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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





# 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](#).

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## 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).

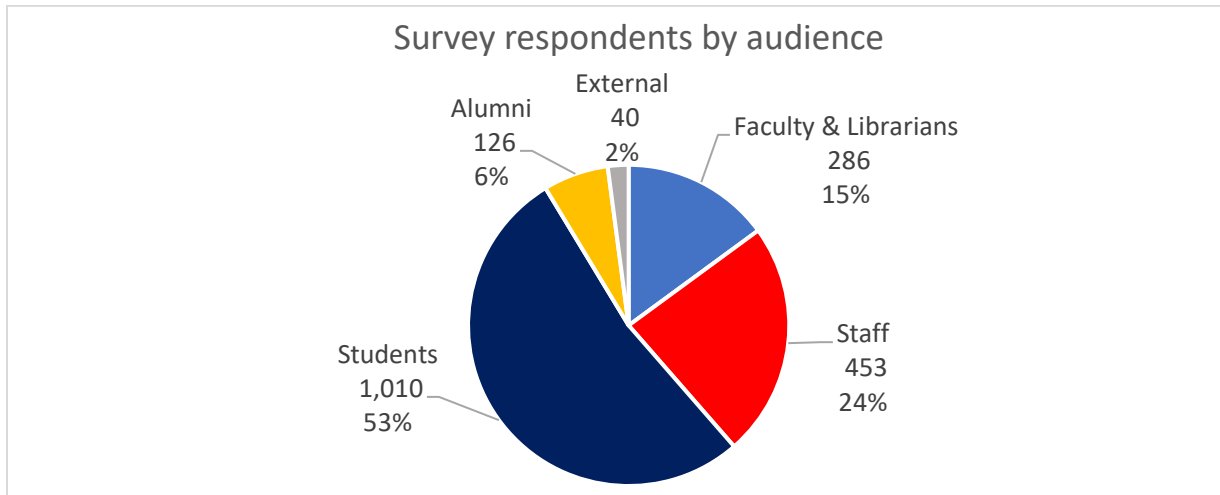


Figure 1: Survey respondents by audience, based on the question “Which group best describes your role at UVic (select one).”

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?”

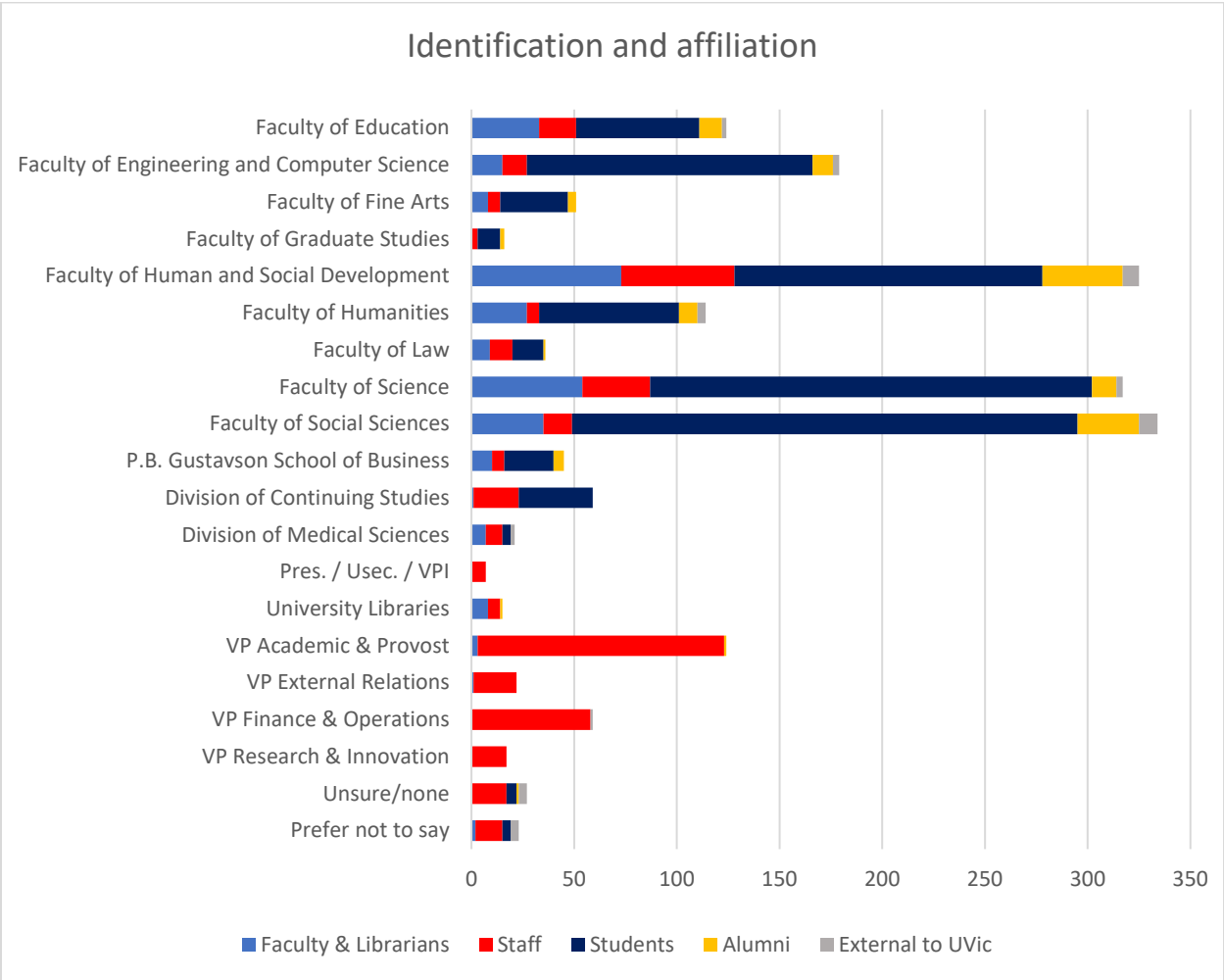


Figure 3: Respondents grouped by faculty, division or portfolio, based on the question “To which unit are you most connected?” This is the same information provided in figure 2.

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.

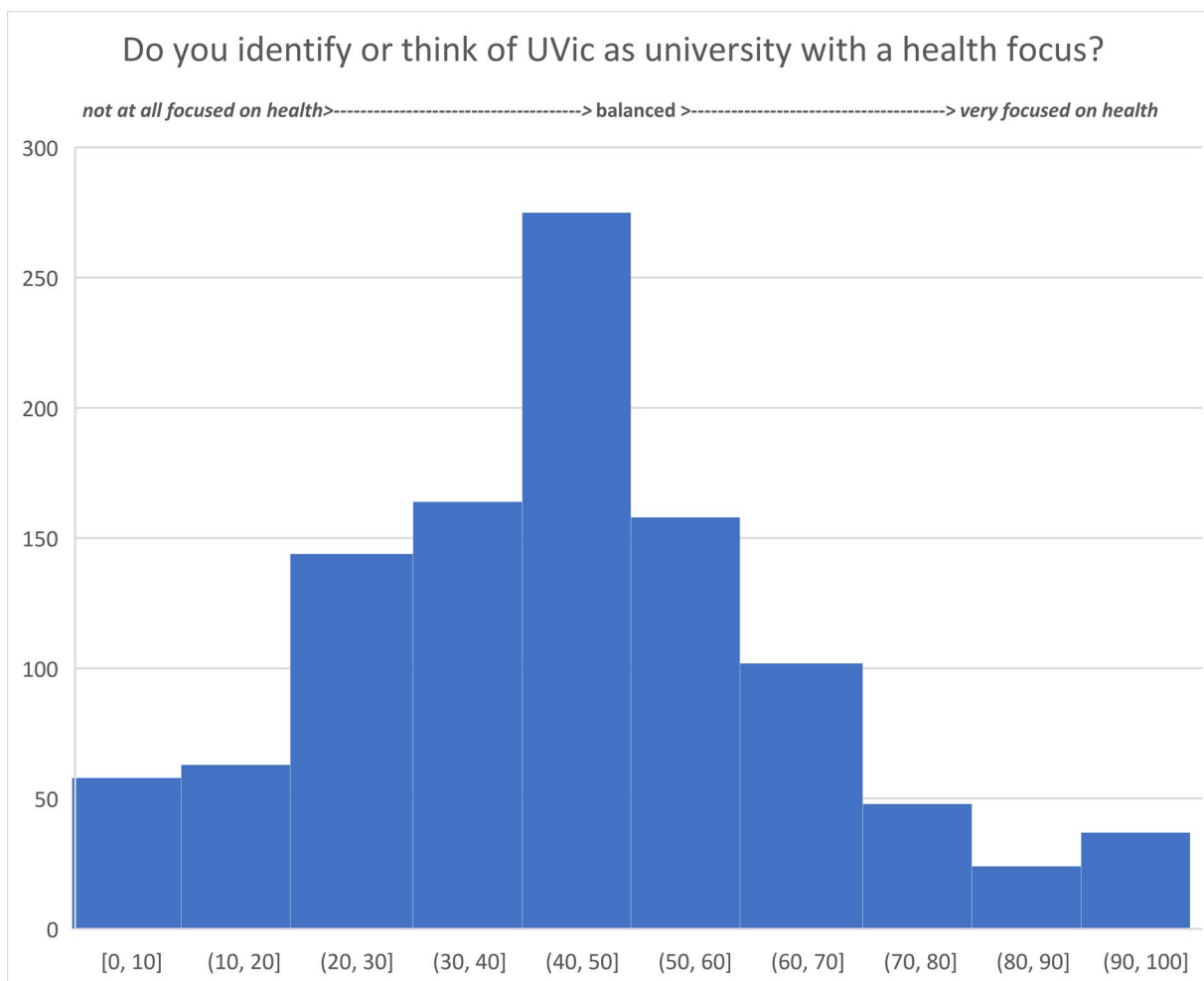


Figure 4: Respondents rated, on a scale of 0-100, if they thought of UVic as having a health focus.

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.

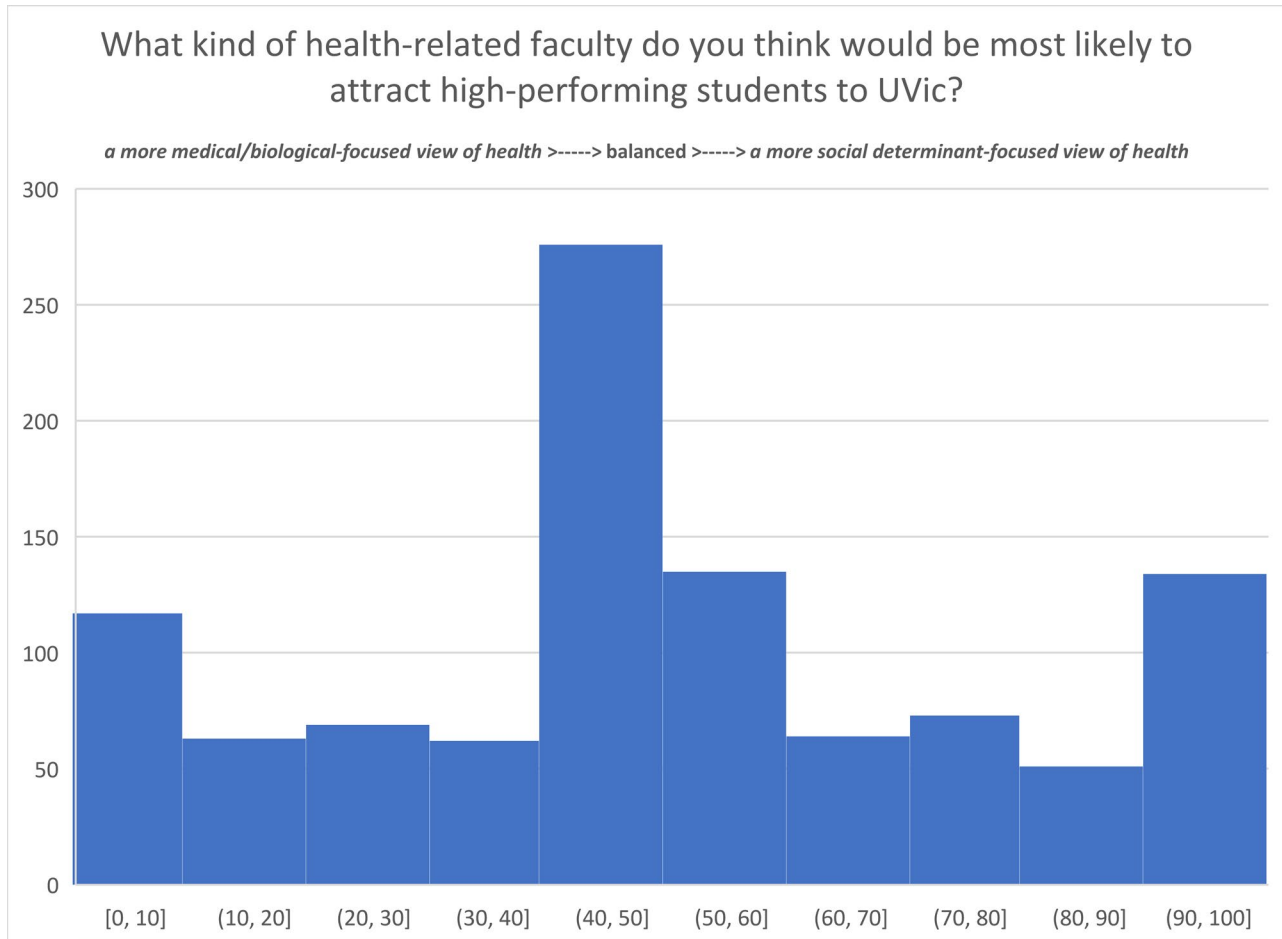


Figure 5: Respondents rated, on a scale of 0-100, what they thought the new faculty should focus on.

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.*

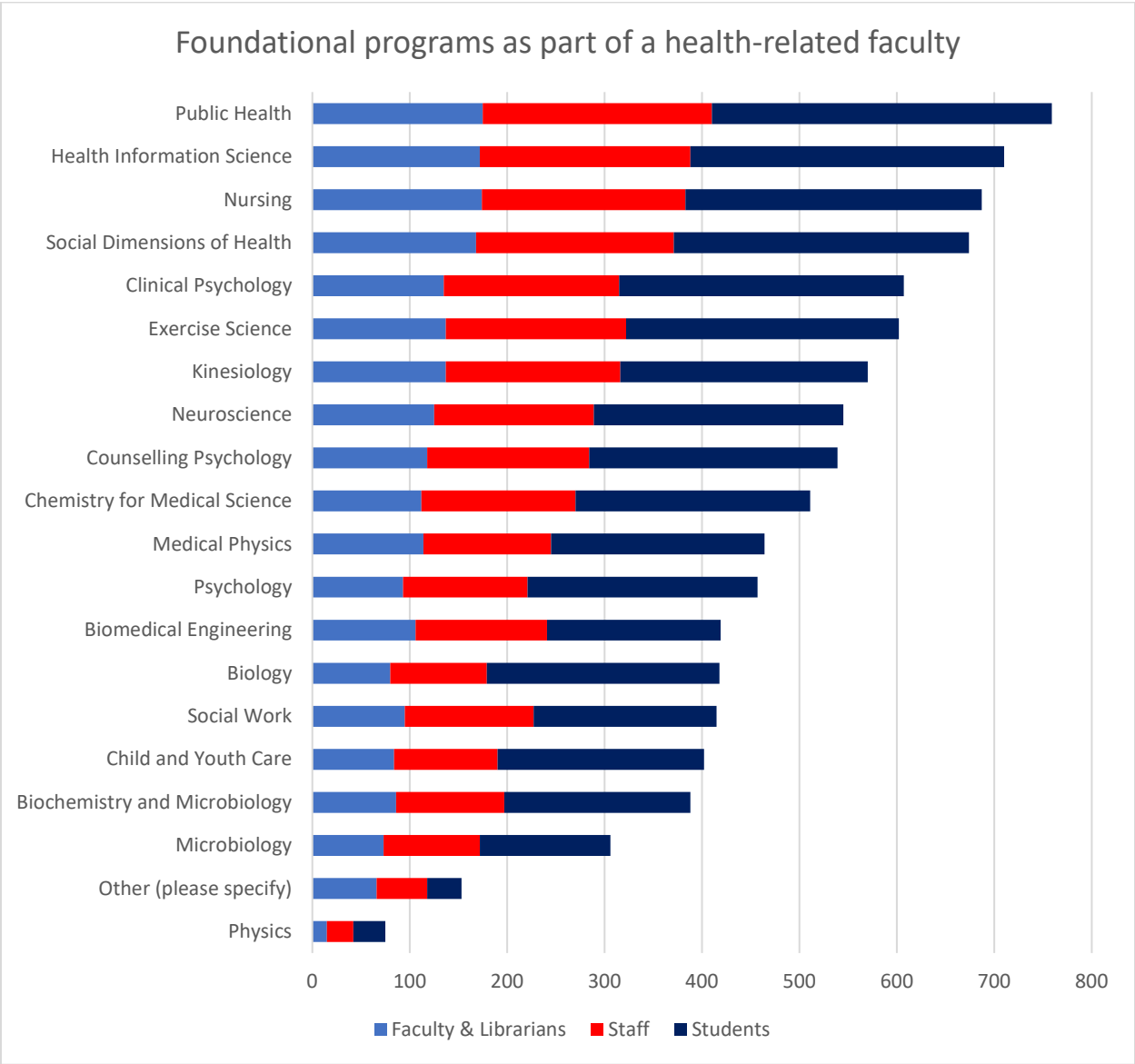


Figure 6: Suggestions for foundational programs, based on the question “What are the foundational programs that you believe should be a part of a health-related faculty?” Respondents could select all that applied.

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.

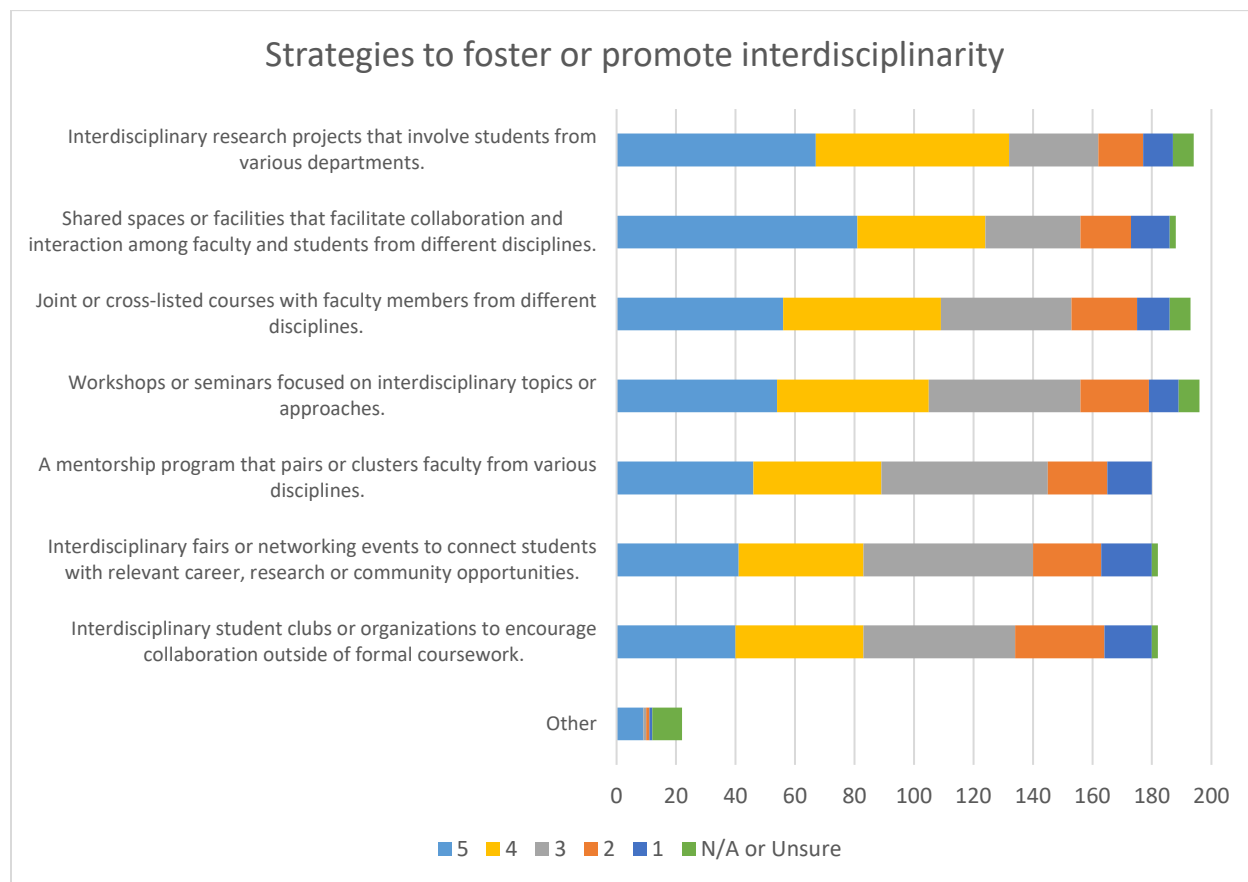


Figure 8: Faculty/librarians were asked to rate the effectiveness of each strategy to foster or promote interdisciplinary teaching, learning and collaboration, where 1 is “not at all effective” and 5 is “highly effective.”

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.

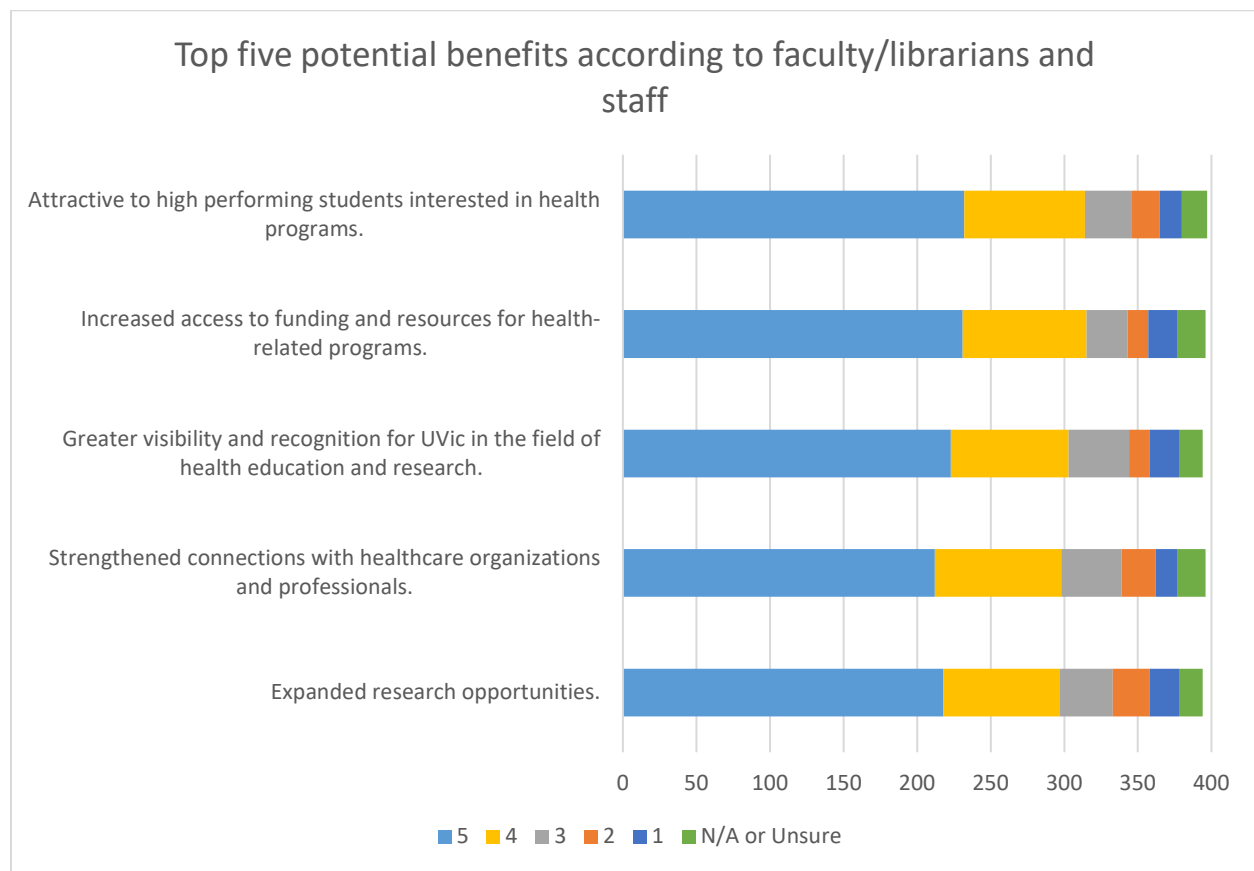


Figure 9: The top five potential benefits according to faculty/librarian and staff respondents, where 1 is “not at all beneficial” and 5 is “highly beneficial.”

## Potential benefits according to faculty/librarians

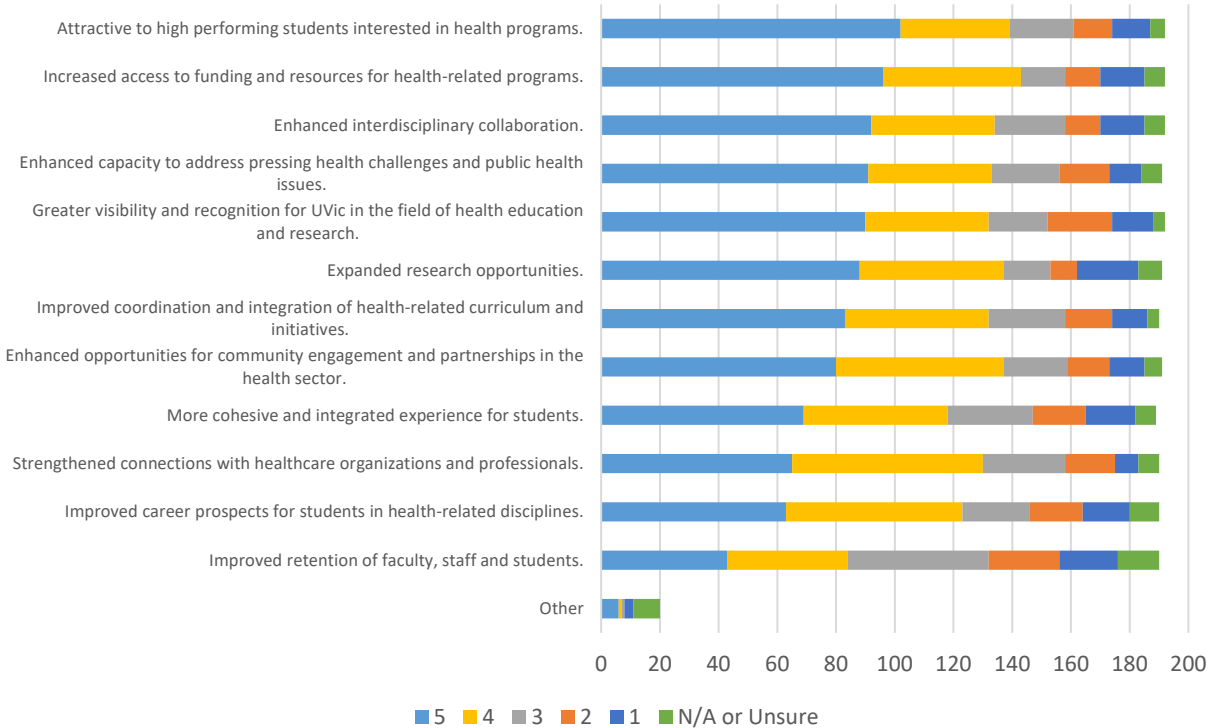


Figure 10: Faculty/librarian responses to: "What are the potential benefits you perceive in establishing a health-related faculty at UVic?" Faculty/librarians were asked to rate each, where 1 is "not at all beneficial" and 5 is "highly beneficial."

## Potential benefits according to staff

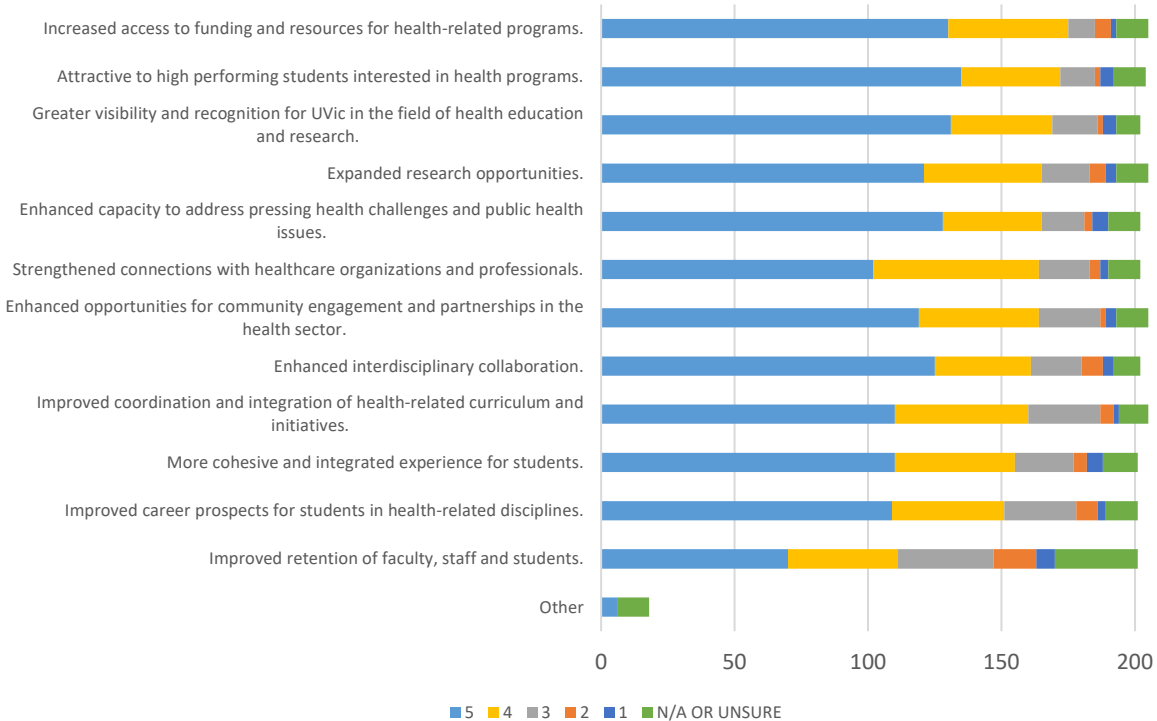


Figure 11: Staff responses to the same question as above, where 1 is "not at all beneficial" and 5 is "highly beneficial."

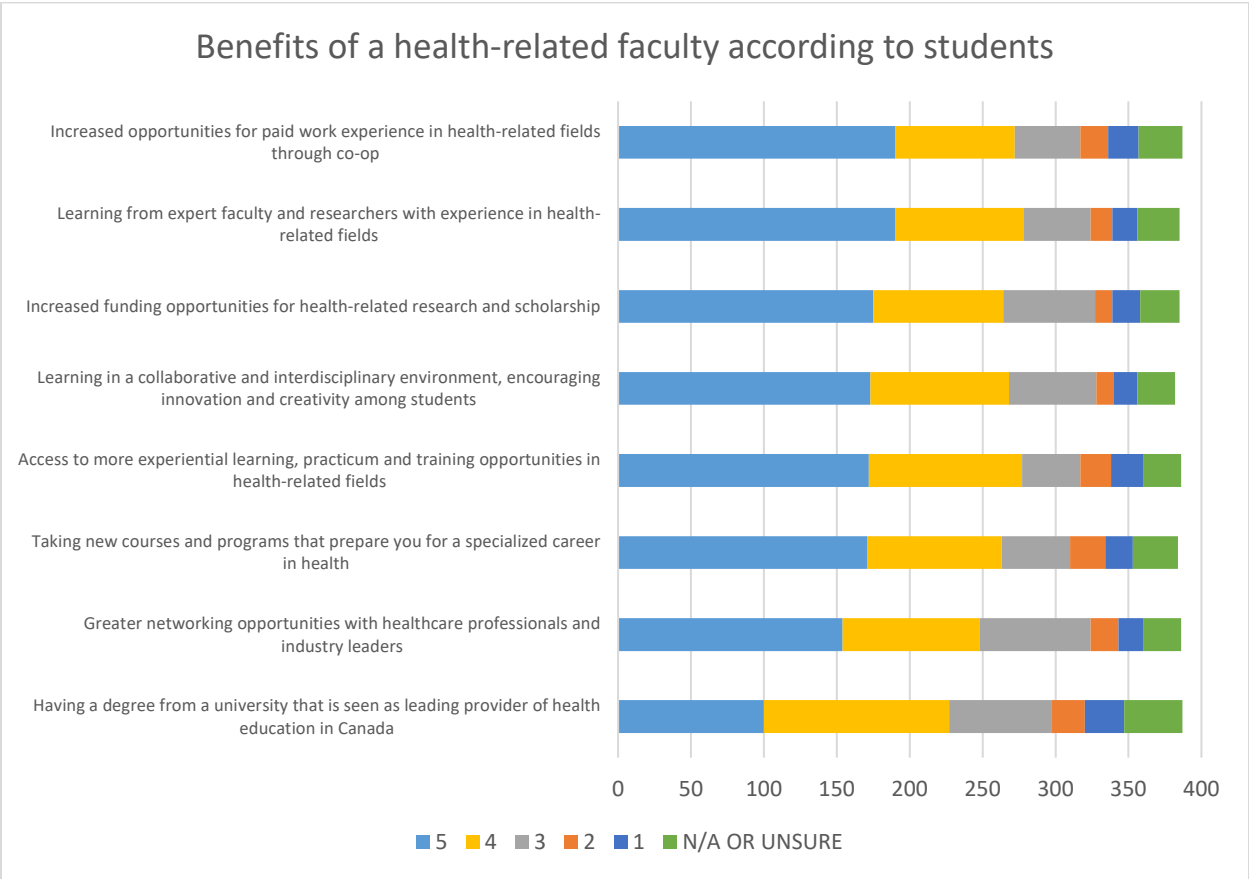


Figure 12: Student responses to: "How important are the following benefits of a health-related faculty to you as a student?" Students were asked to rate each, where 1 is "not at all important" and 5 is "extremely important."

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

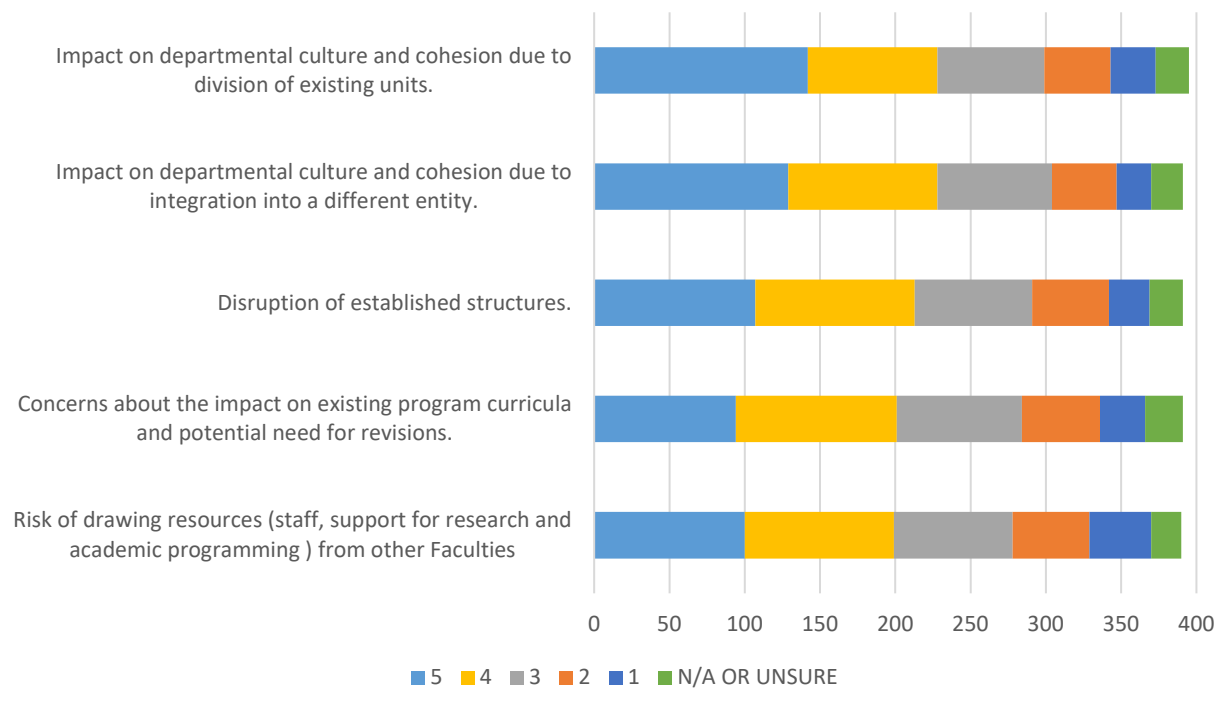


Figure 13: The top five potential challenges according to faculty/librarian and staff respondents, where 1 is "not at all challenging" and 5 is "highly challenging."

## Potential challenges according to faculty/librarians

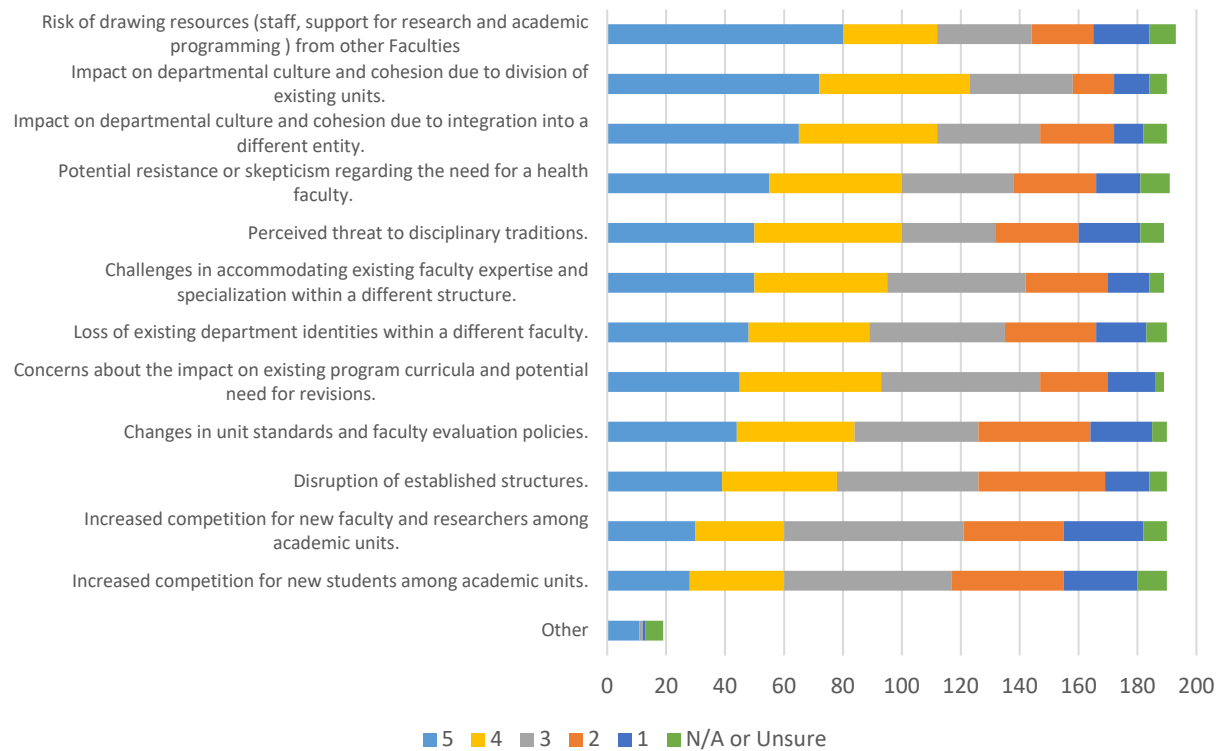


Figure 14: Faculty/librarian responses to: "What are the potential challenges you perceive in establishing a health-related faculty at UVic?" Faculty/librarians were asked to rate each, where 1 is "not at all challenging" and 5 is "highly challenging."

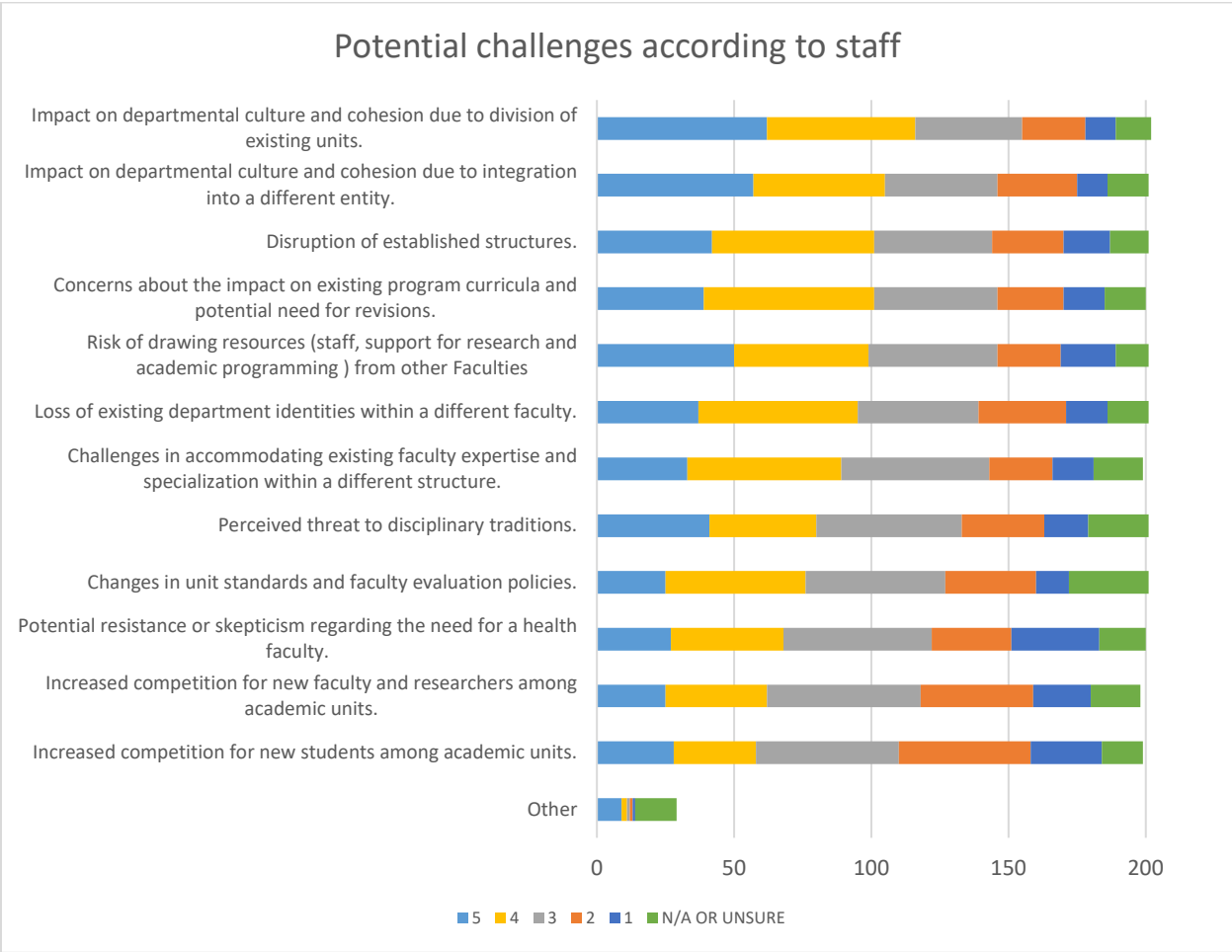


Figure 15: Staff responses to: "What are the potential challenges you perceive in establishing a health-related faculty at UVic?" Staff were asked to rate each, where 1 is "not at all challenging" and 5 is "highly challenging."

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.

*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.

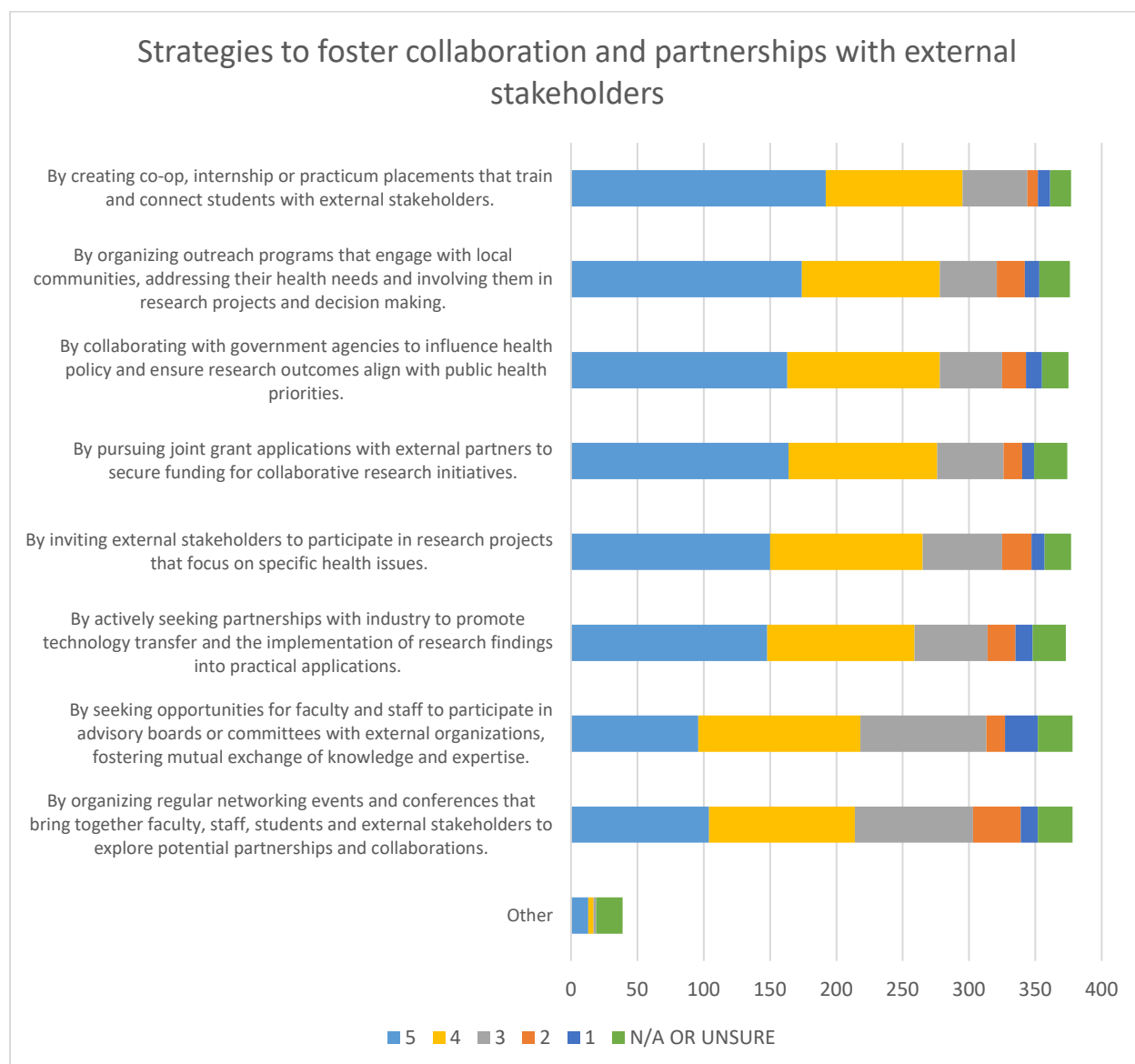


Figure 16: Faculty/librarians and staff rated potential strategies to foster collaboration and partnerships with external stakeholders (e.g., healthcare, health organizations, Indigenous communities, government agencies, industry). Faculty/librarians rated potential strategies from 1-5 for each option, 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.

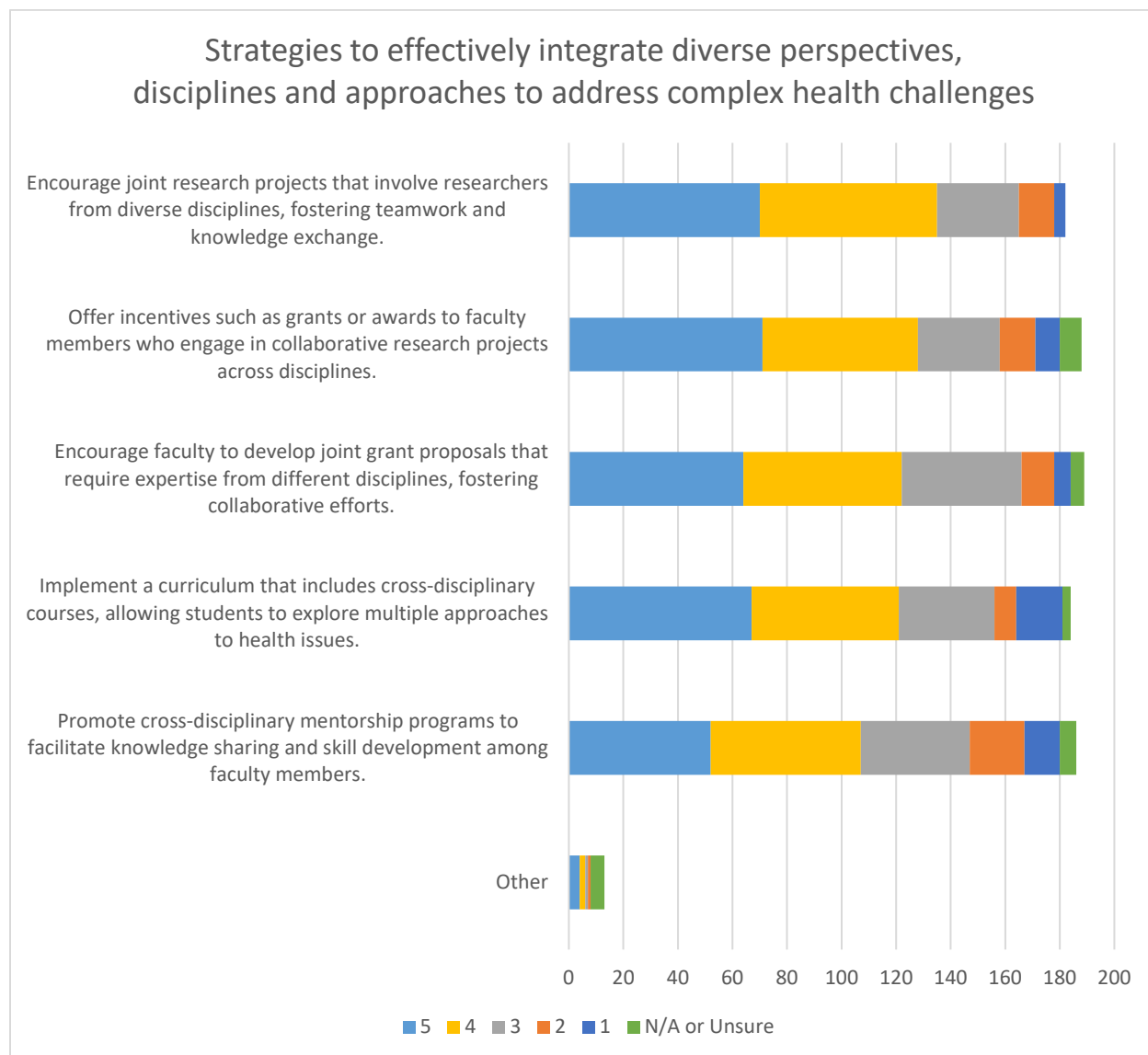


Figure 17: Faculty/librarians rated potential strategies from 1-5 for each option, where 1 is “not well at all” and 5 is “very well.”

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.

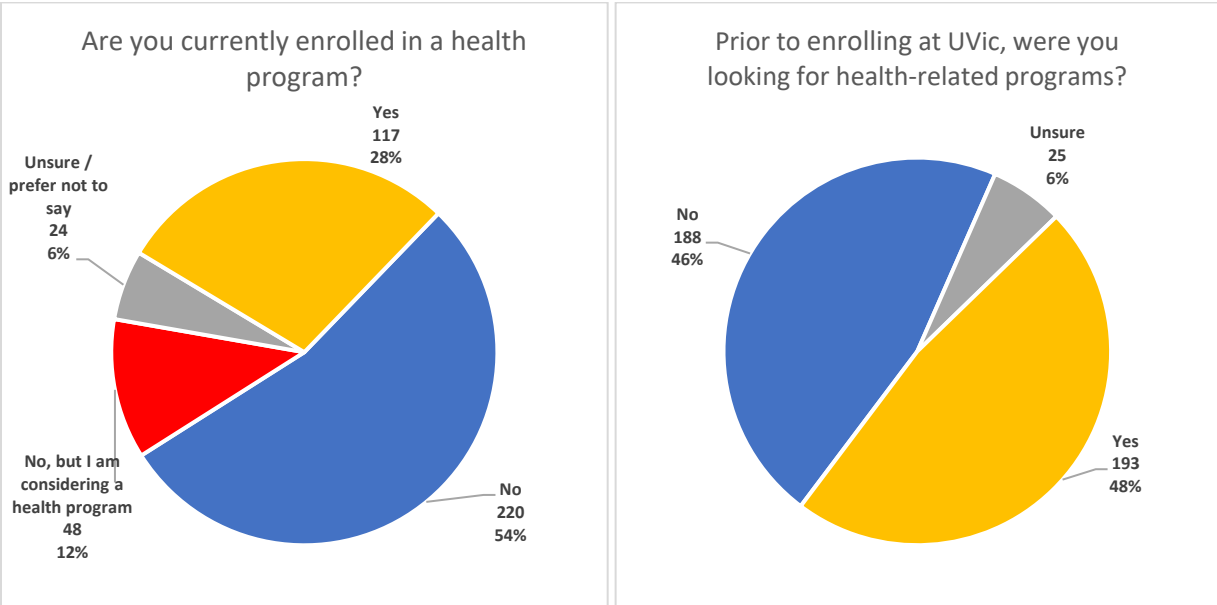
Community engagement and consultation with Indigenous leaders and communities were seen as key, with suggestions for dedicated liaison(s) and financial commitments to enact consultation insights. Collaboration with Indigenous scholars, communities, and Elders, along with outreach programs, is emphasized. 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”

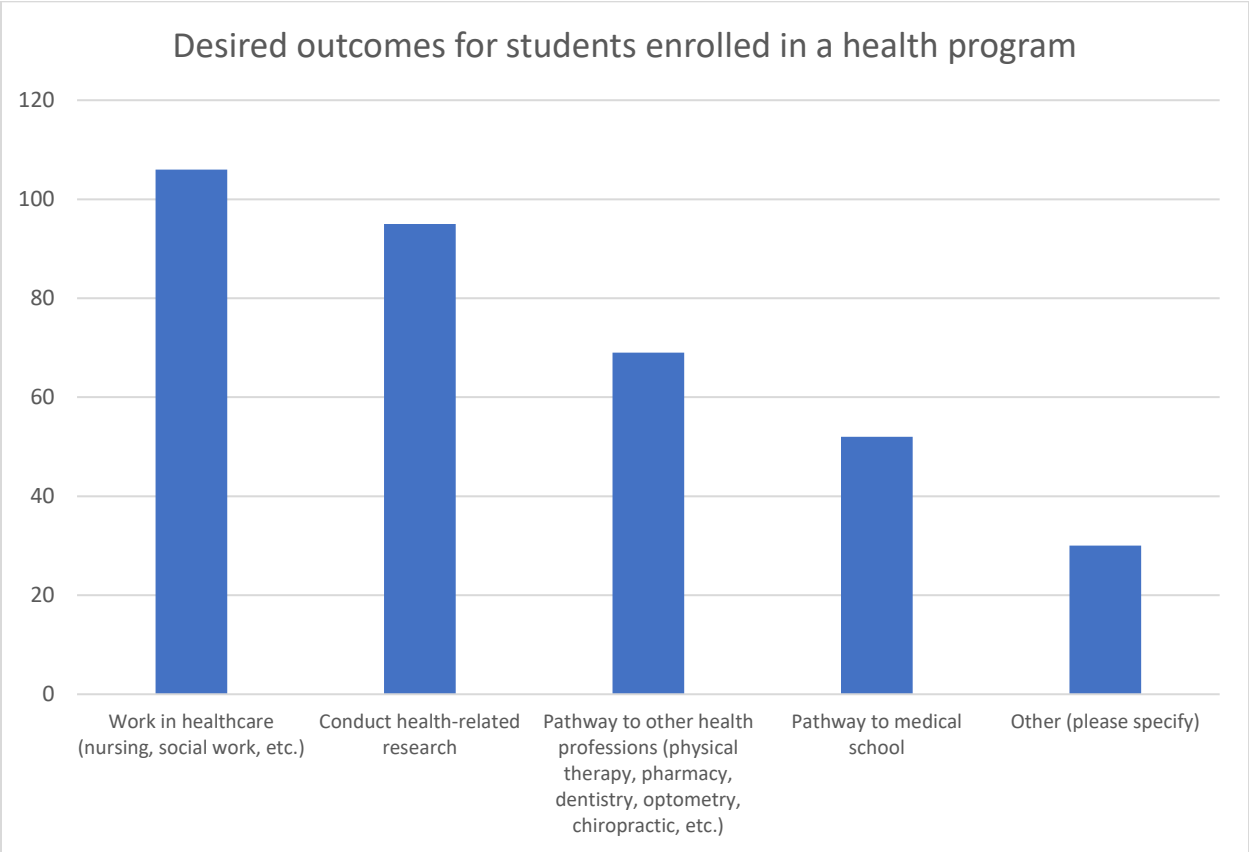


Figure 18: Students who identified as being enrolled in health-related program were asked to select all that applied; 323 respondents answered this question.

\*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.

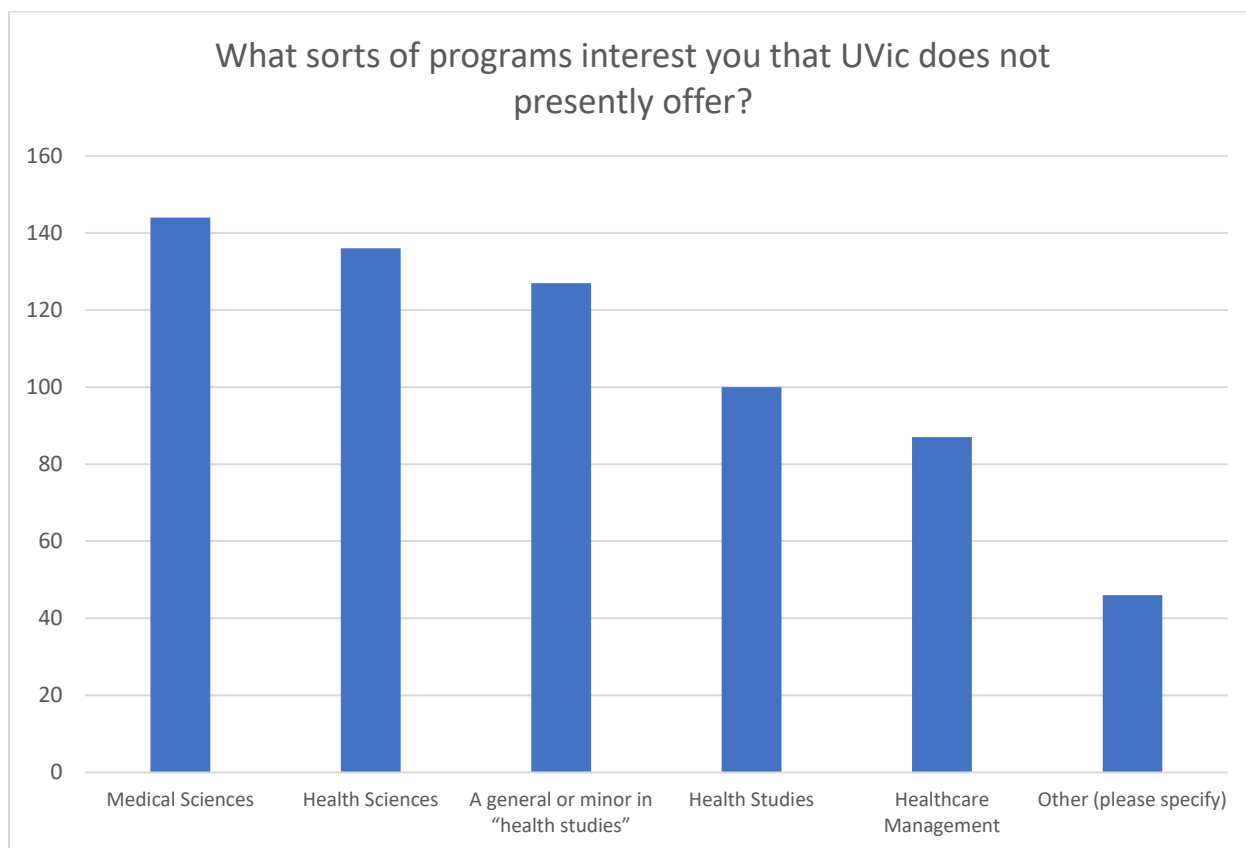


Figure 19: Students were asked to select all programs they were interested in; 319 respondents answered this question.

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

## Campus-wide survey on a health-related faculty at UVic

**The Senate Committee on Academic Health Programming is exploring the creation of a health-related faculty (this would not be a net new faculty but a reimagining of an existing faculty or faculties). The committee is consulting stakeholders to help make recommendations to Senate on the formation of a faculty, its focus, its foundational schools or departments, and structure—building on the consultations and work of the UVic Health Initiative.**

**While you may or may not be impacted directly by a health-related faculty, all opinions and viewpoints are important as this transformational change will be broad and impact campus for years to come.**

**Your responses are confidential and this survey adheres to UVic's internal guidelines for quality assurance of services and programs. The Senate Committee will review aggregated and summarized data and will follow best practices with respect to data suppression of small numbers of responses to ensure no individuals are identified. The Committee will share high-level findings as part of its deliverable to Senate.**

**We expect this survey to take 10-30 minutes to complete, depending on whether you wish to answer additional questions specific to your role (faculty, staff or student). Note that the committee is developing other mechanisms for consulting on Indigenous-led scholarship and addressing systemic barriers to healthcare.**

**Any questions or concerns about the survey or questions about the work of the Senate Committee may be directed to [healthfaculty@uvic.ca](mailto:healthfaculty@uvic.ca).**

**Thank you for your participation.**

\* 1. Which group best describes your role at UVic (select one):

- Student
- Faculty or librarian
- Staff member
- Alumni
- External to UVic

\* 2. To which unit are you most connected? (select one)

Note: this is not a complete list; select the faculty, department or unit most applicable to you.

Campus-wide survey on a health-related faculty at UVic

Page 2: All respondents

**The UVic Health Initiative concept paper identified a range of strengths and opportunities for health-related research and academic programming. As the committee considers the paper's findings, we are seeking the campus community's perspective on these opportunities.**

1. Do you identify or think of UVic as a university with a health focus?

Not at all focused on  
health

Balanced

Very focused on health



Can you please explain why you answered the way you did?

2. Nearly all disciplines have connections to health and wellbeing. What kind of health-related faculty do you think would be most likely to attract high-performing students to UVic?

A more medical/biological-  
focused view of health

Balanced

A more social  
determinant-focused\*\*  
view of health



\*\*Could include cultural, social, policy, economic, etc. structures that affect quality of life outcomes.

3. Students at UVic already enrol in a range of well-established undergraduate and graduate health programs, including some of our existing programs and units listed below. What are the foundational programs that you believe should be a part of a health-related faculty?

*Recognizing this is not an exhaustive list (it's drawn from the UVic Health Initiative concept paper), you may enter additional suggestions under "other".*

- Biochemistry and Microbiology
- Biology
- Biomedical Engineering
- Chemistry for Medical Science
- Child and Youth Care
- Clinical Psychology
- Counselling Psychology
- Exercise Science
- Health Information Science
- Kinesiology
- Medical Physics
- Microbiology
- Neuroscience
- Nursing
- Physics
- Psychology
- Public Health
- Social Dimensions of Health
- Social Work
- Other (please specify)

4. Do you have suggestions on new bachelor or graduate programs at UVic related to health for future consideration?

Suggestion #1

Suggestion #2

Suggestion #3

5. Based on your answers, do you have any suggestions for the name of a health-related faculty? *Examples from other universities: Faculty of Health, Faculty of Health Sciences, Faculty of Health and Social Development*

Suggestion #1

Suggestion #2

**Thank you for your feedback. If you identified as a faculty, staff or student, we now invite you to complete the second part of the survey, specific to your role. If you wish, you may exit the survey.**

Campus-wide survey on a health-related faculty at UVic

Page 3: Faculty and librarian track

1. What in your opinion would constitute a successful health-related faculty?

2. What risks should be avoided?

3. UVic has both departmentalized faculties (e.g., Science, Fine Arts) and non-departmentalized faculties (e.g., Law, Business). How should a health-related faculty be organized? (please rank)

- Fully departmentalized
- Partially departmentalized
- No departments or schools
- No opinion / unsure
- Other

If other, please specify:

4. What are the potential benefits you perceive in establishing a health-related faculty at UVic? (Complete rating from 1-5 for each: where 1 is "not at all beneficial" and 5 is "highly beneficial")

	1	2	3	4	5	n/a or unsure
Attractive to high performing students interested in health programs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Enhanced interdisciplinary collaboration.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Expanded research opportunities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Increased access to funding and resources for health-related programs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Improved coordination and integration of health-related curriculum and initiatives.

Enhanced opportunities for community engagement and partnerships in the health sector.

Greater visibility and recognition for UVic in the field of health education and research.

Improved career prospects for students in health-related disciplines.

Improved retention of faculty, staff and students.

Strengthened connections with healthcare organizations and professionals.

Enhanced capacity to address pressing health challenges and public health issues.

More cohesive and integrated experience for students.

Other

If other, please specify:

5. What are the potential challenges you perceive in establishing a health-related faculty at UVic? (Complete rating from 1-5 for each: where 1 is "not at all challenging" and 5 is "highly challenging")

1                      2                      3                      4                      5                      n/a or unsure

Potential resistance or skepticism regarding the need for a health faculty.

Impact on departmental culture and cohesion due to integration

into a different entity.

Impact on departmental culture and cohesion due to division of existing units.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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Perceived threat to disciplinary traditions.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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Changes in unit standards and faculty evaluation policies.

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Loss of existing department identities within a different faculty.

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Disruption of established structures.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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Concerns about the impact on existing program curricula and potential need for revisions.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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Challenges in accommodating existing faculty expertise and specialization within a different structure.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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Risk of drawing resources (staff, support for research and academic programming ) from other Faculties

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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Increased competition for new students among academic units.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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Increased competition for new faculty and researchers among academic units.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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Other

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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If other, please specify:



6. How effective are each of these strategies to foster or promote interdisciplinary teaching, learning and collaboration within a health-related faculty? (Complete rating from 1-5 for each: where 1 is "not at all effective" and 5 is "highly effective")

	1	2	3	4	5	n/a or unsure
Joint or cross-listed courses with faculty members from different disciplines.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Interdisciplinary research projects that involve students from various departments.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Workshops or seminars focused on interdisciplinary topics or approaches.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Interdisciplinary student clubs or organizations to encourage collaboration outside of formal coursework.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A mentorship program that pairs or clusters faculty from various disciplines.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shared spaces or facilities that facilitate collaboration and interaction among faculty and students from different disciplines.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Interdisciplinary fairs or networking events to connect students with relevant career, research or community opportunities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If other, please specify:

7. Are there specific interdisciplinary research areas or initiatives that should be encouraged within a health-related faculty?

8. How can these strategies support a health-related faculty to effectively integrate diverse perspectives, disciplines and approaches to address complex health challenges? (Complete rating from 1-5 for each: where 1 is "not at all well" and 5 is "very well")

	1	2	3	4	5	n/a or unsure
Implement a curriculum that includes cross-disciplinary courses, allowing students to explore multiple approaches to health issues.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Encourage joint research projects that involve researchers from diverse disciplines, fostering teamwork and knowledge exchange.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Offer incentives such as grants or awards to faculty members who engage in collaborative research projects across disciplines.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Encourage faculty to develop joint grant proposals that require expertise from different disciplines, fostering collaborative efforts.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Promote cross-disciplinary mentorship programs to facilitate knowledge sharing and skill development among faculty members.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If other, please specify:

9. How can a health-related faculty strengthen and promote First Nations, Inuit and Metis teaching, research and scholarship in health?

Note: the committee is developing mechanisms for consulting on Indigenous-led scholarship and addressing systemic barriers to healthcare.

10. How well can these strategies support a health-related faculty effectively fostering collaboration and partnerships with external stakeholders, such as healthcare, health organizations, Indigenous communities, government agencies, or industry? (Complete rating from 1-5 for each: where 1 is "not at all well" and 5 is "very well")

	1	2	3	4	5	n/a or unsure
By organizing regular networking events and conferences that bring together faculty, staff, students and external stakeholders to explore potential partnerships and collaborations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
By seeking opportunities for faculty and staff to participate in advisory boards or committees with external organizations, fostering mutual exchange of knowledge and expertise.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
By creating co-op, internship or practicum placements that train and connect students with external stakeholders.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
By inviting external stakeholders to participate in research projects that focus on specific health issues.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
By pursuing joint grant applications with external	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

partners to secure funding for collaborative research initiatives.

By organizing outreach programs that engage with local communities, addressing their health needs and involving them in research projects and decision making.

By actively seeking partnerships with industry to promote technology transfer and the implementation of research findings into practical applications.

By collaborating with government agencies to influence health policy and ensure research outcomes align with public health priorities.

Other

If other, please specify:

11. Can you recommend any existing successful models of health-related faculties or programs at other institutions that could serve as inspiration?

Campus-wide survey on a health-related faculty at UVic

Page 3: Staff track

1. What in your opinion would constitute a successful health-related faculty?

2. What risks should be avoided or mitigated?

3. UVic has both departmentalized faculties (e.g., Science, Fine Arts) and non-departmentalized faculties (e.g., Law, Business). How should a health-related faculty be organized? (please rank)

- Fully departmentalized
- Partially departmentalized
- No departments or schools
- No opinion / unsure
- Other

If other, please specify:

4. What are the potential benefits you perceive in establishing a health-related faculty at UVic? (Complete rating from 1-5 for each: where 1 is "not at all beneficial" and 5 is "highly beneficial")

	1	2	3	4	5	n/a or unsure
Attractive to high performing students interested in health programs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Enhanced interdisciplinary collaboration.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Expanded research opportunities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Increased access to funding and resources for health-related programs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Improved coordination and integration of health-related curriculum and initiatives.

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Enhanced opportunities for community engagement and partnerships in the health sector.

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Greater visibility and recognition for UVic in the field of health education and research.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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Improved career prospects for students in health-related disciplines.

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Improved retention of faculty, staff and students.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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Strengthened connections with healthcare organizations and professionals.

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Enhanced capacity to address pressing health challenges and public health issues.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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More cohesive and integrated experience for students.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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Other

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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If other, please specify:

5. What are the potential challenges you perceive in establishing a health-related faculty at UVic? (Complete rating from 1-5 for each: where 1 is "not at all challenging" and 5 is "highly challenging")

1                      2                      3                      4                      5                      n/a or unsure

Potential resistance or skepticism regarding the need for a health faculty.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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Impact on departmental culture and cohesion due to integration

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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into a different entity.

Impact on departmental culture and cohesion due to division of existing units.

Perceived threat to disciplinary traditions.

Changes in unit standards and faculty evaluation policies.

Loss of existing department identities within a different faculty.

Disruption of established structures.

Concerns about the impact on existing program curricula and potential need for revisions.

Challenges in accommodating existing faculty expertise and specialization within a different structure.

Risk of drawing resources (staff, support for research and academic programming ) from other Faculties

Increased competition for new students among academic units.

Increased competition for new faculty and researchers among academic units.

Other

If other, please specify:

6. How well can these strategies support a health-related faculty effectively fostering collaboration and partnerships with external stakeholders, such as healthcare, health organizations, Indigenous communities, government agencies, or industry? (Complete rating

from 1-5 for each: where 1 is "not at all well" and 5 is "very well")

	1	2	3	4	5	n/a or unsure
By organizing regular networking events and conferences that bring together faculty, staff, students and external stakeholders to explore potential partnerships and collaborations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
By seeking opportunities for faculty and staff to participate in advisory boards or committees with external organizations, fostering mutual exchange of knowledge and expertise.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
By creating co-op, internship or practicum placements that train and connect students with external stakeholders.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
By inviting external stakeholders to participate in research projects that focus on specific health issues.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
By pursuing joint grant applications with external partners to secure funding for collaborative research initiatives.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
By organizing outreach programs that engage with local communities, addressing their health needs and involving them in research projects and decision making.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
By actively seeking partnerships with industry to promote						



technology transfer and the implementation of research findings into practical applications.

By collaborating with government agencies to influence health policy and ensure research outcomes align with public health priorities.

Other

If other, please specify:

7. How can a health-related faculty strengthen and promote First Nations, Inuit and Metis teaching, research and scholarship in health?

*Note: the committee is developing mechanisms for consulting on Indigenous-led scholarship and addressing systemic barriers to healthcare.*

8. Can you recommend any existing successful models of health-related faculties or programs at other institutions that could serve as inspiration?

## Campus-wide survey on a health-related faculty at UVic

### Page 3: Student track

1. What kind of program are you enrolled in at UVic?

- Undergraduate
- Graduate
- Continuing Studies
- Prefer not to say
- Other (please specify)

2. How do you feel your studies (including learning, research, community engagement, career training, connections within UVic, etc.) will be impacted by the creation of a health-related faculty?

3. Are you currently enrolled in a health program?

- Yes
- No
- No, but I am considering a health program
- Unsure / prefer not to say

4. Prior to enrolling at UVic, were you looking for health-related programs?

- Yes
- No
- Unsure

5. If you are enrolled in a health-related program, what are your desired outcome(s)? (select all that apply)

- Work in healthcare (nursing, social work, etc.)
- Pathway to medical school
- Pathway to other health professions (physical therapy, pharmacy, dentistry, optometry, chiropractic, etc.)
- Conduct health-related research
- I am not seeking/am not in a health-related program
- Other (please specify)

6. How important are the following benefits of a health-related faculty to you as a student?  
 (Complete rating from 1-5 for each: where 1 is "not at all important" and 5 is "extremely important")

	1	2	3	4	5	n/a or unsure
Having a degree from a university that is seen as leading provider of health education in Canada	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to more experiential learning, practicum and training opportunities in health-related fields	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Increased opportunities for paid work experience in health-related fields through co-op	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Learning from expert faculty and researchers with experience in health-related fields	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Increased funding opportunities for health-related research and scholarship	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Greater networking opportunities with healthcare professionals and industry leaders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Taking new courses and programs that prepare you for a specialized career in health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Learning in a collaborative and interdisciplinary environment, encouraging innovation and creativity among students	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. Have you participated in a health-related co-op placement?

- Yes
- No
- Unsure

If no, would you like to participate in a health-related co-op placement?

- Yes
- No
- Maybe
- I already have

8. What sorts of programs interest you that UVic does not presently offer? (select all that apply)

- Health Sciences
- Medical Sciences
- Health Studies
- Healthcare Management
- A general or minor in "health studies"
- Other (please specify)

Campus-wide survey on a health-related faculty at UVic

Page 4: All respondents - final thoughts

Do you have any final comments that you would like to share with the Senate Committee on Academic Health Programming?