

# **Interdisciplinary Graduate Program— Social Dimensions of Health Research (SDHR)**

## **1. Identification of new program**

### **1.1 Name**

Interdisciplinary Graduate Program – Social Dimensions of Health Research (SDHR)  
Master of Arts (MA)  
Master of Science (MSc)  
Doctor of Philosophy (PhD)

### **1.2 Location**

University of Victoria

### **1.3 Academic units offering the new program**

Faculty of Social Sciences  
Faculty of Education  
Faculty of Humanities  
Faculty of Human and Social Development  
Faculty of Graduate Studies

### **1.4 Anticipated program start date**

Fall 2009

### **1.5 Name, Title, phone number and email address of contact person**

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### **1.6 Executive Summary**

The Interdisciplinary Graduate Program–Social Dimensions of Health Research (SDHR) combines already existing strengths at UVic in interdisciplinary studies in a stand-alone program focused specifically on interdisciplinary health research. It links research opportunities based in research centres on campus with the academic mandates of the Faculties of Social Sciences, Humanities, Education and Human and Social Development to provide an innovative approach that cross-cuts disciplinary affiliations, provides an academic home for graduate

students with interests in health research and allows faculty researchers affiliated with research centres to support and supervise graduate students. Coordinated in the Faculty of Social Sciences, the SDHR will report through the SDHR Director to the Health Education Research Committee (HERC) and ultimately to the Faculty of Graduate Studies as part of the FGS mandate to oversee interdisciplinary programs. With a specific focus on the social dimensions of health research, the SDHR constitutes a complementary and parallel program to other interdisciplinary health programs/schools presently in development at UVic in biomedical and public health aspects of interdisciplinary health research (see Figure 1).

Planned as an interdisciplinary, research-intensive, graduate program, the SDHR incorporates community-based approaches, evidence-based modeling and training in research skills, knowledge and methodologies. The program allows for maximum flexibility and supports a broad range of student research interests with an emphasis on relatively few required courses, participation in a colloquium series and a focus on independent graduate research. The primary outcome is a thesis at the master's level or dissertation at the doctoral level.

Both master's and doctoral programs centre around two 1.5 unit core courses in Fundamentals of Health Research (SDHR 500/600a and b), two 1.5 unit required methodology courses, two 1.5 unit elective courses and mandatory participation in a 3.0 unit colloquium (SDHR 501/601a and b). Master's and doctoral students will attend the same colloquium and Fundamentals of Health core courses, although the pedagogic expectations will be different.

Topics covered in the core Fundamentals courses will be central to health research scholarship and provide core competencies preparatory to the independent research component of the program. Topics will include (but are not limited to) basics in epidemiology, ethics, policy, health and wellness, grant and proposal writing, academic presentations, critical review for publication, knowledge transfer and developing community partnerships. In the colloquium series students will be exposed to a wide range of conceptual and substantive issues that reflect the breadth and depth of health research generally.

The core courses and colloquium are intended to engender cohesiveness among the students and faculty within the program and to provide students with a basic complement of knowledge and core competencies from which to pursue their independent research. Choices of methodological approach and elective courses are intended to provide flexibility so faculty and students can tailor research programs to suit student interests and research requirements.

On successful defense of their research proposal, master's students will be approved to begin thesis research. In the case of doctoral students, candidacy requires that students also pass a comprehensive examination. Three questions related to their particular research area will be crafted by the student in

consultation with their supervisory committee. The questions will be answered in a written format, drawing upon pertinent literature and will be evaluated on a pass/fail basis.

The master's program is designed for completion within 2 years. The doctoral program is designed for completion within 4 years.

## **2. History and context of the program:**

The University of Victoria was established as a degree granting institution in 1963. By integrating excellence in scholarship and teaching with experiential learning opportunities, UVic has become a research intensive university of choice for outstanding students, faculty and staff from British Columbia, Canada and the world, with strong per capita graduate research and supervisory capacity, substantial faculty research funding, nationally and internationally recognized graduate programs and high success rates for national postgraduate fellowships. UVic has a long-standing record of producing outstanding health research with academic departments and research centres as the official home and stands poised to more formally expand interdisciplinary graduate programming into the area of health research and to facilitate the growing trend in health research spanning disciplinary borders.

The Interdisciplinary Graduate Program—Social Dimensions of Health Research (SDHR) is proposed by the Faculty of Social Sciences in full collaboration with the faculties of Humanities, Education, and Human and Social Development as well as consultation with other faculties and research centres on campus. Beginning with the Health Research Advisory Group formed under the auspices of the Office of the Vice-President Research and later with the support of the Office of the Vice-President Academic, an imperative for an interdisciplinary program in health research was identified. Health research faculty with funding for graduate support but unable to find disciplinary homes for students whose research interests fall outside the purview of existing disciplinary approaches to health research, provided much of the impetus for new thinking about interdisciplinary health research at UVic. A vision emerged of a research-intensive graduate program which facilitates interdisciplinary investigation into health without requiring students to meet entrance requirements, program hurdles or requirements of disciplinary coursework not directly integral to the student's (or the supervisor's) area of interest. In addition, the SDHR program supports a sense of belonging and provides a "home unit" for graduate researchers and faculty interested in interdisciplinary aspects of health. For the time being, the SDHR will provide a virtual "home" for students through the core courses and colloquium where students and faculty will meet on a regular basis. Nevertheless, the necessity of creating a physical space to house the program and provide a gathering place for students should be a first priority of the SDHR Director and Program committee.

The proposed SDHR program links research opportunities based in research centres on campus (which do not have a teaching directive at the present time) with the academic mandates of the Faculties of Social Sciences, Humanities, Education and Human and Social Development to provide an academic base for graduate students with interdisciplinary health research interests. These may be recent graduates of disciplinary undergraduate programs or individuals already in the workforce wishing to upgrade and improve their research skills as well as advancing the research agenda.

At the present time, graduate students may undertake interdisciplinary studies at UVic:

- 1) as part of existing Faculty of Graduate Studies interdisciplinary graduate programs such as Dispute Resolution, Indigenous Governance and Studies in Policy and Practice,
- 2) through disciplinary departments with supervision by faculty members associated with interdisciplinary research centres and
- 3) in individually tailored graduate programs by special arrangement.

The SDHR program provides an innovative approach to interdisciplinary health research that cross-cuts disciplinary affiliations and in particular allows faculty researchers affiliated with research centres to support and supervise graduate students outside of their academic home departments. The SDHR program is coordinated in the Faculty of Social Sciences and will report through the SDHR Director to the Health Education Research Committee (HERC) and ultimately to the Faculty of Graduate Studies as part of the FGS mandate to oversee interdisciplinary programs (see Figure 1). With a specific focus on the social dimensions of health research, the SDHR constitutes a complementary and parallel program to other interdisciplinary health programs/schools presently in development at UVic in biomedical and public health aspects of interdisciplinary health research (see Figure 1).

The SDHR program combines already existing strengths at UVic in interdisciplinary studies in a stand-alone program focused specifically on interdisciplinary health research. The faculty associated with the program will usually have both disciplinary and research centre affiliations and the curriculum is designed to capitalize on these departmental, school and centre associations, while creating an academic base for a cadre of students who find common ground in their interests in health research. At the same time, the SDHR program allows for maximum flexibility in terms of supporting a broad range of student research interests. With its emphasis on relatively few required courses and colloquium participation, the focus of the SDHR is on independent graduate research supervised by regular faculty that embraces interdisciplinary and

promotes the development of well-trained health researchers ready to assume positions of responsibility and authority in the fields of health and wellness.

### **3. Aims, goals and/or objectives**

#### **3.1 Distinctive characteristics**

The Interdisciplinary Graduate Program—Social Dimensions of Health Research (SDHR) is built around the strong commitment of University of Victoria faculty to health research. Greater than 35% of the full-time faculty members in the Faculties of Social Sciences, Humanities, Education, and Human and Social Development are actively involved in health research. Many faculty members work in research collaborations within and between faculties and are affiliated with health-related research centres on campus.

Planned as an interdisciplinary, research-intensive, graduate program, the SDHR program focuses on health research that incorporates community-based approaches, evidence-based modeling and training in research skills, knowledge and methodologies. The primary outcome is a research thesis at the master's level or dissertation at the doctoral level. The proposed SDHR program is unique at UVic in that it is a stand-alone interdisciplinary graduate program, independent of any departmental or disciplinary faculty affiliation. Moreover, the proposed program is unique among BC institutions in that it is based in an integrated graduate training and research collaboration among four faculties (see section 11) and focuses on social and human dimensions of health and health research.

Core requirements of the program will provide students with excellent research skills and a sense of community. The wide range of options for elective coursework and the emphasis on primary research as the main component of the program allow for maximum flexibility and encourage students to focus on specific interests in health research. The program will turn out top-notch graduates with solid research skills ready to assume health research and policy positions in universities, industry, government and NGO positions where health research expertise is required.

#### **3.2 Anticipated contribution to the UVic's strategic plans**

The UVic strategic plan calls for research and teaching which address the stress to natural and social systems caused by societal change. Along with protection of the environment and reconciliation with Canada's indigenous peoples, health and social well-being are specifically named as areas demanding attention.

"Addressing these issues is fundamental to the sustainability of our society and requires solutions across the disciplines" (2007 UVic Strategic Plan, pp. 9).

Moreover, many provincial and federal investments in increased enrolments are "targeted toward specific disciplines, particularly in health" (pp. 11). Indeed, health is specifically named under Objective 21: "To promote and expand the mobilization of research knowledge for societal benefit" (pp. 32).

The SDHR program is specifically designed to engage students in interdisciplinary health research that correlates excellence with strong research skills, community outreach, evidence-based approaches, critical thinking and effective communication. The proposed program maintains and enhances the quality of the UVic learning environment by offering prospective students a choice of graduate programs that incorporate the best of both disciplinary and interdisciplinary knowledge. Moreover, the program integrates advances in knowledge and method, supports experiential learning and offers opportunities to work and study with faculty members who are excellent teachers and actively engaged in cutting-edge research.

With a growing need in Canada for highly-educated graduates with expertise in health research, the SDHR program is ideally situated to strategically target professionals who wish to improve their research skills as well as younger graduate students who are seeking degrees in health research in preparation for future employment in the health sector. In response to this demand, the SDHR program offers a diverse, flexible, interdisciplinary program that is responsive to societal needs, changing research foci and ensures competent, well-trained specialists in health research.

### **3.3 Target audience, student and labour market demand**

Students will be drawn from a wide range of academic disciplines including (but not limited to) social, physical, health and education sciences, law, humanities and public administration. The program will also be of interest to individuals from the private and government sectors who wish to upgrade their research skills and obtain graduate degrees to support their professional development.

The market for graduates includes government, academic and private-sector health research jobs in Canada and abroad. Students who are upgrading their research skills may return to previous positions with new abilities that will permit them to move into positions of increased responsibility and authority. To this end, the SDHR Director and Program Committee will develop and consolidate links with the Ministry of Health and the Vancouver Island Health Authority to expand the potential for local jobs for program graduates.

## **4. Admission requirements**

### **4.1 Master's Program**

Students applying for master's level degrees will be required to hold a bachelor's degree in an appropriate discipline from a recognized university. Applicants must meet the general requirements set out by the Faculty of Graduate Studies in the Graduate Studies calendar. Ordinarily a B+ average (6.0 GPA) in the last two years of university work is a minimum requirement for admission to the program, however, students may request consideration on the basis of life or work experience equivalency. Applications will be reviewed by the Faculty of Graduate Studies, the SDHR Director and SDHR Program Committee. Two co-supervisors

who are members of the Faculty of Graduate Studies must confirm their willingness to supervise before a student can be admitted. In cases where students have insufficient background in health research, additional coursework may be required as part of the student's program. This will be determined by the SDHR Director in consultation with the SDHR Program Committee and the co-supervisors, and communicated to the student in writing at the time of acceptance into the program. Normally students will be admitted to the SDHR program in September of each year, however, students may apply and be granted admission to the program at other times at the discretion of the SDHR Director and Program Committee in accordance with Faculty of Graduate Studies regulations.

Students may apply for either a Master's of Art (MA) or Master's of Science (MSc) degree, however, the designation of degree for each student will be decided by the student's co-supervisors in consultation with the SDHR Director based on the disciplinary affiliations of the co-supervisors, the student's background and training, expressed area of research interest, methodological perspective and associated coursework. This decision will be made and communicated to the student at the time of acceptance. Once admitted to the program students may apply to transfer from one degree designation to the other provided there are good reasons to do so and with the mutual agreement of the supervisory committee, SDHR Director and Dean of Graduate Studies. All students should have a clear program of coursework approved by the co-supervisors and SDHR Director by the end of the student's first semester in the program. Normally, thesis proposals should be defended and approved by the supervisory committee by the beginning of the second year in the program (see Table 2).

#### **4.2 Doctoral Program**

Students applying for doctoral degrees usually are required to hold a master's degree in an appropriate discipline from a recognized university. Applicants must meet the general requirements set out by the Faculty of Graduate Studies in the Graduate Studies calendar. Ordinarily a B+ average (6.0 GPA) in the last two years of university work is a minimum requirement for admission to the program, however, students may request consideration on the basis of life or work experience equivalency. Applications will be reviewed by the Faculty of Graduate Studies, the SDHR Director and SDHR Program Committee. Two co-supervisors who are members of the Faculty of Graduate Studies must confirm their willingness to supervise before a student can be admitted. In cases where students have insufficient background in health research, additional coursework may be required as part of the student's program. This will be determined by the SDHR Director in consultation with the SDHR Program Committee and the co-supervisors, and communicated to the student in writing at the time of acceptance into the program. Normally students will be admitted to the SDHR program in September of each year, however, students may apply and be granted admission to the program at other times at the discretion of the SDHR

Director and Program Committee in accordance with Faculty of Graduate Studies regulations.

After two terms in a UVic master's program, exceptional students may request a transfer to the doctoral program. Such requests are submitted by the supervisory committee to the SDHR Director and, subject to the support of the SDHR Program Committee, must be approved by the Dean of the Faculty of Graduate Studies.

#### **4.3 Areas of specialization and evidence of adequate faculty complement**

More than 140 full time faculty members across the 28 departments, schools, programs, institutes and research centres in the Faculties of Social Sciences, Humanities, Education and Human and Social Development are engaged in health research. These faculty members are listed in Appendix 3, along with a brief description of their areas of research interest.

Based on an analysis of these research interests, eight thematic areas of health research expertise at UVic currently emerge (see below). Recognizing that the collective interests can be grouped and categorized in many other ways, these eight thematic areas span disciplinary affiliations and reflect both conceptual and substantive research interests. Although they are presented here as discrete for heuristic purposes, it is important to note that these thematic areas overlap, share common characteristics and inform one another. As such they represent broader areas of synergy and interconnectedness that characterize the faculty and students of the SDHR program. Many of these thematic areas constitute the specific foci of research centres already present (or planned) on campus. Others represent areas of methodology or research interest to which faculty members in virtually every research centre, institute, department or school in the four faculties subscribe. In other words, the eight thematic areas listed here represent the research expertise and interests that define the SDHR program as a distinct yet integral part of interdisciplinary programming at UVic generally and of interdisciplinary health research specifically.

#### **4.5 Thematic Areas of Research Expertise:**

- 1) Social Determinants of Health
- 2) Health Policy, Law and Bioethics
- 3) Health of Populations
- 4) History of Medicine
- 5) Aboriginal/Indigenous People's health
- 6) Addictions Research
- 7) Environmental Health
- 8) Health Over the Life Span

## **5. Curriculum design**

### 5.1 Program Requirements

The curriculum for the SDHR program is predicated on the thematic areas of research strength outlined above. Intended as research intensive degrees, the master's and doctoral programs outlined below (see Table 1) centre around two 1.5 unit core courses in Fundamentals of Health Research (SDHR 500/600a and b), two 1.5 unit required methodology courses, mandatory participation in the program colloquium (SDHR 501/601a and b, 3.0 units) and two 1.5 unit elective courses. MA, MSc and PhD students will attend the same colloquium and Fundamentals of Health core courses, although the pedagogic expectations will be different at the master's and doctoral levels.

The core courses and colloquium are intended to engender cohesiveness among the students and faculty within the program and to provide students with a basic complement of knowledge and core competencies from which to pursue their independent research. Choices of methodological approach and elective courses are intended to provide flexibility so faculty and students can tailor research programs to suit student interests and research requirements.

**Table 1: SDHR Program Requirements**

	<b>MA / MSc</b>	<b>PhD</b>
Fundamentals of Health Research	500a (1.5); 500b (1.5)	600a (1.5); 600b (1.5)
Methodology	3 units (2 x 1.5)	3 units (2 x 1.5)
Colloquium	501a (1.5); 501b (1.5)	601a (1.5); 601b (1.5)
Electives	3 units (2 x 1.5)	3 units (2 x 1.5)
Candidacy	-----	3 units
Thesis	6.0 units	15.0 units
Total	18.0 units	30.0 units

The importance placed on the independent research component of the program, especially in the case of the PhD program, is indicated by the number of unit credits allotted to the thesis/dissertation.

### 5.2 Master's Program

Master's students will be required to complete two 1.5 unit core courses, Fundamentals of Health Research (SDHR 500a and SDHR 500b). The Fundamentals core courses will cover (but are not limited to) basics in epidemiology, ethics, policy, health and wellness, grant and proposal writing, academic presentations, critical review for publication, knowledge transfer and developing community partnerships. Topics to be covered in the core courses are central to health research scholarship and provide core competencies preparatory to the independent research component of the program.

In addition during the two years of their program, all students will be required to attend and participate in an SDHR colloquium (SDHR 501a and b). Students will

receive 3.0 units of pass/fail credit during their first year for attending the colloquium, however, attendance and participation in the colloquium throughout their time in the SDHR program is mandatory. In the colloquium series students will be exposed to a wide range of conceptual and substantive issues that reflect the breadth and depth of health research generally, the discussion of which should be of interest to all MA, MSc and PhD students in the program.

SDHR 501a and b will be open to faculty, staff and other members of the university community to attend. Master's students will be required to attend all colloquium presentations and in their second year, will be expected to make a presentation of their own research.

These core components of the program (SDHR 500 a and b, SDHR 501 a and b) are intended, in the first instance, to provide students with the basic understanding and background they need to undertake health research. They will also serve to keep the students together, create a cadre of interdisciplinary students who will form a peer group and provide a focus for both continuity and consolidation of the student's experience in the SDHR program. In addition, they will teach the skills required to make presentations and provide opportunities to learn from and critique the work of others, experience having their own work critiqued, develop the motivation to keep on track and prepare to make their own presentations in the SDHR colloquium.

Two additional required courses (1.5 units each) focus on methods and usually will be chosen from a list of approved courses presently offered in the faculties (see Appendix 2 for a preliminary list), which will be updated regularly by the SDHR Director and Program Committee. As the capacity of the program increases, the Director and Program Committee may consider the possibility of developing methods courses specific to the SDHR program. Decisions concerning which methods course and how many will be made by the student's supervisory committee in consultation with the student, to be approved by the SDHR Director.

Two 1.5-unit elective courses, which allow students to tailor their coursework to their specific research interests, will be chosen in consultation with the student's supervisory committee from an approved list of graduate courses. A preliminary list of courses is provided in Appendix 1. The SDHR Director will update this list regularly in consultation with the Program Committee. Space may be limited in some courses and to take them may require the student to have a particular and appropriate background for the course. Departments or schools will consider requests for SDHR students to take courses (listed in Appendices 1 and 2) on an individual, student by student basis provided they have permission of the instructor and/or the chair or director of the unit offering the course, that there is space in the course and the student has the particular prior background and skills to succeed in the course, which often requires a technical as well as health professional background and/or set of skills as prerequisite. Students without an

appropriate background may be asked to take additional courses preparatory to taking these courses. Other courses, such as directed reading, special topic courses or upper level undergraduate courses taken for graduate credit that address health related topics may be used to fulfill the elective requirements if approved by the program Director. Ideally, elective courses are completed during Year 1 (fall, spring or summer session) depending on course availability.

In exceptional cases and only with approval of the SDHR Director, the requirements for core, required and/or elective course(s) may be waived and the number of credits allotted to the core/required/elective course(s) may be transferred to the thesis. Students without an appropriate background in health research may be required by their committee, in consultation with the SDHR Director, to take additional undergraduate or graduate courses to make up any deficiencies in their training. These courses will be taken as electives in addition to the 3.0 units of electives required by the SDHR program.

The details of each student's program must be agreed upon by the student's supervisory committee and approved by the SDHR Director by the end of the first semester in the program.

The supervisory committee, at a minimum, will be comprised of two co-supervisors appointed by the SDHR Director in consultation with the Program Committee at the time of admission to the program. One of the co-supervisors will accept the role of lead co-supervisor. Normally, the co-supervisors will come from two different disciplinary affiliations in order to reflect the interdisciplinary spirit of the program. Additional committee members may be added as determined by the student and co-supervisors in consultation with the SDHR Director. All members of the supervisory committee must meet the requirements of the Faculty of Graduate Studies and be approved by the Dean of Graduate Studies.

A thesis based on independent research will form a major part of the program. The thesis is assigned a value of 6.0 units for a total of 18.0 units for the program.

Thesis proposals will be examined by the supervisory committee in an oral examination. On successful defense of the proposal, the student will be approved to begin thesis research and will register in SDHR 599 Thesis (see Table 2). All research with human or animal subjects will require ethics approval from the Office of Research Services prior to the start of the research.

Normally master's research proposals should be approved no later than the beginning of the second year of the program. The thesis defense will normally take place by the end of the second year.

The SDHR master's program is designed for completion within 2 years (see Table 2).

**Table 2: Master's program**

Year	Fall	Spring	Summer
1	SDHR 500a (1.5 units) SDHR 501a (1.5 units) Methods (1.5 units) Approval of program	SDHR 500b (1.5 units) SDHR 501b (1.5 units) Methods (1.5 units)	Elective (1.5 units) Elective (1.5 units) Proposal defense SDHR 599
2	SDHR 501a SDHR 599 Thesis writing	SDHR 501b SDHR 501b presentation SDHR 599 Thesis writing	SDHR 599 Thesis defense

**5.3 Doctoral Program:**

Doctoral students will be required to complete two 1.5 unit Fundamentals of Health Research (SDHR 600a and SDHR 600b) core courses. Topics will cover (but are not limited to) basics in epidemiology, ethics, policy, health and wellness, grant and proposal writing, academic presentations, critical review for publication, knowledge transfer and developing community partnerships. Topics will be central to health research scholarship and provide core competencies preparatory to the independent research component of the program. Doctoral students who have completed these courses at the master's level may petition to be exempted from taking them again. The decision that students are exempt, required to complete the courses again or assigned alternative courses will be made by the SDHR Director and approved by the Program Committee and the student's supervisory committee at the time of admission to the program.

In addition throughout their program, all doctoral students will be required to attend and participate in an SDHR colloquium (SDHR 601a and b). Students will receive 3.0 units of pass/fail credit during their first year for attending the colloquium, however, ongoing attendance and participation in the colloquium by doctoral students is mandatory. In the colloquium series students will be exposed to a wide range of conceptual and substantive issues that reflect the breadth and depth of health research generally, the discussion of which should be of interest to all students in the program.

In subsequent years, doctoral students will be expected to attend the colloquium and will be asked to make presentations on a regular basis as determined by their supervisory committee and SDHR Director. Presentation of their dissertation research to the colloquium is required in the final year. The colloquium will be attended by both master's and doctoral students and will be open to faculty, staff and other members of the university community.

These core components of the program (SDHR 600a and b, SDHR 601a and b) are intended to provide students with the basic understanding and background they need to undertake health research. They will also serve to keep the students together, create a cadre of interdisciplinary students who will form a peer group and provide a focus for both continuity and consolidation of the student's experience in the SDHR program. In addition, they will teach the skills required to make presentations and provide opportunities to learn from and critique the work of others, experience having their own work critiqued, develop the motivation to keep on track and prepare to make their own presentations in the SDHR colloquium.

Two additional required courses (1.5 units each) will focus on methods and will be chosen from a list of approved courses (see Appendix 2 for a preliminary list), presently offered in the faculties, which will be developed and updated by the SDHR Director in consultation with the Program Committee. As the capacity of the program increases, the Director and Program Committee may consider the possibility of developing methods courses specific to the SDHR program. Decisions concerning which methods courses the student will take will be determined by the supervisory committee in consultation with the student.

Two 1.5-unit elective courses, which allow students to tailor their coursework to their specific research interests, will be chosen in consultation with the student's supervisory committee from an approved list of graduate courses. A preliminary list of courses is provided in Appendix 1. The SDHR Director will update this list regularly in consultation with the Program Committee. Space may be limited in some courses and to take them may require the student to have particular and appropriate background for the course. Departments or schools will consider requests for SDHR students to take courses (listed in Appendices 1 and 2) on an individual, student by student basis provided they have permission of the instructor and/or the chair or director of the unit offering the course, that there is space in the course and the student has the particular prior background and skills to succeed in the course, which often requires a technical as well as health professional background as prerequisite. Students without an appropriate background may be asked to take additional courses preparatory to taking these courses. Other courses, such as directed reading, special topic courses or upper level undergraduate courses taken for graduate credit that address health related topics may be used to fulfill the elective requirements if approved by the program Director. Ideally, elective courses are completed during Year 1 (fall, spring or summer session) depending on course availability.

In exceptional cases and only with approval of the SDHR Director, the requirements for core, required and/or elective course(s) may be waived and the number of credits allotted to the core/required/elective course(s) may be transferred to the dissertation. Students without an appropriate background in health research may be required by their committee, in consultation with the SDHR Director, to take additional undergraduate or graduate courses to make up

any deficiencies in their training. These courses will be taken as electives in addition to the 3.0 units of electives required by the SDHR program.

The details of each student's program must be agreed upon by the student's supervisory committee and approved by the SDHR Director. Student programs of study must be approved by the end of their first semester in the program.

The supervisory committee will be comprised of two co-supervisors and one additional committee member, at a minimum. The co-supervisors will be appointed by the SDHR Director in consultation with the Program Committee at the time of admission to the program. One of the co-supervisors will accept the role of lead co-supervisor. Normally, co-supervisors will come from two different disciplinary affiliations in order to reflect the interdisciplinary spirit of the program. Additional committee members may be added as determined by the student and supervisory committee in consultation with the SDHR Director. All members of the supervisory committee must meet the requirements of the Faculty of Graduate Studies and be approved by the Dean of Graduate Studies.

Within two years of registration as a doctoral student and at least six months before the final oral examination, a student must pass a comprehensive examination. The purpose of the comprehensive examination is to test the student's understanding of material considered essential to completion of a PhD and the student's competence to do research that will culminate in a doctoral dissertation.

The student, in consultation with their supervisory committee, will craft three comprehensive examination questions related to their particular research area, and answer those questions in a written format, drawing upon pertinent literature. The comprehensive papers will be evaluated on a pass/fail basis by the student's supervisory committee. If one of the papers is deemed unsatisfactory, the student will have the opportunity to revise the paper. If more than one paper is deemed unsatisfactory, the student will not advance to candidacy. To ensure equity among comprehensive examinations within the program, the format and general conduct of the examination must be approved by the SDHC Director.

Independent research and a dissertation form major parts of the SDHC doctoral program. The dissertation (SDHC 699) is assigned a value of 15.0 units for a total of 30.0 units for the program. Students normally must have an approved dissertation proposal by the end of the second year of the program. Dissertation research proposals will be defended orally and separately from the comprehensive examination requirements. Students will make a 20-30 minute presentation on their proposal topic and then answer questions posed by the examining committee. The oral defense will also be evaluated on a pass/fail basis by the examining committee.

Students will advance to candidacy and are approved to begin dissertation

research after they have successfully completed their comprehensive examinations and successfully defended their dissertation proposal. During this time, students are registered in SDHR 693, Candidacy Examination, which carries 3.0 units of credit (see Table 3).

All research with human or animal subjects will require ethics approval from the Office of Research Services prior to the start of the research. The dissertation defense will normally take place by the end of the fourth year.

The SDHR doctoral program is designed for completion within 4 years (see Table 3).

**Table 3: Doctoral program**

Year	Fall	Spring	Summer
1	SDHR 600a (1.5 units) SDHR 601a (1.5 units) Methods (1.5 units)	SDHR 600b (1.5 units) SDHR 601b (1.5 units) Methods (1.5 units)	Elective (1.5 units) Elective (1.5 units)
2	SDHR 601a (1.5 units) SDHR 693 Candidacy (3.0 units) • Comprehensive exam preparation	SDHR 601b (1.5 units) SDHR 693 Candidacy (3.0 units) • Comprehensive exam • Proposal writing	SDHR 693 Candidacy (3.0 units) • Proposal defense SDHR 699 Dissertation (15.0 units) • Research
3	SDHR 601a SDHR 699 Dissertation (15.0 units) • Research	SDHR 601b SDHR 699 Dissertation (15.0 units) • Research	SDHR 699 Dissertation (15.0 units) • Dissertation writing
4	SDHR 601a SDHR 699 Dissertation (15.0 units) • Dissertation writing	SDHR 601 b SDHR 699 Dissertation (15.0 units) • Research presentation • Dissertation writing	SDHR 699 Dissertation (15.0 units) • Dissertation defense

## 6. Enrolment plan for the length of the program

The enrolment plan presented here anticipates an annual intake of 8-10 full-time master's and 5 full-time doctoral students per year. A projected steady state headcount of 20 master's and 20 doctoral students (overall total of 40 FTE per year after 2012-13) is based on successful completion of the program by master's students in 2 years and doctoral students in 4 years. Since students routinely graduate toward the end of the year, no gaps in enrolments are anticipated in the numbers presented here. Realistically, there will be some students who will not complete the program in 2 or 4 years and extensions, withdrawals and/or part-time students will change these projections. Accordingly, the figures presented in Table 4 (below) are for illustrative purposes only and are calculated on full-time FTEs only. The first master's class will graduate in the summer of 2011. The first doctoral class will graduate in the summer of 2013 (see Table 4).

**Table 4: Enrolment Plan**

Master's students	2009-10	2010-11	2011-12	2012-13	2013-14

Current	0	8-10	8-10	10	10
Admitted	8-10	8-10	10	10	10
In Progress	8-10	16-20	18-20	20	20
Graduating	0	8-10	8-10	10	10

<b>Doctoral students</b>	<b>2009-10</b>	<b>2010-11</b>	<b>2011-12</b>	<b>2012-13</b>	<b>2013-14</b>
Current	0	5	10	15	15
Admitted	5	5	5	5	5
In Progress	5	10	15	20	20
Graduating	0	0	0	5	5
<b>Total Grad Students</b>	<b>13-15</b>	<b>26-30</b>	<b>33-35</b>	<b>40</b>	<b>40</b>

<sup>1</sup> Please note: These figures are for illustrative purposes only at the present time and are calculated on full-time FTEs only

Full Time Enrolments (FTEs) for students in the SDHR program will be assigned based on the Faculty/Department affiliation of the student's co-supervisors, following the 70/30 (lead co-supervisor/co-supervisor) split instituted in the FGS policy on interdisciplinary studies.

## 7. Funding plan for the length of the program

### 7.1 Available funding

Funding for students in both master's and doctoral programs will need to come from new sources and from increases (over time) in FTEs associated with the recent changes in the FGS funding policy. New sources will include externally funded competitive fellowships designed for graduate students and support for graduate students written into research grants and contracts held by faculty associated with the SDHR program. Potential funding sources for graduate students include (but are not limited to) SSHRC, NSERC and CIHR (see Table 5 below). Supervisors will be responsible for ensuring that graduate students apply for external funding and/or for supporting graduate students accepted into the SDHR Research program.

Vanier Canada Graduate Scholarships provide \$50,000 to recognize and support exceptional Canadian and international students who are pursuing doctoral degrees at Canadian Universities. Similarly, Bombardier Scholarships for SSHRC applicants, Bell Scholarships for NSERC applicants and Banting and Best Scholarships for CIHR applicants offer \$35,000 to recognize high-calibre scholars who are engaged in doctoral programs. The SDHR Director and faculty co-supervisors will be responsible for nominating students where appropriate. Lists of funding opportunities for master's and doctoral students are presented in Tables 5a and 5b.

**Table 5a: Major Funding Agencies for Graduate Students  
Master's Funding**

<b>Agency</b>	<b>Scholarship</b>	<b>Amount</b>	<b>Tenure</b>
SSHRC	Canada Graduate Scholarship	\$17,500	1 year
SSHRC	Foreign Study Supplement	up to \$6000	4 to 6 months
NSERC	Canada Graduate Scholarship	\$17,500	1 year
NSERC	Foreign Study Supplement	up to \$6000	4 to 6 months
NSERC	Post-graduate Scholarship	\$17,300	1 year
CIHR	Canada Graduate Scholarship	\$17,500	1 year

**Table 5b: Major Funding Agencies for Graduate Students  
Doctoral Funding**

<b>Agency</b>	<b>Scholarship</b>	<b>Amount</b>	<b>Tenure</b>	<b>Notes</b>
SSHRC	Doctoral Fellowship	\$20,000	12 to 48 months	
SSHRC	Bombardier Canada Scholarship	\$35,000	1 to 3 years	highest-ranked applicants in regular process
SSHRC	Foreign Study Supplement	up to \$6000	4 to 6 months	build global linkages/ international networks
Sport Participation Research	Doctoral award supplement	up to \$10,000	12 months	policy-relevant research on participation in sport
NSERC	Doctoral Post-Graduate Scholarship	\$20,000	1 to 3 years	
NSERC	Alexander Graham Bell Canada Graduate Scholarship	\$35,000	1 to 3 years	highest-ranked applicants in regular process
NSERC	Foreign Study Supplement	up to \$6000	4 to 6 months	build global linkages/ international networks
CIHR	Doctoral Fellowship	\$21,000	1 to 3 years	
CIHR	Banting and Best Canada Graduate Scholarship	\$35,000	3 years	highest-ranked applicants in regular process
Vanier Scholarship	SSHRC/NSERC CIHR	\$50,000	1 to 3 years	nominated by university

The SDHR Director will encourage graduate students to apply for funding by keeping an up-to-date list of funding opportunities for students and sending regular reminders of approaching deadlines.

Until 2009-10 additional funding available to the program is offered through the Faculty of Graduate Studies based on the number of full time equivalents (FTEs) in the program. At present this funding is calculated as \$5K/FTE. FGS funding beyond this time is under negotiation. FGS funding will allow \$10,000 fellowships renewable for two years to be offered to some incoming master's students and \$17,500 fellowships renewable for four years to be offered to some incoming doctoral students. This funding may also be used to supplement teaching assistant, research assistant and sessional teaching stipends (see below).

A number of other funding opportunities for health related research are listed on the Canadian Health Services Research Foundation (<http://www.cihr-irsc.gc.ca/e/783.html>).

Additional funding from teaching assistant positions, research assistant positions and sessional instructor positions (in the case of doctoral students) may be forthcoming from the faculties and/or departments of members of the supervisory committees. Since teaching, especially for doctoral students, has both learning and professional development functions beyond the potential for financial support, the SDHR Director will seek out opportunities for doctoral students, especially those in the writing stages, to undertaking sessional teaching.

## **7.2 Master's Program Funding**

Table 6 assumes 8 admissions to the master's program in the first 2 years and 10 admissions thereafter, reaching a steady state of 20 master's students by 2012-13. It also assumes that students will graduate at the end of two years in the program. Realistically, there will be some students who will not complete the program in 2 years and extensions, withdrawals and/or part-time students will change these projections. Accordingly, the funding proposed in Table 6 is for illustrative purposes only and is based on full-time FTEs only.

A number of master's students will be successful in securing funding prior to admission. Table 6 assumes some combination of 1 to 2 students with SSHRC funding, 1 with NSERC funding and 1 with CIHR will be admitted each year. FGS funding will be used to offer up to four 2-year master's scholarships of approximately \$10,000 each. Stipends will include the expectation that students will work as TAs within the SDHR program or in the teaching units of co-supervisors. Additionally, co-supervisors will offer up to three 2-year master's research assistantships per year supported by their own research grants. FGS and RA funding are crucial to recruiting top-notch students to the program. Research assistant funding may also be made available by students' co-supervisors to support students through their second year after one year SSHRC, NSERC, CIHR grants are finished. All graduate students are expected

to apply for external funding and it is not unreasonable to expect that students recruited using FGS or RA funding will successfully secure SSHRC, NSERC or CIHR funding in their second year.

**Table 6: Admissions and Funding Chart for SDHR Master's Students**

Student	2009-10	2010-11	2011-12	2012-13	2013-14
<b>2009</b>					
1	SSHRC \$17,500	RA – supervisor's grant	Graduated		
2	RA – supervisor's grant	SSHRC \$17,500	Graduated		
3	NSERC \$17,500	RA – supervisor's grant	Graduated		
4	RA – supervisor's grant	CIHR \$17,500	Graduated		
5	RA – supervisor's grant	RA – supervisor's grant	Graduated		
6	FGS \$10,000	TA funding	Graduated		
7	FGS \$10,000	RA – supervisor's grant	Graduated		
8	FGS \$10,000	FGS \$10,000	Graduated		
<b>2010</b>					
1		SSHRC \$17,500	RA supervisor's grant	Graduated	
2		FGS \$10,000	FGS \$10,000	Graduated	
3		NSERC \$17,500	RA – supervisor's grant	Graduated	
4		CIHR \$17,500	RA – supervisor's grant	Graduated	
5		TA funding	RA supervisor's grant	Graduated	
6		FGS \$10,000	FGS \$10,000	Graduated	
7		FGS \$10,000	SSHRC \$17,500	Graduated	
8		FGS \$10,000	FGS \$10,000	Graduated	
<b>2011</b>					
1			SSHRC \$17,500	RA – supervisor's grant	Graduated
2			RA – supervisor's grant	SSHRC \$17,500	Graduated
3			RA – supervisor's grant	CIHR \$17,500	Graduated
4			RA – supervisor's grant	NSERC \$17,500	Graduated
5			CIHR \$17,500	RA – supervisor's grant	Graduated
6			TA funding	CIHR \$17,500	Graduated
7			FGS \$10,000	FGS \$10,000	Graduated
8			RA – supervisor's grant	RA – supervisor's grant	Graduated
9			RA – supervisor's grant	RA – supervisor's grant	Graduated
10			FGS \$10,000	FGS \$10,000	Graduated
<b>2012</b>					
1				SSHRC \$17,500	RA – supervisor's grant
2				FGS \$10,000	TA funding
3				SSHRC \$17,500	RA – supervisor's grant
4				NSERC \$17,500	RA – supervisor's grant
5				CIHR \$17,500	SSHRC \$17,500
6				RA – supervisor's grant	NSERC \$17,500
7				RA – supervisor's grant	RA – supervisor's grant
8				MSFHR \$10,000	RA – supervisor's grant
9				FGS \$10,000	FGS \$10,000
10				FGS \$10,000	FGS \$10,000
<b>2012</b>					
1					FGS \$10,000
2					SSHRC \$17,500
3					SSHRC \$17,500
4					NSERC \$17,500
5					RA – supervisor's grant
6					TA funding
7					RA – supervisor's grant
8					RA – supervisor's grant
9					CIHR \$17,500
10					FGS\$10,000

All of these assumptions are reasonable given the past success of UVic graduate students and UVic faculty in securing research funding. Finally, Teaching Assistantships may be available in the SDHR program and/or in departments with which student's co-supervisors are affiliated. Table 6 presents all of the scenarios outlined above in various combinations.

### 7.3 Doctoral Program Funding

Table 7 assumes 5 admissions to the doctoral program in each year, reaching a steady state of 20 PhD students by 2012-13. It also assumes that students will graduate at the end of four years in the program. Realistically, there will be some students who will not complete the program in 4 years and extensions, withdrawals and/or part-time students will change these projections. Accordingly, the funding proposed in Table 7 is for illustrative purposes only and is calculated on full-time FTEs only.

**Table 7: Admissions and Funding Chart for SDHR Doctoral Students**

Student	2009-10	2010-11	2011-12	2012-13	2013-14
<b>2009</b>	SSHRC \$20,000	SSHRC \$20,000	SSHRC \$20,000	Sessional teaching	Graduated
1					
2	FGS \$17,500	SSHRC \$20,000	SSHRC \$20,000	SSHRC \$20,000	Graduated
3	NSERC \$20,000	NSERC \$20,000	NSERC \$20,000	RA – supervisor's grant	Graduated
4	CIHR \$21,000	CIHR \$21,000	CIHR \$21,000	Sessional teaching	Graduated
5	FGS \$17,500	Bell \$35,000	Bell \$35,000	Bell \$35,000	Graduated
<b>2010</b>		FGS \$17,500	Bombardier \$35,000	Bombardier \$35,000	Bombardier \$35,000
1					
2		FGS \$17,500	SSHRC \$20,000	SSHRC \$20,000	SSHRC \$20,000
3		NSERC \$20,000	NSERC \$20,000	NSERC \$20,000	Sessional Teaching
4		SSHRC \$17,500	SSHRC \$20,000	SSHRC \$20,000	Sessional Teaching
5		FGS \$17,500	FGS \$17,500	FGS \$17,500	RA –supervisor's grant
<b>2011</b>			SSHRC \$20,000	SSHRC \$20,000	SSHRC \$20,000
1					
2			CIHR \$21,000	CIHR \$21,000	CIHR \$21,000
3			NSERC \$20,000	NSERC \$20,000	NSERC \$20,000
4			FGS \$17,500	FGS \$17,500	FGS \$17,500
5			RA –supervisor's grant	RA – supervisor's grant	RA – supervisor's grant
<b>2012</b>				FGS \$17,500	FGS , \$17,500
1					
2				SSHRC \$20,000	SSHRC \$20,000
3				FGS \$17,500	SSHRC \$20,000
4				NSERC \$20,000	NSERC \$20,000
5				FGS \$17,500	FGS \$17,500
<b>2013</b>					SSHRC \$20,000
1					
2					FGS \$7,500
3					RA –supervisor's grant
4					CIHR \$21,000
5					FGS \$17,500

A number of doctoral students will be successful in securing funding prior to admission. Table 7 assumes some combination of 1 student with SSHRC funding, 1 with NSERC funding and 1 with CIHR will be admitted each year. FGS funding will be used to offer up to four 3- or 4-year doctoral scholarships of approximately \$17,500 each. Stipends will include the expectation that students to work as Teaching Assistants within the SDHR program or in the teaching units of co-supervisors. Additionally, co-supervisors will offer up to three 3- or 4-year

doctoral research assistantships per year supported by their own research grants. FGS and RA funding are crucial to recruiting top-notch students to the program. Research assistant funding may also be made available by students' co-supervisors to support students through their final year after 3-year SSHRC, NSERC or CIHR grants are finished. All graduate students are expected to apply for external funding and it is not unreasonable to expect that students recruited using FGS or RA funding will successfully secure SSHRC, NSERC or CIHR funding in their second year. All of these assumptions are reasonable given the past success of UVic graduate students and UVic faculty in securing research funding. Finally, Teaching Assistantships and sessional teaching appointments may be available in the SDHR program and/or in departments with which student's co-supervisors are affiliated. Table 7 presents all of the scenarios outlined above in various combinations.

## **8. Resources required**

### **8.1 Human Resources:**

The SDHR Director will be recruited for a three to five year term from one of the participating faculties. He or she will be responsible for the efficient day-to-day running of the program.

More specifically, the Director's duties will include:

- overseeing the teaching of the core courses and planning course offerings every year;
- seconding, coordinating and communicating with faculty members who team teach the core courses;
- keeping records of the interdisciplinary team taught courses and the contribution of individual faculty members to the teaching of these courses;
- approving programs of study after consultation with the SDHR Program Committee;
- reporting to/communicating with the Deans of the participating Faculties and Chairs of the Departments whose members contribute to the program;
- compiling and updating the elective course list in consultation with the Program committee;
- assuming responsibility for the administration of the SDHR budget and liaising with the Administrative Officer in the Dean of Social Sciences office on this issue;

- pursuing options for creating a physical space to house the SDHR program and provide a gathering place for students
- liaising with the Health Education Research Committee (HERC) on a regular and ongoing basis and with the Dean of Graduate Studies as required;
- promoting the Interdisciplinary Graduate Program – Social Dimensions of Health Research both on and off campus.

The SDHR Director will also be responsible for:

- evaluating student progress through the program, including monitoring student grades and participation in the colloquium series;
- overseeing students' choices of electives and providing advice as necessary;
- administering and reporting on teaching evaluations at the end of each semester;
- requesting and reviewing annual student performance reports to be prepared by the supervisory committee, report outcomes of these to the SDHR Committee;
- conducting exit interviews with students.

For the performance of these duties, the Director will receive 1.5 units of workload substitution (1 course teaching release).

Given the diversity of topics covered, the core courses (SDHR 500/600 a and b) are to be team taught. The SDHR Director will be responsible for coordinating team taught courses and will negotiate faculty secondments for team teaching as required from the Faculties of Social Sciences, Education, Humanities, and Human and Social Development in consultation with the Program Committee and unit Chairs.

A credit system similar to that currently used by the minor programs in European Studies and proposed for the minor program in Social Justice Studies will be used to compensate faculty members who team teach in the program. In order to qualify for a one course workload substitution (teaching release), participating faculty will be required to accumulate 40 points. Teaching and grading 25% of a 1.5 unit course will earn 10 points. Not all participating faculty can expect to accumulate the 40 points required for a course release. Instead, they will have the option of redeeming their points at the rate of 1/45 of the sessional salary for a 1.5 unit course, e.g. \$138 per point based on a sessional salary of \$6,200.

Faculty participation from as many disciplines and as widely spread as possible amongst the health researcher community is encouraged to foster the spirit of interdisciplinarity in the teaching of the program. Accordingly, no instructor (including the Director) will teach more than 2.25 units of credit in the program in any given year.<sup>1</sup>

The Director will also be responsible for coordinating the colloquium series (SDHR 501/601 a and b) and adjudicating students' participation in it. Graduate students enrolled in this course should take an active role in assisting the Director in coordinating the colloquium and organizing speakers.

Teaching/coordinating both sections of the colloquium (500/600 a and b together) is counted as 1.5 units of teaching credit—see Table 9. Normally the Director teaches/coordinates the colloquium but may delegate these responsibilities to another instructor. In this case, the Director would teach 1.5 units of credit in his or her home department and the delegated instructor will be compensated using the formula described above.

Replacement instructors for faculty members (including the Director) who are teaching in the SDHR program will be funded at the sessional replacement rate of \$6,200 per course; that is one sessional replacement per year for the Director's workload substitution, one sessional replacement per year for the colloquium coordination/teaching, and one sessional replacement per year (rotating among instructors) for each of the two sections of the Fundamentals of Health course.

**Table 9: Teaching and administrative responsibilities**

Task	Responsibility	Credit
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<sup>1</sup> One course equals 1.5 units of credit. 2.25 units of credit equal one and one half courses. No instructor (including the SDHR Director) will teach more than 2.25 units of credit or one and one half courses in the SDHR program in any given year.

For example (see Table 8), if the Director coordinates the colloquium series (1.5 units of credit—highlighted in grey), he or she could only teach an additional .75 units of credit (or one ½ course) in the SDHR program. Assuming the core courses will be team taught by 4 instructors, each quarter of a course represents .375 units of credit. Accordingly, the Director could teach an additional two quarters (highlighted in grey) of the core courses.

Table 8:

Course	Units of credit				
Colloquium – 501/601 a and b	1.5				Coordinated by Director
Fundamentals – 500/600 a	.375	.375	.375	.375	Team taught
Fundamentals – 500/600 b	.375	.375	.375	.375	Team taught

Other portions of the core courses will be taught by other instructors associated with the SDHR program. The Director's other teaching would occur in his or her home department. Like other instructors, the Director accumulates points toward workload substitution for team teaching SDHR core courses.

Program Oversight	Director	1.5 units of workload substitution
Fundamentals SDHR 501/601a	Team taught	1.5 units of point system teaching credit <sup>1</sup>
Fundamentals SDHR 501/601b	Team taught	1.5 units of point system teaching credit <sup>1</sup>
Colloquium SDHR 500/600a and b <sup>2</sup>	Director or designate <sup>3</sup>	1.5 units of teaching credit

Notes: <sup>1</sup> Compensation using point system described above -- no one instructor to teach more than 2.25 units of credit in the program inclusive of team teaching

<sup>2</sup> Identification and selection of guest speakers involves the active participation of the students taking the class

<sup>3</sup> Could be team coordinated

Sufficient administration and technical support for the program is required, especially in the early years. This will include space and 0.5 FTE clerical/administrative support. Other ongoing administrative costs will include supplies, telephone, mailing, website upkeep and costs associated with the colloquium such as small honoraria. There will also be some initial non-recurring costs for a computer, fax machine, printer, website creation and initial production of promotional materials.

## 8.2 Budget:

### 8.2.1 Annual costs for program

Administration:

Director (1.5 units of workload substitution per year)	\$ 6,200
Replacement instructors (3.0 units of rotating work load substitution in core courses)	\$12,400
Replacement instructor (1.5 units for colloquium series)	\$ 6,200
Director's stipend	\$ 2,000
Administrative/clerical support (0.5 FTE – CUPE PB6, including benefits)	\$22,204
Ongoing administrative costs (including small honoraria and compensation for team teaching)	\$ 6,000

**Total administrative costs      \$55,300**

### 8.2.2 Additional initial costs

Non-recurring miscellaneous costs	\$ 5,000
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## 9. Plans for on-going program assessment and evaluation of graduate student supervision

### 9.1 Administration

The SDHR program is coordinated in the Faculty of Social Sciences and the SDHR Director will report directly to the Health Education Research Committee (HERC) and to the Faculty of Graduate Studies (FGS). The SDHR budget will be

administered by the Faculty of Social Sciences. HERC will be responsible for appointing the SDHR Director, approving membership on the SDHR Program Committee and advising the SDHR Director and Program Committee on programmatic issues. Issues of student or faculty member concern which cannot be resolved by the SDHR Director and Program Committee will be referred to the Faculty of Graduate Studies directly.

The initial SDHR program will be established for a five year period. In its fifth year, the program will undergo an external review using a methodology and process similar to that used to assess other academic units (Policy 2700). The purpose of this review will be to assess the overall success of the program, its weaknesses and strengths, the appropriateness of the courses offered, the effectiveness of the faculty and final outcomes for program graduates. Successful review followed by a recommendation to continue the program will imply subsequent reviews every five years. Should the recommendation be to terminate the program all students currently enrolled will be facilitated to complete their program but no further students will be admitted.

An SDHR Program Committee, composed of the Director, a representative of the Research Centres and a group of four health researchers—one each from the Faculties of Social Sciences, Humanities, Education, and Human and Social Development and who represent the breadth of health research at UVic—will serve as the primary decision-making body for the program. One graduate student representative will also serve on the Program Committee.

Members of the SDHR Program Committee will be appointed by the HERC for 3-year staggered terms in order to ensure continuity in program decision-making. The Program Committee will provide ongoing advice and support to the SDHR Director as required. Responsibilities of the SDHR Program Committee include (but are not limited to) consulting to the Director regarding:

- review of applications for admission
- appointment of co-supervisors
- awarding of FGS funded fellowships and student awards
- approval of student programs of study
- appointment/secondment of teaching faculty in the SDHR core courses and colloquium
- updating and approval of elective and methods course lists
- transfers from the master's to doctoral programs

- adjudication and approval of exemptions from core courses, assignment of alternative courses and/or transfer of course credits to thesis/dissertation

In addition the Program Committee will receive the Director's annual report on student performance and exit reviews, and help develop and strengthen links with the Ministry of Health and Vancouver Island Health Authority in order to expand employment opportunities for graduates.

## **10. Related programs at UVic and other British Columbia post-secondary institutions**

### **10.1 The SDHR program**

The SDHR program represents a unique interdisciplinary approach to graduate training and research focused on the human and social dimensions of health and health research. Moreover, the SDHR program is unique among interdisciplinary health programs in BC institutions in that it is a broad-based and collaborative undertaking by four faculties (Social Sciences, Humanities, Education, and Human and Social Development) under the auspices of the Faculty of Graduate Studies. SDHR program is thus differentiated from other graduate programs that are housed in schools of public, population, occupational or community health or faculties of medicine. The expansive approach taken by the SDHR program reaches beyond traditional boundaries of departments, schools and faculties to tap into and create connections between health and wellness experts in various parts of campus; to offer a breadth of learning and research opportunity in interdisciplinary health research that is not presently available elsewhere in BC. Reflected in the core components of the program and the research interests of the faculty associated with the SDHR program, this approach requires students not only to learn about, participate in and confront the diverse range of perspectives that inform cutting edge interdisciplinary health research across a wide range of disciplines and faculties but to accommodate and incorporate these sometimes disparate approaches into their own practice and research as well. Key components of the SDHR include interdisciplinarity, effective communication, applied knowledge, experiential learning, intensive research, community-based approaches, evidence-based modeling and training in research skills, knowledge and methodologies.

At present, nine interdisciplinary graduate health programs are offered by other post-secondary institutions in British Columbia<sup>2</sup>: 7 at UBC, 1 at SFU, 1 at UNBC.

### **10.2 Programs at University of British Columbia**

#### **10.2.1 UBC Faculty of Medicine**

The School of Population and Public Health in the Faculty of Medicine at UBC came into existence in May 2008. Six theme areas include: biological,

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<sup>2</sup> Descriptions of these programs were taken from program websites accessed July 2008, [www.spph.ubc.ca/programs](http://www.spph.ubc.ca/programs), [www.soeh.ubc.ca/Graduate\\_Programs](http://www.soeh.ubc.ca/Graduate_Programs), [www.fhs.sfu.ca/graduate-programs](http://www.fhs.sfu.ca/graduate-programs), [www.unbc.ca/calendar/graduate/graduate\\_programs/community\\_health.html](http://www.unbc.ca/calendar/graduate/graduate_programs/community_health.html).

psychological, social, occupational and environmental factors that influence health (<http://www.spph.ubc.ca/aboutus.html>). The program offers five interdisciplinary degree programs in health:

- a Master of Health Administration (MHA) program (joint between the Faculty of Medicine and the Sauder School of Business) that combines a focus on health care administration with advanced business and management concepts
- a Master of Health Science (MHSc) program that emphasizes public and occupational health, clinical epidemiology and applications of methodology to assessment and policy development
- a Master of Science (MSc) program that develops core skills and research experience in epidemiology, biostatistics methods and health services delivery
- a Master of Public Health (MPH) program that emphasizes skills in epidemiology, biostatistics, determinants of health, population health, disease prevention, health systems management and provides a professional credential for public health professionals
- a doctoral (PhD) program that emphasizes statistics, epidemiology, and analytical methods. Three streams include epidemiology, health care policy, environmental and occupational health.

### **10.2.2 UBC School of Environmental Health**

The UBC School of Environmental Health (formerly School of Occupational and Environmental Hygiene) is a teaching and research unit of the School of Interdisciplinary Studies. Its primary objective is “to prepare professionals and researchers with the expertise to evaluate risks from physical, chemical and biological exposures and the skills and sensitivities to effect changes that will protect human health and well-being” ([http://www.soeh.ubc.ca/About\\_Us/default.stm](http://www.soeh.ubc.ca/About_Us/default.stm)). The school offers two interdisciplinary degree programs in health:

- a Master of Science (MSc) program that emphasizes hazard control, ergonomics, research methods, safety, occupational health and illness processes
- a doctoral (PhD) program that focuses on impact assessment, nutritional ethics, labour relations, disease pathology and toxicology, pharmacokinetics and statistics.

### **10.3 Simon Fraser University**

The SFU Faculty of Health Sciences offers a Master of Public Health (MPH) program (formerly Master of Science in Population and Public Health—MScPPH)

with two options: Interdisciplinary or Global Health. These focus on policy, health care delivery and reform, health promotion, disease patterns and prevention, environmental, occupational and population health, human rights, social justice, mental health, addictions and epidemiology.

#### **10.4 University of Northern British Columbia**

The UNBC Community Health Science offers a Master of Science (MSc) program that fosters understanding of health care systems and policy with a special focus on community-based research in northern, remote and First Nations communities.

### **11. Evidence of support and recognition from other post-secondary institutions, and relevant regulatory or professional bodies**

#### **Deans:**

Dr. Andrew Rippin, Dean of Humanities

Dr. Mary Ellen Purkis, Dean of Human and Social Development (forthcoming)

Dr. Ted Riecken, Dean of Education

#### **Centres:**

Drs. Jeff Reading and Chris Lalonde, co-Directors, **Centre for Aboriginal Health Research**, (250) 853-3115, [dinarak@uvic.ca](mailto:dinarak@uvic.ca)

Dr. Tim Stockwell, Director, **Centre for Addiction Research BC**, (250) 472-5445, [timstock@uvic.ca](mailto:timstock@uvic.ca)

Dr. Elaine Gallagher, Director, **Centre on Aging**, (250) 721-6350, [egallagh@uvic.ca](mailto:egallagh@uvic.ca)

Dr. E. Paul Zehr, Director, **Centre for Biomedical Research**, (250)-472-4067, [cfbr@uvic.ca](mailto:cfbr@uvic.ca)

Dr. Marcia Hills, Director, **Centre for Community Health Promotion Research**, (250) 472-4102. [chpc@uvic.ca](mailto:chpc@uvic.ca)

Dr. Oscar Casiro, Head, **Division of Medical Sciences**, Associate Dean, **Island Medical Program**, 250-472-5524, [ocasiro@uvic.ca](mailto:ocasiro@uvic.ca)

Dr. Anne Marshall, Director, **Centre for Youth and Society**, (250) 721-7526, [cys@uvic.ca](mailto:cys@uvic.ca)

#### **Others**

Heads of all academic units whose courses and faculty are included in proposal  
Library

### **Appendix 1: Elective Graduate Courses (26 courses)**

The following list is representative (but not exhaustive) of the types of elective courses from which students may choose. This list will be updated regularly by the SDHR Director and Program Committee in consultation with the departments/schools and instructors offering the courses.

Space may be limited in some courses and to take them may require that student have particular and appropriate background preparation. The departments/schools offering these courses have indicated that they will consider requests from SDHR students on an individual, student-by-student basis provided the students have permission of the instructor and/or the chair or director of the unit offering the course, that there is sufficient space in the course to accommodate the students and that the student has appropriate background training and skills to succeed in the course, which may require specific technical as well as health professional background as prerequisite. Students without an appropriate background may be asked to take additional courses preparatory to taking the courses listed here.

Other courses, such as Directed Reading and Special Topic courses that address health related topics and are offered by the Faculties of Social Sciences, Humanities, Education, Human and Social Development and Graduate Studies (for example, GS500) may be used to fulfill methodology course requirements if approved by the SDHR Program Director. Similarly, upper level undergraduate courses focused specifically on health issues may be taken for graduate credit with the approval of the SDHR Director.

Final decisions regarding all methodology courses will be made in consultation with the unit where the course is offered, the course instructor and the student's supervisory committee, and require the approval of the SDHR Director and/or Advisory Committee.

ECON 517	The Economics of Canadian Health Care
ED-D 505	Basic Concepts in Human Development
ED-D 506	Selected Topics in Human Development
ED-D 519	Advanced Seminars in Counseling Psychology
ED-D 520	Educational Research Apprenticeship
ED-D 568	Seminar in Special Education: Program, Practices and Policies
ED-D 569	Seminar in Special Education: Current Issues, Research and Applications
HINF 503	HI Research Methods
HINF 510	Information Management and Technology
HINF 570	Epidemiology in Health Services Management
HINF 571	Health Systems Data Analysis
HINF 573	Applied Biostatistics with SPSS
HINF 591	Topics in HI
PE 351	Community and Population Health
PE 455	Nutrition for Exercise and Health
PE 580	Physiological Issues in Physical Activity and Health

PE 582	Neuroscience in Physical Activity and Health
PE 583	Issues in Health Promotion and Wellness
PE 584	Pedagogical Issues in Physical Activity and Health
PE 585	Qualitative Research Genres in Physical Activity and Health
PSYC 531	Environmental Psychology
PSYC 569	Special Topics in Life Span
SOCI 545	Sociology of Health
SOCI 586	Seminar on Aging
SOCW 503	The Social Construction of Health, Illness, and Aging
SOCW 504	Community Development in Health and Social Services

## **Appendix 2: Methodology courses (21 courses)**

The following list is representative (but not exhaustive) of the types of methodology courses from which students may choose. This list will be updated regularly by the SDHR Director and Program Committee in consultation with the departments/schools and instructors offering the courses.

Space may be limited in some courses and to take them may require that student have particular and appropriate background preparation. The departments/schools offering these courses have indicated that they will consider requests from SDHR students on an individual, student-by-student basis provided the students have permission of the instructor and/or chair or director of the unit offering the course, that there is sufficient space in the course to accommodate the student and that the student has appropriate background training and skills to succeed in the course, which may require specific technical as well as health professional background as prerequisite. Students without appropriate backgrounds may be asked to take additional courses preparatory to taking the courses listed here.

Other courses, such as Directed Reading and Special Topic courses that address health related topics and are offered by the Faculties of Social Sciences, Humanities, Education, Human and Social Development and Graduate Studies (for example, GS500) may be used to fulfill methodology course requirements if approved by the SDHR Program Director. Similarly upper level undergraduate courses focused specifically on health issues may be taken for graduate credit with the approval of the SDHR Director.

Final decisions regarding all methodology courses will be made in consultation with the department/school where the course is offered, the course instructor and the student's supervisory committee, and require the approval of the SDHR Director and/or Advisory Committee.

### **QUANTITATIVE METHODS (16 courses)**

ADMN 602	Research Methods in Public Administration
ECON 500	Microeconomic Analysis
ECON 501	Macroeconomic Analysis
ECON 545	Econometrics Analysis
ECON 549	Computational Methods in Economics and Econometrics
ED-D 560	Statistical Methods in Education
ED-D 562	Advanced Statistical Methods in Education
GEOG 524	Quantitative Methods in Geography
GEOG 538	Seminar in Geomatics
HINF 571	Health Systems Data Analysis
PSYC 518	Psychometric Methods
PSYC 532	Applied Multiple Regression
PSYC 533	Applied Multivariate Analysis
PSYC 541	Research Design and Methods in Neuropsychology
PSYC 564	Statistical Methods in Life-Span Development

SOCI 510 Quantitative Methods

**QUALITATIVE METHODS (10 courses)**

ED-D 519B Qualitative Research in Counseling  
ED-D 561A Methods in Educational Research  
ED-D 567 Case Study and Mixed Method Research  
ES 501 Methods, Research Design and Communications  
GEOG 523 Qualitative Methods in Geography  
HINF 503 Research Methods in Health Informatics  
PSYC 561 Theories and Methods in Life-Span Development  
SOCI 511 Research Design  
SOCI 515 Qualitative Research Methods  
SOCW 516 Research Methodologies in the Human Services

### **Appendix 3: List of Health Researchers in Faculties of Social Sciences, Humanities, Education and Human and Social Development**

**[biographical sketch represents agreement to be associated with the program, greyed out names have not responded to date]**

#### **Social Sciences**

##### **Anthropology (ANTH)**

###### **Lisa Mitchell, medical anthropology, children's health, reproduction**

Lisa M. Mitchell is Associate Professor in the Dept of Anthropology at the University of Victoria. Her research interests lie at the intersections of health, reproduction, children and youth, technology, and relationships of inequality. She has several areas of on-going research and writing including, (1) reproductive health, especially pregnancy, prenatal testing, perinatal loss and reproductive politics in Canada and the United States; (2) the visualizing technologies of medicine, especially ultrasound fetal imaging; (3) meanings and practices of body and health among impoverished children in the Philippines; and (4) textual and visual representations of bereaved parents in Canada. She is also interested in participatory forms of research, particularly among children and youth living in poverty. Her research has been funded by the BC Medical Services Foundation, National Institutes of Health, and the British Columbia Office of Health Technology Assessment, and Social Sciences and Humanities Research Council. In addition to publications in peer-reviewed journals and in edited volumes, she is the author of Baby's First Picture: Ultrasound and the Politics of Fetal Subjects (University of Toronto Press, 2001).

###### **Eric Roth, AIDS/HIV, growth and development, nutrition, maternal child health and nutrition, social epidemiology**

I am a physical anthropologist, trained in demography and have worked in small communities in northern Kenya for over twenty years. There my initial research was on demographic changes resulting from sedentism for formerly nomadic Rendille and Ariaal pastoralists. This work is summarized in the book *Culture, Biology and Anthropological Demography* (Cambridge University Press, 2004). I then participated in a National Science Foundation (US)-sponsored project lead by my colleagues Elliot Fratkin and Martha Nathan (Smith College) on maternal child health and nutrition which culminated in the text, *When Nomads Settle: Economic, Social and Health Consequences of Sedentarization in Marsabit District, Kenya* (Fratkin and Roth, editors, Plenum/Kluwer, 2005). My current Kenya research, sponsored by the Social Sciences and Humanities Research Council of Canada and the National Institutes of Health (US) (Martina Morris, University of Washington and Elizabeth Ngugi, University of Nairobi, Principal Investigators) focuses on the role of commercial sex in the present generalized Kenyan AIDS epidemic. The latter includes University of Victoria Department of Sociology colleagues Cecilia Benoit, Helga Hallgrimsdottir and Mikael Jansson.

An overview of the larger project which contains this work can be found at the Kenya Free of AIDS website: <http://csde.washington.edu/KenyaR24/>. I have also been fortunate to join with colleagues at AIDS Vancouver Island, British Columbia Centre for Disease Control and the Centre for Addictions Research, University of British Columbia, in working on British Columbian research projects. In this regard I have been supported by the Vancouver Foundation to work with AIDS Vancouver Island managers Heidi Exner and Erin K. Gibson and University of Victoria colleagues from the Department of Mathematics and Statistics, Pauline van den Driessche, Junling Ma and Laura Cowen to initiate social epidemiological studies of blood-borne pathogens (HIV and Hepatitis C) among People Who Use Injection Drugs in Victoria. In affiliation with the BCCDC, I am a PI on a Canadian Institutes of Health Emerging Team Grant on a study of acute HIV infection targeting BC Men Who Have Sex with Men (Mike Rekart, Nominated Principal Investigator), working with my colleagues Malcolm Steinberg (BCCDC) and Josephine MacIntosh, University of Victoria. Most recently I was invited by Scott MacDonald, Assistant Director and Director Epidemiology and Monitoring Unit, CARBC to join his CIHR funded team investigating the health and behavioral concomitants of people with problematic alcohol, cocaine and joint substance use.

**Peter Stephenson, medical anthropology; aging**

Most of my research focuses on the many planning, service and ethical issues attached to both research and practice with highly vulnerable people. In the past this has included work with various groups of immigrants and refugees, seniors, Indigenous people, survivors of torture, and isolated religious minorities both in Canada and the Netherlands. My research is generally located in urban areas. Groups with which I have worked include: Turkish migrants to a new city in the Netherlands, Hutterites in Canada, seniors (frail elderly) in Canada and the Netherlands, Vietnamese in Victoria, bereaved parents in Canada and various First Nations groups in Canada, most recently the Haisla. Most of my work focuses on one or another aspect of embodiment, emplacement, exclusion or culturally manifested conflict between the relatively powerful (health care provider) and the powerless (client). My training beyond a doctorate in social anthropology was at the Clarke Institute of Psychiatry, U. of Toronto School of Medicine and at the Harvard School of Medicine and Cambridge Hospital (post-doctoral coursework). The vast majority (more than 30) of graduate students whom I have successfully supervised have done research on health-related topics.

**Margot Wilson, medical anthropology, women's health**

Margot Wilson is an Associate Professor of Anthropology and the Associate Dean of Social Sciences. She served as Chair of the Department of Anthropology from 2001 to 2006 and as graduate advisor in the Department (2000-01 and 1991-93). She is currently President of the South Asia Council of the Canadian Asian Studies Association and a past President (1997-98 and 2005-06) of the Canadian Association for the Study of International

Development. Her research focuses primarily on nutrition, abandoned women and children in Bangladesh, planned change, and cultural constructions of disease.

### **Environmental Studies (ENVI)**

#### **Nancy Turner, plant classification systems, Indigenous People's health**

Nancy Turner is an ethnobotanist and Distinguished Professor in the School of Environmental Studies at the University of Victoria. Her research area is strongly interdisciplinary, and intersects the fields of botany and ecology with anthropology, nutrition and health, geography and linguistics, among others. She is interested in the traditional ecological knowledge systems and traditional land and resource management systems of Indigenous Peoples, particularly in western Canada, and in supporting the restoration and renewal of practices that bring better health and resilience for First Nations communities. She has worked with and learned from First Nations elders and cultural specialists in northwestern North America for nearly 40 years, with a strong record of collaboration with Indigenous communities to help retain and promote their traditional knowledge of plants and habitats, including traditional foods, materials and medicines, as well as language and vocabulary relating to plants and environment.

She has authored or co-authored over 20 books (most recently, *Resetting the Kitchen Table* – co-edited with Christopher Parrish and Shirley Solberg; *Plants of Haida Gwaii*, *The Earth's Blanket*, and "Keeping it Living" – co-edited with Douglas Deur; and *Plants of the Gitga'at People* – co-edited with Judith Thompson), over 40 book chapters, and numerous other publications, both popular and academic, in the area of ethnobotany, ethnoecology, traditional ecological knowledge and sustainable resource use in Canada and British Columbia. She received a two-year Killam Fellowship, commencing in January 2008, to develop a book based on her life's research, so will not be teaching during this time. Following her fellowship, however, she will be pleased to participate in developing and supporting this program

#### **John Volpe, sustainability, marine-based food production systems**

Dr. John Volpe leads the Seafood Ecology Research Group at UVic. Trained as a population and molecular ecologist, he and his students use data intensive approaches to uncover linkages between ecological and social sustainability, particularly with regard to marine-based food production systems. In addition to the Global Aquaculture Performance Index (GAPI) initiative, salmon, sablefish and bivalve aquaculture, aquaculture-capture fisheries interactions, invasive species and marine applications of complexity theory are topics of current interest and research. Dr. Volpe holds a B.Sc.(Honours) and M.Sc. in Molecular Ecology from the University of Guelph, Canada and a Ph.D. in Population and Invasion Ecology from the University of Victoria. After three years as a faculty member in the Dept. of Biological Sciences at the University of Alberta, Dr. Volpe returned to UVic in 2005 when he joined the School of Environmental Studies.

### **Geography (GEOG)**

#### **Denise Cloutier-Fisher, health geography, aging, health service delivery systems, population health, social determinants of health**

Dr. Denise Cloutier-Fisher is a health/social geographer with a primary interest in 'healthy aging' in rural environments. She is an Associate Professor in the Department of Geography and the Centre on Aging at the University of Victoria. Broadly speaking her research focuses on the provision of care ranging from health and social services to formal, voluntary and informal sector delivery systems. Her work explores the social determinants of health and the impacts of health sector restructuring on vulnerable older women and men (e.g., socially isolated individuals, palliative clients and stroke survivors). She employs both qualitative and quantitative methods. Her work has been funded by the Canadian Institutes of Health Research, Social Sciences and Humanities Research Council of Canada and the Michael Smith Foundation for Health Research.

#### **Peter Keller, atlas of wellness, health geography**

My program of scholarship specializes in the advancement and applications of the geographic information sciences (GIS) for better decision making. In recent years a major research focus has been investigation how the geographic information sciences can gain better understanding of the relationship between health and the environment, as well as the mapping of wellness. Projects have included collaboration on the Border Air Quality Study (BAQS) with UBC and UW to advance the spatial detail of measuring the relationship between air quality and vulnerable populations including case studies in Vancouver and Victoria; modeling and measuring emission distribution from source point pollutants (cruise ships docked at Ogden Point); and the publication of the Wellness Atlas for British Columbia <http://www.geog.uvic.ca/wellness/> and follow-up supplements. I am one of four co-PIs (teaming up with UBC and SFU) of the MSFHR funded Platform on BC Population Health Data Access and Analysis that has led to the recently formed Population Data BC <http://www.popdata.bc.ca/> initiative. For a summary of recent activities see <http://www.geog.uvic.ca/dept2/faculty/keller/keller.html>.

#### **Aleck Ostry, epidemiology, workplace determinants of health, community health, public health nutrition and food security, history of healthcare**

Dr. Ostry is currently an Associate Professor in the Faculty of Social Sciences at the University of Victoria. He holds a Canada Research Chair in the Social Determinants of Community Health and is also a Senior Scholar with the Michael Smith Foundation for Health Research in British Columbia. He has an MSc. in Health Service Planning, an MA in history (specializing in the history of public health), and a PhD. in epidemiology. He conducts an extensive program on the social determinants of health with a focus on rural health, food security and nutrition policy.

**Martin Taylor, environmental health, health promotion, psychosocial effects of environmental contamination, heart health promotion**

Martin Taylor is President and CEO of Ocean Networks Canada (ONC), a not for profit organization responsible for the governance and management of the NEPTUNE Canada and VENUS cabled ocean observatories. Before assuming this position, he served for nine years (1998-2007) as the University of Victoria's (UVic) first Vice-President Research. He is also a full Professor in the Department of Geography. During his term as Vice-President, the research programs grew rapidly with annual grant and contract income more than tripling to over \$100M. He was directly accountable to the Board of Governors for the major research platforms established at the University, including the VENUS and NEPTUNE Canada observatories, and the national proteomics centre supported by Genome Canada and Genome BC. He also had executive responsibility for the University's 15 interdisciplinary research centres, including the Centre for Earth and Ocean Research that was an early catalyst for the development of the ocean observing facilities. Under his leadership, UVic, in partnership with Memorial University, was successful in securing the largest ever NSERC/SSHRC jointly funded program (\$6.2M) for the Coasts under Stress project examining the impacts of environmental and socio-economic restructuring on Canada's coastal communities. His professional service on national and provincial Boards includes: the Social Sciences and Humanities Research Council of Canada, the Canadian Science and Technology Advisory Board, the Michael Smith Health Research Foundation, and the Tri-University Meson Facility (TRIUMF) Board of Management. Before joining UVic, Martin Taylor held teaching, research and senior administrative positions at McMaster University in Ontario (1974-98) including Chair of the Department of Geography and Founding Director of the Institute of Environment and Health. He holds degrees in geography from Bristol University (BA) and the University of British Columbia (MA and PhD). He is the author of two books and over 100 peer-reviewed publications in the fields of environmental and community health.

**Psychology (PSYC)**

**Fred Grouzet, personal, social and ecological well-being**

Frederick Grouzet is an Assistant Professor of Social Psychology at UVic. Dr. Grouzet's primary research focus is on personal goals, self-regulation and well-being. In particular, he studies the role of social context and individuals' goal system in fostering sustainable physical health, subjective well-being (happiness) and psychological well-being. An additional interest is in the restructuring of individuals' goal system and self-identity while facing significant life changes and adversities. Finally, Dr. Grouzet examines the relationships between lifestyle and social well-being (e.g., community feeling) and ecological well-being (e.g., environmentally-friendly conduct).

**Clay Holroyd, neurobiological mechanisms of cognitive control**

I am interested in the neurobiological mechanisms that underlie cognitive control - how people regulate their attention, thoughts, and actions in accord with high-

level goals and intentions. In pursuing this interest I have asked two specific questions: How do people detect and correct their errors and, how do they learn from the consequences of their actions? I want to understand both the computations that carry out these functions and how these computations are implemented in the brain. To investigate these issues I adopt a variety of empirical and theoretical approaches, including recording event-related brain potentials and computational modeling. I have strong clinical interests in the areas of attention deficit hyperactivity disorder, substance abuse and addiction, and schizophrenia.

**David Hultsch, memory function, aging**

David F. Hultsch, B.A., M.A., Ph.D., is Lansdowne Professor of Psychology at the University of Victoria. He received his Ph.D. from Syracuse University in 1968, and was a member of the faculty at the Pennsylvania State University from 1968 to 1984 before coming to the University of Victoria.

David has been conducting research on cognition and aging for 40 years. He is currently principal investigator of "Project MIND", funded by the Canadian Institutes of Health Research, designed to investigate short-term fluctuations in response speed as an early marker of cognitive decline and the preclinical phase of dementing illnesses. He is also co-investigator of the "Victoria Longitudinal Study", funded by the U.S.A National Institute on Aging, designed to examine individual difference predictors of cognitive functioning including, genetic, health, activity, and belief influences.

He has co-authored five books and over 100 articles and chapters focused on adulthood and aging. He has served on several editorial boards, and was a founder of the journal *Aging, Neuropsychology, and Cognition*, serving as co-editor for 10 years. He is a Fellow of Division 20 of the American Psychological Association and the Social and Behavioral Section of the Gerontological Society of America. David recently received the APA Division 20 Master Mentor Award (2006) and Baltes Distinguished Research Achievement Award (2008).

**Christopher Lalonde, Indigenous People's health, adolescent suicide**

I am an Associate Professor in the Department of Psychology. My research focuses on cultural influences on identity formation and social-cognitive development. I am currently engaged in research projects that examine the role of culture in the health and well-being of Aboriginal youth. In partnership with the Inter Tribal Health Authority, I am involved in a study of injury rates within First Nations communities on Vancouver Island. In collaboration with the Assembly of Manitoba Chiefs, I am beginning a project in Manitoba that examines culture and healthy youth development. At UVic, I am also helping to direct the LE, NONET Project that aims to enhance the success of Aboriginal undergraduate students. I am the Director of the Network Environments for Aboriginal Health Research (NEARBC - Vancouver Island), and Co-Director of the UVic Centre for Aboriginal Health Research. For more information, please see my web site:

[<web.uvic.ca/psyc/lalonde/>](http://web.uvic.ca/psyc/lalonde/)

**Bonnie Leadbeater, mental health of children and adolescence**

Bonnie Leadbeater joined the University of Victoria in 1997 after 9 years as faculty at Yale University. She is co-leader of the BC Child and Youth Health Network funded by the Michael Smith Foundation for Health Research ([www.CYHRNet.ca](http://www.CYHRNet.ca)). This network provides funds to enable community-university research partnerships. She was also the founding Director of both the Centre for Youth and Society and of the BC Centre for Addictions Research at the University of Victoria.

With the Rock Solid Foundation and Greater Victoria School District 61, she co-developed and evaluated the WITS Primary and WITS LEADS programs. These programs engage children, parents, teachers, and community police liaisons and they show considerable promise in reducing peer victimization in elementary schools.

Dr. Leadbeater's areas of research expertise include determinants of depression in childhood, resilience among high-risk youth, and the prevention of peer victimization and she has authored 6 books and more than 60 articles on these topics. In 2008, she received the Victoria Leadership Award for leadership supporting linkage between the community of Victoria and the University of Victoria.

**Catherine Mateer, clinical neuropsychology, frontal lobe functions in schizophrenia, memory and attention**

Areas of clinical and research interest include: cognitive rehabilitation; brain organization for attention, language, memory and praxis; clinical/research studies related to traumatic brain injury, dementia and cerebrovascular disease; electrophysiological and evoked potential correlates of cognitive ability in clinical populations.

**Ulrich Mueller, neuropsychology, ADHD**

Ulrich Mueller is an Associate Professor in the Department of Psychology. His research focuses on the development of cognitive and social-emotional aspects of self-regulation in early childhood. The research on cognitive self-regulation focuses on the development of prefrontal processes (executive function). This line of research examines whether language development and parenting promote the development of prefrontal processes, and the extent to which prefrontal processes, in turn, contribute to school readiness skills. The research on social-emotional self-regulation examines the relation between emotional regulation and social understanding, and how these affect children's social interactions in everyday life. Dr. Mueller has published in journals such as *Child Development*, *Cognitive Development*, and *Developmental Review*. He currently serves on the board of directors of the Jean Piaget Society, and is an Associate Editor of *New Ideas in Psychology*. He is the editor of *Developmental Perspectives on*

Embodiment and Consciousness (with Willis Overton and Judith Newman) and Social Life and Social Knowledge: Toward a Process Account of Development (with Jeremy Carpendale, Nancy Budwig, and Bryan Sokol). He received the Early Scientific Achievement Award from the Society of Research in Child Development in 2005.

**Holly Tuokko, mental health, cognitive health of the elderly**

My primary area of interest is mental health and aging. My research addresses the spectrum of mental health challenges experienced by older adults, the impact these challenges have on everyday living, and how the needs of these people can be best met. For example, one current focus of my research is the evolution of cognitive disorders in older adults and the impact of these disorders on everyday competencies. Specific competencies of interest to me are driving, financial management, and end-of-life decision-making. Within the context of driving, my research focuses on the cognitive and social cognitive factors affecting older driver safety.

**Erica Woodin, aggression and substance abuse, alcohol use**

Erica Woodin received a PhD in clinical psychology from Stony Brook University in 2007. She is currently an assistant professor in the Department of Psychology at the University of Victoria and is also affiliated with the Centre for Addictions Research of BC (CARBC). Dr. Woodin's research interests focus on the study of domestic violence and substance use in close relationships, including the impact of these behaviors on individual, couple, and child functioning as well as the effectiveness of prevention and treatment programs to improve family functioning. Dr. Woodin is currently conducting a study of domestic violence and substance abuse during the transition to parenthood and is also collaborating with CARBC on a study of substance abuse, injury, and mental health functioning in emergency room settings. Dr. Woodin is currently receiving research funding from the University of Victoria and from the BC Mental Health and Addiction Research Network.

**Sociology (SOCl)**

**Cecilia Benoit, workers' health status, access to health services, risky behaviours and health of street-involved youth**

Cecilia Benoit, PhD, is a Professor in the Department of Sociology at the University of Victoria and co-leader of the Women's Health Research Network, one of eight population health networks funded by the Michael Smith Foundation for Health Research. Apart from ongoing research focused on the occupation of midwifery and the organization of maternity care in Canada and internationally, she is involved in a variety of projects that employ mixed methodologies to investigate the health of different vulnerable populations, including Aboriginal girls and women in Vancouver's Downtown Eastside, female adolescents confronting health stigmas associated with obesity and asthma, homeless female and male youth, frontline service workers in female-dominated low-prestige and stigmatized occupations, women and men involved in the sex industry.

Cecilia completed her doctoral training in Sociology at the University of Toronto in 1989 and has been a visiting professor in Sweden, Finland and Japan. Cecilia is the recipient of the 2006 Award in Gender Studies from the Royal Society of Canada and the 2008 Craigarroch Award for Research Communications.

**Neena Chappell, aging, care giving, health and social policy**

Neena L. Chappell, PhD, FRSC, Canada Research Chair in Social Gerontology, Professor of Sociology and Centre on Aging, University of Victoria. She was founding Director of the Centre on Aging at the University of Manitoba (1982 - 1992) and first Director of the Centre on Aging at the University of Victoria (1992 - 2002), developing both into world-class research facilities while ensuring accessibility to the community. For over 30 years, she has been a leader in gerontological research, focusing on issues around aging (caregiving, dementia care, health services, healthy aging, Chinese and China, pharmaceutical treatment) and health and social policy. Her research can be characterized as partnerships with other researchers in the social sciences and with non-researchers in government and community agencies. Dr. Chappell promotes relevance and scientific rigour. She conducts large quantitative studies, small in-depth qualitative studies, publishes policy papers, and commentaries on the current societal situation. She argues for recognition of the positive aspects of aging as well as recognition of problems and challenges. She has written more than 300 academic articles, chapters, reports, written or edited 9 books. Dr. Chappell has lectured internationally and is frequently sought out by committees and the media.

**Aaron Devor, social construction of sex, gender and sexuality**

Dr. Devor studies the social construction of sex, gender and sexuality using a grounded theory approach. He believes that the best social research aims to build theoretical understandings of the nature of social relations which are based on empirical data. In recognition of excellence in research, Dr. Devor was elected in 1999 as a Fellow of the Society for the Scientific Study of Sexuality. He also accords the highest importance to teaching and in 2000 was chosen as a 3M Fellow of the Society for Teaching and Learning in Higher Education. Dr. Devor is the Dean of the Faculty of Graduate Studies.

**Karen Kobayashi, health and aging, immigrant women's health**

Dr. Kobayashi is a social gerontologist with a primary research interest in ethnic inequality in health. Using both quantitative and qualitative methods, her current research program includes explorations of the "healthy immigrant effect" in mid-to later life, intergenerational relationships and social support in later life families, social isolation and health care utilization among older adults, and the socio-cultural dimensions of dementia and personhood. In support of this work, she has received funding from the Canadian Institutes of Health Research, the Social Sciences and Humanities Research Council, the BC Ministry of Health and the Michael Smith Foundation for Health Research. Recent studies have been

published in *Ethnicity and Health*, *Journal of Immigrant and Minority Health*, *Canadian Journal on Aging*, and *Canadian Ethnic Studies*.

**Margaret Penning, social structuring of health and health care, chronic illness and disability, self-care practices**

Dr. Margaret Penning is a Professor in the Department of Sociology and Research Affiliate of both the Centre on Aging and the Population Research Group, University of Victoria. Her research interests include aging, health and health care with a particular focus on chronic illness and disability in later life; patterns of self, informal, and formal health care; structural inequalities in health and health care; and health care restructuring and reform in the Canadian context. Currently, she is the principal investigator of a CIHR-funded study that examines health system change and service utilization among older adults in British Columbia, 1986-2003 and social science theme leader of the Canadian Longitudinal Study on Aging. She is also the Social Science Section Editor of the *Canadian Journal on Aging*.

**Zheng Wu, medical sociology, social gerontology, demography, fertility and contraception**

Zheng Wu's primary research interests are in the field of demography, particularly the issue of changing patterns of family formation and dissolution, fertility and contraception. He is also interested in the areas of medical sociology and social gerontology. His geographical areas of interest are Canada and Asian countries.

**Others**

**Mikael Jansson, (CARBC), addictions**

Dr. Mikael Jansson's is engaged in research with a focus on health demography, with a particular interest in understanding the interplay between licit and illicit substance use, stigma and physical and mental health of vulnerable populations over the life course.

One part of the research program is focussed on street involved youth as they transition to adulthood. Until 2011 he will collect data from a panel of youth who started their participation when they were aged 14 through 18 and were street-involved. The aim of the study is to better understand the factors linked to their health and well-being while living on the street and as they reconnect with major societal institutions such as schools, join the workforce and start a family.

A second component of my research program investigates the impact of stigma on the mental health of adults working in low-prestige occupations including the hairstyling, food and beverage and sex industry. I am a co-investigator on two recently completed CIHR-funded longitudinal studies of workers in these three industries. One of these studies is located in Victoria and the other in Sacramento, California. The two country comparison allows us to investigate the impact of differences in access to public health services in Canada, when compared to the US, on workers' health and well-being.

In addition to these primary research interests, he continues to be involved with a CIHR-funded panel study based on a random sample of youth that we have interviewed every two years since 2003, the Healthy Youth Survey. This research is currently funded until 2015.

He welcomes expression of interest from students interested in joining the research team and work with the data from these data sets. Students can be fully funded from external sources or partially funded by these research programs

## **Faculty of Humanities**

### **English (ENGL)**

#### **Lincoln Shlensky, trauma studies**

Lincoln Z. Shlensky is an assistant professor of English at the University of Victoria, where he specializes in postcolonial literature, cultural studies, trauma theory, Caribbean literature and film, and Jewish Studies.

Dr. Shlensky completed his doctoral dissertation in Comparative Literature at the University of California, Berkeley, in 2003. His dissertation, entitled "Resituations: Repetition, Nationalism, and the Traumas of Modernity in the Writing of Aharon Appelfeld and Edouard Glissant," examines the use of repetition as a key rhetorical and formal figure for representing the disturbances of collective memory in the novels and essays of Israel's Appelfeld and Martinique's Glissant.

He has published in the journals *Prooftexts*, *Qui Parle*, *Poetics Today*, and *Shofar*, and in the edited volume *Slavery and the Cultures of Abolition*.

He has taught undergraduate courses in postcolonialism, Caribbean literature and film, Cultural and Film Studies, and Victorian literature, and he has led graduate seminars in postcolonial literature and theory (recent syllabi are available on his home page, listed in the left sidebar).

Dr. Shlensky is currently preparing a manuscript entitled "Islands of Memory: Postcolonialism, the Holocaust, and Literary Politics," which examines modernist literary influences and the politics of traumatic remembrance in Hebrew and Caribbean literatures.

### **French (FREN)**

#### **Claire Carlin, history of medicine (contagion, women's health in the early modern period)**

Health-related research focuses on early modern Europe, with an emphasis on the history of women's health, the history of impotence and the history of the notion of contagion. Relevant publications include:

Editor, *Imagining Contagion in Early Modern Europe* (Palgrave Macmillan, 2005). Fifteen articles from specialists in social and cultural history, early modern literature, philosophy and art history.

“The Staging of Impotence: France’s Last congrès” in *Theatrum Mundi: Studies in Honor of Ronald W. Tobin*. Charlottesville, VA: Rookwood Press, 2003. 102-12.

“La nuit du couple: la dissolution du mariage dans l’imaginaire des XVI<sup>e</sup> et XVII<sup>e</sup> siècles” in *Penser la nuit (XV<sup>e</sup>-XVII<sup>e</sup> siècle)*, ed. D. Bertrand, Paris: Champion, 2003. 505-23.

“Modernités de l’imaginaire nuptial : anatomies du mariage” in *Religion, Ethics, and History in the French Long Seventeenth Century / La religion, la morale et l’histoire à l’âge classique*, eds. W. Brooks and R. Zaiser, Oxford: Peter Lang, 2007. 91-116.

### **Hélène Cazes, History of Medicine Research Collective; medieval and early modern medicine**

Hélène Cazes is teaching at the French Department and participates in the programs of Humanities and Medieval Studies. A specialist of humanism and history of the ideas, she has researched in the last decade cases of famous children risen to celebrity status in Early Modern and Romantic Europe. Initiated from a philological point of view, as these first “child-prodigies” often were linguists and translators of Biblical languages, this interest quickly led her to interrogate medical and pedagogical discourses and to explicit the normative definitions of childhood. This inquiry extended well beyond Renaissance and Early Modern times and she is investigating such material as Francis Galton’s treatises or the first 20th c. approaches to the measure of intelligence. It also pertains to the recognition of the “femininity of the children”, a topic she is currently working on and which constitutes the subject of the Faculty Symposium 2009 of History of Medicine that she is organizing with Helga Thorson (“Inventing the sex of angels: gender and early childhood in European representations”, April 2009). A co-founder and co-organizer of the research collective “History of Medicine” on UVic campus (<http://web.uvic.ca/~histmed/>), she has applied in 2008 in collaboration with Frédéric Charbonneau (McGill, Montreal) for a SSHRC grant for a project on the “History of history of medicine: the Vesalian revolution”. Examining Vesalius’s anatomical performances as icons for the progress of medical knowledge, this research would explore the rejection of a “universal” and holistic model of medicine for an array of technical and specialized sub-disciplines. The discourse accompanying and constituting this change is, indeed, no other than the “history of medicine”. Hélène Cazes has published several articles and edited one book on these topics where history of the texts, history of ideas and history of medicine meet and transform each other.

### **Hispanic and Italian Studies (HISP)**

#### **Lloyd Howard history of medicine (melancholia)**

Lloyd Howard is an Associate Professor in the Department of Hispanic and Italian Studies. He received his PhD from the Johns Hopkins University and was first appointed to the University of Victoria in 1977. His early research related to

his dissertation on Guido Cavalcanti, a medieval courtly love poet who suffered from love-sickness in the bulk of his 52 extant poems. A good example of his research in which Cavalcanti's melancholy is analyzed from a medical perspective is: "Dino's Interpretation of 'Donna me prega' and Cavalcanti's Canzoniere," *Canadian Journal of Italian Studies*, Vol.6, Ns. 24-25 (1983): 167-182. In the later 1980s he shifted his research interest to analyze Dante's *Divine Comedy* by means of linguistic patterns of repetition which can literally point the reader's way through the text. While the question of melancholy has been less of a focus since then, in recent years he has begun to reconsider the question of love-sickness in the *Divine Comedy*. For example, in his second monograph on Dante, *Virgil the Blind Guide: Marking the Way through Dante's Text*, currently under review by McGill-Queen's University Press, in the chapter titled "The Eclipse of Virgil and the Ascent of Mary after her Son" the depiction of Dante's love-sickness caused by the sudden appearance of his courtly lady and the relief he seeks from his guide is glossed. Future research plans include an analysis of other passages from Dante's works where love-sickness is encountered. As an administrator he has served a total of 11 years as Chair of the Department of Hispanic and Italian Studies, 3 years as Director of the Medieval Studies Program, and two 6-month terms in 1997 and 2000 as Acting Dean of the Faculty of Humanities.

#### **Greg Blue, the body in history**

Gregory Blue teaches world history in the History Department at the University of Victoria. After receiving degrees in philosophy in the United States and Belgium, he joined the East Asian History of Science Library, now the Needham Research Institute, in 1977 as a researcher on the Science and Civilisation in China project, a large-scale collaborative undertaking devoted to exploring the pre-modern Chinese science, technology and medicine in comparative historical perspective. He took his doctorate in social and political science at Cambridge University in 1989 and has been at UVic since 1990. His major research projects currently relate to the history of Western depictions of Chinese society, but he continues to have broad interests in the history of science and medicine, including particularly the history of the 20th-century life sciences, the impact of breakthroughs in those fields on medicine, and the organization of health care in different national settings. His publications include *China and Historical Capitalism* (Cambridge, 1999; co-edited with T. Brook) and *Death by a Thousand Cuts* (Harvard, 2008; with T. Brook and J. Bourgon).

#### **Mitchell Lewis-Hammond, history of medicine**

I teach courses on the history of medicine and health care from the Renaissance to the present, including a survey of the history of medicine and specialized courses on the history of epidemic disease. My main research focus is the history of health care in the German lands of early modern Europe (late 15th-18th centuries) and I am now researching urban health care schemes in southern Germany in the 16th and 17th centuries.

The topics covered in this study include the early formation of public health institutions, the relationship of medicine and religious reform movements, the

ethical obligations of practitioners to their patients, and changing strategies for evaluation and diagnosis. I have also published articles on notions of contagion in early modern Europe, the influential medical reformer Paracelsus, and approaches to terminal illness in Renaissance Germany.

### **John Lutz, first contacts and contagion in the Aboriginal community**

John Lutz is an associate professor in the Department of History. He specializes in aboriginal-non aboriginal relations and has an on-going interest in the impact of introduced diseases on indigenous populations and on indigenous ideas of health, illness and disease. He is the author of *Makuk: A New History of Aboriginal White Relations*, and co-editor of *Myth and Memory: Stories of Indigenous-European Contact*, *Making and Moving Knowledge*, and *Situating Race in Space, Time and Theory*. More information about his work and teaching can be found at [web.uvic.ca/~jlutz](http://web.uvic.ca/~jlutz).

### **Linguistics (LING)**

#### **Sonya Bird, Aboriginal health, language revitalization and mental health**

I received my BA in Linguistics from the University of British Columbia, and then completed my MA and PhD at the University of Arizona. I started off my graduate studies as a formal phonologist, but then became interested in evaluating formal theories experimentally, and started doing research in the area of phonetics. Since then, I have settled on the phonetics-phonology interface as my main area of interest. I wrote my dissertation on the phonetics and phonology of intervocalic consonants in the Lheidli dialect of Dakelh (Carrier), an Athapaskan language spoken in British Columbia. After finishing my PhD, I returned to UBC as a post-doc to study the phonetic properties of glottalised resonants in St'át'imcets (Lillooet), an Interior Salish language also spoken in British Columbia. Currently, my research focuses on phonetic variability, and the extent to which it is linguistically meaningful. Here at the University of Victoria, I am continuing my work on glottalised resonants in St'át'imcets, investigating which factors affect their phonetic realisation (syllable position, stress, dialect, individual speaker, etc.). My hope is to contribute to the growing body of work on phonetic variability and its implications for models of phonetics and phonology.

#### **Ewa Czaykowska-Higgins – Aboriginal health, language revitalization and mental health**

Ewa Czaykowska-Higgins began teaching at the University of Victoria in 1992. Since 1981 her scholarly work has focused on the study of Salish languages; she has worked with elders from the Nxa'amxcín (Colville Tribes, Washington), Nlakapmxcín (Spences Bridge), and SENĆOŦEN (Saanich Peninsula) speaking communities. With the late M. Dale Kinkade, she co-edited the first book devoted to the linguistic study of Salish languages, *Salish Languages and Linguistics* (Mouton de Gruyter, 1998), and she is currently completing a web-based dictionary of Nxa'amxcín.

Since 2003-2004 Dr. Czaykowska-Higgins has been the Principal Investigator of the Coast Salish Language Revitalization Community-University Research Alliance (CURA) grant, working in partnership with the Saanich Native Heritage Society, the Hul'q'umi'num' Treaty Group, First People's Heritage, Language and Culture Council, and First People's Cultural Foundation. She was involved in the original development of UVic's Certificate in Aboriginal Language Revitalization program, and is currently its Linguistics Advisor.

While directing the CURA grant, Dr. Czaykowska-Higgins's academic research has focused on ethical issues in linguistic fieldwork, on best practices in community-based and community-directed research partnerships, and on the relationship of linguistics to language revitalization. Her work on the CURA project has highlighted the extent to which issues associated with language loss and renewal are connected to issues of identity and to community and individual health and well-being.

### **John Esling, laryngoscopy and speech diagnostics**

John H. Esling is Professor of Linguistics at the University of Victoria, former Secretary of the International Phonetic Association (1995-2003), member of the IPA Council and of the Permanent Council for the Organization of International Congresses of Phonetic Science, and currently Editor of the Journal of the International Phonetic Association. He has a PhD in Phonetics from the University of Edinburgh, where he studied with David Abercrombie, John Laver, and James (Tony) Anthony, and taught at the University of Leeds before moving to the University of Victoria in British Columbia, Canada, in 1981. His research is in auditory and articulatory phonetics, particularly the categorization of voice quality, of vocal register, and of the phonetic production of laryngeal and pharyngeal sounds. He is director of the Phonetics Laboratory in the Department of Linguistics at the University of Victoria, and of two research projects funded by the Social Sciences and Humanities Research Council of Canada: the Laryngoscopic Phonetic Research Project, to investigate speech articulation in the throat, and the Infant Speech Acquisition Project, an international collaboration based in Victoria with research teams in Canada, France, Morocco and China, to establish how infants first acquire the modality of phonetic production. He is the author of over 100 scholarly articles and chapters and of numerous conference presentations, the compiler of the University of Victoria Phonetic Database, the Section Editor for Phonetics of the Encyclopedia of Language and Linguistics (Elsevier 2006), and an editor of the Handbook of the IPA (CUP 1999). He collaborates with Dr. Michael Ross MD in taking endoscopic videos to catalogue speech production in the larynx among the languages of the world. He trains the students in the BSc in Linguistics program, most of whom continue to pursue Speech Pathology, Audiology or Speech Technology, in speech physiology, articulatory production and auditory phonetic listening.

### **Hua Lin, speech perception of the hard of hearing**

Dr. Lin's major research interests focus on second language acquisition of the phonetic and phonological systems. In layman's terms, this area explores how a person acquires the pronunciation of a second language. Her current research projects include (1) a book on the role the mother-tongue plays in learning the phonetics and phonology of Chinese and English as a second language by, respectively, English and Chinese speakers; (2) the rhythm of language and how it is acquired when the language is learned as a second language; (3) how tones are perceived/acquired by speakers of tone and non-tone languages; and (4) how Mandarin speakers acquire English consonants in post-vocalic positions. She is also interested in how hard of hearing people understand, perceive or read speech. Dr. Lin has also worked extensively on Chinese linguistics.

**Leslie Saxon, Aboriginal health, language revitalization and mental health**

Leslie Saxon has a PhD in linguistics. Her research interests and practical experience include Indigenous language and culture maintenance and revitalization, community-based research, language history and change, and linguistic description and theory. Her long-standing collaborations with, in particular, the Tlicho nation of the Northwest Territories, Canada, have emphasized the central importance of language and culture in individuals' and community's well-being and healing. Leslie has served on thesis and dissertation committees in linguistics, biology, English (external examiner), environmental studies, Indigenous governance, interdisciplinary studies, nursing (external examiner), and psychology.

**Suzanne Urbanczyk, Aboriginal health, language revitalization and mental health**

I am a linguist, who has been studying Salish languages for approximately 20 years, working in various Salish language speaking communities since 1993. My interest in Salish and Wakashan languages lies in several areas related to language documentation, language revitalization, and the role of music in language and cultural revitalization. My interest started as an undergraduate student at UVic, and grew as I completed my doctoral studies at the University of Massachusetts. I started learning of the importance of community-based, reciprocal engaged research as a post-doctoral scholar at UBC while working with the Sto:lo Shxweli Halq'emeylem language program. This work has been extended as a faculty member at the University of Victoria, with other communities on Vancouver Island. My goals in both research and teaching are to enable the people I collaborate with (as well as myself) to develop the skills and resources necessary to undertake the projects that are important to them. When not doing collaborative work, I focus on trying to understand the nature of word-formation, with special emphasis on those patterns that involve copying parts of words, changing the vowels, and switching the order of segments around. Examining the structure of words allows us a unique window into the language faculty, as it is comprised of knowledge of words, and rules for creating new words and sentences.

### **Pacific and Asian Studies (PACI)**

#### **Leslie Butt, medical anthropology, HIV-AIDS**

Leslie Butt has a PhD in Anthropology from McGill University. Her research interests are in Medical anthropology; HIV/AIDS; gender, sexuality and reproduction; and state/indigenous relations. Leslie has been researching issues surrounding gender, reproduction and sexuality in Papua (West Papua), eastern Indonesia since 1994. Her research has focused in particular on the cultural values surrounding infants and perceptions of infant health, family planning, sexuality, and HIV and AIDS. More recently, Leslie has looked at the experiences of young indigenous women who are engaged in sex work in the highlands region, and in particular, at the experiences of those young women who find themselves unexpectedly pregnant. Her latest SSHRC-funded research is on women, AIDS and stigma in highlands Papua.

### **Philosophy (PHIL)**

#### **Conrad Brunk, bioethics**

Dr. Brunk joined the University of Victoria in 2002 as the Director of the Centre for Studies in Religion and Society CSRS Webpage with a joint appointment in the Department of Philosophy.

Interests: applied and professional ethics, religion, values and technology, environmental ethics, risk science and public policy, bio-medical ethics, philosophy of religion and philosophy of law.

Publications: author of Value Assumptions in Risk Assessment: The Alachor Controversy (with Lawrence Haworth & Breand Lee), WLU Press, 1991; Other recent publications include: Elements of Precaution: Recommendations for the Regulation of Food Biotechnology in Canada, Royal Society of Canada Expert Panel Report on the Future of Food Biotechnology. Co-authored with 13 other Expert Panel Members, Toxicology and Environmental Health (2001); "Restorative Justice and the Philosophical Theories of Punishment", Michael Hadley ed., Spiritual Roots of Restorative Justice, New York, SUNY Press, 2001; "Ecosystem Justice in the Canadian Fisheries", H. Coward, R. Ommer, and T. Pitcher, Just Fish: Ethics and the Canadian Marine Fisheries, St. Johns: ISER Press, 2000. "Silicone Breasts: Dow Corning and the Implant Controversy" with William Leis, Chapter 5 in William Leis and Doug Powell eds, Mad Cows and Mother's Milk, Montreal: McGill-Queen's University Press, 1997

#### **Scott Woodcock, bioethics**

History: B.A. (British Columbia), M.A., Ph.D. (Toronto) assistant professor, joined this department in 2002. My interests are normative ethics, bioethics, and the philosophy of biology. Recent publications include: "Pedagogy and People Seeds: Teaching Judith Thomson's 'A Defense of Abortion'" in Teaching Philosophy, "Philippa Foot's Virtue Ethics has an Achilles' Heel" in Dialogue, and "Disability, Diversity and the Elimination of Human Kinds" Social Theory and Practice

### **Women's Studies (WOST)**

#### **Jo-Anne Lee, social determinants of health in minority girls and women**

Jo-Anne Lee is presently Associate Professor in the Department of Women's Studies at the University of Victoria. Jo-Anne's scholarly and professional interest is wide ranging. She has written and published pathbreaking books, articles and reports in the areas of: Multicultural policy, nationalism and feminism, migration and immigrant women, theories of racialization, racialized and gendered urban space, adult education, community organizing and development, Chinese Canadian women, feminist theories of the state regulation and resistance and participatory action research.

She is well known for her work in the field of anti-racist feminism, immigrant women and participatory action research with racialised and Indigenous girls and young women. Her pioneering participatory action research methodologies are intergenerational, cross-cultural, anti-racist, women centered and feminist, youth engaging, change and action focused, capacity building and sustainable.

Jo-Anne does not see community service as separate and distinct from her teaching and research work. On campus, Jo-Anne has worked to build support for minority and Indigenous women faculty and instructors. She is at the forefront of efforts to establish the University of Victoria at the vanguard of community and university partnerships with marginalized communities.

### **Faculty of Education**

#### **School of Exercise Science, Physical & Health Education (PHED)**

#### **PJ Naylor – child obesity; health promotion, disease prevention**

PJ Naylor is currently an Assistant Professor in the School of Exercise Science, Physical and Health Education. Dr. Naylor's primary area of research is childhood obesity and chronic disease prevention using a socio-ecological framework and focusing on settings where children live, learn and play. She has a particular expertise in dissemination, knowledge translation and implementation research. She is currently the Principal Investigator on a CIHR funded evaluation of the BC School Fruit and Vegetable Nutrition Program and Co-Investigator on the Evaluation of a sugar-sweetened beverages education program (Sip Smart! BC) also funded by CIHR. Recently she was a Co-Principal Investigator on the Action Schools! BC Dissemination Trial and the Healthy Opportunities for Preschoolers Project (HOP) pilot - both of which are jointly funded by the Heart and Stroke Foundation of Canada and CIHR. Other projects she is collaborating on are the Action Schools! BC Province-wide implementation study (CIHR), Implementation of Action Schools! BC in Rural and Remote Aboriginal Communities (CCL and BCHSRF) and the Healthy Food and Beverage Services in Municipal Recreation project (SRDC). Dr. Naylor is currently supervising 2 undergraduate theses and 4 graduate students working in the area of chronic disease prevention and health promotion.

**Ryan Rhodes – behavioural medicine; health promotion, disease prevention**

Ryan E. Rhodes is an associate professor in the School of Exercise Science, Health and Physical Education and Director of the University of Victoria Behavioural Medicine Laboratory. His main research interests include: personality and social cognition in physical activity, sedentary behaviour, psychometrics, physical activity and early family development, and interactive exercise gaming. Rhodes holds a new investigator award from the Canadian Institutes of Health Research, a scholar award from the Michael Smith Foundation for Health Research, and was recently awarded the 2008 Early Career Scholar Award from the North American Society for the Psychology of Sport and Physical Activity.

**Joan Wharf Higgins – health promotion, disease prevention**

Dr. Wharf Higgins has been a Professor in the School of Exercise Science, Physical & Health Education since 1993. She did her B.A. in Leisure Service Administration and her M.A. in Adult Health and Fitness at the University of Victoria. Her Ph.D. is in Interdisciplinary Health Promotion from the University of British Columbia. She presently holds a Canada Research Chair in Health & Society (2004-2009), is Scientific Advisor to the Health and Learning Knowledge Centre (2005-2009) and has won the UVic Faculty of Education Alumni Award (2008) and Sport BC President's Award (2009). Since 2004, she has secured \$965,780 as PI and \$3,126,783 as co-applicant, plus \$10,744 (development funds), for a total of 27 research projects; \$164,215 in BCKDF/CFI infrastructure monies; contributed to the establishment of the \$5.7 million Health and Learning Knowledge Centre for which she also serves as Scientific Advisor, with \$30,000 award; led the establishment of the \$1,000,000 Institute for Applied Physical Activity and Health Research; and has over 60 publications in her career.

**Curriculum & Instruction (EDCD)**

**Deborah Begoray – health literacy**

Deborah L. Begoray, PhD is a professor in the Dept of Curriculum and Instruction, Faculty of Education. She teaches literacy education, especially to final year student teachers and inservice teachers in middle and/or secondary schools. Her current research interests are in Health Literacy. She heads interdisciplinary teams of researchers on projects such as Development of Measures of Health Literacy for Canadian Schools (funded by CIHR) and Examining the Impact of Health Education on Adolescent Health Literacy (funded by SSHRC). She works with both qualitative and quantitative methodologies. She also collaborates with professors in Nursing; Exercise Science, Physical and Health Education; and Health Promotion both here at UVic and also at UBC on topics such as girls' sexual health and dating relationships; and youth initiated health projects. Dr. Begoray is also a Research Fellow in the Centre for Youth and Society.

### **Budd Hall – health and learning**

Budd L Hall is currently the Director of the Office of Community-Based Research at the University of Victoria. He is the former Dean of the Faculty of Education and the founding Executive Director of the Canadian Council of Learning's Health and Learning Knowledge Centre. His pioneering work in the field of participatory research and participatory action research has been taken up widely around the world in health and health care fields. His academic writings are in the fields of community-based research, adult education in international contexts and learning and social movements. Dr. Hall is on the Board of Directors of the United Way of Greater Victoria. He was the organizer of the 2008 Community-University Exposition that brought 600 people to Victoria, many of them in the health care field.

### **Educational Psychology & Leadership Studies (EPLS)**

#### **Wanda A.R. Boyer – early childhood education; motivation; family development**

Wanda Boyer <[wboyer@uvic.ca](mailto:wboyer@uvic.ca)> is Associate Professor in the Department of Educational Psychology and Leadership Studies in the Faculty of Education at the University of Victoria. Her research interests are in the development of self-regulation and emotion regulation in young children in all areas of their experience and exploration. Her other research interests include cognitive, social and emotional development in early childhood and the elementary years, violence and victimization of children, play therapy, special education, family development, research designs, and research ethics.

#### **Darlene Clover – adult education and health**

My coming to UVic's Leadership Studies programme in July 2004 has meant a broadening of the concept of leadership. Courses include a focus on community leadership (voluntary and non-governmental organizations, the workplace and community schools) around areas/themes and issues such as:

- Feminist and women's leadership and educational activities at local and global levels
- Adult and environmental adult education
- Cultural leadership and social transformation through arts and crafts-based learning
- Citizenship, democracy and governance and globalization
- Social movements and activism
- Healthy and learning communities
- Community development

#### **David deRosenroll – trauma healing; indigenous healing approaches**

David's interests are in the field of trauma and trauma counselling. His private practice and teaching, both on and off campus focus on this area. Specifically he is interested in the biophysiological dimensions of trauma and healing and their interactions with the psychological dimensions. His work has mainly focused on

developmental trauma and his work has included working in First Nations communities.

**Gina Harrison** – learning disabilities and learning difficulties; school psychology  
Dr. Harrison is a registered psychologist who's research examines the cognitive and linguistic aspects of literacy in diverse populations, including children and adults with learning disabilities, literacy promotion and developmental health across the life-span, and effective assessment and intervention for literacy-based learning difficulties in schools and clinical settings. Her research has examined the relationship between reading and spelling skills and strategies in students academically at-risk, the writing strategies of students in higher education with learning disabilities, and the cognitive aspects of second language reading acquisition and risk for reading disabilities of ESL students in higher education

**Anne Marshall – adolescents and youth**

E. Anne Marshall, Ph.D., R.Psych. is a Professor of Counselling Psychology and the Director of the Centre for Youth and Society at the University of Victoria. Her research interests include emerging adulthood transitions and identity, mental health in cultural and Indigenous contexts, counselling interventions, life-work development, qualitative methodologies, interdisciplinary research, and knowledge exchange. Dr. Marshall is involved in national and international interdisciplinary community-based research projects focusing on the health and well-being of youth and young adults in a variety of cultural contexts. She has published in academic and professionally-oriented refereed journals and was co-editor of *Ethical issues in community-based research with children and youth* (2006) published by University of Toronto Press. Recent book chapters include "Knowledge flows around youth" in Lutz & Neis (2008) *Making and moving knowledge* and "Policy responses to youth in adversity" in Liebenberg & Ungar (2008) *Resilience in action: Working with youth across cultures and contexts*.

**Donna McGhie-Richmond – teaching and learning; students with multiple and severe disabilities**

I am an Assistant Professor in Educational Psychology and Leadership Studies at the University of Victoria. I teach students who are learning to become teachers and those who are learning to become more effective teachers and/or researchers. My research intersects three current debates in education: (1) the efficacy of inclusive education; (2) the role of teacher quality in determining student achievement; and (3) the challenge of addressing the needs of low-achieving, at-risk students and those with disabilities. The inclusion of students with disabilities into regular classrooms is the predominant policy in Canadian schools. Yet, there remains considerable resistance to inclusion, particularly in secondary schools. We know that positive attitudes towards inclusion are the most important factor governing the success of students in inclusive classrooms and schools. I am interested in the role of teacher efficacy and beliefs and how they inform what teachers do in their classrooms, and consequently student learning outcomes. My research program examines factors that contribute to successful inclusive education for students with disabilities and their peers.

Prior to coming to Victoria, I was a research fellow with the Canada Research Chair in Special Education at the University of Alberta. I completed my masters and doctoral studies at the University of Toronto in computer applications and adaptive instruction. I worked for many years as special education consultant in augmentative and alternative communication at the Bloorview Kids Rehab Centre in Toronto, providing support to families and schools concerning children who have complex and multiple needs. I am passionate about understanding and addressing the learning needs of children who challenge us, multi-disciplinary team processes; the role of assistive and learning technologies; and foremost, inclusive education.

**Faculty of Human and Social Development  
Health Information Science (HINF)**

**Scott MacDonald, epidemiology, role of substance use in injuries, program evaluation, alcohol policy**

Dr. Scott Macdonald (Associate Professor at the School of Health Information Science and the Assistant Director at the Centre for Addictions Research of BC, University of Victoria) has over 25 years experience in addictions related research. His background is interdisciplinary with degrees in Psychology, Criminology, and Epidemiology. He has been involved in epidemiological studies, program evaluation and policy analysis of substance abuse interventions. Areas of research include studies on workplace programs to address substance use, such as drug testing programs, employee assistance programs and health promotion programs. He has conducted studies on the impact of cocaine, cannabis and alcohol on traffic crashes, injuries and violence. He has worked with international groups, such as the International Labour Office and the World Health Organization, and Canadian agencies, such as Transport Canada to assist with the development of evidence based policies. His current research interests include: social epidemiology of addictions; monitoring and surveillance of addictions problems across the province and Canada; relationship between substance use and abuse with injuries including violence and crashes; and alcohol and drug policy.

**Elizabeth Borycki, analysis of health care systems, information technologies in healthcare, patient safety**

Elizabeth Borycki joined the University of Victoria in 2005. Elizabeth has worked in numerous roles among them an Emergency Program Coordinator, Disease Management Specialist, Clinical Informatics Specialist, Consultant and Researcher. Elizabeth teaches organizational behaviour and change management, systems evaluation, quality improvement, research methods and biomedical fundamentals in the undergraduate and graduate programs. Her research interests include clinical informatics, organizational change management, health information system implementations, patient safety, project management and information seeking involving health information systems. Elizabeth has co-authored several papers examining the effects of health

information systems upon Patient Safety. More recently, she has edited a book on the human and social impact of information technologies in healthcare.

### **Nursing (NURS)**

#### **Elizabeth Bannister, girls' sexual health, Aboriginal girls' health**

Elizabeth Banister is a Professor in the School of Nursing at the University of Victoria. Her research interests include adolescent sexual health education, adolescent relational aggression, mentoring, and knowledge translation in community-based research contexts. She is lead investigator of an international multidisciplinary research team which is focusing on innovative knowledge translation processes in community-based research directed at youth health. She developed a manual on promoting healthy adolescent relationships published in Handbook of Evidence-based Child and Adolescent Treatment Manuals (2008). Her brochure "How can I help?" A practical guide on adolescent dating abuse has been widely distributed to schools and health centres across Canada. Dr. Banister serves on the University of Victoria Human Research Ethics Board and Advisory Board (IAB) for the CIHR Institute of Gender and Health. She has published articles in Canadian Journal of Native Education, Qualitative Inquiry, Canadian Journal of Nursing Research, Journal of Youth and Adolescence, and Women's Health and Urban Life among others. She has published articles in Canadian Journal of Native Education, Qualitative Inquiry, Canadian Journal of Nursing Research, Journal of Youth and Adolescence, and Women's Health and Urban Life. She is lead editor for a forthcoming book on knowledge translation in community-based research and social policy contexts.

#### **Marjorie MacDonald, health and social inequities, health promotion, community/public health, adolescent health, social and health policy, health program evaluation**

Dr. Marjorie MacDonald is an Associate Professor in the School of Nursing and a CIHR/PHAC Applied Public Health Chair in Public Health Education and Population Intervention Research. She joined the School of Nursing as a sessional instructor in 1990 and received a tenure track appointment in 1995. She has served as Associate Director of Graduate Education and Acting Director in the School. In her Applied Public Health Chair, she is focusing on three streams of research: a series of studies exploring the implementation and impact of the Core Public Health Functions Framework in BC; studies related to adolescent health promotion in the areas of health literacy and adolescent smoking; and research related to conceptualizing the nature of advanced practice nursing in public health. Her major projects are funded by the Michael Smith Foundation for Health Research, CIHR, and SSHRC. Marjorie has taught in both the graduate and undergraduate programs and is currently supervising several master's students, 5 PhD students, and is on the supervisory committees of several other students.

#### **Mary Ellen Purkis, analysis of health care systems, community-based public health, home care**

My research interests arise out of contemporary organizational imperatives related to the delivery of health care and so I have been involved in research related to initiatives on Interprofessional Education and Practice, Health Human Resource planning and Home-based care. As someone who has spent many years in academic administration, I have been involved in coordinating organizational reforms with reforms in professional education. However, as a researcher, I am interested in understanding the impact of organizational reform on professional knowledge and identity.

My research interests focus on the organization of health care and particularly, professional knowledge and practice within health care contexts. My own disciplinary background is in Nursing and I have worked primarily with graduate students interested in exploring nursing knowledge and practice in relation to particular patient populations (e.g. older adults; youth with eating disorders; people living with chronic illnesses such as cancer). I have worked with students interested in purely disciplinary questions pertaining to Nursing as well as students who seek to understand theoretical relations between professional practice and experiences of health drawing on interdisciplinary perspectives. My own approach to research draws on ethnographic methods and I enjoy thinking and writing about interpretive methods.

**Kelli Stajduhar, palliative and end-of-life care, family caregiving; home care, HIV/AIDS, oncology, gerontology, health services research**

Dr. Kelli Stajduhar has worked in oncology, palliative care, and gerontology for over 20 years as a staff nurse, nurse clinician, clinical nurse specialist, educator, and more recently, as a researcher. Currently Dr. Stajduhar is Assistant Professor, School of Nursing and the Centre on Aging at the University of Victoria. Her clinical work and research has focused on health service needs for those at the end-of-life and their families with a particular focus on the impact to families when palliative care is provided at home and on the needs of marginalized and vulnerable populations, particularly with seniors, HIV/AIDS and injection drug use populations. Dr. Stajduhar is involved in a number of studies that focus on family caregivers of people with cancer, and aging populations. Along with co-leading a national CIHR funded New Emerging Team focused on family caregiving in palliative and end of life care, Dr. Stajduhar currently leads three studies, one examining family caregiver coping in end of life cancer care (funded by the National Cancer Institute of Canada), another investigating bereaved family members' perceptions of the quality of end of life care provided in inpatient care settings (funded by MSFHR), and another study focused on access to end of life care and the relationships between family caregivers and home care nurses (funded by CIHR). In 2006, Dr. Stajduhar was awarded both a New Investigator Award from the Canadian Institutes of Health Research and a Scholar Award from the Michael Smith Foundation for Health Research.

**Lynne Young, heart-health initiatives**

Lynne Young RN PhD, Associate Professor, UVictoria, School of Nursing. She completed her PhD at UBC in 1997 studying at the School of Nursing and the UBC Institute of Health Promotion Research. Dr Young's research is in the area of women's heart health with a focus on the social determinants. Dr. Young is a Key Mentor in for the CIHR FUTURE Training Program to build capacity for cardiovascular nursing science. And, she and others are funded through CIHR Emerging Team Grant to design a program of research in support of building evidence for health promotion for women. Dr. Young's health promotion work includes participating as Chair of the Education Sub Committee of the new BC Provincial Pain Initiative. She is first editor of a book entitled "Transforming health promotion practice : Concepts, Issues, and Applications", that was been awarded the American Journal of Nursing 2002 Book of the Year Award in two categories and that has been translated into Japanese. A companion book entitled "Teaching Nursing: Student-centered theories, models, and strategies for nurse educators" was published in 2007 for which she was first editor. In this book authors draw links between the principles of teaching and learning and the principles of health promoting nursing practice.

**Studies in Policy and Practice in Health and Human Services (SPP)  
Child and Youth Care (CYC)**

**Jessica Ball (Child and Youth Care), Indigenous People's health, child development**

Jessica is the Principal Investigator on projects in the Early Childhood Development Intercultural Partnerships program. She is also Coordinator of First Nations Partnership Programs - a two-year diploma program in early childhood education and youth care, delivered in communities through partnerships with Indigenous communities and post-secondary institutions in western Canada.

Jessica has worked extensively in innovative programs to protect cultural diversity and support development of community-based services to promote optimal child health and development. A Canadian of Irish-English ancestry, Jessica completed her undergraduate work at UBC and her graduate work in clinical psychology and international health planning at the University of California at Berkeley. She spent 12 years in Southeast Asia as a consultant to community agencies and government ministries at all levels of education; in research to inform youth policy and national programming; and in community mental health. Jessica's publications and presentations nationally and internationally have described this work, particularly the applications of local Indigenous knowledge in early childhood development and community-based health services, and in professional education and training programs.

**Others**

**Taiaiake Alfred (Indigenous Governance Program), Indigenous People's health**

Taiaiake is from Kahnawá:ke in the Mohawk Nation. He is a full Professor in the Faculty of Human and Social Development, and has taught at UVic since 1994,

starting in the Administration of Aboriginal Governments program in the School of Public Administration, and then as the founding director of the School of Indigenous Governance. Prior to coming to UVic, Taiaiake was a professor of Political Science and director of the Centre for Native Education at Concordia University in Montréal. He's the recipient of a Canada Research Chair in Indigenous Studies, the award for best column writing by the Native American Journalists Association, and a National Aboriginal Achievement Award in the field of Education. Taiaiake has also worked as a writer and advisor to his own and many other First Nations governments and community organizations since 1987, and served as an infantryman in the US Marine Corps. He earned his bachelor's degree in history from Concordia University and his MA and Ph.D. in comparative politics and political theory from Cornell University. He is the author of three books: *Heeding the Voices of Our Ancestors and Peace, Power, Righteousness* from Oxford University Press, and *Wasáse: Indigenous Pathways of Action and Freedom*, from the University of Toronto Press. He lives in Saanich with his wife and three sons, who are all members of the Laksilyu Clan of the Wet'suwet'en Nation.

**Howard Brunt, School of Nursing, Vice-President Research**

Dr. Howard Brunt holds a PhD in community health science and epidemiology from the University of Calgary (1990), a master's in cardiovascular nursing from Yale University (1983) and a BA in sociology from the University of Florida (1974). Dr. Brunt first joined UVic in 1990 as a professor in the nursing program. He's especially attracted to UVic's strong emphasis on the integration of teaching, learning and research. "The opportunities for increasing the proportion of graduate students at UVic bode well for the university's culture of research." Dr. Brunt served as UVic's associate vice-president research from 1999 to 2004, has returned to lead the university's research enterprise for the next five years, effective Sept. 1, 2007.

Dr. Brunt's areas of research specialization are cardiovascular epidemiology and human research ethics, with a strong emphasis on community-based research. He has received awards for his cardiovascular research and has served on many national and provincial research review panels and policy boards. In 2002 he was appointed by the presidents of the three federal granting councils to chair an inter-agency panel on research ethics.

Dr. Brunt is Uvic's second vice-president research since the position was created in 1997. He succeeds Dr. Martin Taylor, who on September 1 started a three-year term as founding president and CEO of a new corporate entity created by UVic to manage its investment in the VENUS and NEPTUNE Canada ocean observatories.

**Patricia MacKenzie, Social Work, Associate Dean of Graduate Studies**

Patricia MacKenzie joined the School as an Associate Professor in July 1999. Prior to coming to UVic, Pat spent 11 years as an Associate Professor and Director of the Saskatoon Community Education Center at the University of Regina. Pat also was a practising social worker in Victoria from 1974 to 1988.

She has an MSW from UBC and a Ph.D. from the University of Edinburgh. Pat teaches in both the undergraduate and graduate programs of the School and is a research affiliate at the Centre on Aging. She is currently serving as the Associate Dean of Graduate Studies. Her primary research interests are in the area of health care, aging, interdisciplinary practice and rural communities.

**Michael Prince (Studies in Policy and Practice), analysis of health care systems, policy, disability**

Dr. Michael J. Prince is the Lansdowne Professor of Social Policy in the Faculty of Human and Social Development at the University of Victoria.

Prince holds two degrees in public administration and a doctorate in politics. Author, editor and co-author of 11 books as well as numerous articles, monographs, reports and chapters. Research interests include: Canadian Social Policy and Practice, Disability Studies and Citizenship, Aboriginal – Canadian State Relations, Aging, Retirement Income and Pension Reform, Fiscal Federalism and Public Budgeting in Canada, Organization and Practice of Policy Analysis, Politics and Governance of Science and Technology, Public Administration and Governmentality.

**Jeff Reading (Centre for Aboriginal Health Research)**

Dr. Jeff Reading earned his Ph.D. in Public Health Sciences at the University of Toronto. He is a Full Professor and a Co-Director of the Centre for Aboriginal Health Research at the University of Victoria, Faculty of Human and Social Development, and Fellow at the Canadian Academy of Health Sciences. He was the Scientific Director of the Canadian Institutes of Health Research - Institute of Aboriginal Peoples' Health (Term: December 2000 - December 2008) which was based at the University of Victoria.

As an epidemiologist, his research has brought attention to such critical issues as disease prevention, smoking, healthy living, accessibility to health care and diabetes among Aboriginal people in Canada. The long-term outcome of research activities aims to improve the health of Aboriginal people in Canada and abroad.

Distinguished as a leading national and international expert in indigenous health research, his dedication to the pursuit of excellence in research is broadly recognized in academic and government circles. In 2000, Dr. Reading delivered the prestigious annual Amyot lecture at Health Canada, designed to foster innovation and debate on leading health policy issues. Recently, in March 2008, Dr. Reading was selected by Aboriginal peers to receive a National Aboriginal Achievement Award in the Health category.

As an Aboriginal person, he personifies innovative and visionary thinking and excellence in research in Canada and around the world that encourages the meaningful involvement of community people working alongside multidisciplinary teams of health researchers, each contributing their own perspective and expertise. This combination produces research that is scientifically rigorous and relevant to Aboriginal communities.

Figure 1. SDHR Governance Structure and Program Requirements

