



A HISTORY OF PUBLIC HEALTH IN ALBERTA, 1919-2019

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Public Health Education: Power and Politics in Alberta Universities

Lindsay McLaren, Rogelio Velez Mendoza, and Frank W. Stahnisch

Introduction

This volume was prompted, in part, by concerns expressed in recent discourse about the weakening of public health and about its identity in the contemporary context.¹ These concerns manifest in, among other things, a strong tendency to conflate public health with publicly funded medical care, which has the effect of diluting public health's unique contributions including its focus on population well-being and health equity via emphasis on prevention, health promotion, and upstream thinking about root causes of health problems.²

Public health education figures prominently in these concerns. Robust programs of public health education are essential foundations of a strong and effective public health community.³ Our aim in this chapter is to consider how public health education programs in Alberta have evolved, collectively and independently, and how they have shaped the capacity, visibility, and impact of public health in the province. We focus on programs at the University of Alberta, the University of Calgary, and the University of Lethbridge (see Table 6.1 on page 179), which are a subset of all relevant programs and education opportunities in the province.⁴

We situate our discussion within the broader Albertan and Canadian context, in which relatively recent national developments in public health figure prominently, starting in the 2000s.⁵ A timeline of some of the key events is shown in Table 6.2 on page 180.

Twentieth-Century Public Health Education in Canada and Alberta

In what may be considered both a necessity and a perpetual challenge for the field, public health education across Canada and in Alberta is historically closely tied to medicine, as well as to nursing, albeit in different ways. One example in Alberta is the close relationship, beginning early in the province's history, between the Faculty of Medicine at the University of Alberta and the provincial public health laboratory. Another example is the training courses in public health nursing offered by the University of Alberta that were prompted in part by the 1918 influenza pandemic.⁶

1905–1970s: Public Health Education and its Tethers to Medicine

In terms of a stand-alone program of study for public health in Canada, one must historically look beyond Alberta to Ontario, where in 1927 a School of Hygiene was established at the University of Toronto that was separate from the university's School of Medicine.⁷ This occurred in a context of significant discussion in the United States around the need for specialized public health education, including a 1913 conference sponsored by the Rockefeller Foundation whose contributions, as noted in Chapter 4, must be placed in critical context. As described by public health historian Elizabeth Fee, “[Rockefeller] Foundation officials were convinced that a new profession of public health was needed. It would be allied to medicine but also distinct, with its own identity and educational institutions.”⁸ The conference led to the Welch-Rose Report of 1915,⁹ which envisioned an “Institute of Hygiene” that would “train public health leaders and advance knowledge of the sciences of hygiene.”¹⁰ Several such institutes or schools were created with financial support from the Foundation, including at the University of Toronto, the only public health school in Canada until 1945.¹¹ According to Fee, the authors of the Welch-Rose Report had different perspectives on the appropriate balance of public health science and practice;¹² this is a tension that persists in public health, including public health education, today.¹³

In 1945, a French-language stand-alone program of study for public health was established at Université de Montréal.¹⁴ There were then two institutions in Canada at that time offering graduate diplomas in public health, primarily to physicians. However, this first era of stand-alone public health education in Canada was temporary, and by the 1970s, both schools were absorbed into the universities' faculties of medicine.¹⁵ Perhaps there was a perception at that time that public health was no longer relevant in the face of the apparent conquest of infectious diseases, advances in biomedical science and the development of new

technologies for the treatment of disease, and the introduction and evolution of public medical insurance.¹⁶

In Alberta, the early, medically anchored version of public health education expanded when the University of Alberta established a Department of Preventive Medicine within its Faculty of Medicine around 1949. That department is described in hindsight as providing medical students with a perspective that situates health and illness in broader context.¹⁷ The 1960s was a period of important social and political change in Alberta that had implications for public health education: The province became increasingly urbanized as the population of its major cities doubled, and there was a significant political and administrative transition from Social Credit leadership, largely under Ernest Manning, to the lengthy Progressive Conservative reign of Peter Lougheed starting in 1971.¹⁸ The introduction of Medicare in Canada in the late 1960s prompted further diversification of medical and nursing facilities¹⁹ and, in that context, the creation of the University of Calgary in 1966 laid the foundation for its new Faculty of Medicine.²⁰ In a legacy that presents significant challenges to a broad version of public health — and which persists today —, that faculty would become home to the division (later Department) of Community Health Sciences, which was established in 1970 with John H. Read as the inaugural head.

The University of Lethbridge was founded one year after the University of Calgary and soon offered undergraduate programs in nursing.²¹ In the 1970s, the specialty of community medicine was recognized by Canada's Royal College of Physicians, and medical officers of health in Alberta, including Gerry Predy, were involved in launching a residency program in Alberta.²² However, according to public health physicians Richard Massé and Brent Moloughney, in those early days of the specialty, some of the trainees had to leave Canada to pursue their academic training in the basic public health sciences, suggesting that options for specialized public health training in Canada in the 1970s were still limited.²³ At the University of Alberta, a Master of Health Services Administration program was established in the Faculty of Medicine in 1968, under the directorship of Carl Meilicke, which aimed to fill an educational gap in western Canada.²⁴

“Either a foundation or an annoying legacy, depending on where you sit” — Ruth Wolfe, speaking of some of these early programs from the perspective of public health education today.²⁵

Overall, this period up until the early 1970s may be considered a first era in public health education in Alberta and Canada.²⁶ Although nationally it included Canada's first stand-alone public health programs, under the name “hygiene,”

public health education programs during this era, especially in Alberta, retained close ties with medicine and health care. If the goals of public health are around preventing disease and injury and promoting health, well-being, and health equity, then these ties — as illustrated by the quote from Ruth Wolfe — present a conundrum of being both a historical reality and an enduring challenge.

1970s–2000: The Influx of Health Promotion

The 1970s to approximately the year 2000 may be viewed as a second era in public health education in Alberta and elsewhere. A precursor to the University of Lethbridge's Faculty of Health Sciences was founded in 1980,²⁷ and in 1981 the University of Calgary's Division of Community Health Sciences, within the Faculty of Medicine, became a department, with Ed Love as head.²⁸ Under Love's headship, the community medicine residency program, later to become the Public Health And Preventive Medicine residency program, was founded in 1982, as western Canada's youngest program. Initially, however, intake was exclusively through re-entry positions for already practicing physicians; direct entry was not available until the late 1990s.²⁹

At the University of Alberta, a centre focused on injury prevention was established in 1989 within the University of Alberta Hospitals' Department of Surgery, under the leadership of Louis Francescutti (see Chapter 13).³⁰ Also at the University of Alberta, in 1996 a Department of Public Health Sciences was created within the Faculty of Medicine and Dentistry, with Tom Noseworthy as chair. That department hosted the province's first master of public health program. The initial cohort included fifteen students who specialized in health care policy and management; other specialties were added later, including occupational and environmental health, clinical epidemiology, and global health.³¹

Public health education in Alberta during this second era was influenced by significant national and international developments in prevention and health promotion, including the 1974 federal Lalonde Report, the 1986 Ottawa Charter for Health Promotion (briefly, an international agreement toward the goal of "Health for All," see Chapter 10),³² and enduring international signposts in the understanding of population health and the social determinants of health, including the historical work of British scholar Thomas McKeown.³³ McKeown's work questioned the role of "active human intervention," particularly in the form of curative medical practice, in driving nineteenth and early twentieth-century improvements in population health status (e.g., life expectancy), as compared to improved levels and distribution of social, political, and economic resources.³⁴ These events significantly influenced members of public health communities in

Alberta, and contributed to important cross-institution collaboration in research and education, specifically around health promotion.³⁵

At the University of Alberta, the creation of infrastructure for health promotion research and education is widely attributed to the leadership of Doug Wilson (see Chapter 13) who, during his tenure as dean of the Faculty of Medicine (1984–1994) began to see the importance of prevention and health promotion.³⁶ The Health Sciences Council, of which he was a member, agreed that a cross-faculty health promotion entity would be preferable to one situated in the Faculty of Medicine, where it would likely be overwhelmed by other focuses such as acute care.³⁷ After successfully securing provincial government funding, the University of Alberta's Centre for Health Promotion Studies was formally launched in 1996 as a freestanding, interdisciplinary academic unit. The centre had both a research and an education mandate, and that same year it launched a master of science degree program and a postgraduate diploma program, which were unique in the country at the time.³⁸ Wilson served as the centre's initial director, followed by Miriam Stewart (1997–2001) and then Kim Raine (2002–2008) (see Chapter 13).³⁹

Health promotion research and education in the province was not limited to the University of Alberta, however. In the mid-1990s, in the wake of the Ottawa Charter, a significant federal grant opportunity allowed for the creation of several health promotion centres across the country, including two in Alberta. In addition to the Centre for Health Promotion at the University of Alberta, the Regional Centre for Health Promotion Studies at the University of Lethbridge was funded under this program.⁴⁰ The Lethbridge centre was affiliated with nursing within the Faculty of Health Sciences, under the leadership of Judith Kulig. The University of Calgary also had the multi-faculty (kinesiology, sociology, nursing, social work, and community health sciences) Health Promotion Research Centre, led by Billie Thurston and later by Ardene Robinson Vollman which, although not funded under the national program, was considered to be a valued partner in the province.⁴¹ The three centres, along with the Alberta Centre for Well-Being, now the Alberta Centre for Active Living, and an Indigenous research group, formed the Alberta Consortium for Health Promotion Research, which supported collaborative research and education in health promotion, including distance education classes offered collaboratively between the Universities of Alberta and Calgary.⁴²

Overall, a number of developments in public health education in Alberta occurred during the 1970s, 1980s, and especially the 1990s, many of which set the stage for the acceleration of events in the early 2000s.

The 2000s: An Inflection Point for Public Health and Public Health Education in Canada and Alberta

The global Severe Acute Respiratory Syndrome pandemic, which occurred in 2003,⁴³ heightened national attention to public health, and it can be considered to have ushered in a third era in public health education. The pandemic prompted the realization that Canada did not have sufficient public health human resource capacity, and the report of a national task force chaired by former University of Toronto president David Naylor strongly recommended greater investment to create more human resources in public health.⁴⁴ Significant outcomes of the Naylor Report, as it came to be known, included the creation of the Public Health Agency of Canada in 2004 and the National Collaborating Centres for Public Health in 2005,⁴⁵ the release of a Pan-Canadian framework for public health human resources planning in 2005, and the subsequent development of core competencies for public health practice including both cross-cutting and discipline-specific competencies.⁴⁶

Collectively, the circumstances around the pandemic led to a surge in education and training opportunities for public health in Canada, including master of public health programs, schools of public health, and undergraduate public health programs. Writing in 2011, Massé and Moloughney identified that the number of such programs had increased from around five in 1990s to fifteen in September 2011.⁴⁷ Notably, that latter number included early adopters in Alberta; namely, the University of Alberta's School of Public Health, which was the only public health school in the process of pursuing accreditation at the time; and the University of Lethbridge, which was named as one of "a limited number" of institutions in Canada offering undergraduate programs focused on public health at that time.⁴⁸

Also occurring on the national (and international) stage were important advancements in public health research. The formation of the Canadian Institutes of Health Research in 2000 signified a symbolically and substantively important transition from the former entity, the Medical Research Council.⁴⁹ With respect to our focus here, the Canadian Institute for Health Information's Institute of Population and Public Health was important. One of the Canadian Institutes of Health Research institute's flagship initiatives was the Applied Public Health Chairs program, which, in partnership with the Public Health Agency of Canada and other partners, funded midcareer scholars pursuing innovative, applied research in population and public health and health equity. This program, which was part of post-pandemic efforts to strengthen public health research capacity, included two Alberta researchers (of thirteen nationally) in the first

cohort (2008–2013, Kim Raine, University of Alberta and Alan Shiell, University of Calgary), and two (of fourteen nationally) in the second cohort (2014–2019, Candace Nykiforuk, University of Alberta and Lindsay McLaren, University of Calgary).⁵⁰

Growth and Expansion of Public Health Education Programs, and the Rise and Fall of a Pan-provincial School of Public Health

Members of the University of Alberta, University of Calgary, and University of Lethbridge public health communities all credit these national events as significantly influencing their respective public health education developments in the new millennium.⁵¹ It is worth noting that these developments occurred in the context of a politically disruptive Alberta environment of the ‘90s and ‘00s, including the ideologically driven public sector cuts of the Ralph Klein government that spanned more than a decade starting in 1992 (see Chapter 4), regionalization of the health care system in the neoliberal context of the mid-1990s, and — coinciding with the global financial crisis — the subsequent creation of Alberta Health Services, a single provincial health services authority, in 2008.⁵² As described below, public health education programs in Alberta during this period evolved independently and inter-dependently of one another, and they illustrate dimensions of power and politics as they play out in post-secondary education.

THE UNIVERSITY OF ALBERTA

In the post-pandemic context, Doug Wilson and others at the University of Alberta began to realize that they already had many ingredients for a stand-alone School of Public Health. In addition to the Department of Public Health Sciences, the Centre for Health Promotion Studies, and the Injury Prevention Centre, they had existing expertise in other key areas of public health, including environmental health, occupational health, and health administration, thus rounding out many of the areas required for accreditation by the U.S. based Council on Education for Public Health.⁵³

“It seemed to me that we didn’t have to come up with a whole lot of money, we just had to come up with the will to do it” — Doug Wilson⁵⁴

Then-provost Carl Amrhein agreed that the idea of a School of Public Health was an exciting one, and in early 2005 he formed a task force, chaired by Wilson, to investigate the idea further.⁵⁵ Wilson concedes that some competitive spirit, stemming from the University of Calgary’s recent creation of a new Faculty of Veterinary Medicine, factored into the decision to work toward the new school.

Broad support was sought and secured from across the University of Alberta campus, including from the dean of the Faculty of Medicine, Tom Marrie, which was somewhat noteworthy because the new initiative meant that the Faculty of Medicine would lose their public health sciences department to the new School of Public Health.⁵⁶

The report of the task force was accepted by Amrhein, and in March of 2006, the board of governors of the University of Alberta approved the creation of a School of Public Health, making it Canada's first stand-alone school in the modern era.⁵⁷ Former Alberta Deputy Minister of both Health and Wellness and of Education, Roger Palmer, was appointed interim dean to get the faculty up and running; he was succeeded in that position by Sylvie Stachenko (2009–2011), Lory Laing (interim 2011–2013), Kue Young (2013–2019), and Shanthi Johnson (2019–present).⁵⁸ The approval of the establishment of the school by the university's board of governors had stipulated that it must be accredited by the Council on Education for Public Health; the school achieved this accreditation in 2012, making it the first in Canada to achieve that milestone.⁵⁹ From an initial departmental structure, the school shifted to a non-departmental structure in 2013, in part to avoid the school being dominated by larger departments.⁶⁰ The school brought many pockets of public health together, with one main exception being the community medicine (now called public health and preventive medicine) residency program, which remained within the Faculty of Medicine and Dentistry.⁶¹

The School of Public Health offers several graduate programs (see Table 6.1 on page 179) including a master of public health professional degree as well as research-intensive, thesis-based MSc and PhD degrees. It also offers graduate embedded certificates, and professional development in the form of a fellowship in health system improvement. A core curriculum redesign of the master of public health program, completed in 2017, produced a curriculum shaped by the conventional five bodies of knowledge — epidemiology, biostatistics, psychosocial determinants of health, environmental determinants of health, and health policy & management — but it “departs radically from the former conventional siloed approach” by integrating those bodies of knowledge into team-taught, interdisciplinary core courses.⁶²

As the first of its contemporary kind in Canada, the School of Public Health at the University of Alberta ushered in a new era in public health education. Other Canadian universities soon followed suit, such as the University of Saskatchewan and the University of Toronto, which established their schools of public health in 2007 and 2008 respectively.⁶³ However, while it was certainly a significant achievement for the province and for Canada, and worthy of celebration, the

announcement of the School of Public Health at the University of Alberta was not met with quite the same degree of enthusiasm elsewhere in Alberta.

THE UNIVERSITY OF CALGARY⁶⁴

Following the establishment of the Department of Community Health Sciences and the community medicine residency program in the '80s, and the shift to direct entry into the residency program in the '90s, developments in public health research and education accelerated at the University of Calgary in the early 2000s, largely anchored in the Faculty of Medicine.⁶⁵ The developments in Calgary were somewhat complex, with many things going on at once.

Early developments occurred in the undergraduate realm with the Bachelor of Health Sciences (BHSc) program,⁶⁶ and notably the health and society major,⁶⁷ which is affiliated with the Department of Community Health Sciences. Development of a program proposal began in late 2001, and the new BHSc program formally began with the first class of students in fall of 2003.⁶⁸ In 2005, consistent with a theme of philanthropically funded programs in Calgary to which a critical lens must be applied,⁶⁹ it became the O'Brien Centre for the Bachelor of Health Sciences Program. Within the BHSc program, the unique health and society major focuses on health equity and public health, and students have to select a social science concentration.⁷⁰ The first class of BHSc students graduated from the four-year program in 2007, one year before the University of Lethbridge launched its Bachelor of Health Sciences in Public Health.

Around 2004, within the context of growing national support for population and public health research, there was a significant philanthropic donation to the University of Calgary to support research in that domain. International population and public health scholars Penny Hawe, who held the university's Markin Chair in Health and Society, and Alan Shiell had been recruited to the University of Calgary to advance their work and were situated within the Department of Community Health Sciences.⁷¹ A small but growing group of faculty members⁷² made it possible to create a new population and public health specialization within the graduate program (MSc and PhD), which aligned with the Canadian Institutes of Health Research's Institute of Population and Public Health.⁷³ Meanwhile, the community medicine residency program (the name of the specialty changed to Public Health & Preventive Medicine in 2012) grew in size during the early 2000s, although its integration with other education programs in the department remained limited.

In 2005, Harvey Weingarten, the university president at the time, announced the position of adviser to the president on health and wellness, which was initially held by Ron Zernicke, former dean of Kinesiology at Calgary, and

then by David Low (2005–2007), who was recruited from Texas where he had served as president of the University of Texas Health Science Center at Houston.⁷⁴ Public health nurse and academic administrator Ardene Robinson Vollman was hired to support this new position. Robinson Vollman worked with Zernicke and then Low, along with Richard Musto and Bretta Maloff from the Calgary Health Region, as it was called at the time, to engage with and secure support from faculties across campus for a university-wide research and education initiative in public health, including the possibility of a cross-faculty master of public health program. Unfortunately, despite securing broad support, the dean of medicine at the time, Grant Gall, was not supportive and that university-wide initiative came to a halt.⁷⁵

Meanwhile, the national post-pandemic sense of urgency around public health had prompted inter-institution discussions between the Universities of Alberta, Calgary, and Lethbridge. The involvement of Lethbridge was facilitated in part by the fact that David Low, the University of Calgary’s president’s adviser on health and wellness, was originally from Lethbridge.⁷⁶ A tripartite committee was formed, which envisioned a pan-Alberta public health coalition, including the idea of a cross-institution School of Public Health. With Alberta being a small province, it was felt that no one university had the capacity to develop their own School of Public Health, but by working together they could meet the accreditation standards. The institutions collectively hired Bob O’Reilly, former associate dean of the University of Calgary’s Faculty of Education, to advise and coordinate the activities. For one of the tripartite meetings in early 2006, the committee hosted Harrison Spencer, president of the U.S.-based Association of Schools of Public Health,⁷⁷ to discuss accreditation possibilities for the cross-institution school, or at least that was the understanding of Calgary and Lethbridge members.⁷⁸ The tripartite committee meetings ultimately led to a memorandum of understanding (see summary points in Figure 6.1 on page 182) which was ceremoniously signed by the presidents of the three universities, with the Premier of Alberta in attendance, in May of 2006.⁷⁹ However, the enthusiasm for the memorandum of understanding had been dampened when, to the surprise of some, the University of Alberta announced its School of Public Health in March of that year.⁸⁰

“We have the battle of Alberta with hockey, and we have the battle of Alberta with universities too.” — Ardene Robinson Vollman⁸¹

Feeling that the tripartite discussions had fallen apart, the University of Calgary members turned their attention back to strengthening public health research and education internally. David Low was succeeded as adviser on health and wellness

by Wayne Giles, dean of kinesiology, and then by Tom Noseworthy, head of the Department of Community Health Sciences, with a name change from adviser to the president to adviser to the provost. Robinson Vollman worked with Giles and Noseworthy to develop a proposal for a multi-faculty research program in public health, and for a master of public health program, and once again secured considerable support from faculties across campus. The proposal for the MPH program was approved by the Faculty of Medicine, but it was rejected by members of the Department of Community Health Sciences, who preferred a thesis-based option. With that decision, which occurred around 2007, the idea of an MPH program at the University of Calgary dissipated, which in Robinson Vollman's view "took the University of Calgary out of the national presence of university schools of public health."⁸²

Although the MPH goal was abandoned, efforts toward a public health research institute at the University of Calgary continued. Starting in 2004, the Faculty of Medicine had started to develop research institutes, which were intended to cut across the faculty's departmental organization and to connect the university with the broader community including Alberta Health Services. After the first six institutes had been formed, a final "Institute 7" was envisioned that would focus on health services research.⁸³ Within the national context of support for population and public health research, coupled with the significant efforts of Robinson Vollman, Noseworthy, Musto, and others to build and strengthen public health at the University of Calgary over the course after the Severe Acute Respiratory Syndrome period, "Institute 7" became the Calgary Institute for Population and Public Health; in 2010 it was renamed the O'Brien Institute for Public Health with Bill Ghali as Director.⁸⁴ Although the institute is not an educational entity per se, it forms an important part of the context of public health-related education at the University of Calgary, and it continues a historical legacy of emphasis on health services research, to the detriment of a broad vision of public health.

THE UNIVERSITY OF LETHBRIDGE

When Chris Hosgood began his tenure as dean of health sciences in the summer of 2005, one of the first things the academic historian experienced was the growing sense of urgency about public health capacity in the post-pandemic period.⁸⁵ The University of Lethbridge was poised to respond: an undergraduate program in public health had been partly developed, and Hosgood had a mandate to work with expert colleagues to complete the program's development and secure funding to deliver it.⁸⁶

It was in this context that the University of Lethbridge enthusiastically entered the tripartite discussions with the University of Alberta and the University of Calgary. As a smaller, primarily undergraduate institution at the time, Lethbridge would arguably benefit the most from such an arrangement. Hosgood participated in the tripartite committee meetings, including the one with Harrison Spencer, which he likewise understood to be about accreditation of an Alberta-wide School of Public Health. It was surprising and disappointing to the University of Lethbridge when the University of Alberta announced their School of Public Health in March 2006.⁸⁷

Nonetheless, with the notion of a province-wide school off the table, the University of Lethbridge continued with its efforts to develop what would become a successful program of public health education in southern Alberta. The efforts to develop the BHSc in Public Health degree aligned with Hosgood's mandate to expand health sciences from a school into a faculty (which was achieved in May of 2009) and coincided with the institution's transition from an undergraduate to a comprehensive university, which occurred around 2006–2007. Hosgood could see an opportunity for developments in public health to contribute to these broader goals by strengthening education, research, and community engagement.

“The purpose of education within the University [isn't] just to train the next generation of health professionals, it [is] also to educate the next generation of health professionals.” — Chris Hosgood⁸⁸

Health Sciences at the University of Lethbridge at that time was described by Hosgood as somewhat peripheral to the academy. Many of the faculty members, in addition to being new to the university and faculty, had health professional backgrounds and lived and worked in a practice-oriented culture that was different from the academic orientation of the university. For Hosgood, part of building a foundation for public health education was helping people to understand that education and training are not the same thing. While the program needed to meet professional and practice needs, it also had to meet the degree requirements of a university.

Under Hosgood's leadership, provincial funding for a four-year BHSc in Public Health degree program was secured, and the first students enrolled in the fall of 2008. A view of public health as “art and science” underpinned collaboration with the Faculty of Arts and Science, to help ensure that graduates would emerge as critical thinkers with a broad, multidisciplinary view of health.⁸⁹ And, consistent with some of the concerns that prompted this volume as a whole, Sharon Yanicki, Assistant Professor and former Program Coordinator for the

BHSc in Public Health degree program, commented that “although the field of public health isn’t new, it’s an area that isn’t all that well known or understood. The program aims to change that.”⁹⁰

The BHSc public health program at Lethbridge initially had three specializations and a practicum.⁹¹ Although the economic recession of 2008–2009 resulted in a loss of funding and consequently a scaling back of ambitions, the program continued to grow and evolve. From a handful of students in 2008, the program increased to fifty-five in 2012 and to around 175 in 2019.⁹² In contrast to the initial sense of the program as peripheral, by 2011 Yanicki described it as having “definitely found its niche within the faculty and within the fabric of the University as well,” with one illustration being high enrolment in public health courses by students in other programs.⁹³

A significant boost came from the program’s successful external review in 2014, where some reviewers who had perhaps anticipated what Hosgood described as a “mickey mouse” program, came away impressed.⁹⁴ Fuelled by their successes, the University of Lethbridge continued to build their public health education offerings (Table 6.1), to include a combined Bachelor of Health Sciences / Bachelor of Management degree program, launched in fall of 2012; a Post-Diploma Bachelor of Health Sciences (public health major, health leadership minor), launched in fall 2016; as well as graduate programs including an MSc major in public health and a PhD program in population studies in health.⁹⁵

Conclusions

There is no hard-and-fast rule as to the minimum number of years needed before an event can be called historical.⁹⁶ For this chapter, our attention was drawn to a relatively recent period when a great deal of activity in public health education occurred in Alberta and across Canada. A caveat with this recent focus, of course, is that we continue to live this history, and there will continue to be more of it, even by the time this volume is published. Nonetheless, this recent story, which considers how different levels (undergraduate, graduate) and types (research, practice) of public health education programs have evolved in Alberta, is important and should be told. With respect to our chapter objective, which included a consideration of how public health education programs in Alberta have shaped the capacity, visibility, and impact of public health in the province, we conclude with a few comments and observations.

Independence and Inter-dependence

The idea of a pan-Alberta School of Public Health as envisioned in the original tripartite committee agreement did not materialize, which “knocked the wind

out of the sails”⁹⁷ for some of those involved. This outcome illustrates issues of power and politics in post-secondary education, with the University of Alberta having the size, prestige, and capacity to pursue its own goals. This somewhat uncomfortable interpretation has implications for understanding tensions in the province, between and within particularly the larger institutions, as well as between urban and rural settings.⁹⁸

Despite that outcome, one must recognize the success of many of the individual programs as judged by metrics such as student demand and enrolment, faculty recruitment, and external review and accreditation. Furthermore, the current programs, when viewed collectively (Table 6.1), would appear to be complementary. Alongside the independent developments, efforts to work together have continued,⁹⁹ with the Campus Alberta Health Outcomes and Public Health framework representing one mechanism.¹⁰⁰ Pertinent to our focus here, the Campus Alberta Health Outcomes and Public Health meeting grants initiative permitted meetings to be held with public health education representatives from the three institutions in 2019, which suggested that there is appetite to “work toward unity of purpose in public health education” in Alberta.¹⁰¹

A Critical Perspective on Public Health Education

We began this chapter by acknowledging some challenges to public health’s identity and impact, including the strong tendency to conflate it with publicly funded health care and its perpetually challenging connection with medicine,¹⁰² and the problematic phenomenon of lifestyle drift: the tendency for policy to acknowledge the need for action on upstream social determinants of health inequalities but then to drift downstream to focus on individual lifestyle factors and access to biomedical solutions to health problems.¹⁰³

Critical scholarship sheds light on the implications of these challenges in the context of public health education. In an editorial accompanying a series of papers on public health education in the journal *Critical Public Health*, American scholar Daniel Skinner said that “we must guard against some of our most important concepts — diversity, wellness, equity — being reduced to buzzwords that lose their critical edge and radicality.”¹⁰⁴ There is a risk in public health education of these core concepts being diluted or depoliticized, depending on what is taught and how. A study by American scholars Michael Harvey and Margaret McGladrey tackled this issue via an analysis of the theories taught in MPH programming in the U.S.¹⁰⁵ They argue:

The specific theories employed within public health to explain the origins and distribution of health, morbidity, and mortality

profoundly shape subsequent approaches to public health research and practice. For instance, if they are theorized as arising from the summation of individual behaviors, then the task of public health is to better understand and change health-related behaviors, particularly among so-called high-risk individuals, groups, and populations. Alternatively, if such distributions are theorized as arising from unequal distributions of economic resources, then the task of public health is to understand the drivers of economic inequality and pursue reductions in economic inequality. . . . The theories provided to MPH students . . . will shape their understanding of health disparities and subsequent public health practice.¹⁰⁶

Focusing on theories taught in the social and behavioural sciences competency area (which applies to all accredited programs of public health), and based on an analysis of course syllabi, these authors identified that behavioural health theory represented over 90 percent of the most commonly taught theories, to the relative exclusion of theories that engage with structural determinants of health. This suggests that MPH students may graduate with “an insufficient theoretical toolbox that leaves them poorly equipped to address health inequalities with socio-structural etiology.”¹⁰⁷ In Alberta, although recognition of this concern has prompted efforts in some programs to ensure an interdisciplinary approach to public health education that emphasizes critical thinking, it remains a formidable challenge.¹⁰⁸

In a Canadian study of seventy-six graduate-level programs in public health listed by the Public Health Agency of Canada, Yassi and colleagues found that while 65 percent of programs required at least one quantitative methods course, only 26 percent required qualitative methods.¹⁰⁹ While quantitative methods are certainly important, this asymmetry — which exists in some programs in Alberta¹¹⁰ — illustrates a persistent methodological hegemony that presents a barrier to appreciating the historical, socio-economic, cultural, colonial, and political context and processes that produce and perpetuate poor health and health inequities.¹¹¹ Furthermore, just one-quarter (25 percent) of programs considered in Yassi et al.’s study had at least one required course related to social theory or social determinants of health, thus supporting the findings of Harvey and McGladrey above, in the Canadian context, and only 3 percent required a course in ecological determinants of health. These authors conclude with this observation: “our examination suggests that the majority of schools of public health may still be frozen in old paradigms wherein interdisciplinary inquiry and the development of skills to work with communities to implement and evaluate

interventions to promote and protect collective health are still only peripheral considerations.”¹¹² If a goal of public health is to engage with and work to illuminate, communicate, and demonstrate leadership in redressing broader structural determinants of health, well-being, and health equity, then these findings encapsulate some significant challenges facing public health education in Alberta.

Layered upon this challenge is a political economic context that underpins a focus on lucrative but substantively void markers of program quality such as “job readiness”¹¹³ and relatedly, as particularly evident in Calgary, a dominant and increasing trend of private philanthropy.¹¹⁴ A recent study in the United States considered the increasing trend of accredited public health schools being re-named for private donors, and argued that this trend has unique implications for public health; namely, that it can “implicitly redefine the ‘public’ in public health, promoting the perception that public health should. . . serve and celebrate private profit.”¹¹⁵ Although this phenomenon is not new,¹¹⁶ it takes on renewed importance in the contemporary political economic context, which is highly unfriendly to post-secondary education in Alberta and demands scrutiny.¹¹⁷

In our opinion, finding ways to effectively address these challenges would ignite an exciting, critical, and more reflexive fourth era of public health education, in Alberta and beyond.

TABLE 6.1: Summary of public health education programs offered at the Universities of Lethbridge, Calgary, and Alberta (current as of February 2019).

| | University of Lethbridge Faculty of Health Sciences | University of Calgary Department of Community Health Sciences, Cumming School of Medicine | University of Alberta School of Public Health |
|------------------------|---|---|--|
| Undergraduate | Bachelor of Health Sciences, Major: Public Health Bachelor of Health Sciences / Bachelor of Management Combined Degree program, Health Sciences Major: Public Health ¹ | Bachelor of Health Sciences (Major: Health & Society) | N/A |
| Graduate (MSc, PhD) | MSc Health Sciences – Public Health specialization PhD in Population Studies in Health, 6 concentrations ² | MSc and PhD programs, 7 specializations ³ | MSc program, 7 specializations ⁴ PhD program, 4 specializations ⁵ |
| Graduate (MPH) | N/A | N/A | Master of Public Health, 7 specializations ⁶ |
| Medical residency | N/A | Public Health and Preventive Medicine Residency program | Public Health and Preventive Medicine Residency program (<i>Note:</i> situated in the Faculty of Medicine and Dentistry) |
| Other | Post-diploma Bachelor of Health Sciences, Major: Public Health; Minor: Health Leadership (2 years) | N/A | Embedded certificates, which can be laddered into a degree University of Alberta North initiative (MPH students recruited from the North with Indigenous knowledge holders or elders acting as mentors) Fellowship in Health Systems Improvement |

TABLE 6.2: Timeline of some key events pertinent to the history of public health education in Alberta. “First era” of schools of public health in Canada (approx. 1920–1970); “second era” (1970s–early 2000s); “third era” (early 2000s–present). Compiled from various sources referenced elsewhere in this chapter.

| Year | Event |
|-------|---|
| 1915 | The American <i>Welch-Rose Report</i> was published. This report described the poor state of public health in the United States and lack of appropriate training for public health officers, and it recommended the creation of stand-alone “Schools of Hygiene” that were separate from, but connected to, schools of medicine. |
| 1927 | The School of Hygiene at the University of Toronto was established (First stand-alone school of public health in Canada) |
| 1945 | Second school of public health established in Canada, at l’Université de Montréal |
| 1949 | The Department of Preventive Medicine was created within the Faculty of Medicine at the University of Alberta (around 1949). |
| 1968 | The Master of Health Services Administration (MHSA) program was launched at the University of Alberta, within the Division of Health Services Administration |
| 1970s | The schools of public health in Toronto and Montreal were absorbed into faculties of medicine The Division of Community Health Sciences was created within the Faculty of Medicine at the University of Calgary The Community Medicine specialty was recognized by the Royal College of Physicians of Canada |
| 1974 | Release by the federal government of <i>A New Perspective on the Health of Canadians</i> (Lalonde Report) |
| 1980 | The faculty of Health Sciences was established at the University of Lethbridge |
| 1981 | The Division of Community Health Sciences became the Department of Community Health Sciences, in the Faculty of Medicine at the University of Calgary |
| 1986 | Release of the <i>Ottawa Charter for Health Promotion</i> , stemming from the First International Conference on Health Promotion held in Ottawa |
| 1995 | The Master of Health Services Administration (MHSA) program at the University of Alberta was discontinued |
| 1996 | The Centre for Health Promotion Studies was formally launched at the University of Alberta. That same year, the Centre launched a thesis-based Master of Science degree program and a postgraduate degree program. The Department of Public Health Sciences was created in the Faculty of Medicine and Dentistry at the University of Alberta, and offered a Master of Public Health program |
| 2000 | The Canadian Institutes of Health Research (CIHR) was created, replacing its predecessor the Medical Research Council, which was established in 1960. One of the new institutes was the Institute of Population and Public Health |
| 2002 | The Alberta Government established the Campus Alberta initiative, as a framework comprised of principles to support educational institutions to work together in providing learning opportunities for Albertans |
| 2003 | Global pandemic of SARS |

TABLE 6.2: (continued)

| Year | Event |
|------|---|
| 2003 | Release of federal report, <i>Learning from SARS: Renewal of Public Health in Canada</i> . A report of the National Advisory Committee on SARS and Public Health (the Naylor Report). The University of Calgary launched its Bachelor of Health Sciences degree program (Fall 2003) |
| 2004 | Establishment of the Public Health Agency of Canada (was confirmed as a legal entity in 2006) |
| 2005 | Release of the National Framework on Public Health Human Resources Development, Joint Task Group on Public Health Human Resources |
| 2005 | The BHSc program at the University of Calgary became the O'Brien Centre for the Bachelor of Health Sciences Program |
| 2006 | The University of Alberta created its School of Public Health (March 2006) Memorandum of Understanding between the Universities of Alberta, Calgary, and Lethbridge was signed (May 2006) |
| 2008 | The Public Health Agency of Canada released Core Competencies for Public Health |
| 2008 | The University of Lethbridge launched its Bachelor of Health Sciences in Public Health Degree (Fall 2008) |
| 2009 | The School of Health Sciences at the University of Lethbridge became the Faculty of Health Sciences (1 May 2009) |
| 2012 | The University of Lethbridge launched its Bachelor of Health Sciences – Public Health / Bachelor of Management combined degrees program (Fall 2012) The School of Public Health at the University of Alberta received Accreditation from the U.S.-based Council on Education for Public Health, making it the first accredited school in Canada. |
| 2016 | The University of Lethbridge launched its Post-Diploma Bachelor of Health Sciences (Public Health major, Health Leadership minor) program (Fall 2016) The University of Alberta added an MPH in Food Safety, in collaboration with the Faculty of Agriculture, Life & Environmental Sciences |
| 2018 | Accreditation of the University of Alberta's School of Public Health was renewed for 7 years. |

- All of the major causes of death and disability are either preventable or can be substantially reduced through appropriately designed and implemented public health interventions at the population level, including public policy.
 - References the 2001 provincial report, *A Framework for Reform: Report of the Premier's Advisory Council on Health* (the Mazankowski Report), which identifies that a significant element of health care reform is efforts to keep people healthy in the first place.
- Research has become a powerful tool for discovering opportunities to improve health by taking action on broad determinants of health such as education, socioeconomic status, supportive physical and social environments, healthy child development, gender, culture and various lifestyle and personal health factors and coping skills.
- The three universities have worked hard within their respective capacities to meet Alberta's needs for new knowledge and trained manpower (sic), but more must be done, and continuing to work independently of each other will not be enough.
- We will develop a pan-Alberta coalition to synchronize efforts in ways that will help to develop Alberta's capacity to promote health and security across the entire province, contributing to the sustainability of our health care system.
- Together we will integrate our respective programming and specialized facilities in order to offer well-defined career paths and a greater choice of options to students [. . .] Focusing on the broad spectrum of learning in the field of public health and the social determinants of health, we have made a commitment to align, integrate and strengthen our institutions.
- Our commitment to collaboration [. . .] capitalizes on the different mandates and different roles and responsibilities we have within the provincial post-secondary system.
- We will work toward the following public health research and education objectives: (examples: meet regularly to share information and to develop and support collaborative and complementary programs; share physical and human resources; jointly seek alliances and advocates; jointly promote the combined public health and strength and expertise of the three institutions locally, nationally, and internationally).
- In collaboration with our respective regional health authorities, the Universities of Lethbridge, Calgary and Alberta will build and present to government, a demonstrable case for substantial increase in provincial investment dedicated to public health education, research and practice and that will support a pan-provincial, comprehensive School of Public Health.
- The MOU is only an expression of intent and does not, except for the provision dealing with confidentiality and issuance of press releases, create any binding obligations between parties.
 - Accompanying email correspondence from the University of Alberta requested wording that conveyed an agreement to cooperate, rather than a legally binding contract.

To be signed by William Cade, President and Vice Chancellor, University of Lethbridge; Harvey Weingarten, President, University of Calgary; and Indira Samarasekera, President and Vice Chancellor, University of Alberta.

Fig. 6.1: Summary points from the penultimate version (dated February 2006) of the memorandum of understanding for the pan-Alberta public health coalition.¹¹⁸

NOTES

- 1 Louise Potvin, “Canadian Public Health under Siege,” *Canadian Journal of Public Health* 105, no. 6 (2014); Ak’ingabe Guyon et al., “The Weakening of Public Health: A Threat to Population Health and Health Care System Sustainability,” *Canadian Journal of Public Health* 108, no. 1 (2017).
- 2 Commission on Social Determinants of Health, *Closing the Gap in a Generation: Health Equity Through Action on the Social Determinants of Health. Final Report of the Commission on Social Determinants of Health* (Geneva: World Health Organization, 2008).
- 3 The Canadian Network of Public Health Associations, “A Collective Voice for Advancing Public Health: Why Public Health Associations Matter Today,” *Canadian Journal of Public Health* 110, no. 3 (2019); Ali Walker and Patricia Doyle-Baker, “Promoting and Strengthening Public Health through Undergraduate Education,” *Canadian Journal of Public Health* 110, no. 3 (2019).
- 4 A potentially large number of education programs could be considered relevant to public health, spanning the natural sciences, social sciences, and humanities, as well as numerous professional programs, all of which may or may not talk explicitly about ‘health’ or ‘public health.’ In addition are the many faculty research programs in which students of different levels are nested. Indeed, trying to define or identify the contours of ‘public health education’ is one illustration of the conundrum presented by a perennial question for public health: how broad is the mandate? See Michael M. Rachlis, “Moving Forward with Public Health in Canada,” *Canadian Journal of Public Health* 95, no. 6 (2004). We have focused primarily on a subset of named programs.
- 5 “Relatively recent” takes on new meaning with the Covid-19 pandemic, ongoing at the time of writing, which, like SARS nearly two decades earlier, has once again brought public health, or at least some aspects of it, to the forefront.
- 6 Walter H. Johns, *A History of the University of Alberta, 1908–1969* (Edmonton: University of Alberta Press, 1981), 3, 20; Alberta Health Services, “History: Public Health Laboratory (ProvLab),” accessed 6 July 2020, <https://www.albertahealthservices.ca/lab/Page14604.aspx>.
- 7 University of Toronto, “Origin Story: How the Dalla Lana School of Public Health Began,” Dalla Lana School of Public Health, accessed 6 July 2020, <https://www.utoronto.ca/news/origin-story-how-dalla-lana-school-public-health-began>.
- 8 Elizabeth Fee and Liping Bu, “Models of Public Health Education: Choices for the Future?” *Bulletin of the World Health Organization* 85, no. 12 (December 2007).
- 9 Fee and Bu, “Models of Public Health Education.” Karen Kruse Thomas, “Cultivating Hygiene as a Science: The Welch–Rose Report’s Influence at Johns Hopkins and Beyond,” *American Journal of Epidemiology* 183, no. 5 (2016); William H. Welch and Wickliffe Rose, *Institute of Hygiene: Being a Report Submitted by Dr. William H Welch and Wickliffe Rose to the General Education Board, Rockefeller Foundation*. 27 May 1915. RG 1.1, Series 200L (Sleepy Hollow, NY: Rockefeller Foundation Archives; 1916).
- 10 According to Elizabeth Fee, the term “hygiene” was sometimes used in North America to convey the scientific basis of public health, as taught in German institutes of hygiene, rather than the British term “public health,” which conveyed more of an administrative focus. Fee and Bu, “Models of Public Health Education.”
- 11 Darwin H. Stapleton, “Internationalism and Nationalism: The Rockefeller Foundation, Public Health and Malaria in Italy,” *Parasitologia* 42, no. 1 (2000).
- 12 Fee and Bu, “Models of Public Health Education.”
- 13 Lindsay McLaren and Trevor Hancock, “Public Health Matters — but We Need to Make the Case,” *Canadian Journal of Public Health* 110 no. 3 (2019).
- 14 Richard Massé and Brent Moloughney, “New Era for Schools and Programs of Public Health in Canada,” *Public Health Reviews* 33, no. 1 (2011).
- 15 Massé and Moloughney, “New Era for Schools and Programs”; Christopher Rutty and Sue C. Sullivan, *This Is Public Health: A Canadian History* (Ottawa: Canadian Public Health Association, 2010), 8.9. See also University of Toronto, “Origin Story: Dalla Lana School of Public Health.”
- 16 Rutty and Sullivan, *This is Public Health*, 8.9–8.10; Kue Young and Faith Davis, “Opinion: Public Health Education Under Threats from Provincial Cuts,” *Edmonton Journal*, 16 May 2020, <https://edmontonjournal.com/opinion/columnists/opinion-public-health-education-under-threat-from-provincial-cuts/wcm/08da6037-1dd0-4bcd-b706-9c257dd5865e/>.
- 17 Donna Richardson, School of Public Health, University of Alberta, *It Begins Here, 2006–2016: Report to the Community* (Edmonton: School of Public Health, University of Alberta, 2016), https://issuu.com/sphuofa/docs/it_begins_here_report_final_websm.

- 18 Provincial Archives of Alberta, *An Administrative History of the Government of Alberta, 1905–2005* (Edmonton: The Provincial Archives of Alberta, 2006).
- 19 Jim Connor, “Bookmarks: Making Medicare: New Perspectives on the History of Medicare in Canada,” *Canadian Medical Association Journal* 186, no. 12 (2014): E66.
- 20 Anthony W. Rasporich, *Make No Small Plans: The University of Calgary at Forty* (Calgary: University of Calgary, 2007), 3. For a history of the parallel degree program in nursing, see Geertje Boschma, *Faculty of Nursing on the Move: Nursing at the University of Calgary, 1969–2004* (Calgary: University of Calgary, 2005), 31.
- 21 Owen G. Holmes, *Come Hell or High Water — A History of the University of Lethbridge* (Lethbridge: Lethbridge Herald, 1972).
- 22 Doug Wilson, interview by Rogelio Velez Mendoza, 12 December 2019.
- 23 Massé and Moloughney, “New Era for Schools and Programs.”
- 24 Richardson, School of Public Health, University of Alberta, *It Begins Here*.
- 25 Ruth Wolfe (Associate Dean, Professional Programs, University of Alberta), personal communication, 21 October 2019.
- 26 Edward Shorter, *Partnership for Excellence: Medicine at the University of Toronto and Academic Hospitals* (Toronto: University of Toronto Press, 2016), 120–125.
- 27 “About the Faculty,” Faculty of Health Sciences, University of Lethbridge, accessed 7 July 2020, <https://www.uleth.ca/healthsciences/content/about-faculty>.
- 28 Department of Community Health Sciences fonds, University of Calgary Archives. CA ACU ARC F0069.
- 29 *Working towards unity of purpose in public health education: Starting a conversation across three Alberta post-secondary institutions*, Final report from Campus Alberta Health Outcomes and Public Health-funded meeting, 11 February 2019, Calgary (unpublished report).
- 30 The centre was originally called the Injury Awareness on Prevention Centre; in 1997 it became the Alberta Centre for Injury Control and Research and subsequently the Injury Prevention Centre. Louis Francescutti, interview by Rogelio Velez Mendoza, Edmonton, 30 August 2018. Since 2008, professor and researcher Donald Voaklander has served as the Centre’s Director. “Injury Prevention Centre Staff, Injury Prevention Centre, accessed 7 July 2020, <https://injurypreventioncentre.ca/about/staff>.
- 31 Richardson, School of Public Health, University of Alberta, *It Begins Here*.
- 32 Marc Lalonde, *A New Perspective on the Health of Canadians (Lalonde Report)* (Ottawa: Department of National Health and Welfare, 1974), <https://www.canada.ca/en/health-canada/services/health-care-system/commissions-inquiries/federal-commissions-health-care/new-perspective-health-canadians-lalonde-report.html>; World Health Organization, “Ottawa Charter for Health Promotion” (Ottawa: World Health Organization, 1986), <https://www.who.int/healthpromotion/conferences/previous/ottawa/en/>.
- 33 James Colgrove, “The McKeown Thesis: A Historical Controversy and its Enduring Influence,” *American Journal of Public Health* 92, no. 5 (2002). Perhaps emblematic of the population health movement in Canada was the 1994 book *Why are Some People Healthy and Others Not? The Determinants of Health of Populations*, which was a product of the Population Health Program of the Canadian Institute for Advanced Research (eds. Theodore R. Marmor, Morris L. Barer, and Robert G. Evans. New York: A. de Gruyter).
- 34 Colgrove, “The McKeown Thesis.” Although various aspects of McKeown’s original thesis were criticized, his work endures because — as described by Colgrove — of i) the importance of the questions he tackled around what are the primary drivers of population health and ii) the attention he drew to social and economic conditions and their influence on health.
- 35 Doug Wilson, interview; Kim Raine, interview by Rogelio Velez Mendoza, 25 September 2018; Ardene Robinson Vollman, interview by Rogelio Velez Mendoza, 11 February 2020.
- 36 Kim Raine, interview.
- 37 Doug Wilson, interview. The University of Alberta’s Health Sciences Faculty Council includes several faculties: Medicine & Dentistry; Agriculture, Life and Environmental Sciences; Pharmacy and Pharmaceutical Sciences; Nursing; Rehabilitation Medicine; Kinesiology, Sport & Recreation; and now Public Health. University of Alberta, “Health Sciences Council,” accessed 7 July 2020, <https://www.ualberta.ca/health-sciences-council/about-us/members.html>.
- 38 The post graduate diploma initiative was later suspended and ultimately abolished. Ruth Wolfe, personal communication.
- 39 Kim Raine, interview; Doug Wilson, interview; Ruth Wolfe, personal communication; Richardson, School of Public Health, University of Alberta, *It Begins Here*; University of Alberta, “Miriam Stewart,”

- Faculty of Nursing, accessed 7 July 2020, <https://www.ualberta.ca/nursing/about/contact-us-and-people/professors-emeritae/stewart.html>.
- 40 Ardene Robinson Vollman, interview; Ontario Health Promotion, “The Canadian Consortium for Health Promotion Research,” Ontario Health Promotion E-Bulletin, accessed 7 July 2020, <http://www.ohpe.ca/node/4620>.
- 41 Kim Raine, interview; Doug Wilson, interview; Ardene Robinson Vollman, interview.
- 42 Kim Raine, interview; Doug Wilson, interview; Ardene Robinson Vollman, interview; Ontario Health Promotion, “The Canadian Consortium.”
- 43 Rowena Rae and Anda Zeng, “SARS in Canada,” in *The Canadian Encyclopedia. Historica Canada*, last updated 25 March 2020, <https://www.thecanadianencyclopedia.ca/en/article/sars-severe-acute-respiratory-syndrome>. SARS was one of several events that drew attention to public health capacity (or lack thereof) in Canada early in the new millennium. Another event was the *E. coli* outbreak in Walkerton, Ontario in 2000. See Larry W. Chambers et al., “Health Surveillance: An Essential Tool to Protect and Promote the Health of the Public,” *Canadian Journal of Public Health* 97, no. 3 (2006): suppl.
- 44 Christopher David Naylor, National Advisory Committee, *Learning from SARS: Renewal of Public Health in Canada: A Report of the National Advisory Committee on SARS and Public Health* (Ottawa: National Advisory Committee, 2003), <https://www.canada.ca/en/public-health/services/reports-publications/learning-sars-renewal-public-health-canada.html>.
- 45 Public Health Agency of Canada, “History,” About the Agency, accessed 8 July 2020, <https://www.canada.ca/en/public-health/corporate/mandate/about-agency/history.html>; “About Us,” National Collaborating Centres for Public Health, accessed 8 July 2020, <https://nccph.ca/about-us/>.
- 46 Joint Task Group on Public Health Human Resources, Public Health Agency of Canada, *Building the Public Health Workforce for the 21 Century: A Pan-Canadian Framework for Public Health Human Resources* (Ottawa: Ministry of Health, 2005), http://publications.gc.ca/collections/collection_2008/phac-asp/HP5-12-2005E.pdf; Public Health Agency of Canada, *Core Competencies for Public Health in Canada: Release 1.0* (Ottawa: Ministry of Health, 2008), <http://www.phac-aspc.gc.ca/php-psp/ccph-cesp/pdfs/cc-manual-eng090407.pdf>.
- 47 Massé and Moloughney, “New Era for Schools and Programs.”
- 48 Massé and Moloughney, “New Era for Schools and Programs.”
- 49 Canadian Institutes of Health Research (CIHR), “Milestones in Canadian Health Research,” About Us,, accessed 8 July 2020, <https://cihr-irsc.gc.ca/e/35216.html>.
- 50 CIHR, “Applied Public Health Chairs [2008–2013 cohort],” Population and Public Health, accessed 11 July 2020, <https://cihr-irsc.gc.ca/e/42160.html>; CIHR, “2014 Applied Public Health Chairs [2014–2019 cohort],” Population and Public Health, accessed 11 July 2020, <https://cihr-irsc.gc.ca/e/48898.html>. A more recent initiative, for which CIHR’s Institute of Population and Public Health is a partner, is the Health System Impact Fellowship for senior (postdoctoral and doctoral) trainees. See Cynthia Weijjs et al., “Strengthening the Health System through Novel Population and Public Health Fellowships in Canada,” *Canadian Journal of Public Health* 110, no. 3 (2019).
- 51 Doug Wilson, interview; Ardene Robinson Vollman, interview; Chris Hosgood, interview; *Working towards unity of purpose in public health education: Starting a conversation across three Alberta post-secondary institutions*, Final report from Campus Alberta Health Outcomes.
- 52 See also Geertje Boschma, “Community Mental Health Nursing in Alberta,” *Canadian Journal of Gastroenterology* 23, no. 6 (2009): 404; Robert J. Baley, “A Tribute to Grant Gall,” *Canadian Journal of Gastroenterology* 23, no. 6 (2009): 404.
- 53 Doug Wilson, interview; Richardson, School of Public Health, University of Alberta, *It Begins Here*.
- 54 Doug Wilson, interview.
- 55 Doug Wilson, interview; Richardson, School of Public Health, University of Alberta, *It Begins Here*.
- 56 Doug Wilson, interview.
- 57 Richardson, School of Public Health, University of Alberta, *It Begins Here*; University of Alberta, “Dean’s Corner,” School of Public Health, accessed 11 July 2020, <https://www.ualberta.ca/public-health/about/deans-corner/index.html>; “Public Health School at U of A,” *Edmonton Journal*, 18 March 2006, 25; Stephen J. Corber, “The History of Public Health in Canada,” *Canadian Journal of Public Health* 85, no. 6 (1994).
- 58 Richardson, School of Public Health, University of Alberta, *It Begins Here*; University of Alberta, “Dean’s Corner.”
- 59 Doug Wilson, interview; Richardson, University of Alberta, School of Public Health, *It Begins Here*.
- 60 Richardson, University of Alberta, School of Public Health, *It Begins Here*; Kim Raine, interview.

- 61 Ruth Wolfe, personal communication; University of Alberta, “Public Health & Preventive Medicine Residency Program,” Department of Medicine, accessed 11 July 2020, <https://www.ualberta.ca/departement-of-medicine/education/residency-programs/public-health-preventive-medicine/index.html>.
- 62 *Working towards unity of purpose in public health education: Starting a conversation across three Alberta post-secondary institutions*, Final report from Campus Alberta Health Outcomes.
- 63 University of Saskatchewan, “About the School,” School of Public Health, accessed 11 July 2020, <https://sph.usask.ca/about-the-school.php>; Dalla Lana School of Public Health, *Annual Report 2014–2015* (University of Toronto: 2015), http://www.dlsp.utoronto.ca/wp-content/uploads/2015/08/DLSPH-2014-15-Annual-Report_LR.pdf.
- 64 In addition to the sources noted, this section draws on author LM’s own experience as a member of the Department of Community Health Sciences, first as a postdoctoral fellow starting in 2002 and then as a faculty member starting in 2006.
- 65 The faculty was renamed the Cumming School of Medicine in 2014 following a significant philanthropic donation. University of Calgary, “Our History,” Cumming School of Medicine, accessed 11 July 2020, <https://cumming.ucalgary.ca/about/cumming-school-medicine/history>.
- 66 The Bachelor of Health Sciences program at the University of Calgary is “an inquiry-based, multidisciplinary, and research-intensive undergraduate health sciences honours degree program.” University of Calgary, “Bachelor of Health Sciences,” Cumming School of Medicine, accessed 11 July 2020, <https://cumming.ucalgary.ca/bhsc>.
- 67 The Health and Society major is one of three within the University of Calgary’s Bachelor of Health Sciences program; the others are Biomedical Sciences and Bioinformatics (University of Calgary, “Bachelor of Health Sciences); *Working towards unity of purpose in public health education: Starting a conversation across three Alberta post-secondary institutions*, Final report from Campus Alberta Health Outcomes.
- 68 Toby Taylor (Administrative Manager, Bachelor of Health Sciences Program), personal communication, 14 May 2020.
- 69 Ted Schrecker, “What Is Critical about Critical Public Health? Focus on Health Inequalities,” *Critical Public Health* 32, Issue 2 (2022); Mike D. Fliss et al., “Public Health, Private Names: Ethical Considerations of Branding Schools of Public Health in the United States,” *Critical Public Health* 31, Issue 4 (2021).
- 70 Social science concentration options for Health and Society students within the University of Calgary’s Bachelor of Health Sciences program include: anthropology, community rehabilitation and disability studies, economics, geography, political science, psychology, and sociology. “Health & Society,” University of Calgary, “Bachelor of Health Sciences,” Cumming Schools of Medicine, accessed 11 July 2020, <https://cumming.ucalgary.ca/bhsc/future-students/majors/hsoc>; see also *Working towards unity of purpose in public health education: Starting a conversation across three Alberta post-secondary institutions*, Final report from Campus Alberta Health Outcomes.
- 71 Ardene Robinson Vollman, interview.
- 72 Hawe and Shiell expanded population and public health research capacity in the Department of Community Health Sciences, including by recruiting Jim Dunn, an urban geographer who also held a CIHR-PHAC Applied Public Health Chair, and Melanie Rock, a critical qualitative social scientist whose research focuses on societal and cultural dimensions of health with an emphasis on the importance of nonhuman animals for well-being.
- 73 From a longstanding previous structure of three specializations (i.e., epidemiology, biostatistics, and “health research” which — frustratingly — included everything that did not fall into epidemiology or biostatistics), the graduate program (MSc and PhD) in the Department of Community Health Sciences expanded in the early 2000s and at the time of writing had seven specializations: Biostatistics, Community Rehabilitation and Disability Studies, Epidemiology (including Clinical and Healthcare Epidemiology), Health Economics, Health Services Research, Medical Education, and Population and Public Health. University of Calgary, “Programs and Courses,” Department of Community Health Sciences, accessed 11 July 2020, <https://cumming.ucalgary.ca/departments/community-health-sciences/education/our-programs/graduate-degrees-community-health-sciences>.
- 74 Ardene Robinson Vollman, interview.
- 75 Ardene Robinson Vollman, interview.
- 76 Ardene Robinson Vollman, interview; Chris Hosgood, interview; University of Toronto, “Former UTHHealth President Dr. David Low Passes Away.
- 77 The Association of Schools of Public Health (ASPH) was the U.S. national organization representing deans, faculty and students of accredited schools of public health. The Council on Education for Public

- Health, which is responsible for accreditation, was established in 1974 by the ASPH and the American Public Health Association. In 2013, the ASPH became the Association of Schools and Programs of Public Health (ASPPH). Council on Education for Public Health, "About," accessed 11 July 2020, <https://ceph.org/about/org-info/>.
- 78 Ardene Robinson Vollman, interview; Chris Hosgood, interview.
- 79 Alberta. Legislative Assembly of Alberta, 10 May 2006, https://docs.assembly.ab.ca/LADDAR_files/docs/hansards/han/legislature_26/session_2/20060510_1330_01_han.pdf, 1455–1456; 11 May 2006, https://docs.assembly.ab.ca/LADDAR_files/docs/hansards/han/legislature_26/session_2/20060511_1330_01_han.pdf, 1517.
- 80 According to the records of Ardene Robinson Vollman, in early March of 2006 the provosts at the University of Calgary and the University of Lethbridge had approved the draft memorandum of understanding, but at that time it was still being "reviewed at the highest levels" at the University of Alberta. Therefore, from the point of view of the Universities of Calgary and Lethbridge, the agreement was felt to be in place when the University of Alberta announced its School of Public Health. Ardene Robinson Vollman, personal communication, 21 May 2020.
- 81 Ardene Robinson Vollman, interview.
- 82 Ardene Robinson Vollman, interview.
- 83 At the time of writing, the seven research institutes within the University of Calgary Cumming School of Medicine are: the Alberta Children's Hospital Research Institute; the Arnie Charbonneau Cancer Institute; the Calvin, Phoebe and Joan Snyder Institute for Chronic Diseases; the Hotchkiss Brain Institute; the O'Brien Institute for Public Health; the Libin Cardiovascular Institute; and the McCaig Institute for Bone and Joint Health. University of Calgary, "Research Institutes," Cumming School of Medicine, accessed 11 July 2020, <https://cumming.ucalgary.ca/research/institutes>.
- 84 University of Calgary, "Our History," O'Brien Institute for Public Health, accessed 11 July 2020, <https://obrieniph.ucalgary.ca/about/history>
- 85 Hosgood had previously served as Associate Dean of Arts and Sciences, from 2002 to 2005. Chris Hosgood, interview.
- 86 Chris Hosgood, interview.
- 87 Chris Hosgood, interview.
- 88 Chris Hosgood, interview.
- 89 See *Snapshot: University of Lethbridge School of Health Sciences 2*, Issue 1 (Spring 2009). Originally, the undergraduate program in public health was envisioned as a joint program between the faculties of Health Sciences and Arts and Science. The joint program model did not ultimately materialize but the program retained close ties with Arts and Sciences to ensure that students gained a broad, critical, and multidisciplinary understanding of health.
- 90 *Snapshot: University of Lethbridge School of Health Sciences 2*, Issue 1 (Spring 2009).
- 91 The specializations were: applied public health practice; health policy and promotion; and public health administration. *Snapshot: University of Lethbridge School of Health Sciences 2*, Issue 1 (Spring 2009); *Snapshot: University of Lethbridge Faculty of Health Sciences 4*, Issue 1 (Spring 2011). The practicum is not mandatory but is a popular opportunity for which faculty and staff work closely with students. Chris Hosgood, interview.
- 92 *Snapshot: University of Lethbridge Faculty of Health Sciences 4*, Issue 1 (Spring 2011); *Snapshot: University of Lethbridge Faculty of Health Sciences 5*, Issue 1 (Spring 2012); Chris Hosgood, interview.
- 93 *Snapshot: University of Lethbridge Faculty of Health Sciences 4*, Issue 1 (Spring 2011).
- 94 Chris Hosgood, interview; "Bachelor of Health Sciences – Public Health, Academic Quality Assurance Review," Memorandum 2015, accessed 11 July 2020, https://www.ulethbridge.ca/sites/default/files/2017/09/BHSc%20Public%20Health%20review_Closing%20Memo_2015.pdf.
- 95 Chris Hosgood, interview; University of Lethbridge, "Programs & Degrees," Faculty of Health Sciences, accessed 11 July 2020, <https://www.uleth.ca/healthsciences/content/programs-degrees>.
- 96 Peter Catterall, "What (if anything) is Distinctive about Contemporary History?" *Journal of Contemporary History* 32, no. 4 (1997).
- 97 Ardene Robinson Vollman, interview.
- 98 Chris Hosgood, interview. According to members of the University of Alberta community, the Council on Education for Public Health's accreditation of a multi-institution arrangement requires that one institution must take the lead, and there was uneasy agreement that the University of Alberta would focus on the master of public health education component. Doug Wilson, personal communication, 20 May 2020.

- 99 Following the May 2006 memorandum of understanding, the universities continued to work towards a pan-Alberta strategy, including the creation in 2007 of an “Alberta Strategy for Academic Public Health” (unpublished document) which in addition to the Universities of Lethbridge, Calgary, and Alberta, included Athabasca University. The strategy document references the May 2006 memorandum of understanding and includes independent proposals for expansion from each university. The economic recession of 2008 precluded many of the expansion items outlined in the strategy document.
- 100 Campus Alberta Health Outcomes and Public Health framework, see <https://obrieniph.ucalgary.ca/institute/campus-alberta-health-outcomes-and-public-health>
- 101 *Working towards unity of purpose in public health education: Starting a conversation across three Alberta post-secondary institutions*, Final report from Campus Alberta Health Outcomes.
- 102 Harvey V. Fineberg, “Public Health and Medicine: Where the Twain Shall Meet,” *American Journal of Preventive Medicine* 41, no. 4 suppl 3 (2011); Ingrid V. Tyler, et al., “Canadian Medical Students’ Perceptions of Public Health Education in the Undergraduate Medical Curriculum,” *Academic Medicine* 84 (2009).
- 103 Jennie Popay, Margaret Whitehead, and David J. Hunter, “Injustice is Killing People on a Large Scale – But What Is To Be Done About It? *Journal of Public Health* 32, Issue 2 (2010); Fran Baum and Matthew Fisher, “Why Behavioural Health Promotion Endures Despite its Failure to Reduce Health Inequities,” *Sociology of Health & Illness* 36, no. 2 (2014); Frances Elaine Baum and David M Sanders, “Ottawa 25 Years On: A More Radical Agenda for Health Equity Is Still Required,” *Health Promotion International* 26 (suppl 2) (2011); Gemma Carey et al., “Can the Sociology of Social Problems Help us to Understand and Manage ‘Lifestyle Drift’?,” *Health Promotion International* 32, no. 4 (2016).
- 104 Daniel Skinner, “Challenges in Public Health Pedagogy,” *Critical Public Health* 29, no. 1 (2016).
- 105 Michael Harvey and Margaret McGladrey, “Explaining the Origins and Distribution of Health and Disease: An Analysis of Epidemiologic Theory in Core Master of Public Health Coursework in the United States,” *Critical Public Health* 29, no. 1 (2016).
- 106 Harvey and McGladrey, “Origins and Distribution of Health and Disease,” 14.
- 107 Harvey and McGladrey, “Origins and Distribution of Health and Disease,” 6.
- 108 Chris Hosgood, interview; Ruth Wolfe, personal communication; *Working towards unity of purpose in public health education: Starting a conversation across three Alberta post-secondary institutions*, Final report from Campus Alberta Health Outcomes.
- 109 Annalee Yassi et al., “Is Public Health Training in Canada Meeting Current Needs? Defrosting the Paradigm Freeze to Respond to the Post-Truth Era,” *Critical Public Health* 31, Issue 4 (2021).
- 110 For example, the core graduate courses in the Department of Community Health Sciences at the University of Calgary have historically included biostatistics and clinical epidemiology, with qualitative research methods being optional. It has proved to be very difficult to change this longstanding model.
- 111 Yassi, Lockhart, Gray, and Hancock, “Is Public Health Training in Canada Meeting Current Needs?”
- 112 Yassi et al., “Is Public Health Training in Canada Meeting Current Needs?” 40.
- 113 David Opinko, “Province Announces ‘Outcomes-based’ Funding Model for Post-secondary Education,” *LethbridgeNewsNow*, 20 January 2020, <https://lethbridgenewsnow.com/2020/01/20/province-announces-outcomes-based-funding-model-for-post-secondary-education/>.
- 114 Lindsay McLaren et al., “Unpacking Vulnerability: Towards Language that Advances Understanding and Resolution of Social Inequities in Public Health,” *Canadian Journal of Public Health* 111 (2002).
- 115 Fliss et al., “Public Health, Private Names”.
- 116 See for example, Anne-Emanuelle Birn, “Philanthrocapitalism, Past and Present: The Rockefeller Foundation, the Gates Foundation, and the Setting(s) of the International/Global Health Agenda,” *Hypothesis* 12, no. 1 (2014).
- 117 Laurie Adkin et al., *Higher Education – Corporate or Public? How the UCP is Restructuring Post-Secondary Education in Alberta* (Edmonton: Parkland Institute, May 2022), https://www.parklandinstitute.ca/higher_education_corporate_or_public
- 118 The penultimate draft of the memorandum of understanding is in the University of Calgary General Counsel fonds, Accession 2010.047 Box 8 File 8.

NOTES TO TABLE 6.1

- 1 For the BHSc / BMgt Combined Degree program at the University of Lethbridge, the Health Sciences Major is Public Health, and the Management Majors are General Management *or* Human Resource Management and Labour Relations. "Working Towards Unity of Purpose in Public Health Education: Starting a Conversation across Three Alberta Post-secondary Institutions," Final report from Campus Alberta Health Outcomes and Public Health-funded meeting, 11 February 2019, Calgary.
- 2 The concentrations within the PhD – Population Studies in Health program are: Diversity, disparities, inequalities, and social determinants of health; Global population health; Life course, aging, and health; Policies, policy analysis, and population health; Population health and demographic change; Sustainability and population health ("Population Studies in Health (PhD)" University of Lethbridge, accessed 11 July 2020, <https://www.uleth.ca/future-student/graduate-studies/doctor-philosophy/population-studies-health>)
- 3 The MSc and PhD program specializations in the University of Calgary's Department of Community Health Sciences are: Biostatistics, Community Rehabilitation & Disability Studies, Epidemiology, Health Economics, Health Services Research, Medical Education, and Population & Public Health ("Welcome to the Department of Community Health Sciences," University of Calgary, accessed 11 July 2020, <https://cumming.ucalgary.ca/departments/community-health-sciences/about-us/message-department-head>)
- 4 The MSc program specializations at the University of Alberta's School of Public Health are: Clinical Epidemiology, Environmental Health Sciences, Epidemiology, General Public Health, Global Health, Health Policy Research, and Health Promotion and Socio-behavioural Sciences ("MSc Programs," School of Public Health, University of Alberta, accessed 11 July 2020, <https://www.ualberta.ca/public-health/programs/msc-programs/index.html>)
- 5 The PhD program specializations at the University of Alberta's School of Public Health are: Epidemiology, Health Promotion and Socio-behavioural Sciences, Health Services and Policy Research, and Public Health ("PhD Programs," School of Public Health University of Alberta, accessed 11 July 2020, <https://www.ualberta.ca/public-health/programs/phd-programs/index.html>)
- 6 The MPH program specializations at the University of Alberta's School of Public Health are: Applied Biostatistics, Environmental and Occupational Health, Epidemiology, Food Safety, Global Health, Health Policy and Management, and Health Promotion ("MPH Programs," School of Public Health, University of Alberta, accessed 11 July 2020, <https://www.ualberta.ca/public-health/programs/mph-programs/index.html>). The MPH in Health Promotion is offered both on campus and by distance ("MPH Health Promotion," School of Public Health, University of Alberta, accessed 11 July 2020, <https://www.ualberta.ca/public-health/programs/mph-programs/mph-health-promotion.html>)

