O'Brien Institute for Public Health strategic plan

2022-2026

Mission: To advance public health through research excellence

September 2023

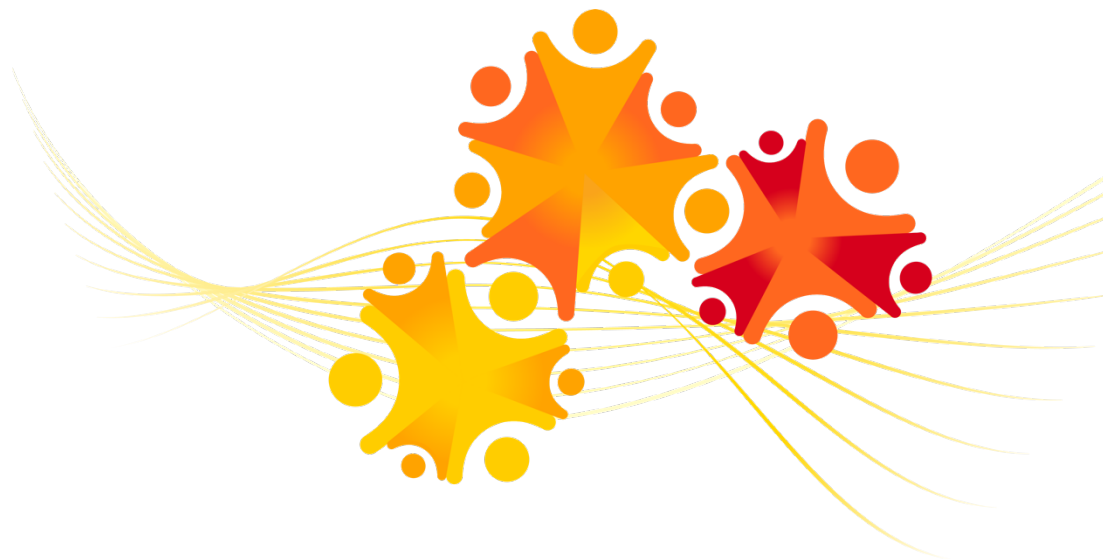# Table of Contents

STRATEGIC PLAN Overview

Our mission is to advance public health through research excellence.

We are a research institute that champions research to promote population health and high-quality sustainable health care for all.

Our role is to support academic scholars to tackle public health challenges, bringing them together with health practitioners, citizens, governments, businesses, and non-governmental organizations when collective action is required.

Better Health Care

Our goal is to transform health care so that sustainable high quality health care is available to all people.

a. Focus area: Learning health systems
   i. Strategy: Establish a health system partnered program to embed research into health care delivery to foster continuous quality improvement and innovation.
b. Focus area: Digital health
   i. Strategy: Expand our capacity to adapt, evaluate and implement digital technologies for better health care.

Healthier Populations

Our goal is to improve health equity and the conditions that determine health

a. Focus area: Equity
   i. Strategy: Establish a health equity hub that fosters collaborative intersectional research to address the upstream determinants of population health inequities.
b. Focus area: Prevention
   i. Strategy: Enhance research that examines the underlying causes of morbidity and mortality in populations across all ages and that identifies and accelerates the use of prevention strategies to improve population health.

Thought Leadership

Our goal is to solve complex public health challenges with great ideas and resolve.

a. Focus area: Knowledge exchange
   i. Strategy: Establish a knowledge exchange strategy that brings academic scholars together with citizens, health practitioners, governments, businesses, and non-governmental organizations to collectively tackle public health challenges.
b. Focus area: Innovation
   i. Strategy: Grow a public health innovation ecosystem to increase the impact of our research.
c. Focus area: Evidence informed policy
   i. Strategy: Bring geographically distributed experts together into a virtual health policy centre to advance evidence informed considerations of health in all policies.

Operational Excellence

Our goal is to establish an organizational culture devoted to professional knowledge, continuous improvement, and intellectual integrity.

a. Focus area: Increase capacity for research excellence and public health impact
   i. Strategy: Optimize programs and services
   ii. Strategy: Lead and support talent recruitment, development, and sustainability initiatives so that members can build on their own success and the success of the institute.
b. Focus area: Enhance the value of membership
   i. Strategy: Increase member engagement by aligning our goals, programs and services with member needs.
c. Focus area: Strategic investment
   i. Strategy: Acquire and allocate resources to maximize impact.

Organizational Enablers

Community	Partnerships	Funding	Programs and Services
We are one community that supports each other	We foster strong relationships with health practitioners, citizens, governments, businesses, and non-governmental organizations to maximize our impact	We establish diverse and effective funding programs to support our people	We allocate resources towards achieving research excellence and public health impact

Our Values

Collaboration: Nurturing transdisciplinary approaches
Courage: Tackling the most difficult problems
Engagement: Prioritizing citizen and patient engagement
Innovation: Inspiring creative solutions to complex problems
Integrity: Building trust through honest, open, and ethical work
Plurality: Embodying equity, diversity, and inclusion in our people, principles and actions

Background

The O'Brien Institute for Public Health was named in honour of Canadian philanthropists Gail and David O'Brien in 2014, in recognition of their transformational endowment to the University of Calgary. They continue to give generously of their time, resources, and vision for health, to the Institute and the University.

"Public health" can be defined in various ways, and the intentionally broad range of research supported by the O'Brien Institute includes: health systems and services (including clinical guidelines and some other elements of clinical research); health policy; preventive health; and population health (including social determinants of health). With more than 500 university faculty, health system professionals, and community partners as members, the O'Brien Institute is one of seven world-class research institutes at the University's Cumming School of Medicine. In its relatively short history, the O'Brien Institute has regularly matched or outperformed the six more established institutes in peer-reviewed funding awards to its members from the Canadian Institutes of Health Research, considered the national 'gold standard' for health-related research. Most importantly, the O'Brien Institute strives to support its highly-respected members as they conduct research that is motivated by and contributes to societal improvements.

Based on its previous success, the O'Brien Institute is positioned to play a vital role in the future, at the intersection of society and academia, by supporting research that will have a positive impact on public health. To achieve this vision, the objectives set out for the strategic planning exercise were to develop the following:

Strategic Plan Objectives

- *Strategic positioning* – *thorough understanding of institutional context, both internal and external to the University, to inform the setting of realistic yet ambitious goals*

- *Engaged membership* — *increased level of commitment to the Institute and its goals*

- *Invigorated core team* — *uniform vision and purpose that helps institute staff advance in the same direction*

- *Alignment* — *a shared understanding of the Institute within which all stakeholders can unite*

- *Focus* — *strategically narrowed range of research topics, and clearly defined short- and long-term goals, to inform decision-making over the next ten years*

- *Clarity* — *an effective 'elevator pitch' that can be used consistently*

- *Measurability* – *commitment to defining metrics that will be used on a continuing basis to assess the Institute's progress toward the goals and objectives arising from the strategic plan*

The strategic planning process is summarized in Appendix 1. Early in that process, input from members and key partners suggested key factors to be considered throughout the exercise:

Key Factors to consider

- *Financial sustainability of the Institute relies on additional philanthropy, so planning must include development of funding and spending models to support the Institute's goals over the next ten years*
- *The **COVID-19 pandemic** provides an opportunity for the Institute to demonstrate leadership through specific activities, communications, and projects*
- *Preparedness for post-pandemic recovery will allow the Institute to leverage the **increased public awareness of public health** gained during the pandemic*
- *Pandemic responsiveness in all sectors of health have provided the Institute **increased partnership opportunities***
- *The pandemic highlights the need for the Institute to develop **accelerated responsiveness to public health emergencies***
- *Continued efforts for **operational efficiency** within the Institute will support its financial sustainability*
- *The Institute's role in public health knowledge exchange requires continuing emphasis on **clarity of communications***
- *As a nexus between academia and community, the Institute must ensure **external stakeholders are considered/consulted**, with an **emphasis on equity, diversity, and inclusion***
- *The Institute's early years built a strong foundation upon with to **continue a legacy of public health research leadership***

Later phases of the process were conducted with these Objectives and Key Factors in mind, yielding the Strategic Plan summarized on pages 3-4 which is further detailed below.

Strategic Plan

This section expands on the condensed text of the Strategic Plan summary on pages 3-4, following the framework of that summary.

The **mission** of the O'Brien Institute for Public Health is to advance public health through research excellence, which integrates the two main themes of supporting *academic achievements* for the purpose of *societal benefit*.

We are a research institute, the activities of which fit into two broad categories, defined by Canada's main research agency for health (the Canadian Institutes of Health Research; CIHR) as: Health Systems and Services Research ("Pillar 3"), and Social, Cultural, Environmental and Population Health Research ("Pillar 4"). The Institute's activities in these two categories can be differentiated, when necessary, based on: research discipline, members' University Faculty/Department or healthcare system affiliations, methodologies used, funding agencies approached, knowledge translation types and venues, and/or key stakeholders/knowledge users. However, an important asset of the Institute is its ability to synergize *between and among* health systems and population health activities, adaptably supporting members' needs related to the inherent challenges of these two categories of research, while encouraging 'a blurring of the lines' between them, to leverage the inherent strengths of these two categories, thereby yielding optimal societal impact.

Defining the **role** of the Institute depends on the definition of the Institute itself, which can be thought of as comprising its numerous members, or its six to eight employees, or its 10 - 30 volunteer member - and community - thought leaders, or any combination of these groups. The clarification offered in this strategic plan is that the O'Brien Institute is a virtual support platform, the role of which is to collectively elevate the work of its more than 500 individual members. The premise of the institute approach is that a cooperative of members, supported by a team of thought leaders and dedicated staff, can achieve more than would be possible without the team and its activities. It is important to acknowledge that members achieved academic outputs and societal impact before the Institute was created, and would continue to do so if the Institute did not exist. However, a concerted effort by multiple stakeholders, from multiple disciplines, employing multiple approaches, is necessary for tackling significant public health challenges. The Institute therefore exists to network among and synergize the efforts of all its stakeholders, the members being the requisite component.

Better Health Care:

This goal aligns with Pillar 3 of the Canadian Institutes of Health Research (Health Systems/Services) as led by its Institute of Health Systems and Policy Research. The O'Brien Institute goal leverages members' expertise in: redesign/transformation (chronic disease management, equitable access, community-based healthcare); sustainability (efficiency, value for money, workforce remuneration, provider and patient experience); quality of care (guidelines, care pathways, distributed care); and implementation science/knowledge translation.

The process and principles by which goals and focus areas were defined are summarized in Appendix 1. Two topics were selected to align areas of research strength and current interest within the membership with the explicit current priorities of Institute stakeholders, and to receive the Institute's focussed attention and resources:

- **Learning Health Systems** can be defined as the alignment of the science, informatics, incentives, and culture of health care for continuous improvement and innovation, with best practices seamlessly embedded in the delivery process and new knowledge captured as an integral by-product of the delivery experience. The Strategy statement invokes a symbiosis of the Institute with Alberta's single, integrated healthcare system (Alberta Health Services) and its Strategic Clinical Networks, to collectively define topics of importance, innovate feasible solutions, and implement system improvements. Work in this area flourishes amongst teams that include both clinician scientists, who maintain a clinical practice and expertise within that specific area, and multidisciplinary academic researchers who apply their non-clinical areas of expertise and scientific methodologies to the healthcare challenge in question. Thanks to the commitment of the University of Calgary and AHS to supporting clinician scientists, through recruitment into positions that enable significant dedication of time to research, the O'Brien Institute has supported a growing number of researchers and nationally-funded projects that exemplify learning health systems. The Institute could have significant impact in this area, leveraging: Alberta's advantageous data resources; the high priority placed on it by healthcare systems and research funding agencies; and the innovative collaborations possible among the membership's health -, social -, and natural scientists. It is anticipated that these strengths and opportunities will outweigh any challenges posed by political system change and potential weakening of healthcare system partnerships.

- **Digital Health** approaches support better healthcare through improved patient-provider communications, including person-centred, rural, and virtual care; data-based treatment decisions and diagnoses; and digital therapeutics (often internet-based patient self-management). The strategy statement for this focus area ("Expand our capacity to adapt, evaluate and implement digital technologies for better health care") acknowledges that this represents an emerging area for the Institute, driven by significant societal demand, but supported by a relatively small number of scientists specializing in this theme. Included in this focus area are applied health research based on data science, machine learning, and artificial intelligence, these approaches supporting population-level epidemiology and insights discovered from the meticulous linkage of multiple data sources. These "big data" topics within digital health are supported by a somewhat greater capacity within the Institute, as demonstrated by its hosting of the World Health Organization Collaborating Centre for Classification, Terminology & Standards. This big data strength is concentrated within the Cumming School of Medicine's Centre for Health Informatics, an alliance of the Institute.
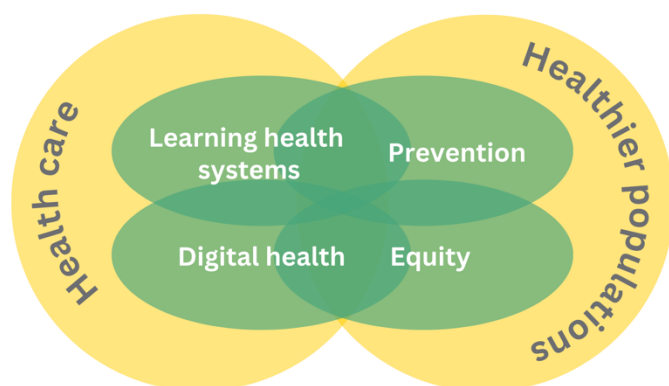
Healthier Populations:

This goal aligns with Pillar 4 of the Canadian Institutes of Health Research (Social, Cultural, Environmental, and Population Health Research) as led by its Institute of Population and Public Health. Members and stakeholders agreed on two topic areas for which greater Institute research focus could improve upstream determinants of health (*i.e.* the preponderantly important contributors to health that are independent of the healthcare system).

- **Equity** is the absence of unfair and avoidable differences in health among population groups, and is a critical element of inclusive definitions of health. To effectively promote individual and community health, the unequally distributed facilitators and detractors of health must be

understood and intervened upon in a rigorously methodological and evidence-informed way. As a research topic, equity and social justice are interrogated deeply by many of the Institute's social scientists, who are often, but not exclusively, trained in disciplines outside of the medical sciences, including sociology, anthropology, social work, economics, geography, history, and political science. The theoretical frameworks in which they work inform the Institute's *Plurality* value, as well as the applied equity work that is accomplished by members in topics of antiracism, Indigenous health, Black health, and social/structural vulnerabilities. The Institute aims to supports its diverse equity-focussed members, projects, and programs by synergizing common methodologies, theoretical frameworks, and goals. As noted in the strategy statement, establishment of a health equity hub that encourages and facilitates collaborative, intersectional research in this topic is planned, to enhance the Institute's impact on population health.

- **Prevention** includes a wide variety of activities or interventions aimed at reducing risks or threats to health. It represents a key goal of public health, in that it seeks to keep people healthy, without relying on overburdened primary (first point of contact), secondary (specialist), and tertiary (hospital) care systems. Prevention also falls into categories of primary (intervening before health effects occur), secondary (screening for early identification of health effects), and tertiary (managing disease after diagnosis), and each of these approaches is represented within the Institute. The strategy is to support the Institute's many epidemiologists as they investigate patterns and causes of disease and injury to inform prevention in numerous topics, including: communicable diseases (*e.g.* vaccination programs); non-communicable diseases (cancer, diabetes, kidney disease, *etc.*); obesity; mental health and addictions; and sports/active living injuries (including concussion). By supporting excellent prevention research – across all ages and all populations, from observation to implementation, including scale to larger programs and spread to different constituencies – the Institute can have relatively direct and timely impact on public health.

Although *Better Health Care* and *Healthier Populations* have been separated in the Strategic Plan, in order to fulsomely support differences in theoretical frameworks, disciplines, and methodologies.It is arguable that some of the Institute's most successful and impactful research(ers) incorporate considerations of social determinants of health within health care improvement initiatives, and that comparator institutions that separately support health services and population health research(ers) have a competitive disadvantage.

Similarly, distinctions made between focus areas in the Strategic Plan are also somewhat artificial, and a program that aimed to develop an equity-enhancing digital health solution to both prevent illness and improve the eventual care system pathway, for example, would be feasible and highly encouraged by the O'Brien Institute.

The O'Brien Institute encourages an overlap between its research areas of focus

Thought Leadership:

The Institute's third goal transcends any particular topic area of public health, and acknowledges the elements required to have meaningful impact on the complex, 'grand challenges' that characterize public health. Supporting members' dedication to these three elements will continue the Institute's progress toward being considered a 'thought leader', or trusted authority.

- **Knowledge Exchange** is the active, two-way sharing of ideas, evidence, experience, expertise, and skills between researchers and research users, including citizens, health practitioners, governments, businesses, and non-governmental organizations. Because public health exists in a complex matrix of individual beliefs and behaviours, societal norms and practices, and multi-level government policies, it is impossible for research(ers) to improve public health independent of non-academic partners and their various assets. To support this critical interchange, the Institute will formalize a Knowledge Exchange strategy, based on its previous successes. The strategy will account for the various steps deemed essential for a successful Knowledge Exchange pathway, and deploy a variety of processes and approaches adapted to the specific research project and the partner group(s) participating in the pathway. For example, citizen panels may be engaged to co-identify research priorities in a given topic, early in the pathway, and traditional and social media releases may be utilized late in the pathway, to disseminate findings to a broad audience. By defining the pathway, standardizing the approaches available, and aligning with the areas of focus, the Institute's small communications team will help leverage prioritized topics, and more indirectly support the Knowledge Exchange goals of the broad membership.

- **Innovation** is achieved not only with entirely new ideas, but also through the combination of different theories, methods, and disciplinary expertise in a new way to thoughtfully observe and deeply analyze a problem. In the case of public health research, innovation also invokes the rigorous testing of proposed solutions (or interventions) to seemingly intractable problems. Most innovations of interest to the Institute are considered "social innovations" in that they aim to meet social needs in a better way than existing solutions, transforming social systems for durable improvements. The University of Calgary has created a rich innovation ecosystem that includes several training and advisory platforms, support staff with relevant expertise, programs, and funding opportunities. The Institute's W21C initiative is a key element of that ecosystem, specializing in healthcare system innovations, and will support the Institute as it adapts the assets of the ecosystem to best serve public health researchers.

- **Evidence informed policy** is arguably the most powerful way to impact public health, given that most facets of health systems and population health are governed by society's policies and procedures, rather than by individual behaviours. The Institute is well positioned to influence 'health in all policies', with the work of many individual members already informing decision makers at municipal, provincial, and national levels, in matters of both health systems (physician remuneration, drug plans, resource allocation, patient safety, *etc*.) and population health (vaccinations, surveillance, housing, pollution, social security, the built environment, *etc*.). The identified strategy is to create a health policy centre that will: build upon and more broadly share this individual academic expertise to create policy tools, practices, and enhanced capacity among the broader membership; convene influential policy stakeholders from across Canada and beyond through the two-way Knowledge Exchange platform described above; and galvanize concerted efforts among these policy partners to tackle complex public health issues.

Operational Excellence:

The fourth goal in the strategy responds to feedback from members, gleaned in the strategic planning process and over the Institute's first ten years, about what makes membership valuable. The Institute's value proposition arises from assets inherent to individual members – experience, expertise, innovation, collegiality, dedication – such that orchestration of these resources into a distributed platform is the Institute's main role. Measuring and demonstrating the value and impact of this platform is the secondary role of the Institute, which helps leverage additional assets for the membership, including external funding, effective partnerships, professional reputation, and influence. To foster engagement among members (who provide the Institute's 'raw material'), it behooves the organization to operate with impeccable efficiency and integrity, in a culture that is aligned with the members' demonstrated values of continuous improvement and devotion to knowledge.

- **Increasing capacity for research excellence and public health impact** is a focus that acknowledges the baseline level of excellence and impact already existing in the membership, and the premise that this level can be raised through collegial cooperativity and sharing of resources. It is impossible to attribute increases in publication counts, external funding, recognition/awards, and media coverage that have occurred since creation of the Institute directly to the Institute, but positive trends and member testimonials are persuasive. By *optimizing programs and services*

dedicated to the academic excellence of individual members and the translation of their academic output into societal benefit, the Institute plans to continue building individual capacity. The Institute will also continue to enhance capacity within groups, by *leading and supporting talent recruitment, development, and sustainability initiatives*. Working with the University's Faculties and academic and clinical Departments, the Institute can be influential in strategizing the phenotypes of researchers that need to be targeted for recruitment, and can contribute to the environment that will help attract, develop, and retain new and existing faculty.

- **Enhancing the value of membership** is key to the value proposition outlined above: understanding and optimizing membership incentives is a prerequisite of relying on members to dedicate their time and efforts to the Institute's collective activities. The member survey (see Appendix 2) conducted as part of the strategic planning process (see Appendix 1) revealed the unusual finding that a large proportion of members thought highly of Institute programs, without benefiting from those services themselves. That is, the Institute enjoys an excellent reputation, but struggles with low member engagement. This lack of direct engagement bodes ill of being able to sustain the collegial volunteerism of members into the Institute's future. Although the focus area related to capacity for research excellence and impact – described above – is of great benefit to members, it also directly benefits the Institute by enhancing the grouped metrics of success. This second focus area, related the value of membership, is more altruistic in that it only indirectly benefits the Institute, by trying to satisfy the needs of members. For example, while the Institute strives to align with the [Declaration of Research Assessment](#) in compiling and assessing grouped metrics of success, it may be able to share any expertise attained in this topic with members wanting to assess their individual research impact. By understanding member motivations, and then pursuing all such examples of shared benefit (even if it is only of indirect benefit to the Institute), member engagement should be enhanced.

- **Strategic investment** in the Institute from external sources is required, both to fund individual member awards that align with priorities, and to cover the Institute's human resources and other operating costs involved in providing programs and services in priority areas that benefit the entire membership. The revenue secured for both financial awards and Institute operations comes almost entirely from philanthropic donations, and donors need to be convinced that the Institute supports research that is critically important to society, and that research might not occur if the Institute did not exist and make strategic allocations to its members. Making the case for philanthropic support in a field as broad and poorly understood as public health has been difficult, despite the assertion that O'Brien Institute members' work more directly and immediately contributes to societal impact than basic biomedical research, which has a better record of donor support at the University of Calgary. The Strategic Plan includes the Institute allocating its existing resources with diligence and discipline to its narrowed areas of focus and making the case, supported by University Advancement personnel, that the societal outcomes of the supported work merits additional strategic investment from donors.

Organizational Enablers are the assets cultivated or developed by the Institute to drive achievement of its strategic goals.

- A sense of **Community** amongst the membership is crucial to maintain, as the sharing of members' expertise and experience is the main value proposition of the Institute. The willingness of O'Brien members to support rather than compete with their colleagues is demonstrated by allocation of their scarcest resource (time!) to activities, projects, and team members that are not their own. This collegiality and 'good citizenship' have been commended by external stakeholders, and the Operational Excellence goal aims to honour this dedication of the members by offering seamless support and maximizing the intrinsic value of membership. The Institute community has also been described as an 'ecosystem'.

MEMBER OPERATIONS COMMITTEE
- Citizen Engagement
- Equity, Diversity, and Inclusion
- Peer Reviewed Research Funding
- Mentorship & Leadership
- Policy & Partnerships
- Research Impact Assessment
- Trainees

> 500 members &
> 500 affiliates

University centres

Research interest groups

Member initiatives

Alliances

Consortia

O'BRIEN INSTITUTE FOR PUBLIC HEALTH MEMBER ECOSYSTEM

O'Brien Institute ecosystem in 2021

- Building and maintaining external **Partnerships** as a collective, rather than as numerous smaller entities, is another benefit offered by the Institute. Many O'Brien Institute members have individually built effective collaborations and interactions with: cross-disciplinary and cross-sectoral colleagues; community agencies and non-governmental organizations; citizen, patient, and health topic societies; research organizations; municipal, provincial, and federal government representatives; health system decision makers; funding agencies; and philanthropists. As part of the Community ethos described above, individual members often share those peer-to-peer relationships – and the best practices of how to develop and maintain them – with the broader membership. The Institute can augment these individually developed partnerships through Institute-level stewardship. Other partnerships are developed by the Institute itself, through interactions at the institutional level, and the benefits then shared with members. In all cases, the importance of integrating the expertise of external partners with the Institute's (members') own expertise is acknowledged by the Institute, and emphasized as a means by which to tackle public health challenges.

- **Funding** for research has been identified as a top priority by members, so the Institute allocates a large portion of its operational budget to make catalytic or bridging awards to members. The

Institute targets small awards – usually in the range of $10,000 - $15,000 – in such a way as to encourage members to align their research activities with the goals and focus areas identified in the strategic plan. These awards help researchers begin their academic career, launch a new project, or take on supervision of a postdoctoral fellow. Larger amounts are thought to be counterproductive, reducing a researcher's motivation to compete for prestigious external funding, which is accompanied by valuable feedback from national and international peers. Guidelines for the O'Brien funding programs encourage inclusion of matching funding from partners for the proposed work's budget, and confirm the expectation that the Institute award be used to leverage significantly larger external funding applications. As a result, the Institute's funding programs have consistently yielded at least ten-fold return on investment; for example, an award of $10,000 typically contributes to the member securing external award(s) totalling at least $100,000.

- **Programs and Services** offered by the Institute provide broader-reaching support of the membership than is feasible through funding awards. The Institute's human resources manage programs that support knowledge - generation, - translation, and - exchange; professional development; and networking. The O'Brien Institute flagship program is the internal peer review suite of programs, designed to help members make their external funding applications highly competitive. For many members, even their salary commitments from the University are contingent on their ability to leverage external funding, so programs supporting success in external competitions are extremely important. Internal communications activities help synergize the broad membership, and support efforts to disseminate their disciplinary expertise. The academic excellence built through such programs is seen as a precursor to the ultimate goal of societal impact; the Institute's externally-facing communications activities and services are key enablers for knowledge exchange, which is in turn a requirement for research outputs to have societal outcomes. Optimizing the Institute's traditional and social-media outreach, including news stories, op-eds, and public-facing events, is therefore a commitment to achieving societal impact.

Our Values inform the 'rules of engagement' with which all Institute activities are undertaken.

- **Collaboration** as a value acknowledges that any one researcher or research team is unlikely to be able to make significant progress against the challenging, multifactorial issues inherent to public health. The Institute serves as a platform through which to identify, assemble, and maintain appropriate groupings of disciplinary expertise, methodological approaches, and theoretical frameworks to support its goals and focus areas. Removing barriers that discourage collaborative activities across sectors (academic, health system, public, industry, *etc*) and between health services and population health research is an important value proposition for the Institute.

- It requires **Courage** to investigate and speak out about contentious topics, which are rife in the field of public health. The Institute's research mandate covers an extremely broad variety of topics, most of which are personally significant to most members of society, and these topics are therefore subject to strong and often unpredictable opinions. Generating and sharing research

results can be intimidating when the results don't align with the beliefs of others – including members of the Institute, University, health system, community partners, government, and society – but objective data encourages progress on these challenging issues. It also requires courage to take on the most complex and important societal problems, in which clear 'wins' are hard to achieve, when it would be easier to ask smaller, more incremental questions. The Institute structure is useful when it can mitigate some of the risk in these situations, and bolster the willingness of members to take on such ground-breaking propositions.

- Authentic **Engagement** of the populations the Institute works to serve – local and global citizens who are impacted by the social determinants of health, including users of health care systems – is a critical element of translating research into improved health. The time and effort required of researchers to build and maintain effective and respectful two-way dialogue with various populations is often not recognized or rewarded in the academic setting, nor in the environments of some external partners. The Institute supports engagement by advocating for its value within academia and externally, and helping individual researchers steward their important relationships.

- The Institute supports **Innovation** by encouraging members to "think outside the box" and then execute within the boundaries of rigorous research theories and methods; it focuses most of its internal investments on new ideas and new researchers. Social Innovation is a concept ideally suited for support within the Institute, as it invokes system transformations that benefit society more so than individuals, based on deep understanding of social needs, and balancing service and intellectual outputs and outcomes.

- Because misinformation has become a serious challenge to public health**,** the Institute strives to become a trusted source of wisdom, known for its **Integrity**. It is not usually feasible to determine a consensus between such a large group of independent members, so the Institute does not usually participate in advocacy. Instead, the Institute supports its members to conduct their work honestly, openly, and ethically, and to then inform public opinion in a professional and unbiased manner.

- The Institute embraces **Plurality** as a means to improve public health, acknowledging the health implications of social justice, but also as a means to support research excellence, acknowledging that the best ideas and the best work arises from inclusive and equitable groups of people with a variety of genders, races, nationalities, lived experiences, abilities, expertise, and career stages. The Institute aligns with newly emerging theoretical frameworks and best practices that promise to further public health work in this area.

Operational Plan

The Institute's approach to operationalizing the Strategic Plan borrows from the concept of Objectives and Key Results (OKRs), which is a goal framework popularized by venture capitalist John Doerr in the book "Measure What Matters".

The four goals are being championed by one of the Institute's four directors, and all members of the Institute team are using OKRs to support the focus areas, strategies, aims, activities, deliverables, and measures of success tabulated below.

Better Health Care:

Focus Areas	Learning Health Systems	Digital Health
Strategies	Establish a health system partnered program to embed research into health care delivery to foster continuous quality improvement and innovation	Expand our capacity to adapt, evaluate and implement digital technologies for better health care
Objectives (deliverables)	Institute program/platform to standardize, socialize, and regularize health system partnerships	Digital health research supported by Institute
Key results (activities)	Health system leads approached to inform program/platform; program/platform created, trialled, launched	Digital health researchers, programs, and projects identified and supported; plans for new project and programs determined
Measures of success (with timelines)	# research activities informed by healthy system partner input (June 2024), tracked annually	# digital health research activities; DORA-aligned success metrics for digital health research defined (June 2023) and tracked (ongoing)

NB: DORA = Declaration on Research Assessment, of which the University of Calgary is a signatory. The Institute will make use of the DORA best practices supported by the University to determine appropriate metrics (academic plus societal impact).

Healthier Populations:

Focus Areas	Equity	Prevention
Strategies	Establish a health equity hub that fosters collaborative intersectional research to address the upstream determinants of population health inequities	Enhance research that examines the underlying causes of morbidity and mortality in populations across all ages and that identifies and accelerates the use of prevention strategies to improve population health
Objectives (deliverables)	Equity Hub curates and synergizes the Institute's relevant population health research activities	Upstream intervention/prevention research supported by Institute
Key results (activities)	Relevant members, programs, and projects identified and supported; plans for new project and programs determined	Prevention researchers, programs, and projects identified and supported; plans for new project and programs determined
Measures of success (with timelines)	# members using Hub (June 2024); DORA-aligned success metrics defined (June 2023) and tracked (ongoing)	DORA-aligned success metrics for Prevention research defined (June 2023) and tracked (ongoing)

Thought Leadership:

Focus Areas	Knowledge exchange	Innovation	Evidence informed policy
Strategies	Establish a knowledge exchange strategy that brings academic scholars together with citizens, health practitioners, governments, businesses, and non-governmental organizations to collectively tackle public health challenges	Grow a public health innovation ecosystem to increase the impact of our research	Bring geographically distributed experts together into a virtual health policy centre to advance evidence informed considerations of health in all policies
Objectives (deliverables)	Institute program/platform to standardize, socialize, and regularize community engagement	Internal (W21C) and University (Innovate Calgary; Social Innovation Initiative; etc) innovation ecosystem relevant and accessible to Institute members	Demonstration project completed; Centre for Health Policy launched
Key Results (activities)	Community leads approached to inform program/platform; program/platform created, trialled, launched, and scheduled regularly	Information sessions and Institute programming optimized to support innovation best practices	Launch Centre for Health Policy; secure Scientific Director; operationalize member programming
Measures of success (with timelines)	# research activities informed by community input (June 2024), tracked annually	# members using UofC or Institute innovation support programming (annually)	DORA-aligned success metrics defined (June 2023) and tracked (ongoing)

Operational Excellence:

Focus Areas	Increase capacity for research excellence		Enhance the value of membership	Strategic investment
Strategies	Optimize programs and services	Lead and support talent recruitment, development, and sustainability initiatives so that members can build on their own success and the success of the institute	Increase member engagement by aligning our goals, programs and services with member needs	Acquire and allocate resources to maximize impact
Objectives (deliverables)	Existing programs improved / programmatic gaps filled	Recruits align with Institute goals / Members' success increases	Members increasingly engage with and benefit from Institute ecosystem	External funding exceeds operating costs
Key Results (activities)	Review / revision of all programs	Institute-influenced faculty and departmental recruitments / Member academic- and career- development programs prioritized	Institute ecosystem clarified and socialized within membership	Philanthropic prospects identified and approached; operating costs limited; ROI on allocation to members maximized
Measures of Success (with timelines)	Program user satisfaction surveys (end 2023 + ongoing)	# faculty recruited to Institute priorities; DORA-aligned member success metrics defined (June 2023) and tracked (ongoing)	# members participating in Institute events, networks, and programs (ongoing)	Operating spend-down decreases while revenue increases (annually); average 10x ROI on member allocations maintained (annually)

Key Performance Indicators

NOTE: The content below was created by Framework, for the six Goals (1A-2C) they developed during the exercise, which do not align exactly with the four goals presented in the Institute's final strategic plan (page 3-4). Many of the measures suggested below have been adopted within the "measures of success" lines in the operational plan presented above, while others are maintained here for historical purposes. Minor editing has been done to address gaps in content and readability.

Key Performance Indicators (KPIs) are the measures used to gauge actual results against the goals and key success factors. They measure the broader outcomes the goals are striving to achieve, and not the specific results that will be delivered. Accordingly, they are matched against goals, rather than objectives.

Goal 1A: Increase the capacity for research excellence

Performance measures for Goal 1A can be grouped into two segments: traditional academic measures, and other measures. There is also a recognition that the Institute has strong metrics in this area today, and that any KPIs that are employed will need to build on existing efforts. Traditional academic measures include:

- Number of publications (understanding the concept of impact is important, and therefore the Institute may want to target specific publications)
- Number of citations, again influenced by the impact of publications
- Number, value, and application success rate of tri-council and other funding agency grants
- Additional measures made possible through bibliometrics, including researcher impact factors, international and inter-disciplinary co-authorships, *etc*.

Other candidate measures include:

- Number of Institute trainees, graduates, and graduates securing research positions
- Number of the transdisciplinary members in researchers' teams
- Number of Institute members being recognized or awarded for research excellence
- Those compiled by Researchfish

Goal 1B: Enhance the value of membership

- Member GenSat / Engagement levels, as measured by the interpret comparability of the 'Top Two' metric using a seven-point Likert scale
- Event attendance
- Number of members who volunteer to participate in the internal peer review program and other Institute activities

Goal 1C: Focus on strategic public health issues

- Measure external <u>reputation</u>, as across a series of metrics including trustworthiness, content areas, and impact of member research
- Measure external <u>content</u> (i.e. what the Institute is known for externally)
- Promising growth areas / CIHR success rate (# of applications)
- Number of trainees in focus areas

- Number of grant applications in focus areas
- Consider [performance evaluation design and methods of the Gates Foundation](#)

Goal 2A: Increase policy impact

Supported by the understanding that some of the KPIs for other goals will also measure progress for this goal. KPIs include:

- Philanthropic funding in place to support a Health Policy Centre
- Strategic plan for Health Policy Centre in place
- Influence on health and health care delivery
- Track actions that result from policy change
- Built capacity among members regarding all O'Brien Institute products that are policy-related (number of workshop participants, policy briefs written, presentations delivered, etc.)
- Track the trajectory of research that informs health policy, has an impact, or causes change, such as legislation, funding, an increase in public awareness or discourse, and the amount of member research completed / published (recent example: The O'Brien Institute's role in fluoridation policy change)

Goal 2B Strengthen community engagement

- Media requests
  - Number of people at events; social media followers; news mentions (Communications team also uses metrics to track engagement at a tactical level)
  - Measure the monetary value of the media coverage, based on what the Institute would have had to spend to get a similar level of coverage or exposure
- Achievement of target relationships (after the assessment of current relationships, identify gaps, sunset some existing relationships and establish what relationships should be pursued)
- Number of collaborative events (with community attendees and including community participation / involvement)
- Community-based engagement efforts (events, training, research capacity, networking)
- Creation of community engagement strategy
- Development of relationships that extend beyond existing relationships

**Goal 2C Increase influence and reach in public health**

- Canada Research Chairs secured
- Mobilizing/ translating members' research to "influence" policy
- New collaborations (international / local) with more focus on co-creation
- Knowledge mobilization strategy developed
- Knowledge transfer training / workshop participation
- Knowledge transfer / mobilization mentoring delivered
- Work proactively with the Institute's research groups to ensure they are better integrated and aligned to The O'Brien Institute (build strategies to strengthen)
- Outcomes / success of internal peer review and other mentoring and career development activities
- Assess the success of The O'Brien Institute using performance metrics (identify metrics, collect data, report)

APPENDICES

- Based on advice from colleagues and web searches, the Institute's Interim Scientific Director, Interim Associate Scientific Director, and core team members considered a dozen potential contractors to assist the Institute with its first strategic planning exercise, and several of these were invited to respond to University's 'bid process'.

- Ten potential contractors responded to the University's August 2020 Request for Proposal, and Framework Analytics Inc. was selected, with an agreement start date of October 22, 2020.

- Preparatory work by the Institute's core team, to inform the process of Framework Analytics Inc., included:

  - striking a working group in early November, 2020, including the Scientific Director (Tom Stelfox), Associate Scientific Director (Christine Friedenreich), Administrative Director (Jamie Day), Manager of Operations (Marie-Claude Proulx), Manager of Strategic Communications (Pablo Fernandez) and members (Claire Barber, Karen Benzies, Turin Chowdhury, Kirsten Fiest, Katrina Milaney, Lara Nixon, Sachin Pendharkar, and David Strong); the group met six times between December and April 2021, including a situational assessment half-day retreat on January 22, 2021.
  - socializing the strategic planning exercise at the (virtual) November 3 Institute Town Hall.
  - refreshing the Institute members' metrics of success to the end of 2020 (see Appendix 3).
  - compiling situational analysis and environmental scan elements, included in this document as Appendix 4.

- Framework Analytics Inc. process included:

  - Conducting an Institute-wide online survey of the membership, from December 22, 2010 – January 24, 2021 (which received 313 responses); see Appendix 2.
  - Conducting a separate survey of the Institute's Strategic Advisory Board in the same timeframe (which received 18 responses).
  - Conducting one-on-one telephone interviews with selected stakeholders in that same timeframe.
  - Developing several outputs from the information outlined above, including a situational assessment (Appendix 5) and a SWOT analysis (Appendix 6).
  - Facilitating various iterative discussions (working group, board, membership), informed by the information outlined above, regarding the Institute's situation, values, desired future, mission, vision, goals, strengths, weaknesses, opportunities and threats.

- Working group visioning exercises based on the questions: "what would you do if money was not an issue?" and "what is your dream 20th anniversary 'cover story'?"
- Creating a first draft of the strategic plan.

The O'Brien Member and Affiliate Engagement Survey
Preliminary Report
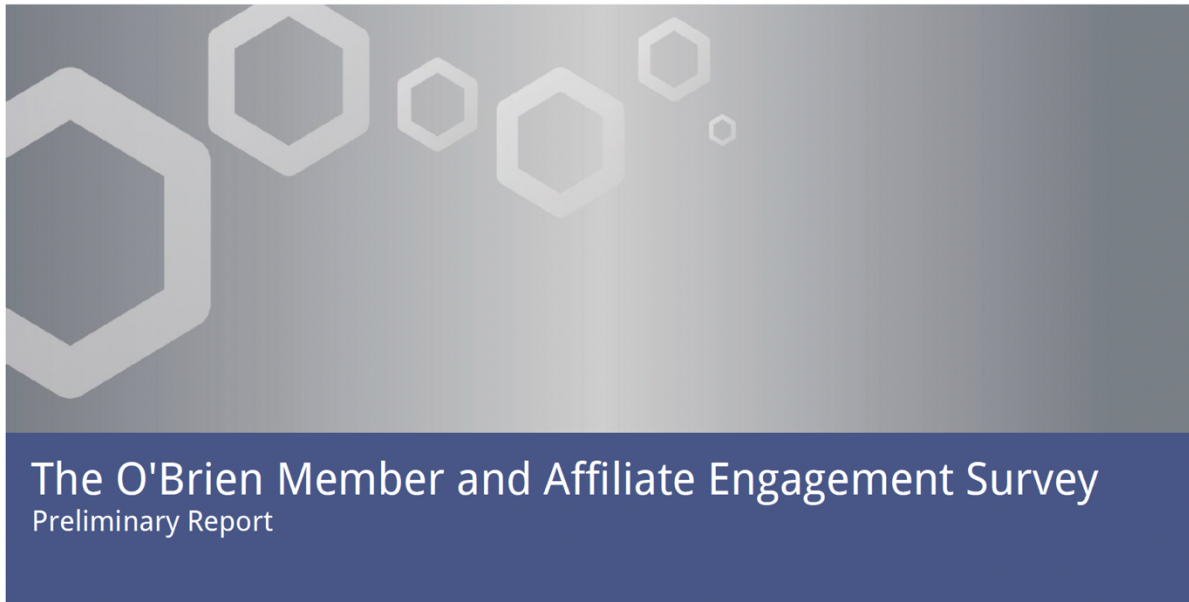
UNIVERSITY OF CALGARY
O'Brien Institute for Public Health

Framework

Prepared by Framework Partners Inc. January 2021
Field Dates: December 22, 2020 to January 22, 2021

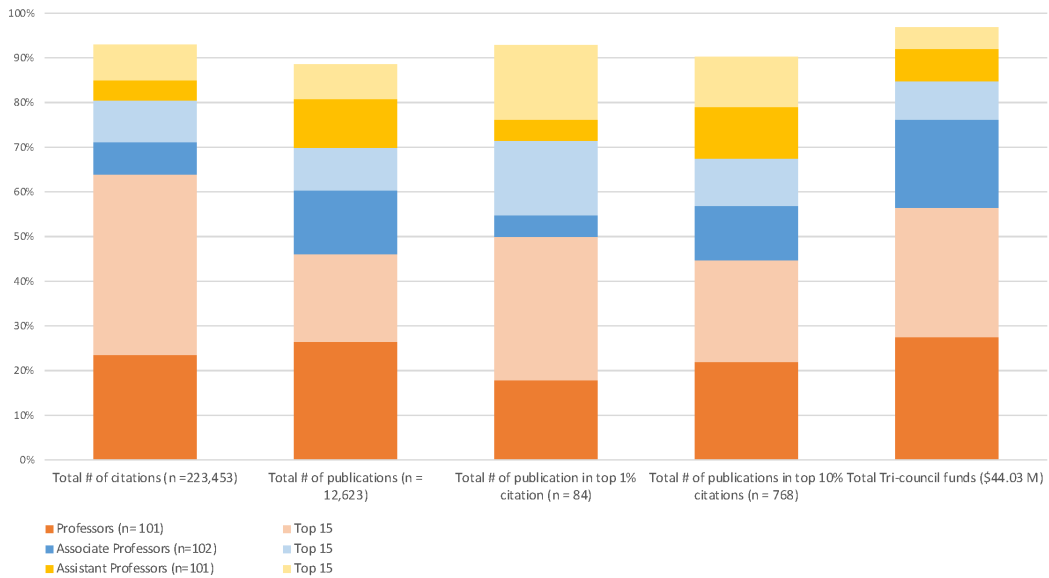Report Date: January 20, 2021

Read the survey report here.

O'Brien Institute Metrics

Summary presentation Jan 2021

Marie-Claude Proulx – Project Coordinator

Jan 22, 2021

UNIVERSITY OF
CALGARY

O'Brien Institute's members research outputs 2015-2020

- 516 members, 424 actively publishing members

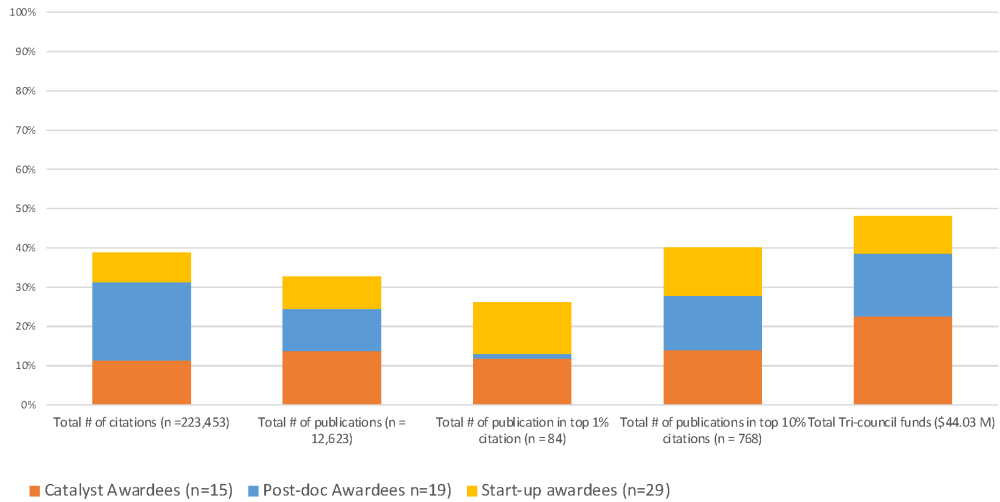|	Number of member (n)	Total # of citations (n)	Total # of publications (n)	# of publication in top 1% citation (n)	# of publications in top 10% citations (n)	Total Tri-council funds *only 2017-2020**
Total	424	223,453	12,623	84	768	$ 44,028,375
CSM	232	183,868	8,996	68	573	$ 35,935,778
Arts	21	2,379	303	2	29	$ 824,864
Vet Med	12	4,921	497	2	16	$ 1,378,870
Haskayne	4	102	24	0	0	$ 112,000
Kinesiology	8	5,095	337	1	44	$ 1,062,727
Nursing	18	1,293	239	0	3	$ 387,576
Social Work	14	1,589	272	0	9	$ 730,769
AHS	62	10,827	885	7	46	$ 1,914,410
SPP	3	309	53	0	4	$ 121,486
Werklund	3	114	28	0	0	$ -
Law	1	10	4	0	0	$ -
Schulich	1	31	2	0	0	$ -
SAPL	1	49	5	0	0	$ -
Others	43	12818	967	4	44	$ 1,559,895

* For publishing members with appointment at UCalgary

2

O'Brien Institute's members research outputs 2015-2020:
By rank

Professors (n=101) | Top 15
Associate Professors (n=102) | Top 15
Assistant Professors (n=101) | Top 15

3

O'Brien Institute's members research outputs 2015-2020:
By Investments of the Institute

■ Catalyst Awardees (n=15)   ■ Post-doc Awardees n=19)   ■ Start-up awardees (n=29)
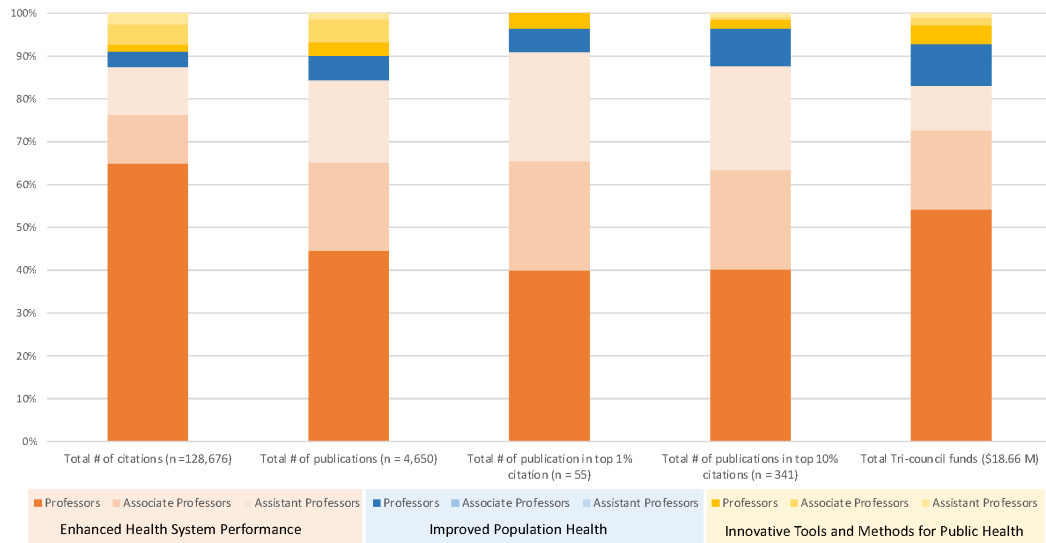
4

The green grid as a reference...

Themes	Enhanced Health System Performance	Improved Population Health	Innovative Tools and Methods for Public Health
Research priorities	• e-health • System optimization	• Vulnerable populations • Healthy cities	• Data science • Mixed methods
Examples	• EMR • Transitions in care • Community based healthcare	• Housing and health • Aging well • Opioid harm reduction • Cannabis legalization • makeCalgary	• Applying big data • Artificial intelligence • ICD-11 development • Defining patient experience
Strategic approaches	Enabling and promoting impactful public health research		
	Establishing the Institute as an impartial knowledge broker and thought leader		
	Supporting the University's public health training mandate		
	Pursuing policy impact		
	International partnerships & collaborations		

5

O'Brien Institute's "Top 45" members research outputs 2015-2020: Alignment to Institute themes

| | Professors | Associate Professors | Assistant Professors | Professors | Associate Professors | Assistant Professors | Professors | Associate Professors | Assistant Professors |
| Enhanced Health System Performance | | | | Improved Population Health | | | Innovative Tools and Methods for Public Health | | |

6

O'Brien Institute's "Top 45" members profile:
Alignment to Institute Research priorities

O'Brien Institute's members profile:
Alignment to Institute Research priorities – Keyword search on CSM dashboard

O'Brien Institute's members profile:
Alignment to Institute Research priorities – Keyword search on CSM dashboard

Category	Value
policy	190
population health	42
mixed methods (use of)	52
data sciences	8
vulnerable populations	55
healthy cities / built environment	30
system optimization (health system, health care delivery)	105
e-health	10

9

O'Brien Institute's members research outputs 2015-2020:
CIHR/SSHRC and NSERC recipients

- Hayskane (n=6): 2 NSERC recipients = $112,000
- Vet Med (n=12): 2 NSERC recipients = $1,361,000
- Werklund (n = 4): 1 SSHRC recipient = $16,106
- Social Work (n=15): 2 CIHR = $164,000 & 9 SSHRC recipient = $837,000
- Nursing (n = 20): 3 CIHR recipients = $380,000
- Kinesiology (n = 8): 4 CIHR = $913,000 ; 4 SSHRC = 171,000 & 1 NSERC recipient = $75,000
- CSM (n = 251): 80 CIHR = $32,283,000 & 7 SSHRC = $787,000 & 6 NSERC recipients = $392,000
- Arts (n = 21): 4 CIHR = $408,000 & 5 SSHRC recipients = $416,000

■ # of CIHR recipients ■ # of SSHRC recipients ■ # of NSERC recipient

10

O'Brien Institute's members research outputs 2015-2020:
CRC recipients

Primary Faculty of Members holding a CRC

Global Urban Studies &
Food Marketing, Policy
and Children's health

Disability policy for
children and youth

Patient and Family
Centered Cancer
Survivorship

Rheumatoid Arthritis
and Autoimmune
Diseases

Concussion

| Policy | Arts | Nursing | Medicine | Kinesiology |

■ Members (n)

11

4a) O'Brien Institute member keywords in publications (SciVal - created word cloud based on Institute member publications to 2020)

4b) Number of member publications up to 2020, with strong alignment to CIHR's main categories (tracked in SciVal)

CIHR Main Category	Total Member Publications
Health Services and Systems	1017
Population and Health	477
Cardiovascular, Respiratory and Circulatory Systems	307
Reproduction and Development	209
Cancer	173
Mental Health and Behavioural Conditions	169
Digestive, Endocrine and Excretory Systems	162
Neurosciences	148
Youth Health	120
Health Determinants	118
Musculoskeletal Health	113
Health Services and Systems / Population Health	81
Aging	63
Immunology and Infection	31
Sex-and-Gender Health	13

4c) Alignment of member research with CIHR's 19 themes and 94 subthemes

| No alignment | Some alignment | Good Alignment | Excellent alignment |

CIHR THEME	CIHR SUBTHEMES								
Cancer	Cancer Drug Development and Therapeutics	Cancer Progression and Metastasis	Clinical Oncology	Mechanisms of Carcinogenesis	Pediatric Cancer				
Cardiovascular, Respiratory and Circulatory Systems	Cardiovascular and Circulatory Sciences	Clinical and Translational Cardiovascular Sciences	Hematology	Respiratory Sciences	Respiratory System Pathologies and Clinical Interventions	Vascular and Endothelial Biology	Cerebrovascular Sciences (including Stroke)		
Commercial-ization	Intellectual Property	Technology Transfer	Industry Research & Development	Venture Capital & Financing					
Digestive, Endocrine and Excretory Systems	Endocrinology	Gastroenterology and Hepatology	Metabolism and Disease (including Obesity, Diabetes and Metabolomics)	Nephrology and Urology	Nutritional Health Sciences				
Genetics	Clinical Genetics	Genomic, Transcriptomics and Proteomics	Molecular and Functional Genetics and Epigenetics	Bioinformatics					
Health Determinants	Environmental Determinants of Health	Etiology of Disease and Conditions	Epidemiology						
Health Services and Systems	Access to Care	Healthcare Effectiveness & Outcomes	Healthcare Information Technology Research	Healthcare Safety & Quality Improvement	Healthcare Systems and Healthcare Economics Research	Knowledge Translation Research and Implementation Science	Management of Chronic Diseases and Conditions	Patient and Citizen Engagement Research	Personalized Medicine	Emergency Care and Critical Care
Immunology and Infection	Antimicrobial Drug Resistance, Drug Discovery and Therapeutics (including vaccines)	Antiviral Drug Resistance, Viral Vaccine Development and Therapeutics (including vaccines)	Immunology and Autoimmune Diseases (including rheumatology)	Microbiology and Pathogenesis (including Microbiomics)	Transplantation, Immune Tolerance and Tumor Immunology	Virology	Infectious Diseases		

Category									
Indigenous Health	Indigenous People's Health	Indigenous Knowledge							
Mental Health and Behavioural Conditions	Mental Health and Addiction	Psychology and Psychiatry	Applied Behavioural Neurology						
Methods Development and Modelling	Computational Biology	Qualitative Methods Development for Health Research	Quantitative Methods Development for Health Research	Biostatistics					
Molecular, Cellular and Systems Biology	Biochemisty	Cell Biology and Physiology	Cell Differentiation	Cell Signaling	Molecular Biology	Structure and Function of Macromolecules	Systems Biology		
Musculo-skeletal Health	Bone, Skin and Cartilage Sciences	Oral Health	Skeletal Muscle Biology and Physiology	Rehabilitation and Physical Therapy					
Neuro-sciences	Cognition, Communication and Behaviour (including sleep and memory)	Neurogenesis, Neuro-differentiation and Plasticity	Neuro-development	Neuro-inflammation	Neuro-degeneration	Neurological Disorders	Neural Circuts and Systems	Neural Excitability and Synapse	Sensory Systems (including visual, auditory and pain)
Pharmaco-logical, and Pharmaceut-ical Sciences	Drug Action, Toxicology and Metabolism	Drug Discovery, Design and Delivery	Translational and Clinical Pharmacology						
Population and Health	Global Health	Health Equity	Health Promotion and Disease Prevention	Humanities and Social Sciences in Health and Health Research	Ethical, Legal and Social Issues in Health, Health Systems and Health Research	Population Health Intervention Research	Psychosocial, Sociocultural and Behavioral Determinants of Health	Nutritional Health Sciences	
Reproduction and Development	Clinical Embryology, Neonatology and Pediatrics	Developmental Biology and Organogenesis	Fertility and Maternal Health	Reproductive Sciences					
Sex-and-Gender Health	Sex-and-Gender-Based Analysis - Clinical, Health Systems and Population Health Research	Sex Difference in Cells, Tissues and Animals							
Youth Health	Environmental, Development and Social Factors	Prevention, Treatment and Support							

Note: In the Neurosciences row there is an additional entry "Motor Systems" appearing as a tenth column.

4d) CIHR themes and subthemes that are well aligned with O'Brien Institute member research

Health Services and Systems	Population and Health	Aging
Access to Care	Global Health	Geriatric Medicine and Health Sciences
Healthcare Effectiveness & Outcomes	Health Equity	Palliation & End of Life Care
Healthcare Information Technology Research	Health Promotion and Disease Prevention	Social Determinants in Aging
Healthcare Safety & Quality Improvement	Humanities and Social Sciences in Health and Health Research	**Health Determinants**
Healthcare Systems and Healthcare Economics Research	Ethical, Legal and Social Issues in Health, Health Systems and Health Research	Environmental Determinants of Health
Knowledge Translation Research and Implementation Science	Population Health Intervention Research	Etiology of Disease and Conditions
Management of Chronic Diseases and Conditions	Psychosocial, Sociocultural and Behavioral Determinants of Health	Epidemiology
Patient and Citizen Engagement Research	Nutritional Health Sciences	**Indigenous Health**
Personalized Medicine		Indigenous People's Health
Emergency Care and Critical Care		Indigenous Knowledge

4e) Other organizations – environmental scan

Organizations deemed relevant comparators and aspirational role models for the O'Brien Institute were considered, *via* information available on their webpages, according to the following criteria: vision statement, mission statement, values, key priorities/themes, research groups/platforms, key words, number of members, structure, services, funding sources, annual operational budget, business model, scale/scope, (geographic) areas of operation, key partnerships, high profile work, media/major press.

The following organizations were scanned, and the findings were compiled and considered by the working group.

- Alberta Health Services Primary Health Care Integration Network
- Alberta Health Services Strategic Clinical Networks (not exhaustive)
  - Diabetes, Obesity and Nutrition
  - Emergency
  - Provincial Addiction and Mental Health
  - Provincial Population, Public and Indigenous Health
  - Provincial Seniors Health and Continuing Care
- Alberta Innovates
- Alberta Strategy for Patient Oriented Research SUPPORT Unit
- Ariadne Labs
- Canadian Association for Health Services and Policy Research
- Canadian Institute for Health Information
- Canadian Institutes of Health Research
  - Institute for Health Services and Policy Research
  - Institute for Population and Public Health
  - Strategy for Patient-Oriented Research
- Canadian Public Health Association
- Dalla Lana School of Public Health
- George Institute
- Harvard T.H. Chan School of Public Health
- Institute for Clinical Evaluative Sciences
- John Hopkins Bloomberg School of Public Health
- Kaiser Permanente
- London School of Hygiene and Tropical Medicine
- Manitoba Centre for Health Policy
- McGill School of Population and Global Health
- McMaster Health Policy Forum
- PATH
- Public Health Agency of Canada
- University of Alberta School of Public Health
- University of British Columbia Centre for Health Services and Policy Research

- University of Calgary
  - Alberta Children's Hospital Research Institute
  - Arnie Charbonneau Cancer Institute
  - Hotchkiss Brain Institute
  - Libin Cardiovascular Institute of Alberta
  - McCaig Institute for Bone and Joint Health
  - School of Public Policy
  - Snyder Institute for Chronic Diseases
  - UCCities Global Urban Research Group

APPENDIX 5: Situational assessment conducted by Framework Analytics Inc

The purpose of the situational assessment was to develop an unbiased and accurate understanding of the O'Brien Institute's current circumstances, upon which to build its strategic vision. The secondary objective of the situational assessment was to be inclusive in the strategic planning process, so that all vested stakeholders had an opportunity to contribute to the emerging strategic vision of the Institute. Accordingly, Framework undertook an extensive research process which included:

- Detailed stakeholder interviews with:
  - the Directors
  - the naming sponsors
  - members of the Strategic Advisory Board
  - staff members
  - members-at-large
  - Executive Committee members
  - the Dean of the Cumming School of Medicine
  - representatives from Alberta Health Services
- A full survey of all members of the Strategic Advisory Board
- A full survey of all Institute members and affiliates

The following is a brief summary of the comprehensive research report.

On behalf of the O'Brien Institute for Public Health, a member and affiliate engagement and expectation survey was conducted in January 2021. Of the potential 1,150 participants, responses were received from 316 members and affiliates, with a response rate of 28 per cent and a completion rate of 78 per cent. This participation level is consistent with a margin of error of plus or minus 5 per cent, 19 times out of 20.

While it would have been more effective to receive 400 responses to the survey, the survey did surpass the base level expectation of 300 responses.

The major findings of the survey include :

- **General satisfaction**. The overall general satisfaction (GenSat) score was 66 per cent (top two). Scores were highest among affiliates (77 per cent), followed by members (63 per cent). The overall score of 66 per cent is a passing grade, but unfortunately leaves some room for improvement. Comparatively, one would generally expect to see a GenSat of between 75 per cent and 85 per cent for high-performing organizations. It is important to note that the GenSat scores received vary significantly by segment.

  - GenSat scores are highest among new members, with a seven-point gap when compared to those members who have been with the Institute for more than five years.

  - GenSat scores are highest among those who are either associate professors or assistant professors, and were the lowest among research associates and trainees.

  - GenSat scores are highest among those respondents who are in their 20s and lowest among those who were in their 70s (30 point swing). GenSat scores are highest among those who identify as female, when compared to those respondents who identify as male (10 point gap).

- GenSat scores are highest among those respondents who indicated that they are new to research or the academic sector (but who are committed to pursuing a long-term career in the sector), compared to those who indicated they want to retire or wind down their research career. Most respondents indicate that they are content with the current scope of their research career, a finding that may inform the engagement issue described below.

- **Engagement**. The survey reveals a significant disconnect between engagement and general satisfaction. In general, with surveys of this nature one would expect to see a strong correlation between the two metrics. While there is some correlation (0.6), it is not as high as one would normally expect. On an overall basis, engagement scored just 30 per cent. This means that fully one-third of Institute members indicate that they are satisfied with the programs and services provided by the Institute, but that they themselves are not engaged with the Institute. This prompts a question as to how satisfaction opinions are formed. Additional analysis reveals many members deeply respect the Institute, and want the Institute to succeed, but that they themselves do not have a use or purpose for the programs and services offered by the Institute.

  It is reasonable to conclude that there is a significant engagement issue between the Institute and its members. In fact, when a follow-up question was asked about what would help members become more engaged, almost 20 per cent of the respondents indicated that they are as engaged as they want to be. A further 10 per cent noted there was nothing the Institute could do that would make them more engaged.

- **Familiarity breeds satisfaction and engagement.** Those respondents who attend more then three Institute activities annually (internal peer review, funding applications, events, seminars, etc.) have far higher levels of engagement and satisfaction.

- **Brand.** Despite the findings noted above, the Institute has a very positive brand image. As the word cloud below demonstrates, most attribute the Institute as having the following brand characteristics: collaborative, community, inclusivity, engaged, innovative, impactful, supportive, network, and relevant—all of which are highly sought-after brand attributes.

- **The desire for a renewed and engaging strategic vision.** Only 36 per cent of respondents indicated they are knowledgeable about The O'Brien Institute's strategic objectives and goals. Further, only 47 per cent agree with the following statement: *"The O'Brien Institute has had measurable success in working towards its strategic goal of stakeholder engagement."* More than one-third of members do not agree to the Institute is making progress towards its existing strategic vision, and more than one-quarter of members agree that The O'Brien Institute is making progress towards its strategic mission.

- **Strategic priorities**. Institute members note that, by far, the two most important strategic priorities for the Institute should be "leading courageous conversations" and "building and maintaining strong government and public policy maker relationships."

- **Critical mass of content and methodological expertise.** There is one area where the membership believes that The O'Brien Institute has a critical mass of members to become a national or international leader: the area of data science and infomatics.

- **Remember priorities.** When asked which of a series of O'Brien Institute programs and services and benefits are important to them, the membership responded with:

  - Networking opportunities
  - Catalyst and bridge grants
  - Postdoctoral fellowships
  - Access to research groups and centres
  - Member events

  These priorities vary significantly by segment, but in general one can conclude that the membership's priorities focus on those programs and services that have an immediate benefit to the member's needs. Through the stakeholder interviews, it became apparent that most members are highly engaged and extremely busy professionals, a factor which causes them to prioritize the items that will most benefit their busy careers. If The O'Brien Institute is to prioritize providing those services the members value the most, it must be mindful of what is important to the members, rather than thinking what might best benefit the Institute itself.

- **Expectation gaps.** In a highly unusual finding, The O'Brien Institute has a significant positive expectation gap rate across the 11 groups of programs and services that were considered during this research. This is particularly uncommon, especially in resource-constrained environments where organizations do not have sufficient financial support to adequately fund all of their strategic priorities. The biggest expectation gaps are in the areas of postdoctoral fellowships, mentorship opportunities, and catalyst and bridge grants. This once again demonstrates the importance of supporting the membership in the areas that are the most important to them.

- **Challenges facing the membership.** When asked about the biggest issue or problem they were trying to solve right now, one-third of participants cited access to grants and funding. The next two most significant challenges are in the areas of time management, career or tenure issues. One can conclude that The O'Brien Institute is judged by its membership on its ability to support them where and how they need that support. Further, when respondents were asked what was the main thing that they would like to achieve in the coming year, 22 per cent responded increased grants and funding, while only 17 per cent mentioned publishing, publications or papers.

APPENDIX 6: SWOT analysis conducted by Framework Analytics Inc

The purpose of this SWOT analysis was to study the internal and external environments for the O'Brien Institute, through the identification and analysis of the strengths and weaknesses of the organization, as well as the opportunities and threats to which it is exposed. This SWOT analysis also identified factors that influence the functioning of the Institute, which in turn inform the strategic planning process.

Internal strengths:

The strengths cited by the participants in the situational assessment

Strengths (internal to the organization): Organizational characteristics that provide an advantage and which enable success. The perceived strengths of The O'Brien Institute are very positive and are consistent throughout the research with respect to the Institute's reputation, culture and leadership. Strengths include:

- The professionalism and competence of staff at The O'Brien Institute, particularly with respect to customer (member and affiliate) service and responsiveness.

- The full suite of O'Brien Institute programs:

  - Grant / research application support and internal peer review programs.

  - Support and fostering of research excellence / mentoring programs.

- The multidisciplinary nature of the 500 full members

- Innovative events and seminars, which enable and encourage interaction between the members, provide networking opportunities and which are perceived as proactive learning opportunities.

- The membership itself is thought to be a strength, as the membership is large and extremely engaged in their research.

- Some participants in the research have indicated that The O'Brien Institute's breadth of focus is a strength, though it must be noted that this opinion is not held by all participants.

- Many believe that The O'Brien Institute's collaborative community, or 'research ecosystem', and the collaborative attitude of many members of that community create opportunities to network and work with other researchers.

- The O'Brien Institute's communication efforts, which focus on Institute activities and promising research, is seen as a healthy strength.

- The past and current leadership of The O'Brien Institute is seen by all as a robust and performative strength.

- The O'Brien Institute's record of fostering research collaboration.

- The O'Brien Institute is trusted by policy makers, reinforcing a strong reputation and brand.

- Functioning at the interface of the University and society, and at the interface between different faculties, the O'Brien Institute occupies a unique, highly productive and effective space.

Internal weaknesses:

The weaknesses cited by the participants in the situational assessment

Weaknesses (internal to the organization): Organizational characteristics that place it at a disadvantage, and which are barriers to success. Though the perceived weaknesses of the O'Brien Institute are considered by many to be small when compared to the Institute's strengths, they include:

- A lack of member engagement / member outreach. While most are generally satisfied with the efforts of the Institute, there is a significant lack of member engagement, as cited by the members themselves.

- There is a lack of clarity around identity or understanding 'who' the Institute is. There is also a lack of a clear strategic focus going forward.

- Some perceive that the Institute places greater emphasis on 'healthcare', rather than prioritizing 'public health'.

- While many recognize that The O'Brien Institute is the only research institute at the University of Calgary's Cumming School of Medicine that enables interfaculty collaboration, there is also an awareness that more could be done to encourage inter-organization and inter-faculty collaboration.

- Some participants in the research indicated that their specific needs were not always met by the existing suite of programs and services. *(Please note that this is not to say that the existing suite of programs and services are not well thought of, or that they are not delivering value, because they are. Instead, this comment is an indication that not all members have found programs and services to meet their needs because their needs are very specific to them).*

- Many believe that there is an opportunity to advance the Institute's strategic position with respect to government relations. Many stated that they would like to learn how to better promote their own research to policy makers, and that there may be an opportunity to leverage the Institute's strong reputation by increasing the promotion of members' research.

- Externally targeted communications are seen as being not as well read or considered by external audiences as some internal stakeholders would like.

- Some respondents have indicated that there may be an opportunity to improve the institute's performance regarding inclusiveness

- There may be an opportunity to improve or increase opportunities for professional collaboration.

- Most members and affiliates judge any research institute by its ability to directly benefit them in their professional work. Therefore, an oft-stated need from the Institute is to provide or enable access to research funding beyond what is available today. Member satisfaction and member engagement are inextricably connected to funding.

- Some respondents to the research indicated that the overall strategic focus of the Institute did not always align with that member's research focus.

- Perhaps the largest concern expressed by almost all research participants is the funding for—and operational sustainability of—the Institute itself. There is a concern that the Institute does not have sustainable funding beyond a three-year horizon, and that a sustainable long-term operational model is not currently seen.

External opportunities:

The opportunities cited by the participants in the situational assessment

Opportunities (external to the organization): Elements that, if successfully pursued, could create space for the organization to pursue its larger mission. There is no lack of perceived opportunities for the O'Brien Institute. The list of opportunities includes:

- The primary opportunity, which aligns with the overall emerging strategic vision for the Institute, is to advance public health through research excellence. There are two elements of this opportunity that are pertinent: conducting excellent research and promoting the resulting evidence so that it has a measurable and real impact on public health.

- Leveraging the increased awareness of public health resulting from the global COVID-19 pandemic by exploring an opportunity to focus on 'de-siloing' research through multidisciplinary collaboration.

- Leveraging the Institute's perceived strength in producing data-driven public health research that influences public policy. Further, by focusing on the content areas of Artificial Intelligence, Big Data,

Infotech and/or Biotech, the Institute may be able to capture an opportunity that is not available in some other institutes.

- By focusing on external community engagement, the Institute may be able to further the impact of its members' research.

- By adhering to an EDI (equity, diversity, and inclusion) principle, the Institute may be able to explore opportunities that have been neglected by others who do not adhere to this principle or tenant.

- There seems to be an opportunity to increase collaboration with other like-minded research institutes, both nationally and internationally, through increased and planned collaboration.

- There were numerous mentions of the desire for a strategic focus on a content area. Some participants advocated for a strategic focus and funding into research of the social determinants of health. Others stated a desire for the Institute to support and advocate for public health research into the effects of climate change, while others simply ask for funding for their specific areas of public health research. All respondents believed their suggested content area was a promising opportunity, though there was no consensus as to the **most** promising content area.

- Some stakeholders cited the positive potential of economic transformation, noting that the disruption caused by the significant downturn in the Alberta economy over the past eight to 10 years may present an opportunity in the long term. As funding becomes available to support economic diversification, there may be an opportunity to obtain increased funding or support for the purposes of the Institute. Others believe that there is an opportunity to become a trusted and credible source of public health information for policy makers. It is important to state that these opinions were stated by few stakeholders but were not advocated for in either the strategic planning conversations or more broadly in the research conducted.

External threats:

The threats cited by the participants in the situational assessment

Threats (external to the organization): Elements, which, if not accommodated or planned for, will create barriers to success.

- Many participants in the situational assessment were concerned about the availability of sustainable funding for both the Institute and for the researchers who are members of the Institute. They anticipate challenges in Alberta due to the health of the economy, as well as government austerity measures.

- There is a significant concern voiced by many, including the Dean of the Cumming School of Medicine, that the primary challenge for the research community in Alberta will be the sustainability of the talent pool. World-class researchers follow world-class funding, and without the ability to fund researchers, there is a significant concern that the Institute (specifically) and the province (more generally), will experience a "brain drain."

- Many participants in the research, and many stakeholders who were interviewed, describe the concern that the Institute does not have a strong or clear strategic focus. Respondents noted that the Institute suffers from more priorities than it has the resources to adequately pursue. This diffuse focus will hamper Institute's desire to be a world-class centre of public health research.

- If the O'Brien Institute is not seen to act with a full-hearted commitment to the principles of equity, diversity and inclusivity, there is the potential for the Institute's image to suffer, and for the Institute to lose key, high-performing researchers.

- In North American society in general (and perhaps more specifically in Alberta), there has been a rise in a populist movement that does not place value on scientific literacy. This reality is a concern for the Institute because it will affect both the ability to raise funds, as well as impacting efforts to ensure that members' research is heard.

- Impact of COVID-19 pandemic on future funding.

- The pace of innovation and technological change is accelerating. This accelerated pace affects the Institute by placing increased expectations for new and improved programming, and by introducing financial constraints caused by the need to continually improve and be "best in class" at everything it does.

- The O'Brien Institute faces increased competition in all aspects of its operations, with a rise in competitive threats (including continually increasing demands for funding from all aspects, and greater desire for the attention of public policy makers).