funding Research	Awarded	Pending/in preparation	Tri-Council	Other federal	PI \$ amounts	PI or Co PI or Co	Year
Smylie, Janet	Urban Inuit Health: Improving Access to Primary Health Care and Health Promotion Resources CIHR LOI	\$5,000.00		\$5,000.00		\$5,000.00	PI	2003-05
Smylie, Janet	Knowledge Translation and Indigenous Knowledge: Knowledge Strategies for Health Research CIHR Knowledge Translation for Research	\$251,899.00		\$251,899.00		\$251,899.00	PI	2003-05
Smylie, Janet	Birth Weight as a National Indicator of Infant Health Among First Nations People CIET ACADRE – Kekandezone Anishawbe	\$50,000.00			\$50,000.00	\$50,000.00	PI	2004-05
Smylie, Janet	Kokum: What Makes a Baby Well? Improving Community Researcher Understanding of How to Measure Infant Health Using Oral History SHRF	\$30,000.00				\$30,000.00	PI	2004-05
Smylie, Janet	Action-Orientated Indicators of Health and Health Systems Development for Indigenous Peoples in Australia, Canada and New Zealand CIHR Global Health Research Pilot Program	\$100,000.00				\$100,000.00	PI	2004-05
Smylie, Janet	Senior Research Fellowship in the History of Aboriginal Health and Medicine, Interfacing western health science and Indigenous knowledge systems to enhance the health of young Aboriginal families CIHR/IAPH/AMS	\$99,000.00		\$99,000.00		\$99,000.00	PI	2003-05
Smylie, Janet	Strategic Training Initiative (2003-2004), Transdisciplinary Understanding and Training on Research –Primary Health Care	\$45,000.00					Research Fellow	2003-04
Smylie, Janet	Development Grant (2003-2004), Enhancing Perinatal Health Surveillance Among Saskatchewan First Nations IPHRC	\$10,000.00				\$10,000.00	PI	2003-04

Smylie, Janet	Indigenous Women, Inequality and Health: Intercommunity, Interdisciplinary and International Strategies for Research Action CIHR Reducing Health Disparities and Promoting Equity	\$100,000.00		\$100,000.00			Co	2003-04
	TOTAL	\$29,584,806.34	\$6,299,500.00	\$22,845,363.34	\$3,992,700.00	\$7,421,724.00		
	Total 1999-2003	\$23,754,348.00	\$2,101,379.00					
	Difference 2004/2007 - 1999/2003	\$5,830,458.00						
	% increase total \$ awarded - 24%							
	Total federal 1999-2003 \$19,983,806.00							
	Total federal 2004-2007 \$26,838,063.00							
	% increase in total federal \$ awarded - 35%							
	Total non-federal 2003/04 - 2006/07 \$2,746,743							

APPENDIX D
Community Health and Epidemiology, Second Integrated Plan
2007 – 2012
Strategic Initiatives Implementation Timeline

Task	2006-07/2007-08* (completing First Plan)	2008-09	2009-10	2010-11	2011-12
1. Enrich School of Public Health (related to Engaged University & Effective Enrolment Management & Champion Faculty Recruitment & Retention)	<ul style="list-style-type: none"> * Continued contact with SPH Steering Cmttee to influence foundation & direction, curriculum, areas of excellence * SPH announcement by University * CH&EP faculty decide on moving to SPH * Work completed on SPH Operational Plan 	<ul style="list-style-type: none"> * Detailed planning within SPH to define niche areas of excellence, plus generalist strengths across SPH 	<ul style="list-style-type: none"> * Development of SPH-specific templates for tenure and promotion matched to academic roles, types of research, capacity building work, community relationships, etc. 	<ul style="list-style-type: none"> * Negotiations on tenure and promotion criteria 	<ul style="list-style-type: none"> * SPH specific tenure and promotion criteria approved
		<ul style="list-style-type: none"> * Continue organizational development within SPH * Operational Plan implemented on University Council approval 			<ul style="list-style-type: none"> * Student diversity is 15% international/ 10% indigenous
	<ul style="list-style-type: none"> Create CH&EP Ad Hoc Wkg Grp on SPH (07-09): * Prepare two case studies to present ways CH&EP can enrich SPH, ways all can collaborate * Faculty 	<ul style="list-style-type: none"> * Planning work for 1 diploma or certificate program for students (likely global health); conceptualize ‘career ladders’ for students including future grad studies 	<ul style="list-style-type: none"> Enriching learning and working with community * Concept development of population and public health distance seminar series – dialogues between university and communities using distance learning technology * Development grad course on 	<ul style="list-style-type: none"> * Launch of population and public health distance seminar series. * ‘Working with community’ grad class offered as special topic class * Consideration of more 	<ul style="list-style-type: none"> * ‘Working with community’ course becomes permanent

Task	2006-07/2007-08* (completing First Plan)	2008-09	2009-10	2010-11	2011-12
	appointment processes & letters of agreement - CoM & SPH * Seminar series on finding interdisciplinary collaboration areas * Work defining organ culture and working values	* SPH development - assess existing practitioners learning needs, use in course development * Set up interdisciplinary research working group with SPH	working with community (see also Rsch Momentum – effective community partnerships)	summer school courses, diploma or certificate programs – grad & undergrad	
2. Enhance Aboriginal Programming & Scholarship	* Designate primary contact person for all Aboriginal students & potential applicants * Establish Ad Hoc Working Group on Aboriginal Programming (07-09)	* Curriculum and course materials review & revision to increase Aboriginal content; advice from Aboriginal grad students, EDS & Aboriginal faculty * Commission or develop case examples for all courses	* Develop & implement proactive Aboriginal student recruitment process * Have at least 5 Aboriginal grad students enrolled	* Continue with Aboriginal recruitment & increase enrolment	* 10% graduate students Aboriginal ancestry (possible n=8)
	* Increase Aboriginal content to seminar series; include positive examples (on-going)	* Develop way to offer Aboriginal community health research class on permanent basis * Extend learning opportunities to Aboriginal health practitioners	* Increase partnerships & relationships with Aboriginal agencies & cmtys (on-going) * Encourage and facilitate student placements in Aboriginal health organizations (on-going)	* Partner to hold Aboriginal cmtty health research forum at U of S – raise profile, highlight positive examples, link with future students, encourage cmtty action from research	* 35% graduate students ‘culturally competent’ to work with Aboriginal organizations

Task	2006-07/2007-08* (completing First Plan)	2008-09	2009-10	2010-11	2011-12
3. Foster an Engaged University (also related to Enhance Student Life theme)	<ul style="list-style-type: none"> * Establish Ad Hoc Wkg Grp * Grant/temp funding & recruitment for Community Learning Facilitator 1 FTE through CH&EP or IICUSP (expanded) * Work on proposal to THRP to have students at U of S 	<ul style="list-style-type: none"> * Find permanent funding for Community Learning Facilitator * Establish inventory of community lecturers for classes & seminars * Working with Mozambique THRP to establish student studies program (if selected) 	<ul style="list-style-type: none"> * Widen communications links between CH&EP & cmtly agencies * Develop strategy for soliciting cmtly research projects * U of S students in THRP Mozambique placements 	<ul style="list-style-type: none"> * Implement strategy to solicit cmtly research projects; pair with faculty/students where possible; refer on to other researchers where possible 	
	<ul style="list-style-type: none"> * Environmental scan on experiential learning opportunities & literature 	<ul style="list-style-type: none"> * Commission case studies; faculty develop case studies (see also Aboriginal Programming Initiative) * 	<ul style="list-style-type: none"> * All student thesis and dissertation projects required to include community relevance section * Increased use of case examples and problem based learning & small group learning activities 	<ul style="list-style-type: none"> * Partner with cmtly agencies outside agencies for student placements, links, course guest lectures, etc. 	
	<ul style="list-style-type: none"> * Develop detailed plan for enhanced initiative including impacts on courses, faculty workload, community agency absorption, student placements, etc. 	<ul style="list-style-type: none"> * Increase experiential learning opportunities in courses (see also Aboriginal Programming initiative) * Establish graduate thesis requirement for community relevance discussion 		<ul style="list-style-type: none"> * Community co-supervisors on relevant theses/dissertation committees 	

Task	2006-07/2007-08* (completing First Plan)	2008-09	2009-10	2010-11	2011-12
4. Accelerate Research Momentum	* Add 1 additional research project on effective community initiatives		* Complete 1 effective community initiative research project * 1 SPH interdisciplinary team research project identified, grant proposal prepared		* Complete several large team research projects; see Appendix C Grants and Awards
		* Grant application by faculty team on lessons learned in community-university research projects	* Team grant on lessons learned underway * Research project shared in classes		
	* Establish Clinical Research Support Unit with CoM funding	* Interdisciplinary research working group within SPH	* Clinical Research Support Unit operational with diminished CoM direct funding; increased research project funding	* Feasibility study on Naturalistic Research Support Unit within SPH	
	* Continue with faculty research projects – on-going				
5. Build a High-Performance Organization (also relates to Enhance)	* Annual work plan review – on-going * Semi-annual faculty retreat: one Department business, one faculty research, search for team project opportunities				

Task	2006-07/2007-08* (completing First Plan)	2008-09	2009-10	2010-11	2011-12
Student Life)	<ul style="list-style-type: none"> * Revise existing seminar series; * ED&S help in review of all course education methods and materials (see also Enhance Aboriginal Programming) * Codify grad student admin; improve grad student orientation * Improve communication with students 	<ul style="list-style-type: none"> * Upgrade faculty teaching skills with prof development 			
	<ul style="list-style-type: none"> * Complete detailed planning for SPH & implement plans (see above) 				
		<ul style="list-style-type: none"> * Furniture & equipment purchases 			

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APPENDIX E

CH&EP Second Integrated Plan

Preparation Process for Second Integrated Plan

Background

The University of Saskatchewan mandated a University-wide Integrated Planning Process in 2002 to create more cohesive and strategic organizational direction. Each College and Department/Unit was required to contribute. CH&EP made a decision to use the planning mandate as an opportunity for an in-depth review. CH&EP prepared its First Integrated Plan in 2002, completed a Systematic Program Review in 2004, and is poised on the threshold of a proposed School of Public Health. An in-depth review at this point in time would gather detailed foundation information as CH&EP prepares for its future, anticipating establishment of the proposed School of Public Health.

To prepare the Second Integrated Plan, the CH&EP Department Head outlined a plan of interviews, document review, faculty meetings and a Retreat to:

- Assess how well the Department has done in completing the First Cycle Plan.
- Create its Second Integrated Plan based on input from all concerned.

The Department appointed Meredith A. Moore to assist with the process. Ms. Moore has had a long association with CH&EP, including having worked in the Department (1999-2004) but is now neither regular faculty or staff. She has a strong planning and organizational development background.

Methods

Documents in the review included:

- CH&EP First Integrated Plan with its multiple commitments for development.
- The Systematic Program Review.
- The University's Integrated Planning documents.
- Selected Foundational Documents for the University.
- Faculty grants and awards.

An interview process involved faculty, administrative staff, graduate students, and faculty in related research units. These were semi-structured individual and focus groups held in December 2006 and January 2007, and a short graduate student survey distributed by e-mail with answers going directly to Ms. Moore at a non-University e-mail address. A planned larger 'town hall' meeting of graduate students had to be cancelled due to the norovirus outbreak at Royal University Hospital. A total of 24 faculty and staff and 13 graduate students participated. Interviews and the graduate student survey focused on: strengths, weaknesses and threats and opportunities for CH&EP, and strategies and priorities for the future.

Detailed notes were taken in interviews, with verbatim quotes recorded wherever possible. Initial interviews were analyzed, and themes identified. These were tested for dependability in later interviews. For graduate student face-to-face interviews, thematic analysis and use of

quotes was checked with them to ensure accuracy and appropriate levels of anonymity. Graduate student surveys were reviewed for themes as there were many short answer text questions, and answers were then reviewed for impact from demographic variables including financial support. All graduate students participating the survey were asked to check the report to ensure appropriate anonymity.

Finally themes occurring in all data sets were organized into major groups and reported in point form back to faculty, staff and students, with notation about the frequency of responses in a particular category. A summary of faculty and staff views was created; a separate description of graduate student views was created to ensure their voice was clearly identifiable.

The commitments identified in the First Integrated Plan were put into a detailed chart, and each commitment was checked against progress reports in multiple reports and with specific faculty. The chart was circulated to faculty for final review and revision to ensure accuracy.

A composite of the grants and awards received by faculty was created, and checked with faculty to produce a summary for Appendix C in the Second Integrated Plan.

Finally all faculty members were asked to summarize the work they had undertaken in the years since the First Integrated Plan. This was done in part to have a verifiable baseline of responsibilities prior to the creation of the School of Public Health, as well as to identify any inequalities in teaching or administrative duties among the faculty. There has been a substantial expansion of the faculty over the past four years. Faculty tenure positions have increased from seven to 11 positions, with four of these being part-time. Graduate classes offered on a permanent basis have risen from seven to ten, with an additional two courses offered as Special Topics.

A composite of strengths, weakness, opportunities and threats was prepared for the Second Integrated Plan. Proposals for strategic initiatives were summarized using the University Second Integrated Plan Strategic Themes and underlying Values. All information related to each theme was collated into brief planning notes. Faculty used these brief planning notes to determine which initiatives CH&EP would prioritize for the Second Integrated Plan.

Included in the planning work were several discussions about the School of Public Health; faculty perceives it as both an unprecedented opportunity and as a potential threat. The faculty devoted two special faculty meetings solely to SPH discussions, working through potential advantages and disadvantages, identifying elements of current organizational culture to maintain, and what steps could be taken to create a SPH that would flourish and be a welcome academic home for multiple faculty from several Colleges and units. This work allowed the faculty to begin work on one Strategic Initiative to enrich the conceptualization of the SPH. These ideas are synthesized in the Strategic Initiative # 1 in the Second Integrated Plan.

Finally, using the brief planning notes, faculty devoted 1/2 of its Annual Retreat time to detailed discussion of initiatives for the Second Integrated Plan. These were then described using the University template, and sent on to the Dean of Medicine for College-wide review. The five Strategic Initiatives appear in the CH&EP Second Integrated Plan.

Finally, the Second Integrated Plan was written, discussed with faculty, revised, and prepared for presentation to the faculty and the Dean of Medicine.