Two Year Progress Report
School of Public Health and Health Systems (BSc/BHP/MSc/PhD/MPH/MHE/MHI)
May 2016

Background:

An augmented review of all SPHHS programs was completed in March, 2014. In the narrative of the report a number observations were made regarding strengths and challenges. These were summarized into 11 high level recommendations. The School in its initial response of May, 2014 provided lengthy, detailed responses to the report narrative and commented on many features of the external review above and beyond the 11 high-level recommendations. Tables identifying actions specific to the undergraduate and graduate degree programs were developed. These continue to inform internal discussions and activities. The School’s initial response was conveyed to Senate in June of 2014.

A new School Director, Craig Janes, was appointed effective July 1, 2014. Unexpectedly the AHS Dean resigned at the same time that the new Director took up his position. The incoming interim Dean, Jim Rush, then discussed how to proceed with the new Director. Given the extent of leadership turnover, and in consultation with the Associate Vice Provost for Graduate Studies, Sue Horton, who was overseeing the process, it was decided to focus initially on four key issues (which related to five of the eleven recommendations from the review), and to undertake to respond to these issues in the two-year plan. This abbreviated action plan was provided to and approved by Senate (17 November 2014). All actions specified in this two-year plan have been completed (see table below) and the School has made significant progress in addressing all 11 of the external reviewers’ recommendations.

Table 1: Interim Action Plan (reviewed and approved by Senate 17 November 2014)

<table>
<thead>
<tr>
<th>Two-Year Plan: Action steps</th>
<th>Status</th>
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<tbody>
<tr>
<td>1. Hold faculty retreat and review School plan; report to SGRC September 2016; at that time report as to response to other recommendations</td>
<td>Completed; retreat generated considerable modifications to undergraduate and graduate degree programs as stimulated by the external reviewers’ narrative comments.</td>
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<tr>
<td>2. Consolidate School offices into one location within AHS building (recommendation 1 – space) and consider longer term plan for more space</td>
<td>Completed in July 2015. Process for long-term planning for space needs has been established within the School and Faculty.</td>
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3. Examine workload such that senior faculty have more opportunity to teach undergraduates  
(Recommendation 7) 

A new Teaching Workload Equity policy has been adopted by the School, and senior faculty are now assigned to teach across all levels of the curriculum, including, especially, our new enrollment-limited “undergraduate engagement seminars” offered at the 100- and 200-levels.

4. Revise faculty hiring plan: will also aid in consolidation of strengths rather than being spread thin; and provision of appropriate supervision for graduate students.  
(Recommendations 2, 5, 9) 

We have hired four faculty in existing program areas: two lecturers to provide support to our teaching program (mainly undergraduate, but some graduate teaching as well), and two tenure-track faculty who will teach in current areas of strength in the undergraduate and graduate programs. Two additional hires to support existing program strengths are currently in process.

Progress toward the 11 recommendations in the original external review:

**Recommendations**

1. Space has become a significant issue for the School and new facilities are urgently needed to accommodate new faculty, an expanding graduate student body, and research collaborations.  

   **Status: completed.**  
   **Details:** New space to permit consolidation of most of the School’s faculty, staff, and students was made available with the move of the UW-Propel Centre for Population Health Impact to Tech Town. Although this space is sufficient to meet current needs, anticipated growth will certainly place stress on this resource. The Faculty is aware of this and is working through a space committee to identify opportunities for renovations that would meet our needs. This said, it is likely that additional building space will be needed to accommodate anticipated future growth.

2. The School work with the Dean and Provost’s office to re-balance new hires to achieve a better complement of teaching faculty and faculty with practice experience in public health.  

   **Status: in progress**  
   **Details:** The School converted one open and approved tenure track position to a continuing lecturer position, hiring to that position was completed in July of 2015. An additional definite term lecturer was appointed at the same time (and is bridged to a lecturer retirement in 2017 and will be reviewed for transition to a continuing appointment). A third definite term lecturer was converted to a continuing lecturer position effective July 1, 2016. These three hires – all exceptionally strong teachers and scholars - have significantly enhanced our teaching capacity at both undergraduate and graduate levels.

Because the School offers several graduate professional programs, additional “practice-based” hires in public health, health informatics, and health evaluation would enhance the quality of our programs. UW currently lacks a practice-oriented faculty stream, so we are currently
investigating whether the clinical faculty stream could be appropriately used to provide practice-based support to our professional programs.

3. The apparent proliferation of new undergraduate and graduate degrees may exacerbate existing challenges of class size and the range of courses offered without sufficient faculty support. We recommend the School consider offering streams, concentrations, certificates, etc. rather than distinctive degree designations.

   **Status: in progress**
   **Details:** We have changed the undergraduate degree nomenclature from “health promotion” to the more appropriate and broader designation of “public health,” and have undertaken a wholesale revamping and rationalization of the undergraduate curriculum in order to realize efficiencies (e.g., common core courses required across both undergraduate degrees). We dropped plans to offer a third undergraduate degree program. This has modestly reduced the number/range of courses that we need to staff each term and given more focus to our undergraduate program.

   Instead of developing new, specialized degree options at the graduate level, the School has opted to develop graduate diplomas, using current courses, as adjuncts to its current master’s and doctoral degrees, thus offering students specialized study options without need for creating additional courses or curricular plans.

4. Changes in the external supply and demand for training in public health in Canada may require substantial changes to the MPH program if it is to continue to meet enrollment targets with high quality students. We recommend the SPHHS monitor the external environment carefully and consider options such as accreditation if competition for students leads to a drop in student enrollment.

   **Status: completed**
   **Details:** We are carefully monitoring the MPH program to ensure that demand for the program by high quality students continues. So far we experience demand far in excess of our available spots (350+ applications for 40 FTE slots for the 2016-7 academic year). Beginning in Fall 2016 we will begin to offer an on-campus, blended instructional option for MPH students, and will open enrollment to new bachelor’s degree students who have completed an appropriate co-op placement in a public health setting. This will improve our ability to retain our best undergraduate students rather than lose them to other competing programs in the area (which is what currently occurs). Finally, we have proposed an accelerated Bachelor’s to MPH track that should also help us retain our top undergraduates.

   While we continue to explore accreditation, it is clear from continuing demand that such an option is not necessary to maintain enrollments of high quality students. There are other reasons for accreditation, however, and we have identified available options for program accreditation should School faculty and students deem this to be a desirable goal. We will, regardless, continue to monitor student demand carefully and respond as needed to maintain the high quality and excellent reputation of our MPH program.
5. The rapid expansion of degrees and program requirements has resulted in a faculty complement spread too thin. We recommend that new hires be able to teach in the core areas of current degree programs rather than introducing new areas of teaching expertise.

   **Status: completed**
   **Details:** New faculty hired since 2014 (two continuing lecturers, and two tenure-track faculty) were selected to provide teaching support to core areas of undergraduate and graduate programs.

6. The MSc/PhD nomenclature be re-considered in order to attract high-quality MSc/PhD students to the areas of faculty research expertise.

   **Status: completed**
   **Details:** The nomenclature for the MSc/PhD degree was changed with Senate approval from “Health Studies and Gerontology,” to “Public Health and Health Systems.” Efforts are currently underway to expunge the “HSG” nomenclature from all corners of UW, including changes to course prefix codes.

7. The School and Faculty Dean indicate a clear commitment to valuing undergrad education and populating lower division classes with senior faculty.

   **Status: completed**
   **Details:** The School developed and endorsed a new Teaching Workload Equity policy that sets forth expectation for equitable teaching load across ranks, and this policy has been implemented successfully. In addition, a new series of lower division courses, limited enrolment 173/273 “engagement seminars” has been developed to feature faculty expertise, and will be taught by faculty in all ranks. “Senior” faculty are now teaching across the curriculum.

8. We recommend that the School and Faculty of Applied Health Sciences continue to work together to profile and strengthen the area of Aging and Health as an area of excellence across the Faculty, with core critical mass in the SPHHS.

   **Status: in progress**
   **Details:** The School has taken steps to fully integrate the collaborative program in Aging, Health and Well-Being into the administration of our graduate research programs so that students are not marginalized, provided with appropriate support, and to ensure that the area of aging and health is more visible in our recruiting materials. A new tenure-track faculty member with a specialization in this area was added to the faculty complement in 2014 just after the external review was completed. The School is currently in discussions as to how to enhance its graduate offerings in this important area of research and teaching strength, especially at the MSc level, and will likely propose a graduate diploma in aging and health in the near future (see below). The School has maintained its support for the undergraduate minor, option, and diploma programs in gerontology.
9. New leadership in the School should focus on the challenges faced by new faculty and ensure that workload and governance reflect equity and collegiality. This will require a period of consolidation rather than continued rapid growth.

**Status: completed**

**Details:** As indicated above, a number of steps have been taken to consolidate our programs, create efficiencies, and ensure equitable teaching workloads across the faculty ranks. The current Director has undertaken a number of steps to clarify collegial governance processes, for example developing the aforementioned teaching equity policy, developing School by-laws that specify standing committee terms and election processes, and establishing an Executive Committee that includes members elected at large (diverse by gender and rank) from the faculty. Additional steps underway are to meet regularly with new faculty to ensure that their needs and interests are represented in School decisions. Finally, the current Director has offered strong support for pre-tenure sabbatical leaves to ensure that new/junior faculty are provided the time and intellectual space needed to launch successful careers.

This item should likely always be considered to be “in progress” as we work continually to improve processes, collegiality, and create a positive workplace culture.

10. The School and Dean should encourage the formation of new “Research Centres” to provide infrastructure and administrative support to new faculty.

**Status: in progress**

**Details:** At present we have two “practice centres” in Health Informatics (in existence at the time of the review) and Health Evaluation (newly established and in development (these support the professional programs in these areas). Discussions are underway to establish a collaborative, cross-Faculty research Institute in Global Health. Several other possible developments remain under discussion: for example, research clusters in aging and health, and epidemiology and biostatistics. The practice centres provide considerable infrastructure and administrative support for new Faculty. In addition, new faculty have been provided considerable infrastructure and administrative support by the AHS-affiliated Propel Centre for Population Health Impact. We envision that the formation of research clusters will facilitate graduate student recruitment, visibility of research strengths, and enable collaborative research. Finally, all new faculty are provided with some level of infrastructure (space for graduate students, lab facilities, etc.) and administrative support as a matter of course.

11. Staff workloads should be reviewed and new hires be made as necessary to ensure appropriate support across all programs

**Status: completed**

**Details:** A new staff hire (addition to our staff complement) to support the practicum component of the professional programs and accreditation (if pursued) is in process.

**Explain any circumstances that have altered the original implementation plan:** None.

**Address any significant developments or initiatives that have arisen since the program review process, or that were not contemplated during the review:** None.
Updated Implementation Plan (including only items from the original recommendations that are currently incomplete and “in progress”):

<table>
<thead>
<tr>
<th>Recommendations</th>
<th>Proposed Actions</th>
<th>Responsibility for Leading and Resourcing (if applicable) the Actions</th>
<th>Timeline for addressing Recommendations</th>
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<tbody>
<tr>
<td>1. The School work with the Dean and Provost’s office to re-balance new hires to achieve a better complement of teaching faculty and faculty with practice experience in public health.</td>
<td>Teaching faculty have been hired as recommended. We will investigate whether the “clinical faculty” stream could be modified or expanded to encompass practice-based faculty positions, and will recruit as required to support professional programs.</td>
<td>Director and Dean</td>
<td>To be determined in discussion with relevant University authorities and FAUW (may have implications for Policy 76 revisions, for example).</td>
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<tr>
<td>2. The apparent proliferation of new undergraduate and graduate degrees may exacerbate existing challenges of class size and range of courses offered without sufficient faculty support. We recommend the School consider offering streams, concentrations, certificates, etc. rather than distinctive degree designations.</td>
<td>See updates above. School will propose several graduate diplomas based on current courses and research strengths for Senate consideration in the next academic year.</td>
<td>Director and Associate Directors of Graduate Research and Professional Programs</td>
<td>Diplomas approved by Fall 2017.</td>
</tr>
</tbody>
</table>
3. The School and Faculty of Applied Health Sciences continue to work together to profile and strengthen the area of Aging and Health as an area of excellence across the Faculty, with core critical mass in the SPHHS.

   The School will consider curricular innovations to strengthen aging and health within the School, including development of a graduate diploma in aging and health.

   Director and Associate Director of Graduate Research Programs

   Graduate Diploma in Aging and Health approved by Fall 2017.

4. We recommend that the School and Dean encourage the formation of new “Research Centres” to provide infrastructure and administrative support to new faculty.

   Cross-Faculty efforts underway to develop a research Institute in Global Health. Consideration of additional research clusters to be initiated in the coming AY. Ongoing review of infrastructure and administrative support needs of new faculty.

   Dean, Associate Dean-Research, Director, Associate Graduate Program Directors

   Research Institute in Global Health developed by the end of 2018. Research clusters identified and formalized by the end of 2017. Unmet infrastructure and/or administrative needs are met as required (none care currently identified).

The Department Chair/Director, in consultation with the Dean of the Faculty shall be responsible for monitoring the Implementation Plan.

Report on anything else you believe is appropriate to bring to Senate concerning this program:
None
Date of next program review: ____________________________ 2020

Date

Signatures of Approval:

Chair/Director

27 May 2016

Faculty or Administrative Dean

27 May 2016

Associate Vice-President, Academic
(For undergraduate and augmented programs)

Date

Associate Provost, Graduate Studies
(For Graduate and augment programs)

Date