



O'Brien Institute
for Public Health



INTERNATIONAL SCIENTIFIC ADVISORY GROUP SITE VISIT REPORT



**NOVEMBER
17 - 18, 2025**

**O'BRIEN INSTITUTE
FOR PUBLIC HEALTH**
University of Calgary

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EXECUTIVE SUMMARY

The **International Scientific Advisory Group (ISAG)** commends the O'Brien Institute for Public Health (the Institute) for its knowledge transfer to policy and practice, research excellence, and resilient ability to sustain credibility and community partnerships during a period of profound uncertainty. Over the past five years – marked by the COVID-19 pandemic, shifting political priorities, continued funding volatility, a prolonged hiring freeze, and major reorganization of Alberta's health system – the Institute has faced structural pressures that have challenged public health research environments everywhere but in particular, it seems, in the province of Alberta. Despite these pressures, the Institute has not only maintained its strengths but advanced research productivity, academic and community partnerships.

Throughout the visit, ISAG was consistently impressed by the quality of the research presented, the preparedness and enthusiasm of personnel, their commitment to individual and collective accomplishment, and the clear sense of mission alignment across the Institute. Its embedded community relationships, leadership in advancing a learning health system, and recognized expertise in health equity continue to define its contributions. Access to Alberta's integrated health data provides a unique competitive advantage relative to other jurisdictions.

ISAG acknowledges that the Institute operates within an increasingly challenging provincial environment for public health advocacy and policy influence. This context heightens the need for strategic clarity, efficient use of constrained resources, and preservation of an independent, evidence-based public voice. To address these realities, ISAG recommends adopting the name "O'Brien Institute for Better Health", concentrating resources on 3–6 priority areas where the Institute holds clear comparative advantage, and reconfiguring administrative structures to reduce fragmentation. The Institute should deepen community partnerships, pivot toward more intervention-focused research in health equity and learning health systems, and diversify revenue, including through mission-aligned partnerships and service provision.

INTRODUCTION

THE FIFTH ISAG VISIT WAS CONVENED TO PROVIDE EXTERNAL EXPERT ADVICE ON THE INSTITUTE'S FUTURE DIRECTIONS. THE VISIT TOOK PLACE NOVEMBER 17-18, 2025, CHAIRED BY DR. LYNN MCINTYRE.

Participating ISAG members include:

- **Evelyne de Leeuw**, Professor, School of Public Health – Department of Social and Preventative Medicine, University of Montreal
- **John Frank**, Professorial Fellow, Usher Institute of Population Health Sciences and Informatics, University of Edinburgh
- **Murray Ross**, Former Vice President and Director, Kaiser Permanente Institute for Health Policy, Kaiser Permanente

The agenda (Appendix 1) provided an overview of the Institute's activities, strategic priorities, governance structure, and emerging strengths. ISAG members engaged in presentations and discussions with leaders, faculty, and staff across the Institute and its Strategic Advisory Board.



Evelyne de Leeuw



John Frank



Murray Ross

OVERALL IMPRESSIONS

The Institute continues to present itself as vibrant, ambitious, and committed to impact. Despite resource constraints, it demonstrates leadership in health equity, community-based research, and learning health systems. Across sessions, ISAG observed a strong, collegial culture.

LEADERSHIP

ISAG found the Institute's leadership team to be dedicated, credible, and knowledgeable about both research and the operational context of Alberta and the Cumming School of Medicine. Leaders have guided the Institute through a turbulent period, maintaining trust internally and externally. ISAG recommends aligning leadership roles with the forthcoming strategic plan.

QUALITY OF WORK

The Institute continues to deliver work of high standard, characterized by rigorous methodology, thoughtful design, and attention to impact. A culture of strong internal peer review, mentorship, and collaboration was evident.

Learning health systems is an area of excellence, supported by Alberta's integrated electronic medical record. The work presented demonstrated contributions to reducing care costs, improving system learning, and informing clinical decision-making. Health equity is another notable strength as demonstrated by the presentation in Black health research; by the relationships with Indigenous communities held by the Institute's Deputy Director and others; and a focus on policy-relevant community-based research and development.

ISAG also noted the Institute's growing profile in thought leadership, contributing evidence-based commentary on issues ranging from misinformation to health policy, helping to restore trust in public health during a period of polarization and uncertainty. ISAG recognized W21C's capacity to lead large-scale priority projects but encouraged renewed branding, improved visibility, and clearer articulation of its core mission and how it aligns with, and adds value, to the Institute and vice versa.

OVERALL IMPRESSIONS

The Centre on Aging was commended for achieving impact with limited staff capacity. ISAG noted opportunities for leadership in Age-Friendly University initiatives and fostering cross-faculty collaborations. While aging is broad, its alignment with women's health and implementation science supports its continued placement within the Institute. ISAG also recommended prioritizing aging in philanthropic strategies.

ISAG found the Centre for Health Policy to be strong in health system intervention research but encouraged deeper engagement in genuine health policy research. Such research would not only test and validate particular policy instrumentation efforts ('interventions') but indeed focus on the policy-making process. This would inform relevant and key interested parties on making change in policy and politics effectively happen. The Centre should consider focusing on a specific policy issue to study deeply, aligning research with political realities. Funding opportunities outside government - such as with pharmacies, primary care networks, and NGOs - could be explored and connections with the School of Public Policy strengthened.

ISAG was impressed with the Research Impact Assessment (RIA), considering it among the strongest they have seen nationally. Impact reporting was highlighted as a major asset.

COMPETITIVENESS

The Institute remains nationally competitive, particularly in peer-reviewed grant funding. Its CIHR success rates are among the highest in Canada, supported by a culture of internal peer review, reciprocal mentorship, community partnerships, and a collaborative research environment. The ability to access Alberta's integrated provincial health data assets provides a unique competitive advantage.

The Institute maintains a solid presence nationally through leadership in equity-oriented research, pragmatic trials, and multi-university collaborations. International contributions include Black health research, aging research networks, global pandemic evidence efforts, and leadership of a WHO Collaborating Centre.

OVERALL IMPRESSIONS

The Institute lacks comparative benchmarks against peer organizations. ISAG recommends a targeted competitiveness assessment examining comparable institutes across Canada in areas such as strategic priorities, partnerships, funding, and research networks.

ISAG noted that digital health is an increasingly crowded, rapidly evolving, and private-sector-dominated field. Without a clear niche and infrastructure investment, it may not be a viable strategic focus. Similarly, prevention is very broad and competitive; if retained, it must be more sharply defined. By contrast, Alberta's administrative and clinical databases offer a clear comparative advantage.

In earlier iterations of ISAG assessments, the area of One Health was presented as a defining point of provincial, national and international distinction. The University of Calgary and the Institute continue to have a major advantage as one of only four national universities where capabilities in public health, veterinary and human medicine are co-located. This should be celebrated.

FUTURE DIRECTIONS

The Institute enters its next planning cycle with both the global and provincial landscapes having changed significantly since the previous strategic plan. Fiscal restraint, health system instability, and political sensitivity around public health will persist. The Institute will need a realistic and adaptive approach to strategic planning that acknowledges these constraints and prioritizes areas of greatest comparative advantage and impact.

ISAG emphasized incorporating futurism and horizon-scanning into strategic planning. Insights from *Policy Horizons Canada* – including projections related to geopolitical instability, climate-driven ecological stress, and AI acceleration – should shape the Institute's preparedness and long-term strategy.

OVERALL IMPRESSIONS

Given constrained resources and the hiring freeze, the Institute must set achievable goals and clarify where it will lead, collaborate, or step back. ISAG recommends that the next strategic plan includes an environmental scan, competitiveness assessment, and explicit prioritization grounded in opportunity, feasibility, and risk. Understanding where peer institutions are positioned will be important to defining the Institute's niche.

Climate change and health – not represented during the visit – may offer opportunities given Alberta's climate vulnerabilities, including wildfires' health impacts, and other environmental health risks.

ISAG recommends future advisory group meetings occur every 4–5 years, span at least two full days, and include engagement with community partners.

BREADTH VS FOCUS

The Institute currently spans numerous domains, including health equity, learning health systems, digital health, aging, prevention, health policy, implementation science, innovation, and more. This breadth reflects the Institute's interdisciplinary appeal, but creates structural complexities across Hubs, Centres, and programs. ISAG recommends simplifying the organizational structure and reducing the number of Institute-level priority areas in the next strategic plan.

USE OF RESOURCES AND ADMINISTRATIVE STRUCTURE

Since 2019, Institute membership has grown by about 11%, while the core support team has decreased from 11.8 to 7.5 FTE. These pressures are compounded by inconsistent organizational terminology and governance across Hubs and Centres, unclear membership categories, and heavy reliance on philanthropy as the primary revenue source. ISAG recommends consolidating programs, clarifying governance and roles, adopting clear membership categories, and investing in more dedicated time allocated to leadership positions to strengthen sustainability.

PROGRESS SINCE LAST REPORT

RESOURCES

The Institute has demonstrated continued growth and resilience in its membership, which now encompasses more than 560 individuals across multiple disciplines, not including the newly included Highly Qualified Personnel. While this breadth reflects the Institute's wide reach, there is an opportunity to streamline the membership structure to enhance engagement and strategic impact. ISAG recommends a tiered model comprising: (say) 150–200 members are 'Associates' who actively participate in Institute activities; a broader group of 'Affiliates' who engage more selectively; and more loosely connected 'Subscribers' interested primarily in communications and updates. Clarifying the purpose of membership will help align expectations, optimize engagement, and ensure that membership growth contributes meaningfully to the Institute's mission.

PROGRESS SINCE LAST REPORT

The Institute's research environment is characterized by strong community partnerships and access to integrated provincial data, though challenges remain due to health system restructuring, data access limitations, and political instability. ISAG highlighted opportunities to strengthen community among academic members and community partners through annual celebratory events (such as an Awards Dinner) and team-focused awards.

The Institute's support team is highly skilled and effective, but its responsibilities have grown while staffing FTEs have decreased. Reliance on philanthropy provides flexibility but also vulnerability. ISAG recommends diversifying funding, including through mission-aligned funding partnerships.

ACTIVITIES AND INSTITUTE PRODUCTS

The Institute maintains strong internal processes, including pre-submission peer review and support for community-based research. Knowledge mobilization remains a core strength, visible in events, thought leadership forums, and public-facing commentary. Network development continues to grow across academic, community, and decision-making partners.

Capacity building efforts – including summer institutes, student awards, mentorship, and catalyst funds – support emerging scholars. With limited ability to recruit new faculty, ISAG encourages expanding engagement with visiting scholars, external thought leaders, and community partners to strengthen the knowledge pool.

Research-to-impact pathways are evident in learning health systems, antimicrobial resistance, aging, and community-based research. The Institute is well-positioned to take a cautious but courageous approach to influencing health policy.

Short-term outcomes are strong, including high grant success rates, national competitiveness, and transdisciplinary collaboration. While there are notable examples of evidence-informed policy contributions, more deliberate efforts are recommended to influence policy.

PROGRESS SINCE LAST REPORT

Long-term societal impact is noted in health equity, Black health research, aging studies, and contributions to learning health systems, such as clinical decision support, and implementation science.

WHAT'S AHEAD

The Institute enters its next planning cycle at a time when both the provincial context and the global public health environment are undergoing profound transformation. The next strategic plan must reflect the realities of political volatility, fiscal restraint, shifts in health system governance, and emerging global forces such as climate change, AI, and misinformation. Strategic planning must be both pragmatic and future-oriented.

Foresight perspectives – such as those highlighted by *Policy Horizons Canada* – suggest that high-impact disruptions are increasingly likely. Incorporating futurism and preparedness into the next strategic plan will help the Institute anticipate risks and position itself.

Going forward, the Institute should: focus activity into a smaller set of clearly defined strategic priorities grounded in comparative advantage; strengthen core capacity (leadership FTE, governance clarity, and membership structure); and undertake a competitiveness analysis and benchmarking exercise to assess its position relative to peer institutions. These steps will provide the discipline, clarity, and focus needed for the Institute to remain influential and resilient in the years ahead.

SWOT ANALYSIS

The Institute conducted SWOT self-assessment, and the RIA, articulates strengths and opportunities. ISAG affirmed that the analysis accurately captures its current strengths, weaknesses, and external challenges, and provides a solid foundation for strategic planning.

SUMMARY OF STRATEGIC RECOMMENDATIONS

The ISAG members identified the following key strategic recommendations for consideration by the Institute:

NAME

1. Rename the Institute to “O’Brien Institute for Better Health” on the grounds that much of what the O’Brien does best would not generally be seen by Public Health professionals as germane to their practice, especially in Canada where public health has little to do with the clinical care delivery system.

STRATEGIC PLANNING

2. Undertake comparative benchmarking to assess where the Institute stands nationally and internationally relative to similar structures.
3. Seek futurism input into the new strategic plan.
4. Rethink elements of the mission, some of which are too broad and ill-defined.
 - E.g. clinical prevention is a crowded space across seven institutes
 - E.g. digital health is too distributed. Needs further definition
 - a. Expertise niche identification and communication are required across many areas
 - b. Significantly reduce areas of focus in new strategic plan

MEMBERSHIP & PEOPLE

5. Examine membership to more clearly identify different categories and core functions directed at each category. E.g., 150-200 Associates who actively participate in projects. Remainder of membership more accurately designated as Affiliates, or (at the lowest level of commitment and interaction) Subscribers.
 - a. Annual celebratory events and team-focused awards, for example
6. Reconfigure leadership team following strategic planning to fit revised missions. With many employees working part-time or remotely, availability for face-to-face time or

SUMMARY OF STRATEGIC RECOMMENDATIONS

interactions with colleagues is often very reduced.

- Highly qualified personnel are still required to support structure

FUNDING

7. Do what you do well to secure more diversified funding and deploy resources wisely in a time of fiscal restraint with no anticipation of growth in foreseeable future
 - a. With philanthropy as the only source of revenue, consider alternate sources of funding (e.g. shared mission-driven funding partnerships)
 - b. Prioritize aging in fundraising

INSTITUTE STRUCTURE & FUNCTIONS

8. Clearly define structure of the Institute (fit on one slide)
9. Rethink the functions and definitions of Centres and Hubs
 - E.g., who initiates projects and subsequently 'owns' them? What is the relevant reporting structure?
 - Consider some of the initiatives as 'Programs' rather than future 'Centres'
 - a. Strong support for W21C to continue to identify core missions and niche at the University
 - b. Centre for Health Policy should strive to influence not just inform policy
 - c. Health Equity HUB does not currently conduct a full spectrum of equity research; embrace equity-oriented intervention research and deploy more deliberate implementation tools – perhaps its name should be changed to better reflect its considerable strengths in Community-Based Research?
 - i. Continue embedded community work to maintain and deepen relationships
 - ii. Encouragement to continue community engagement
10. Be more deliberate about thought leadership: internal and engaging with external thought leadership.
 - a. Provide independent health commentary in a time when health outcomes are potentially under threat

APPENDICES

APPENDIX 1 - ISAG SITE VISIT AGENDA

Monday, November 17	
8:30 - 9:45 am	Directors' Introduction
9:45 - 10:45 am	Healthier Populations
10:45 - 11:00 am	Break
11:00 - 12:00 pm	Institute's Governance Environment
12:00 - 1:00 pm	Lunch with Executive Committee
1:00 - 1:45 pm	ISAG Working Session #1
1:45 - 2:45 pm	Better Health Care
2:45 - 3:00 pm	Break
3:00 - 4:00 pm	Centre on Aging
4:00 - 5:15 pm	ISAG Working Session #2
5:15 - 6:00 pm	Break and Transition to Dinner
6:00 - 8:00 pm	Dinner with Institute Strategic Advisory Board

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APPENDIX 1 - ISAG SITE VISIT AGENDA

Tuesday, November 18	
8:15 - 8:45 am	Breakfast Check-in with Institute Team
8:45 - 9:45 am	Centre for Health Policy
9:45 - 10:45 am	W21C
10:45 - 12:30 pm	ISAG Working Session #3
12:30 - 1:30 pm	ISAG Feedback to Directors (with lunch)

APPENDIX 2 - ISAG TERMS OF REFERENCE

Purpose

The purpose of the International Scientific Advisory Group is to help the Institute envision the future of advancing public health through research excellence and assess its progress in relation to its strategic plan and other public health research organizations. The Group is advisory to the Institute leadership team.

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 academic and societal goals
- Assess the progress of O'Brien Institute toward meeting its strategic goals (see 2022 [Strategic Plan](#))
- Undertake external reviews of the Institute's research

APPENDICES

APPENDIX 2 - ISAG TERMS OF REFERENCE

Group Composition

Group membership shall be comprised of a representative of the University of Calgary (ex officio and Chair) and at least three respected international leaders who amongst them have expertise in:

- health care
- population health
- public health thought leadership

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

- A one-to-two day group visit (using an in-person or virtual format, as appropriate) to occur every two years, after provision of advance documentation
- Structure of visit:
 - Day 1 and Day 2 morning – presentation to Group by Institute leadership; meetings of Group with Institute stakeholders
 - Day 2 afternoon – facilitated Group deliberation, preparation of written report with professional writing assistance provided
- Written or teleconference communications conducted as required in intervening years between visits.

