



UNIVERSITY OF CALGARY
O'Brien Institute for Public Health

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

Site visit report (June 2-3, 2017)

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1.0 Introduction

This third 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 2-3, 2017, is included in Appendix 1. Dr. Ann Casebeer chaired the visit meetings. Members of the ISAG participating in this visit were:

- **John Ayanian**, Alice Hamilton Professor of Medicine and Director of the Institute of Healthcare Policy and Innovation at the University of Michigan, USA.
- **Evelyne de Leeuw**, Professor of Health Political Science, Centre for Primary Health Care and Equity (CHETRE), University of New South Wales, Sydney, Australia; and,
- **Judith Green**, Professor of Sociology of Health, Division of Health & Social Care, King's College London, England.

One of the ISAG visitors, John Ayanian, was participating in his third site visit, so brought continuity to the observations. Both Evelyne de Leeuw and Judith Green are new members of the ISAG, and brought a fresh look to the observations. We believe that this combination of continuity and a 'fresh' look proved to be valuable at this point in the Institute's development.

The Institute's Executive Team noted in their opening presentation to the ISAG visitors that they saw this third review as helping the Institute to "*navigate next steps from a scientific perspective*". They outlined three broad questions for ISAG to address, as follows:

1. What should the Institute aspire to in the next 5 – 10 years?
2. What changes could the Institute make to manage increasing demand?
3. Has the Institute found the right balance between 'deep engagement' efforts with local, provincial, and national agencies vs. our goal of international scientific excellence and leadership?

These three broad questions are used to frame a summary of the ISAG visitors' observations and insights, and concludes with some 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 2015, in building and shaping the O'Brien Institute, and energized about the fantastic work you are doing. We got a strong impression that the Institute is highly respected and valued within the Cumming School of Medicine, the University of Calgary and the province of Alberta. We have the sense that the Institute has been able to stay nimble and responsive to provincial needs for policy responsive research and evidence-based policy work. This has been highly valued by provincial partners, most notably Alberta Health. The Institute is doing good work in the environment they operate in. We wonder, however,

whether the Institute could become more explicit and proactive in its collaborative work with Alberta Health Services and Alberta Health. Our sense is this is possible, in that the Institute appears to be trusted by both of these provincial agencies.

As the newest Institute in the Cumming School of Medicine, we applaud the Institute's growing success in bringing in research grants. It is now one of the School's strongest Institutes, as the value of research grants awarded by the Canadian Institute of Health Research (CIHR) has more than doubled over the life of the Institute. This accomplishment has been remarkable during a particularly unsettled time in CIHR's history, and it has been achieved primarily by increasing the success of current Institute members rather than through attracting established investigators. The Institute's peer review program seems to have been an important contributing factor to this success.

The collaborative, collegial atmosphere that has been created by the Institute is highly tangible. The emergence of this atmosphere was evident in the 2015 visit, but we see a growing sense of community which is a real accomplishment. It would be great to know what that magic is; how has this atmosphere been created? We have heard examples of how the Institute has managed to change the narrative at the local and provincial levels. So even more than making it more explicit, how can these excellent pieces of research be elevated to the national and international levels? As scientific leaders from other countries, we think there is a lot we could learn from the work that the Institute is doing.

We were impressed by the diversity of the Institute membership, and how people value different disciplinary backgrounds and methodological skills. We are particularly impressed by the growing strength of the social sciences in the O'Brien Institute. Social scientists are in leadership roles, and described feeling well supported. The Institute has a culture that supports social scientists to feel comfortable and valued.

Finally, we believe that the next phase of development of the Institute might be more about sustainability rather than growth. There are areas of focus that will continue to grow, but the pace of growth may slow in comparison with the very rapid growth that has occurred since the Institute's inception in 2010. What will be critical in this next few years is being deliberate about sustaining the 'magic' that the Institute has created.

With respect to the last report

We will build on these initial observations, but first we want to turn our attention to the strategic recommendation made in 2015. 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 2015 recommendations, and some high-level comments about their status are highlighted in Table 1.

Table 1: Status of recommendations from 2015 ISAG Site Visit

Strategic recommendation	Comments on status
1. Continue to sustain the current impact within Alberta and the healthy partnership with Alberta Health Services, while also now focusing efforts on building greater national and global visibility	There has been great focus on continuing to build strong local and provincial relationships. We noticed the development of a stronger partnership with Alberta Health, and with the City of Calgary in particular. The focus on building greater national & global visibility is less evident.
2. Pursue and develop partnerships with leading, comparable organizations beyond Alberta and Canada	Again, we are not sure that there has been a lot of focus put into this area – given the emphasis on building local and provincial partnerships.
3. Re-energize the population health group by recruiting a highly-accomplished population health researcher to lead the population health component of the Institute	The population health component of the Institute appears to be stronger than in 2015. Is this recruitment still on the radar, given that the new Associate Director has stepped into her role and is providing great leadership? Could this recruitment perhaps be rolled into the development plan for the Health Policy Centre that includes a directorship chair?
4. Continue to build leadership capacity across the O’Brien Institute, including through the Executive Committee and associated working group structure	We saw good progress being made, as 15-20 members of the Institute were supported to take leadership training. Encourage creating ongoing opportunities for young researchers to get involved in playing leadership roles and in shaping the Institute.
5. Continue the strategic focus on assessing societal impact and communicating this effectively to key audiences locally, nationally and internationally	We see that good progress is being made here, and commend the Institute for their communications work, including supporting researchers to write op-eds. Support the emphasis on continuing to monitor both scientific and societal impact. Both are important.
6. Build on the O’Brien naming donation to attract more donations to the Institute, and continue to diversify its funding structure	Given the trust that the Institute has garnered through their work with local and provincial partners, and the increasing visibility of their work – there seems to be opportunities for funding diversification. The planned Health Policy Centre has the potential of attracting another ‘naming’ donation.
7. Recognizing that the innovation landscape relevant to the W21C is changing rapidly, it will need to balance its role as an excellent local service unit for researchers against external developments to remain at the leading edge of new approaches	W21C was not discussed by the ISAG at this visit. We noted that one of the institutional partners held up the example of the modular homes for seniors project led by the W21C as having considerable local impact.

3.0 Institute aspirations for the next 5 – 10 years

Our sense from the presentations by and discussions with institutional leaders, and conversation with the Strategic Advisory Board members, is that the Institute has built strong relationships with local and provincial organizations, and that the O'Brien Institute is heavily relied upon for policy responsive research and to support evidence informed policy making on a variety of topics.

When we asked about these institutional leaders what they saw as the issues in the next ten years, for which they will need the support of policy-responsive research, they told us:

- The Alberta healthcare system serves many complex, high needs populations. We will need to develop innovative ways to provide better care and decrease costs. Indigenous populations are one of these populations. We also need a health care system that shifts to focusing on chronic diseases and prevention.
- We need a change in the “public attitude” about healthcare, from a hospital-centred system to a health-centred system. We have a 30+-year old piece of legislation (Canada Health Act). *“So, it is not surprising that we have the view that good care is in a building that comes with an H on the wall.”* If you call your family doctor after hours, they direct you to the hospital emergency department, as does the provincial health advice line. Until we change this attitude and understanding about what healthcare is about, then we will have problems making the needed policy and practice changes in our system. Scandinavian health care systems were held up as examples that had been successful in making needed changes.

The O'Brien Institute is poised to lead and support this shift. To ensure that they can continue to support the kind of policy-responsive research that will be needed over the next ten years, the Institute budget and how it is funded may need reconsideration. The historic Institute funding model is not a good fit for a horizontal Institute like O'Brien, which is really a platform. The current model that government uses of episodic funding for particular research projects was described by Alberta Health participants as *“difficult and hard to plan around”*. What might work better is for Alberta Health and Alberta Health Services to provide the Institute with defined amounts of funding each year, with plans at the beginning of each year for the leaders of these two agencies and the Institute Director to discuss the priority projects that can be supported with this funding. The Federal Government's mechanism for funding the Council of Canadian Academies was described as a precedent for this kind of funding model.

There was some discussion about the kind of structure that would enable the O'Brien Institute to optimize this policy-responsive research role. We sensed that the success of the Institute has come due to its flexibility, inclusiveness, and the development of a sense of community. As one of the Institutional leaders remarked: *“I would not want to try and close it in”*.

So, with respect to what the Institute should aspire to in the next 5-10 years, we believe that this may not be so much a question of content. Rather, perhaps this question is more about the structure needed

to enable the Institute to achieve what it wants to do. What is the right organizational structure to get the Institute to the next stage of development, and to sustain what is good? This is where getting a better understanding of ‘the magic’ becomes important, so that the Institute doesn’t risk losing it as it evolves. How does the Institute continue to have greater impact, if it gets increasingly pulled in many directions? This may require greater clarity about the vision about where the Institute wants to go and/or what it wants to be.

Our recommendations (see particularly # 1, 4 and 5 in Section 6) address some of our thinking about the structure of the Institute to support its evolution over the next 5-10 years, as well as some ideas of what this evolution might look like. The value that members see in the Institute, and what they hope the Institute can continue to do to support them, is described in more detail in the next section.

4.0 Managing increasing demand

We learned that the Institute is getting “tapped frequently” by their provincial and local partners (e.g., Alberta Health, the Health Quality Council of Alberta, Alberta Health Services, the City of Calgary); and some of their needs for the immediate future are summarized above. The Institute’s members are also increasingly taking advantage of the services and supports that the Institute offers. The Institute members and associated groups who presented described a variety of ways that the Institute supports them, as follows.

- Provides the opportunity to work closely with people from multiple faculties who are all members of the Institute. This interdisciplinarity helps increase the relevance of research.
- Provides the context for junior faculty to meet early on and to start working together.
- Supports people to stay true to their strengths, and supports critical research.
- There are challenges with doing population health research in the School of Medicine, and the Institute provides much needed support.
- The Institute has been a great resource in supporting early career researchers to “*put themselves out there in contentious arenas*”. For example, the communications group has been very helpful supporting members to develop Op-eds.
- Facilitated researchers getting invited to speak at key events.
- For the citizen-patient led group IMAGINE, Citizens Collaborating for Health, the Institute hosted the initial public forum, and continue to provide in-kind support (e.g., meeting space, research support – for literature reviews).
- For research groups, the Institute enhances team capacity in several ways (e.g., navigating institutional constraints to multi-sited community-based clinical research; connecting the team to partnerships & funding opportunities).
- The Institute leadership team are approachable and helpful.
- The internal peer review process has been very helpful in increasing success in funding competitions and in building successful programs of research.

It is a combination of the more formal processes that the Institute has put in place to support their members, as well as the informal supports that exist, that have created this rich environment that support high quality and relevant health services and population health research. There was concern expressed by some members, however, about the capacity of the Institute to sustain this level of support, particularly as the membership continues to grow and become more active.

This increasing demand, both from members and partners, is an indicator of success. The question of managing this is an important one, as we do get the sense that the Institute is under-resourced to continue to meet this increasing demand. Given the need we heard for the Institute to stay nimble and responsive to the needs of local and provincial partners, we think that rather than try to narrow its focus right now, it would seem a priority to look at the Institute structures as a strategy for being able to better manage demand for services and support that is coming both from Institute members and local and provincial partners.

One structural element that was discussed is membership. The Institute has a large membership, but we wonder how the Institute is assessing engagement of these members. What is incentivizing them to join the Institute? We understand that the services that the Institute provides are an incentive to join (e.g., peer review, mentoring, seminars and events). What keeps them engaged? Why do some members become more engaged than others? Why are some research groups more active than others?

Our recommendations address how the Institute might begin to answer some of these questions. See particularly recommendations #5 through #8 in Section 6.

5.0 Finding the right balance between 'deep engagement' efforts with local, provincial, and national agencies vs. the goal of international scientific excellence and leadership

Local and provincial engagement

We heard from institutional partners (i.e., Cumming School of Medicine, Alberta Health, Alberta Health Services) that the Institute is a valuable partner. The Cumming School of Medicine participants specifically commented on the successful peer review process that the Institute has developed, and their increasing strength as an Institute with respect to tri-council grant success.

The Alberta Health Services (AHS) participant noted that AHS is jointly accountable with the Cumming School of Medicine for supporting the mandate of the Institutes they are involved with, including the O'Brien Institute for Public Health. AHS works particularly closely with the O'Brien Institute through the Strategic Clinical Networks (SCNs). The newly established Population, Public and Indigenous health SCN provides an opportunity to deepen a focus on the social determinants of health. Both AHS and Alberta Health participants spoke about drawing on O'Brien Institute expertise to support work in the areas of analytics and public policy.

The Alberta Health participants emphasized the “*lack of the research expertise in-house*”, due in part to the decrease in the size of the public sector in Alberta. This means that Alberta Health relies heavily on University-based researchers for policy-responsive research support. The deputy minister described the O’Brien Institute as having a significant impact on public policy, and provided the following as examples:

- The Ward of the 21st Century’s W21C work on modular housing (i.e., that can be dropped in people’s backyards, to provide an affordable living option for seniors);
- Hosting a symposium and discussion on the advancement of the development of a single electronic information system;
- Stepping forward very publicly on the pivot from acute to primary health care, which is critically important, along with a single electronic information system, for an integrated healthcare system;
- Organizing a conversation [which will be ongoing] between the Ministry of Health and physicians, where AMA and medical schools and the government come together to set the size of the physician community in AB; and,
- Carefully backstopping a critical missing piece in the health system, patient advocacy, commenting that he would like to see a robust organization that moves from patient advocacy to more citizen-public advocacy (i.e., engaging citizens before they get ill).
-

International scientific excellence and leadership

Through the research presentations, and discussions with your institutional partners, we gained some appreciation of the important local issues that the Institute members are engaged in. We see these local issues as lenses to bigger population and public health issues. What role does and can the Institute play in facilitating international collaborations as a way to identify what the generalizable, theoretical or internationally relevant implications are from findings from local and provincial empirical work; and thus helping to position papers for international journals? Can the Institute help researchers to connect to leading researchers in other countries in ways that will help them publish in high impact journals? This question speaks to the tension of addressing locally relevant issues and having international impact. Is there a danger of the Institute becoming too insular?

There is also the issue of ‘international visibility’, and whether there could be a more strategic approach to O’Brien members using international visits to strengthen this. What more can the Institute, and the ISAG, do to facilitate more international connections? We sense that this does happen, but rather serendipitously. We wonder whether it might help to formalize some of these things that are now done quite informally? Creating a range of opportunities for Institute members to participate in cross-exchanges with other Institutes, for example, could be useful.

Recommendations #2 and #3 in Section 6 speak specifically to how the Institute can continue to grow its international leadership and scientific excellence.

6.0 Summary of strategic recommendations

Reflecting on the three overarching questions posed, and their observations during this visit, we (the ISAG visitors) identified eight key strategic level recommendations for consideration by the Institute. These are listed and briefly described here.

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.

- The process could include an initial retreat followed by monthly/regular small group meetings.
- An Institute steering group might be formed to guide this work, and include Institute members playing leadership roles, and well as leaders from AH and AHS already involved in collaborative activities with the Institute (e.g., SCN leaders).
- To plan and produce academic products that present the process and outcomes of the Institute's collaboration with AH and AHS [This could be a focus for the new Health Policy Centre].
- To expedite, enhance access to and use of linked data sets.
- Note that this recommendation does not preclude developing stronger linkages at the city level, as well as with other government ministries in addition to health.

2. Develop a strategy for generating additional academic value and international profile from some of the scholarly products.

- We recognize that the Institute works hard when they are engaged in a research project where there is a decision-maker pull, and encourage that they go beyond generating the report, generating academic publications and use this work as a springboard for obtaining future grants.
- The Institute could be extracting even more value from their research, if there was additional time at the end of projects for reflection and conceptual analysis (i.e., taking the work and making a connection at a theoretical and/or methodological level). This kind of work might be done in collaboration with international colleagues, which connects with recommendation #3.

3. Continue to develop strategies for actively facilitating connections and collaborations with international colleagues.

- There are bibliometric methods for monitoring international connections. For example, as well as looking at who's publishing with O'Brien members, who is publishing with international colleagues?
- The Institute could develop a structure to identify researchers who are trying to do similar work in other jurisdictions.
- Look at ways of funding more international exchanges. For example, the Institute could consider creating an O'Brien international exchange award to foster these international collaborations at a range of career stages.
- With respect to the desire to identify what the Institute's unique selling point might be, it will be important to consider: What is it that we do uniquely; what do we do particularly well?

- Once the Institute has done some more connecting and comparing, you might have a better idea of what this unique selling point might be (e.g., Do you want to develop an international centre for developing standards in health)?
- 4. Take bibliometrics one step further through creating substantive narrative about the research, and do some research on that.**
- Doing analysis on the substance of the output could lead to new insights on strengths and weaknesses (e.g. using tools such as Leximancer¹). It might help the Institute better understand the things they are doing, and where the gaps are. In comparison with social network analysis, this is more about the concepts and less about the players.
- 5. Concentrate on “better, not necessarily bigger”; connecting and reflecting in key areas, such as:**
- One Health;
 - Indigenous Health, in part because this is already plugged into an international network, they are at the cusp of taking the next step here, and there is an opportunity with the new Population, Public and Indigenous Health SCN; and,
 - makeCalgary [possible emergent area: watch that space observation].
- Also, deliberately explore research domain interfaces and consider strategic reconfigurations, as there may be some new opportunities at the interface between current research groups.
- 6. Consider engaging an internal or external management consultant familiar with academic units to access strengths and limitations of the current O’Brien 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.**
- As academics with academic and leadership experience, we feel that the Institute may benefit from a deeper dive by someone with expertise in organizational structure and management.
 - It seems clear that the Institute can’t keep growing with the same complement of people, so it would be helpful to have a small group do a deeper dive into how things might be structured, and how more people might be supported to step into leadership roles within the Institute.
 - A guiding principle should be “Do no harm”; highlight and preserve what’s working well. It will be important to take time to find the right person/group to do this work.
- 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.**
- Could consider moving to some light form of review; that is, ‘just checking in with members on what they are doing and/or expecting’ (e.g., From Australia: “How’ya goin?”).
 - Think through systematically what each group or member brings to the Institute, and develop a way of thinking about contributions

¹ <https://info.leximancer.com/>

- Another activity that could be helpful is to survey staff, asking them who they have had contact with in the past few months. If there hasn't been contact, could follow up to determine whether they have retired, whether they want to be more active, etc. The Institute could consider hiring a member engagement specialist.

- These are all ideas that could be explored further with the support of a management consultant(s) [see rec. #6]

- 8. Consider forming an early career faculty council of 8-12 members to advise the O'Brien Institute leadership team and executive committee on priorities and services, particularly related to early career development and policy engagement.** [note that this is related to structure]

 - This kind of council might support the current emerging dynamic of connecting early career faculty, and research fellows, and supporting them to collaborate
 - This also provides the opportunity for early career faculty to play a service role, which is helpful to their career development
 - This idea could be explored further with the support of a management consultant [see rec. #6]

Appendix 1: ISAG Site Visit Agenda



AGENDA

O'Brien Institute for Public Health International Scientific Advisory Group (ISAG) Calgary, Alberta, Canada

Friday, June 2, 2017			
Time	Location	Agenda Item	Participants
7:30 a.m.	Kensington Riverside Inn	Allied Limo to collect ISAG and transport to 3280 Hospital Drive NW	John Ayanian, Evelyne de Leeuw Judith Green
8:00 – 9:45 (breakfast provided; meeting begins 8:30)	Rose Room, TRW3E47 3280 Hospital Drive NW 3rd Floor	Introduction <ul style="list-style-type: none"> • Meeting goals and deliverables • Agenda overview • Discussion of key topics 	William Ghali, Melanie Rock, Jamie Day
9:45 -10:00 am		BREAK	
10:00 – 11:00	Rose Room TELECONFERENCE INFO: 1-877-385-4099 Access code: 5446306#	Showcase of Institute Researchers (part 1)	Doreen Rabi, Kerry McBrien/Gabe Fabreau, Charlie Fischer, Rita Henderson By phone: Judy Birdsell
11:00 – 12:00	Rose Room	Group work session (O'Brien staff and leadership available to respond to questions)	
12:00 – 1:30	HRIC Atrium 3280 Hospital Drive NW	Break and Informal Lunch to meet O'Brien members and Executive Committee	<ul style="list-style-type: none"> • O'Brien Institute Executive • O'Brien membership
1:30 – 2:30	Rose Room	makeCalgary presentation to ISAG	makeCalgary committee members
2:30 – 3:30	Rose Room TELECONFERENCE INFO: 1-877-385-4099 Access code: 5446306#	Institutional environment	Marcello Tonelli, Ray Turner, François Belanger, Carl Amrhein, By phone: Sohaib Khalid
3:30 – 3:45		BREAK	
3:45-4:45	Rose Room	Showcase of Institute Researchers (part 2)	Herman Barkema/Karen Tang, Lindsay McLaren, Rebecca Saah,
4:45 – 5:45	Rose Room	Group work session (O'Brien staff and leadership available to respond to questions)	
5:45	TRW bldg. West entrance	Limo to dinner meeting	ISAG
6:00 – 8:00	Notable Restaurant 4611 Bowness Rd NW, Calgary, AB T3B 0B2	Meeting and Dinner with O'Brien Institute Strategic Advisory Board	Members of O'Brien Strategic Advisory Board

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Saturday, June 3, 2017			
Time	Location	Agenda Item	Participants
7:30 a.m.	Kensington Riverside Inn	Allied Limo to collect ISAG and transport to 3280 Hospital Drive NW	John Ayanian Evelyne de Leeuw Judith Green
8:00 – 9:30 (breakfast provided)	Rose Room	Group work session (O'Brien staff and leadership available to respond to questions)	
9:30 – 11:00 (as early as 9:00 if ISAG team ready)	Rose Room	Group feedback to O'Brien Institute	William Ghali Melanie Rock Jamie Day
11:00		Departure of guests or possible group activity i.e. Banff/Lake Louise – to be confirmed	

All meetings attended by ISAG: John Ayanian Evelyn de Leeuw Judith Green
Fred Paccaud (regrets)
Ann Casebeer (Chair) Gail MacKean (Writer)

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