

Mission Statement for the Public Health Program Faculty of Health Sciences, Simon Fraser University

Preface: Introduction to the Faculty of Health Sciences at Simon Fraser University

In this self-study we describe the development, organization, and implementation of population and public health programs within the Faculty of Health Sciences (FHS) at Simon Fraser University (SFU). Simon Fraser University is a public institution with its main campus in Burnaby, British Columbia. It also has campuses in downtown Vancouver, and in Surrey. In FY 2007/2008 it enrolled 26,332 undergraduate students, and 5,341 graduate students. It has about 930 full-time equivalent academic (instructional) staff.

The Faculty of Health Sciences was formally created by the SFU Senate and Board of Governors in September, 2004, hired its first faculty complement and accepted its first graduate cohort by September, 2005, and moved into its purpose building in June, 2008. . From its inception, the vision of the Faculty has been the integration of biological and sociological conceptions of science and evidentiary practices to understand health from a life-course perspective. Interdisciplinary educational programming in FHS employs a “cell to society” motif. The mission of FHS is consistent with and supportive of recent efforts in Canada to strengthen the public health system.

Public Health in Canada

Canada has occupied a position of intellectual and policy-level leadership in modern public health. Marked by internationally-known reports, legislation and policy documents, including the Lalonde report of 1974, the Ottawa Charter for Health Promotion and the Epp report of 1986, development of the concept of population health and its role in the WHO Commission on Social Determinants of Health, Canadian health scholars and policymakers have long emphasized the importance of addressing the multiple determinants of health. The Lalonde report emphasized the importance of interacting determinants of health, including human biology, environment, lifestyle, and health care organization. Both Lalonde and Epp reports argued that social inequalities produce health inequities, and that strategic action at a social and policy level was needed to improve population health. The reports also provided the foundational argument for reducing pressure on the health system through strategic investments in health promotion and the prevention of disease and injury. Coupled with the passage of the Canada Health Act of 1980 (amending earlier legislation), which extended comprehensive, universal, and accessible insured health care services to all Canadians without cost, these developments promised to establish Canada as an international leader of the modern public health movement.

Remarkable as they now seem, these developments did not translate into either a well-organized or well-funded public health system within Canada, where the vast majority of health care expenditures, then as now, remain in the secondary and tertiary health care sector. Estimates made in 2003 suggested that about 2 to 2 ½ percent of health

expenditures were spent on public health activities. Unlike in the U.S, where public health to the state level is an independent system, and where federal leadership is provided through the CDC, Canada's public health system is a variable grouping of mostly provincial and regional level institutions, offices, and departments with differing roles and functions. Each province has its own public health legislation, although the age and content of these vary considerably. In most provinces and territories, public health is delivered through regional health authorities or the provincial/territorial government. The federal government has not had a strong mandate in population and public health, and its roles and responsibilities have been, and to some extent remain, unclear.

Several incidents over the past two decades, culminating in the SARS epidemic, exposed serious weaknesses in the Canadian public health system. Driven in large part by critical evaluation of the public health response to SARS, in 2004 the federal government chose to initiate national leadership in public health policy through the creation of an independent Public Health Agency of Canada (PHAC). The Agency was given essential responsibilities related to preventing diseases and injuries, promoting good health, preparing for emergencies and strengthening the public health infrastructure in Canada. Additionally, it strives to understand and address the basic factors that determine individual and population health in Canada. PHAC has led the development of broad health goals in Canada, and has spearheaded the development of workplace-based core competencies in public health. Although PHAC provides technical input into federal-level policies, and funds programs at regional and local levels, it has little, if any, authority over core public health functions at the provincial level.

The creation of the PHAC has coincided with federal, and in some areas, provincial efforts to restructure funding for health-related research. The Canadian Institute for Health Research was created in 2000 with a mission to sponsor a much broader range of health research than had been funded previously. In British Columbia, the provincially funded Michael Smith Foundation for Health Research organizes its funding of grants and research networks around CIHR's four pillars: biomedical, clinical, population and public health, and health systems and services research. With some additional funding flowing from the Social Sciences and Humanities Research Council (SSHRC), the National Sciences and Engineering Research Council (NSERC), the International Development Research Centre (IDRC), and the Canadian International Development Agency (CIDA), the environment for sponsored research has been favorable to the growth of University-based programs in population and public health, and global health.

Both PHAC and CIHR have pushed for the expansion and skills upgrading of the public health workforce. The agencies have collaborated in providing funding for MPH students in Canadian Universities (two new SFU students are funded each year), they have undertaken initiatives to develop core competencies in public health training, and have engaged in joint efforts (with input from CEPH) to consider accreditation of Canadian Universities. PHAC has also undertaken to develop strategic initiatives in regard to international population and public health programming.

SFU's creation of a Faculty of Health Sciences with a strong mandate in population and public health and global health is in part a considered response to increasing federal and provincial demand for public health professionals, well-trained public health researchers, Canadian priorities in international health, and an increased need for scholars with policy expertise in the management of health systems and health care.

Establishing the Faculty of Health Sciences

Health research and education has had a long history and is well established at Simon Fraser University. Its roots can be traced to the creation of the School of Kinesiology in 1970, the establishment of the Gerontology Research Centre in 1982 and the establishment of the Department of Psychology. Over the past twenty years health research has developed in all Faculties of the University and extended to nearly all disciplines.

As early as 1992, efforts were underway to create a coherent framework around this dispersed activity as well as to create new areas of health research and teaching, though early efforts foundered through lack of leadership. In 1999, interest in developing new health research and programming initiatives re-emerged. This activity was encouraged by the emergence of several significant internal and external factors, many of which have been identified above:

- increased interest, expertise and advocacy within Simon Fraser University for developing a coherent, more visible and innovative presence in health research in Canada;
- restructuring of federal funding for health research which reflected a new broadly based conceptualization of health (e.g., the creation of the Canadian Institutes for Health Research);
- increased priority for the management of health systems and health care on the public policy agenda; and,
- a global increase in the level of awareness and concern for health-related issues, the social, economic and cultural determinants of health, and health care financing.

These events defined an opportunity for Simon Fraser University to distinguish itself from traditional University health programming and medical schools within Canada. Working initially through a multi-unit institute, the "Institute for Health Research and Education," plans for a new Faculty of Health Sciences were developed and submitted through Senate committees in 2003. The final decision by Senate creating the Faculty was reached in November, 2003 with a start date of September 1, 2004. Senate accepted the following vision for the new Faculty:

- The research and teaching programs in Faculty of Health Sciences will **integrate social and natural science research with population outcomes, societal application and policy analysis.** This integration will combine a broad spectrum of research approaches, methods of inquiry, levels of analysis

and research perspectives. This unique approach will enable researchers and students to make original contributions to the study and understanding of health and disease and will establish Simon Fraser University at the forefront of multi-disciplinary health research in Canada.

- The new Faculty of Health Sciences will support research and develop teaching programs that bridge science, policy and practice, in particular,
 - the integration of science, outcomes analysis and policy,
 - appreciation of the cross-sectoral nature of the research questions and programs, and,
 - the adoption of multiple perspectives, modes of inquiry and levels of analysis
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Initial programming in the Faculty of Health Sciences has, until recently, focused on population and public health. Initial hires of new faculty, commencing in 2005, focused on developing a complement of public health scholars (e.g., biostatistics, epidemiology, health economics, social science approaches to public health problems, and environmental and occupational health specialists). An MSc degree with two streams, a research-focused thesis stream, and a practice-focused stream admitted its first students in 2005. In 2008 the practice-based degree was renamed the “Master’s Degree in Public Health.” In 2006 the Faculty launched a Bachelor of Arts degree in Health Sciences, which focuses principally on social and policy applications. In 2007 it launched a Bachelor of Sciences degree which focuses on the life sciences, and on quantitative applications in the health sciences. Both BA and BSc student receive a strong foundation in population and public health, and in interdisciplinary approaches to health problems.

For purposes of this self-study, we define our unit of accreditation as consisting of the personnel and resources which support the professional MPH degree and its specialty streams; and the academic BA and BSc degrees.

It should be emphasized that the Faculty is very new, and has had relatively little time to develop and solidify its internal policies and procedures. The metaphor we use internally is that we are “building the plane while flying it.” This is not an exaggeration. The first complement of 9 faculty and 18 MSc-PPH students arrived at virtually the same time. In three years we have gone from 9 to about 40 FTE-faculty, have developed two undergraduate major programs with about 600 total majors, and now enroll 65-70 students annually into our MPH program. The rapid growth in faculty, programs, and enrollments has been remarkable and not without internal stresses. Most importantly for this self-study, we do not have the depth of data evaluating our curriculum, programs, research, or service activities as would be the case of a more established institution. Many of our evaluation tools, are, in fact, newly developed. It is important to keep the newness of FHS, and its steep development trajectory, in mind when evaluating this self-study.

Mission Statement

The Mission of the Public Health Programs (MPH, BA, BSc) at Simon Fraser University is to equip the public health leaders of the future with the knowledge and skills required to improve the overall health and well-being of the population; to prevent diseases, injuries, or disabilities that may shorten life or impair health, well-being and quality of life; and to reduce inequities in health between different groups and communities at local and global levels.

Goal statements for each major function to attain program's mission

The Public Health Program in the Faculty of Health Sciences will realize its mission through a focus on the following seven goals:

GOAL 1: Assure that graduates are able to understand, and equipped to influence, the factors that shape population and public health at local and global levels

GOAL 2: Assure a highly qualified and diverse student body.

GOAL 3: Assure that appropriate resources are available to the program.

GOAL 4: Assure that the program is relevant to community constituents and stakeholders.

GOAL 5: Assure continuous program improvement.

GOAL 6: Create a positive learning environment that enables faculty and students to meet the learning objectives of the program.

GOAL 7: Assure that faculty conduct and publish high quality public health research and provide ample opportunity for student participation in faculty research.

Measurable objectives related to each major function through which the program intends to achieve its goals of instruction, research and service.

GOAL 1: Assure that graduates are able to understand, and equipped to influence, the factors that shape population and public health at local and global levels

Objective 1a. Graduates will receive training in the core functions and strategies of population and public health.

Outcome measures/indicators:

- Proportion of core courses that meet CEPH and Public Health Agency of Canada guidelines for core public health education.

- Proportion of courses in the program that have well-defined, competency-based objectives and corresponding content and assignments.
- Proportion of core courses that are reviewed by the Graduate Studies Committee (GSC) for appropriate structure, content & rigor.
- Student evaluation of each course in the context of course learning objectives.

Objective 1b. Students will acquire the analytical skills required for the critical assessment and evaluation of evidence relevant to population and public health research and practice.

Outcome measures/indicators:

- Proportion of courses and practicum experiences that include learning objectives that focus on the systematic assessment, critique, and evaluation of evidence.
- Student evaluation of courses in the context of this learning objective.

Objective 1d. Assure that students have high-quality practicum placements in appropriate public health settings in order to facilitate the integration of theory, methods and practice relevant to public health strategies.

Outcome measures/indicators:

- Expand the number of practicum placements judged by the practicum coordinator to meet objective.
- Number of practicum placements judged by students in their post-practicum evaluation to meet objective.
- Ongoing review and improvement of practicum settings by practicum staff.

Objective 1e. Students will be able to apply a social justice and health equity lens to their interpretation of a particular health problem or issue.

Outcome measures/indicators:

- Proportion of courses and practicum experiences that include learning objectives that focus on health equity.
- Student evaluation of courses in the context of this learning objective.

Objective 1g. Provide a culminating experience in which students integrate competencies across multiple public health disciplines to address a problem.

Outcome measures/indicators:

- Proportion of students who produce master's projects that integrate two or more disciplines of population and public health.

Objective 1h. Assure that successful student performance is maintained throughout the program.

Outcome measures/indicators:

- Number of course grades (in aggregate) that are B or better.

GOAL 2: Assure a highly qualified and diverse student body

Objective 2a: Recruit a highly qualified applicant pool

Outcome measures/indicators:

- Increase number of completed applications
- Increase number of accepted applicants who choose to come to SFU.
- Increase number and dollar amounts of scholarship awards (from either internal or external sources) offered to incoming students

Objective 2b: Recruit a diverse applicant pool as measured by diversity in undergraduate training, public health experience, professional background, age, gender, abilities/disabilities, aboriginal status, and ethnicity.

Outcome measures/indicators:

- Applicant pool will be mixed in terms of prior preparation, public health practice and/or research, international experience, and/or clinical experience.
- Both genders are represented.
- Students of aboriginal status are represented.
- Applicant pool is ethnically diverse and includes students from low-income countries and marginalized groups.

GOAL 3: Assure that the appropriate resources are available to the Program

Objective 3a. Assure that library holdings are adequate to the needs of the MPH program

Outcome measures/indicators:

- Review library holdings with SFU library once per year
- Continue to add new library resources (books, journals, films, reference material) as these become available

Objective 3b. Assure that space needs for students and faculty are met

Outcome measures/indicators:

- Review space allocations on an annual basis

Objective 3c. Assure that relevant data sets and data bases are available for program use

Outcome measures/indicators:

- Add new data sets and data bases as the SFU data warehouse comes on-line

Objective 3d. Assure that adequate bursaries, fellowships, and scholarships are available to students.

Outcome measures/indicators:

- The dollar amount of financial aid available to MPH students.

GOAL 4: Assure that the program is relevant to community constituents, stakeholders, and public health authorities.

Objective 4a. Assure that students have skills valued by employers.

Outcome measures/indicators:

- Proportion of students who are employed within one year of graduation as indicated by annual survey of alumni
- Satisfaction of employers with graduate/employee performance as indicated by bi-annual survey of employers

Objective 4b. Provide diploma and certificate programs, and continuing education, for local and global medical and public health professionals, community members, and other interested publics.

Outcome measures/indicators:

- Expand number of diploma and certificate programs offered by Faculty.
- Develop on-line delivery of diploma and certificate programs.

Objective 4c. Increase the engagement and involvement of faculty, staff, and students in public health practice and policy in the community

Outcome measures/indicators:

- Number of faculty, students & staff participating in continuing education seminars
- Number of faculty, students, & staff engaged in community service
- Number of faculty and students who are engaged in community-based scholarship

GOAL 5: Assure continuous program improvement.

Objective 5a: Continuous improvement and articulation of course offerings and learning experiences.

Outcome Measures/Indicators:

- Through a rolling review of all MPH courses by the Graduate Studies Committee, make continuous adjustment to the MPH curriculum.

Objective 5b: Review individual courses with faculty.

Outcome Measures/Indicators:

- Bi-annual consultation with program faculty teaching in the MPH program regarding their specific courses, using a course-mapping methodology (matrix of learning objectives and review of syllabi).

Objective 5c: Assure that students achieve learning objectives through systematic evaluation of courses. .

Outcome Measures/Indicators:

- Students evaluation of courses

Objective 5d: Conduct regular program evaluations to insure that program and curricular goals are met

Outcome Measures/Indicators:

- Conduct surveys of graduating students annually
- Conduct surveys of alumni bi-annually
- Conduct surveys of employers of MPH students every three years

GOAL 6: Create a positive learning environment that enables faculty and students to meet the learning objectives of the program

Objective 6a. Insure that faculty have access to programs at SFU that foster instructional excellence.

Outcome measures/indicators:

- Proportion of faculty who attend workshops or seminars conducted by SFU's Learning and Instruction Development Centre (LIDC).

Objective 6b. Encourage faculty to engage with the scholarly literature on best practices in teaching and learning.

Outcome measures/indicators:

- Number of workshops, retreats and/or seminars organized in the Faculty of Health Sciences that focus on pedagogical scholarship
- Number of consultations with LIDC staff

Objective 6c. Provide a supportive learning environment for students.

Outcome measures/indicators:

- Post-graduate evaluation of student services provided in FHS
- Amount of space provided to graduate students

- Number of open meetings for students organized by administrative staff (Dean and Graduate Program offices)
- Number of students serving on FHS committees
- Number of students attending workshops or presentations provided by LIDC and SLC trainers

GOAL 7: Assure that faculty conduct and publish high quality public health research and provide ample opportunity for student participation.

Objective 7a: Insure that faculty are involved in population and public health relevant research.

Outcome measures/indicators:

- Number of faculty who have received external funding for research and/or intervention projects.
- Number of peer-reviewed publications generated by faculty.

Objective 7b: Insure that students who desire to be involved in public health research are afforded the opportunity to do so.

Outcome measures/indicators:

- Number of students engaged in research activities related to their course of study.
- Number of peer-reviewed publications generated by students.