

O'Brien Institute for Public Health International Scientific Advisory Group (ISAG)

Site visit report (June 17-18, 2019)

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1.0 Introduction

This fourth visit by the O'Brien Institute for Public Health (the Institute) International Scientific Advisory Group (ISAG) was once again organized to seek expert advice to inform future directions. An agenda for this site visit, which took place June 17-18, 2019, is included in Appendix 1. Dr. Ann Casebeer, chaired the visit meetings. Members of the ISAG participating in this visit were as follows.

- **John Ayanian**, Director of the Institute for Healthcare Policy and Innovation, and Alice Hamilton Professor of Medicine, at the University of Michigan, USA
- **Evelyne de Leeuw**, Professor of Health Political Science, Director of the Centre for Health Equity Training, Research and Evaluation (CHETRE), University of New South Wales, and Healthy Urban Environments (HUE) Collaboratory, Sydney, Australia
- **Judith Green**, Professor of Sociology of Health, School of Population Health & Environmental Sciences, King's College London, UK and Co-Director of the Social Science & Urban Public Health Institute
- **Fred Paccaud**, Emeritus Professor, Faculty of Biology and Medicine and Centre for Primary Care and Public Health, Lausanne, Switzerland; Adjunct Professor, University of Montreal, Canada

The Institute's Executive Team noted in their opening presentation to the ISAG visitors that they saw this fourth review as helping the Institute to *"take the next steps with respect to international recognition and influence; and plan for leadership transitions and renewals."* They see succession planning for a new scientific director, and sustaining momentum as the Institute matures, as both the next major challenges and the opportunity to reaffirm the visions for the Institute. They outlined some broad questions for ISAG to consider, as follows.

- With the goal of striving for another level of international recognition and influence, and wanting to extend our international contacts, what should the Institute aspire to in the next 5 to 10 years? Where do you see our strengths? Are there international public health research organization(s) we could aspire to emulate?
- What strategies and partnerships might help us develop O'Brien Health International?
- How best can the Institute manage succession planning for the scientific director role?

These broad questions are used to frame this summary report of the ISAG visitors' observations and insights, and the report concludes with some strategic recommendations for consideration. The ISAG terms of reference are included in Appendix 2.

2.0 Overview of most notable overall impressions

General

Once again, we were impressed by the progress that has been made since the last visit, in 2017, in building and shaping the O'Brien Institute, and feel energized about the fantastic work you are doing. We see that the Institute continues to be highly respected and valued within the Cumming School of Medicine, the University of Calgary, the province of Alberta, and increasingly internationally.

We see positive outcomes on a traditional academic scale, as illustrated by the strength of the research being conducted, and in the growing amount of grant funding coming into the Institute. We are impressed that the O'Brien Institute is in a virtual tie for 1st place in CIHR funding over the past year among the seven research institutes within the Cumming School of Medicine, knowing this success will lead to greater impacts on research, practice and policy. The O'Brien Institute is at the forefront in methodological work; this includes data science as well as qualitative research and mixed methods.

Considering one of the questions posed by the O'Brien Institute executive team, regarding which Centre should this research institute emulate, we found this is a challenging question to answer as we have seen nothing quite like this Institute: *"The reality here is different"*. Rather, we think other universities might want to emulate the Institute. What the Institute does so well is to create a network which succeeds in being greater than the sum of its parts. It has a very inclusive and generative way of doing research.

With respect to any obvious gaps in relation to achieving future success, the O'Brien Institute could disseminate and promote its research more strongly, particularly internationally. It is important that researchers indicate they are related to the Institute when they are publishing papers, presenting at conferences, etc. An 'affiliation policy' (i.e., clarifying individuals' membership in the O'Brien Institute in communications, including peer-reviewed articles) may be necessary. It will be important for the Institute to continue to assess its effectiveness, so you have to show what you are doing is having an impact; looking both at practical and societal impact, and the production of new knowledge. Given the core way of working of the Institute is partnering and its focus is on promoting better health¹, as well as better health care, an idea might be to broaden the membership of the Strategic Advisory Board to include representation from other ministries such as housing, transportation and human services.

¹ The vision of the O'Brien Institute is *"better health and healthcare"*; and its mission is *"to produce evidence that informs health policy and practice"*.

We understand that the Institute currently has secure funding through 2022, which is of some concern in part because it could hinder the ability to attract an eminent new scientific director.

Finally, in our 2017 report we noted the following: *“What will be critical in these next few years is being deliberate about sustaining the ‘magic’ that the Institute has created.”* By magic we were referring to the collaborative, collegial atmosphere and the growing sense of community evident in the O’Brien Institute. We encourage the Institute to spend some time on reflecting on and unpacking what this magic is, so that its values can be deliberately sustained through the upcoming change in the Institute’s leadership.

With respect to the last report

We will build on these initial observations throughout the report, including in the strategic recommendations section at the end, but first we turn our attention to the strategic recommendation made in 2017. We appreciate how seriously the Institute took the ISAG recommendations, and how you have actively used them to inform your development over the past two years. The 2017 recommendations, and some high-level comments about their status are highlighted in Table 1.

Table 1: Status of recommendations from 2017 ISAG Site Visit

Strategic recommendation	Comments on status
1. Establish an explicit planning process for the Institute Directors, the leaders of AH and AHS to identify and prioritize topics for strategic collaboration, with annual renewal funding from AB Health and AHS to the Institute to support this body of work	We understand there have been changes in the context, including the recent change in provincial government. A preferential engagement by AH and AHS of the Institute seems less likely now, and we suggest the Institute craft a joint approach to government arguing for the establishment of competitive public health infrastructure funding for the province – which would lead to an Institute engagement.
2. Develop a strategy for generating additional academic value and international profile from some of the scholarly products	We are impressed with your ongoing efforts here, including the leveraging of the work on antimicrobial resistance and OneHealth for the WHO. Also refer to this year’s strategic recommendations #4, #6 and #7.
3. Continue to develop strategies for actively facilitating connections and collaborations with international colleagues	We appreciate what you have done to date, and know you are now at a point where you are able to develop these more fully. Also refer to strategic recommendation #11.
4. Take bibliometrics one step further through creating substantive narrative about the research, and do some research on that	We appreciate the work done to date. Also refer to strategic recommendation #4.

5. Concentrate on “better, not necessarily bigger”; connecting and reflecting in key areas	We are pleased to see the ongoing evolution of this way of thinking and working.
6. Consider engaging an internal or external management consultant familiar with academic units to access strengths and limitations of the current Institute structure and recommend changes to support growth and new priorities over the next five years, including partnerships with the planned Health Policy Centre, The Centre of Aging, and makeCalgary	We are impressed by the work being done by the members of the health policy council, but feel there are unexploited opportunities that should be developed. Also refer to this year’s strategic recommendation #3. We are also pleased to see the Centre of Aging now embedded in the Institute. We see that the scientific director is well supported by a good team of people.
7. Review membership, and consider different types (e.g., individuals, associate, community, honorary, organization, etc.) and/or level of engagement (e.g., active, contributing); consider being more explicit about what it means to be a member	We applaud the ongoing efforts here, including your efforts in meeting with different groups face-to-face. We also recognize that there is a new data platform that will support some of this work.
8. Consider forming an early career faculty council of 8-12 members to advise the Institute leadership team and executive committee on priorities and services, particularly related to early career development and policy engagement	It is good to see the development of the O’Brien Future Leaders Council. We continue to see this as a good mechanism for engaging earlier-career faculty members and contributing to their leadership development.

3.0 Identifying and building on the Institute’s strengths

We applaud the work that the O’Brien Institute has done since 2017 on framing its themes, priorities and approaches (i.e., as depicted in the Research Impact Assessment report: Figure 2 Scientific priorities and strategic approaches, p4). We believe the Institute is ready to take the next step in determining the more specific areas under the identified research priorities where the Institute is excelling and poised to work at an international level if not already doing so. For each of the research priority bullet points (e.g., vulnerable populations) it would be good to have a strategic plan on its own. See strategic recommendation #1.

With respect to setting goals of areas where the O’Brien Institute would like to be “world-leading”, considering the future perspective will be important (i.e., doing some horizon scanning), as will be doing some mapping of your strategic assets. There should be a few topics of excellence, with the rest being at a competent level, so you can continue to be responsive to local needs. You’ll want to maintain strength and capacity across a broad number of areas, but also identify priority areas for action; and consider supporting the latter more intensively.

Currently, we see real strengths developing in the following areas:

- big data in health and the Centre for Health Informatics;
- your methodological expertise (e.g., biostatistics, qualitative methods, classification methods, etc.);
- the evaluation of quality and value of care;
- improving health and health related policies through responsive research; and,
- catalyzing networks and working collaboratively.

We are impressed by the work being done by the Centre for Health Informatics in the area of big data and health. Strengths we observed include: how the data is being used for both practical and research purposes; the innovative ways being demonstrated of how to use big data; the way the Centre has incorporated social science; and the interest in methods development. We realize that the cutting edge of data science is to turn it into something human again; so, for example; ongoing work with artists on data interpretation can be innovative and helpful and the emphasis on 'responsible use of data for social good' stands out as an exemplar within the Institute.

Some examples that stood out during this visit with respect to how the research being conducted is improving the quality and value of care, included the O'Brien Institute involvement in the implementation of the new AHS electronic medical information system (i.e., EPIC), and in their patient-reported outcome measures (PROMs) work where researchers are involved in trying to integrate PROMs into clinical care. With respect to improving health policy through responsive research some examples that stood out are: the work being done through the O'Brien Institute's HTA unit; the local fluoridation policy; and the work done in collaboration with the Alberta Public Health Association to get public health on the agenda during the recent provincial election campaign. Again, the collaborative way that the O'Brien Institute works is an important contributor to these successes. Inviting people to come to the table, and being willing to drive the discussion about what's important, can lead to seeing the impact of these discussions turning up in decisions and policy; albeit often years later. There could also be more deliberate effort to not just exchange information on existing initiatives, often in excellent partnerships, but to map strategic collaborative opportunities and scholarly growth (see strategic recommendation #11).

Given that one of the O'Brien Institute's strengths has been this ability to create a network that is greater than the sum of its parts, it will be important moving forward to ensure that members are increasingly aware of the value of this kind of network. This is happening, as when we asked O'Brien Institute members how the Institute helps them, members emphasized communications, coaching on collaboration, working with outside organizations, engaging

communities, advocating with Cumming School of Medicine leadership, provision of catalyst funding, and active help with grant writing. The pathways to local and provincial impact would be disrupted without the O'Brien Institute, in part because it builds trust between government officials and researchers. Network science tells us that network membership makes a difference for the quality and intensity of its outputs, but only when members are aware, engaged, and accountable for their network commitments.

4.0 International excellence, profile and building international visibility

The two areas that stood out for us in this visit, where O'Brien is already building an international presence, include the work related to building public health capacity in maternal and newborn health in East Africa, and the disease coding work related to big data. We also continue to see OneHealth as an area of global strength; the O'Brien approach to OneHealth embraces a unique multi/interdisciplinary approach that goes significantly beyond a more traditional Anti-Microbial Resistance stance (and yet innovatively includes this – the connections with Veterinary Medicine are profound) and includes First Nations and community work in this space.

A recognized challenge regarding getting some international purchase for health services and public health research is that it's often quite context specific. Opportunities for getting some traction often relate to some innovative methodology or ways of conceptualizing problems or challenges. It may be helpful then to do more work on thinking through and documenting this, along with the O'Brien way of doing things. How do you do this work, and engage with international colleagues?

Some of our initial thoughts around how to develop the O'Brien 'brand' are outlined briefly here, recognizing that you can build it through a number of parallel strategies.

- Be aware that you create and disseminate knowledge, and that one of your strengths is using knowledge to purposively inform practice and policy change.
- One of the great features of the O'Brien Institute is its high degree of collaboration. We think this 'harmony' is a unique aspect of branding that should be emphasized and selling point.
- You have invested heavily in communications. The O'Brien Institute has developed ways of telling these stories about how its faculty members are having an impact; telling stories in very different ways from how they are told in journals. If you can tell stories about how you are doing OneHealth or maternal-child health, for example, then this will attract others who want to work with you.

- Recognizing that academic communications are important here as well, with respect to attracting international attention, ensure that published papers have some identification that includes the O'Brien Institute. That is, be sure to *"claim it, and don't be too humble about your strengths."*
- Continue to align your priorities with Canadian priorities; and also align your branding with "Brand Canada". We view Brand Canada as highly valued around the world; it signifies an inclusive, diverse, global and impactful way of mild-mannered assertiveness.

Through the session on international co-operation we understand that the O'Brien Institute's interest in extending its global reach has a few overlapping focal points, as follows:

- internationally leading entities the O'Brien Institute may wish to partner with at an institute level;
- partnerships with international agencies the O'Brien Institute should be pursuing and/or growing (e.g., WHO Collaborating Centres – anti-microbial resistance as part of OneHealth; OECD in health systems performance evaluation, World Bank, ICD 11 development);
- global health initiatives with low- and middle-income countries (e.g., healthy children Uganda, and now a program in Tanzania as well - funded through Global Affairs Canada); and,
- potential consultancy activities with primarily a revenue generation objective (e.g., in Qatar the O'Brien Institute is deep into the pilot stage).

Determining which internationally leading entities the O'Brien Institute may wish to partner with at an institute level requires more discussion focused on three main factors: 1) academic alignment; 2) business case; and, 3) social impact. With respect to partnerships with international agencies, if there is academic alignment these may be good to pursue; although these may not bring in any direct funding, they also generally don't take a lot of resources so there is not much to lose and yet much to gain in future international acknowledgment and collaborations. They can assist in bringing in new extramural funding and getting papers published in higher impact journals, and in these ways can contribute to global reach. It brings world recognition to the Institute and the University of Calgary, and has the potential for positive academic and social impacts. Ultimately this kind of international collaboration improves science. With respect to foundations to establish relationships with, the Gates Foundation has a OneHealth strategy dedicated to global food security, which is well aligned with the University of Calgary's academic interests and strengths.

We understand the University of Calgary is a member of the Canadian Consortium for Global Health Research, which has provided input into the Canadian Institute for Health Research's global health research strategy, and is already considered to be "punching above their weight". Continuing and building on your work in low- and middle-income countries, where you have established relationships, has the potential to make a big social contribution. Chronic disease is a growing area of interest and need in low- and middle-income countries (e.g., mental health, cardiovascular disease, diabetes, kidney disease). The niche of human resource capacity for public health is also one where there is not a crowded field, and where the O'Brien Institute has the potential to make a difference through locally relevant public health education programs, with a focus on developing people and contextual practice-based innovations.

As noted above, we encourage the O'Brien Institute to consider three dimensions when planning their global outreach: social, academic and business; with a goal of achieving gains in at least two of these three dimensions for any new program or partnership. It is also possible to use income generated from more lucrative initiatives to fund more socially accountable activities.

5.0 Leadership development, transitions and renewals

Many research organizations face the general problem of succession planning, which includes retaining good people and attracting talented new colleagues. For senior leaders of the Institute, who may be in the last 5-7 years of their careers the Institute should be doing succession planning. What are the available options to retain strategically important leaders? See strategic recommendation #11.

We had discussions with many groups of people during this visit about the kind of leader needed to continue the good work of the O'Brien Institute and take it to the next level. Although we asked, for example, whether the new scientific director should be an internal or external person, a physician clinical researcher, and/or a health care systems vs. a population/public health researcher; what emerged most strongly was the leadership style and values required. What we heard was that this leader ideally should be someone:

- who truly values and models interdisciplinary collegiality and collaboration;
- who is trustworthy;
- with an interest in developing strong relationships with other Cumming School of Medicine (CSM) research institutes, other university schools and departments, and the community – including patients, citizens, and policy-makers;
- who has the willingness and ability to support others to excel in their work (i.e. someone who is more of a "servant leader");

- with a lot of vision and enthusiasm, and a desire to “shake things up”;
- with the ability to think 10-20 years out, with a focus on thinking where you want to go, rather than where you’ve been;
- who values excellent research;
- who is skilled at leveraging other funding opportunities; and,
- who can capitalize on the positive aspects of the changing ideas about knowledge, and recognizes there are different ways of knowing, in that this helps give people a voice that have traditionally been silenced by our narrow definitions of knowledge (e.g., patients, people living with mental illness, indigenous peoples, vulnerable elderly, new immigrants and refugees).

Importantly, we believe that these valued leadership qualities transcend the scientific director role to include the broader O’Brien leadership team, and need to be developed and sustained across this team (see strategic recommendation #11). We also heard that it will be important to ask this question of other CSM research institutes as well, given that this collaboration with other Institutes is currently done well. This style of leadership and the accompanying values should be part of the O’Brien Institute’s brand.

After further consultation and reflection, it will be important to fully articulate these leadership qualities and values when drafting the job description for the next scientific director to guide the search. We strongly recommend that an external search be done in part because it is customary to do an external search for these types of leadership positions; this illustrates the value of the role. Perhaps more importantly, however, the O’Brien Institute spirit is rare, and deserves the best leadership and follower-ship globally available. A systematic global search endeavour is required to identify candidates that can match the O’Brien Institute ambitions and track record. Also, although we realize there are good internal candidates, we also understand that an internal search could bias toward having another clinical researcher in this role. We heard a range of perspectives on whether another clinical or health services researcher or a population or public health researcher should be sought for this role. Given the leadership qualities and values that seem most important, it would be good to cast the net widely.

Finally, the funding model has an impact on the ability to attract a new director. A department would need to create a new position with a salary, for example, to bring someone in from the outside. It will also be important that the Institute has solid funding past 2022. Also refer to strategic recommendations #9, #10 and #11.

6.0 Summary of strategic recommendations

Reflecting on the three overarching questions posed, and building on the observations made during this visit which we have briefly articulated in this report, we (the ISAG members) identified eleven key strategic recommendations for consideration by the O'Brien Institute. These are listed and briefly described here.

Identifying and building on the Institute's strength

1. Develop a high-level strategic plan for each of the research priorities you have identified, and as part of this planning incorporate a self-reflection exercise. Questions to ask could include:
 - What one discrete and what one cross-cutting service or product do you develop and deliver in the priority area?
 - What is the recommended action related to each of these (e.g., developing innovative evaluation methods)?
 - Who are your Canadian and international comparators?
 - What do you see Canadian and international colleagues turning to you for?
 - What is the added value provided by the O'Brien Institute?
 - What is the O'Brien way of working, partnering, and communicating (also see recommendation #2)?
2. Cutting across these research themes, priorities and approaches there would seem to be an O'Brien way of doing things. What is this way? It will be important to determine what the underlying mechanism for your success is, or you may be in danger of losing it. For example, perhaps *"good leadership creates follower-ship"* may be part of the O'Brien Institute way of working.
3. Policy-responsive research appears to be a strength of the O'Brien Institute. As noted in the status of the recommendations from our 2017 site visit, we applaud your continued efforts to strategize the synergies in the development of a University of Calgary or Western Canada Health Policy Centre, and in building key functions and principles that will support the development of this Centre.
 - There should be a deliberate effort to map strategic collaborative opportunities and scholarly growth; further collaboration and critical scholarly reflection could establish a significant body of momentum to turn this into an international benchmark group.
 - Better documentation, and a rigorous assessment of cross-council member capacities and expertise, could further build relevance and output.

- A health policy centre would benefit from conducting more Health Impact Assessments.

International excellence, profile and building international visibility

4. We recognize and applaud that the objectives of the O'Brien Institute are both to produce new knowledge, but also to apply available knowledge for health impact at the population level, meaning that there is a need to be equally attentive to the science and the art of medicine and public health (i.e., regarding assessing both scholarly and societal impact). Attracting international attention generally requires that you have identified scholarly area(s) of excellence. Recognizing this, how can you assess and communicate scholarly excellence so as to attract international attention?
- The research impact self-assessment is a fantastic first stage, but a more visible research effort into establishing impact parameters (i.e., more and better scholarly reflection on what impact really is at individual, population, political, organizational and institutional levels), would set the Institute apart.
 - Could there be some sort of process to identifying what the top academic outcomes are, using international benchmarking? Is it possible to benchmark the top 10-20 papers each year? It would be good to know how the top Institute scholars compare to others internationally, particularly if there is an interest in moving to the international level in some areas.²
 - The UK Research Evaluation Framework (REF) has metrics for measuring scholarly impact³, so it could be worth looking at these metrics to see whether and how they might be useable in the O'Brien Institute context.
 - There are also other ways of assessing the communication about scholarly impact: Do people want to come work with us? Are we retaining good people?

² The most highly cited papers by O'Brien Institute faculty members in prior years, e.g. 2010-2019; Altmetric data on papers published by Institute members in more recent years, e.g. 2016-2019, since these metrics have been more widely used by major journals to track traditional media and social media coverage of research studies; papers published by Institute faculty members during 2010-2019 in high-impact journals (e.g. with impact factors ≥ 10)

³ For research areas that the Institute identifies as ones where the ambition is to be world leading, the UK REF criteria might be useful for benchmarking top outputs. These identify 4* publications as those which represent: "Quality that is world-leading in terms of originality, significance and rigour" – operationalized as work which is: agenda-setting; research that is leading or at the forefront of the research area; great novelty in developing new thinking; new techniques or novel results; major influence on a research theme or field; developing new paradigms or fundamental new concepts for research; major changes in policy or practice; major influence on processes, production and management; and/or major influence on user engagement.

5. Good ideas are generated by some informed guesses about the future demand for health, rather than just the compilation of past and current successes. The Institute can probably generate these ideas by having groups analyze scenarios about future demands for health and future possible responses. For example, the Institute might organize internal Delphi or forecasting session where members bring data to the table to inform the crafting of new ideas.
6. Building on the success of your internal peer review process for grants, develop and pilot a voluntary internal review process for select new manuscripts to assess whether they might be publishable in higher impact journals.
 - Consider running an RCT to assess if this has any impact.
 - You might also consider developing a publishing policy, which is lacking in many institutions.
 - Given that academic excellence is usually assessed by this metric, ensure that manuscripts are O'Brien Institute branded in some way.
7. Use the O'Brien Institute 10th anniversary as an opportunity to celebrate its partnerships, products, and impact (PPI). What are the top 10 partnerships; top 10 papers; top 10 practice or societal impacts?
8. When thinking about future areas for developing a global presence there are three broad kinds of impact that you may want to consider: social, academic and business. If you do want to go global, this kind of work needs to be valued and the people who do this work legitimized. Until you know which pieces you're trying to promote, it's hard to identify particular organizations you should try and develop a relationship with or use as international comparators.

Leadership development, transitions and renewals

9. Develop funding resources to support O'Brien Institute core functions for at least 5 years beyond 2022 to ensure a secure financial base for attracting the new scientific director and ensuring stability and growth for the Institute as a whole. Part of this strategy could be to continue to pursue infrastructure funding from government, which was a recommendation coming out of our 2017 review. One way of doing this would be to bring together key stakeholders who could jointly advocate for sustained infrastructure funding for public health.

10. Do an external search for the new O'Brien Institute scientific director, but only after clearly articulating the values and skills desired in this role and securing a strong financial base for the future leadership of the Institute. The competences in leadership of an academic institution should be part of values and skills.

11. Continue to build on existing leadership team development activities. Extend more organized and supported succession and retention programs for leaders of key centres and programs to attract, cultivate and retain emerging leaders. These programs are particularly critical and relevant during times of leadership transition.
 - Provide a range of supported opportunities to enable leaders and emerging leaders to enhance their competencies and advance their research programs and objectives (e.g., establish mini sabbaticals for Institute members to go abroad as visiting faculty - people should be encouraged to make these sabbaticals as this sort of exchange should be an usual way of academic life).
 - Support other kinds of collaborations and exchanges with researchers and practitioners and policy-makers.
 - As a strategy for enabling strong leadership transition, ensure that the leadership style and values articulated in section 5.0 are developed and sustained across all people playing leadership roles in the Institute.

Appendix 1: ISAG Site Visit Agenda

Monday, June 17

8:30 – 9:45 am	Directors Introduction Rose Room (TRW building 3E47)	
9:45 – 10:45 am	Concurrent session # 1: <i>Vulnerable populations</i> Nightingale Room (TRW building 3E48)	Concurrent session #2: <i>Policy</i> Rose Room (TRW building 3E47)
10:45 – 11:00 am	Break	
11:00 – 12:00 pm	Concurrent session #3: <i>System optimization</i> Nightingale Room (TRW building 3E48)	Concurrent session #4: <i>Institutional environment</i> Rose Room (TRW building 3E47)
12:00 – 1:15 pm	Lunch with Executive Committee and Research Group leads Rose & Nightingale Rooms (TRW building 3E47 & 3E48)	
1:15 – 2:00 pm	ISAG Working Session # 1 Rose Room (TRW building 3E47)	
2:00 – 3:00 pm	Concurrent session #5: <i>Data Science/Methods</i> CHI Turing Room (TRW building 5 th floor)	Concurrent session #6: <i>Innovations environment</i> W21C multi-purpose room (TRW building GD01)
3:00 – 3:15 pm	Break	
3:15 – 4:15 pm	International Co-operation Rose Room (TRW building 3E47)	
4:15 – 5:15 pm	ISAG Working Session # 2 Rose Room (TRW building 3E47)	
5:15 – 6:00 pm	Break and transition to dinner	
6:00 – 8:00 pm	Dinner with O'Brien Institute Strategic Advisory Board Harford Room, The Ranchmen's Club 710 - 13th Avenue S.W. Calgary, Alberta T2R 0K9	

Tuesday, June 18

8:00 – 9:30 am	ISAG Working Session # 3 Rose Room (TRW building 3E47)
9:30 – 11:00 am	ISAG feedback to Directors Rose Room (TRW building 3E47)

Appendix 2: ISAG Terms of Reference

Purpose

The purpose of the International Scientific Advisory Group is to help define, assess, and provide strategic advice that will enhance the research and academic excellence of the O'Brien Institute for Public Health. The Group is advisory to the Institute leadership and its Executive Committee.

Roles and Responsibilities

The International Scientific Advisory Group shall:

- Contribute to the definition of appropriate measures of success for ongoing assessment and reporting purposes
- Advise the O'Brien Institute on setting and achieving research and academic goals and priorities
- Assess the progress of O'Brien Institute toward meeting its research and academic goals
- Undertake external reviews of the Institute's population health and health services research endeavours through periodic structured visits

Group composition

Group membership shall be comprised of:

- An internationally respected leader in health services research
- An internationally respected leader in population health research
- An internationally respected researcher with applied public health experience
- An internationally respected scientific leader with innovation/commercialization expertise
- A representative from the Dean of Medicine's Office (ex officio and Chair)

Membership renewal or turnover will occur after two review cycles (approximately every four years). The O'Brien Institute's Administrative Director will serve as the secretariat for the Group.

Review Process

- Two-day Group visit to occur approximately once every two years, after provision of advance documentation
- Structure of visit:
 - Day 1 – presentation to Group by Institute leadership; meetings of Group with Institute stakeholders
 - Day 2 – facilitated Group deliberation, preparation of written report with professional writing assistance provided

Written or teleconference communications conducted as required in intervening years between visits