

Institute for Public Health Business Plan

Better Health and Health Care

Dear Reader:

The Institute for Public Health at the University of Calgary is at an exciting juncture in its development, and the following business plan was created to document the Institute's brief history, current status, and short- and long-term plans, for a variety of stakeholders and purposes.

Established in 2009 to strengthen Calgary's health services and population health research enterprise, the Institute for Public Health (IPH) builds upon the successful model of the Faculty of Medicine's first six research institutes. To most effectively meet its mandate, and foster knowledge translation to research users, policy makers, and the public, IPH adapted the Faculty model. Its membership has grown to over 300, with more than one third having their primary affiliation with Alberta Health Services, rather than the Faculty of Medicine or other University of Calgary faculties. The stakeholders of IPH, for whom the business plan was created, therefore include: member researchers in the Faculty of Medicine and seven other University of Calgary faculties; administrative leaders in the Faculty of Medicine, seven other faculties, and the University of Calgary; researchers, research users, and administrative leaders in various portfolios of Alberta Health Services; policy makers and personnel in various governmental portfolios related to health, at municipal, provincial, and national levels; and community members, including IPH's Strategic Advisory Board.

To date, IPH has been supported by the Faculty of Medicine, and has been meeting or exceeding the Faculty's goals for building academic excellence and capacity in health services and population health research. The successful Institute model also depends upon relevance and outreach beyond the academic environment, such that financial self-sustainability through philanthropy becomes possible. IPH's business plan is therefore designed to demonstrate the importance of IPH research to Calgarians, outline the Institute's ambitious goals, and explain the strategies developed to reach these goals, including a \$26 million fund-raising plan.

With the number of important topics, relevant stakeholders, and crucial goals to be addressed, the document is admittedly extensive. A brief overview is followed by a more detailed format that we hope will satisfy the information needs of our partners.

Thank you for your interest in the Institute for Public Health. We invite your input to this 'living document'.

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Our Vision: Better health and health care

Our Mission: To catalyze excellence in population health and health services research, to the benefit of local, national, and global communities

“Healthy citizens are the greatest asset any country can have.” (Sir Winston Churchill)

“It is health that is real wealth and not pieces of gold and silver.” (Mahatma Gandhi)

Speaking of IPH...

Health is a fundamental good. Some would even say it is a basic human right. As highlighted by the quotes above and by the World Health Organization (WHO), health has been recognized as a sacred fundamental right in international and regional treaties, as well as national constitutions all over the world.

There are two aspects to being healthy. One is to have mechanisms in place to remain healthy, both at the individual level and for entire countries. The second is to have mechanisms -- health systems -- in place to treat people well when they become sick. In other words, we are healthier when we have better health and better health systems.

The Institute for Public Health has KNOWLEDGE as its basic currency. As an institute, we are striving to produce knowledge and evidence to inform the public health agencies and health systems tasked with keeping us (and making us) healthy.

Our vision is thus for BETTER HEALTH AND HEALTHCARE. We will seek to achieve that through partnerships and interdisciplinary research and innovation.

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Overview

Maintaining and improving public health is one of society's greatest ongoing challenges. The quotes on page 2 highlight the importance of health as a foundational commodity on a global scale. Canadians recognize this too, through their repeated identification of health and health care as leading concerns during elections and public policy debates, and through the perpetual presence of public health issues in the media. From food and water safety to health care system responses to infectious diseases (e.g., SARS and H1N1) or record levels of obesity in young people, the issues to be addressed are virtually limitless.

In order to address these public health challenges, Canada and other developed countries have created health care systems and other agencies that produce policy that influences health. While health systems are mandated to treat disease and improve health, various other agencies work to define and implement policies that intend to effectively, efficiently, equitably, and sustainably protect and improve health. However, one of the main challenges faced by policy makers is the ability to prioritize the numerous issues within their remit, based on relevance and the feasibility of positive intervention. Ideally, these decisions are informed by rigorously generated evidence, and dialogue with key stakeholders.

The newest institute at the [University of Calgary's Faculty of Medicine](#), the [Institute for Public Health \(IPH\)](#), assembles a unique collection of expertise from a variety of academic and professional backgrounds, from research scientists and clinicians, to health system decision-makers and other health care professionals. IPH is truly interdisciplinary and encompasses 300+ members from the Faculties of [Medicine](#), [Nursing](#), [Social Work](#), [Arts](#), [Engineering](#), and [Veterinary Medicine](#), in addition to [Alberta Health Services](#) and the [City of Calgary](#).

Public health and health policy are not specific to any single disease or body system, but they impact populations broadly. The goal of the Institute is to ensure that health research knowledge is translated into new models of care and changes to health policy.

IPH research focuses on three priority areas (explained in more detail later in this document):

- [Enhanced Health Systems Performance](#)
- [Improved Population Health](#)
- [Innovative Tools and Methods for Public Health](#)

University researchers have a critically important role in Canada's public health, through their efforts to describe, understand, and suggest improvements. IPH stands alongside other existing University of Calgary health research institutes as a vibrant entity - catalyzing research excellence in public health, and producing new knowledge that informs health policy. The IPH cultivates cross-sectoral networks and bridges partnerships with both internal and external stakeholders - to further inform research and to ensure uptake of research by both policy makers and the public.

Better health and health care.

Background

Defining Public Health Research

Public health can be defined as, “the science and art of preventing disease, prolonging life, and promoting health through organized efforts of society”(1). It is an extensive topic, and comprises population health and health care systems, as well as the significant areas of overlap between them. The overarching goal implicit in all public health research focuses on maximizing the health of Canadians through programs, services, and institutions that emphasize the health needs of the population as a whole.

IPH Research Mandate

The IPH research mandate is specifically dedicated to expertise in health systems and services research, as well as the social cultural, environmental factors that affect the health of populations. Through this research, IPH aims to maximize the benefits to society of this highly relevant and timely macro-level research.

IPH Research - Health Systems Performance

Health systems and services research aims to streamline delivery of care by improving the organization, regulation, management, and cost effectiveness of systems in order to enhance health and quality of life of all Canadians (CIHR’s Institute of Health Services and Policy Research - IHSPR).

Pertinent research questions in health systems performance research include:

- How can we improve health system performance for treating acute conditions such as stroke and heart attack?
- How can we improve the longitudinal integration of chronic disease care shared by primary care providers and specialists?
- What are the economic impacts of new but expensive therapies?
- What changes can be made to improve access to care for vulnerable populations?
- What system efficiencies can be implemented to reduce waiting times and access challenges?
- How can we improve the integration of care between hospital and interdisciplinary community-based providers?

An Example of Research in Action: Diabetes

Integration of research expertise and scientific approaches within IPH enables important contributions to the study of diabetes. This disease is known to be increasing in prevalence. While genetic factors may explain some of the high distribution in Canada’s aboriginal populations, environmental determinants are also known to contribute. Factors such as low income, sedentary lifestyle, suboptimal nutrition, and obesity are linked with diabetes, among other things. Designing optimal health systems for the care of diabetes must take into account these population- level determinants and IPH’s rich interdisciplinary expertise is ideally suited to pursue solutions to these issues.

1. “The Acheson Report” (*Public Health in England; The Report of the Committee of Inquiry into the Future Development of the Public Health Function*. Cmnd 289. London: HMSO, 1988.

IPH Research - Population Health

Investigation of the social, cultural, and environmental factors that affect the health of populations is more succinctly known as population health research. Factors studied are external to (and often upstream of) the health care system, and are of critical importance to the everyday health of people, independent of their use of health care services. Commonly referred to as "determinants of health", these factors include income and social status, education, working conditions, early development, physical environments, culture, and gender.

Pertinent research questions for population health research include:

- What determinants (*e.g.*, homelessness, poverty, and ethnicity) constitute social vulnerability, and how do these determinants impact health?
- Is there an association between environmental pollutants and health?
- What constitutes a 'healthy city', and can urban planning impact the health of communities, locally, nationally, and internationally?
- What are potential solutions to food insecurity in Canada and beyond?
- Do the benefits of increased physical activity gained from the participation of youth in sports outweigh the potential risks of sports-related injuries?
- Can interventions by employers improve the workplace environment and the mental health of employees?

Integration of IPH Research – Tools and Methods for Public Health

The breadth of important questions that can be addressed and expanded by a synergistic approach to the above areas of research greatly enriches the generation of public health knowledge. This integration is made possible by the expertise of IPH's diverse membership in retrieving, analyzing, and mining health datasets; in applying sophisticated statistical tools and methodologies from the social sciences; and in building and maintaining interdisciplinary partnerships.

The role of IPH

Research quality is mainly assessed through peer review, and research capacity is critically linked to excellence through the awarding of peer reviewed research funding.

IPH catalyzes research quality and capacity through a number of programs and activities that enhance members' research and funding applications, such that they meet national and international standards:

1. ***Internal Peer Review Program:*** This program leverages expertise within the Institute to provide constructive criticism of members' research plans and draft funding applications. Pre-review by colleagues increases an application's chance of being competitive for external funding. The review exercise is also beneficial for networking and team building within the membership.
 - **Bridge Funding:** In addition to its other benefits, having undergone internal peer review also makes a Faculty of Medicine applicant eligible to receive Bridge Funding. This occurs in cases where applications are close to being funded but require further revisions and resubmission. IPH leadership participates in the required revisions and

champions the member's nomination to receive the bridge funding required to sustain his/her research activities until external funding can be secured.

2. ***IPH Mentorship Program***: This recently launched program was created to extend the benefits of intra-membership coaching beyond the development of successful funding applications. Mentorship is considered beneficial to professional development in most sectors, and it is especially crucial in the complex environment of academia. Mentor/mentee pairings among members are being established to support identified needs of mentees, including: development of a research program, building research partnerships, and preparing for tenure.
3. ***Agency Interpretations and 'Grantsmanship'***: Competing successfully for research funding requires more than research excellence. It requires an understanding of the logistical intricacies and strategic considerations of the different agencies and their various funding opportunities. Consequently, the provision of advice and information on agencies and grantsmanship is an important facilitative role of IPH. Institute leaders maintain good relationships with funding agency partners, thereby remaining abreast of research trends, funding opportunities, and success statistics. This valuable information is shared with members either individually or via one of IPH's various communication venues (see below).
4. ***Collaborative Events and Seminar Series***: The IPH educates its members and a broader network of stakeholders in public health issues through a vibrant seminar series, biannual forum events, and other special seminars and lectures. These events create an environment for convening and connecting public health researchers and health decision-makers, enhancing research and innovation, stakeholder engagement, knowledge generation, and knowledge dissemination.

Operating Principles

- Commitment to excellence in health services and population health research;
- Commitment to the [University of Calgary's Eyes High](#) plan, including the strategic goal of becoming one of the top five research intensive universities in Canada;
- Commitment to achieving economies of scale and scope in research infrastructure and support services;
- Commitment to studying and attempting to address inequities and health disparities and to improve social justice by recognizing the social determinants of health; and
- Commitment to effectively anticipating and addressing challenges to public health in both health care and population health spheres

IPH Membership

There are currently over 300 members in the IPH representing faculties from across the University of Calgary, including: Medicine, Nursing, Social Work, Arts, Kinesiology, and Veterinary Medicine. The main community partner, accounting for roughly one third of its membership, is [Alberta Health Services](#), the service delivery arm of Alberta's

Member Affiliations



ministry of health. Other partners include [Alberta Health](#) and the [City of Calgary](#) among others.

IPH Governance and Leadership

IPH's governance structure positions the Institute to move forward with an agenda that simultaneously achieves academic excellence, and impacts health outcomes both within and outside of Alberta's borders. All committees and boards were designed to optimally leverage representation from health services and population health research, and from academic and decision-making sectors within the University and Alberta Health Services.

The Institute's well-respected [Scientific Director](#) and [Associate Scientific Director](#) inspire a large and varied group of public health research stakeholders. They lead IPH, with support from a [Core Operations team](#), an [Executive Committee](#), a Strategic Advisory Board (including community leaders and health agency stakeholders), and an International Scientific Advisory Group.

History of IPH as an Institute

[Centre for Health and Policy Studies \(CHAPS\)](#) and [Population Health Intervention Research Centre](#)
The multidisciplinary, cross-sectoral ethos of IPH's health services and population health research environment was first developed within the [Centre for Health and Policy Studies \(CHAPS\)](#). Like IPH, CHAPS was aligned with the university's Department of Community Health Sciences and extended its reach to involve relevant researchers and research users from other Departments, Faculties, and sectors. Also contributing to the evolution of the Institute was the Population Health Intervention Research Centre (PHIRC; now evolved to the [Population Health and Inequities Research Centre](#)), which contributed significantly to the field of population health research, and Calgary's strength in this field, through prestigious federal funding and important recruitments.

Calgary Institute for Population and Public Health Research (CIPPH)

[IPH](#) was initially established as the Calgary Institute for Population and Public Health in 2009 under the joint leadership of Dr Tom Noseworthy (Head of the University's Department of Community Health Sciences) and Dr Richard Musto (Alberta Health Services' Medical Officer of Health, Calgary Zone). In 2010, the Institute was re-branded as the Institute for Public Health. This name was chosen to encompass the core themes of health services and population health included under the banner of 'public health'. Additionally, the logo (which depicts a speech bubble) was created to reflect a commitment to inform and engage in multilayered *dialogue* with members, key stakeholders, and collaborators focusing on public health challenges and associated solutions.

[IPH and other Faculty of Medicine Institutes](#)

IPH follows the successful operating model of the Faculty of Medicine's previously existing institutes, and is filling an important gap identified during their evolution. The six original institutes were created in the mid 2000s to integrate the Faculty's multidisciplinary expertise in important thematic areas, each defined by a common anatomical (brain, heart, musculoskeletal), pathophysiological (cancer, immunology/inflammation/infection), or developmental (child health) construct. The institutes were

designed to advance research in these theme areas -- from the level of basic biomedical investigation through clinical testing to health systems and population health research -- by encouraging interdisciplinary collaborations on important research questions and inter-sectoral partnerships to ensure application of the research findings to society.

After half a decade of very successful results arising from the six institutes, a need was identified to create an additional institute that focused on the macro end of the health research spectrum - health systems and population health. This seventh institute would be dedicated specifically to meet the demands of the current health research environment related to health services and population health research, as the successor of [CHAPS](#).

The six original institutes continue to benefit from application of health systems and population health research approaches to their particular themes, often through dual membership of relevant researchers in IPH. IPH, as the seventh separate institute, is now specifically dedicated to the pursuit of excellence and impact in health services and population health research.

University of Calgary ‘Eyes High’ and IPH

In the context of its university environment, IPH will make a significant contribution to the University of Calgary’s ambitious “Eyes High” strategy of becoming one of Canada’s top five research-intensive universities by 2016. In addition to focusing on excellence in education and research, the University’s most recent strategic plan recognizes the importance of community engagement, and cultivating the necessary partnerships to ensure the benefits of research are taken up by society. Based on the Institute’s strong linkages with Alberta Health Services and other research users, and its expertise in knowledge translation, IPH is considered a leader in community engagement. IPH’s areas of research expertise also align strongly with four of the University’s six research priorities, namely Brain and Mental Health; Human Dynamics in a Changing World; Engineering Solutions for Health; and Infections, Inflammation and Chronic Diseases.

IPH Operational Environment

The University of Calgary delegates the critical tasks of educational course delivery, faculty employment, and administrative resource allocation to its numerous departments, which represent well-established academic disciplines.

The core operating funding of the University, arising from provincial grants from the ministry responsible for advanced education and from tuition, is therefore directed mostly toward the basic departmental operating costs, with smaller allocations toward the support and oversight activities of the intermediary faculties. The current university funding scheme does not cover the vast majority of research expenses including the most basic operating costs. Consequently, to participate meaningfully in research, the basic resources allocated by a university through its departments and faculties must be supplemented significantly by external funding (for example, in the Faculty of Medicine, 63 per cent of salaries are paid through external awards, and only 12 per cent have full salary funding from the University).

In order to fund a productive research endeavour (e.g., salaries for research staff and students, research consumables and facility user fees, specialized infrastructure for research, etc.) researchers must successfully compete for external awards. As a rough indication of the relative contribution of external funding to the research enterprise, the [University of Calgary's total budget for 2012](#) (covering the three mandates of education, research, and service to society) was \$1.09 billion, of which the contribution from external research funding was \$277 million.

In addition to fuelling the research enterprise, external contributions represent votes of confidence for the supported research, both with respect to scientific excellence, and to relevance and anticipated beneficial outcomes.

Advancing Knowledge Exchange and Translation through IPH

The value of publicly funded research is always under scrutiny, and a recent advances toward ensuring its value involves research funding agencies and institutions focusing on the knowledge exchange (KE) and knowledge translation (KT) aspects of the research process. KE/T strategies acknowledge that the positive impact of research findings will only be realized by society when relevant end users of the findings are identified, considered, consulted, and involved with the research - from conception and design stages through the dissemination of results.

This is particularly true in the sphere of public health research, given that the results arising from such research can and will only be taken up effectively by the public through the involvement of government and other policy makers, health service providers, health agencies, and popular media. Effective KE/T plans rely on the creation and maintenance of effective partnerships between researchers and research end users, and meaningful exchange of information between all these stakeholders. As part of facilitating the conduct of world-class public health research, therefore, IPH brokers partnerships and facilitates internal and external networking activities.

IPH Research Priorities

Three research priorities (defined below) drive the IPH's vision of "better health and health care". These priorities were defined through an explicit process of identifying local strengths and capacity, as well as health system and public health agency needs.

To attain the next level of IPH's progress, the majority of the Institute's time, effort, and funding will be dedicated to achieving well-defined goals within these three priorities of focus, in areas that are both highly relevant to the community and supported by considerable local expertise.

1) Enhanced Health Systems Performance

This research aims to improve health system quality and safety through knowledge creation that informs decision-makers on approaches to enhancing health system effectiveness and efficiency. The highly regarded [Ward of the 21st Century Program \(W21C\)](#) within IPH (see

www.w21c.org) is a flagship for this research priority. A partnership between the University of Calgary and Alberta Health Services, W21C serves as a research and beta test-site for prototypical hospital design, novel approaches to the health care delivery, human factors research, and innovative medical technologies.

2) Improved Population Health

These research efforts focus on improving the health of populations through knowledge creation to inform public policy influencing the health of citizens locally, nationally, and globally. The [Population Health and Inequities Research Centre within IPH \(PHIRC\)](#) is an initiative that embodies this area of focus. With over 30 members encompassing a vast array of expertise, PHIRC aims to improve research capacity for addressing the overall health impact of people's environments, including cultural, socioeconomic, and physical dimensions.

3) Innovative Tools and Methods for Public Health

Researchers in this area focus on the development, investigation, and application of novel data and information methodologies to inform health and public policy decisions. This priority not only supports the other two themes, but it is a science in its own right. Leading the mandate set by this priority within IPH is the Calgary-led [IMECCHI](#) initiative (see www.imecchi.org - an international collaboration of health services researchers linked to the World Health Organization as a Collaborating Center).

Goals, Objectives, and Measurement

It is well recognized that specificity and focus are required to successfully define and meet goals, and to achieve short- and long-term targets. The table below summarizes the objectives and metrics for each of IPH's two defined goals, with consideration for both the societal importance of specific research topics and the existing local strengths in addressing those topics. In addition to addressing IPH's two goals, the objectives support the education, research, and service to society missions of the [Faculty of Medicine, University of Calgary](#).

Goal #1: Catalyzing Research		
Target 1.1: To rank among the leading University of Calgary research institutes in 1 - 2 years.		
Target 1.2: To rank among the leading national public health research organizations in 2 - 5 years.		
Target 1.3: To gain international visibility and recognition as a leading public health research organization in 5 - 10 years.		
Objectives	Supporting Activities	Progress Measures
encourage conduct of research in priority areas	networking activities	# of research projects in 3 priority areas
	communications activities	
	learning events	
compete successfully for external funding	internal peer review	# of applications, # and value of awards, and success rate of applications (for CIHR and other agencies); % bridge funding allocations yielding successful external application
	bridge funding	
	grantsmanship and agency interpretation	
foster creativity, collaboration, interdisciplinary, and team-based research	networking activities	# of grants, projects, papers led by new teams; bibliometric analysis of co-authorship
	research group sponsorship	
develop human resources to conduct leading-edge research	mentorship	# mentorship pairings made; # successful pairings; outcome of mentorship satisfaction survey
	member recruitment / retention	# members; # faculty ("researchers") within membership; # of prizes/awards made to members
	research staff and trainee recruitment / retention	# research staff supported by members; # trainees supported by members
develop infrastructure to support leading-edge research	provision of shared tools, databases, equipment	value/capacity of IT resources, databases, research data library
contribute to evidence-informed training in public health	contribution of members to design/delivery of University curricula	# courses delivered by IPH members
support the research excellence of trainees	access of trainees to IPH educational events	# trainees attending IPH events; feedback re: IPH offerings on student surveys
	IPH sponsorship of trainee activities	# of events sponsored; attendance of events
	contribution of IPH members to research supervisory pool	# of trainee supervisors who are IPH members
encourage publication of research results in prestigious , peer-reviewed academic journals	scientific writing support; mentorship program	# publications; publication impact factors

Goal #2: Stakeholder Engagement and Policy Impact

Target 1.1: To be consulted by and/or impactful to local/provincial community stakeholders including policy makers on issues of public health in 1 - 2 years.

Target 1.2: To be consulted by and/or impactful to national stakeholders and policy-makers on issues of public health in 2 - 5 years.

Target 1.3: To be consulted by and/or impactful to international stakeholders and policy-makers on issues of public health in 5 - 10 years.

Objectives	Supporting Activities	Progress Measures
identify priority research topics in response to emerging health issues, new technologies, and advances in public health science and practice	networking activities	# research projects undertaken based on stakeholder input
educate members and stakeholders in topical public health areas of interest	communication activities	# and attendance of presentations and workshops; # of website hits; # of media encounters and stories
involve stakeholders in research programs	networking; communication activities; brokering stakeholder relations	# projects including embedded end-users in research team
encourage research outputs that reach beyond academic stakeholders	brokering stakeholder relations	# of technical reports, patents, and datasets produced and provided to stakeholders
act as trusted consultant to stakeholders	networking; communication activities; brokering stakeholder relations	# media inquiries; # requests from community groups for IPH input
inform health policy decisions	networking; communication activities; brokering stakeholder relations	# health policies affected by IPH input

Financial Summary

[IPH](#) became operational as an Institute in 2010, with financial support from the [Faculty of Medicine](#) augmented by the remainder of the funding committed to CHAPS. Previous efforts also secured small amounts of external award funding and philanthropic funding for targeted activities within the Institute.

As shown in the table below, approximately half of IPH's 2012/13 expenditures were allocated to salaries for the Core Team (currently four staff members combining to 3.0 FTE), to fuel the engine driving the Institute's programs and activities. Another quarter of the budget was spent on operating expenses (and in one instance a studentship), both for the central activities of the Institute, and for the 'catalyst' activities of individual projects that the Institute had selected for strategic support. Spending roughly a quarter of the annual total on computing and database infrastructure is not considered typical for a single year, and more accurately represents the total spending over a two year period.

Institute expenditures grew slowly but steadily over the first two start-up years, and started to increase more precipitously in 2012/13, in proportion to IPH's rapidly expanding activities.

Annual expenditures managed by IPH (2012/13)

Expense Category	Item	Cost	Funding Source
IPH Core Activities	Core support team salaries (currently 3.0 FTE)	\$242,000	Faculty of Medicine
	IPH operations (communications, Institute events, travel, <i>etc</i>)	\$30,000	Faculty of Medicine
Catalyst Activities	Seed funding to Research Groups, start-up to new recruit, Institute-supported events and KT activities, <i>etc</i>	\$91,000	Faculty of Medicine; philanthropy
People	Studentships	\$19,000	Philanthropy
Specialized Infrastructure	Research Data Library phase I	\$20,000	External funding award
	Computer lab hardware and software; THIN database	\$105,000	External funding award; philanthropy

TOTAL IPH BUDGET: \$507,000

As explained previously, in relation to IPH's operational environment, it is important to note that the vast majority of costs related to the research endeavour being catalyzed by IPH is not included in the above table. For example, the subset of IPH members in the Faculty of Medicine alone secured \$23.6 million of external research operating funding in 2011/12, and the salaries of members participating in the research endeavour, funded by their host institutions and external awards, is estimated very roughly at \$47 million. Expenditures within the Institute therefore arguably leverage and support activity of much greater magnitude.

With the CHAPS funding now spent down, along with the external award and the previous philanthropic allocation, the Faculty of Medicine commitment alone will not cover the anticipated 2013/14 expenditures, if the Institute maintains its current level of activities. Moreover, the ambitious goals and objectives outlined in this Business Plan rely on heightened Institute activity, which is estimated to require increased annual expenditures, as estimated in the table below.

Annual expenditures managed by IPH (future)

Expense Category	Item	2012/13 Expenditures	Future Average Annual Cost	Funding Source
IPH Core Activities → Enterprise Funds	Core support team salaries (3.0 → 5.0 FTE)	\$242,000	\$450,000	Faculty of Medicine; IPH fund development plan
	IPH operations (communications, Institute events, travel, etc)	\$30,000	\$100,000	IPH fund development plan
Catalyst Activities → Catalyst Funds	Seed funding of investigator-driven pilot projects, bridge funding, leveraging for strategic matching funding opportunities, etc	\$91,000	\$200,000	IPH fund development plan
People → Investing in People	Chairs, professorships, studentships, fellowships	\$19,000	\$1,700,000	IPH fund development plan
Specialized Infrastructure	Research Data Library and other IT/data items	\$125,000	\$200,000	IPH fund development plan
TOTAL IPH BUDGET:		\$507,000	\$2,650,000	

The fund development plan referred to in this table, and its expense categories, are explained below. It has been created to augment the continuing support of the Faculty of Medicine, so that IPH can strive simultaneously toward its important goals and financial sustainability.

Financial Goals for Growth and Sustainability

Philanthropy has always been an important part of both University and health research developments, and the Faculty's institutes are required to ensure the relevance of their research endeavours to donors and to actively pursue the means by which to become financially self-sustaining. The criteria and guiding

principles for institutes developed in the early 2000s have proven successful and still stand to this day (<http://medicine.ucalgary.ca/research/institutes>).

To partner in IPH’s goal to attain financial sustainability, and in acknowledgement of its important contributions to Faculty and University strategic priorities, both entities have made IPH a **fund development priority**. Experts from the Faculty’s Fund Development Office have worked with IPH leadership to complete a fund development plan, which translates the Institute’s ambitious goals into a **\$26 million fundraising strategy**. The strategy comprises opportunities for endowed and non-endowed funding support at various levels, allocated to four categories of investment. Following the successful model of the Faculty’s other six institutes, IPH has created a Strategic Advisory Board that will work with IPH leadership to assist in operationalizing the fundraising strategy.

Fund Development Plan for IPH

Expense Category	Item	2012/13 Expenditures	Future Average Annual Cost	Fund Development Plan Category Totals (to fund approximately 10 yrs of IPH operations)
Enterprise Funds	Core support team salaries (3.0 → 5.0 FTE)	\$242,000	\$450,000	\$5 million
	IPH operations (communications, Institute events, travel, etc)	\$30,000	\$100,000	
Catalyst Funds	Seed funding of investigator-driven pilot projects, bridge funding, leveraging for strategic matching funding opportunities, etc	\$91,000	\$200,000	\$2 million
Investing in People	Chairs or professorships (one in each of 3 priority areas)	\$19,000	\$1,500,000	\$17 million
	Studentships, fellowships		\$200,000	
Specialized Infrastructure	Research Data Library and other IT/data items	\$125,000	\$200,000	\$2 million
TOTAL IPH BUDGET:		\$507,000	\$2,650,000	\$26 million

Categories for future investment and target values:

- **Enterprise Funds** (\$5 million), building upon the existing Core Team, support programs, and communications activities and events.
- **Catalyst Funds** (\$2 million), greatly increasing the amount of seed and bridge funding that IPH can invest in important projects in the three theme areas, to leverage increased success in external, prestigious, peer-reviewed funding competitions.
- **Investing in People** (\$9 – 17 million), allowing the recruitment of leading experts to Chairs or Professorships, one in each of IPH's three theme areas, and supporting capacity building through the funding of up to 30 graduate students and post-doctoral fellows.
- **Specialized Infrastructure** (\$2 million), providing members with a platform of leading-edge research infrastructure including the Research Data Library.

The table demonstrates how the fundraising strategy will fill the gaps in IPH's current budget, to meet the requirements of a world class research enterprise. Most importantly, the planned investments are not intended to *replace* the significant amounts of external funding secured by members. IPH leadership recognizes the need for members to keep striving for prestigious external awards, not only to leverage the financial advantage of the fund development plan, but also as an ongoing measure of the excellence of IPH's research activities. The four IPH expense categories are thus meant to increasingly *stimulate* or *catalyze* the much larger externally-funded research operations, to an even greater extent than currently possibly.

SWOT Analysis

As highlighted throughout this document, IPH's existing *strengths* include:

- A broad membership of dedicated public health knowledge generators and users, including researchers from all relevant University of Calgary Faculties and closely integrated end-users in AHS.
- Internationally recognized research strength in the [Health Systems Performance Improvement](#) and [Tools and Methods for Public Health](#) priorities.
- Emerging national research strength in IPH's [Population Health](#) priority.
- A breadth of subspecialties that align well with comparator research institutions and with the strategic priorities of stakeholder organizations.
- Priority placement for financial and other institutional support from the increasingly influential [University of Calgary](#) and its [Faculty of Medicine](#).
- Experienced, collaborative, and well-connected scientific leaders, who leverage these assets for the benefit of the entire membership.

Existing *weaknesses* include:

- Internal competition with the other six health-related Institutes in the University of Calgary's [Faculty of Medicine](#) for limited internal resources (e.g., bridge funding and space) and for local, external resources (including Calgary-based philanthropy).
- Lack of explicit position within the [University of Calgary](#) and [Alberta Health Services](#) organizational structures, due to the major recent changes in both organizations.
- Complexities of the University's on-line business systems and agency compliance requirements, yielding members with decreased willingness to manage research projects and compete for external funding.

- Challenges overcoming the known discrepancies between the peer review characteristics of biomedical research versus clinical, health services, and population health research, especially when competing for provincial funding from [Alberta Innovates Health Solutions \(AIHS\)](#).
- Lack of understanding (among public and other researchers) about health services and population health research.
- Inadequate accessibility to valuable public health data sources.
- Challenges selecting appropriate indicators of success for the Institute and operationalizing their measurement, given the variety of membership affiliation, the large number of possible metrics and data sources, and the difficulty of attributing positive outcomes to Institute intervention.
- Perceived lack of focus in IPH research activities, based on the breadth of membership and subspecialties of topics.

Future *opportunities* include:

- Unique research environment offered by [AHS](#) and the early years of its operations, enabling first-hand IPH examination of, participation in, and contribution to the world's largest unified health services provider, including through its [Strategic Clinical Networks](#).
- Recognition (and resource reallocation) by funding agencies and other decision making bodies that health services and population health research is critical toward communities realizing the benefits of health research.
- Commitment of Calgary philanthropists to partner in health research programs, enabling strategic investment by IPH in research topics important to the community.
- Improved data access and management, enabled by the University's Research Data Library project.
- Enhanced provincial collaborative environment, enabled by the shared resources and management structure being proposed for Alberta's [CIHR SPOR SUPPORT](#) unit.
- International collaborative opportunities made possible by the World Health Organization ([WHO](#)) [Collaborating Centre](#) designation.
- Partnership and funding support to be made available by IPH hosting an Institute for Health Economics presence

Future *threats* may include:

- Inadequate funding to support Institute operations, and hence loss of support staff and programs, as the Institute's rapidly accelerating activities outstrip the finances currently available through the Faculty of Medicine.
- Challenges retaining excellent IPH scientific leaders, given the voluntary, time-demanding nature of their participation.
- Lack of growth or losses to IPH's researcher cohort, especially with the loss of [AHFMR](#) salary support program, changes to Alberta's Academic Alternate Relationship Plan, and recent threats to University base funding from the government of Alberta.
- Increased competition for external research funding amounts that continue to lose ground in the weak global economy.
- Temporary decreases in competitive peer reviewed funding as researchers adapt and realign to programs and peer-review mechanisms that have been recently [\(AIHS\)](#) or will soon be [\(CIHR\)](#) revised.
- Space limitations within the Foothills University campus (in the long-term), once financial sustainability is secured to enable increased recruitments and program growth.

IPH: Creating a Future of Better Health and Health care

As the [University of Calgary's](#) youngest health research institute, [IPH](#) is still at an early stage of development, where its vulnerability to funding challenges is real, and where clarification of strategic vision is required. Yet the Institute is also sensing a rapidly growing momentum, with a maturing governance structure, thematic focus, a fundraising goal and plan, and research group structure that more clearly defines IPH, its members, and its activities. IPH's Vision is to achieve better health and health care, and this will be accomplished through the basic currency of knowledge – *i.e.*, knowledge to inform better policies that will benefit the health of Albertans, Canadians, and the global community. The [University of Calgary](#), [Alberta Health Services](#), and other partner agencies have remarkable human capacity in the area of public health; the alignment of this capacity within the IPH to work toward the shared vision of better health and health care has tremendous potential to produce great things.