First Day Access Survey Report

February 14, 2025 Prepared for VPA Layla Alhussainy by Department of Research and Advocacy



Overview

This survey ran on the UASU Perks platform from January 30th to February 13th, 2025, and reached 1,362 respondents. The brief for this project was to present students with a fairly-framed explanation of the proposed First Day Access program to assess whether students feel the program would benefit them. The full sample and a simple stratified random sample (n1=925) produced closely consistent results.

Key Findings

When asked what they would have done if FDA had existed this semester:

- 16-17% of respondents would probably or definitely have paid the FDA fee, equivalent to around 6,000-6,500 undergraduates, comparable to the low end of University projections (7-10k). Results varied widely by faculty.
- 57-59% would probably or definitely have opted out.
- Another 13-14% would have been automatically exempt, equivalent to around 5,000-5,400 undergraduates, much lower than University projections (10-19k).

When asked if FDA would benefit them in a usual semester at a \$250 price point, 18%-20% somewhat or strongly agreed, and 58-61% somewhat or strongly disagreed.

9-10% of respondents somewhat or strongly disagreed that they can use electronic textbooks on their devices. (This is consistent with the UASU's <u>2022 Annual Survey</u>, which also found that food-insecure and disabled students were much less likely to have devices that met their needs for schoolwork.)

66% worried about missing their chance to opt out of the fee (even after being assured that the opt-out deadline would be soft and that some students would be opted out automatically). Most respondents (55-60%) who would usually benefit or who definitely would have used FDA were still worried.

The 9-10% of respondents who were most likely to choose courses based on textbook costs were more likely to use the program — but also more likely to worry about missing the opt-out deadline and may be more likely to face barriers to using electronic textbooks. These results suggest that, while many students face serious financial and academic pressure from textbook costs, FDA may not be the best mechanism.

To supplement this survey, Research and Advocacy ran 'sample student' case studies for eight faculties across two semesters (Appendix A). Like sample cases run by the University, around half of these sample student schedules had required textbook costs higher or lower than the likely FDA price. None of the sample students would have been automatically opted out, supporting low-end projections for automatic opt-outs.

Program Description

The primary obstacle to developing this survey was the lack of written information on the First Day Access program. The survey's program description was based on:

- Input from student representatives and staff who have received verbal information from the University.¹
- A January 20th letter provided to VPA Alhussainy by Katherine Huising, AVP Campus Services.
- Slides and verbal information provided to the UASU Students' Council in a January 21st presentation (originally promised for July 2024). The recording and automated transcript of this public meeting are available here.

The survey ran with the following description, reviewed by the UASU Executive Committee for accuracy, balance, and consistency with the January 21st presentation.

The University is planning a 'First Day Access' automatic textbook billing program starting in Fall 2025. The UASU has been working to get more information on this program, and we urgently want to hear your voice on this. From the information we have now:

- It will cost participating students around \$250 per semester. This is much less than some students pay for textbooks, and much more than other students pay.
- Students can choose to opt out each semester. If you do not opt out, you will be charged the fee.
- If none of your classes have required textbook costs, you will be automatically opted out for that semester.
- This fee will only cover electronic textbooks, which WILL be available at the start of the semester but generally WON'T be available to you after the semester ends. The electronic textbooks would meet accessibility standards.
- If your textbooks are not available electronically, you would need to purchase them separately and/or consider opting out.
- The University says the opt-out deadline will be 'soft': if you miss it, you can go to the Bookstore and ask for an exception.
- There is no guarantee that the price will remain the same after 2025/26.

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¹ This includes Executives' meetings and attempted meetings with the responsible offices (the Office of the Dean of Students, Facilities and Operations, Retail Operations, and the Provost's office) between June 2024 and January 2025.

Representativeness

To reach beyond the normal Perks user base, the survey was also distributed through the UASU's newsletter. The 1,362 respondents were distributed across all faculties. 91% of respondents had a known undergraduate faculty. As with many student surveys, turnout varied by faculty. Results were reasonably representative, but had an expected underrepresentation in some professional faculties and outside North Campus.

Faculty	Percent of Winter 2025 UASU voter roll	This survey's respondents with a known UG faculty
ALES	4.8%	7.1%
Arts	18.8%	17.1%
Augustana	2.3%	1.0%
Business	9.1%	7.8%
Campus Saint-Jean	2.2%	0.7%
Education	7.5%	6.7%
Engineering	13.5%	13.7%
KSR	4.2%	3.4%
Law	1.6%	0.3%
Medicine & Dentistry	3.5%	2.0%
Native Studies	0.5%	0.2%
Nursing	4.0%	3.3%
Open Studies	4.3%	1.5%
Pharmacy and Pharmaceutical Studies	1.6%	1.2%
Science	22.0%	34.0%

To compensate, Research and Advocacy made a simple stratified random subset that more closely approximates the student body by randomly removing 20 ALES respondents, 30 Arts respondents, 30 Engineering respondents, and 200 Science respondents, as well as the respondents whose faculty was not clearly identifiable. The resulting subset (n1=925) is referenced below as the *representative subset* in cases where it notably diverged from the full sample's results. Both the representative subset and the full sample were used to approximate the ranges for the numbers of students using FDA or opted out. Unless otherwise noted, all other analysis uses the full sample.

"If this program had existed THIS SEMESTER, what would you have done?"

This question ran with a five-point Likert scale, modified to be clear about what behavior the ends of the scale corresponded to.

- I would definitely have paid the fee, instead of getting my textbooks as normal: 7.2% (rising to 8% in the representative subset)
- I would probably have paid the fee: 8.9%
- Not sure: 10.6%
- I would probably have opted out and got my textbooks as normal: 17.3%
- I would definitely have opted out: 41.9%
- None of my classes had required textbook costs, so I would have been automatically opted out: 14.2% (13% in the representative subset)

Out of the 37,735 undergraduates in the 2024/25 Annual Enrolment Report, these results would be equivalent to around 6,000-6,500 undergraduates probably or definitely using FDA. The January 20th letter estimated that "between 7000-9000 students may benefit by participating." Verbal comments in the January 21st presentation clarified that this number is a projection of how many students will use FDA.²

While it seems clear that the University's FDA usage projection was provided in good faith, it appears to have been based on required textbook costs listed for each course rather than students' decision-making. This survey suggests a lower usage rate — assuming students have a perfect ability to opt out and perfect awareness of their ability to do so.

These results would also be equivalent to 5,000-5,400 undergraduates being automatically opted out. By contrast, the <u>January 15th Academic Planning Committee</u> meeting documents stated that "over 10,000 students...are automatically exempt," UASU <u>analysis</u> of textbook purchasing suggested a wide range of possible numbers (2,700-10,600), and the University's verbal comments at the January 21st presentation suggested that 18-19,000 would be automatically opted out, based on courses that have no required textbooks listed.

Likelihood of using the program declined by year of study (9% 'definitely have paid' for first year, 8% for second year, an average of 5% for third year and higher). Meanwhile, likelihood of automatically opting out rose consistently (9% for first year, 15% for second year, an average of 18% for third year and higher). Both shifts by year of study reaffirm student leaders' concerns around how heavily the program could rely on first-year students for its revenue — students who may be less likely to understand the financial risk and the right to opt out.

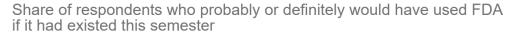
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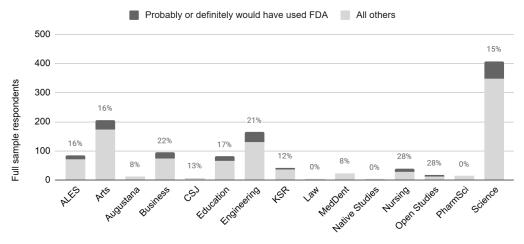
² Automated transcript: "But the remaining 7,000 to 9,000 students that choose to stay in the program because they see that it will benefit...them... Providing savings to 7-10,000 students is a good thing to do."

Variation by Faculty

Cross-tabulating by faculty always comes with considerations. Professional faculties can be underrepresented in student surveys, and faculties vary widely by enrolment. Since textbook costs vary widely across faculties, however, respondents' faculty is an important lens.

Our results reaffirm that textbook costs vary by faculty and suggest that extreme textbook costs can best be understood as a faculty-specific problem, unsuitable for a 'one size fits all' approach like FDA.





"Agree or disagree? 'I can use electronic textbooks on my devices.'" This question was added because FDA appears to cover only digital formats.

Strongly agree: 51.5%Somewhat agree: 29.4%

Neither agree nor disagree: 9.3%

Somewhat disagree: 4.9%Strongly disagree: 4.9%

For around 10% of respondents (falling to around 8.5% of the representative subset), device access is a barrier regardless of whether the program would otherwise be beneficial or detrimental to them. This number is consistent with the UASU's 2022 Annual Survey (n=4,070), where 11% of respondents did not have devices that met their academic needs, rising to 16% for moderately food-insecure students and 26% for severely food-insecure students (measured using the Health Canada HFSSM Adult Scale), as well as 19% of disabled students.

The representative subset produced closely consistent numbers. All agree/disagree Likert scale questions, for both the full sample and the representative subset, are summarized as a chart in Appendix B.

"Agree or disagree? 'At \$250 per semester, this program would usually benefit me.'"

Asking respondents to use a plain Likert scale to assess the proposed 2025/26 cost against their usual needs provided a second touchpoint for self-assessed financial value. This would include students' own considerations of their usual purchasing behaviour and their chances of being opted out automatically.

Strongly agree: 5.4%Somewhat agree: 13.0%

• Neither agree nor disagree: 20.3%

Somewhat disagree: 19.8%Strongly disagree: 41.6%

The representative subset produced closely consistent numbers, though total 'agree' respondents rose by 2% and total 'disagree' respondents fell by 3%.

These results would be equivalent to around 7,200-7,700 undergraduates probably or definitely using FDA, compared to around 6,000-6,500 in the 'what would you have done this semester?' question and the University's 7-9000 and 7-10,000 estimates.

As with the 'what would you have done this semester?' question, potential program usage fell steadily by year of study (8% 'strongly agree' for first year, 6% for second year, and an average of 4% for third year and higher).

"Agree or disagree? 'I worry that I'll miss my chance to opt out.'"
This question was added because of student leaders' persistent concerns about opt-out access given the size of the fee. In the January 21st meeting, Councilors raised that several groups (e.g. first-year students and international students) may be at special risk of missing the deadline or not fully understanding their options to opt out.

Strongly agree: 33.6%Somewhat agree: 32.2%

• Neither agree nor disagree: 16.9%

Somewhat disagree: 9.6%Strongly disagree: 7.6%

The representative subset produced closely consistent numbers.

Most respondents who somewhat or strongly agreed that the program would usually benefit them at a \$250 price point were worried about missing their chance to opt out (60% of all who would usually benefit, 55% of those who strongly agreed that they would usually benefit).

Likewise, of the respondents who would definitely have paid the fee if it had existed this semester, 54% still worried about missing their chance.

"Agree or disagree? 'Textbook cost is a significant factor for me when I'm choosing my classes.'"

This question was added to identify the respondents who make class decisions based on (high) textbook costs (a known behaviour established in several past surveys), and then assess these respondents' perspective on the questions above. In other words, it allows us to assess how some of the students who might benefit most from a program like FDA would feel about it.

Strongly agree: 10.1%Somewhat agree: 15.1%

• Neither agree nor disagree: 25.7%

Somewhat disagree: 19.8%Strongly disagree: 29.2%

The representative subset produced closely consistent numbers.

Respondents who selected 'strongly agree' for this question — respondents for whom textbook costs are determinative when picking classes — had a higher likelihood of participating:

- More likely than other students to have definitely paid the fee this semester instead of buying textbooks as normal (20% vs. 6% of other respondents).
- More likely than other students to strongly agree that this program would benefit them in their usual semester at this price point (19% vs. 4%).

However, respondents who selected 'strongly agree' were also especially worried about paying the FDA fee by accident, and could be more likely to have device barriers. (This would be consistent with 2022 Annual Survey data, which found that device access varied strongly by levels of food insecurity.)

- Far more likely than other students to strongly agree that they worried about missing the opt-out deadline (50% vs. 32%).
- Slightly more likely than other students to strongly disagree that they can use electronic textbooks on their devices (59% vs. 51%).

This conflicting picture strongly reaffirms the reality of the financial pressures and academic impacts that many students face from high textbook costs. However, it also suggests that FDA may not be the appropriate mechanism for reducing harm.

Appendix A: Sample Student Cases

In the January 21st presentation, the University offered five sample cases using 'cheapest possible option.' For example:

Student Case Study 5



Arts Psychology Major

Term 1				
Class	TOPIC	Required CM	Lowest price option	Physical option
PSYCH 104	Basic Psychological Processes	9781319561291	77.99	160.98
SOCI 100	Introduction to Sociology		117.98	
BIOL 107	Introductory Biology		74.95	
STAT 151	Introduction to Applied Statistics I	9780135641835	65.00	n/a
ENGL 102	Introduction to Critical Analysis		69.70	
		Potential course material costs	405.62	

Summarized:

- Case Study 1 was a first-year Engineering student. In term 1, they would have \$180.90 of potential course material costs, and probably would have opted out of FDA. In term 2, they would have \$354.24 of potential costs and probably would have stayed in.
- Case Study 2 was a Nursing student. Their potential costs would have been \$665.03 in first year (i.e. in first term, for materials that would also be available in second term) and \$75.99 in third year.
- Case Study 3 was a Bachelors of Commerce student. Their potential costs would have been \$182.00 per term in first year and \$298.13 per term in second year.
- Case Study 4 was a student in Music, General Route. Their potential costs would have been \$277.72 in the first term of their first year.
- Case Study 5 was an Arts student with a major in Psychology. Their potential costs would have been \$405.62 in the first term of their first year.

In other words, out of ten semesters presented, five had a potential course materials cost (focusing on mandatory books and the lowest-cost items when choices were available) that was higher than the probable 2025/25 cost of \$250 per semester.

Without seeing these cases, Research and Advocacy analysts were asked to conduct the same kind of 'sample student' analysis by constructing class schedules using Winter 2025's available planning tools. They were asked to build their schedules the way any student would as normal, with an emphasis on affordable options where available. The analysts noted: Many majors can select any course they want, resulting in differences in textbook costs between students. Further, not all professors use the same books, or any book, resulting in differences in textbook costs between classes.

The Research and Advocacy sample cases, summarized:

FACULTY	FALL TERM	WINTER TERM
Science	\$69 to \$531.90	\$69 to \$320.96
Arts	\$360.94 to \$514.32	\$371.16 to \$645.9
Nursing	\$346.85 to \$432.98	\$767.94 to \$883.35
Engineering	\$340.20 to \$703.92	\$354.24 to \$825.89
Business	\$287.05 to \$608.94	\$69 to \$276.53
ALES	\$209.33 to 219.33	\$253.1 to \$465.86
Education	\$98.52 to \$168.91	\$187.5 to \$425.95
KSR	\$211.93 to \$472.89	\$69.35 to \$250.98

These results are consistent with the sample cases that the University presented in that, if students choose the courses and class sections with the cheapest possible options, around half would be above the proposed \$250 cost.

Research and Advocacy found that many cases would have much higher costs for required materials, suggesting that measures to reduce textbook costs have the potential to increase student choice, particularly for students under financial pressure. However, these results do not speak to whether FDA in its current form is an appropriate mechanism.

None of these eight cases wound up having zero required textbook costs, even though it appears that anywhere from 5,000 to 19,000 undergraduates would theoretically be opted out automatically on those grounds. The sample cases suggest that low-end estimates would be more likely to be accurate.

Appendix B: Combined Likert Scales — Reference Chart

