

Global Health Program Executive Committee
Report on the Consultation Regarding
The Global Health Program Governance and Positioning

April 5, 2019

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The Consultation Process

At a meeting on February 14, 2019, the Global Health Executive Committee¹ considered the *Global Health Program Governance and Positioning Discussion Paper* and accompanying draft Vision statement prepared by a task force on this matter², as well as the consultation process to be undertaken. Subsequently, the Chair/Director of each unit was asked to lead the consultation process within their unit. In addition to the four units, the committee asked that the Global Health Program Council, the Global Health Students Association (GHSA), and the Faculty of Health Executive and Planning Committee be included in the consultation. To facilitate the consultation, three members of the GH Governance task force (M. Morrow, B Pilkington, and M. Wiktorowicz) drafted a brief survey soliciting feedback on the three options examined in the Discussion Paper: 1) status quo, 2) align with an existing unit (specify which), and 3) create a new School of Global Health. The preamble of the survey was customized for each target group, but the questions were identical. (See **Appendix A** for one version). The survey accompanied by the Discussion Paper and draft Vision statement was circulated via an email containing a link to a MachForm.

The details of the consultation process for each target group are as follows:

1. School of Health Policy and Management: the survey and accompanying documents were emailed to faculty members, and two faculty council meetings were convened for discussion.
2. School of Kinesiology and Health Science: The Executive Committee considered the Discussion Paper in its February meeting, and one-on-one feedback was also obtained from other faculty members.
3. School of Nursing: the survey and accompanying documents were emailed to faculty members.
4. Dept. of Psychology: the survey and accompanying documents were emailed to faculty members.
5. Global Health Program Council: the survey and accompanying documents were emailed to Council members

¹ Committee Members: A Belcastro, Chair, Kinesiology & Health Science; J. Goldberg, Chair, Psychology; M. Morrow, Chair, SHPM; S. Premji, Director, School of Nursing; M. Wiktorowicz, Director, Global Health, Community Partnerships and Strategic Projects; B. Pilkington, Coordinator, Global Health Program (Chair); A. Rokicka-Wiscicka, Operations Manager.

² The task force comprised B. Pilkington, M. Morrow, T. Daly, M. Verrilli, R. Gritsyuk, P. McDonald, and M. Wiktorowicz (Chair). It produced a *Global Health Program Governance and Positioning Discussion Paper* (February 11, 2019), at the request of the Dean, Faculty of Health, York University. Please see copy accompanying this document.

6. FoH Executive and Planning Committee: the survey and accompanying documents were emailed to committee members, and a member of the task force (Morrow) briefly explained the consultation process to members of the committee.
7. Global Health Student Association: the survey and accompanying documents were emailed to members of the GHSA Executive, which managed the consultation.

Staff members assisting with the consultation received the survey responses via the MachForm database and noted the identity of respondents to enable a tally of unique responses; however, to protect privacy, respondents' identities are not disclosed in this report. A summary of the number of responses received from each of the six groups consulted is included in **Appendix B**. Faculty members on the Global Health Program Council and the FoH Executive and Planning Committee also received the survey from their home unit; therefore, their responses were only counted once—with their home unit. However, the number of responses from each group consulted are also provided.

In addition to their preferred option, respondents were asked to provide the reasons in a text box. They could also indicate other things to be considered when deciding on the future of the Global Health program, as well as “other comments.” These text responses were downloaded, thematically analyzed, and organized under the three options: 1) status quo, 2) align with an existing unit (specify which), and 3) create a new School of Global Health (see **Appendix C**). The text of the responses appears as submitted, with only minor edits (e.g., to correct typos), but they have been formatted as bullet points. (Note: where the same or similar points were made by more than one individual, the point was included once, only.) Two respondents appointed to the School of Health Policy & Management (SPHM) provided more lengthy feedback (1-2 pages) which was divided up according to “themes.” However, most respondents made only one or two comments. The views expressed in the comments in Appendix C do not necessarily represent those of the Global Health Executive Committee, nor does the committee vouch for their accuracy. Rather, the comments represent the diversity of views of the respondents.

Analysis of Responses

A total of 65 unique responses were received. The biggest response in terms of numbers and response rate was from the School of Health Policy and Management (SHPM) (n=19; 83%, respectively). Most (14) respondents from SHPM chose the option to align Global Health with an existing FoH Unit, specifically, the SHPM; however, 5 faculty chose the option to create a School of Global Health. Two of the latter group (J. Orbinski and S. Hoffman) were hired, specifically, in the field of Global Health, and Orbinski wrote extensive rationales for his choice to create a new School.

The second largest response from faculty members was from the School of Kinesiology and Health Science (n=16; 32%), followed by Nursing (n=11; 28%), and Psychology (n=2; 3%). Of the 29 responses from these three units, all but three selected the option to create a School of Global Health. The three who chose otherwise indicated “maintain the status quo” (n = 2) or “align with an existing FoH unit” (SHPM) (n=1).

Fifteen members of the Global Health Students Association (GHSA) responded to the survey. Of these, 8 selected “create School of Global Health” as their preferred option, 6 did not indicate a choice of location, and one indicated “status quo.” No respondent selected “align with an existing FoH unit.”

The rationales that respondents provided to support their choice are presented in **Appendix C**. The responses were organized under the three options. As noted earlier, similar comments were not repeated but included only once, and the frequencies of each comment were not counted. (With qualitative analysis, the emphasis is on the range and significance of ideas rather than frequency counts.)

Only three comments related to maintaining the status quo, and they represented relatively weak arguments. For the remaining two options (align with an existing unit, and create a School of Global Health), the responses were coded according to themes and organized accordingly. Responses were further divided into two categories for each option: ‘Benefits,’ and ‘Concerns.’ The main points regarding benefits and concerns for the remaining two options are synthesized below.

1) Align with an existing unit. The main themes identified as benefits of this option related to efficiency, curriculum/pedagogy, disciplinary congruence, and research capacity. The points are briefly summarized below:

Efficiency: it was argued that aligning Global Health in the SHPM would help to protect faculty from heavy service loads and allow for shared administrative supports.

Curriculum/pedagogy: the benefits of interdisciplinary teaching and the perceived similarities in the curricula for GH and SHPM programs were noted.

Disciplinary congruence: comments addressed alignment of faculty members’ research programs, a shared concern for social justice and equity/disparities, and the fact that some SHPM faculty engage in critical international and transnational health research.

Research capacity: GH would augment the research capacity of SHPM and a larger unit could better protect research productivity.

Concerns related to this option included loss of distinctiveness, lack of synergy with Global Health, that units need to focus on their core discipline, and resource competition between the original programs and Global Health.

2) Create a School of Global Health. The main themes identified as benefits of this option were resources, curriculum/pedagogy, autonomy, distinctiveness, and sustainability. The points are briefly summarized below:

Resources: Global Health is now better positioned to run its own programs because of new faculty hires underway, the creation of the Dahdaleh Institute for Global Health Research (DIGHR), and the recruitment of senior academic leaders (James Orbinski; Steven Hoffman).

Pedagogy/curriculum: A School would bring stability to the program teaching and curriculum and provide a coherent foundation for the creation of a new and highly distinctive graduate program in global health.

Autonomy: A School would not be subject to the needs, preferences and good will of contributing units for teaching capacity; would provide GH with a voice in the Faculty with respect to decision making (curriculum, budget, etc.); and, would provide an opportunity to hire and build a coherent team of individuals from an array of disciplines

Distinctiveness: A new School would allow its faculty and students to pursue a unique and focused vision that may not otherwise be possible or have the same drive, purpose or support if embedded within an existing unit that has its own priorities and interests.

Sustainability: Global health has grown to the point that the 'status quo' is now too slow, cumbersome and awkward to enable a trajectory of growth; GH would benefit from an architecture that enables its continued growth as a distinct and permeable practice and academic discipline.

Concerns related to this option included resource challenges and potential adverse effects on junior tenure stream faculty. For instance, multiple separate smaller units (e.g. GH and SHPM) would create higher than desirable administrative demands on school staff and faculty. A separate School of GH would have to replicate all Faculty and university structures, committees, and representation requirements. Without a sufficient faculty complement, there would be "growing pains" over several years, and both GH teaching and research would be slowed in their development. This would have a significant negative impact on junior tenure stream faculty.

Recommendation

The Global Health Executive Committee met on Friday, April 5, 2019 to consider the contents of this report and to make a recommendation regarding the three options under consideration: 1) status quo, 2) align with an existing unit (specify which), and 3) create a new School of Global

Health. Based on the majority (65%) support of the third option: Create a School of Global Health, and on the weight of the arguments, particularly, those of faculty members with specific disciplinary expertise in global health, such as Professors Orbinski and Hoffman, the Global Health Executive recommends that the Faculty of Health proceed with this option. Creation of a new School would seem to foster the most favourable conditions for sustaining the global health curriculum and pedagogy, growing the program by adding graduate training and research intensity in this area, and for creating a unique identity on campus, nationally, and (pertinent to this field) globally. However, it must be noted that almost all responses in favor of this option came from three units (Kinesiology & Health Sciences, Nursing, and Psychology), while the majority choice of the School of Health Policy and Management (for all except Professors Orbinski, Hoffman, and three others) was to align Global Health with that School. Therefore, the implications of this split in positions should be carefully considered in determining how to move forward.

Concerning how to move forward, the Global Health Executive Committee wishes to emphasize the history of collegiality that made the establishment of the Global Health BA/BSc program possible. All units in the Faculty of Health have contributed to its formation, implementation, and governance to date. The program's success is largely due to the exemplary intra-Faculty collaboration and collegiality, along with its essential interdisciplinarity and multidisciplinary, which we hope will continue. We recommend that the new School of Global Health supports and creates new opportunities for interprofessional education as well as intra- and cross-Faculty collaborations and intersectoral collaborations that would be mutually beneficial.

Appendix A

Survey for Global Health Council Members

Dear Colleague, this is to request your input on a Faculty-wide consultation on the future governance of the Global Health program (see documents attached). You are being contacted as a member of the Global Health Program Council, according to its terms of reference, approved Dec 2016:

The Global Health Program Council includes faculty from all units in the Faculty of Health and other units who are: a) members of Global Health Program committees, b) involved in delivering the Global Health BA/BSc program; or c) have an interest in global health. Efforts will be made to achieve representation from every contributing unit. In addition, the Council includes staff and administrators involved in supporting the program (i.e. program assistant, executive officer, recruitment, communications, practicum manager) and student representatives.

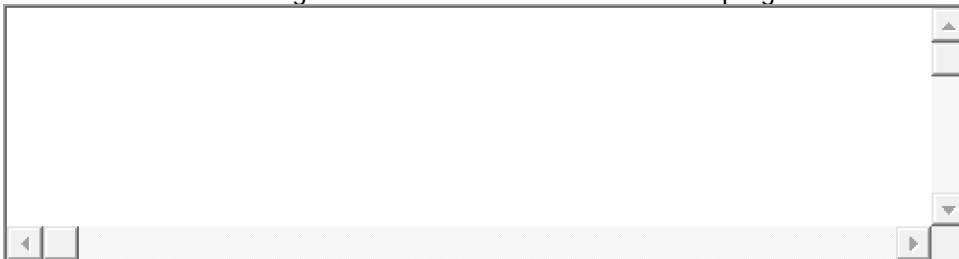
Comments are welcome. The deadline to respond is March 1st, 2019.

- **Please respond to the following questions.**

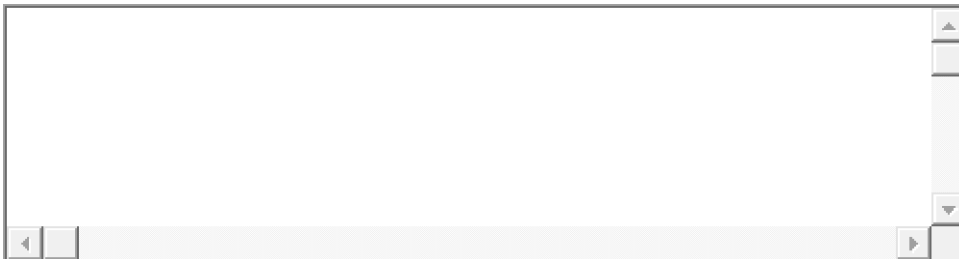
1. Having read the consultation documents (Discussion Paper, Vision), please indicate your preferred option, with reasons.

- Status Quo Align Global Health program into an existing Faculty of Health academic unit
- Create a new School for Global Health

- **2. In addition to the information in the Consultation document, what else do you think should be considered when deciding on the future of the Global Health program?**



- **3. Other comments:**



- **4. To include your information in the consultation feedback, we respectfully ask you to provide:**

Name * First Last

- **5. Home Unit ***

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- Thank you for taking your time to provide your input on the future of our Global Health Program.

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Appendix B

Global Health Governance Survey – feedback by Faculty of Health units							
	Total # of Responses	Response Rate	Choice				Source of Responses
			Maintain Status quo	Align with FoH Unit	Create School of Global Health	None	
Psychology	2	3%			3		Executive and Planning Cmttee Survey; GH Program Council Survey
School of Nursing	11	28%	2	1 (SHPM)	7	1	Executive and Planning Cmttee Survey; GH Program Council Survey, School of Nursing Survey
Kinesiology (12 responses in cmttee)	16	32%			16		GH Program Council Survey
Health Policy and Management	19	83%		14 (SHPM)	5		GH Program Council Survey, SHPM Survey
Office of the Dean, Faculty of Health	2	N/A			2		GH Program Council Survey
Global Health Student Association (GHSA)	15	N/A	1		8	6	GHSA Survey

List of Surveys sent to Faculty of Health faculty and staff			
Survey*	No of Responses	Units represented	
Global Health Program Council	13	School of Nursing, Psychology, Kinesiology, SHPM, Office of the Dean	
School of Nursing	8	School of Nursing	
Psychology	3	Psychology	
School of Health Policy and Management	16	SHPM	
Executive and Planning Committee	3	School of Nursing, Psychology,	
Global Health Student Association	15	GHSA students	
*Some Faculty responded to two surveys			

Global Health Governance Survey Results: Thematic Analysis of Key Points

A. Faculty Responses

1. Status Quo

Comments:
<ul style="list-style-type: none"> • <i>To contribute to all of FOH</i> • <i>Because of Global Health's unique synthesis of knowledge from different disciplines, it is likely best that it remains a separate unit [sic – should be 'program'].</i> • <i>At this time of fiscal uncertainty and because the program continues to be small, it is likely not the right moment to create a new school, but this possibility should be periodically revisited.</i>

2. Align Global Health with Existing FOH Unit

Unit: School of Health Policy and Management

<i>2.1 Benefits of aligning Global Health with an existing FoH unit</i>	
Theme	Comments:
Resources	<ul style="list-style-type: none"> • <i>Given that the GH program is going to have dedicated resources (i.e. hiring of new faculty), some tension that earlier arose for professors within SHPM due to course overlap is now resolved.</i>
Sustainability	<ul style="list-style-type: none"> • <i>SHPM needs to increase their undergraduate student enrollment in order to sustain its economic viability.</i>
Efficiency	<ul style="list-style-type: none"> • <i>Teaching for almost 2 years in both programs, I have enjoyed the increase in administrative supports and enjoyed the uniqueness of working with distinct programs</i> • <i>Need to protect colleagues from the difficulty of having heavy service loads.</i> • <i>The "service" work is an integral part of all Units in the university. However, the time it takes becomes enormous for Units with smaller number of faculty members. If GH is a stand-alone program, this could add time pressure for the limited number of professors it may have in the start. This may become a barrier for growth of a new program and the research programs of the GH faculty. Thus, sharing of "service" by joining an existing Unit could alleviate this challenge.</i> • <i>Less time spent on service can enable more productive time for research and community outreach activities, both of which raise the Faculty's profile in meaningful ways and drive students to our faculty naturally.</i>

	<ul style="list-style-type: none"> • <i>A larger school can more readily provide mentorship.</i> • <i>SHPM operations manager has successfully managed GH half time since its existence</i> • <i>SHPM has been working with the global health program for almost 5 years. A relationship has been established already. It is often very challenging to create new relationships with departments and programs. Building on the current relationship and solving the current challenges could be more efficient and help to foster the needed attention for the development of the graduate school programs.</i> • <i>Existing programs have the faculty and staff who can support this program, administratively and academically.</i> • <i>Our operations manager has managed Global health half time since its existence)</i>
Curriculum/Pedagogy	<ul style="list-style-type: none"> • <i>Working through difference and adversity through interdisciplinary scholarly exchange reflects the "real world" and can be a very exhilarating and empowerment centered learning/teaching experience. It creates environments where different thinkers can come together and imagine and develop questions and solutions for pressing issues and ideas.</i> • <i>More similarities than differences with SHPM - including applied, global and critical perspectives; would be a shame to lose their students from our courses</i> • <i>Will also allow students in both programs (Global Health & SHPM) to have better alignment in courses and faculty to receive mentorship from.</i> • <i>Close pedagogical alignment, including the desire for community placements</i> • <i>SHPM has not only a long history of helping to develop the Global Health (GH) program, but it is consistently involved both pedagogically via curriculum development and administratively via shared Operations Manager. Therefore, SHPM is the Unit with:</i> <ul style="list-style-type: none"> - <i>"Most familiarity" with GH offerings and course planning;</i> - <i>Some of SHPM courses overlap showing intellectual "congruence";</i> - <i>GH students are also "required" to take some of SHPM courses</i> • <i>This unit already has courses offered in both programs, so a merger would not be difficult from a curricular perspective</i> • <i>Some of our courses overlap and global health students are required to take some of our courses.</i>
Research Capacity	<ul style="list-style-type: none"> • <i>SHPM has an interdisciplinary focus and this has led to a strong history of housing scholars from diverse academic backgrounds (e.g. social science, human rights, accounting, management,</i>

	<p><i>medicine, engineering...)</i> while respecting their disciplinary boundaries. These professors are successful in working together with synergies for research and supervising/advising students. This means that if GH program is housed within the SHPM, there would not be a threat to its growth and disciplinary autonomy. Instead there would be strengthening of the GH program's breadth and critical mass through engagement with SHPM faculty members and their research programs.</p> <ul style="list-style-type: none"> • <i>Research productivity will be better protected in a larger school, where service loads can be more evenly shared.</i>
<p>Disciplinary Congruence</p>	<ul style="list-style-type: none"> • <i>There is a good alignment with the research programs of some faculty members of the SHPM who identify their work as global/transnational and also with "glocal" i.e. Canadian immigrant, refugee and Indigenous populations.</i> • <i>There is a synergy between SHPM and GH program based on a shared concern about social justice and inequity/disparities</i> • <i>The school of health policy and management to which I belong could provide the right home to a global health program with a critical orientation, as we do concerning the social determinants of health issues more generally</i> • <i>SHPM engages in critical international and transnational health research, with expertise in policy at all levels, and interdisciplinary research in the service of health equity. Both SHPM and GH will be much stronger if unified into one school. If separated, neither will be viable in the long term, as both will be small, and as GH replicates a substantial portion of SHPM.</i> • <i>I think that Global health will gain from the collaboration not lose their uniqueness. The GH program has already established its uniqueness and following.</i>
<p>2.2 Concerns about aligning Global Health with another unit</p>	
<p>Loss of distinctiveness</p>	<ul style="list-style-type: none"> • <i>Moving the program into another unit would reduce the visibility and distinctiveness of the global health program. There would be a temptation to merge the global health curriculum with the unit's other courses.</i> • <i>Integrating into SHPM will threaten our very successful programs and water down our main thrusts.</i> • Names Matter. <i>If GH were to [be placed] within the SHPM, the name of the SHPM would have to change to properly reflect the permeable yet distinct practice and academic discipline of GH. I am not sure what that name could be, but a named School may be best to allow for the broad current activities of the SHPM, and for their growth (including the inevitable growth of GH).</i>

<p>Lack of synergy with Global Health</p>	<ul style="list-style-type: none"> • <i>By and large, most of Kin's work is not naturally aligned with global health.</i> • <i>Psych is not currently involved in the program at all.</i> • <i>Health Policy and Management was invited to consider hosting the global health program but turned it down. They only began to express interest when it became apparent that the program would come with new faculty, staff and resources. It's not clear that HPM really understand the full context of global health and many do not understand the difference between international health and global health.</i> • <i>My concern is about the synergies of existing faculty within the SHPM with GH. Critical perspectives are vital to a GH that is equity and social justice oriented and more than consequentialist and transactional. And yet, as noted above (in my view) GH also requires fluency in natural and applied sciences. If GH stays as a new concentration in a (renamed) SHPM, synergies with other SPHM faculty could naturally maintain or also grow. But I am concerned that the Nexus I describe above may exist, but not flourish. If GH separates into its own School, this Nexus would be central, and existing and future synergies with the SHPM could be enabled and protected through joint appointments to both Schools. This is entirely possible and would have to be openly encouraged for both Schools to grow and flourish.</i>
<p>Units need to focus on core discipline</p>	<ul style="list-style-type: none"> • <i>Nursing is facing some very serious challenges with respect to obtaining approval of its core undergrad curriculum and must make a revision of its existing programs a priority.</i> • <i>The SHPM already has some significant challenges with falling undergrad enrolments, the need to revitalize its current UG curriculum, and little demand in non CDS grad programs.</i> • <i>Concerns have been raised about how adding another area of concentration to the SHPM might potentially sideline or undermine other pre-existing priorities. With the right amount of properly targeted administrative resources, this should not be an issue.</i>
<p>Resource Competition</p>	<ul style="list-style-type: none"> • <i>There is a danger that a unit will agree to host the global health program primarily as a means to grab more resources (e.g., staff, faculty and space)</i> • <i>There aren't enough administrative resources to incorporate the program in at least our school (SHPM).</i>

3. Create a New School of Global Health

3.1 Benefits of creating a new School of Global Health

Resources	<ul style="list-style-type: none"> • <i>There is a question of resources, and Global Health is now better positioned to run its own program (i.e. via faculty hires).</i> • <i>The current governance model made most sense when the BA/BSc Program in Global Health was initially designed and implemented. But the situation has now changed substantially, especially with the \$20m donation to create the Dahdaleh Institute for Global Health Research (DIGHR), recruitment of senior academic leaders (James Orbinski; Steven Hoffman) and significant new faculty hires underway in this field. Hence, it is appropriate for the Program to evolve as a foundation block of a new School of Global Health.</i> • <i>It [new School] will enable academic unit who currently contribute faculty to teach in the global health program to recover some of this teaching capacity for their own unit (which will reduce our reliance on sessional instructors, reduce teaching loads, and/or pressure to streamline curriculum.)</i>
Pedagogy/Curriculum	<ul style="list-style-type: none"> • <i>New School would bring stability to the program teaching and curriculum</i> • <i>It will provide a coherent foundation for the creation of a new and highly distinctive graduate program in global health.</i> • <i>In my view, as one thing grows and gets bigger (which GH will do) other things around it will seem smaller, even though they are actually their same size. This might – or more likely will – happen, but it cannot be a reason to impede the growth of GH and its pursuit of pedagogic and research excellence.</i>
Research Capacity	<ul style="list-style-type: none"> • <i>Will enhance our research capacity in global health and leverage resources through the DIGHR</i>
Autonomy	<ul style="list-style-type: none"> • <i>[Global Health] would not be subject to the needs, preferences and good will of contributing units for teaching capacity</i> • <i>GH needs its own voice in the Faculty with respect to decision making (curriculum, budget, etc.), and to do that effectively I believe it's time that GH is recognized as its own department.</i> • <i>It provides an opportunity to hire and build a COHERENT team of individuals which come from an array of disciplines</i>
Distinctiveness	<ul style="list-style-type: none"> • <i>Global health leadership expertise and passion will help to define and strengthen the program as a priority and maintain "stand out" status.</i> • <i>A new school would allow its faculty and students to pursue a unique and focused vision – that may not otherwise be possible or have the same drive, purpose or support if embedded within an existing unit that has its own priorities and interests.</i> • <i>A School of Global Health would by nature encompass a multi-disciplinary, interprofessional approach that should foster collaboration with faculty in other units.</i>

- *New School of Global Health can draw from the strengths of the current programs/ schools, and also address new and emerging directions in global health, giving the Faculty of Health further international recognition.*
- *A separate unit will enable the global health program to achieve greater visibility and distinctiveness - which will ensure its long-term sustainability and growth.*
- *It is evident that a school will enhance York University's profile as the need to administer Global Health initiatives are increasing both at provincial and national level.*
- *As the Global Health Program has a clear vision and well-defined mission objectives which focus on developing and testing interventions for pressing global health challenges; there is no alternative to high-quality research and expanding local and international collaborations.*
- *Global Health has emerged and codified over the last thirty years as a permeable yet distinct practice and academic discipline. It is transdisciplinary, uses mixed methods in research policy and practice, and is concerned with the global forces, factors and actors that shape health, and that are best – but not exclusively – addressed at the level of the global commons. In my view too, from an academic perspective, it is at the nexus of a) natural, applied and clinical public health sciences, and b) the social sciences, and requires skill, knowledge and fluency in both domains to achieve relevance and excellence in (global health) practice, policy and research.*
- ***The “Versus” of natural, applied and clinical public health sciences VERSUS the Social Sciences.*** *Concerns have been raised that the higher proportion of undergraduate students seek a BSc, and that this is not aligned with the SHPM social science orientation. In my view, in Global Health, these are not mutually exclusive, nor singular in their perspective or value, but both must be necessarily drawn from, in order to achieve practical relevance and excellence in Global Health practice, policy and research. For example, understanding the science of antigenic drift is vital to achieving meaningful, effective and equitable global governance around antimicrobial resistance [which first and foremost will affect first the poorest, most marginalized and most vulnerable people on the planet. This is already the case with TB, Multiple Drug Resistant TB(MDRTB), and Extensively Drug Resistant TB (XDRTB)]. The “Versus” cannot hold, and the “Nexus” of the two domains must be embraced as a particular feature of GH.*

Sustainability	<ul style="list-style-type: none"> • <i>The Status Quo is not an option, because it is now too slow, cumbersome and awkward to appropriately enable the trajectory of growth for GH.</i> • <i>The status quo has gotten us through the implementation of the Global Health Program but cannot adequately support future growth, e.g., through hiring faculty and addition of a graduate program.</i> • <i>A separate unit will enable the global health program to achieve greater visibility and distinctiveness - which will ensure its long-term sustainability and growth.</i> • <i>Global Health (GH) was initially housed and supported at the SHPM, has grown at York, and would benefit from an architecture that enables its continued growth as a distinct and permeable practice and academic discipline.</i> • <i>On balance...I think it is better for the SHPM and its own long-standing programs and growth plans, and for GH as a practice and discipline at York that has reached a growth threshold, that a separate school of Global Health be established.</i>
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3.2 Concerns about creating a new School of Global Health

Resource Challenges	<ul style="list-style-type: none"> • <i>GH research flourishes in transdisciplinary networks that would have to continue to grow across the university, the GTA, nationally and internationally. To grow this takes time (that most precious of resources!) for goal-oriented outreach and partnership...</i> • <i>A separate school of GH, would have to replicate all faculty and university structures, committees, and representation requirements. With sufficient faculty numbers, this would have some growing pains over three or so years, but would eventually function. Without a sufficient faculty complement however, I worry that faculty and university structures, committees, and representation requirements would necessarily have to take priority over teaching and research. This would be at a time when early growth in teaching content and course variety (undergraduate and graduate), and research would be paramount to the success of a new School of GH</i> • <i>Multiple separate smaller units (eg. if GH and SHPM remain alone) create higher than desirable administrative demands on school staff and faculty</i>
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Negative impact on junior tenure stream faculty	<ul style="list-style-type: none"> • <i>I worry that without a sufficient faculty complement, both GH teaching and research would be slowed in their development. This would have significant negative impact on junior tenure stream faculty. If however, appropriate administrative concessions can be made for the first five or so years of a new</i>
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	<i>School of Global Health, and an appropriate faculty complement realized, then this concern is not significant.</i>
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B. Global Health Student Feedback

Status Quo:

- *I like the current state of affairs in the program and to maybe expand on it.*

Align Global Health with Existing Unit

(No indication of unit)

- *We already have some very good existing faculty members and course choices that can contribute to the program while keeping true to the vision.*
- *It would be better to build up the program a little bit more at the graduate and undergraduate level, especially in terms of research, before considering creating a school dedicated to Global Health.*

Create a New School of Global Health

- *Will be more organized since all the professors for the program will be under one school and the program is slowly growing as well*
- *We would have more programs and resources specified for people enrolled in the global health program*
- *Both students and faculty members are able to benefit and deal with challenges, an equal give and take.*
- *Best for accounting for the future of the program as it takes into consideration some direction with goals set for reaching the future state.*
- *Instituting this change would meet the proposed goal of 800 GH students with consistent growth.*
- *I'd like to see the Global Health program more established and respected at York- that it is more than just a 'deferred' program from KINE, PSYC or Nursing, that it has its own backbone.*
- *Diverge from existing repetitive curriculum that exists in the program*
- *Attract new talent, students and professors alike, with a school that focuses specifically on the field.*
- *There would be more new faculty members whose field is in global health instead of having a professor from other fields alter their courses to fit the global health curriculum.*