

**Global Health Program Governance and Positioning
Discussion Paper**

February 11, 2019

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I. Introduction

In September 2017, Dean McDonald struck a task force to examine potential scenarios for the future governance of Global Health Programs (undergraduate and graduate). In what follows, we describe the vision for Global Health, highlight the history and current state of the BA/BSc in Global Health, the principles guiding task force considerations and analyse the benefits and challenges associated with future governance scenarios:

- Maintain status quo;
- Align Global Health into an existing Faculty of Health academic unit; or
- Create a new School of Global Health in the Faculty of Health.

The paper concludes with how consultations will proceed.

II. Vision for Global Health at York University

Our vision for Global Health Programs is to foster interdisciplinary scholarship that contributes insights on how the world can collectively solve the most pressing health challenges of our time, through collaborative leadership.

III. Global Health Program history & current state

History

York launched the first undergraduate Honours Global Health Program in Canada in 2014, with visionary leadership from the Faculty of Health and collaboration from its unique combination of units. The Chairs of the Schools of Health Policy and Management (SHPM), Kinesiology and Health Science and Nursing and the Department of Psychology along with the support of the Dean and Associate Dean, Community and Global guided the Program's formation and launch. *Macleans* magazine referred to Global Health as "one of York University's stand out programs."

Current State

- ⇒ *Governance:* The Program is led by a Coordinator reporting to an Executive Committee and the Dean. The collaborative process through which the Global Health Program was developed offered a foundation for its early collegial governance. The Executive Committee, comprised of the Program Coordinator and the chairs and directors of Faculty of Health units and the Director (formerly Associate Dean) Community and Global offered the program oversight and guidance.
- ⇒ *Faculty Complement:* Courses are taught by tenure stream/tenured, sessional and contract faculty with expertise in global health (Current faculty complement - Appendix). **Five** new Global Health faculty members will be hired in July 2019. Dedicated faculty will alleviate the need for other units to teach in the Global Health Program. Certain faculty members in other units will however continue to offer specific IHST courses (e.g. IHST 1001 3.0 Anatomy and Physiology and IHST 1002 3.0 Anatomy and Physiology).

- ⇒ *Enrollments:* 390 students are enrolled in the program, most in the B.Sc (20 and 91 admitted to the BA and BSc Programs, respectively in 2018-19). Courses that fulfil BSc requirements are taught in the Faculty of Science. The Global Health Program could maintain a steady state of approximately 400 full-time undergraduate students. The program generates approximately \$2.2 million in net annual revenue, with sufficient funds to support six tenured or tenure-stream faculty (precise number depends on how many elect to keep their appointment in existing units), an alternate stream faculty member, two full-time support staff, half time operations manager, a full-time program coordinator, stipend and release for a UPD and Chair, \$130,000 for teaching assistants, plus operating costs (Table 3, Appendix).
- ⇒ *Design:* The curriculum is designed to create graduates as “agents of change.” The Program addresses growing disparities in health and social well-being within and between nations, in a context of economic globalization and acceleration in communication and information dissemination ushering in an increasingly interconnected and interdependent world.
- ⇒ *Pedagogy:* The curriculum builds capacity on how risk factors, conditions and interventions for health and disease require a systems and multi-lateral perspective. Interdisciplinary core courses encompass health, science and social science disciplines. The goal is for graduates to contribute to the design and achievement of a better global health future is supported by:
 - Experiential education and partnerships with external stakeholders; students apply their learning while engaging with York’s local-global environment; and
 - Global thinking on health issues at the societal, organizational, community and individual levels, using diverse theoretical and applied lenses, and an “appreciative inquiry” approach to co-create a more positive future for health.

Affiliation with Dahdaleh Institute for Global Health Research (DIGHR)

The Global Health Program was leveraged to attain a \$20 million donation by alumnus Victor Phillip Dahdaleh to establish the DIGHR. The Institute Director and a current candidate for a Canada Research Chair in Global Health Governance were hired in 2017. DIGHR has attracted high quality scholars. A separate task force is developing a proposal for a doctoral program in Global Health.

IV. What principles guide the Task Force’s considerations?

The Task Force considered costs, enrollments, faculty complements and enrollment projections (Tables 1-4, Chart 1, Appendix). It also considered potential benefits and challenges -- to the Faculty, to the Global Health Program and to the existing four units in the Faculty of Health -- in relation to the vision for Global Health and the following:

- Collegial governance;
- Curriculum and program renewal and review;

- Faculty complement;
- Administrative management and costs;
- Current and projected enrolments;
- Financial sustainability;
- Feasibility to host global health graduate programs;
- Existing academic schools and departments;
- Faculty of Health Council

The Task Force developed guiding principles to consider the three proposed scenarios:

- Maintain the *vision* and *pedagogic excellence* of the Global Health Program
- *Ensure sustainability* by considering faculty complement required to administer, represent and collegially govern unit and faculty-level committees.
- *Support interdisciplinarity*: researchers and teachers are drawn from multiple disciplines; BA and BSc students taking core courses together.
- *Financial feasibility*: consider the total and incremental cost of each option (Appendix 1).
- *Feasibility to host Global Health graduate programs*: a PhD in Global Health will be interdisciplinary, entail joint projects, partnerships with international institutions (co-tutelle); and offer a range of career trajectories (health professional, policy developer, researcher/academic). Consideration of the scenarios must take the uniqueness of and the capacity to address the needs of future graduate programs into account.
- *Support Global Health research intensification*: establish international leadership in global health research to ensure the excellence of the Global Health Programs.
- *A process of appointment by preference*: allow faculty members to choose their host school, where financially feasible. If a substantial portion of a person's teaching and research is related to global health, and we do not maintain the status quo, then (subject to the provisions of the collective agreement) the person would retain the right to remain in their existing school, explore a joint appointment between their existing unit and the host of the Global Health program, or move their appointment exclusively into the unit hosting Global Health.

V. Scenarios

This section considers the implications of the three scenarios.

A. Status quo

- *Pedagogic Excellence and Vision*:
 - ⇒ *Benefit*: A pan-faculty system encourages on-going interdisciplinary collaboration across units.
 - ⇒ *Challenge*: The Program must be able to make program changes (e.g. develop future concentrations), pan-university, national and international collaborations and align faculty hires and teaching assignments with program goals and strategies. In the current model, program changes are brought to the Global Health Executive on an ad hoc basis. Teaching allocation involves negotiation with the unit Chairs/Director. Communication and collegial decision-making takes time. Global Health may be an unfamiliar area for faculty members in the four units and it may get usurped by unit priorities.
- *Ensure sustainability*:
 - ⇒ *Benefit*: Fewer administrative committees in the Faculty of Health.

- ⇒ *Challenge:* The Global Health Program lacks representation on the Leadership Committee, Faculty Council and its subcommittees.
- *Interdisciplinarity:*
 - ⇒ *Benefit:* Complement planning relies on compromise and sharing a complement plan with supporting units. In some cases this enabled faculty members with interdisciplinary skills that match both the needs of global health and of the home unit to be hired.
 - ⇒ *Challenge:* As Doctoral and Masters Programs in Global Health are launched and the BA and BSc programs grow, a dedicated faculty complement is needed to attract exceptional graduate students and postdoctoral fellows. This will be partially addressed with the five new hires in 2019.
- *Financial Feasibility*
 - ⇒ *Benefit:* The current model is financially feasible.
 - ⇒ *Challenge:* The program must increase its undergraduate enrollment to support faculty complement growth. As the proposal for a graduate program in Global Health advances, it is important to consider where it will be housed.
- *Research intensification in global health:*
 - ⇒ *Challenge:* The current model offers no specific benefits for global health research intensification, as existing unit researchers' emphasis is in other areas. This could dilute research intensification in global health.
- *Feasibility to host global health graduate programs:*
 - ⇒ *Benefit:* Contributions from faculty members across the four units in Faculty of Health is an asset.
 - ⇒ *Challenge:* Establishment of graduate and bachelor programs not aligned with a dedicated unit is rare. The track record so far reflects School-level decision-making perceives Global Health as secondary, rather than ensuring its excellence. For example, recent School hiring decisions in Global Health tend to support unit program priorities, rather than the priorities of the Global Health Program.
- *Summary:*
 - ⇒ *Benefit:* no change
 - ⇒ *Challenge:* It will become more important for BSc/BA and graduate programs in Global Health to benefit from a disciplinary home unit with dedicated governance to foster leadership in this area.

B. Align global health into an existing academic Faculty of Health unit

- *Pedagogic Excellence and Vision:*
 - ⇒ *Benefit:* New Faculty hires could align with needs of units such as SHPM and Nursing to avoid duplication.
 - ⇒ *Challenge:* depending on the level of expertise in global health and interdisciplinarity in current units, supporting global health undergraduate and

new graduate programs could be challenging and might undermine other pre-existing unit priorities. The launch of new graduate programs requires a critical mass of scholars in Global Health to support and attract graduate students.

⇒ The emphasis of the Global Health Program could drift in the direction of the host unit's disciplinary field. Program drift could be addressed during a Program Review.

▪ *Ensure sustainability*

⇒ *Benefit:* Faculty members of an existing unit could dedicate more time to Global Health as it would become a priority for the unit. The unit hosting Global Health would reimburse the home unit of faculty teaching in Global Health Programs. Of the two units best positioned to host, global health research aligns most with SHPM, as two recent hires in global health (e.g. James Orbinski and Steven Hoffman) are appointed to SHPM

- Existing units are already represented in Faculty and University level committees, to which new global health faculty would contribute.
- A number of places would need to be reserved for students in Global Health courses. Revenue would follow associated teaching expenses.
- The home unit would need to take the Global Health Program into account in annual complement plans. Faculty who teach in the Global Health Program may hold a joint appointment (to be negotiated with their home unit and the one housing Global Health) or retain their current appointment.
- The host unit would be expected to have a strong connection to the DIGHR. The Director of DIGHR is currently appointed to the SHPM.

Challenge: Faculty in an outside unit may be unable to continue to teach, depending on their home unit's needs. The host unit would have to negotiate or have a plan in place to ensure the continued teaching from other units. The complexity of offering several distinct programs in different disciplinary areas in the same unit would be a challenge.

⇒ Managing up to three sets of programs in different areas could be complex for the Chair/Director. Separate UPD, GPD and administrative supports would be needed to ensure each program maintains pedagogic excellence.

▪ *Interdisciplinarity*

⇒ *Benefit:* For an existing unit with an interdisciplinary focus, maintaining an interdisciplinary approach could align well. Since a sizable portion of doctoral student funding is tied to teaching assistantships, a potential host for Global Health programs should have an undergraduate program with courses suitable for

Doctoral Global Health students to perform TA work, in addition to the Global Health BA and BSc Programs.

- Since Nursing is just starting a doctoral program, and Psychology has not been involved in global health, the units best positioned to host new global health programs would likely be SHPM and SKHS.
- Undergraduate students would benefit from a home unit aligned with the proposed graduate program so as to enhance the potential of placement and research opportunities. Hosting three sets of undergraduate and graduate programs within SHPM (Health Studies, Critical Disability Studies, Global Health) may create reciprocity and alignment.

⇒ *Challenge:* Convincing units other than a dedicated host to hire with a global health focus could be a challenge. The new PhD in Global Health Program will be considerably different in structure, requirements and format from any graduate program in Faculty of Health. The more unique the program, the less likely that administrative structures and processes in an existing unit will be positioned to support the program design. For example, the new program will not have traditional course work; will enable students to engage in joint projects and spend time at other institutions including international settings.

▪ *Financial Feasibility*

⇒ *Benefit:* Cost saving would accrue from merger resulting from not having the course release and salary for a Chair, off-set by a higher administrative course release and stipend that accompany the larger unit size. Use of administrative personnel and governance structures in an existing unit may also reduce faculty and administrative workload relative to the establishment of new committees in a separate Global Health Unit.

⇒ *Challenge:* The addition of the GH program may require the existing Chair appointment to be re-classified for program size, in accordance with Appendix P of the YUFA Collective Agreement, which would reduce the cost savings associated with not hiring a Chair of a dedicated unit.

▪ *Research intensification in global health:*

⇒ *Benefit:* The graduate program could enable faculty members with an interest in global health to contribute if it resides in a current unit.

⇒ *Challenge:* The extent to which global health research could intensify in an existing unit is uncertain, potentially hindering research advancement. As the faculty hiring process may lean toward hiring scholars whose research aligns with the host unit, this could create missed opportunities for research intensification in global health.

▪ *Feasibility to host global health graduate programs:*

⇒ *Benefit:* Contributions from faculty members in existing units would be an asset.

⇒ *Challenge:* As the PhD in Global Health will be unique, including joint collaborations with other universities, administrative structures and processes in current units are unlikely to be positioned to support its program design.

▪ *Summary:*

- ⇒ *Benefit*: Faculty members in current unit could dedicate more time to Global Health as it would become more of a priority. The unit hosting Global Health would reimburse other units whose faculty members teach in Global Health.
- ⇒ *Challenge*: Some faculty members who teach in the program may choose not to continue doing so, should it be housed in an existing unit. The complexity of offering several programs in different disciplinary areas in the same unit would be an issue. As SHPM considers developing a BA in Critical Disability Studies, oversight for six programs (three different undergraduate and three different graduate programs) would be a challenge.

C. Create a new School of Global Health¹

- *Pedagogic Excellence and Vision*:
 - ⇒ *Benefit*: Leadership with Global Health expertise would guide strategy and planning: curriculum and program design, prepare for cyclical program review and renewal. A Global Health Executive informed by its own faculty council with expertise and networks in global health, could enact programmatic change to ensure excellence, innovation and launch graduate programs. Dedicated leadership with a more informed perspective would respond in a timelier manner than the current process that was designed to fill a transitional need. Enrolments may increase to improve financial sustainability.
- *Ensure sustainability*
 - ⇒ *Benefit*: Program drift will diminish. A dedicated unit would enhance the profile of Global Health Programs, research and facilitate university-wide, national and international connections to enhance student and faculty experience and depth of scholarly contributions.
 - New faculty (*5 new Global Health hires*) expertise will leverage their connections to support the development of placements, student and faculty exchange across the globe to enhance program dynamism.
 - Research synergies between the DIGHR and School of Global Health would build research momentum.
 - A stronger case could be made for increasing future tenure-stream faculty complement.
 - ⇒ *Challenge*: A new School may be challenged to contribute to Faculty-level committees, given the small unit size; concessions could be made until the School grows. As 13 units exist with 7 or fewer faculty at YorkU (similar to SHPM at launch) and 11 units with 8-11 faculty members to which a new Global Health unit would grow in the next few years, the size at launch reflects current practice.

¹ For the policy and guidelines on development and approval of Schools at York, see: <https://secretariat-policies.info.yorku.ca/policies/development-and-approval-of-schools-within-the-university-guidelines/>

- *Interdisciplinarity*
 - ⇒ *Benefit:* Interdisciplinarity will be achieved through faculty hires in distinct disciplines who will be encouraged to work with faculty in other units. Current units would no longer need to consider global health in annual complement plans. Global Health would draw less on scholars from other units to deliver courses (Table 3 - Core and concentration courses).
 - ⇒ Faculty members who currently teach in the Global Health Program would have the option to hold a joint appointment and teach in Global Health as individually negotiated, retain their current appointment, or move to the new unit.

- *Financial Feasibility*
 - ⇒ *Benefit:* While small by Faculty of Health standards, a new School would be larger than 9 academic units at York. The current operations manager and two staff would support the new unit.
 - ⇒ *Challenge:* The new unit would appoint a Chair, resulting in an additional cost (i.e. administrative stipend and course release). Funds associated with the current Program Assistant and Coordinator position would be reassigned into the new Global Health Unit. Like the scenario of housing the Global Health program in an existing unit, a Graduate Program Director could be appointed when the graduate program is launched. The addition of graduate programs may require additional revenue, that could come through development opportunities, research chairs, post-doctoral fellowships etc. connected to the DIGHR (thereby growing both units).

- *Research intensification in global health:*
 - ⇒ *Benefit:* A dedicated faculty complement in global health would help to intensify research and attract exceptional graduate students and postdoctoral fellows. A unit focused on global health would hold the greatest potential to foster coalescence of complementary interests that could be leveraged to develop partnerships with researchers in international universities, think tanks, government and non-governmental organizations. The hiring process will explicitly address specific foci in global health, covering a range of areas and sub-areas of concentration in which York will offer research leadership.
 - ⇒ *Challenge:* A small faculty complement in the early years could be mitigated through connections to the DIGHR's international fellows, visiting scholars and the research seminar series hosted by the DIGHR. Housing global health in its own unit might also decrease research collaboration across units.

- *Feasibility to host Global Health graduate programs:*
 - ⇒ *Benefit:* A new School would be ideally placed to support the launch of new Masters and PhD Programs in Global Health; a goal of the program. Dedicated faculty would be available to supervise new graduate students. The Evaluation Centre for Complex Health Interventions (currently based at St. Michael's Hospital) is interested in moving to York University that could offer synergies with the global health undergraduate and graduate programs.

As an interdisciplinary program, faculty from across the Faculty of Health and other Faculties could be invited to engage and supervise in the program, similar to the pan-university Graduate Program in Health.

⇒ *Challenge:* A critical mass of scholars is needed to supervise graduate students; it is possible a small number of faculty would bear a heavy burden. As an interdisciplinary program, faculty from across the Faculty of Health and other Faculties could be invited to engage and supervise in the program. The small faculty complement in the early years could be mitigated through connections to the DIGHR's international fellows, visiting scholars and the research seminar series that it will host.

▪ *Summary:*

⇒ *Benefit:* A more direct connection to the DIGHR would exist than the current situation. The Director of DIGHR could choose to be a faculty member of the new unit, which could facilitate communication regarding research, fellowship and international and local placement opportunities. DIGHR could also have a good relationship with another unit.

⇒ *Challenge:* As some faculty members would remain appointed to their home units or hold a joint appointment to the School of Global Health, there would be opportunities to connect with other academic departments, though processes would need to be in place to formalize any connections. New graduate programs would require additional revenue, that could come through development opportunities, research chairs, post-doctoral fellowships etc. that are connected through the DIGHR (thereby growing both units), and growth in the Global Health BSc/BA.

McGill University plans to launch a new School of Global Health to mark its anniversary next year, hence it is an opportunity to demonstrate similar leadership.

VI. How will consultations occur and what is the decision-making process?

The role of the Global Health Executive will be to determine the consultation process, incorporate the comments, recommend the preferred approach and present it to Faculty Council. This discussion paper will be circulated for consultation to the:

- Global Health Council;
- Global Health Student Association;
- Faculty of Health Units and
- Executive and Planning Committee

Consultation will also determine whether any new or additional information would be helpful for consideration of the options. The Global Health Executive will consider which option would be the 1st and 2nd choice from the lens of the vision and guiding principles. If the move of the Global Health Program to an existing unit is advised, suggestions on the process that could be undertaken to move this change forward would be helpful. In addition to discussion in Faculty of Health Council, the Dean will engage in consultations with the Provost, President and Vice President Research and Innovation.