



**Date:** February 14, 2024  
**To:** Senate  
**From:** Ad hoc Senate Committee on Academic Health Programming  
**Re:** **Faculty of Health proposal**

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The Senate Committee on Academic Health Programming is pleased to put forward a proposal to Senate for the establishment of the Faculty of Health at the University of Victoria, comprised of the Schools of:

- Exercise Science, Physical and Health Education,
- Health Information Science,
- Medical Sciences,
- Nursing,
- Public Health and Social Policy, and
- Social Work.

As part of this proposal, the Committee recommends the disestablishment of the Division of Medical Sciences and the Faculty of Human and Social Development (HSD). The Division of Medical Sciences would become a school, and three HSD schools not bound for the Faculty of Health are recommended to migrate to other faculties:

- Child and Youth Care, Faculty of Education
- Indigenous Governance, Faculty of Social Sciences
- Public Administration, Faculty of Social Sciences

As noted in the attached expressions of interest, all of these units support the recommendations, and the Committee wishes to acknowledge and commend units on their thoughtful deliberations and collegial consultations with each other and Committee members. The expressions of interest represent a significant amount of consideration and discussion. Also attached are letters of support from units who have provided suggestions for future collaborations and cross-disciplinary opportunities.

The Committee's recommendations reflect extensive consultations, including the campus-wide survey and townhall, as well as discussions with Senate, academic units, chairs and directors, the Indigenous Wellness Working Group, Deans' Council and Academic Leadership, Integrated Planning, Executive Council and external stakeholders. A summary of consultations is attached, along with the results of the campus-wide survey that outline considerations for success, risks to avoid, benefits and challenges, and future opportunities.

The proposal is presented as an omnibus motion, which ensures that all the proposed and connected motions are voted on together—as they are parts of a whole—similar to the Senate process undertaken to establish the tri-faculties in the 1990s. The Senate Committee on Academic Health Programming voted unanimously in favour of this motion at their Feb. 12, 2024 meeting.

## **Omnibus motion**

*THAT Senate approve and recommend to the Board of Governors that it also approve:*

1. That UVic establish the Faculty of Health effective May 1, 2024.
2. That UVic establish a School of Medical Sciences in the Faculty of Health effective May 1, 2025 and migrate faculty, staff and students in the Division of Medical Sciences to the new School effective May 1, 2025, and that the Division of Medical Sciences be disestablished effective May 1, 2026.
3. That the School of Exercise Science, Physical and Health Education; School of Health Information Science; School of Medical Sciences; School of Nursing; School of Public Health and Social Policy; and School of Social Work become part of the Faculty of Health effective May 1, 2025, and persons holding academic and staff appointments in these academic units on May 1, 2025 shall hold the same appointment in the Faculty of Health.
4. That all programs and courses approved for offering in the School of Exercise Science, Health and Physical Education; School of Health Information Science; School of Medical Sciences; School of Nursing; School of Public Health and Social Policy; and School of Social Work continue to be approved for offering in the Faculty of Health.
5. That the Faculty of Human and Social Development continue from May 1, 2025 until April 30, 2026 with a faculty comprised solely of the Acting Dean of Human and Social Development. The Faculty of Human and Social Development shall be disestablished effective May 1, 2026.
6. That the Division of Medical Sciences continue from May 1, 2025 until April 30, 2026 with a faculty comprised solely of the Acting Head of the Division of Medical Sciences. The Division of Medical Sciences shall be dissolved effective May 1, 2026.
7. That the School of Child and Youth Care (CYC) become part of the Faculty of Education effective May 1, 2025, and persons holding academic and staff appointments in CYC on May 1, 2025 shall hold the same appointment in the Faculty of Education.
8. That all programs and courses approved for offering in the School of Child and Youth Care be continued in the academic unit and Faculty of Education effective May 1, 2025.
9. That the School of Indigenous Governance (IGOV) become part of the Faculty of Social Sciences effective May 1, 2025, and persons holding academic and staff appointments in IGOV on May 1, 2025 shall hold the same appointment in the Faculty of Social Sciences.
10. That all programs and courses approved for offering in the School of Indigenous Governance be continued in the academic unit and Faculty of Social Sciences effective May 1, 2025.
11. That the School of Public Administration (PADM) become part of the Faculty of Social Sciences effective May 1, 2025, and persons holding academic and staff appointments in PADM on May 1, 2025 shall hold the same appointment in the Faculty of Social Sciences.
12. That all programs and courses approved for offering in the School of Public Administration be continued in the academic unit and Faculty of Social Sciences effective May 1, 2025.

13. That students in the School of Exercise Science, Physical and Health Education; School of Health Information Science; School of Medical Sciences; School of Nursing; School of Public Health and Social Policy; School of Social Work; School of Child and Youth Care; School of Indigenous Governance; and School of Public Administration who complete their studies in the 202501 term or earlier will graduate from their Faculty at the time they completed their program requirements regardless of when they apply to graduate.
14. The appointment committee composition for the inaugural Dean, Faculty of Health (*see attached for committee composition*).
15. That the Procedures for the Appointment of the Associate Dean of Human and Social Development (GV0640) be rescinded effective May 1, 2025.

*AND that, subject to approval by the Board of Governors of the above motions requiring Board approval, Senate approve:*

16. All duly established committees in the School of Exercise Science, Physical and Health Education; School of Health Information Science; School of Medical Sciences; School of Nursing; School of Public Health and Social Policy; and School of Social Work continue as properly established in the academic unit and the Faculty of Health as appropriate, until such time as the Faculty of Health establishes faculty and unit governance structures.
17. That all proceedings initiated in the School of Exercise Science, Physical and Health Education; School of Health Information Science; School of Medical Sciences; School of Nursing; School of Public Health and Social Policy; and School of Social Work be continued in the academic unit and the Faculty of Health as appropriate.
18. The creation of interim faculty governance structure for the Faculty of Health effective May 1, 2025 (to be presented to Senate for approval before May 1, 2025).
19. That all duly established committees and proceedings initiated in the School of Indigenous Governance and School of Public Administration continue in the academic unit and the Faculty of Social Sciences as appropriate.
20. That all duly established committees and proceedings initiated in the School of Child and Youth Care continue in the academic unit and the Faculty of Education as appropriate.
21. Amending Senate membership to add Faculty of Health Dean as an additional member under s.35(2)(i) of the University Act effective January 1, 2025 or when appointed, whichever is earlier, to April 30, 2025.
22. Amending Senate membership to add Faculty of Health Dean, faculty and student representatives effective May 1, 2025.
23. Amending Senate membership to remove the Dean, Faculty of Human and Social Development from the Deans category effective May 1, 2025.
24. Amending Senate membership to remove the Faculty of Human and Social Development faculty and student representatives effective May 1, 2025.
25. Amending Senate membership to add Acting Dean, Faculty of Human and Social Development as an additional member under s.35(2)(i) of the University Act effective May 1, 2025 to May 1, 2026.
26. Amending Senate membership to remove the Head, Division of Medical Sciences as an additional member under s.35(2)(i) of the University Act effective May 1, 2026.

### **Next steps**

The Board of Governors, following the approval of Senate, establishes faculties as well as procedures for the recommendation and selection of candidates for deans. Assuming a positive vote at the March 1 Senate, the motions will proceed to the Board of Governors for their March 26, 2024 meeting.

Consultations continue with the Department of Psychology as well as with faculty members in the counselling psychology program, School of Educational Psychology and Leadership Studies. An update will be provided at the May 3, 2024 Senate meeting.

As noted in the attached timeline, the Faculty of Health would be established on May 1, 2024 but would not become operational until the following year, on May 1, 2025. This provides time to search for and appoint the inaugural dean, refine the organizational structure, and create an implementation plan.

There will also be processes to support individuals and units moving to a different faculty, update student registration processes, further communicate with campus and stakeholders, move budgets and create a space plan. Once appointed, the dean will work with faculty to develop the mission and mandate for the Faculty of Health, informed by the ongoing work of the Indigenous Wellness Working Group, and build culture and cohesion among units.

As much of this work is outside of the scope of Senate, the Senate Committee on Academic Health Programming will consider their role and bring a revised Terms of Reference to Senate if necessary.

### **Attached:**

- Rationale for a Faculty of Health\*
- Appointment Committee for the Dean of Health\*
- Senate memos dated April 19, Oct. 25, Nov. 22, 2023 and Jan. 24, 2024 – includes Terms of Reference for the Senate Committee on Academic Health Programming\*
- Consultation summary for phase 1
- Campus-wide survey on a health-related faculty at UVic: summary of results\*
- Expressions of interest and statements of support from academic units\*
- Indigenous Wellness Working Group: Milestone Interim Report\*
- Organizational charts (before and after)\*
- Data on student full-time equivalents (FTEs), faculty FTEs, and a student-faculty ratio (current state and future state)\*
- Implementation timeline\*

*\*Previously shared with Senate as part of an agenda package, on SharePoint, or included in the Feb. 9, 2024 presentation.*

### **See also:**

- Project web page: [uvic.ca/health-faculty](https://uvic.ca/health-faculty)

Respectfully submitted,

**Ad hoc Senate Committee on Academic Health Programming**

Helga Hallgrímsdóttir, Deputy Provost\* (Chair)

Elizabeth Adjin-Tettey, Associate Vice-President Academic Programs\*

Carrie Andersen, University Secretary

Vanessa Andreotti, Dean, Faculty of Education\*

Lisa Bourque Bearskin, Faculty of Human and Social Development\*

Tony Eder, Associate Vice-President Academic Resource Planning

Lindsay Gagel, Director, Academic Communications and Projects

Lois Harder, Dean, Faculty of Social Sciences\*

Robin Hicks, Dean, Faculty of Graduate Studies\*

Fraser Hof, Associate Vice-President Research\*

Sandra Hundza, Faculty of Education\*

Cole Kennedy, Graduate student representative\*

Darryl Knight, Providence Health Care\*

Nathan Lachowsky, Associate Dean Research, Faculty of Human and Social Development\*

Peter Looock, Dean, Faculty of Science\*

Simon Minshall, Faculty of Human and Social Development\*

Nathaniel Sukhdeo, Undergraduate student representative\*

Wendy Taylor, Acting Registrar

Bruce Wright, Head, Division of Medical Sciences\*

Ashley Fitterer, Senior Project Officer (support)

*\*Voting*

## Rationale for a Faculty of Health

The Faculty of Health encompasses a balanced approach to health programming that includes biological and social determinants of health. This comprehensive faculty highlights our existing strengths in health and wellness education, training and research and provides a stronger external profile to attract and foster a diverse and talented community of students, faculty and partners committed to addressing systemic barriers to health care and creating healthier communities. Through the Faculty of Health, UVic will innovate solutions and advance services that support healthy communities and address local and global health care issues.

Students are engaged in research-enriched undergraduate and graduate programs that include significant experiential learning opportunities, such as work-integrated learning in health care settings (e.g., co-op placements, practicums, and interdisciplinary team-based programs on campus). Many of these programs will have external accreditation requirements, qualifying students to work in health care settings upon completion of their program. Initial programs offered in the Faculty of Health will primarily be related to existing programs offered by academic units that move into the faculty. Future programming could include new undergraduate and graduate degrees, as well as micro-credentials, certificates, diplomas, laddering, community outreach, and professional master's programs related to health and wellness.

Indigenous perspectives are embedded throughout the Faculty of Health, including through a distinctions-based approach. The Faculty of Health will prioritize Indigenous ways of knowing and scholarship, including by incorporating these perspectives into future programming, courses and curriculum related to health and wellness.

Initial units recommended to be included in the Faculty of Health:

- School of Exercise Science, Physical and Health Education
- School of Health Information Sciences
- School of Medical Sciences
- School of Nursing
- School of Public Health and Social Policy
- School of Social Work

The Social Dimensions of Health interdisciplinary program, currently housed with the School of Public Health and Social Policy, will sit in the Faculty of Health.

## Considerations and other recommendations

The Senate Committee on Academic Health Programming (the Committee) offers Senate the following considerations and recommendations related to the proposed rationale.

### Name

Several names were put forward to the Committee for consideration. The Committee recommends “Faculty of Health” as it encompasses the existing programs that we have proposed including, while also providing space for future and interdisciplinary programming.

The name is concise, clear, serious and reflects the draft rationale. Importantly, it is a name that will be understood by prospective domestic and international students; prospective faculty and researchers; potential donors; and community, business, government and post-secondary stakeholders and partners.

### Impact on other faculties and divisions

The Committee’s mandate is to not create a net-new faculty. Given that four of the proposed initial units are in the Faculty of Human and Social Development (HSD), the Committee recommends disestablishing the Faculty of Human and Social Development. As well, the Committee recommends moving the Division of Medical Sciences into the Faculty of Health as a School of Medical Sciences.

The Committee, in consultation with Deans, has worked with all units in HSD to find a new home faculty that aligns with their teaching and research strengths. The new home faculties for units not going to the Faculty of Health are:

- School of Child and Youth Care – Faculty of Education
- School of Indigenous Governance – Faculty of Social Sciences
- School of Public Administration – Faculty of Social Sciences

The Committee continues to consult and deliberate on additional units and programs that may be put forward for recommendation at the May Senate, specifically the Department of Psychology and the counselling psychology program in the School of Educational Psychology and Leadership Studies.

### Units and structure

Many UVic programs include health education and research. It is not feasible to move all such programs into the Faculty of Health, as this would create an extremely large faculty and draw resources from existing faculties.

The Committee recommends that departments and schools generally move as a whole in the initial phase. The final structure of the new Faculty of Health will be considered in consultation with the new Dean. It is recommended that the structure allow for collaboration and synergy among faculty, staff and students, as well as provide for interdisciplinary programming and research related to health and wellness. Efforts should be made to break down silos and foster cooperation between health-related disciplines, including those outside of the Faculty of Health. For example, students should have opportunities to take courses and electives from outside of the Faculty of Health, to promote multi-disciplinary learning. This could be supported by the cross-appointment of faculty. Efforts should be made to reduce administrative and service burden on faculty members, which can occur if departments and schools are too small.

## Appointment Committee for the Dean of Health

Position	Number	Composition	Appointment Method
Chair	(1)	Vice-President Academic and Provost or designate	Ex Officio
Committee Members	(6)	Regular faculty members in the following Schools/Division, at least one of whom must be a Director: <ul style="list-style-type: none"> <li>• School of Exercise Science, Physical and Health Education</li> <li>• School of Health Information Science</li> <li>• Division of Medical Sciences</li> <li>• School of Nursing</li> <li>• School of Public Health and Social Policy</li> <li>• School of Social Work</li> </ul>	Regular faculty members to be elected by and from regular faculty members in the Schools/Division in an election conducted by the Office of the University Secretary  Director to be selected by and from the Directors
	(1)	Chair of Department of Psychology	
	(1)	Dean	Selected by Deans' Council
	(1)	Undergraduate student registered in a degree program offered by the School of Public Health and Social Policy; School of Health Information Science; School of Nursing; School of Exercise Science, Physical and Health Education; School of Social Work; or the Division of Medical Sciences	Selected by and from the undergraduate students in Schools/Division
	(1)	Graduate student registered in a degree program offered by the School of Public Health and Social Policy; School of Health Information Science; School of Nursing; School of Exercise Science, Physical and Health Education; School of Social Work; or the Division of Medical Sciences	Selected by and from the graduate students in the Schools/Division
	(1)	Staff representative from a CUPE/PEA position, with continuing appointment. To be elected from all CUPE/PEA staff with a continuing appointment in the School of Public Health and Social Policy; School of Health Information Science; School of Nursing; School of Exercise Science, Physical and Health Education; School of Social Work; or the Division of Medical Sciences; as well as from	Representative to be elected in an election conducted by the Office of the University Secretary



		those CUPE/PEA staff with a continuing appointment outside the faculty for whom at least 50% of their normal duties contribute to teaching, research or administrative activities in the faculty including co-op, development, student recruitment staff, etc.	
	(1)	Faculty or staff member appointed by the Vice-President Indigenous	Appointed by the Vice-President Indigenous
Secretary		An administrative staff member from the Vice-President Academic and Provost's office (non-voting)	Appointed by the Chair

# memo

**To:** Senate Committee on Agenda and Governance

**From:** Elizabeth Croft, Vice-President Academic and Provost & Helga Hallgrímsdóttir, A/Deputy Provost

**Date:** April 19, 2023 (updated from March 29 memo)

**Re:** **Proposal to form a Senate committee to explore new structures for a UVic health faculty**

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In the context of our institutional plans, we propose an exciting opportunity for UVic to enhance our health profile and help meet provincial health care demands. A new health-related Faculty would unite and house our interdisciplinary health programs—highlighting our strengths in health education, training and research and providing a higher external profile to attract students, faculty, research chairs and partners. The intention is to lift up all Faculties across the university while also serving vital community needs, including through Indigenous-led scholarship and addressing systemic barriers to healthcare.


## Strategic relevance

Raising the profile of health-related programs aligns strongly with the [university's draft strategic plan](#), in particular the “people, place and planet” pillar that emphasizes our responsibilities to support the well-being of the community and collaborations towards healthier and more resilient futures.

*We advance local and global issues like climate action and sustainability, social justice and equity, and health and wellness. Together, we're collaborating toward healthier and more resilient futures that uphold the well-being of our region and of all life on our planet. (Draft Strategic Plan, p.4)*

A new health-related Faculty would also advance and mobilize UVic's [Aspiration 2030](#) impact areas—particularly “health and wellness” but also “Indigenous-led scholarship,” “social justice and equity” and “technology and the human experience”—while supporting a diverse community of interdisciplinary health researchers to achieve excellence and address critical societal challenges.

*Many complex factors contribute to health and wellness across the lifespan. At the University of Victoria, we are at the forefront of innovative and community-responsive research on the social, cultural and biomedical determinants of health and wellness, in addition to disease prevention, diagnosis, treatment, care and cure. Our impact has broader reach as well, to local, national and*



*international policy; community programs for substance use and at-risk people; promotion of wellness and healthy aging through movement, music, language, theatre and visual arts; and even to enabling end-of-life care for marginalized populations. (Aspiration 2030, p. 10)*

It will be important to ensure any recommended structural change aligns with the Equity Action Plan and, once launched, the new Indigenous plan; for example, through increasing access and opportunities for systemically and historically marginalized groups.

## Background

In 2018, the Offices of the Vice-President Academic and Provost and the Vice-President Research and Innovation launched the [UVic Health Initiative](#) (formally known as the Health Sciences Initiative) to enhance the quality and raise the profile of health research, programs and related activities at UVic. The resulting concept paper, released in November 2019 following nine months of consultations with leaders and stakeholders, recommends ways to unite health learners, educators and researchers.

*Although many of our faculty and students do important work and publish extensively, we are not known nationally or internationally for having research strengths in particular areas and this hurts our external reputation. To overcome this challenge, we need to be intentional about developing and raising our profile in a few priority areas where we have the capacity and expertise to do so. One such area is health. (UVic Health Initiative Concept Paper, p. 1)*

While much of this work paused during the global pandemic, we have emerged in an even better position to address many of the recommendations from the concept paper that have yet to be advanced. One such recommendation is the creation of a new Faculty structure for interdisciplinary academic programs and research related to health.

*Structures are important because they are catalysts for organizing activities, and they signal to external stakeholders areas where we have capacity and strength. . . . Our structures help define our identity, because potential students, faculty recruits and external partners make assumptions about our health enterprise based on the structures we maintain. It is therefore important that we think carefully about our structures, so that we derive maximum benefit from them and use them to enhance our position. (UVic Health Initiative Concept Paper, p. 8)*

The concept paper also articulates how a new structure could support student recruitment efforts:

*Many potential students believe that UVic lacks health-related programs because our current programs are not located in units that are typically associated with 'health' programs. This means that we may be losing high-quality students to other institutions. It also means that many of our students require significant help identifying the health programs they are most interested in. (UVic Health Initiative Concept Paper, p. 10)*

## Opportunities

The BC Government is interested in expanding opportunities for health education to address urgent needs in BC communities across the province. They have indicated their willingness to fund new seats in medicine, nursing and ancillary health professions such as social work, health information, public health,

health administration and leadership, physical therapy, and speech-language pathology. Currently, we are exploring new physical therapy and speech-language pathology programs in collaboration with UBC.

UVic is well positioned to work with the province on additional targeted expansions, building on our teaching and research strengths in the social determinants of health, mental health and wellness, substance use, community wellness, Indigenous health and wellness, and aging and lifelong health. Indigenous-led scholarship is a noteworthy strength across the university, with Indigenous scholars promoting, facilitating and leading interdisciplinary academic programming and research that improves Indigenous peoples' well-being. We also have considerable expertise in training and preparing professional health practitioners, including through hands-on learning and practica placements.

UVic has capacity to reach and recruit new students, grow our inter-professional training opportunities, and increase our presence in health education across the increasingly competitive post-secondary environment. Further to this, a new medical school at Simon Fraser University creates additional urgency to raise our profile and solidify our presence in the post-secondary health space, contributing to communities through critical health education, training and research. UVic is not contemplating a medical school; instead, we seek to serve a different need for the province with respect to community and allied health, in an intentional and comprehensive way that builds on our strengths.

As noted in the UVic Health Initiative Concept Paper, UVic students enrol in a range of high-quality undergraduate and graduate health programs in the Faculties of Education, Human and Social Development, Science, Social Sciences, and Division of Medical Sciences. Our health-related programs are championed and supported by nationally and internationally renowned faculty members engaged in health-related research and teaching.

*UVic has approximately 200 faculty members currently engaged in health-related research and teaching, with existing strengths in aging, cancer, health informatics, healthy equity, mental health, neuroscience, social dimensions of health and substance use—as well as many other emerging areas of excellence. As the [initiative] has unfolded, we have considered how we can both bring together and invest in such expertise to achieve maximum impact and further advance our global prominence. (UVic Health Initiative Concept Paper, p. 1)*

A new health-focused Faculty would pave the way for all Faculties to develop health-related interdisciplinary programming in emerging fields (e.g., health law, linguistics, speech pathology, etc.), as well as new community, research and industry partnerships. Enhancing our national and international profile and rankings will benefit all of campus, as we attract and build relationships with new students, scholars and partners.

## Summary

Creating a new Faculty that unites our health programs and scholars would constitute one of the most significant structural changes to the university since the Faculty of Arts and Sciences evolved into the Faculties of Humanities, Science, and Social Sciences in the early 1990s. Support from Deans, Senators, and faculty members will be essential to the success of this proposed initiative.

As a net-new Faculty would require significant resources, we propose re-imagining an existing Faculty/Division that would enhance our health profile in that Faculty/Division and across the university.

The Faculty of Human and Social Development and the Division of Medical Sciences are viable options—given their strengths in health-related disciplines—and although we do not have a pre-determined outcome, there are exciting possibilities to think big. As health intersects every Faculty, consideration must be given to the collaborative opportunities and also the impact on all Faculties, including to avoid units competing for top-performing teachers and researchers, as well as to the university as a whole.

### Proposal to form an ad-hoc Senate committee

As per section 39 (1) of the [British Columbia University Act](#), the Faculties of each university may be constituted by the Board of Governors, on the recommendation of Senate. As such, and aligned with 39 (1), we are proposing an ad-hoc Senate committee to lead this initiative, including identifying and consulting with stakeholders, moving through the approval processes, and developing a communications strategy. The ultimate goal of the committee will be to make a recommendation to the Board of Governors on a new Faculty, following Senate’s review and approval.

From December to March 2023, we consulted with Executive Council, the Senate Committee on Agenda and Governance (SCAG) and Deans’ Council and sought advice on the proposed approach. Collective feedback has been incorporated into this memo and the attached Terms of Reference.

Chaired by the Deputy Provost, the proposed committee is mostly comprised of faculty members, including either a dean or a designate of the dean from the Faculties and Divisions that align most closely with health programming: Education, Graduate Studies, Human and Social Development, Medical Sciences, Science, and Social Sciences. We also propose faculty or librarians nominated by SCAG, faculty or librarian nominations from the VP Indigenous and VP Research and Innovation, and student representatives. A limited number of ex-officio leaders are included for their expertise in areas associated with academic programming and approvals, student recruitment and retention, resource allocation and budgeting, project management and communications.

While the proposed committee is large, we believe it will be necessary to break into working groups to advance this work in an inclusive and timely way. Possible working groups include:

- Indigenous health and Indigenous-led scholarship
- Transfer and articulation
- Student experience and outcomes

The committee will also need to coordinate with parallel processes that are outside of Senate’s jurisdiction and that are meaningful to the work. Some initiatives are already underway, including with respect to research opportunities that align with the UVic Health Initiative Concept Paper. Based on feedback from the April meeting of Senate, these parallel processes will include:

- Capital and operations – with Vice-President Finance and Operations
- Labour relations – with Faculty Relations and Academic Administration, Human Resources, the Faculty Association, CUPE unions and the PEA
- Partnership and innovation – with Vice-President Research and Innovation
- Community engagement – with Vice-President External Relations
- Government relations – with Vice-President Academic and Provost and Vice-President External Relations

Parallel processes will be formalized through the committee as project work progresses. We also propose allowing the chair to add additional committee members at the recommendation of the committee, following the initial meeting.

The committee will attend to potential engagement with Indigenous programming and partners, advance research strengths and our health research profile, consider implications to UVic Libraries, and centre student recruitment, retention and success in decision making.

### Next steps

We are seeking Senate's approval to create the ad-hoc Senate Committee on Academic Health Programming as proposed in the attached Terms of Reference. We will share the names of confirmed committee members at the May Senate meeting.

Following Senate's approval, the Chair of the committee will work collaboratively to identify and bring together committee members in a timely way, with project work, parallel processes and consultations over the summer and into the fall term. The committee will provide an update to Senate before the end of the 2023 calendar year.

Attached: Senate Committee on Academic Health Programming Terms of Reference

# Senate Committee on Academic Health Programming

Terms of Reference | April 2023

## Roles and responsibilities

The role of the ad-hoc Senate Committee on Academic Health Programming is to explore and determine the structure of a health-related Faculty at the University of Victoria, dedicated to health programming and building on existing structures (e.g., the Faculty of Human and Social Development or the Division of Medical Sciences) and consistent with UVic's vision for health programming, as articulated by the [UVic Health Initiative concept paper](#), [Aspiration 2030](#), and the [draft Strategic Plan](#). This may also include proposing new academic units to enhance the reputation and profile of academic health programming and research at UVic.

Responsibilities include:

1. Develop a project plan and consultation plan that includes internal and external stakeholders, and consulting with UVic students, staff, faculty, librarians, leaders and the Faculty Association (e.g., through surveys, townhalls, Faculty Council meetings, etc.).
2. Review existing structures at UVic and researching structures at comparator and aspirational post-secondary institutions.
3. Consider and make recommendations to the Vice-President Academic and Provost and Senate as follows:
  - a. The formation or reformation of a Faculty/Division organized around health programming;
  - b. The name of the Faculty/Division;
  - c. Academic Departments or Schools to be included in the Faculty;
  - d. Undergraduate and/or graduate programming to be offered through such a Faculty/Division;
  - e. Pathways and mechanisms for individual faculty members to affiliate with any new proposed academic structure, separate from the transfer of an entire academic unit to a new Faculty and aligned with the Collective Agreement;
  - f. Other considerations as directed by Senate.
4. Develop a communications plan and report to Deans' Council, Senate and members of the university community as appropriate and as necessary.
5. Attend to engagement with Indigenous programming and partners.
6. Attend to engagement with community partners and appropriate government partners including Ministries responsible for post-secondary education, health and provincial health authorities.
7. Consider alignment with, and implications to, UVic Libraries, Continuing Studies and non-academic units on campus while centering student recruitment, retention and success in decision making.

## Approval process

The committee will take recommendations to Senate for approval, with the support of the Deans' Council and the Vice-President Academic and Provost, as implications may require Executive-level approval. As per the British Columbia University Act, the Faculties of each university may be constituted by the Board of Governors, on the recommendation of Senate. Following final approvals by Senate and Board the committee will conclude its work and dissolve.

## Composition

The committee is comprised of 13 faculty/librarians, with two student representatives and one external community representative. Four ex-officio non-voting members are included for their operational expertise, advice and to support the work of the committee.

## Voting

- Deputy Provost (Chair, *ex-officio*)
- Deans or faculty member designate\* of the following Faculties/Division: Science, Social Sciences, Human and Social Development, Graduate Studies, Education, and Medical Sciences (*ex-officio*)
- 3 faculty members/librarians from Senate, nominated by the Senate Committee on Agenda and Governance
- 1 faculty member/librarian, nominated by the Vice-President Indigenous
- Associate Vice-President Academic Programs (*ex-officio*)
- Associate Vice-President Research (*ex-officio*)
- 2 students, including 1 undergraduate student and 1 graduate student, at least one of whom must be a student member of Senate
- 1 member from outside of the University of Victoria, nominated by the President

## Non-Voting Resources

- Associate Vice-President Academic Resource Planning (*ex-officio*)
- Director, Academic Communications and Projects (*ex-officio*)
- Registrar or designate\* (*ex-officio*)
- University Secretary or designate\* (*ex-officio*)
- Administrative staff member, selected by the Chair (support)

*\*Designates do not need to be members of Senate*

The Chair, with the Support person, is responsible for setting and distributing agendas and confidential minutes.

Committee members may be required to lead or participate in working groups to advance this work in an inclusive and timely way. Working groups need not be exclusively comprised of committee members. The chair may add additional committee members at the recommendation of the committee, following the initial meeting.

Senate standing and ad-hoc committee meetings are normally closed. A committee may determine that the whole or part of any committee discussion or document presented to the committee shall be held in confidence.



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DATE: October 25, 2023

TO: Members of Senate

FROM: Helga Hallgrímsdóttir, Deputy Provost & Chair, Senate Committee on Academic Health Programming

**RE: Summary of results from campus-wide survey**

On behalf of the ad-hoc Senate Committee on Academic Health Programming, I am pleased to share the summary of results from our campus-wide survey, which ran from Sept. 1–25, 2023 and received more than 1,900 responses. We will present findings to Senate on Nov. 3.

As noted at the October Senate meeting, our project has an [ambitious timeline](#). The first phase involves developing recommendations to Senate on whether to establish a health faculty and, if Senate agrees, a list of foundational units, draft mandate and name. We plan to bring an initial proposal to Senate for discussion in December or January, and for approval a month later. Determining foundational units and mandate upfront will help provide certainty to units and individuals who are wondering if they will be affected by this change and allow the Committee to focus on supporting the evolution of units throughout 2024.

Our update to campus on [May 9, 2023](#) confirmed that we are not proposing a net-new faculty. If Senate agrees to a new faculty structure, some departments and schools will migrate to a new faculty. Others may migrate to different existing faculties. Many of these details will be determined after Senate's initial approval.

The survey results will help to inform future consultations. There's a campus-wide [townhall on Nov. 17](#) and we also plan to visit academic units that are likely to be impacted by the creation of a health faculty. Our [project web page](#) is updated regularly, after every Committee meeting, and includes an FAQ. We also monitor the [healthfaculty@uvic.ca](mailto:healthfaculty@uvic.ca) email address.

**Attached:** Campus-Wide Survey on a Health-Related Faculty at UVic: Summary of Results





**Date:** November 22, 2023  
**To:** Senate  
**From:** Ad hoc Senate Committee on Academic Health Programming  
**Re:** **Proposed Rationale for the Faculty of Health**

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The [Senate Committee on Academic Health Programming](#) is pleased to provide Senate with a proposed rationale for a new health-related faculty, a suggested name and a list of proposed initial units, for discussion and feedback. The Committee will make revisions to this document following the Senate discussion and as we continue to engage in consultations. The Committee intends to bring an updated version of this document to Senate in early 2024, along with interim appointment procedures for a new dean. A vote would likely occur in February or March, depending on feedback.

The Board of Governors, following the approval of Senate, establishes faculties as well as procedures for the recommendation and selection of candidates for deans.

In addition to providing some certainty to our campus community—including faculty and staff directly impacted by the creation of a new faculty—the rationale will allow for the recruitment of the new dean to lead this work in consultation with the initial units.

Our proposed rationale is based on extensive consultations, including the campus-wide survey and townhall, as well as discussions with academic units, chairs and directors, Deans' Council and Academic Leadership, Integrated Planning and Executive Council. In addition to the proposed rationale, the attached document contains explanatory notes and additional considerations.

There continues to be great enthusiasm across campus for this initiative. Among the benefits is the opportunity to attract high-performing students, including by providing experiential learning and training opportunities as well as research-enriched learning from experts in health-related fields. As well, a new health faculty will improve UVic's ability to respond to pressing local and global health challenges through expanded research opportunities, enhanced partnerships with health care organizations, and increased access to funding and resources. There is also support for increased collaboration and interdisciplinary approaches among units.

Additional information about this initiative is available on the [project web page](#).

**Attached:** Draft rationale for the Faculty of Health

Respectfully submitted,

**Ad hoc Senate Committee on Academic Health Programming**

Helga Hallgrímsdóttir, (Chair), Deputy Provost

Elizabeth Adjin-Tettey, Associate Vice-President Academic Programs

Carrie Andersen, University Secretary

Vanessa Andreotti, Dean, Faculty of Education

Lisa Bourque Bearskin, Faculty of Human and Social Development

Tony Eder, Associate Vice-President Academic Resource Planning

Lindsay Gagel, Director, Academic Communications and Projects

Lois Harder, Dean, Faculty of Social Sciences

Robin Hicks, Dean, Faculty of Graduate Studies

Fraser Hof, Associate Vice-President Research

Sandra Hundza, Faculty of Education

Cole Kennedy, Graduate student representative

Darryl Knight, Providence Health Care (President's nominee)

Nathan Lachowsky, Associate Dean Research, Faculty of Human and Social Development

Peter Loock, Dean, Faculty of Science

Lynne Marks, Faculty of Humanities

Simon Minshall, Faculty of Human and Social Development

Nathaniel Sukhdeo, Undergraduate student representative

Wendy Taylor, Acting Registrar

Bruce Wright, Head, Division of Medical Sciences

Ashley Fitterer, Senior Project Officer (support)



**Date:** January 24, 2024  
**To:** Senate  
**From:** Ad hoc Senate Committee on Academic Health Programming  
**Re:** **Faculty of Health draft proposal**

---

To provide sufficient time and facilitate a meaningful consultation with Senate, the [Senate Committee on Academic Health Programming](#) has requested a special meeting of Senate to discuss the proposal for the Faculty of Health.

At the special meeting on Feb. 9, 2024, Committee members will present on the materials being prepared for the March 1 meeting of Senate towards the establishment of a Faculty of Health at UVic. As the Committee will be proposing the disestablishment of the Faculty of Human and Social Development (HSD), the materials include recommendations regarding moving three schools currently in HSD to other faculties. The materials also recommend that the Division of Medical Sciences gain school status as the School of Medical Sciences. Explanations for these proposed changes will be shared with Senators on Feb. 9.

Following the presentation, the Committee will welcome feedback and questions from Senators that will be taken into consideration as we prepare materials for the March Senate, which we anticipate will include an omnibus motion for voting. An omnibus motion will ensure that all the proposed and connected motions are voted on together—as they are parts of a whole—similar to the Senate process undertaken to establish the tri-faculties in the 1990s.

This special meeting will provide the opportunity for Committee members to hear from Senators about any concerns they may have with the proposed motion and what information Senators require for an informed vote on March 1. Currently, we are proposing the following materials be included in the March agenda package:

- Senate memo for the establishment of the Committee
- Rationale for a Faculty of Health
- Consultation summary
- Campus-wide survey results
- Organizational charts
- Data on student FTEs, faculty FTEs, etc.
- Expressions of interest and statements of support from academic units
- Appointment committee for the inaugural dean
- Implementation timeline
- Omnibus motion

Several of these items will be presented to Senate on Feb. 9, and some are already available on the [project web page](#).



Our proposal is based on extensive consultations, including the campus-wide survey and townhall, as well as discussions with Senate, academic units, chairs and directors, the Indigenous Wellness Working Group, Deans' Council and Academic Leadership, Integrated Planning, Executive Council and external stakeholders.

The Board of Governors, following the approval of Senate, establishes faculties as well as procedures for the recommendation and selection of candidates for deans. In addition to providing some certainty to our campus community—including faculty and staff directly impacted by the creation of a Faculty of Health—a positive vote at the March Senate and March Board of Governors would allow the university to begin the search for a Dean, Faculty of Health who would provide leadership to future processes, including the development of a Faculty of Health mandate in consultation with units moving to the Faculty of Health.

We look forward to presenting and discussing our proposal at the special meeting of Senate on Feb. 9.

**Attached:**

- Rationale for a Faculty of Health
- Draft Omnibus Motion for the Creation of a Faculty of Health
- Draft Appointment Committee for the Dean of Health

Respectfully submitted,

**Ad hoc Senate Committee on Academic Health Programming**

Helga Hallgrímsdóttir, Deputy Provost (Chair)

Elizabeth Adjin-Tettey, Associate Vice-President Academic Programs

Carrie Andersen, University Secretary

Vanessa Andreotti, Dean, Faculty of Education

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Wendy Taylor, Acting Registrar

Bruce Wright, Head, Division of Medical Sciences

Ashley Fitterer, Project Coordinator (support)

# Consultation summary for phase 1

## Ad-hoc Senate Committee on Academic Health Programming

Since the inaugural meeting of the Committee on June 28, 2023, the Committee has engaged in consultations with faculty, librarians, staff, students and the external community, including through a campus-wide survey and townhall. Members of the Committee have also engaged in discussions with Senate, academic units, chairs and directors, the Indigenous Wellness Working Group, Deans' Council and Academic Leadership, Integrated Planning, Executive Council and external stakeholders. Although not a complete inventory, this document outlines the Committee's consultations and discussions to date.

### Internal meetings and consultations

Date	Consultation method	Audience
May 5, 2023	Senate meeting	Senate
June 28, 2023	Meeting	Senate Committee on Academic Health Programming
Sept. 1–25, 2023	Survey	Faculty, librarians, staff, students and community members
Sept. 8, 2023	Meeting	Senate Committee on Academic Health Programming
Sept. 8, 2023	Meeting	School of Child and Youth Care
Sept. 13, 2023	Meeting	School of Public Health and Social Policy
Sept. 14, 2023	Information booth on campus	Students (engaged with ~750 undergraduate, graduate and non-degree students)
Sept. 15, 2023	Meeting	School of Indigenous Governance
Sept. 18, 2023	Meeting	School of Social Work
Sept. 25, 2023	Written expression of interest	School of Exercise Science, Physical and Health Education
Oct. 3, 2024	Meeting	School of Public Administration
Oct. 4, 2023	Meeting	School of Nursing
Oct. 6, 2023	Meeting	Senate
Oct. 11, 2023	Meeting	Deans' Council and Academic Leadership
Oct. 13, 2023	Meeting	Senate Committee on Academic Health Programming
Oct. 17, 2023	Meeting	School of Health Information Science
Oct. 31, 2023	Meeting	Senate Committee on Academic Health Programming
Oct. 31, 2023	Meeting	Deans of impacted faculties
Nov. 2, 2023	Meeting	Integrated Planning
<b>Nov. 2, 2023</b>	Meeting	Vikes Athletics and Recreation and Canadian Sports Institute Pacific
Nov. 3, 2023	Forum	Chairs and Directors

Date	Consultation method	Audience
Nov. 3, 2023	Meeting	Indigenous Wellness Working Group
Nov. 3, 2023	Meeting	Senate
Nov. 15, 2023	Written statement	Department of Biochemistry and Microbiology
Nov. 17, 2023	Meeting	Indigenous Wellness Working Group
Nov. 17, 2023	Campus-wide townhall	Faculty, librarians, staff and students
Nov. 17, 2023	Meeting	Senate Committee on Academic Health Programming
Nov. 21, 2023	Meeting	Department of Psychology
Nov. 24, 2023	Meeting	Deans of impacted faculties
Nov. 24, 2023	Meeting	School of Exercise Science, Physical and Health Education
Nov. 24, 2023	Meeting	School of Public Administration
Nov. 24, 2024	Meeting	Senate Committee on Academic Health Programming
Nov. 29, 2023	Meeting	Board of Governors
Dec. 1, 2023	Meeting	Indigenous Wellness Working Group
Dec. 1, 2023	Meeting	Faculty of Education
Dec. 1, 2023	Meeting	School of Child and Youth Care
Dec. 1, 2023	Meeting	Indigenous Wellness Working Group
Dec. 1, 2023	Meeting	Senate
Dec. 8, 2023	Meeting	School of Indigenous Governance
Dec. 14, 2023	Meeting	Integrated Planning
Dec. 15, 2023	Meeting	Indigenous Wellness Working Group
Dec. 15, 2023	Meeting	Division of Medical Sciences
Dec. 15, 2023	Meeting	Senate Committee on Academic Health Programming
Dec. 18, 2023	Meeting	School of Social Work
Dec. 20, 2023	Meeting	Deans' Council
Dec. 21, 2023	Written statement	Peter B. Gustavson School of Business
Dec. 22, 2023	Written statement	Counselling Psychology
Dec. 30, 2023	Written statement	Faculty of Humanities
Jan. 5, 2024	Meeting	Senate
Jan. 10, 2024	Written statement	School of Child and Youth Care; Faculty of Education
Jan. 10, 2024	Written statement	School of Indigenous Governance
Jan. 10, 2024	Written expression of interest	School of Health Information Science
Jan. 10, 2024	Written statement	Department of Theatre
Jan. 12, 2024	Meeting	Indigenous Wellness Working Group
Jan. 12, 2024	Meeting	Division of Medical Sciences

Date	Consultation method	Audience
Jan. 15, 2024	Written expression of interest	School of Social Work
Jan. 16, 2024	Written expression of interest	School of Nursing
Jan. 18, 2024	Written expression of interest	School of Public Health and Social Policy
Jan. 19, 2024	Meeting	Senate Committee on Academic Health Programming
Jan. 22, 2024	Meeting	Executive Council
Jan. 22, 2024	Written statement	School of Public Administration
Jan. 24, 2024	Meeting	External Relations Leadership Team
Jan. 26, 2024	Meeting	Indigenous Wellness Working Group
Jan. 29, 2024	Meeting	Board of Governors
Jan. 30, 2024	Meeting	Counselling Psychology
Jan. 30, 2024	Written expression of interest	Division of Medical Sciences
Jan. 31, 2024	Meeting	Deans' Council
Feb. 2, 2024	Written statement	Head, Division of Medical Sciences
Feb. 5, 2024	Meeting	Department of Psychology
Feb. 9, 2024	Meeting	Indigenous Wellness Working Group
Feb. 9, 2024	Meeting	Senate
Feb. 12, 2024	Meeting	Senate Committee on Academic Health Programming

**Indigenous Wellness Working Group**

The Indigenous Wellness Working Group was formed in September 2023 to discuss a distinctions-based approach to the health initiative, including integrated Indigenous health and Indigenous-led scholarship.

The group is composed of members from the traditional territory where the University of Victoria is located. It also includes experienced individuals employed by the university, alumni, and students who bring their Indigenous lived/living experience. External perspectives are included through representatives from Provincial Health Services Authority, Ministry of Health, and First Nations Health Authority.

The working group's meeting schedule is included in the above table, and two of the members provide regular updates to the Senate Committee on Academic Health Programming.

**Health Futures Institute**

While the role of the Committee is to explore the structure of a health-related Faculty dedicated to academic health programming, health programs and research are closely connected given UVic's mandate as a research university.



In recognition of this connection, updates on the Health Futures Institute, a parallel process led by the Office of the Vice-President Research and Innovation, are provided at each Committee meeting.

### External consultations

Meetings with external stakeholders have been a critical part of the Committee's process. Consultations have occurred with Ministry of Post-Secondary Education and Future Skills, Ministry of Health, Island Health, University of British Columbia (regarding the Island Medical Program), Canadian Sport Institute Pacific and Providence Healthcare.

The Committee includes an external partner appointed by the President who has provided an external perspective throughout this process.

We thank our external partners for their time, feedback, and support.

### Updates to campus

In May 2023, the Committee created a [project web page](#) for the campus community. This page has been updated regularly and provides information on the background and opportunities related to the initiative, information on the Committee, and an overview of the process we are following.

Key documents available on the web page include the [proposal to form](#) and the [Terms of Reference](#) of the Committee, the [project timeline](#), the results of the [campus-wide survey](#), and the [campus-wide townhall presentation](#). The [draft proposal](#) for the Faculty of Health is also posted.

The following email updates were shared with all faculty, librarians and staff and then posted on the web page:

- [Aug. 9, 2023](#)
- [Sept. 5, 2023](#)
- [Oct. 20, 2023](#)
- [Dec. 12, 2023](#)
- [Feb. 2, 2024](#)

The project web page includes a contact email address ([healthfaculty@uvic.ca](mailto:healthfaculty@uvic.ca)) so members of the community can contact the Committee with any feedback, concerns or questions. Separate from communications with Chairs and Directors, the Committee received five emails to this inbox from faculty, staff and community members. Given how few messages were received, no themes emerged.



# CAMPUS-WIDE SURVEY ON A HEALTH-RELATED FACULTY AT UVIC

## SUMMARY OF RESULTS

October 24, 2023

Submitted by the Senate Committee  
on Academic Health Programming



## Executive summary

In September 2023, UVic's [Senate Committee on Academic Health Programming](#) surveyed the campus community to seek input on the formation of a health-related faculty, including its focus, name, foundational units and structure, potential benefits, and potential risks that should be avoided. While some areas of campus are likely to be more impacted than others, all opinions and viewpoints were welcomed and encouraged given the impact of such a transformational change to campus.

Based on the survey responses, there is great enthusiasm across campus for this initiative—and the potential benefits identified far outweigh the potential challenges. Principal among the benefits is the opportunity to attract high-performing students, and a significant number of student respondents indicated that they were seeking a health-related program prior to enrolling at UVic. There is optimism about the opportunities and outcomes for students that a new health faculty would provide, including with respect to experiential learning and training opportunities as well as research-enriched learning from experts in health-related fields.

Additionally, survey respondents believe this initiative will improve UVic's ability to respond to pressing local and global health challenges, including through expanded research opportunities, enhanced partnerships with health care organizations, and increased access to funding and resources. There is also support for increased collaboration and interdisciplinary approaches among units.

With respect to focus, respondents recommend a balanced approach to health programming that includes biological and social determinants of health, which is reflected in the top recommendations for the faculty's name, its foundational programs and future programs. Faculty respondents within existing units that have health programming strongly recommended the inclusion of their own programs in the new structure.

Respondents also emphasized the need to centre Indigenous perspectives in this work and in the outcomes, including through a distinctions-based approach. There is a desire to see Indigenous ways of knowing and scholarship incorporated into future programming, courses and curriculum related to health and wellness.

The level of interest and engagement on campus related to this initiative is high, and many respondents used the survey as an opportunity to urge the committee to create a new faculty of health.

Additional information about this initiative can be found on the [project page](#).

# Contents

- Part I: Survey design and engagement..... 3
  - Audiences and recruitment..... 3
  - Responses ..... 3
- Part II: Survey results and analysis..... 4
  - Current state and perception..... 5
  - Focus ..... 7
    - Faculty names and inspiration ..... 9
    - Structure ..... 10
  - Considerations for success..... 11
    - Risks to avoid..... 11
  - Potential benefits and challenges ..... 12
    - Benefits ..... 12
    - Challenges ..... 14
    - Partnerships and collaborations..... 17
  - Indigenous teaching, research and scholarship..... 19
  - Student motivation and outcomes ..... 19
    - Career preparation..... 21
    - Future programming ..... 21
- Part III: Final observations..... 23
- Appendix: Survey instrument ..... 23

## Part I: Survey design and engagement

The survey was developed by a working group comprised of six Committee members: three faculty and three staff (including an A/Associate Dean, Dean and Associate Vice-President). The working group began by consulting the Committee on potential themes. In developing some of the questions, the group drew from the UVic Health Initiative Concept Paper. Prior to launch, the group integrated feedback from the Committee's student representatives and made additional edits from the entire Committee.

The Committee discussed and agreed that the survey should be anonymous and confidential as this would result in the most authentic and useful results. As such, unique identifiers have been removed and results presented in the aggregate. In the survey preamble, the Committee committed to sharing high-level findings as part of its accountability to Senate.

Most questions in the survey had both quantitative and qualitative response options. Respondents could select categories and ratings and provide context through "other" options. A range of open-ended questions were also posed, which were read by members of the analysis team. This summary provides an overview of both forms of responses. Quantitative responses were analysed in SAS and MS Excel while qualitative responses were analysed in NVivo and GPT 3.5.

As with any optional survey, the presence of sample selectivity bias is expected. Those who would be most impacted by the creation of a new health-related faculty are more likely to provide their input even though the survey was open to all. Since the survey is not being used for statistical inference, no testing has been carried out; responses are used to provide information and context to the Committee and to Senate on the perspectives of UVic community members.

### Audiences and recruitment

The survey was open from September 1–25 and promoted to faculty, librarians, staff and students. Alumni and external community members were also welcome to participate, though they were not target audiences.

The survey included a general set of questions for all audiences, and then a unique stream for each target audience: faculty/librarians, staff, and students. Alumni and external members were only provided with the general set of questions. A copy of the survey instrument, as provided by SurveyMonkey, is included as an appendix.

Recruitment included a broadcast email to faculty and staff, follow-up emails from leaders to their areas, a Brightspace announcement, an in-person information booth on campus, digital and physical posters, social media, the web page, verbal reminders at meetings, and the Campus Checklist.

Based on timestamps, our initial broadcast email to faculty and staff on Sept. 5 resulted in about 400 responses. A second surge in responses occurred through the Sept. 14 information booth, which generated about 300 responses and built awareness through engagement with an estimated 800 individuals. A third surge occurred through the Brightspace announcement that reached instructors and students. Instagram was the final promotion tactic, which resulted in an estimated 500 responses starting on Sept. 22, primarily from students but also over 100 alumni and 32 external respondents.

### Responses

We received 1,915 total responses with a 47% completion rate and an average time spent of 3 minutes and 30 seconds. This completion rate was expected, as the survey was designed with general questions upfront and the option for respondents to answer questions specific to their role (i.e., relationship with

UVic). Faculty/librarians had a 69% completion rate and spent an average of 13 minutes and 30 seconds on the survey. Staff had a 48% completion rate and spent 7 minutes and 30 seconds. Students had a 40% completion rate and spent just over 2 minutes.

## Part II: Survey results and analysis

The majority of the 1,915 respondents were students, followed by staff then faculty/librarians. This summary provides an overview of responses from all survey respondents, as well as some results filtered by audience group (e.g., students, faculty/librarians, staff).

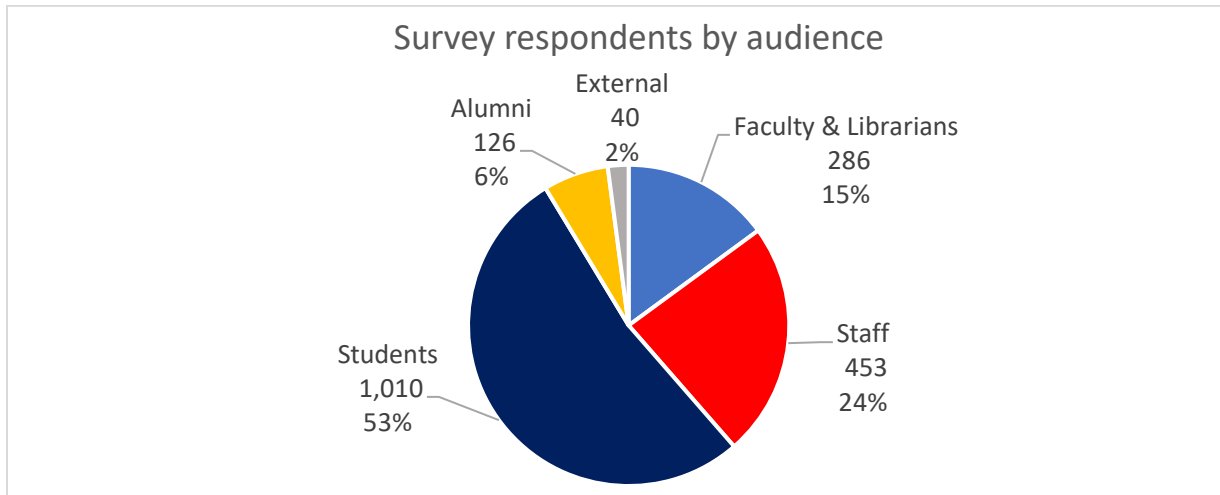


Figure 1: Survey respondents by audience, based on the question “Which group best describes your role at UVic (select one).”

Respondents were then asked to identify with a department, school, faculty, division or portfolio. Not all non-academic units were listed and respondents were instead asked to identify with their portfolio (for example, University Systems was not an option but Vice-President Finance and Operations was).

Area	Faculty & Librarians	Staff	Students	Alumni	External to UVic	Total
Faculty of Education	33	18	60	11	2	124
Faculty of Engineering & Computer Science	15	12	139	10	3	179
Faculty of Fine Arts	8	6	33	4		51
Faculty of Graduate Studies		3	11	2		16
Faculty of Human & Social Development	73	55	150	39	8	325
Faculty of Humanities	27	6	68	9	4	114
Faculty of Law	9	11	15	1		36
Faculty of Science	54	33	215	12	3	317
Faculty of Social Sciences	35	14	246	30	9	334
P.B. Gustavson School of Business	10	6	24	5		45
Division of Continuing Studies	1	22	36			59
Division of Medical Sciences	7	8	4		2	21
University Libraries	8	6		1		15
PRES, USEC & VPI		7				7
VP Academic & Provost (STUA, COOP & LTSI)	3	120		1		124
VP External Relations	1	21				22
VP Finance & Operations		58			1	59
VP Research & Innovation		17				17
Prefer not to say	2	13	4		4	23
Unsure/none		17	5	1	4	27
<b>Total</b>	<b>286</b>	<b>453</b>	<b>1,010</b>	<b>126</b>	<b>40</b>	<b>1,915</b>

Figure 2: Respondents grouped by faculty, division or portfolio, based on the question “To which unit are you most connected?”

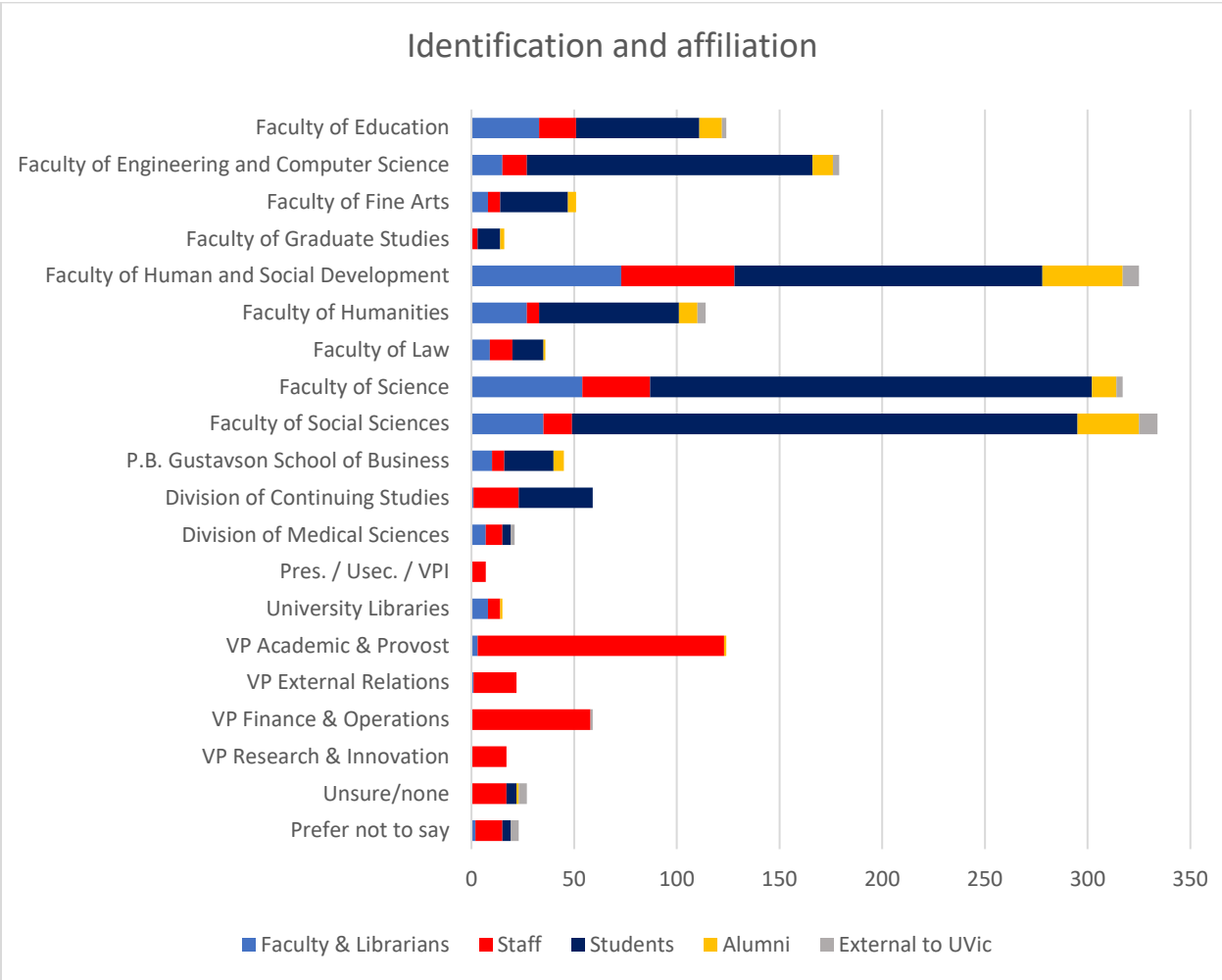


Figure 3: Respondents grouped by faculty, division or portfolio, based on the question “To which unit are you most connected?” This is the same information provided in figure 2.

All academic faculties and divisions are represented in the results, as is University Libraries and all executive portfolios.

The Vice-President Academic and Provost portfolio had the most staff responses (120), with 90 individuals identifying with the Division of Student Affairs. Student Affairs consists of frontline staff—including recruiters, tour guides, advisors, clerks and counsellors—who interact regularly with prospective and current students.

The Faculty of Social Sciences, UVic’s largest faculty, had the most overall responses (334). Within the Faculty, 63 respondents identified with the Department of Psychology specifically.

The Faculty of Human and Social Development (HSD) had the second-most overall responses and the most faculty responses (73). Within HSD, 43 individuals identified with the School of Nursing, 36 with Public Health and Social Policy, and 32 with Health Information Science.

**Current state and perception**

Survey results indicate there is a mixed perception of whether UVic is viewed as having a health focus. While UVic has notable health-related programs, research and initiatives, there are challenges in terms of perception and awareness, particularly due to the absence of a dedicated medical school.

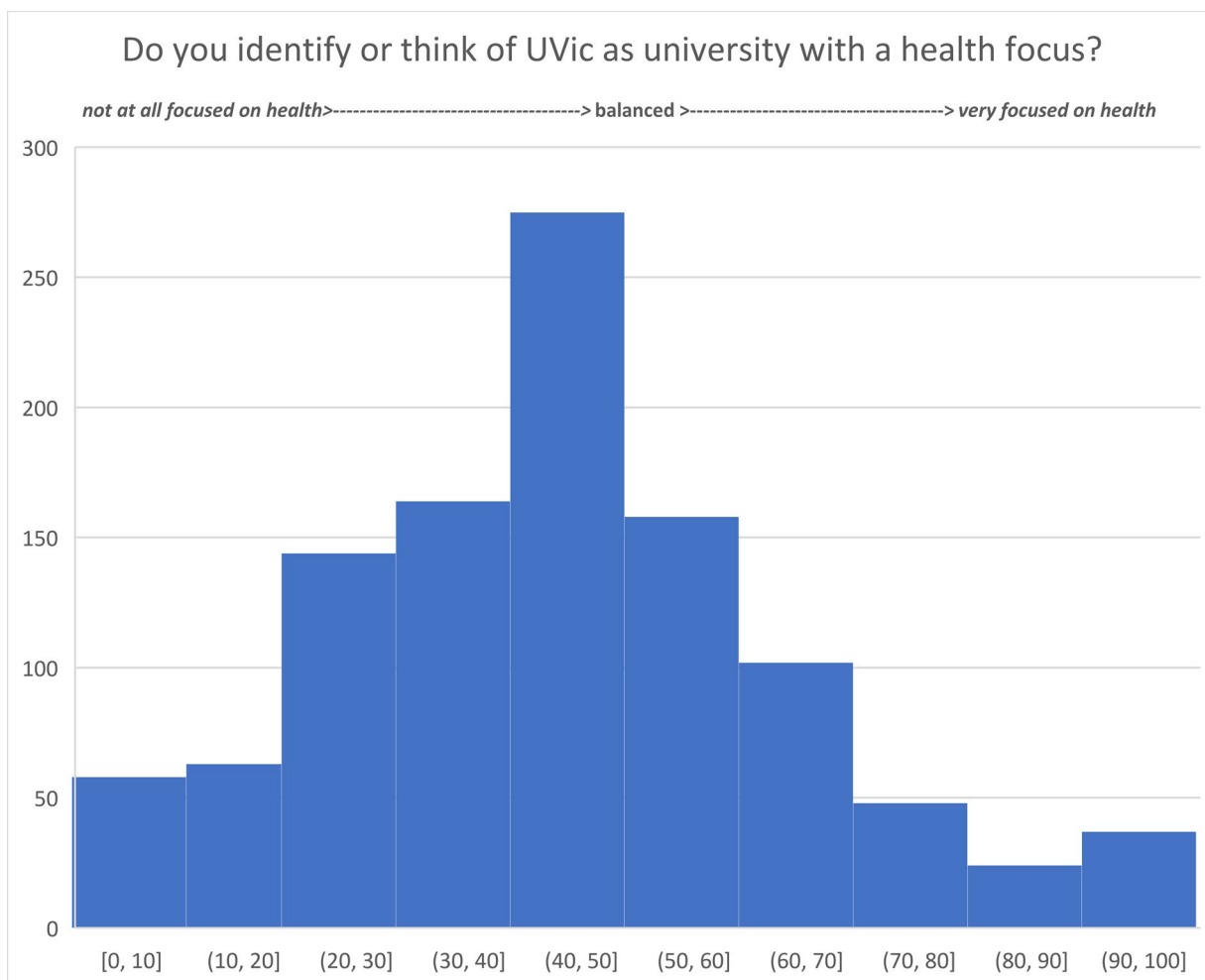


Figure 4: Respondents rated, on a scale of 0-100, if they thought of UVic as having a health focus.

Positive indicators of a health focus include our academic programs, research and on-campus initiatives. UVic is seen as being committed to health-related education, with nursing, kinesiology, public health, psychology, counselling and health informatics featuring prominently in qualitative responses. UVic’s affiliation with UBC’s Island Medical Program was also highlighted.

One of the challenges UVic faces in this regard, as noted by respondents, is our lack of a medical school. As well, some respondents felt that UVic’s health programs are not well-advertised or promoted—particularly compared to engineering and science disciplines—leading to limited awareness both internally and externally.

*UVic is committed to the distributed partnership model with UBC’s Faculty of Medicine and hosts the Island Medical Program through the Division of Medical Sciences. No further medical school is contemplated by the Province of BC and so any consideration of such is outside of the scope of the Committee.*

Many respondents expressed concerns about the fragmentation of health-related disciplines across different faculties, leading to a lack of cohesion and collaboration. Some suggested the creation of a comprehensive health faculty that brings together various health-related disciplines would help to foster collaboration and synergy among faculty and students.



## Focus

When asked whether the new faculty should focus on biological determinants of health or social determinants of health, respondents generally opted for a balanced approach—although there was some polarization, particularly among faculty/librarian respondents. The largest cluster for that group, however, was still at the balanced point.

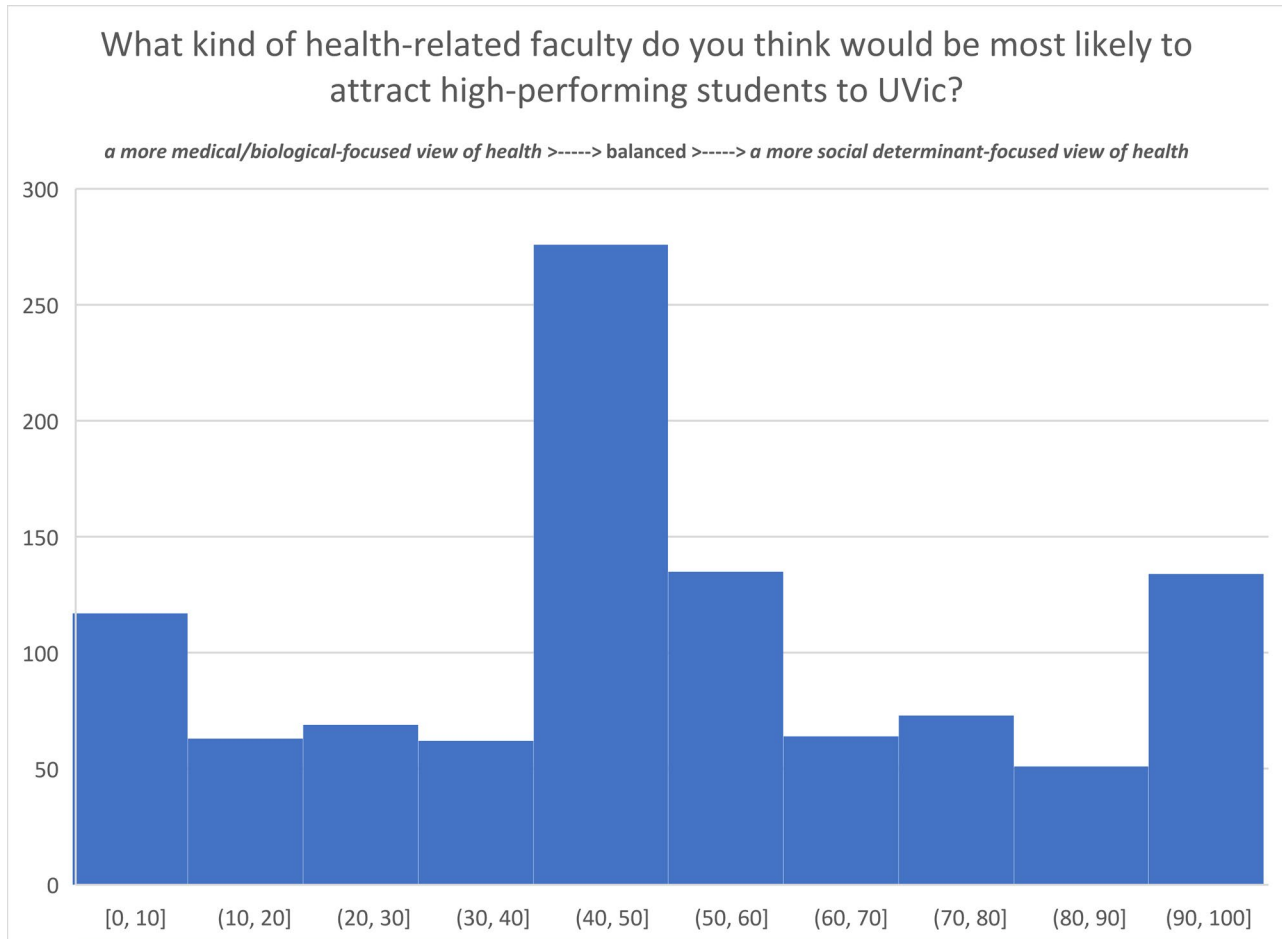


Figure 5: Respondents rated, on a scale of 0-100, what they thought the new faculty should focus on.

Following this question, respondents were asked to identify foundational programs to be included in a health-related faculty. Pre-populated options were drawn from the [UVic Health Initiative Concept Paper](#).

Among all audience groups, both combined and individually, public health, health information science, nursing and social dimensions of health were among the top four recommendations.

*A unit or program's appearance in the figure below does not necessarily mean it will form part of a new health-related faculty. The Committee intends to consult potentially impacted units, including those that might move or evolve as part of this initiative.*

*Currently, public health is part of the School of Public Health and Social Policy, in HSD. The School of Health Information Science and the School of Nursing are also in HSD. Social dimensions of health is an interdisciplinary graduate program administered by HSD. Clinical psychology is a graduate program in the Department of Psychology, in the Faculty of Social Sciences. Exercise science and kinesiology are part of the School of Exercise Science, Physical and Health Education, in the Faculty of Education. Neuroscience is an interdisciplinary graduate program administered by the Division of Medical Sciences.*

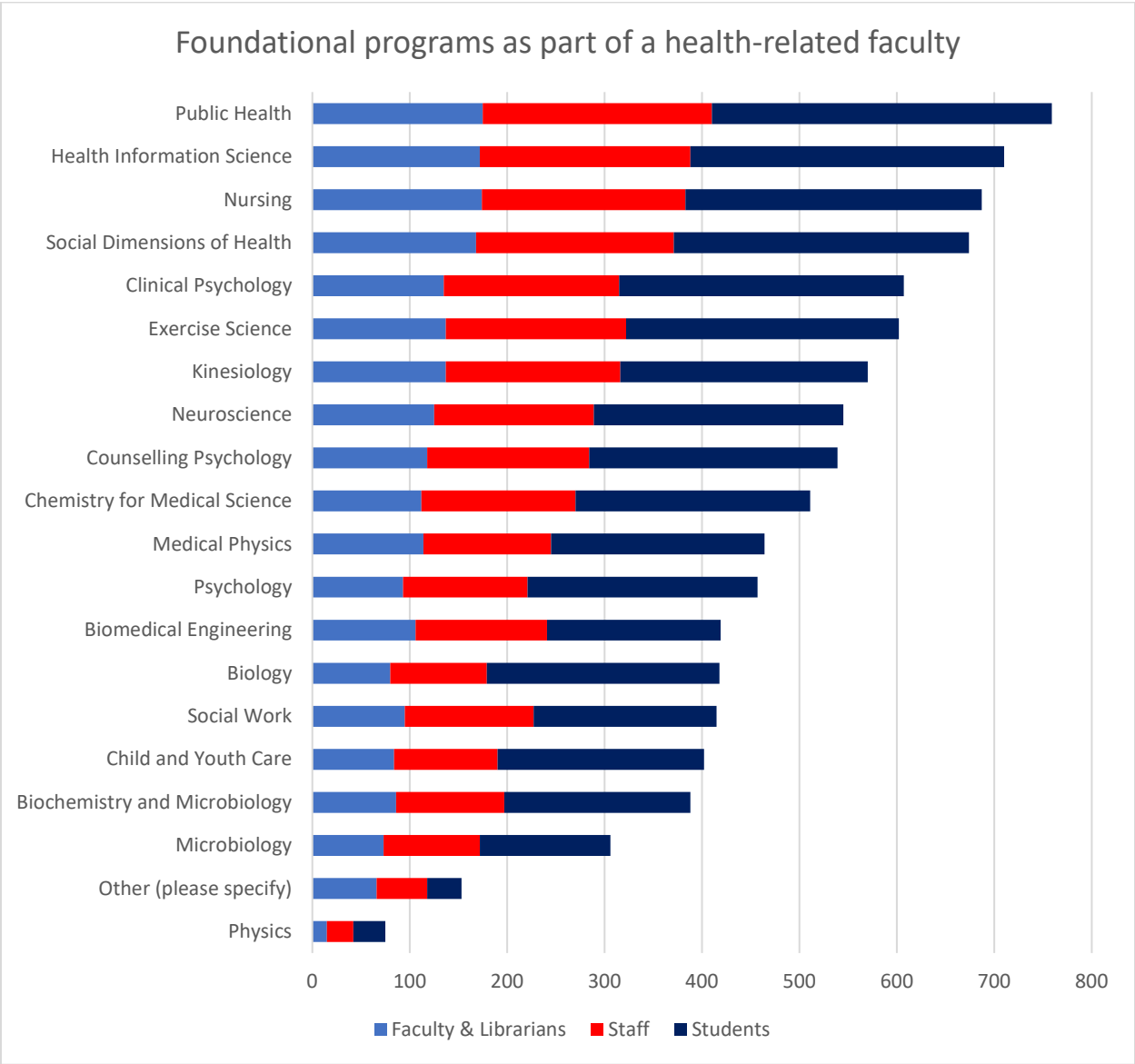


Figure 6: Suggestions for foundational programs, based on the question “What are the foundational programs that you believe should be a part of a health-related faculty?” Respondents could select all that applied.

For the top 10 proposed foundational programs listed above, faculty respondents in those units indicated a high level of support for being included in a new health-related faculty. For example, when filtering survey results to this question based on audience and unit:

- 100% of faculty who identified as being in the School of Public Health and Social Policy and 88% of all faculty in HSD believe **public health** should be a foundational program.
- 100% of faculty who identified as being in the School of Nursing and 89% of all faculty in HSD believe **nursing** should be a foundational program.
- 100% of faculty who identified as being in the School of Health Information Science and 84% of all faculty in HSD believe **health information science** should be a foundational program.
- 86% of faculty who identified as being in the Department of Psychology and 79% of all faculty in social sciences believe **clinical psychology** should be a foundational program.
- 100% of faculty who identified as being in the School of Exercise, Physical and Health Education and 96% of all faculty in education believe both **exercise science** and **kinesiology** should be foundational programs.

The question as posed recognized that a complete list of programs was not provided, and so included an “other” field. The 170 respondents who also opted to complete the “other” field suggested a range of programs and disciplines, many of which were programs that UVic does not offer, although we may offer a related course or courses.

Given the UVic community’s commitment to Indigenous education and research, several respondents recommended a focus on Indigenous health and healthcare. An Indigenous approach to health and medicine and Indigenous perspectives on health were mentioned more frequently among those 170 respondents than any other theme or discipline.

The most common suggestions are listed here along with the number of times mentioned:

- Indigenous health, studies, perspectives (19)
- Economics, biostatistics, bioinformatics (13)
- Health education, recreation, leisure (9)
- Medicine, medical science, medical school (9)
- Environmental health, studies, science (7)
- Nutrition (7)
- Sociology (7)

Some respondents noted disciplines that offer courses or conduct research connected to health—for example, law and gender studies—which may be considerations for interdisciplinary collaborations. Other respondents advocated for the inclusion of arts and humanities in health education to foster a holistic understanding of health and well-being.

#### Faculty names and inspiration

There were many suggestions for a new faculty name, with “Faculty of Health Sciences,” “Faculty of Health” and “Faculty of Health and Social Development” as the top responses. Several respondents sought to integrate words related to health, wellness and wellbeing.

Rather than suggesting a specific name, some respondents recommended UVic opt for a simple name that is short and clear.

*The Committee has emphasized the importance of aligning the faculty’s name with the mandate, once established.*

Name	Count
Faculty of Health Sciences	190
Faculty of Health	138
Faculty of Health and Social Development	91
Faculty of Health and [other]	47
Faculty of Health and Wellness	33
Faculty of Health and Wellbeing	20
Faculty of Health and Medical Sciences	10
Faculty of Health Studies	10
Faculty of Integrated Health	7
Faculty of Medicine	6
<b>Total suggestions</b>	<b>768</b>

Figure 7: Top 10 faculty name suggestions.

For inspiration, faculty/librarian and staff respondents suggested mostly Canadian universities. Fewer than 90 respondents had suggestions, with the following mentioned more than once:

- University of British Columbia – [Faculty of Medicine](#) & [Island Medical Program](#)
- McMaster University – [Faculty of Health Sciences](#)
- Simon Fraser University – [Faculty of Health Sciences](#)
- Dalhousie University – [Faculty of Medicine](#) & [Faculty of Health](#)
- Western University – [Faculty of Health Sciences](#)
- University of Toronto – [Faculty of Medicine](#)
- Simon Fraser University – [Faculty of Health Sciences](#)
- University of Alberta – [College of Health Sciences](#)
- York University – [Faculty of Health](#)

### Structure

Faculty/librarians and staff were asked how a new faculty should be structured. Most respondents opted for a departmentalized approach, though they noted that the structure should depend on the specific focus, scale and needs of the health-related faculty. Some respondents were concerned about protecting the interests of existing departments or faculties, suggesting that changes shouldn't disadvantage them.

Many respondents emphasized the importance of interdisciplinary collaboration and integration as a key organizing component. They expressed a desire for breaking down silos and fostering cooperation between health-related disciplines. Faculty/librarian respondents were asked to rate the effectiveness of potential strategies to foster or promote interdisciplinary teaching, learning and collaboration.

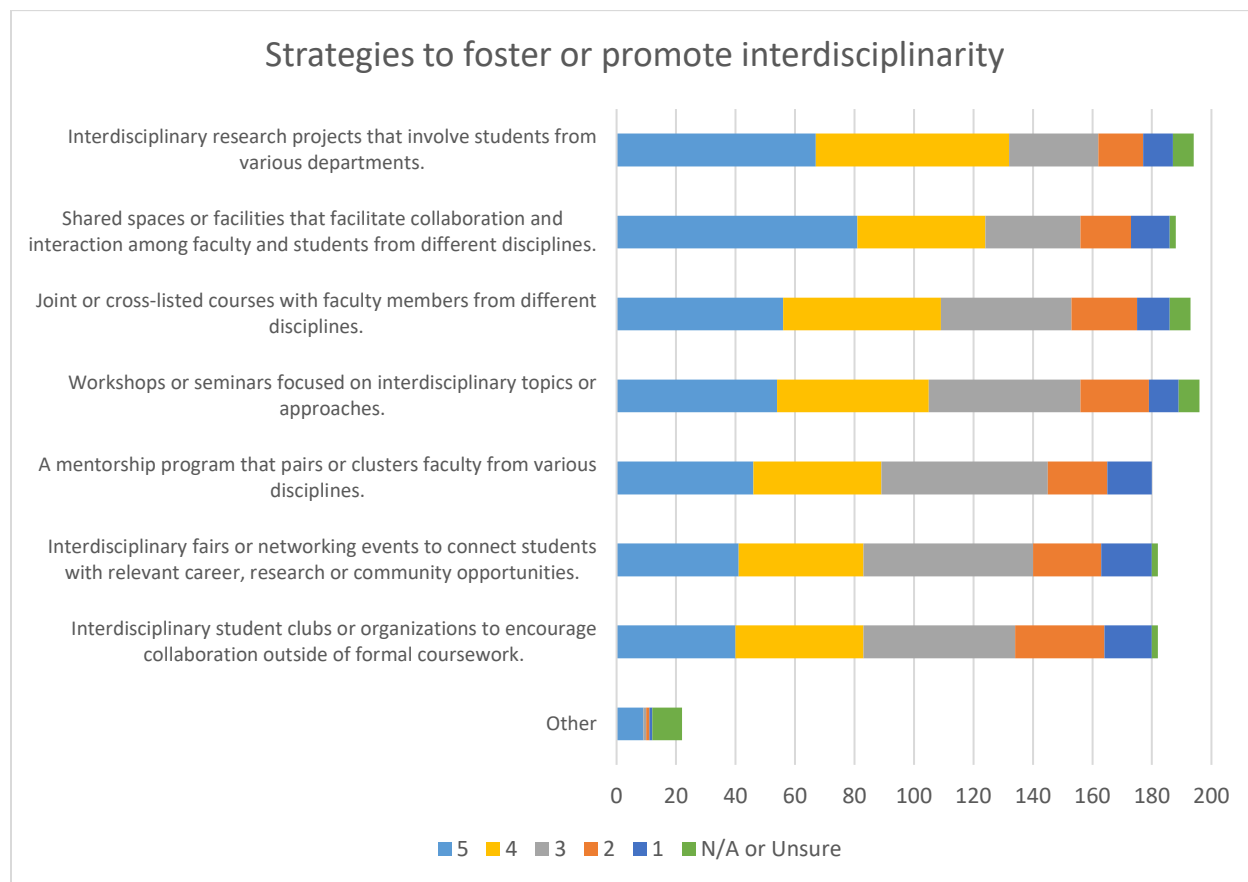


Figure 8: Faculty/librarians were asked to rate the effectiveness of each strategy to foster or promote interdisciplinary teaching, learning and collaboration, where 1 is “not at all effective” and 5 is “highly effective.”

The few responses in “other” mentioned collaborative spaces (including a lab dedicated to interdisciplinary work), interdisciplinary clusters, cross-listing courses, cross-appointed faculty and both internal and external research grants for interdisciplinary projects. Structuring interdisciplinary collaboration around themes that transcend disciplines was suggested as an effective strategy.

Elsewhere in the survey, students emphasized the importance of interdisciplinary collaboration and integration of health concepts across various academic disciplines, not just in a health faculty.

### Considerations for success

When asked what would constitute a successful health-related faculty, respondents were enthusiastic and engaged in providing thoughtful suggestions and recommendations. They expressed a strong desire for the faculty to succeed and make a positive impact on the university and the broader community. While there may be some differences in opinion regarding specific aspects, the tone of the responses indicates a genuine interest in creating a thriving and distinctive health-related faculty that aligns with UVic's values and addresses real-world health needs.

A successful health-related faculty, as envisioned by survey respondents, should be community-oriented, innovative, and comprehensive, addressing healthcare challenges while preparing students for diverse health-related professions. Collaborations with clinical partners for practical experience was emphasized by several respondents, as was engaging with community to address local health needs.

It should strive for a balance between biological and social aspects of health, include both undergraduate and graduate programs, and promote an interdisciplinary approach. Faculty/librarian respondents in particular emphasized the importance of interdisciplinary collaboration, suggesting bringing together various disciplines—including sciences, social sciences and humanities—to address health holistically. A focus on preventative health was seen as essential by many.

It should prioritize diversity and inclusion and include Indigenous perspectives. Aligning the faculty with UVic's values, such as commitment to Indigenous well-being, anti-racism, and climate action, was mentioned by several respondents. Ensuring diversity, equity and inclusivity in both faculty and student populations was emphasized. Maintaining high ethical, professional and quality standards was also considered crucial.

Finally, a successful health-related faculty should effectively govern itself, have modern equipment and maintain financial sustainability. Faculty/librarians stressed the need for a strong emphasis on research, including to secure external funding, grants and research chairs.

### Risks to avoid

Conversely, when asked what risks should be avoided, respondents commented on resourcing, administration, collaboration and mandate. They want to avoid creating silos and unintended competitiveness that hinder collaboration.

Faculty/librarians and staff warned against creating too big of a faculty, although there was a tension related to size and scope: UVic should not create too big of a faculty but should also not have too narrow of a focus. Respondents want to ensure a collaborative faculty—one where a single health discipline doesn't dominate others or smaller disciplines—and suggested a balanced rather than narrow academic and research focus. Some respondents are worried about competition and the “cannibalization” of existing faculties and warned against duplicating programs offered elsewhere.

Respondents want to avoid overstaffing or creating high-level administrative positions without clear purpose. It will be important to resource the new faculty appropriately, including with respect to staff positions that support faculty and students.

There is belief that risks can be mitigated with innovative and clear planning, a compelling vision, and a modern structure that fosters collaboration. Many risks can be mitigated by clearly defining the scope and focus of the new faculty. The new faculty should not simply duplicate what other schools or faculties are already doing, and programs should be unique and well-structured. Striking a balance that encompasses various aspects of health is considered crucial by many respondents.

### Potential benefits and challenges

Faculty/librarians and staff were asked to rate the potential benefits and challenges of establishing a health-related faculty. Students were also asked to rate potential benefits, although their question had different response options.

#### Benefits

When asked to rate potential benefits, faculty/librarians and staff noted several, with student recruitment and increased access to funding as the top two responses. Overall, staff were more optimistic than faculty/librarians, with far fewer “not beneficial at all” ratings.

Students were particularly interested in paid co-op positions, and they also noted interest in other experiential learning opportunities. Learning from expert faculty and researchers was also seen as a major benefit.

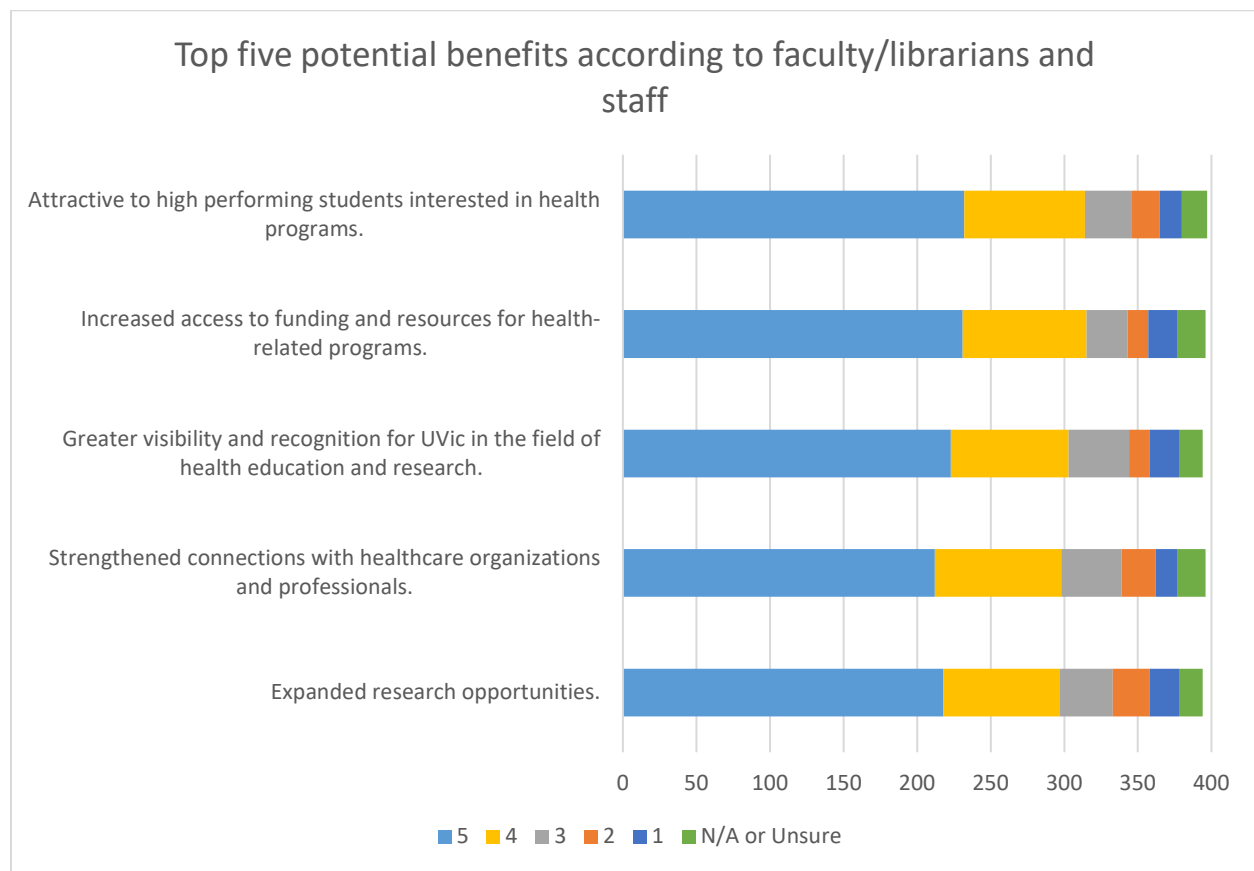


Figure 9: The top five potential benefits according to faculty/librarian and staff respondents, where 1 is “not at all beneficial” and 5 is “highly beneficial.”

## Potential benefits according to faculty/librarians

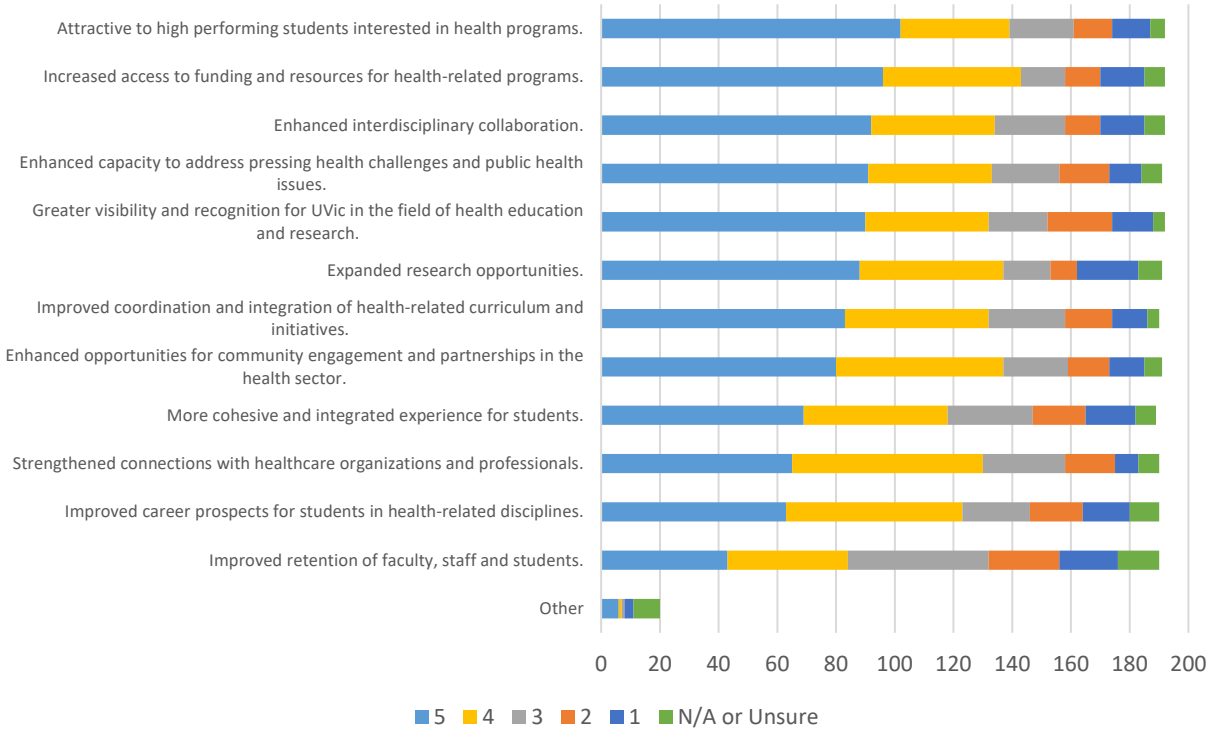


Figure 10: Faculty/librarian responses to: "What are the potential benefits you perceive in establishing a health-related faculty at UVic?" Faculty/librarians were asked to rate each, where 1 is "not at all beneficial" and 5 is "highly beneficial."

## Potential benefits according to staff

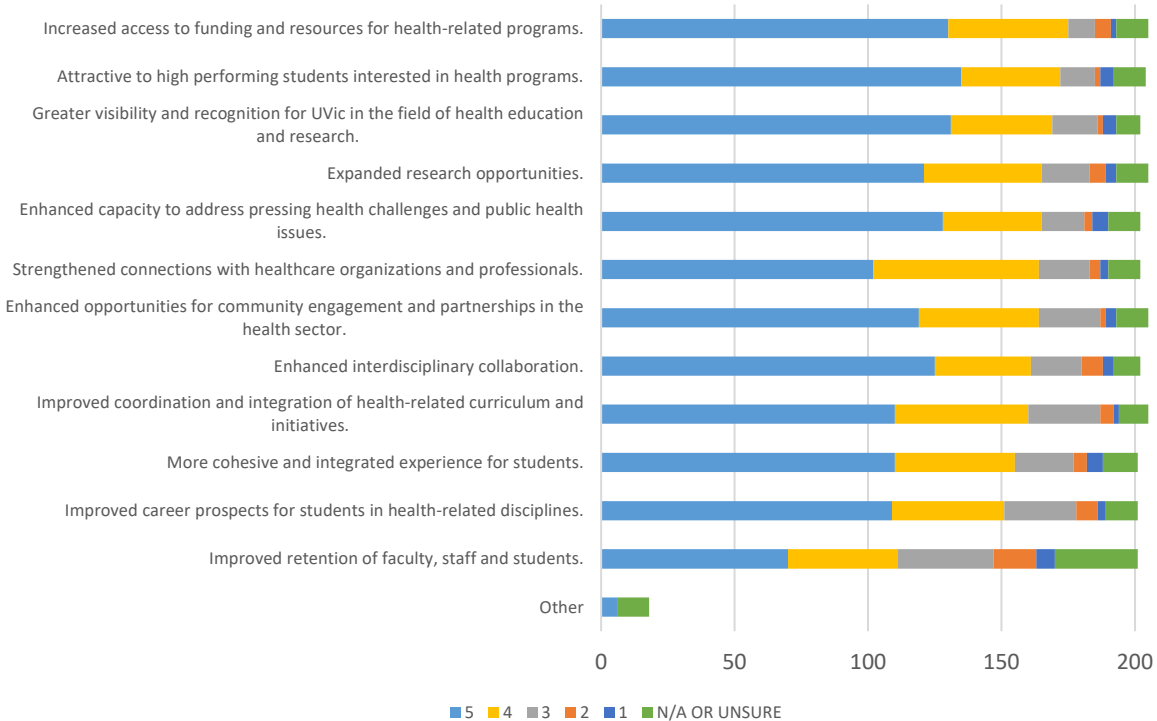


Figure 11: Staff responses to the same question as above, where 1 is "not at all beneficial" and 5 is "highly beneficial."

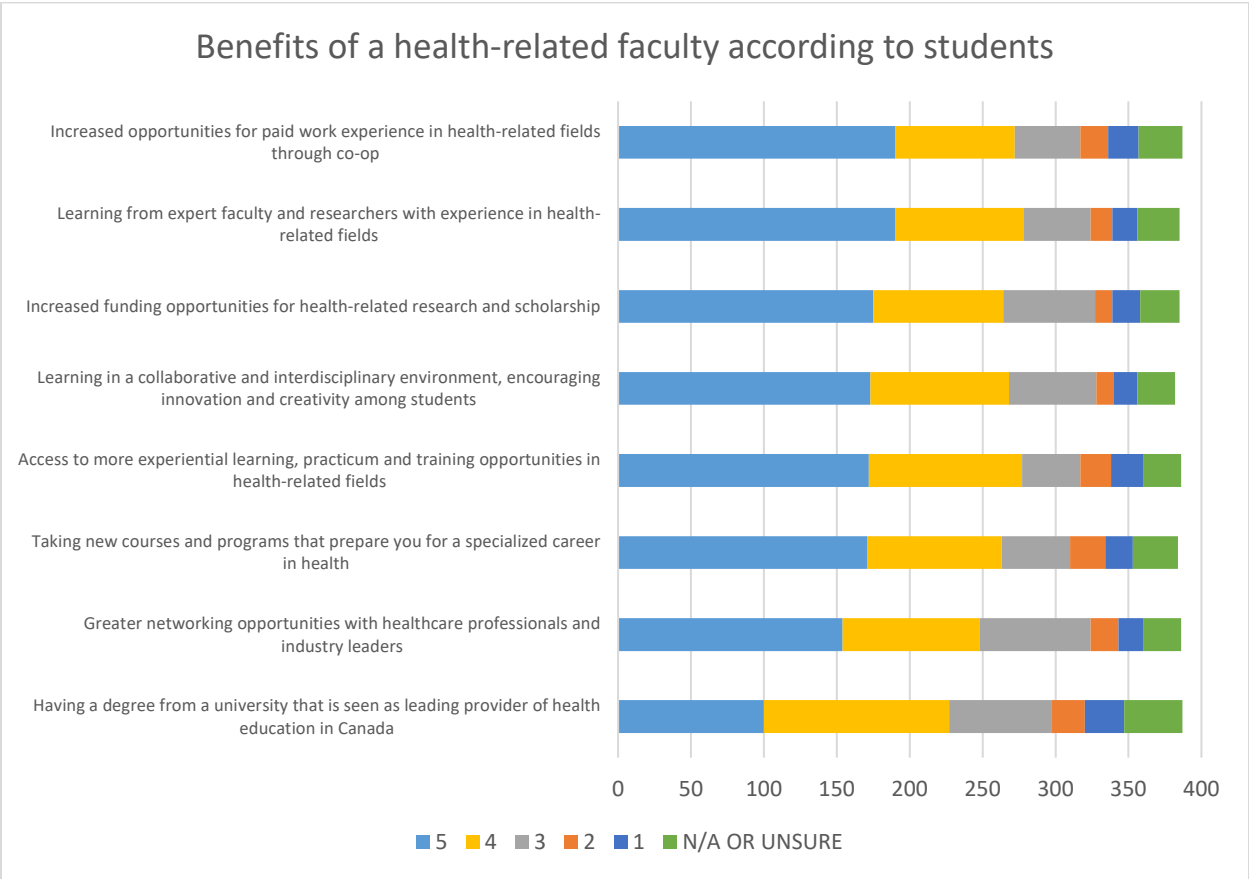


Figure 12: Student responses to: "How important are the following benefits of a health-related faculty to you as a student?" Students were asked to rate each, where 1 is "not at all important" and 5 is "extremely important."

In the "other" field, faculty/librarian and staff respondents noted benefits related to scientific advancements and research impact, including those that have tangible improvements in healthcare outcomes (i.e., through health policies and practices). There were also comments related to enhanced collaboration and integration, such as the opportunity to break down perceived barriers and silos between disciplines.

It was suggested that UVic should help to address the shortage of healthcare practitioners in British Columbia, including through new services and insights. Respondents believe a new health-related faculty could improve connections with policymakers, health authorities and government, which could lead to increased funding opportunities.

Several respondents commented that the benefits listed in the question are contingent on adequate funding and a well-thought-out structural plan.

A few students mentioned the importance of a holistic approach to health, including mental, emotional and physical well-being.

**Challenges**

While the benefits outweighed the challenges, faculty/librarians perceived more potential challenges than did staff. When creating a new faculty, consideration should be given to departmental culture and cohesion, both with respect to dividing existing units as well as integrating into a different unit. Faculty/librarians, in particular, are concerned with drawing resources from other faculties.



## Top five potential challenges according to faculty and staff

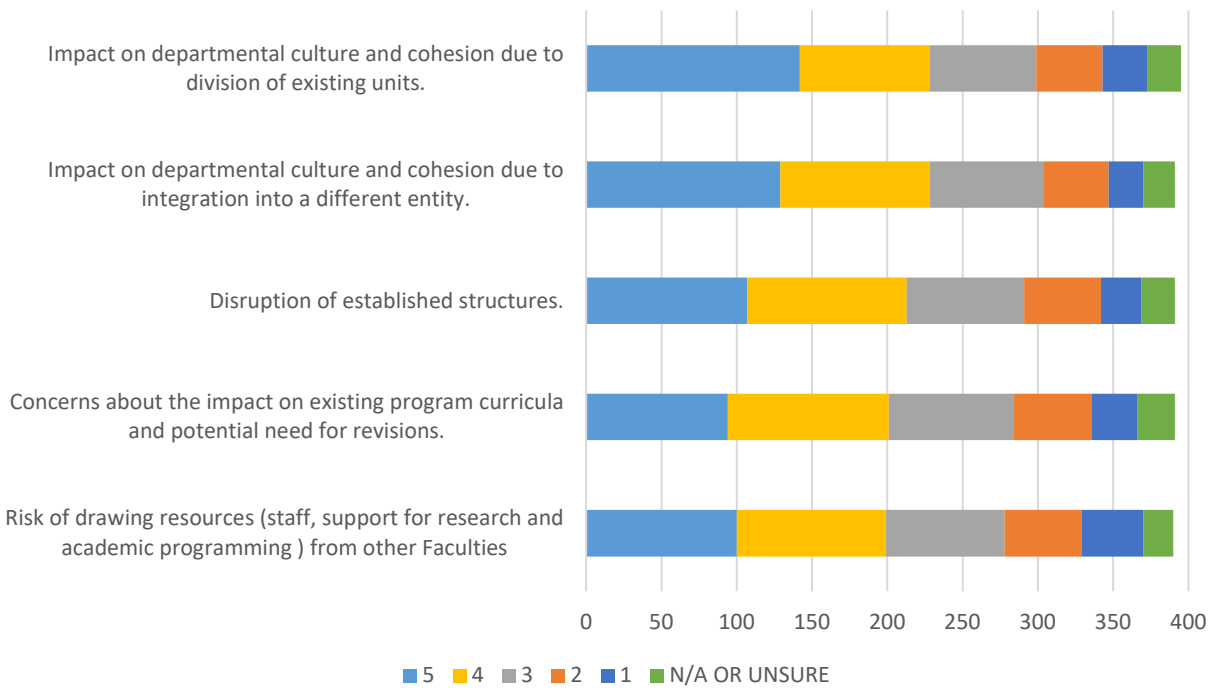


Figure 13: The top five potential challenges according to faculty/librarian and staff respondents, where 1 is "not at all challenging" and 5 is "highly challenging."

## Potential challenges according to faculty/librarians

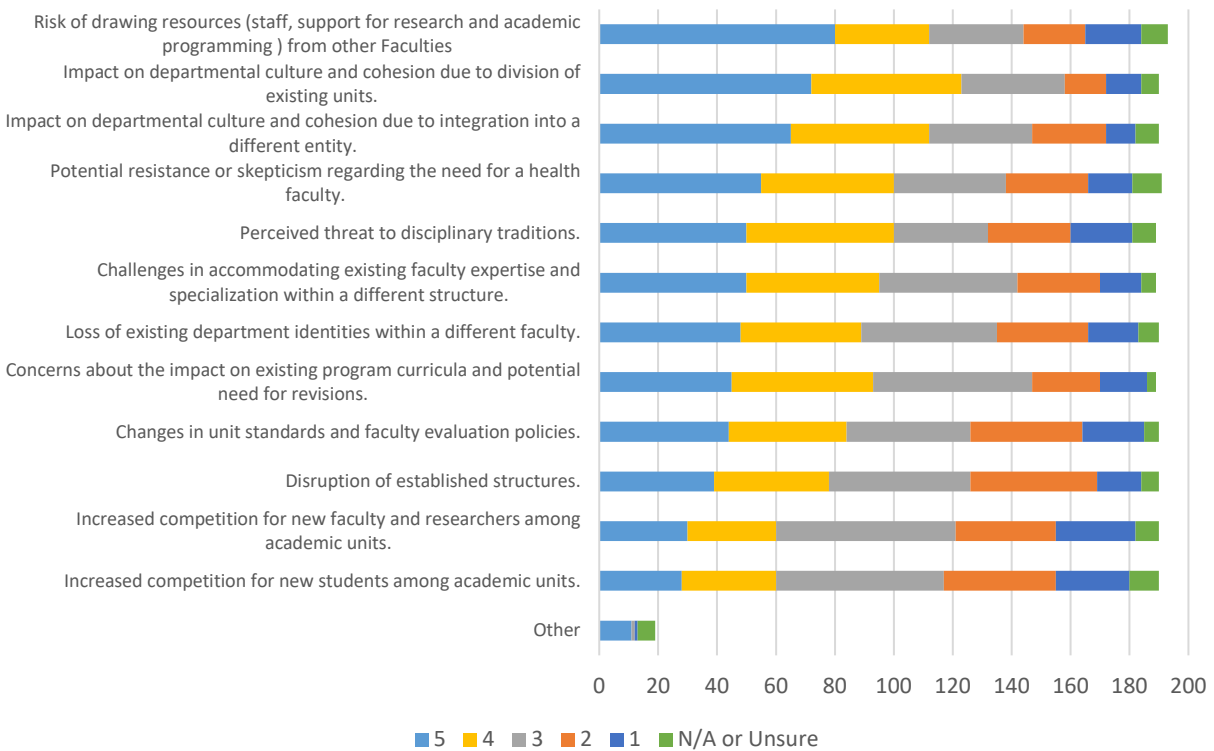


Figure 14: Faculty/librarian responses to: "What are the potential challenges you perceive in establishing a health-related faculty at UVic?" Faculty/librarians were asked to rate each, where 1 is "not at all challenging" and 5 is "highly challenging."

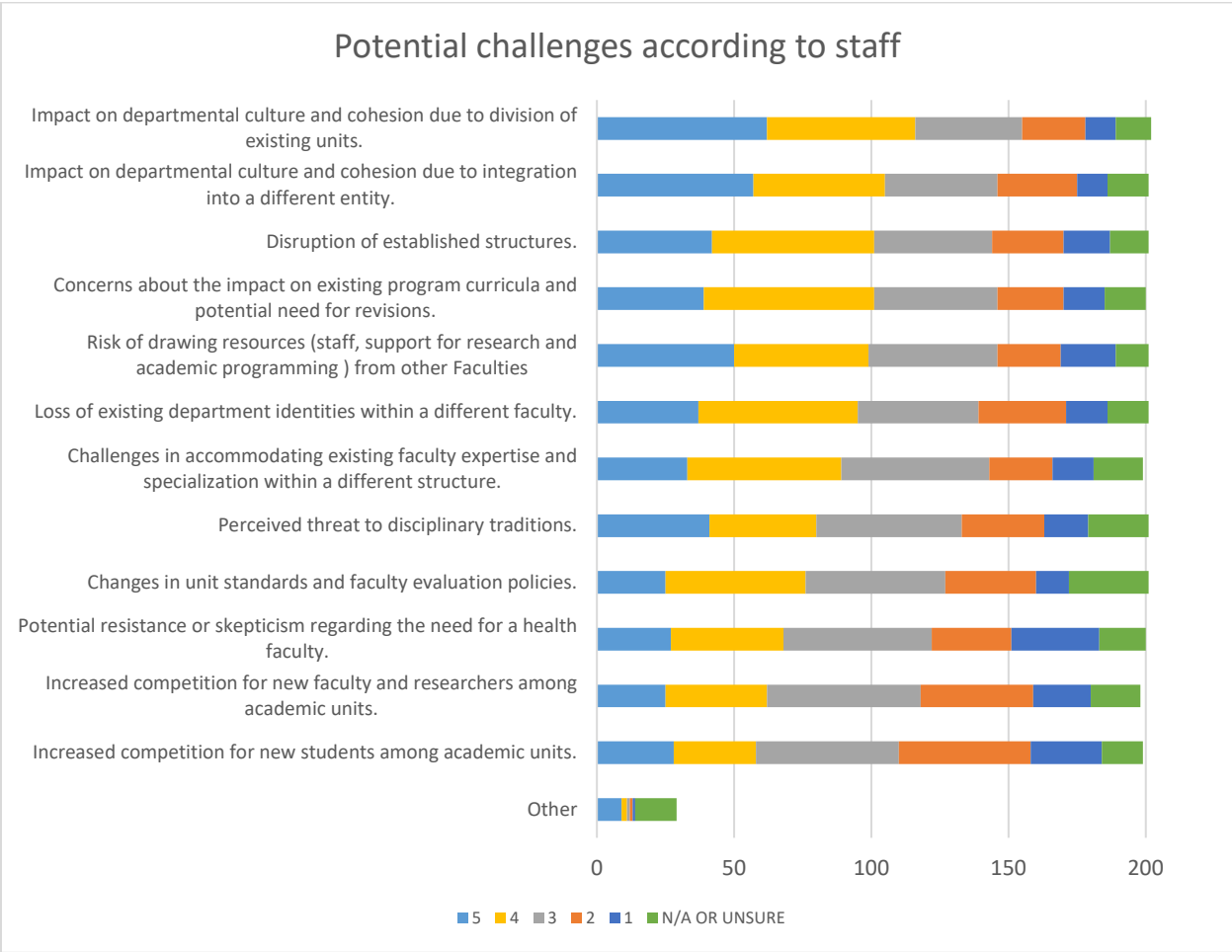


Figure 15: Staff responses to: "What are the potential challenges you perceive in establishing a health-related faculty at UVic?" Staff were asked to rate each, where 1 is "not at all challenging" and 5 is "highly challenging."

In the "other" field, some faculty noted potential challenges with addressing professional and regulatory competencies that are mandatory for healthcare professionals.

Along with financial concerns related to new faculty, there was a general dissatisfaction with the level of funding at UVic. Several respondents raised concerns about the cost of creating a new faculty, including new senior administrative roles.

Some students expressed concerns that funding might be diverted from existing faculties, potentially negatively impacting their programs. A small number of students (7) suggested that new funding should go towards other priorities, such as improved student services.

*Note: there is no new funding for this initiative, and no additional costs are anticipated as UVic is not considering a net-new faculty but rather the reimagining of an existing faculty/division(s). There is, however, revenue potential through government funding and tuition, including for new and targeted program expansions and associated capital related to health, provided a structure exists to house those programs.*

Respondents emphasized the importance of considering financial stability and viability when creating any new structures or changing existing structures.

While the presence of on-campus health and wellness facilities was noted as evidence of UVic’s commitment to health, some students used the opportunity of the survey to express concerns with access to existing health and wellness facilities on campus.

### Partnerships and collaborations

Respondents generally supported all pre-populated suggestions to foster collaboration and partnerships with external stakeholders, with experiential learning opportunities seen as the most effective strategy. The only noticeable difference between faculty/librarian and staff responses was their ordering of strategies to support collaboration and partnerships; for example, pursuing joint grant applications was ranked second for faculty, fourth for staff and third overall.

Here and elsewhere in the survey, respondents suggested expanding or strengthening the Island Medical Program with UBC; it was noted as an effective distributed education model and good example of a successful partnership.

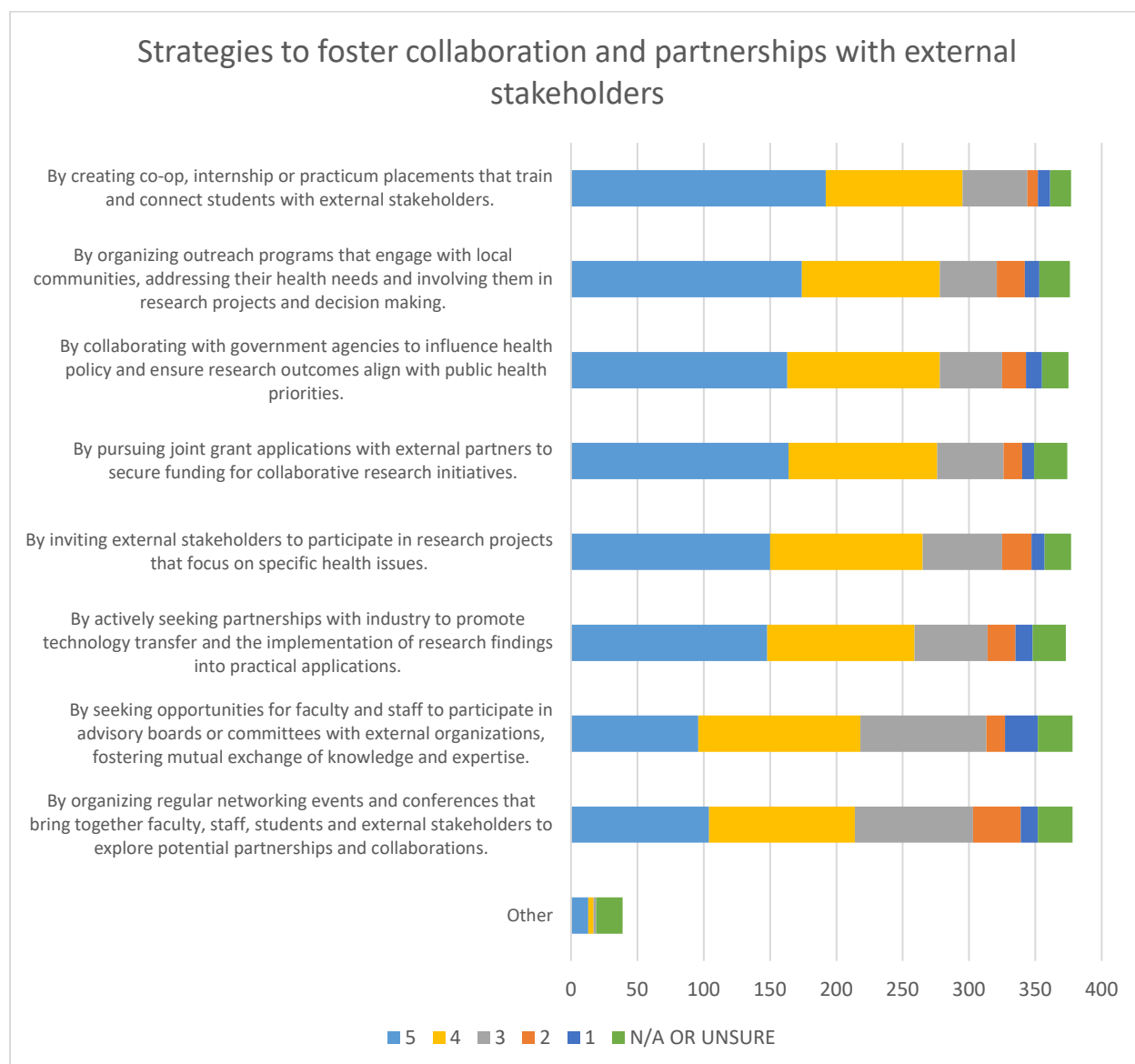


Figure 16: Faculty/librarians and staff rated potential strategies to foster collaboration and partnerships with external stakeholders (e.g., healthcare, health organizations, Indigenous communities, government agencies, industry). Faculty/librarians rated potential strategies from 1-5 for each option, where 1 is “not well at all” and 5 is “very well.”

There were seven suggestions in the “other” field: community-driven/initiated programming, recognizing community-engaged work as part of research productivity, collaborating with other global leaders, ensuring sufficient funding, reducing administrative burden, and using industry to provide resources for technology.

Elsewhere in the survey, several respondents suggested creating teaching and training clinics on campus where faculty, students and partners can work together to serve the community. Clinical psychology and the need for improved spaces, including to serve our community, were cited by some students.

Faculty/librarians were also asked to comment on strategies that could help to integrate diverse perspectives, disciplines and approaches to address complex health challenges. They ranked joint research projects and incentives such as grants and awards as the most effective strategies.

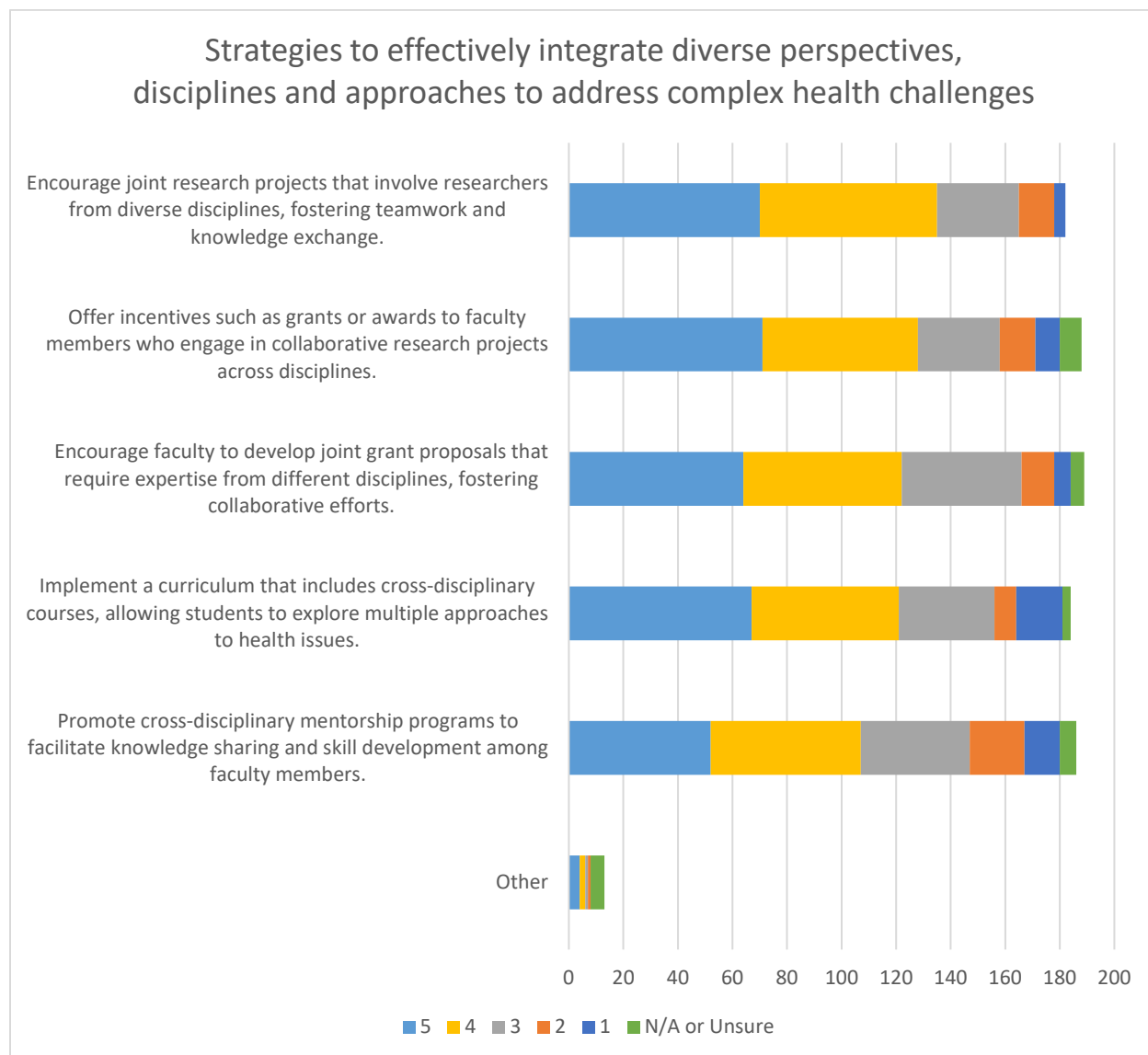


Figure 17: Faculty/librarians rated potential strategies from 1-5 for each option, where 1 is “not well at all” and 5 is “very well.”

There were eight suggestions in the “other” field: cluster hiring, cross-disciplinary courses, cross-appointed faculty, a professional degree certification, an internal in-residence program, making grants easier to acquire, and research projects involving a clinician.

## Indigenous teaching, research and scholarship

Throughout the survey, there emerged a call for the incorporation of Indigenous teaching and healing practices, along with the promotion of a distinctions-based approach to healthcare.

Faculty/librarians and staff were asked how a health-related faculty could strengthen and promote First Nations, Inuit and Metis teaching, research and scholarship in health. Almost 200 respondents provided suggestions, many of whom emphasized the importance of consulting Indigenous Peoples on this question.

*The Committee is consulting Indigenous Peoples through an Indigenous Health Working Group, led by the Committee representative appointed by the Vice-President Indigenous. Relevant survey responses to this question will be shared with the Working Group for consideration.*

Respondents emphasized the recruitment and representation of Indigenous students and faculty, stressing the importance of cultural competency training and interdisciplinary knowledge that incorporates Indigenous ways of knowing.

Recommendations also included curriculum changes to integrate Indigenous perspectives and traditional knowledge, offering Indigenous health courses and programs, and ensuring inclusivity and anti-racism across all disciplines. As well, respondents proposed creating specific research centers or cluster hires for Indigenous health scholars.

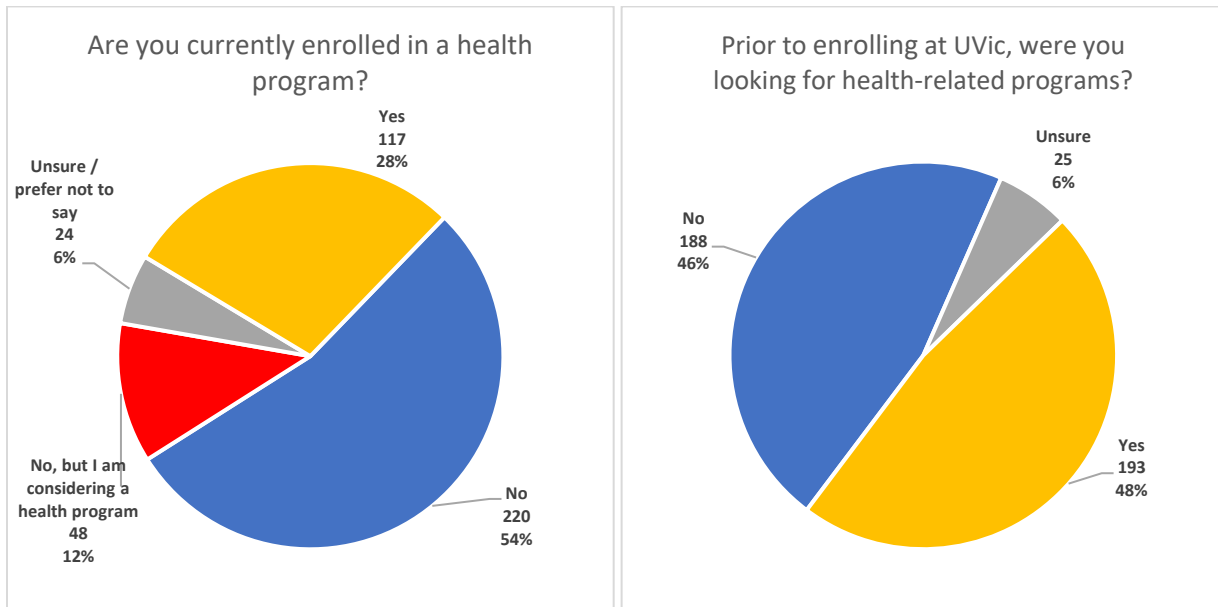
Community engagement and consultation with Indigenous leaders and communities were seen as key, with suggestions for dedicated liaison(s) and financial commitments to enact consultation insights. Collaboration with Indigenous scholars, communities, and Elders, along with outreach programs, is emphasized. Furthermore, respondents suggested fostering a holistic, decolonial approach to health and well-being and prioritizing Indigenous governance systems.

A few respondents suggested a distinctions-based approach in the branding of the faculty, including from students when asked about a possible name for the faculty.

Overall, the responses underscored the need for comprehensive, culturally respectful, and community-driven strategies to promote Indigenous teaching, research, and scholarship in health.

## Student motivation and outcomes

Of the approximately 400 students who opted to complete the survey in full, 73% were undergraduate, 21% were graduate, and 4% were Continuing Studies students. About 28% identified as being enrolled in a health program, with 12% considering one. Prior to enrolling at UVic, nearly half of student respondents indicated that they were looking for health-related programs.



Of the students currently enrolled in a health program:

- 33% indicated they were seeking “work in healthcare (nursing, social work, etc.)”
- 29% wanted to “conduct health-related research”
- 21% were seeking a “pathway to other health professions (physical therapy, pharmacy, dentistry, optometry, chiropractic, etc.)”\*
- 16% were seeking a “pathway to medical school”

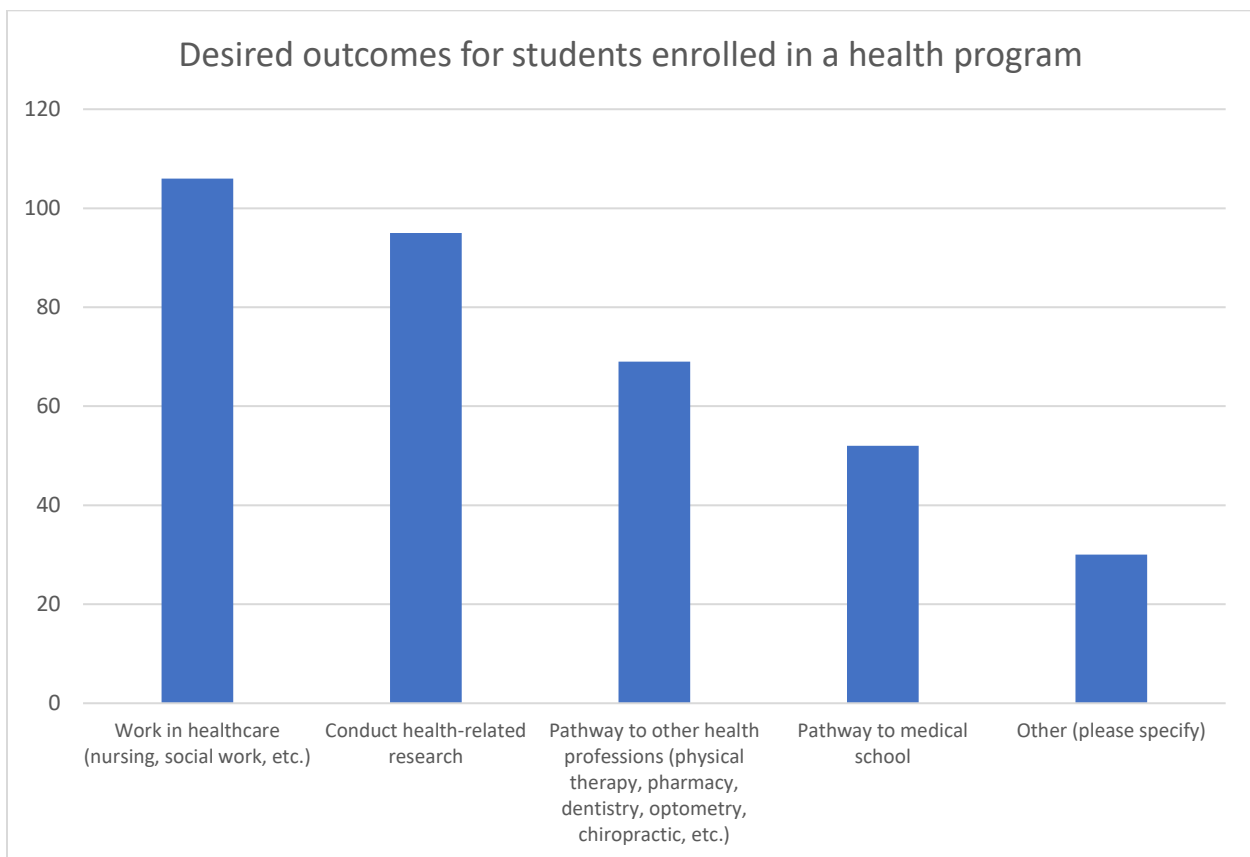


Figure 18: Students who identified as being enrolled in health-related program were asked to select all that applied; 323 respondents answered this question.

\*Of the 30 students who selected “other,” most were seeking a pathway to other health professions. Examples of common responses include naturopathy, physical therapy, dentistry, chiropractic and psychiatry.

Many students expressed enthusiasm and belief that a health-related faculty would have a positive impact on their studies, career opportunities, and the overall academic environment. They highlighted the potential for interdisciplinary collaboration and increased opportunities for research and community engagement. Students from various fields expressed interest in taking health-related courses or electives, demonstrating a potential demand for such offerings.

In some cases, students felt that the creation of a health-related faculty may not have a significant impact on their studies or may not align with their program’s focus.

### Career preparation

Several students anticipate that a health-related faculty could create more opportunities for careers in health-related fields. There is an expectation that a health-related faculty would lead to greater community engagement, possibly enhancing students’ learning experiences. Respondents expressed the need for practical, hands-on training programs—including paid practicums, co-op placements and internships—to prepare students for healthcare careers.

Some respondents expressed a desire for the new faculty to include medical training or focus on primary care to address healthcare provider shortages on Vancouver Island. A few respondents mentioned the potential for health programming to benefit the wider community, providing healthcare services and resources beyond the university campus.

There was good interest in co-op. Of the almost 400 students who responded to the question of whether they have participated in a health-related co-op, 91% said no. Of those students who said no, 68% indicated that they would like to or might like to participate in a future health-related co-op placement.

*Experiential learning is an essential part of the UVic student experience and value proposition and is core to UVic’s academic mission, reputation and branding. It will be important to ensure there are adequate hands-on learning opportunities for students regardless of the new faculty’s focus.*

### Future programming

All respondents were invited to suggest up to three new bachelor or graduate programs at UVic related to health. Common suggestions related to nursing, nutrition and diet culture, mental health, the impact of climate change on health, pre-medical programs, holistic and alternative approaches to health and wellness, and technology and health (including the integration of AI). There was also strong interest in programs that combine multiple fields of study, such as biology, psychology, sociology, and environmental science, to provide a comprehensive understanding of health and well-being.

Students noted particular interest in accelerated nursing programs, pre-med programs, health sciences, nutrition and dietetics, dentistry, optometry, and occupational health and therapy programs. There were a few students interested in psychedelic therapy, holistic health and the social determinants of health more broadly. There was also a call for courses or perspectives related to international/non-Western health concepts, social and cultural elements of healthcare, and medical ethics.

Students expressed interest in health-related programming, including in medical sciences and health sciences. Some students suggested offering minors and certificates related to health, with specific examples not always provided.

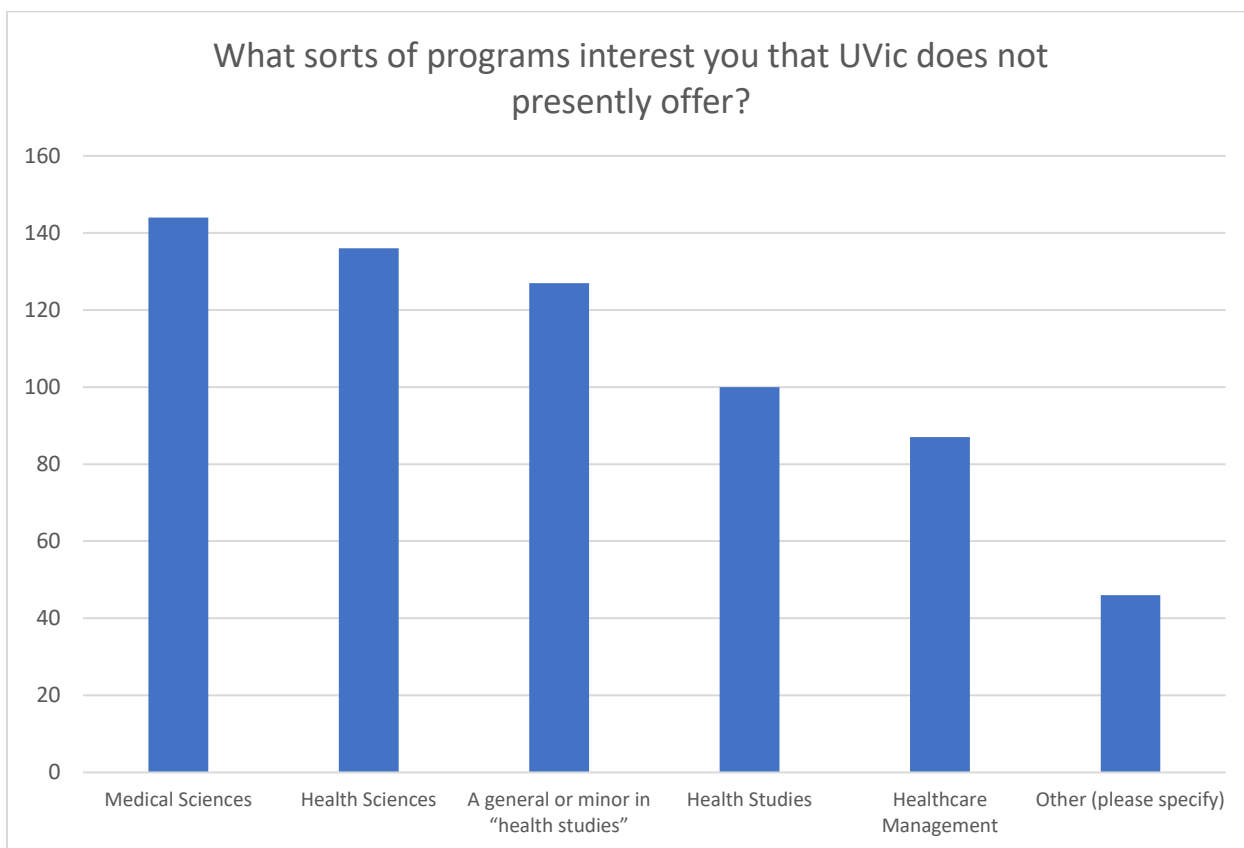


Figure 19: Students were asked to select all programs they were interested in; 319 respondents answered this question.

Several respondents suggested research-intensive programs in health. Based on the targeted question to students (above) as well as frequency of mentions in the open-ended question posed to all respondent groups, UVic may wish to consider the following health-related programs or streams:

#### *Undergraduate programs*

- Bachelor of Health Sciences
- Bachelor of Medical Sciences (pre-med)
- Bachelor of Arts in Health Studies
- Bachelor of Science in Epidemiology
- Bachelor of Life Sciences (pre-med)
- Bachelor of Indigenous Health
- Bachelor of Science in Gerontology

#### *Graduate programs*

- Master of Science in Health Sciences
- Master of Health Administration
- Master of Public Health or Epidemiology
- Master of Integrative Medicine
- Master of Clinical Informatics
- Master of Cultural Dimensions of Health
- Master of Social Dimensions of Health

#### *Specialized programs*

- Dentistry
- Optometry
- Speech Language Pathology
- Occupational Therapy
- Pharmacy/Pharmaceutical Sciences
- Veterinary Medicine
- Naturopathic Medicine
- Physical Therapy

Among all respondent groups, there was a strong emphasis on equity, diversity and inclusivity in health education and practice, including the need to prioritize the health and well-being of marginalized and underrepresented populations. Substance use, addiction and mental health was a thematic area, particularly from faculty/librarian and staff respondents.



Specializations and courses in Indigenous health and healing are seen as essential by many, including as they relate to Indigenous acumen, decolonization and reconciliation. Students expressed their interest in programs that incorporate Indigenous perspectives and approaches to health and healing.

### Part III: Final observations

The overall tone of the consolidated responses is generally positive, with the majority of respondents expressing support for the idea of establishing a new health-related faculty at UVic. They see it as an exciting and timely opportunity that recognizes the importance of health research and education, with significant potential to address health issues comprehensively.

A smaller number of respondents raised concerns and challenges, which reflect a more cautious and critical tone in parts of the feedback. These concerns primarily revolve around resource allocation, integration of existing departments, branding, Indigenous engagement, equity, and the need for clear goals and success measures. Less than 1% of respondents felt UVic should not proceed with this initiative, and most of those respondents cited financial concerns.

While there is great enthusiasm and optimism, there is also a recognition of the complexities and potential challenges that need to be considered and addressed for its successful implementation. There is a desire for thoughtful planning and inclusive decision-making to make the new health-related faculty a success.

Several respondents expressed appreciation for the opportunity to provide feedback and recognition of the team's efforts in undertaking this initiative.

### Appendix: Survey instrument

**A Joint Position Statement  
by the  
School of Child & Youth Care & Faculty of Education  
for the Senate  
submitted  
January 10, 2024**

The following statement outlines a rationale for the School of Child and Youth Care (CYC) moving to a re-envisioned Faculty of Education as a result of the pending dissolution of the Faculty of Human and Social Development.

**Initial Consultations**

**The School of CYC**

From Sept to Dec 2023, meetings and discussions amongst the School of CYC faculty and staff have raised shared concerns about how the distinct nature of our School will be situated and prioritized in relation to other units that are more clearly aligned with a health faculty. Following an initial meeting with Dr. Andreotti, staff and faculty felt that her vision for the future of the Faculty of Education is very much aligned with the School of CYC Vision, Mission and principles.

In November 2023, 22 staff and faculty took part in an anonymous, online straw poll on moving to a new faculty. In this poll, there was overwhelming support for proposing to move to a Faculty of Education. In early December 2023, at a School Community Council meeting – the following Motion was passed unanimously:

***The SCYC would like to propose a position statement to the Health Faculty Senate Committee, to propose, that SCYC move to the Faculty of Education.***

**The Faculty of Education**

The Faculty of Education faculty and staff discussed the potential move of the School of CYC to become a part of the Faculty of Education. This discussion was held as a part of the Faculty Futures meeting on December 5<sup>th</sup>, 2023. As there are units in the Faculty of Education that are also considering moves, it was important to engage all faculty in a discussion of the potential advantages and limitations of such moves. The discussion of the School of CYC moving to the Faculty of Education was viewed very positively, with genuine excitement about the possibilities afforded for working with new colleagues. Some of the benefits faculty members discussed included the potential research growth and collaboration, the widening of impacts in education beyond the K-12 and post-secondary education sector, and the possibility for new collaborations in programming and training for educational professionals. The faculty expressed genuine interest in continuing discussions with the School of CYC and hopes that the move will be viewed positively.

## **Alignment of the School of CYC & the Faculty of Education:**

***Commitments to Indigenous sovereignty, decolonization, anti-racism and social justice*** - the Vision, Mission and guiding principles of the School of CYC that explicitly focus on these directly align with the vision of the Faculty of Education.

***Research and scholarship opportunities*** - The School of CYC is dedicated to research and interdisciplinary scholarship that addresses the most pressing issues facing historically marginalized children, youth, families, and communities. Research and scholarship in alignment with the Faculty of Education include the early years, children and youth with disabilities, equity and inclusion in policies impacting multiple populations, youth voice and engagement, and youth leadership across diverse sectors.

***Teaching and pedagogy*** – Like the Faculty of Education, the School of CYC has a strong pedagogical and philosophical commitment to programs which enable future practitioners to develop skills and competencies to work with children and youth. Both emphasize student engagement, deep and reflective forms of learning, practicum and field-based learning experiences, led by experienced field professionals. Both the Faculty of Education and the School of CYC use diverse practices in course delivery, including digital/online, face-to-face, and blended models of instruction.

***UVic's Indigenous Plan*** – The Faculty of Education and the School of CYC share a commitment towards recruiting and supporting Indigenous students in their undergraduate and graduate programs. Commitments to integrating Indigenous perspectives and knowledge within and throughout programs are also a shared commitment, as represented in the Indigenous plan. This work will be strengthened by developing a process where the Faculty of Education and the School of CYC co-construct and revise directions that build on the strengths of each unit, building together a vision to realise shared goals in the implementation of the Indigenous Plan.

***Commitments to human rights and equity and the Equity Action Plan*** - Both the School of CYC and the Faculty of Education have faculty and staff engaged in actions designed to broaden and strengthen how equity-seeking groups are represented among faculty, staff, and students.

### **Key Considerations and Priorities**

The leadership of the School of CYC and the Faculty of Education are committed to collaborating on a seamless transition that mitigates uncertainty and distress for their staff, faculty, students and the wider community. While the School understands that structural and organizational decisions are not yet to be made, the School of CYC would like the following principles to be considered as the Senate Committee develops its process for consultation and strategizing about relocating existing HSD units.

1. Maintain the distinct identity of SCYC within a new faculty home – keeping the School of CYC as a separate unit with its disciplinary history and fields of study is key to the integrity of the undergraduate and graduate programs in CYC, the CYC field and discipline, and the disciplinary history and standing of our program.

2. Maintain current governance, systems of support for students, research support for faculty members, reappointment, hiring, and promotion policies, unit standards and program evaluations remain as they are currently operationalized, with changes occurring only after collaboratively re-designing systems and policies or as required by processes within the collective agreement.
3. Full budget transparency and if possible, pausing any large budgetary decisions for at least one year after a move to the Faculty of Education.
4. Engage with all employees, particularly current staff, with fairness and collaborate openly about options and opportunities as they occur.
5. Maintain, as much as possible, staff positions and similar levels of service and support for the School of CYC faculty.
6. Maintain existing faculty positions and lines to allow the School of CYC and the Faculty of Education to continue to deliver existing programming and commitments to quality instruction for students while collaboratively planning for future hires.
7. Consider pausing any relocation to new physical spaces if possible. If there are plans for a relocation, these decisions be made transparently and openly so that there is sufficient notice and consideration of alternatives before final decisions.

### **Plans for the merger**

Once the Senate Committee approves the School of CYC's request to move to the Faculty of Education, both parties will begin to collaboratively plan the next few months by:

2024 – Establishing a joint committee to guide the transition and build community.

2024 – Change the name of the Faculty of Education *building* to an Indigenous name.

2025 – Faculty to develop a strategic plan that responds to the University's strategic plan and the Indigenous Plan; change the name of *Faculty* to an Indigenous name that symbolizes a re-envisioned Faculty that includes the School of CYC as a new and distinct unit and reflects the new configuration.

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<http://www.uvic.ca/ephe>

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DATE: Sept 25, 2023  
TO: Helga Hallgrímsdóttir & Tony Eder, Co-Chairs, Senate Committee for Academic Health Programming  
FROM: Sandra Hundza, Director, Exercise Science, Physical and Health Education  
RE: EPHE's Position Statement related to the potential New Health Faculty

Through a consultative process with the staff and faculty members of the School of Exercise Science, Physical and Health Education (EPHE) across all three programmatic areas (Kinesiology, Recreation and Health Education, and Physical and Health Education), the School wishes to submit this summary of its collective position on the School's alignment with the potential new Health Faculty at UVic. This position statement is based on informal internal survey results from EPHE faculty and staff, though the position statement was approved by the faculty members in accordance with the School's policies on approving School based decisions. The School members are advocating for EPHE to move as an academic unit to the new Health Faculty . The School requests that the Senate Committee for Academic Health Programming consider EPHE's Position Statement in the development of the Committee's recommendation to Senate.

For background we provide EPHE's Vision and Mission:

#### **Vision**

The School of Exercise Science, Physical and Health Education is an international leader for its research, teaching, and community engagement in establishing diverse forms of physical activity and healthy lifestyles leading to healthier people, communities and society.

#### **Mission**

Transforming and enriching the lives of individuals and diverse communities by creating, disseminating, and applying knowledge in the areas of physical and health education, kinesiology, and recreation.

In accordance with EPHE's vision, EPHE sees itself as contributing to **health and wellness of individuals, communities, and society** through physical and health education, health promotion, and health interventions using physical activity and other lifestyle behaviour changes as the key vehicle. The health and wellness impact of this work is measured in diverse ways either through direct health outcomes, (e.g., improved mental and physical health, decrease in disease and frailty prevalence), improvements in preventive behaviours (e.g., increased

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<http://www.uvic.ca/ephe>

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physical activity, decreased sitting time, healthy diet), or changes in individual function (e.g., better motor skills, improved balance). We impact health through the creation, dissemination, and application of knowledge in diverse populations across the lifespan locally, provincially, nationally, and globally. Graduates of our programs pursue career paths such as kinesiologists in private or public health settings, public health administration, provision and management of community prevention programs (e.g., at recreation centres), physical and health education teaching in schools, and entrée into medical programs or master's degree programs such as physiotherapy, occupational therapy, and public health.

Given this shared common Vision and Mission integral to all three programmatic areas in EPHE, and the logistical consideration of the strong integration of the curricula across the three programmatic areas with many shared required and elective courses, as well as having most faculty members' teaching loads span the three programmatic areas, the School faculty members are advocating for EPHE to move as an academic unit to the new Health Faculty. This proposal is supported by staff in the School. We believe that keeping EPHE as an academic unit will best serve our students now and in the future as well as support our faculty members in maintaining our research impact. We look forward to the opportunity to discuss appropriate resourcing for our unit, as well as faculty and unit structure should this move take place.

January 10, 2024

**Expression of Interest in a New Faculty of Health – School of Health Information Science (HINF)**

The School of Health Information Science is highly supportive of the plans for a new Health Faculty at University of Victoria. Our faculty agree that the School of Health Information Science (HINF) should become a core part of the new Health Faculty. The benefits for us and the HINF educational programs of such a move are clear and include greater access and visibility of HINF to prospective students, researchers and funders, governmental agencies, as well as the potential for collaboration with other health related researchers. These benefits will result from the clear identification of health informatics as being a health discipline in a Health Faculty (which will help in applying for research funding, access to healthcare projects, greater visibility etc.).

Our School is unique in Canada and is one of the most established programs internationally in health informatics (and the oldest in North America) and we feel that being in a Health Faculty is a logical move and next step for us. Health informatics has become a discipline in its own right (in part due to the work of our faculty over the past 40 years since the founding of HINF) and we have developed competencies and educational programs that are now respected and modelled world-wide for health informatics and digital health education. It is deemed critically important by our faculty that in doing such a move the School of Health Information Science will need to maintain its distinct identity in health informatics and we expect that our School will move as a whole unit as is (as a full unit, school or department, with its own director or chair, residing in the faculty of health) in order to allow us to continue to develop health informatics as a distinct discipline of study and research (and to keep our initiatives at a world class and leading level). As such the School of Health Information Science will need to maintain a departmentalized structure.

We are currently adhering to the competencies from our national organization Digital Health Canada, and the International Medical Informatics Association IMIA (which a number of our faculty have worked with in creating and refining these competencies). Our competencies and teaching approaches are specific to our discipline, and we plan to continue this way to push forward with leading the field of health informatics. It should be noted that health informatics is the discipline of digital health according to Digital Health Canada (our professional organization) and our students (undergrad and grad) are writing exams to become Certified Professional in Healthcare Information and Management Systems – Canada (CPHIMS-CA), which is based on health informatics competencies developed at the national level by Digital Health Canada. Employers are increasingly requiring this certification for positions post graduation in addition to having a BSc in health information science, MSc in health informatics etc.

It is hoped that such a move will also lead to increased resources, including physical office spaces at a later point in time after the Health Faculty is established. A number of our programs have deregulated fees used to support our HINF programs, and we also expect to have increased enrollments due to the government supported expansion of both the undergraduate and graduate health information science programs. This expansion is also very much in line with a move to a Health Faculty and we are excited about both developments. It should be stated that we have developed a number of state-of-the-art laboratories and plan to continue to expand these (including bringing new innovative and modern technologies into our teaching and research), which will require increased resources, including technical staff and equipment support as well as software and hardware licenses over time. A move to a Health Faculty will align with increased support for the HINF in general, including technical support, ability to update software and hardware that we use in teaching (to keep students at the forefront of the field etc.) and other needs specific to leading edge research and teaching in health informatics. As such we will need to retain our current staff who are essential to making this work and have competencies specific to health informatics and our programming. This includes the need to continue our co-op educational component (co-op work terms are mandatory at the undergraduate level and optional at the graduate level in HINF) with our co-op manager who has experience and expertise placing our students in government, industry, and academia in health informatics. Co-op work is important part of creating experiential education that has led to near 100% job placement after graduation and we plan to continue with this essential element of our educational programs.

In conclusion, the School of Health Information Science is very enthusiastic about the move to a Health Faculty, and we feel the timing is good to support advancement of our educational programs, research and the field of health informatics in BC, Canada and internationally. This movement, with HINF being on board, will in turn establish the University of Victoria with a competitive edge in providing health education through a new Faculty with a unique, distinct program, and internationally recognized program in health informatics.

Andre Kushniruk, PhD  
Professor and Director  
(on behalf of HINF)





Faculty of Health Initiative

January 10, 2024

RE: Expression of Interest



Dear Faculty of Health Initiative,

I am writing to convey the School of Indigenous Governance's (IGOV) unanimous decision to endorse the relocation of our unit to the Faculty of Social Sciences, pending the advancement of the Faculty of Health initiative. We foresee successful collaborations between IGOV and the Faculty of Social Sciences, particularly in research, course delivery, and program laddering. This strategic move aligns with IGOV's dedication to remaining a whole and intact unit and our collective vision for our future.

Following consultations with the Dean of Social Sciences and other Deans from various faculties, it is evident that the Faculty of Social Sciences stands out as the most fitting institutional match for our School. Notably, a transition to the Faculty of Social Sciences ensures stability amid change by preserving IGOV's administrative structure. Dr. Helga Kristín Hallgrímsdóttir's analogy, describing the transition as "the house remaining the same but relocating to a new block," encapsulates our perspective.

With the full support of IGOV's Faculty and Staff members, I look forward to collaborative opportunities within the Faculty of Social Sciences.

Sincerely,



Dr. Hōkūlani K. Aikau  
Director and Professor  
School of Indigenous Governance  
Faculties of Human & Social Development  
University of Victoria

To: Senate Committee on Academic Health Programming

From: Bruce Wright Head Division of Medical Sciences

As requested, I am submitting a summary of the Division of Medical Science (DMS) faculty's position on the proposed move of the Division into the proposed Faculty of Health. I committed to faculty that any written thoughts I received from them would be submitted to you without edit. Therefore, please find attached a letter that I received today.

### My Observations

The letter acknowledges that the recommendation that DMS move to the proposed Faculty of Health is going to happen. I have not received any indication from any faculty that they are opposed to what the letter says.

I think it important to mention that one faculty member has been unwavering in their support of the move. Another faculty member became a strong supporter of the move after the faculty meeting with the Deputy Provost. The reasons they both outline for offering their support include the opportunity to set up collaborations and there is much to be gained by joining. My observation is that if these two had authored the letter the support for the move would have been more strongly stated.

The two Teaching stream faculty, who do all of their teaching at the medical school were justifiably concerned about being lost in the shuffle that happens with significant change like this.

The rest of the faculty members-four in total- are justifiably worried about any change that will negatively impact their research and the teaching they do in the medical school. To be honest I think those fears are still present and will need to be addressed going forward.

### My Perspective

I think it is very positive that even though there might not be complete agreement with the proposed move to the Faculty of Health, there is general acceptance. I wish to commend faculty for arriving at this conclusion.

I unequivocally support the creation the Faculty of Health. I share in the excitement of the possibilities that have been outlined by others. It would be a mistake for the University not to move forward on this.

Because the job of Regional Associate Dean, Island Medical Program, and Head, Division of Medical Sciences, are going to be split up, a move that is necessary and supported by UBC and UVic leadership, the Division will not continue as it is presently configured. The Division is going

to have to move to a new Faculty home or be dissolved. I think it is in the best interest of the Division if that move is into the new proposed Faculty of Health.

Respectfully submitted,

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Division of Medical Sciences, University of Victoria

## **Position Statement for Proposed Involvement in a Health Sciences Faculty at the University of Victoria**

The Division of Medical Sciences (DMS) refers to the University of Victoria (UVic) entity that was created to deliver the curriculum for the University of British Columbia's (UBC) Island Medical Program (IMP) as described in the Affiliation Agreement between UVic and UBC. Faculty within the DMS are well known at UVic, provincially, nationally, and internationally for their considerable strengths in research and medical instruction, roles specific to their unique position within the DMS and the IMP.

We as DMS Faculty members are writing this letter regarding plans to move the DMS into a new "Faculty of Health". Given our unique association with both universities and the many unknowns that come with moving to a new Faculty, the DMS Faculty thought it important to underscore our primary responsibilities, as well as our exceptional record of research and teaching. Moving into this next phase with the development of the Faculty of Health Sciences, the hope of our faculty is to maintain continued level of excellence in research and teaching that the DMS has worked so hard to establish over the past 18 years.

While the faculty of the DMS is small (6 primary research faculty and 2 teaching professors), the researchers in the DMSC hold amongst the highest per capita funding rates on campus. For example, our DMS research faculty members have been exceptionally successful in obtaining over 5 million dollars in funding from the Canadian Institutes of Health Research (CIHR) Funding in the past four years. This tremendous success in CIHR funding facilitates valuable training opportunities for graduate students in the Neuroscience Graduate Program (NGP) and exciting experiential learning opportunities for UVic undergraduate students (e.g., Directed Studies, Honours Supervision). The efforts to develop the NGP were spearheaded by foundational leadership of DMSC researchers in collaboration with Faculty from other groups on campus. In addition to leading research programs, the primary teaching objectives of DMS Research faculty are to support the UBC medical undergraduate program and the NGP, in the form of classroom teaching and experiential learning in the laboratory. Medical students in the IMP consistently outperform other UBC distributed sites in several areas, including the challenging Neuroanatomy/Neurology exam components. The expertise, dedication, and high quality of teaching by DMS faculty is known and respected across the different sites of the distributed medical program, and DMS faculty are active in medical education leadership roles. Graduate students in the NGP are highly successful, winning numerous national scholarships, including an impressive 3 Vanier Canada Graduate scholarships. Many students from the project have gone on to success in careers of their choice in biotech, medicine, government jobs and so on, facilitated by their high-quality training experience in the NGP.

While all DMS faculty find potential merit to becoming part of the Faculty of Health, a primary focus is to ensure the tremendous success in DMS/IMP research and teaching programs will continue. To this end, it is essential that UVic leadership appreciate, respect, and support the core strengths and unique mandates of DMS faculty. We hope the future leadership for the IMP and the Faculty of Health will work together with DMS Faculty members to enable our established outstanding research success and teaching programs.

**MEMORANDUM**

**Date:** January 16<sup>th</sup>, 2024

**To:** Dr. Helga Hallgrimsdottir, Deputy Provost, University of Victoria

**From:** Dr. Dzifa Dordunoo, Acting Director, School of Nursing

**Re:** SON health faculty position letter

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As the Acting Director of the School of Nursing (SON), I write to express my enthusiastic interest in the Health Faculty initiative and to confirm that the SON will become part of the health faculty. As you know, the SON is a dynamic unit in the faculty of Human and Social Development, that is committed to knowledge generation and advancement of nursing practice to promote health equity and social change. Our School has a long history of delivering accessible online graduate education and has one of the leading undergraduate programs for entry level nurses in the province. We have strong community collaborations with local health authorities and working towards developing and improving relationships with Indigenous communities. We believe strategic alignment of the health faculty will help us build on our strengths and more fully address noted gaps. The opportunity to collaborate with other units within the health faculty to develop interdisciplinary education opportunities that foster interprofessional collaboration, a skillset that will distinguish our graduates from others.

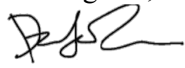
The SON is currently engaged in organizational development activities to align its operations in a way that meets the increasing societal demands for more nurses at all levels of education. Due to the nature of being a self regulated profession, nursing education must respond to the requirements of regulatory and accrediting entities and governmental expectations/ directives. To this end:

The SON must:

- remain a self-directed decision-making unit within the health faculty;
- acquire access to on-campus clinical education space;
- secure appropriate technologies to meet regulatory and accreditation requirements in face-to-face, online, and high fidelity simulation teaching modalities;
- address gaps in human resourcing of the school, specifically the need to create clinical education positions to enhance the teaching complement at the school.
- maintain program accreditation status and ensure the agility of the school by retaining appropriate staff support;
- retain and attract faculty and staff to drive and disseminate research;
- develop a centre of research excellence to meet community, professional and academic responsibilities.

The SON looks forward to working with you and the committee in shaping the structure of the new faculty and setting our school up for greater success as a responsible community of educators, researchers, leaders, and public servants.

Best regards,

A handwritten signature in black ink, appearing to read 'Dzifa Dordunoo', written in a cursive style.

Dzifa Dordunoo RN, PhD  
Acting Director, School of Nursing  
Associate Professor  
[nursingdirector@uvic.ca](mailto:nursingdirector@uvic.ca)



## Health Faculty

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**Sent:** January 22, 2024 12:24 PM  
**Subject:** SPA decision re health initiative

Hi,

I apologize for my delay. Our GC has met and considered all options, ultimately leading to a decision to proceed with the Faculty of Social Sciences. We very much look forward to discussions about implementing this transition, assuming Senate approval.

Jill

**Jill Anne Chouinard, Ph.D.**  
Director, School of Public Administration  
University of Victoria

*At the University of Victoria, we acknowledge and respect the lək'wəḡən peoples on whose traditional territory the university stands, and the Songhees, Esquimalt and WSÁNEĆ peoples whose historical relationships with the land continue here today.*

Cc: Michael Prince, Acting Dean of Human and Social Development  
Cc: Lois Harder, Dean of Social Sciences

18 January 2024

To: Helga Hallgrímsdóttir, Deputy Provost

Via Email to [deputyprovost@uvic.ca](mailto:deputyprovost@uvic.ca)

### PHSP STATEMENT OF SUPPORT FOR THE FACULTY OF HEALTH

This memorandum provides a short summary of perspectives among faculty members in the School of Public Health and Social Policy in support of the proposed Faculty of Health at the University of Victoria.

Our School has been provided with several updates at Council meetings and other venues on the proposal since its inception several months ago. We confirm that we are adequately informed of the main contours of the proposed faculty and the underlying rationale for its structure in order to anticipate a strong net benefit to PHSP faculty, staff, and students. Foremost among these benefits, the proposed Faculty of Health will enhance our goal to attract, advance, and retain students, staff, faculty, librarians and senior leadership from communities locally, nationally, and globally that have been systemically and historically marginalized within society generally and academia specifically. It is only through achieving such a goal that public health can be adequately positioned to fulfill its mandate to promote health and wellbeing for all.

For our School, participation in the Faculty of Health makes intuitive sense, given our health-focused strategic mandate in both research and academic programming. Our positioning in a Faculty of Health offers a coherent frame of reference, and common identity, purpose, and indeed community, for faculty, students, and staff alike. Schools of Public Health (and related units that offer Master of Public Health (MPH) degrees) across the country are invariably located within health-related faculties, including at universities without medical schools. The heightened visibility of PHSP will also further bolster the increasing role we play within the Network of Schools of Population and Public Health, an organization that guides and advocates for effective public health training programs in Canada. We also see our part in a strong health-focused faculty in enhanced relationships with local, provincial, and national health authorities, including for instance with Island Health, the First Nations Health Authority, the BC Centre for Disease Control, and the Public Health Agency of Canada.

From the perspective of undergraduate and graduate **academic programs**, we envision even stronger synergies among participating units, in terms of providing staged (undergraduate to graduate) career training pathways, delivering interdisciplinary health-focused courses (e.g. social determinants of health, environmental health, health policy, etc.), cooperating in the negotiation and implementation of student practicums, and fostering interdisciplinary supervision on student committees. The precedent of the Social Dimensions of Health program, which includes cross-faculty and indeed cross-campus participation of faculty, is illustrative of the high potential a Faculty of Health can offer to interdisciplinary academic programming at the



graduate level. We also believe inclusion in the Faculty of Health would also benefit our undergraduate and graduate student recruitment because of the heightened visibility of our programs and the potential for their increased cohesion with other units. For our new BA in Public Health in particular, we expect that the centrality of health-focused research and academic programs will increase our capacity to attract more top-quality undergraduate students from within UVic. These graduates will fill important public health and social policy roles here on the Island and across the province, and many will pursue graduate training in fields such as public health, medicine, and interdisciplinary health research that further reinforce our reputation and impact as a world-class academic program across all of our degrees.

From the perspective of **research**, a Faculty of Health will make the research-intensive faculty within PHSP more accessible, visible, and intelligible to external organizations, including TriCouncil, other universities, and policy partners, as well as with the general public. Being in a united faculty with a clear health mandate will enable PHSP-based researchers to forge more effective interdisciplinary teams and research partnerships within and beyond UVic, to consolidate both university based and grant funded research supports, and to mobilize our knowledge to policy and community audiences alike in ways that synergize our impacts. Such benefits are especially crucial to public health researchers, given our explicit mandate to work across sectors to promote health and health equity at individual, community, and population levels. We also envision improved efficiencies in collaborative research efforts, in terms of enhanced opportunities to pool research resources and share research-dedicated spaces (e.g. dry and wet laboratories) with colleagues across units, particularly for those who are currently under supported due to space limitations. Both of these practical benefits would require thoughtful long term planning to overcome the institutional fragmentation and severe space constraints faced by many of our research-intensive faculty members.

Another critical dimension in which our support for a new faculty is expressed is in regard to the central role that PHSP can play in our university's ongoing efforts to meet its obligations with regard to **Indigenization** and **decolonization**. This responsibility spans all of our academic activities, from research, to teaching, to student life and wellbeing, and to our relationship with the wider community, including the Songhees, Esquimalt, and WSANEC peoples and their lands on which we are guests and beneficiaries. While plans are still at a very nascent stage, we look forward to participating, given the high level of expertise of our faculty in this area, in the near-future thoughtful planning and resourcing that will be needed to ensure a Faculty of Health takes a position at the forefront of this long overdue transformation.

Finally, in terms of staff effectiveness, morale, and retention, we see the merits in being a part of a Faculty of Health that encourages us to achieve a collective purpose and to consolidate complex **administrative** processes that will reduce redundancies and improve efficiencies of existing roles and responsibilities. Given that we are a very small unit in terms of our staff support, we punch above our weight in the breadth and quality of programming that we offer. In achieving improved efficiencies and outcomes, it would be critical to preserve our existing staff lines, and indeed, leverage further resources to bolster much-needed staff support for our ever-growing academic programs.

In conclusion, the PHSP community holds an optimistic, and realistic, view of the research, academic programming, and administrative benefits that are achievable through an inclusive strategy toward the realization of a Faculty of Health at UVic.

Your Sincerely,

The faculty members of the School of Public Health and Social Policy



January 15, 2024

**TO:** Dr. Helga Hallgrímsdóttir and the Senate Committee on Academic Health Planning

**RE:** Expression of Interest in the proposed Faculty of Health by the School of Social Work

Thank you for your consideration of this letter which expresses views from the School of Social Work in response to the development of a Faculty of Health and the likely dismantling of our current Faculty of Human and Social Development in the process. In this letter we seek to convey two main points:

1. The School of Social Work expresses interest in being included as a foundational department within the emerging Faculty of Health and UVic's priorities of the UVic Health Initiative (UHI).
2. In the likely event that the Faculty of HSD is dismantled, that our new faculty provide a home for our continued shared priorities at UVic and our School's Mission to utilize an intersectional, decolonial equity, and anti-racist approach to advancing teaching, learning, scholarship, research, service, and community activism.

As a School we have dedicated our people, knowledges and experience to decolonizing our curriculum and taking leadership that aligns with the stated commitments of UVIC (as highlighted in the Distinctly UVic Strategic Plan, the 2023 Indigenous Plan, and the Equity Action Plan). We expect these commitments, the language that we have crafted (recognizing a range of types of academic work; community-engaged research; integrating Indigenous knowledges, practices, and research methodologies; anti-racist work; equity admissions practices, etc.) in our Unit Standards, and the practices that enable these standards, to accompany us to our new home faculty.

To date, we have contributed to HSD's leadership not only in health but in a Faculty focused on "equitable decolonial futures" and the HSD Vision to ***"be a recognized local and global leader in transformative research, teaching, and professional practice for just, equitable, decolonial, and***

***sustainable futures***". Our School values being part of a faculty prioritizing "justice, equity, decolonization and Indigenization" as outlined in the HSD Strategic Plan. Additionally, as an accredited School offering professional degree programs, we are responsible for meeting the Educational Policy and Accreditation Standards (EPAS) of the Canadian Association of Social Work Education – L'Association canadienne pour la formation en travail social (CASWE-ACFTS). Our continued accreditation requires ensuring that our curriculum and student training addresses core learning objectives addressing, for example, Indigenous peoples and communities; colonialism and social work; anti-racism; and equity and social justice. We seek to continue to be located within a faculty with shared priorities that define its mission and role at UVic and that will actively support our obligations to our accrediting body.

In the restructuring processes to proceed with the UVic Health Initiative, we perceive our role to ensuring links to the related strategies and priorities of UVic, specifically as follows:

- The Indigenous Plan: SOCW includes both undergraduate and graduate Indigenous Specialization programs; has been home to many of UVic's leading Indigenous Scholars and leaders and continues to serve as a space that nurtures Indigenous scholarly leadership and excellence; enacts decolonizing practices from admissions to curricula and research, as well as in our processes for how we work together as a unit. In addition to the Indigenous Specialization programs, our general programs are also recognized as providing training to work with, for and alongside Indigenous relatives through the centring of Indigenous content in required Indigenous social work courses and across the curriculum.
- Aspirations 2030: SOCW ensures experiential learning for all students through its field education program which maintains university-community partnerships for engagement, teaching and learning.
- The Social of Work includes UVic leaders in community-based research and partnerships to address societal issues and the mobilization of knowledge to have meaningful impacts as outlined in Aspirations 2030.
- SOCW strives to champion decolonizing and anti-racism efforts in the training of health and helping professionals in response to the Calls to Action of the Truth and Reconciliation Commission of Canada (2015), the Calls for Justice of the National Inquiry into Missing and Murdered Indigenous Women and Girls (2019) and the longstanding calls for change set out in the Royal Commission on Aboriginal Peoples (1996).



Many of our faculty are already engaged in research and student supervision work with faculty from other departments, including other health-focused Schools such as Nursing and Public Health and Social Policy – our work is both multi- and interdisciplinary. The School recently received \$385K in funding from the Ministry of Health to expand our MSWF program, supporting an increased intake from 20 to 35. This expansion came at the initiative of the Ministry of Health and their stated wish to see more social work leadership in BC communities.

Our School's commitment to anti-racism, decolonization, equity and socially just social work is reflected in coursework and practicum learning that support students in developing skills for critical analysis and reflexivity, collaboration and community-engaged work. We do not offer clinical training programs focused on clinical counseling and therapeutic modalities but instead prepare students to understand, respond to and address the conditions and realities faced by those they serve and walk alongside as social workers, including historical and contemporary colonial policies and practices, systemic racism, poverty and marginalization. In addition to courses addressing theory and skills for critical practice, field education (through required practicum placements) provides students with the opportunity to collectively bring theory and practice to bear on fundamental skill sets necessary to effectively listen and act on behalf of those with whom they work. In addition to training for practice, the School offers opportunities for applied research training through research assistantship opportunities, research-focused practicums, and a master's thesis option which has and continues to yield high quality graduate research.

Thank you for your consideration of our expression of interest in joining the proposed Faculty of Health.



Donna Jeffery, Acting Director (on behalf of all faculty members in the School of Social Work)



**From:** [Health Faculty](#)  
**To:** [Health Faculty](#)  
**Subject:** BUSI - Faculty of Health Engagement  
**Date:** December 21, 2023 11:21:25 AM

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**Peter B. Gustavson School of Business**

Thank you for the recent update regarding the new Faculty of Health and congratulations on the progress to date. As you may be aware, the Gustavson School of Business has several faculty working in the area of health care management. We have particular expertise in three areas of research: Services Management and Operations in Health Care Delivery, Professions and the Organizational Design of Health Care Delivery, and Public Policy aspects of Health Care Governance in British Columbia and with respect to Indigenous Health Care in Canada.

We would like to engage with the new Faculty in any form of engagement that supports its overall progress. Our intent to create a formal research group within Gustavson on health care management and would be interested in cross appointments, collaborative research programs and related activity with the new health faculty.

Best, Roy

Roy Suddaby  
Winspear Chair of Management  
Peter B. Gustavson School of Business  
University of Victoria, CANADA

Cc: Anita Bhappu, Dean, Gustavson School of Business

Date: February 1, 2024

To: Helga Hallgrímisdóttir, Deputy Provost, Senate Committee on Academic Health Programming Chair

From: Laura Vizina, Director, Division of Continuing Studies

Re: New Faculty of Health

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I am writing to express my keen interest in partnering with the newly designed Faculty of Health to actively contribute to the development and execution of professional programs for healthcare practitioners.

Since its inception in 1963, the Division of Continuing Studies at UVic has been at the forefront of providing flexible and inclusive programming. Our offerings cater to a diverse audience of entry-level and mid-career professionals, including Indigenous learners, and newcomers to Canada. Our commitment to delivering high-quality education aligns seamlessly with the Faculty of Health's objectives.

Our online and on-campus programs incorporate the latest research and advancements in healthcare, ensuring that learners receive relevant and current information that can be applied directly to their practice. Some exemplary health programs currently offered by the Division include:

- Micro-certificate in Palliative Care Pharmacy
- Micro-certificate in Canadian Falls Prevention
- Micro-certificate in Wound Management for Health Professionals
- Micro-certificate in Wound Care for Clients Experiencing Inequities
- Micro-certificate in Health Terminology Standards
- Micro-certificate in Strategies and Actions for Independent Living
- Micro-certificate in Emergency Management for Organizational Continuity
- Professional Specialization Certificate in Population Health Data Analysis

These programs often result from collaborations with internal and external partners such as UVic's Health Information Science and Victoria Hospice. Additionally, we prioritize our programming by seeking accreditation from professional bodies to offer continuing education units (CEUs) whenever feasible. For example, Current Concepts in Dentistry is accredited by ADA CERP for 28 CEU credits over four days and Palliative Care Pharmacy is accredited by the Canadian Council on Continuing Education in Pharmacy for 18 CEU credits.

The proposed Faculty of Health holds great promise for knowledge mobilization and training, and we are eager to contribute our expertise. Our team has a proven track record in organizing professional learning conferences, programs, workshops, and micro-certificates. We envision collaborating with faculty and researchers to continue to develop professional programs that not only complement but also elevate our institutional expertise, effectively meeting the evolving needs of both community and professional learners.

Sincerely,



## Health Faculty

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**To:** healthfaculty@uvic.ca  
**Subject:** HUMS - Faculty of Health

Dear Helga and Tony,

I am writing on behalf of the Dean of Humanities to express the Faculty's strong interest in being involved with health-related initiatives in the new Faculty.

We understand that you are actively seeking involvement of Linguistics, to support the partnership with SLP (a post-graduate professional training program). We easily imagine links that help to support an undergraduate > graduate pipeline. We know that is on your radar and we look forward to future conversations on that front.

But there are other possible connections between Humanities and Health (nb. Health Humanities is a rapidly emerging field).

For example, we are about to extend a letter of offer for a CRC in Critical Disability and Social Justice Studies. The candidate has an established track record of excellence teaching a history of medicine large enrolment class that is required for all pre-med students at their current institution (a US R1 university). We expect this candidate to bring this course to UVic, should negotiations be successful. Crucially, this class is informed by critical disability theory, showing the ways in which medicine as a field has been ableist. This is an important perspective in all health-related professions, and we therefore see a massive contribution on this front alone.

There are also a host of other health-related courses that are currently on offer in HUMS. These include the following:

[ATWP305 - The Rhetoric of Health and Medicine](#)

[HSTR101C - Epidemics from the Black Death to AIDS](#)

[HSTR381 - Medicine in the Modern World](#)

[GNDR321 - The Medicalization of Sex](#)

[GNDR307 - Sexuality and the Body in International Development](#)

HUMS would therefore like to be involved in conversations relating to programming in the new Faculty. We believe we have important contributions to make that extend well beyond the SLP connection, and we look forward to further discussion with you.

Sincerely,  
Alex, on behalf of Annalee and Lisa too

\*\*\*\*\*

Alexandra D'Arcy (she/her)  
Associate Dean Research, Faculty of Humanities  
Professor and Director, Sociolinguistics Research Lab  
Department of Linguistics, University of Victoria  
Co-Editor, Journal of English Linguistics  
Co-Editor-in-Chief, Language Variation series, Language Science Press

I acknowledge and respect the Lək̓ʷəŋən (Songhees and Esquimalt) Peoples on whose territory the University of Victoria stands, and the Lək̓ʷəŋən and W̱SANEĆ Peoples whose historical relationships with the land continue to this day.



January 10, 2024

Dear Dr. Hallgrimsdottir,

Firstly, I would like to congratulate you on your initiative to create a Health Faculty at UVic. It seems from initial feedback from the campus community, that it is seen favorably by students and faculty who wish to be aligned in vision and purpose through this initiative.

Secondly, and in consultation with my department faculty members, I'd like to express our interest to engage with the Health Faculty by offering inter-disciplinary courses in collaborative engagement and communication skills for faculty of health students.

A number of our faculty members have a strong record of using theatre for pedagogy and curriculum delivery in the areas of **communication skills** in medical sciences **and collaborative collective creation** in more broad areas related to health and wellness. We see this as an opportunity for the Department of Theatre to collaborate with units at the Health Faculty to offer courses that are tailored towards building students' **communication skills**, increased **empathy**, ability to think creatively to **problem solve and work in groups**, and to **build their confidence and motivation** to apply their knowledge when working with patients or various client groups.

The Department of Theatre is already leading the way in the areas of **Experiential Learning** and **Universal Design** in our teaching and pedagogy, and we wish to expand our outreach by building our **cross-campus** partnerships through these **interdisciplinary** opportunities. There are many universities in Canada and across the world who have theatre courses as part of their health and medical sciences program offerings. For example, in Canada, McMaster University, McGill University, University of Guelph and the University of Toronto all offer theatre-based courses for their students who are studying health or medicine.

Here are a few articles and online summaries that speak of these programs:

[The Role of Drama in Health Sciences](#)

[Applied Theatre and Drama in Undergraduate Medical Education](#)

[University of Guelph new Bachelor of Creative Arts, Health & Wellness](#)

[Actor-doctor partnership for theatre-based public health education](#)

We hope to have your support and guidance in presenting our proposal to the future Dean of this faculty, and if all plans for the Health Faculty's implementation run smoothly.

Please reach out to me if you would like to discuss this further, or if you have any questions about the above.

Sincerely,

A handwritten signature in black ink, appearing to read 'A. Vickery', with a long horizontal stroke extending to the right.

Dr. Anthony Vickery

Chair, Department of Theatre





**Etalewtxw | ÁTOL,ÁUTW**  
Office of the Vice-President Indigenous

# **Indigenous Wellness Working Group (I-WEG): Milestone Interim Report**

January 31, 2024

Submitted Ad Hoc Senate Committee Academic Planning

We acknowledge and respect the Lək̓ʷəŋən (Songhees and Esquimalt) Peoples on whose territory the university stands, and the Lək̓ʷəŋən and WSÁNEĆ Peoples whose historical relationships with the land continue to this day.



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The Indigenous Wellness Engagement Group (I-WEG) is a subcommittee (Appendix A) of the Senate Committee on Academic Health Programming, an ad-hoc committee created to determine the structure of a new health-related faculty at UVic. This subcommittee was created to guide the Ad-Hoc Senate Committee on Academic Health Programming in enhancing the university's strengths and expertise in Indigenous health, knowledge, and wellness. Members of the subcommittee will co-design an engagement approach that ensures that the unique rights, interests, needs, knowledge, and perspectives of Indigenous Peoples are acknowledged, affirmed, and implemented into the structure of the new Faculty of Health in a manner that embraces and continuously promotes Indigenous ways of knowing and being, with good hearts and minds. The working group will provide direction, share innovative ideas, and develop recommendations for a distinctions-based approach to health education and training at UVic as a foundational lens for a new Faculty of Health. The subcommittee's efforts will align with the recently launched X̱w̱ḵw̱əṉə̱ istəl | W̱C̱EṈEṈISTEL | Helping to move each other forward, UVic's Indigenous Plan 2023, purposefully aligning with the UVic Strategic Plan 2023.

The working group consists of two co-chairs and 10 members who met five times from November 2023 to January 2024, as a subcommittee to the Ad-hoc Senate Committee which is developing a proposal to be approved by the University Senate and Board of Governors. I-WEG will work under the Etalew̱tx̱w̱ | ÁTOL ÁUTW̱ | Office of the Vice-President Indigenous, led by Dr. Robina Thomas. The initial meetings took the form of circles involving Indigenous community members, emphasizing our commitment to a respectful and ethical approach that prioritizes community voices. The foundation of the proposed Faculty of Health needs to be rooted in the endearing wisdom of First Nations, Inuit, and Métis Elders and Knowledge holders that prioritize the importance of a culturally safe and caring educational environment. We affirm the integration of these profound teachings into the curriculum, recognizing them as decolonized Indigenous sciences, which hold global significance. This is essential to enriching the academic landscape and fostering authentic Indigenous relationships within the new Faculty of Health. This open interim report is the first milestone in this process. It summarizes key points that emerged in the first five meetings of I-WEG and serves as a basis for further discussions and developments.

We acknowledge that shaping the mission and vision for the new Faculty of Health, along with considering interim or final recommendations put forth by this working group, will be a collegial endeavor involving local community leaders, faculty members, and students within the new Faculty of Health and multiple Indigenous stakeholders in the near future.

Moreover, we understand that confronting systemic racism and colonialism within the health and higher education sectors is a long-term journey that requires numerous challenging conversations and bold interventions within our academic community before enthusiasm and commitment fully take root. To foster this crucial institutional cultural transformation, our primary recommendation is to ensure the open and public accessibility of this interim report.

We request that this interim report be presented to the Senate as an integral component of the proposal for the new Faculty of Health. Additionally, it should be shared with the Indigenous communities who have contributed to this journey so far, as well as with those who will be involved in future stages. This step is crucial for maintaining continued engagement and open communication, fostering trust, and ensuring that the voices and insights of Indigenous communities continue to shape our path forward.

# Introduction

In recent years, public awareness of the deep-rooted history of colonialism and its enduring impact on Indigenous Peoples in Canada has grown, largely thanks to efforts like the Truth and Reconciliation Commission (TRC) (2015) and the National Inquiry into Missing and Murdered Indigenous Women and Girls 2SLGBTQIA People (2019) and the In Plain Sight Report (2020). This heightened awareness has underscored the need for urgent, substantive, transformative change to move beyond addressing ongoing inequities and injustices faced by First Nations, Inuit, and Métis Peoples. Change that recognizes and respects Indigenous laws and jurisdictions in a manner that is appropriate for the specific context, recognizing and respecting the distinct and different rights, laws, legal systems, and systems of governance of each (British Columbia, 2023).

The United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP) has played a pivotal role in shaping the path toward reconciliation. UNDRIP recognizes Indigenous peoples' rights to their traditional medicines and health practices, as well as their equal right to the highest attainable standard of physical and mental health. Canadian governments, including British Columbia, have begun to apply UNDRIP as a framework for reconciliation.

In November 2019, BC passed the Declaration on the Rights of Indigenous Peoples Act (DRIPA), affirming the application of UNDRIP to provincial laws. This means that BC, including its public institutions, must consider Indigenous human rights when making decisions, especially in health care. DRIPA was followed by the federal United Nations Declaration on the Rights of Indigenous Peoples Act in 2021 and the BC DRIPA Action Plan in 2022 which outlines our shared responsibility and priorities.

## Indigenous health past, present, and future

The injustice of structural and systemic racism continues to be the most serious issue faced by Indigenous Peoples receiving healthcare services and Indigenous healthcare providers working within health and educational institutions across Canada (Government of Canada, 2021). Systemic racism is supported, maintained, and authorized by establishments, and other deep-rooted organizations and behaviors. These concerns are not new and continue to exacerbate inequities and inequalities in healthcare service delivery and education.

In this context academic leaders need to understand the historical and ongoing health struggles and inequities faced by First Nations, Inuit, and Métis peoples in Canada, particularly in British Columbia, one must be willing to confront the profound impact of colonialism on Indigenous Peoples' health and wellness. This legacy has left deep and lasting imprints and affects the contemporary state of Indigenous health, as exemplified by historical records and the work of numerous scholars, who have rigorously documented the multifaceted abuses that Indigenous communities have endured and still endure today.

We started our process by listening to the concerns of community members around healthcare and education. These concerns reflected the literature that documents how policies of starvation, sterilization, segregation, and experimentation were employed as tools to advance colonialism in Canada, inflicting significant harm on Indigenous Peoples' lives and livelihoods. Their voices also echoed the findings of the "In Plain Sight" report, a comprehensive review of racism against

Indigenous Peoples in British Columbia initiated in 2020, which lays the background context for understanding the aspirations and recommendations outlined in this interim report.

## Histories: Education and policies of elimination

Indigenous societies had well-structured systems before European contact, but post-contact interactions led to increased tensions. The foundation of the Canadian state is marred by genocide against Indigenous Peoples. Despite the Royal Proclamation of 1763 recognizing Treaty Rights, control shifted to settlers, culminating in the 1876 Indian Act. These unleashed devastating policies aiming at Indigenous elimination, including compulsory residential school attendance, cultural bans, and the 'Sixties Scoop,' which constitute acts of genocide. Within education, residential schools inflicted severe psychological, physical, sexual, and intellectual violence on Indigenous children. They endured forced separation, cultural erasure, harsh discipline, and neglect, leaving deep scars. In addition, the impact on the parents and the grandparents and the aunts and uncles who were left behind the trauma, also affected them because the children that they loved and protected were no longer in the community and that is very trauma-infused throughout the generations. Indigenous health disparities are rooted in historical, present, and future factors like access to resources, cultural preservation, health behaviors, and broader political, economic, social, and historical contexts. Understanding this context is vital to grasp the enduring consequences of genocidal policies on Indigenous community health. We'll briefly explore how starvation, experimentation, sterilization, segregation, and intergenerational trauma have shaped their well-being.

### 1. Starvation:

Historical accounts and research, including James Daschuk's influential book "Clearing the Plains," reveal how Indigenous communities experienced not only new diseases but also calculated policy-driven starvation. The first phase of colonialism, occurring in the early 1700s, resulted in unprecedented mortality due to the introduction of new diseases. The second, more insidious phase unfolded in the nineteenth century, coinciding with the numbered treaties, the deliberate decimation of the bison herds, and intentional federal policies set to exacerbate famine, malnutrition, and starvation in Indigenous communities. This calculated approach to "clear the plains" for white settlement had devastating consequences, directly leading to deaths and indirectly contributing to high mortality rates from diseases such as tuberculosis.

### 2. Experimentation on Indigenous Peoples:

The term "experimentation" refers to firsthand accounts of Indigenous individuals subjected to federal and mainstream healthcare settings where crucial information about medical procedures, treatment duration, risks, and even fatalities was intentionally withheld from Indigenous patients and their families and communities. This practice is deeply intertwined with a troubling history of reckless and unethical research conducted without consent, as extensively detailed in Ian Mosby's article, "Administering Colonial Science." This unethical research carried out in coercive conditions and devoid of consultation or consent, was closely associated with government policies aimed at assimilation and integration, leading to immense suffering and the confinement of Indigenous

populations, who were exploited to advance “scientific knowledge” and the careers of [settler/non-Indigenous] scientists and health practitioners. Medical, psychological, behavioral, anthropological, and educational experiments are part of the historical mistreatment that can never be forgotten.

### 3. Forced Sterilization:

One of the most egregious violations of Indigenous rights in Canada has been the forced sterilization of Indigenous women. Policies guided by eugenics, including the Sexual Sterilization Acts in Alberta (1928–1972) and British Columbia (1933–1973), have profoundly affected Indigenous women's reproductive healthcare. Recent research, such as Erin Clarke's 2021 paper, reveals that Indigenous women from Alberta, British Columbia, Ontario, Northwest Territories, and Saskatchewan reported being coerced into tubal ligation procedures by healthcare providers, with incidents as recent as 2018. These procedures, meeting the United Nations' definition of genocide and constituting torture under the Criminal Code of Canada, stand as a dark chapter in the history of Indigenous health. They not only violated the reproductive rights of Indigenous women but also inflicted lasting physical, emotional, and psychological harm on individuals and their communities.

### 4. Racial Segregation:

Recent scholarship has shed light on the pervasive racial segregation within institutions presented as "universal" or "equal." Laurie Meijer Drees, in her book "Healing Histories," illuminates Canada's national history of segregated health care, with a focus on Indian hospitals. These facilities became sites of segregation, isolation, and mistreatment of Indigenous people within the Indian Health Service (IHS) system. The racial isolation and segregation in health systems are rooted in the Canadian government's failure to acknowledge the rights of Indigenous people to health care in Canada. This long-standing policy excluded many Indigenous people from access to health care, cementing unequal and segregated health care in Canada.

### 5. Reduced funding for health care and other basic services for First Nations communities

Historically, the Indian Act placed federal responsibility for funding basic services, including healthcare, for “status Indians”. However, a persistent issue has been the stark funding gap between Indigenous and non-Indigenous communities, exacerbating healthcare disparities. Status Indians, particularly those on reserves, consistently receive lower funding for health and education, a result of systemic racism in government policies. This disparity has led to inadequate healthcare infrastructure, limited access to essential services, and worse health outcomes for Indigenous communities.

### 6. Historical and intergenerational trauma

Historical and intergenerational trauma, a concept critical to understanding the impact of colonization on Indigenous health, is often used in contemporary health research. It encompasses the legacy of colonization, which has resulted in issues such as drug use, sexual abuse, family breakdown, and mental health challenges among Indigenous populations. However, scholars like

Dian Million (2014) and Krista Maxwell (2014) urge us to critically historicize and contextualize the concept of “trauma.” While recognizing that the past affects Indigenous health today, they emphasize that historical trauma must be understood in a nuanced and multifaceted way. Oversimplified interpretations risk stigmatizing Indigenous communities as innately pathological and may not adequately address ongoing colonial structures and trauma.

Turning our attention to the present state of Indigenous health, it is vital to acknowledge how research and policies of starvation, experimentation, sterilization, segregation, and the lasting effects of historical and intergenerational trauma have profoundly shaped the well-being of Indigenous communities. These historical injustices have cast a long shadow, continuing to impact the health and wellness of Indigenous peoples today. Understanding this legacy is crucial as we delve into the current health challenges faced by Indigenous communities and the imperative for transformative change to address systemic injustices.

## Present Day: Endemic Racism in an unwell health system

The *In Plain Sight* report is the outcome of a review of Indigenous experiences in the health system in BC that was released in 2020 by the BC Minister of Health. The independent review documented systemic Indigenous-specific racism within the provincial health care system. It included surveys conducted among more than 8,000 Indigenous individuals and BC health care professionals, the review of hundreds of submissions, numerous key informant interviews, and extensive qualitative and quantitative data analysis involving 185,000 Indigenous individuals. The review documented pervasive racism across regions and settings and the fact that current solutions have proven insufficient.

The following 11 findings summarized in the report underscore the severity of the issue:

1. Widespread Indigenous-specific stereotyping, racism, and discrimination exist in the BC health care system.
2. Racism limits access to medical treatment and negatively affects the health and wellness of Indigenous Peoples in BC.
3. Indigenous women and girls are disproportionately impacted by Indigenous-specific racism in the health care system.
4. Current public health emergencies magnify racism and vulnerabilities and disproportionately impact Indigenous Peoples.
5. Indigenous healthcare workers and students face racism and discrimination in their work and study environments.
6. Current education and training programs are inadequate to address Indigenous-specific racism in health care.
7. Complaints processes in the health care system do not work well for Indigenous Peoples.
8. Indigenous health practices and knowledge are not integrated into the healthcare system in a meaningful and consistent way.
9. There is insufficient hardwiring of Indigenous cultural safety throughout the BC health care system.



10. Indigenous roles in health leadership and decision-making – both through Indigenous health governance structures and the health care system as a whole – need to be strengthened.
11. There is no accountability for eliminating all forms of Indigenous-specific racism in the BC health care system, including complaints, system-wide data, quality improvement and assurance, and monitoring of progress.

The twenty-four recommendations in the report provide a framework for addressing Indigenous-specific racism in the British Columbia (BC) healthcare system. Several recommendations hold significant implications for the creation of a new Faculty of Health at the University of Victoria, emphasizing the importance of Indigenous representation, cultural safety, and collaborative partnerships with Indigenous communities. Recommendations 8 and 19 emphasize the adoption of accreditation standards for Indigenous cultural safety and the establishment of a Center for Anti-Racism, Cultural Safety, and Trauma-Informed Standards, both of which align with the need for culturally responsive curriculum and faculty training in a new Faculty of Health.

The "In Plain Sight" report's recommendations are aligned with advancing UNDRIP and complying with DRIPA. These recommendations aim to ensure that Indigenous Peoples have access to culturally safe health services free of discrimination, reflective of their holistic Indigenous health perspectives, and supportive of Indigenous self-determination in health care.

## Indigenous philosophies and practices of health

Additionally, Recommendation 23 of the "In Plain Sight" report underscores the importance of developing joint degree programs in medicine and nursing in partnership with Indigenous organizations and educational institutions, aligning to increase Indigenous enrollment and support Indigenous philosophies of health and well-being within health education. These recommendations collectively emphasize the necessity of cultural safety and collaboration with Indigenous communities, guiding the development of a culturally safe and inclusive Faculty of Health at the University of Victoria.

Indigenous philosophies and practices of health are extremely important in the context of creating a culturally safe, relevant, and inclusive Faculty of Health at the University of Victoria. Indigenous knowledge systems have deep-rooted traditions that offer unique perspectives on and practices of health and wellbeing. These philosophies emphasize holistic approaches to health, recognizing the interconnectedness of the physical, mental, emotional, and spiritual aspects of an individual's life. Moreover, these practices often prioritize community and collective well-being, emphasizing the importance of social connections, family, and cultural identity in creating and maintaining wellness.

Incorporating Indigenous philosophies and practices of health into the educational curriculum at the Faculty of Health is not only a matter of cultural sensitivity but also a recognition of the effectiveness and relevance of these practices. This approach not only ensures that Indigenous students feel valued and respected but also enriches the education of all students, fostering cultural safety and humility, empathy, and a more profound understanding of diverse healthcare needs. This holistic approach can actively support Indigenous enrollment, retention and graduation rates and cultivate a learning environment that respects and integrates invaluable Indigenous perspectives. It will not only benefit Indigenous students but also contribute to a more comprehensive and

culturally competent healthcare workforce that can better serve the needs of all BC residents. In recognizing the significance of Indigenous health knowledge, it becomes evident that "if you do well by Indigenous peoples, you do well by everyone else." (Thomas, R. 2023).

Implementing these recommendations and advancing reconciliation requires a collaborative effort. While the responsibility for addressing racism in the health care system lies with non-Indigenous individuals, communities, organizations, and governments, Indigenous Peoples who experience this issue must play a central role in developing solutions. Their experiences and knowledge must lead and guide this work, highlighting successful efforts to confront racism. A collective effort is needed to address the root causes of the problem and establish a just, equitable, and inclusive future.

Racism is not limited to the health sector; it is a broader societal problem rooted in the enduring legacy of colonialism. Confronting this legacy and advancing reconciliation demands substantial, transformative change. We all have a role to play in this process by listening to Indigenous voices, learning about our shared colonial history, and actively opposing racism in all its forms. Indigenous Knowledge Keepers provide valuable guidance on the importance of shifting systems while acknowledging the truth and lessons of conflict and maltreatment. They emphasize the need to eliminate racism, discrimination, and disparities in health services as essential steps toward reconciliation.

## ***Bold Aspirations: 50% Indigenous representation by 2050***

In our journey towards establishing a Faculty of Health that not only leads in innovation but also reconciliation, it's crucial to acknowledge the deep-seated historical injustices that have led to the persistent underrepresentation and marginalization of Indigenous Peoples in higher education and health sectors. These aren't merely echoes of a distant past but are ongoing realities shaping health disparities and access to health and health education. Our commitment to reconciliation and reparations cannot be just symbolic; it's necessary to invest boldly in aspirations for inclusive excellence and decolonization.

The vision of the Indigenous Wellness Working Group is to elevate the Faculty of Health to become a national beacon of inclusivity and excellence in Canada. To align with Indigenous communities' needs for Indigenous representation in all health and science-related fields, we ask the university community to embrace a bold aspiration: achieving 50% Indigenous representation among students, faculty members, and staff by 2050. While reaching this goal may be extremely challenging, envisioning a university with such representation, and taking gradual steps towards it, will foster the vital conversations, community engagements and consultations, and hiring and curricular decisions needed for meaningful decolonization, even if the aspiration is not fully realized.

When confronted with this aspiration, some might point to the current Indigenous demographic in Vancouver Island and British Columbia, which stands at 10%, and question the proportionality of this ideal. However, this viewpoint, while appearing to be grounded in notions of fairness, fails to recognize the deeper, more complex layers of historical and systemic inequities and who holds the burden of health. The present 10% Indigenous demographic is not a figure that has emerged in isolation but is a direct consequence of prolonged colonial policies and systemic barriers that have profoundly marginalized Indigenous communities for the past 200 years. Our aspiration of achieving 50% Indigenous representation by 2050 is a deliberate and necessary step towards

rectifying these historical injustices: it is a proactive investment in the growth, prosperity, and futurity of Indigenous Nations, whose demographics are among the fastest-growing in BC. With this bold vision, the new Faculty of Health can transform its space into a leading Indigenous health and education center of excellence.

This is about recalibrating the scales that have been unjustly imbalanced for too long and fostering a health education ecosystem that truly mirrors the diversity and needs of our society. By actively fostering a significant Indigenous presence in health education and practice, we are not just addressing past injustices; we are laying the foundation for a future where Indigenous communities can thrive.

This bold aspiration can support a generation of culturally adept Indigenous and non-Indigenous health practitioners who are not only equipped to serve Indigenous communities but also enhance the overall quality of healthcare across all demographics. We envision a scenario where the Indigenous urban population, as well as the non-Indigenous population, benefit from healthcare that is not only proficient but also infused with the sensitivity, compassion, and rich empirical knowledge and cultural wisdom inherent in Indigenous health practices.

This initiative is rooted in the belief that by preparing professionals to support the health and well-being of Indigenous communities—through redressing past injustices and current vulnerabilities and incorporating the profound insights of Indigenous knowledge systems—we invariably enhance the quality of healthcare for everyone in society. Our aim is for the Faculty of Health to lead by example, demonstrating how a deep commitment to cultural acumen and understanding can elevate healthcare education and practice for all communities.

Here's how this aspiration benefits everyone:

- **Enriched Learning Through Diverse Perspectives:** A significant Indigenous presence brings invaluable insights, blending biomedical approaches with an understanding of social and cultural determinants of health and Indigenous health wisdom.
- **Targeted Health Outcomes:** Indigenous health professionals are often uniquely positioned to deliver effective care in Indigenous communities, directly contributing to improved health outcomes.
- **Cultural Safety and Humility for All:** This environment fosters cultural safety and humility across the board, a vital skill in community-focused healthcare.
- **Leading the Way in Indigenous Health Education:** Such an initiative positions our university as a leading institution in Indigenous health, attracting talent and setting new standards.
- **Stronger Community Engagement:** This approach paves the way for meaningful partnerships with Indigenous communities, fostering respect and effectiveness in healthcare practices and research.
- **Expanded Funding Pool:** Many Indigenous Nations possess the resources to partner and invest in initiatives that align with their health-related goals. By demonstrating our commitment to these goals and proving ourselves as reliable and respectful partners, we can tap into a broader funding pool. This not only supports our faculty's initiatives but

also fosters a collaborative environment where resources are pooled for mutual benefit, leading to sustained growth and development.

- **Societal Impact:** By aligning with broader societal goals of equity and justice, we contribute to a healthier, more inclusive society.

This aspiration extends far beyond the betterment of Indigenous communities alone; it encompasses the enhancement of the entire healthcare system, embracing a genuinely inclusive and holistic approach to health and well-being that benefits all. Together, we can turn this aspiration into a tangible reality, drawing upon invaluable lessons from other contexts where Indigenous-led healthcare has thrived, including notable examples like Aotearoa/New Zealand. In doing so, we can set a national benchmark for the future, complementing UVic's already distinguished leadership in Indigenous Law and Indigenous Language Revitalization.

## Summary of Recommendations to Date

We recommend the prioritization of the following key areas in the Faculty of Health programming:

1. **Addressing the Legacies of Colonialism:** Confront the historical impact of colonialism within institutions, acknowledge its influence on perceptions and practice of health and wellness, and rectify the invisibilities of Indigenous worldviews. Remove barriers to Indigenous faculty, students, and community involvement.
2. **Supporting Peoples and Places:** Transformation happens when people and places find their way back together and we must care for each person like family to ensure places of belonging are sustained and nurtured.
3. **Community-Centered Wellness:** Engage with Indigenous communities to understand their wellness needs and aspirations. Encourage communities to take the lead in designing programs that align with their desires and priorities. Make local communities integral to the advisory process.
4. **Distinctions-based approach:** To effectively implement a distinction-based approach to health education, we propose the following key principles and actions:
  - *Localization:* Customize educational programs to reflect the distinct cultures, languages, and traditions of Indigenous Peoples in the specific regions served, including the Ləkʷəŋən (Songhees and Esquimalt) and W̱SÁNEĆ (Tsartlip, Paquachin, Tseycum, Tsawout) Sci'aneŋ and T'Sou-ke communities.
  - *Place, Connection, and Culture:* Integrate place-based learning, emphasizing the significance of the local territories and their cultural contexts. Foster a deep sense of connection to the land and its role in Indigenous wellness.

- *Reclamation of Rights to Education*: Prioritize Indigenous resurgence and self-determination in education. Empower Indigenous communities to define and control their educational priorities, curricula, and delivery methods.
  - *Inclusivity - Leave No One Behind*: Ensure inclusivity as a core principle. Tailor educational programs to meet the diverse needs and backgrounds of Indigenous learners, with a focus on accessibility and equity.
  - *Authentic Engagement*: Engage authentically with Indigenous communities, respecting their knowledge and worldviews. Involve local Elders, knowledge keepers, and community leaders in curriculum development and decision-making.
  - *Balanced Representation*: Maintain a balanced representation from local communities, respecting the diversity of Indigenous Peoples and ensuring their voices are heard. Consider the inclusion of Inuit and Métis populations living outside their territories and communities.
  - *Responsibility to Uphold UNDRIP and DRIPA*: Commit to upholding the principles of the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP) and the Declaration on the Rights of Indigenous Peoples Act (DRIPA) in all aspects of health education.
  - *Reciprocity and Benefits*: Prioritize reciprocity in educational partnerships. Ensure that local First Nations and communities benefit from all initiatives, contributing to their social and economic well-being.
  - *Accountability Protocol and Witnessing ("Eyes On")*: Establish clear accountability protocols to monitor progress and outcomes. Encourage transparency and continuous improvement, with a focus on "eyes on" accountability.
  - *Support for Indigenous Housing*: Collaborate with institutions such as the First Peoples House, to provide critical support and resources for Indigenous learners and promote a culturally safe and inclusive learning environment.
5. **Recruitment and Retention**: Make substantial investments in attracting and retaining Indigenous students and faculty. Establish initiatives like youth camps to empower and inspire Indigenous youth to pursue higher education and careers in health. Focus on eliminating prerequisite barriers, addressing financial constraints, and simplifying completion requirements. Recognize the importance of maintaining family and community ties, allowing students to pursue education without leaving their communities.
6. **Micro-Credentialing and Early Education Engagement**: Create opportunities for micro-credentialing and block and stackable education to establish clear pathways and

pipelines from Indigenous communities to higher education. Address cost concerns and explore options for paid practicums within community settings.

7. **Early Education Engagement:** Collaborate with early-education programs and K-12 to instill a sense of aspiration for professional careers in Indigenous youth from an early age, building a strong foundation for their educational journey. Begin nurturing educational aspirations as early as grades 2 or 3 in school programs to ensure students remain connected to their communities. Engage with Indigenous leadership within school districts to enhance the retention of Indigenous children in the school system.

## **Conclusion: Paving the Pathway to a Distinction-Based Approach for First Nations, Métis, and Inuit (FNMI) Wellness Education and Training**

The I-WEG is involved in a transformative journey to advance First Nations, Inuit, and Métis wellness and education within the new Faculty of Health. We aim to create the conditions for an educational and training environment that not only recognizes but actively incorporates Indigenous Peoples' knowledge and well-being. This report marks our first step towards this essential goal, driven by a need for a distinction-based approach to Indigenous wellness that responds, expands, and accelerates the critical analyses and recommendations provided.

We acknowledge the profound challenges we face. The legacy of colonialism has left deep scars, resulting in severe health disparities and pervasive systemic racism within the educational and healthcare system. The "In Plain Sight" report underscored the urgent need for transformative change. However, we are acutely aware that the path to reconciliation and healing is an ongoing one, demanding collective commitment and a dedication to distinctive approaches.

**Our bold aspiration to achieve 50% Indigenous representation among students, faculty members, and staff within the Faculty of Health by 2050** is based on the principle that FNMI Peoples hold the heaviest burden of educational and health disparities. Although the path forward may present challenges, reaching for these new heights is an essential stride toward a future that wholeheartedly embraces Indigenous knowledge and distinctiveness in the realm of healthcare.

This aspiration enriches the Faculty of Health by incorporating FNMI worldviews, aimed at improved health and educational outcomes for all, nurturing cultural safety and humility, assuming a leadership role in Indigenous health education, fostering genuine community engagement, broadening funding possibilities, and making a meaningful contribution to a more inclusive society.

In our next phase of consultations with Indigenous Peoples, we must consider:

- How do we support a Peoples first approach rooted in cultural safety and humility?
- How can we elevate Indigenous voices and distinct perspectives to shape the mission and vision of the Faculty of Health?

- How can we establish parallel pathways for Indigenous health and education services that are Indigenous-led, designed by and for Indigenous communities?
- What concrete actions and strategies can effectively eliminate systemic racism within the health and higher education sectors?
- How can our commitment to Indigenous representation translate into tangible, equitable opportunities for Indigenous students and professionals in the health field?
- What steps can be taken to ensure that health education is community-driven and culturally responsive, aligning with a distinction-based approach?
- How can Indigenous philosophies and practices of Indigenous health education be seamlessly integrated into the curriculum, benefiting all students and fostering an inclusive and holistic approach to healthcare?

Let's pursue a path that centers on the need for a distinction-based approach to Indigenous wellness. Together, we can forge a future where health and wellness are not just inclusive but also deeply attuned to the distinctive needs, knowledge, and aspirations of Indigenous Peoples. As we continue this work, let us take to heart the wisdom of one of the Elders in our working group, who reminds us to "redirect our focus towards community wellness" because "our kids are coming."

# Appendices

## Appendix A

### Committee Members

- Lisa Bourque Bearskin – Co-Chair, Associate Professor, Nursing and Canadian Institute of Indigenous Health Research (CIHR), Indigenous Health Nursing Research Chair
- Lalita Kines – Co-Chair, Indigenous Strategic Priorities and Community Engagement, Etalew̓txw | ÁTOL ÁUTW | Office of the Vice-President Indigenous
- Elder Doreen Peters, Retired Community Health Representative, Cowichan Tribes.
- Elder Barb Hulme, Retired Nurse, Métis UVic Elder-in-Residence, University of Victoria.
- Elder Lorna Williams, Professor Emeritus, Indigenous Education, Curriculum and Instruction, University of Victoria.
- Margret Charlie, Director of Culture, Protocol and Community Relations, Etalew̓txw | ÁTOL ÁUTW | Office of the Vice-President Indigenous
- Kecia Larkin, Community Member at Large, Victoria BC.
- Kyla Elliott, 3<sup>rd</sup> year undergraduate Nursing Student, University of Victoria,
- Tracy Underwood, Indigenous Graduate Student, University of Victoria
- Amanda LaVallee, Assistant Professor, School of Social Work, University of Victoria
- Emily Haigh, Associate Professor, Department of Psychology, Chief Mungo Martin Research Chair in Indigenous Mental Health
- Gina Starblanket, Associate Professor, Graduate Advisor, Indigenous Governance
- Heather Hastings, Executive Director of Cultural Safety and Transformation Indigenous Health, Provincial Health Services Authority
- Justin Brooks, Director of Indigenous Initiatives, Human and Social Development



- Renee Monchalin, Assistant Professor, Public Health and Social Policy, University of Victoria
- Vanessa Andreotti, Dean of Faculty of Education University of Victoria
- Tania Dick, BC Health Ministry, Director, Cultural Safety & Humility and Clinical Practice
- Brennan MacDonald, Vice President, Regional Operations, Vancouver Island Regional First Nation Health Authority (FNHA). Alternate, Celesta Cook, FNHA
- Robina Thomas, Ex Officio Member VPI, Etalew̓tx̓w | ÁTOL ÁUTW | Office of the Vice-President Indigenous

## Appendix B

### References

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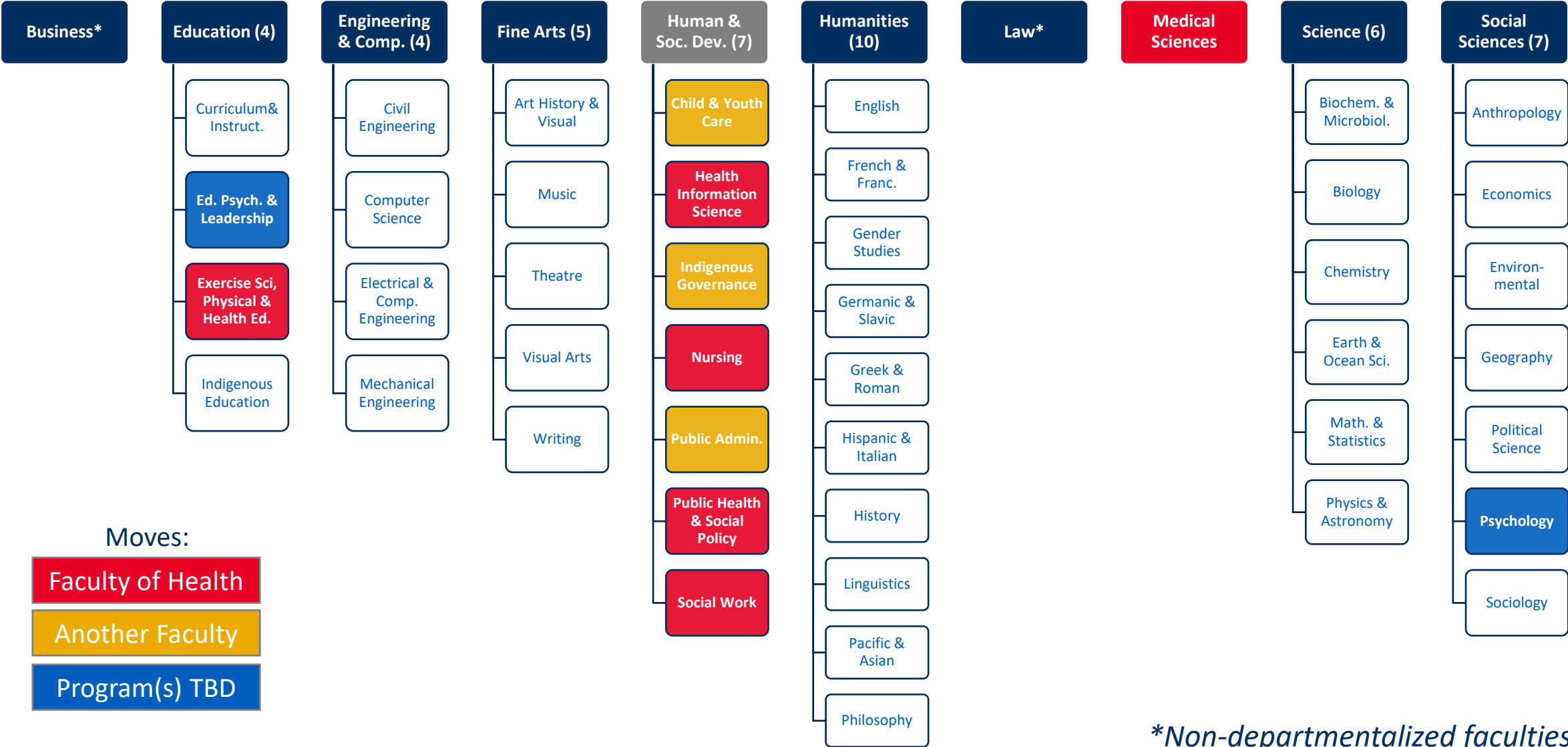
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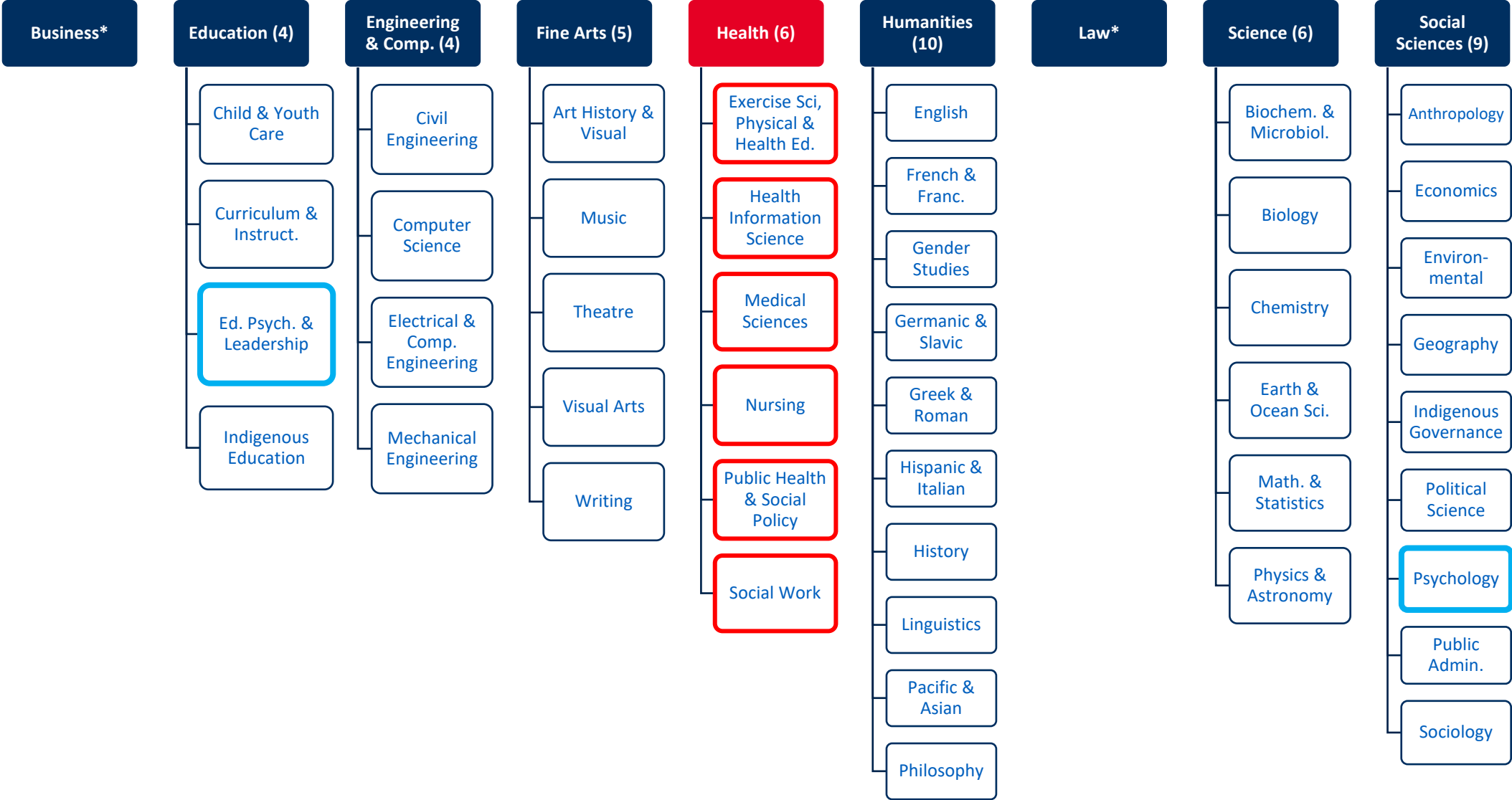
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# CURRENT ORGANIZATION (UNITS W/DEGREE PROGRAMS)

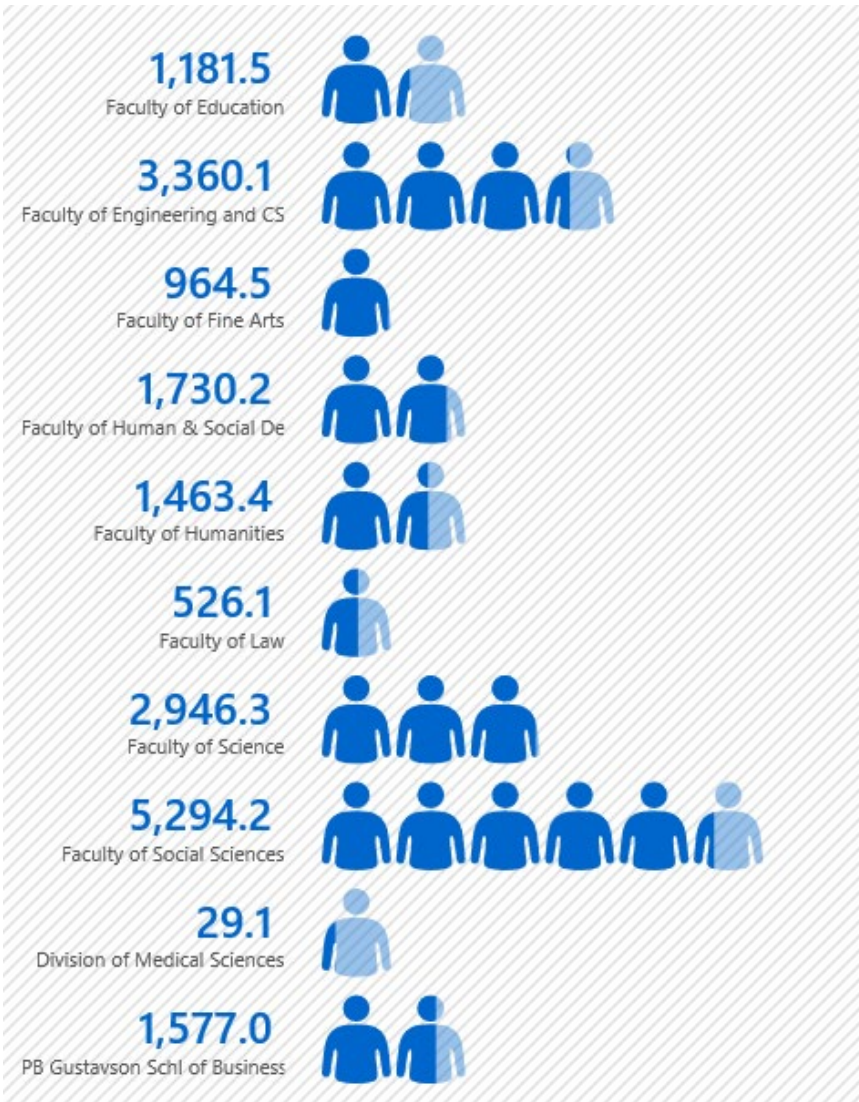


\*Non-departmentalized faculties

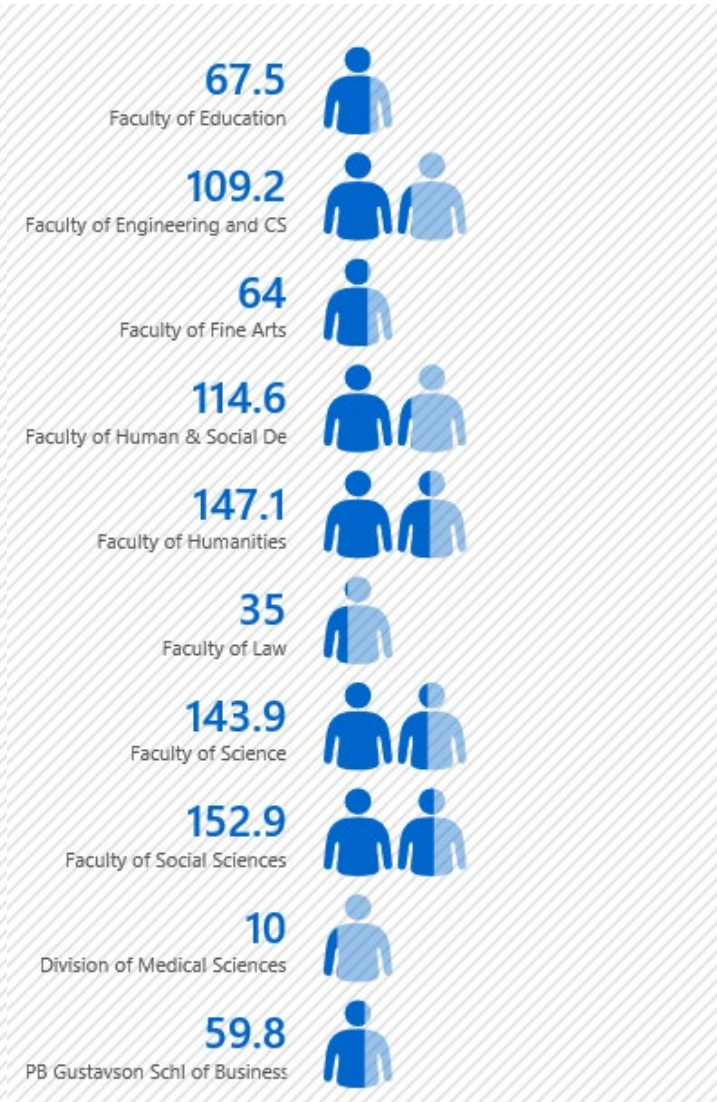
# PROPOSED ORGANIZATION



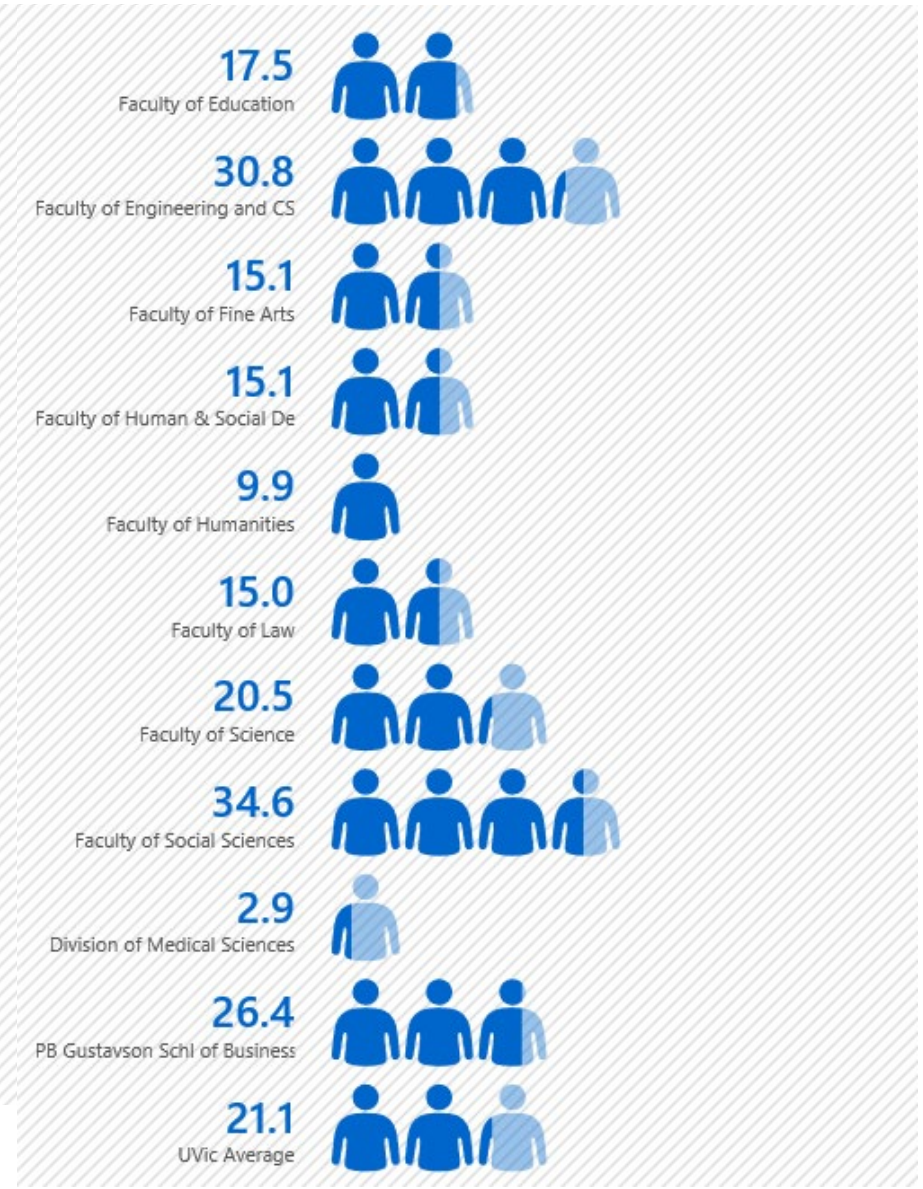
# FTE ENROLMENT\*



# FTE FACULTY



# STUDENT-FACULTY RATIOS

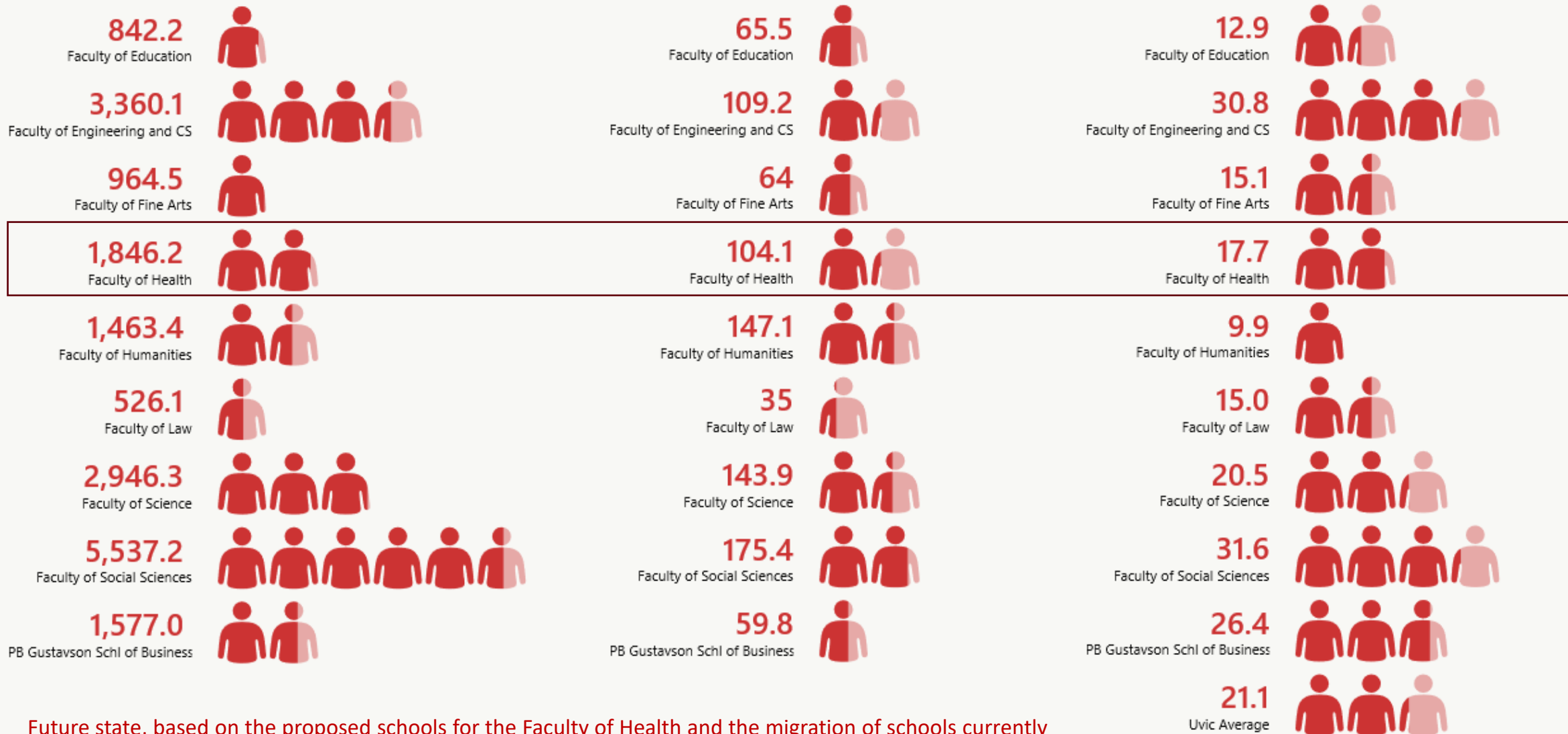


\*Full-time equivalent students currently enrolled in undergraduate and graduate programs in 2023/24. This is just one enrolment measure and does not include courses taken by students outside of the faculty (EETs).

# FTE ENROLMENT

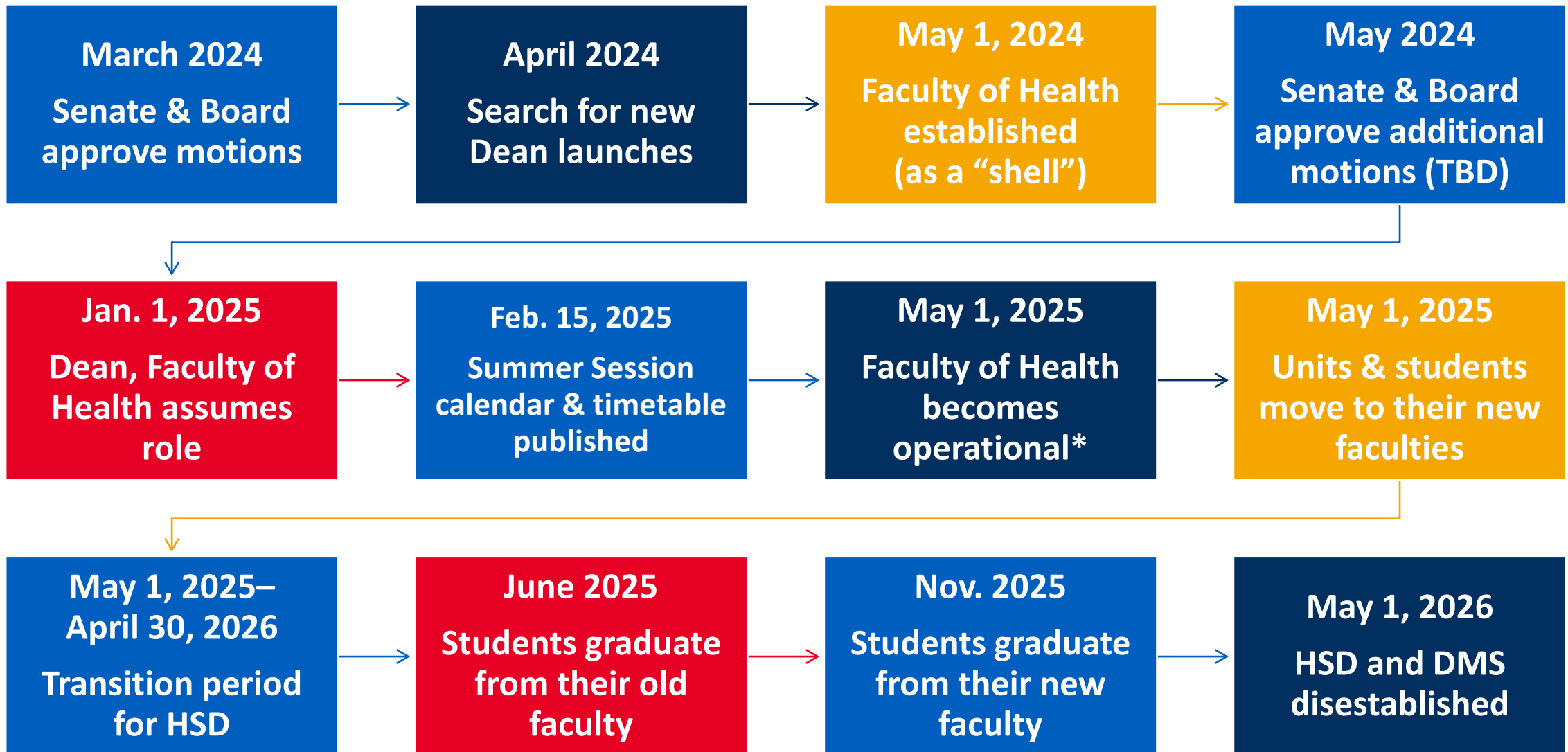
# FTE FACULTY

# STUDENT-FACULTY RATIOS



Future state, based on the proposed schools for the Faculty of Health and the migration of schools currently in HSD to other faculties.

# IMPLEMENTATION TIMELINE



*\*School of Medical Sciences is established within the Faculty of Health*