

THE UNIVERSITY OF BRITISH COLUMBIA | OKANAGAN



OKANAGAN SENATE SECRETARIAT

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www.senate.ubc.ca**08 April 2009**

To: Okanagan Senate

From: Senate Learning and Research Committee

Re: Establishment of the Institute for Healthy Living and Chronic Disease Prevention (approval)

The Senate Learning and Research Committee is pleased to recommend to Senate the approval of the Institute for Healthy Living and Chronic Disease Prevention, effective May 1, 2009.

That Senate approve the establishment of the Institute for Healthy Living and Chronic Disease Prevention, effective May 1, 2009.

Rationale:

The Centre for Healthy Living and Chronic Disease Prevention had been established in May 2008, as an innovative, interdisciplinary research centre that promised to place UBC Okanagan in the forefront of community-based health. The formation of the Centre was timely and relevant to current local, national and international needs, coherent with the UBC Okanagan Strategic Research Plan, UBC Okanagan Plan and UBC's Aboriginal Strategic Plan.

The intent of the proposal submitted to the Learning and Research Committee was for the Centre for Healthy Living and Chronic Disease Prevention to become the Institute for Healthy Living and Chronic Disease Prevention at UBC Okanagan. Positioning the research enterprise as an Institute would be necessary to support the interdisciplinary, cross faculty involvement needed to achieve its longer term research goals.

The proposal to establish the Institute for Healthy Living and Chronic Disease Prevention has been reviewed by the Associate Vice-President, Academic & Research.

The detailed background is contained in the attached proposal, dated March 6, 2009. The Okanagan Senate *Policy on Research Institutes* is attached as Appendix A.

Respectfully Submitted,
Dr. Peter Arthur
Chair, Learning and Research Committee



March 6, 2009

A PROPOSAL TO THE UBC OKANAGAN (UBCO) SENATE

FOR ESTABLISHMENT OF

THE INSTITUTE FOR HEALTHY LIVING AND CHRONIC DISEASE PREVENTION
... Partners in research for better health

A PROPOSAL TO THE UBC OKANAGAN (UBCO) SENATE FOR ESTABLISHMENT OF THE INSTITUTE FOR HEALTHY LIVING AND CHRONIC DISEASE PREVENTION

EXECUTIVE SUMMARY

The Centre for Healthy Living and Chronic Disease Prevention, officially launched in May 2008, is an innovative, interdisciplinary research centre that will place UBCO in the forefront of community-based health promoting research through advancing research methods, building research capacity and fostering the use of knowledge in ways that will benefit individuals, families and communities and reduce the burden of chronic disease.

The formation of the Centre was timely and relevant to current local, national and international needs, coherent with the UBCO Strategic Research Plan, UBCO Academic Plan and UBC's Aboriginal Strategic Plan.

The recent participation by a number of UBCO faculty members and community representatives in a strategic planning process, their excitement about the potential for new research opportunities, and the energy, creativity and spirit of collaboration demonstrated by those who took part, is a testament to the high level of interest in and commitment to this new research enterprise. Under the strong and able leadership of the Director, Dr. Joan Bottorff, the Centre already has a number of active programs of research related to its mandate.

This proposal outlines a plan for the Centre for Healthy Living and Chronic Disease Prevention to become an Institute for Healthy Living and Chronic Disease Prevention at UBCO. Specifically, it outlines key elements of the strategic plan for the Institute, the context and rationale, potential partnerships and community resources, membership, a proposed governance and administrative structure, funding, existing resources, space, plans for ongoing review and evaluation and anticipated future needs. This proposal also provides the rationale for the need to establish an Institute to support this research enterprise. A business plan for the first three years of operation is appended.

INTRODUCTION

The Centre for Healthy Living and Chronic Disease Prevention was officially launched in May 2008. Since that time the Director of Centre, Dr. Joan Bottorff, has consulted with a number of individuals and organizations to obtain their input toward the development of this new research enterprise at the University of British Columbia Okanagan (see Appendix A). Through a participatory strategic planning process, in December 2008, that included representatives from a number of faculties within UBCO as well as from the Interior Health (IH) (refer to Appendix B for list of individuals who participated in the Strategic Planning Process), the mission, vision, core values and strategic directions for establishing an Institute were developed.

The intent of this proposal outlines a plan for the Centre for Healthy Living and Chronic Disease Prevention to become an Institute for Healthy Living and Chronic Disease Prevention at UBCO.

The proposal outlines key elements of the strategic plan for the Institute, the context and rationale for the Institute, potential partnerships and community resources, membership, a proposed governance and administrative structure, funding, existing resources, space, plans for ongoing review and evaluation and anticipated future needs.

Positioning this research enterprise as an Institute is necessary to support the interdisciplinary, cross faculty involvement needed to achieve its research goals. In addition, the type of health research to be undertaken under the auspices of the Institute, especially because it involves community partnerships and knowledge translation, requires sustained activity and commitment over a long period of time. Further, the research foci of the Institute mandate the development of multiple projects and theme-based programs of research. In summary, establishment of an Institute infrastructure at UBCO is needed to support this research enterprise.

MISSION

The mission of the Institute for Healthy Living and Chronic Disease Prevention is to create and use new knowledge to enhance healthy living and chronic disease prevention through the development of interdisciplinary and community-based collaborations.

VISION STATEMENT

The Institute for Healthy Living and Chronic Disease Prevention is an innovative and collaborative research centre that places UBCO in the forefront of community-based health promoting research through advancing research methods, building research capacity and fostering the use of knowledge in ways that benefit individuals, families and communities and reduce the burden of chronic disease.

A shared vision of the Institute developed by the group is attached in Appendix C.

CORE VALUES

Values are the standards or principles that guide an organization and describe what it stands for. The core values for the Institute are:

- **Excellence** - in community-based health promoting research, knowledge transfer and exchange.
- **Innovation** – designing and conducting cutting-edge research and its application.
- **Partnership and Collaboration** – meaningful engagement through all phases of the research process with a wide range of stakeholders. This fosters relevant research that makes a difference in people’s lives.
- **Accounting for Diversity** – acknowledging that differences related to: sex, gender, sexual orientation, race, ethnicity, culture, and socio-economic status, matter when it comes to health, and these complex interactive factors need to be integrated into health research
- **Equity** – committed to conducting research that will enhance equitable access to health for all.
- **Inclusiveness** – engaging those who have a stake in issues or problems that influence healthy living and that this is important for finding effective solutions and for using new knowledge
- **Commitment to Learning** – respecting a wide range of expertise and experiences that can inform the production of knowledge and its use; providing research training opportunities and building capacity to use research findings.
- **“Walking our Talk”** – modelling healthy living in how and where we work.

STRATEGIC DIRECTIONS

The six strategic directions for the Institute are:

- I – Building Core Teams to address Identified Priority Areas**
- II - Providing Research Training Opportunities**
- III - Securing Funding for Infrastructure and Research**
- IV - Developing Partnerships and Engaging a Broad Range of Stakeholders**
- V - Translating Research into Action; and**
- VI - Building our Profile and Increasing our Visibility.**

These strategic directions will guide the development of the Institute over the next three years and will be reviewed on an annual basis.

CONTEXT AND RATIONALE

Relevance to local, national and international needs/issues

Chronic diseases such as cancer, diabetes and cardiovascular disease are a major cause of death and disability in Canada and worldwide. Many chronic diseases are preventable and the international evidence shows that an integrated approach to preventing chronic disease is most effective. This includes:

- a) Engaging partners within the health sector, as well as other sectors (such as environment, housing, and justice) that impact on health; optimizing health gains requires a coordinated intersectoral and interjurisdictional effort, as well as horizontal linkages with other sectors that have a role in addressing the underlying determinants of health [Framework for a Provincial Chronic Disease Prevention Initiative, BC Ministry of Health Planning, 2003].
- b) Recognizing and addressing the relationship between social conditions and health behavior since the most promising avenues for effective prevention focus on understanding the influence of social context (e.g., gender, class, diversity, stigma) and its contribution to collective lifestyles, and using this knowledge to tailor policies and programs to enable healthful living.
- c) Addressing the set of common risk factors (such as smoking, poor diet, lack of exercise and stress) for major chronic diseases simultaneously through approaches that promote and support healthy living (such as creating environments that support healthy choices and empowering individuals and communities to make healthy choices)

To illustrate the importance of an integrated approach, a program that enables people to stop smoking, begin exercising regularly and begin eating well and puts in place policies that enable them to make healthy choices, provides protection against a number of chronic diseases, not just one.

An Institute focusing on preventing chronic diseases and promoting healthy lifestyle choices is greatly needed locally as data from Interior Health (IH, January 2008) indicate that during 2007:

- “Diseases of the circulatory system were the leading cause of death among Interior Health residents and accounted for 33.4% of the total deaths of IH residents ... and malignant neoplasms accounted for 28.2% of total deaths ...
- Interior Health residents have higher rates of self-reported smoking (and) heavy drinkingthan BC (overall) ...
- Interior Health has the highest proportion of residents aged 65 and older and the second highest proportion of those aged 75 and older in comparison with all BC Health Authorities.”

In addition, in a study conducted by Reid, Evans et al. (Conspicuous consumption: Characterizing high users of physician services in one Canadian province. *J Health Serv Res Policy* 2003; 8 (4), 215-224) almost half of high users of health care in B.C. were found to be 60 years of age and

over. Of these high users of physician services, many suffered from a combination of chronic physical and mental health conditions. In addition, the Aboriginal population throughout British Columbia, including the Okanagan, have high and increasing rates of chronic illness (e.g., diabetes).

British Columbia is the only Canadian province that has a Ministry of Healthy Living and Sport. This new Ministry, along with the province's ActNow BC initiative, reflects the strong provincial government commitment to health promotion, a position that is closely aligned with the Institute's research priorities. The Institute's research priorities are also in line with current directions in Canada and in other countries around the world to develop an integrated approach to addressing chronic disease prevention. The goal will be to balance research needed to address health promotion and prevention in relation to individual diseases (e.g., cancer), with research to develop integrated health promotion efforts, where it is appropriate, to achieve greater impact. For this reason, interdisciplinary research collaborations and partnerships with health service providers, policy makers, and community stakeholders are extremely important and will be fostered.

Coherence with UBCO Strategic Research Plan

The mission, vision and values of the Institute for Healthy Living and Chronic Disease Prevention are closely aligned with the new UBCO Research Plan (2009-2014). The UBCO Strategic Research Plan emphasizes the importance of interdisciplinarity, partnerships and excellence in research, as does the Institute's strategic plan. "Creating opportunities for Social Interaction and Research Exchange and Collaboration," one of the six Action Areas for attention identified in the UBCO Strategic Research Plan, is what the Institute for Healthy Living and Chronic Disease Prevention is all about. "Health, Culture and Diversity," one of the Areas of Research Priority in the UBCO Strategic Research Plan, is reflected in many aspects of the Institute's orientation such as "interdisciplinary collaboration... the promotion of health, the prevention of disparities arising from economic, social and cultural factors" (p. 4).

Coherence with UBCO Academic Plan

The Institute exemplifies in particular two of the imperatives of the UBCO Academic Plan (2005), "An Integrated Research Community" and "A Locally Responsive, Globally Conscious Community," in its research and ways of working. It aims to provide "outstanding student experiences and achievements" (one of the Pathways identified in the Academic Plan), in particular through its Research for Action on Community Health (REACH) health research training project that will enable students (undergraduate and graduate students, and post doctoral fellows) to work in partnership with communities and be mentored by seasoned researchers and practitioners. Through this program, strong partnerships will be formed at the community level with the aim of not only building the capacity of community members to do research but also to respond to local needs and potentially to contribute to global issues.

The Institute has the potential to attract international students which links with the "Internationalization" Pathway of the Academic Plan. The Institute and its members strive for excellence in all aspects of their work that concurs with building "A Community of Excellence"

and includes “capitalizing on the strength of research as a teaching and learning tool” (UBC Academic Plan, p. 8).

Coherence with UBC’s Aboriginal Strategic Plan

The Institute’s focus on partnerships and community-based research is coherent with the UBC Aboriginal Strategic Plan (Draft October 22, 2008) that emphasizes the importance of engaging in collaborative research with Aboriginal communities and finding “ways to support research that respects and benefits Aboriginal communities” (p. 10). Initial discussions have already occurred between Centre researchers and members of Aboriginal communities regarding potential future research collaborations.

SCOPE

The Research Institute for Healthy Living and Chronic Disease Prevention* is focused on finding ways to promote healthful living and to prevent diseases such as diabetes, cancer, and cardiovascular disease.

Specifically, the Institute’s research and education activities will focus on:

- Promoting health by addressing the social, cultural, and/or environmental determinants of health behaviour (e.g., physical activity, maintaining healthy weights, healthy eating) and well-being.
- Preventing chronic disease through focused and integrated action to address risk factors (e.g., smoking).

Research priorities for the Institute will be identified in 2009 and will guide its future development. Research to prevent individual diseases, such as cancer, and to promote health among those who are already living with chronic disease, will be balanced with research to develop integrated health promotion efforts, where appropriate, to achieve greater impact. The process for determining research priorities will be guided by the Advisory Committee, and led by the Director.

** For more detailed definitions of healthy living, chronic disease, prevention, health promotion and the determinants of health refer to Appendix D.*

PARTNERSHIPS AND COMMUNITY RESOURCES

No formal partnerships have been negotiated to date. However, multiple opportunities for partnerships exist with government, non-governmental organizations, community groups, private foundations and business. Representatives from Interior Health participated in the Institute’s strategic planning process and have indicated an interest in becoming a formal partner.

RESEARCH ASSOCIATES, TRAINEES AND MEMBERS

The Institute will be broadly inclusive and include Research Associates, Trainees and Members from a variety of UBCO faculties and the community. The main requirement for Research Associates (RAs) is active participation (e.g., engaging in active research related to the Institute's research mandate, applying for grants under the auspices of the Institute, attending Institute seminars, events, and meetings, serving on committees, etc.). All RAs will be asked to submit an annual summary of past and planned future activities related to the Institute. RAs of the Institute who are faculty members will retain their full-time appointments in their home academic units. RAs will be determined through expressions of interest to the Director. Applications for new RAs will be considered on the basis of research, scholarly activity, and productivity in areas related to the Institute's research mandate.

Trainees (e.g., undergraduate, graduate and postdoctoral students) will be invited to be associated with the Institute.

Interested individuals will be encouraged to become members of the Institute (e.g., UBCO staff, representatives of community groups, NGOs, health providers, etc.). Members will be included on a mailing list and also be notified of opportunities to be involved in research activities, workshops, seminars, etc.

A beginning list of individuals who have expressed interest in the activities of the Institute or have professional/research interests that align with the mandate of the Institute are included in Appendix F.

GOVERNANCE AND ADMINISTRATIVE STRUCTURE

It is important to create a governance and administrative structure that will enable the Institute to establish itself quickly, put in place policies and procedures for operations, fulfill its mission and integrate a core of researchers, community collaborators, and trainees into an interdisciplinary research enterprise. The proposed structure will be refined to suit the operations and needs of the Institute as the strategic and operational plans unfold and will be reviewed every 5 years.

The administrative and governance structure outlined in this section, is intended to enable the Institute to work as efficiently as possible based on its needs, resources and identified priorities.

Director

The Director, appointed by and reporting to the Provost, will hold a senior academic appointment. The responsibilities include: day-to-day administration of the Institute, including budgetary matters, supervision of Institute staff, oversight of Institute resources and infrastructure, liaison and collaboration with Institute RAs, members, trainees and affiliated partners, facilitating programs and functions to support research activities and research training, publicizing activities of the Institute to internal and external communities, supporting and

coordinating research activities of principal investigators and community partners working within the Institute, ensuring regular external evaluations of Institute activities and producing an annual report.

As the Institute is established the following positions will be created:

Research-Community Coordinators

Two full time Research-Community Coordinators are required to facilitate the development of research teams, assist with grant preparation, assist with knowledge translation activities, work with visiting scholars, organize research seminars, and support communication with those involved in the Institute. In addition, the coordinators will facilitate networking with various communities, liaise with IH research facilitators and community-based researchers, support the involvement of community members on research teams, and assist with increasing awareness of Institute activities in the community.

Communications Officer

The Communications Officer will provide leadership in Institute communications and support knowledge translation (KT) activities through a variety of public information and outreach services including reports, promotional and other communications materials, and working with various media (video, web-based technology, computer desktop publishing, etc.). The Communications Officer will be responsible for maintaining the website.

Statistician

Statistical consultation will be provided to research teams associated with the Institute. This will be a part-time position, the number of hours required will depend on the demand for this service.

Administration/Finance Officer

A full time Admin/Finance Officer is needed for activities such as to: provide administrative and financial support to the Institute Director (including monitoring of financial resources), and assist with member communications.

Transcriptionist/Secretary

A transcriptionist will be paid from operating grants to transcribe qualitative interviews for research teams and provide secretarial assistance to research teams.

Advisory Committee

Initially, an Advisory Committee will assist the Director to develop the Institute. The Advisory Committee will be a small group chaired by the Institute Director with a minimum of two appointed external members (e.g., from Interior Health, NGOs, other experts) and three UBCO representatives (two appointed, one elected). The roles and responsibilities of the AC will be to:

- Provide advice to the Director regarding policies and procedures
- Contribute to setting strategic directions for the Institute
- Review and contribute to the annual report

- Contribute to planning, identifying indicators of success for the Institute and assist in tracking the Institute's progress toward identified goals/success criteria (development and implementation of an evaluation plan)
- Contribute to evaluation and assessment of ongoing needs of the Institute.

Members of the Advisory Committee will also chair ad hoc working groups that involve external advisors and representatives of the university.

The Advisory Committee will meet quarterly and at the call of the Chair. Appointment procedures will be developed as the Institute evolves and terms of appointment to the Steering Committee will be staggered.

FUNDING

Currently, the Office of the Provost funds the Centre's basic operations (including a staff position, operational funding, and honorarium for the Director) and provides office space. The main sources of funding for the Institute will be through external funding agencies (e.g., CIHR, MSFHR, SSHRC, NSCERC, CFI) and from donations and contributions from individuals, NGOs and corporations. A fundraising campaign is currently being developed with the assistance of the UBCO Development Office.

A business plan for the Institute that includes budget projections for three years (2009-2012) is attached in Appendix G. The Institute plans to hire additional staff as funding becomes available.

EXISTING RESOURCES

The Centre already has a number of active programs of research related to its mandate. In addition to a number of operating grants, we have taken advantage of opportunities for infrastructure funding. Examples include:

Current Infrastructure Grants

- A CIHR team grant of \$999,609 that was recently awarded to Bottorff (Nominated PI), Robinson, and Krank along with collaborators Hill (IH), Budgen (UBCO), Nelems (Thoracic Program) and others in Vancouver. This team grant provides 5 years of funding to develop a program of research in gender and tobacco.
- A BC Child and Youth Health Research Network grant of \$40,000 was awarded to Bottorff to hire a Research Liaison Officer to support the development of research teams focusing on Child/Youth health issues.

Current Operating Grants

- Operating grants (from CIHR, MSF, SSHRC, etc.) are currently held by the Director as well as faculty with research interests in line with those of the Institute.

Grants under Development/Review

- A Letter of Intent (LOI) for a CIHR team grant in “Activity and Aging” is currently under review. The application is led by Jones (Nominated PI), and includes UBCO faculty (e.g., Binsted, Jakobi, Bottorff) and community-based team members.
- A CIHR strategic Research Training Program in Community Based Research in the amount of \$1.8 million is currently under review (Nominated PI – Frankish with UBCO lead Bottorff. Co-applicants include UBCO faculty (Evans, Berg, Bottorff, Krank, Hole, Chau, and Taylor). Community members in the Okanagan have also partnered on this application (Downie, Kubic, Baas, Gawliuk). The proposal is for a new BC-based, research training program: *Research Enabling Action on Community Health: REACH*. The focus is on training researchers and decision makers in research/evaluation skills centred on public health interventions, reducing inequities, and engaging all sectors of society in improving the health of Canadians. The program will financially support academic learners (graduate students, postdocs) and community learners through fellowships. Results of the competition are expected in April 2009.
- In addition, UBCO faculty members have new operating grant proposals under review at CIHR, SSHRC, and with other funders on topics related to the mandate of the Institute.

SPACE

Currently there are two offices allocated to the Centre, one for the Director and another that is housing five occupied work stations. For the 2009-10 fiscal year, three additional offices are required to accommodate the Admin/Finance Assistant, a Research-Community Coordinator and staff for new projects. In addition, a meeting room is required that will accommodate 8 to 10 chairs/people.

ONGOING REVIEW AND EVALUATION

An external review and evaluation is planned for the Institute every 5 years. The reviews/evaluations will assess success and productivity related to indicators previously defined by the Institute. Results of these reviews/evaluations will be fed into future strategic and operational plans.

FUTURE NEEDS

There are a number of future anticipated needs of the Institute including:

- an ongoing operating budget to support staff, infrastructure, partnership building activities, for technical support (e.g., statistical consultation) and equipment
- additional space to house the Institute staff and research teams both at the university and in the community as research programs grow.

CONCLUSION

We are excited about establishing a new Institute, and the energy, creativity and spirit of collaboration demonstrated by those who participated in our recent strategic planning process. We believe being an Institute of the UBCO will enhance and support the ongoing growth and development of our unique research enterprise and also contribute toward placing UBCO in the forefront of community-based health promoting research. We look forward to working toward our vision with individuals and organizations in ways that will truly benefit many individuals, families and communities in the pursuit of healthy living and chronic disease prevention.

Appendix A: Consultations and Activities**1. Consultations June – September 2008**

- a. Interior Health –
 - i. Mr. Tom Fulton, Chief of Professional Practice, Nursing and Quality Improvement
 - ii. Dr. Anne-Marie Broemeling, Director, Research and Evaluation
 - iii. Dr. Paul Hasselback, MOH, Okanagan Health Service Area
 - iv. Dr. Andrew Larder, Chief Medical Health Officer
 - v. Mr. Eric Kowalsky, Manager, Chronic Disease Prevention and Community Action, Population Health
 - vi. Clifford Daly, Assistant Director, Health Protection
- b. BC Cancer Agency for the Southern Interior
 - i. Sandra Broughton, Regional Director
 - ii. Lynne Baillie, Research Scientist, BCCA Prevention Program
- c. BC Healthy Living Alliance Secretariat
 - i. Mary Collins, Director
- d. BC Ministry of Healthy Living and Sport
 - i. Grant Main, Deputy Minister
 - ii. Andrew Hazelwood, Assistant Deputy Minister
 - iii. Laurie Woodland, Executive Director, Chronic Disease/Injury Prevention and Built Environment
- e. Individual meetings with steering committee members (internal and external)
- f. Consulted with various individuals at the National Collaborating Centres for Public Health Knowledge Translation Summer Institute in August 2008 in Kelowna
- g. Dr. Chris Spooner, ND, Vernon
- h. Mr. Loren Friesen, IQuest
- i. UBC Development Office
- j. Centre for Population Health Promotion Research, Dr. Jim Frankish, UBCV

2. Funding-related Activities

- a. UBCO Development Office – Centre to be profiled in materials (forthcoming)
- b. Centre obtained one Summer Research Internship funded by BC Child and Youth Health Research Network (summer 2008)
- c. CIHR Emerging Team Grant on Tobacco and Gender – submitted May 2008; Funding announced November 2008 (\$999,609 awarded, Bottorff – Nominated PI)
- d. CIHR Emerging Team Grant on Activity and Aging (Jones, PI) – activities to support team development and LOI submitted in fall 2008
- e. BC Child Youth Health Research Network - \$40K for Research Liaison Officer to support the formation of research teams and grant proposals (Jan- Sept 2009)

- f. CIHR Strategic Research Training proposal in community-based health research – collaboration with PI, Dr. Jim Frankish (UBCV) and faculty mentors at UBCO and in Vancouver (in review, \$1.8M)
- g. Other grants in preparation – consultation provided on grant applications, team development, etc.

3. Other Activities to Profile Centre

- a. Centre profiled in media coverage in Capital News, and in media releases related to breast cancer and smoking on-line survey in July/August 2008
- b. BC Healthy Choices in Pregnancy (HCIP) launch of 4 new resources (Sept 11) – J. Bottorff participated in this event to present one of the resources (Couples and Smoking resource booklet); live stream video presentation will be available on HCIP website.
- c. Café Scientific (funded by CIHR) on the topic of Women and Tobacco, November 6th, 2008 (co-sponsored by Centre) – J. Bottorff and K. Sullivan (PhD student) from UBCO participated in the panel
- d. UBCO Research Office – UBCO Research publication profiles research at the Centre.

APPENDIX B: LIST OF PARTICIPANTS IN STRATEGIC PLANNING PROCESS

Gordon Binsted - Assistant Professor, Human Kinetics

Lianne Bilodeau – Manager, Workplace Health and Sustainability, Human Resources

Joan Bottorff, Director, Centre for Healthy Living and Chronic Disease Prevention

Claire Budgen – Director, Health and Counselling, Health and Wellness Centres and Associate Professor Emeritus Nursing

John Burton, Instructor, Faculty of Management

Jennifer Carkner – Research Officer, Health and Ethics, Research Services Office

Shirley Chau - Assistant Professor, School of Social Work

Tom Fulton - Adjunct Professor, Health Studies and Leader of Professional Practice and Chief Nursing Officer, Interior Health Authority

Linda Hatt – Associate Dean, Curriculum and Student Affairs, Irving K. Barber School of Arts and Sciences

Rachelle Hole, Assistant Professor, School of Social Work

Jennifer Jakobi, Assistant Professor, Human Kinetics

Gareth Jones – Assistant Professor, Human Kinetics

Eric Kowalski – Manager, Chronic Disease Prevention and Community Action, Interior Health Authority

Barb Pesut – Assistant Professor, School of Nursing

Carole Robinson – Acting Associate Dean, Faculty of Health and Social Development

Ed Taylor – Director, School of Social Work

Pam Thompson – Facilitator and Consultant, Centre for Healthy Living and Chronic Disease Prevention

APPENDIX C– SHARED VISION OF THE INSTITUTE IN THE YEAR 2012
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I see:

- A research Institute that makes national headlines and the UBC Annual Report highlighting outstanding and innovative research
- An international player with a conference, journal and a place that sends out teams for international experiences
- A magnet that attracts people, ideas and innovations to create novel ways of addressing the mission
- A Centre for Excellence where students relocate to study
- An institute where graduate students study
- A centre that attracts and retains international scholars who focus on chronic disease and health promotion

- Sustained “BIG” funding to take the Institute into the next decade
- Substantive funding for infrastructure
- Lots of money for: infrastructure (e.g. space, computers, communications equipment, a wall to ceiling white board with ladders), clerical support, support folks to find money to navigate grant development funds, etc., time release/course buy out for professors so they can focus on research
- Increased opportunities for funding

- A Institute that utilizes new technologies to communicate knowledge
- A first-class , accessible website that is frequently accessed

- A physical entity with space, offices and a meeting area
- A geographic centre/location, an older home with computers and folks from Interior Health, NGOS and community members working together
- A Centre embedded in the community
- Healthy People working together, having fun, eating real food, moving bodies – light, air, water
- A hospitable place with people from a variety of backgrounds who are comfortable with each other
- A no-barriers place where someone without research background could come and talk with people
- A place where groups impacted by specific health issues have “equal” ownership over the generation and use of knowledge

- An Institute where policy makers come to share in the creation/generation of knowledge
- The unconventional, non-traditional involvement of disciplines
- Heavy involvement of those who can effect change at the ground level
- A strong base of engaged community partners, including those from the Aboriginal community
- Effective and productive research occurring in the community
- Lifestyle changes arising as a result of the Institute activity
- Research findings from the Institute teams shaping local development to support healthy living
- True integration of healthy behaviours that those affected are using
- A truly smoke-free campus
- Us recognized as the consultants for healthy living, healthy buildings, etc. and people coming to us for advice

APPENDIX D – DEFINITIONS OF KEY TERMS

Healthy Living	<p>“Healthy living applies both to the population in general and to individuals. At the population level, healthy living refers to the practices of population and sub-population groups that are consistent with improving, maintaining, and/or enhancing health. As it applies to individuals, healthy living is the practice of health enhancing behaviors or living in healthy ways. It implies the physical, mental, spiritual capacity to make healthy choices. Healthy living means making positive choices about personal health practice such as healthy eating, not smoking, building a circle of social contacts and staying physically active. These choices are strongly influenced by the environments where people live, work, learn and play.” [Healthy Living Strategy, Public Health Agency of Canada, 2003]</p>
Chronic Disease	<p>Chronic (or non-communicable) diseases are typically characterized as having an uncertain etiology, multiple risk factors, long latency, prolonged affliction, a non-infectious origin, and can be associated with impairments or functional disability¹. Although chronic diseases are among the most common and costly health problems facing Canadians, they are also among the most preventable. Examples include cardiovascular diseases (heart disease and stroke), cancer, diabetes, arthritis, asthma, and mental illness [<i>mental health problems and addiction disorders</i>].... Chronic diseases share common risk factors and conditions. While some risk factors, such as our age, sex, and our genetic make-up, cannot be changed, many behavioural risk factors can be modified, as well as a number of intermediate biological factors including hypertension, being overweight, hyperlipidemia, and glucose intolerance. Societal, economic, and physical conditions influence and shape behaviour and indirectly affect other biological factors. The recognition of these common risk factors and conditions is the conceptual basis for an integrated approach to chronic disease. [Centre for Chronic Disease Prevention and Control, http://www.phac-aspc.gc.ca/ccdpc-cpcmc/topics/chronic-disease_e.html]</p> <p>Inequities in health are evident in all health conditions. These inequities are rooted in socio-economic conditions, educational attainment, working conditions, gender, and the social and cultural conditions experienced by First Nations people.... Efforts to reduce the burden of chronic disease must include a focus on cultural</p>

	inequities (Aboriginal people, women, men), socio-economic inequities (Aboriginal people, low income groups, women) while recognizing biological differences (males and females). [Framework for a Provincial Chronic Disease Prevention Initiative, BC Ministry of Health Planning, 2003]
Prevention	<p>“actions aimed at eradicating, eliminating, or minimizing the impact of disease and disability, or if none of these is feasible, retarding the progress of disease and disability (Last, 2003). There are 4 levels of prevention:</p> <p>a) primordial prevention – “Actions and measures that inhibit the emergence and establishment of environmental, economic, social and behavioural conditions, cultural patterns of living etc. known to increase the risk of disease” (e.g., improving housing availability, reducing child poverty)</p> <p>b) primary prevention – “Protection of health by personal and communal efforts, such as enhancing nutritional status, immunizing against communicable disease, and eliminating environmental risks”</p> <p>c) secondary prevention – “A set of measures available to individuals and communities for the early detection and prompt intervention to control disease and minimize disability, e.g., by the use of screening programs</p> <p>d) tertiary prevention – “Measures aimed at softening the impact of long-term disease and disability by eliminating or reducing impairment, disability, and handicap, minimizing suffering, and maximizing potential years of useful life (Last, 2001).</p> <p>Last suggests that these are, respectively the task of public health policy and health promotion, public healthy services, preventive medicine, and rehabilitation.</p>
Health Promotion	<p>Health promotion is the process of enabling people to increase control over, and to improve their health.[World Health Organization. Health Promotion Glossary. Division of Health Promotion, Education and Communications (HPR) and Health Education and Health Promotion Unit (HEP), Geneva: Switzerland, 1998. Available from:</p> <p>http://www.who.int/hpr/NPH/docs/hp_glossary_en.pdf</p>
Population Health	<p>Population health is an approach to health that aims to improve the health of the entire population and to reduce health inequities among population groups. In order to reach these objectives, it looks at and acts upon the broad range of factors and conditions that have a strong influence on our health. [Public Health Agency of Canada. Population health approach. [cited Sept. 20, 2006] Available from:</p> <p>http://www.phac-aspc.gc.ca/ph-sp/phdd/approach/index.html</p>

Knowledge Translation	Knowledge translation potentially includes all sectors of society and all activities from creation of knowledge to its application to yield positive health outcomes. More specifically, knowledge translation is the exchange, synthesis and ethically-sound application of researcher findings within a complex system of relationships among researchers and knowledge users. In other words, knowledge translation can be seen as an acceleration of the knowledge cycle; an acceleration of the natural transformation of knowledge into use. [CIHR http://www.cihr-irsc.gc.ca/e/7518.html]
Intersectoral Collaboration	“Intersectoral collaboration” is the joint action between health and other government sectors, as well as representatives from private, voluntary and non-profit groups, to improve the health of populations. It requires coordination and action within the health sector while engaging interests outside health. Intersectoral collaboration is based on the understanding that health is determined by multiple, interrelated factors, and that creating and maintaining health requires action from those sectors whose work aligns with the various health determinants. Within a population health approach, the health sector works with other sectors not only to implement actions to improve population health, but also to realize the goals of the other sectors. Inter-sectoral action makes possible the joining of forces, knowledge and means to understand and solve complex issues whose solutions lie outside the reach of a single sector. [Canadian Best Practices Portal for Health Promotion and Chronic Disease Prevention, http://cbpp-pcpe.phac-aspc.gc.ca/steps/index_e.cfm?step=6]
Determinants of Health	Determinants of health are non-medical factors including the social and economic conditions in which people live that increase or reduce their risk for disease. They include: education and literacy; social support networks; income and social status; physical environments; social environments; working conditions/employment; healthy child development; personal health practices and coping skills; gender; culture and biology and genetic endowment. (Public Health Agency of Canada and WHO)

APPENDIX E: List of Steering Committee Members and/or Institute planning Committee members

Peter Arthur – Director, Centre for Teaching and Learning ; and Senior Instructor, Faculty of Education

Gordon Binsted - Assistant Professor, Human Kinetics

Lianne Bilodeau – Manager, Workplace Health and Sustainability, Human Resources

Joan Bottorff - Director, Centre for Healthy Living and Chronic Disease Prevention; Professor, FHSD; Chair in Health Promotion and Cancer Prevention

Claire Budgen – Director, Health and Counselling, Health and Wellness Centres and Associate Professor Emeritus Nursing

John Burton - Instructor, Faculty of Management

Jennifer Carkner – Research Officer, Health and Ethics, Research Services Office

Shirley Chau - Assistant Professor, School of Social Work

Tom Fulton - Adjunct Professor, Health Studies, and Leader of Professional Practice and Chief Nursing Officer, Interior Health

Linda Hatt – Associate Dean, Curriculum and Student Affairs, Irving K. Barber School of Arts and Sciences

Rachelle Hole - Assistant Professor, School of Social Work

Jennifer Jakobi - Assistant Professor, Human Kinetics

Gareth Jones – Assistant Professor, Human Kinetics

Eric Kowalski – Manager, Chronic Disease Prevention and Community Action, Interior Health

Barb Pesut – Assistant Professor, School of Nursing

Carole Robinson – Associate Professor and Acting Associate Dean, Faculty of Health and Social Development

Ed Taylor – Director and Associate Professor, School of Social Work

Mike Evans – Associate Professor, Unit 1, Barber School

Pam Thompson – Facilitator and Consultant, Centre for Healthy Living and Chronic Disease Prevention

Appendix F: Beginning Invitation List for the Institute

<u>Name</u>	<u>Position</u>	<u>Affiliation</u>
Dr. Joan Bottorff	Director, Centre for Healthy Living, Professor (Nsg)	FHSD, UBCO
Dr. Barbara Pesut	Ass't Prof (Nursing)	FHSD/UBCO
Dr. Kathy Rush	Assoc Prof (Nursing)	FHSD/UBCO
Dr. Marvin Krank	Dean, Professor (Psych)	Grad Stud/UBCO
Dr. Susan Wells	Professor (SW and Psych)	FHSD and Barber/UBCO
Dr. Alan Jones	<i>To begin position as Reg Assoc Dean in Spring of 2009</i>	Med/UBCO
Dr. Peter Hutchinson	MSFHR/CIHR Postdoctoral Fellow	FSHD/UBCO
Dr. Cynthia Mathieson	Acting Dean and Professor (Psych)	Barber School / UBCO
Dr. Mike Evans	Associate Prof (Indigenous Studies)	Barber School/UBCO
Dr. Collin Reid	Ass't Prof (Health Studies)	FHSD /UBCO
Dr. Craig Mitton	Ass't Prof (Health Studies) + CRC	FHSD /UBCO
Dr. Gene Krupa	Lecturer (Health Promotion)	FHSD, UBCO
Donna Kurtz	Assoc Prof (Nsg)	FSHD, UBCO
Pam Thompson	Res Facilitator, Center for Healthy Living	Centre for HL/UBCO
Leslie Bryant Maclean	Res Facilitator	IH
Dr. Jennifer Miller	Res Facilitator	IH
Dr. Bill Nelms	Thoracic Clinic	IH + PHSA
Trish Hill	Snr Tobacco Coord	IH
Dr. Paul Hasselback	MOH	IH
Dr. Andrew Larder	Chief Medical Health Officer	IH
Dr. Chris Spooner	Naturopath	Vernon
Lorne Friesen	Director	iQuest, Kelowna
Daryl Roberts	Director	Positive Living, Kelowna
Dr. Sally Stewart	Consultant	Vernon
Zahra Hussein	Snr Tobacco Reductionist Coord	IH
Roger Parsonage	Ass't Dir, Health Protection	IH
Dr. Lynn Baillie	Res Scientist	Southern Interior Cancer Centre
Sandra Broughton	Reg Admin	Southern Interior Cancer Centre
Kelly Kubic	Director	OK Métis Comm & Family Serv
Dr. Gordon Binsted	Ass't Prof	Human Kinetics
Lianne Bilodeau	Mgr, Workplace Health & Sustainability	HR /UBCO
Dr. Claire Budgen	Director + Assoc Prof Emeritus Nursing	Health & Wellness/UBCO
Dr. John Burton	Instructor (Management)	Mgmt/UBCO
Dr. Shirley Chau	Ass't Prof (SW)	FHSD/UBCO
Dr. Rachelle Hole	Ass't Prof (SW)	FHSD/UBCO
Tom Fulton	Chief of Professional Practice, Nursing and Quality Improvement; Adjunct Prof (Health Studies)	IH
Dr. Linda Hatt	Assoc Dean, Professor (Psych)	Barber School/UBCO

Dr. Jennifer Jakobi	Ass't Prof (HK)	FHSD/UBCO
Dr. Gareth Jones	Ass't Prof (HK)	FHSD/UBCO
Eric Kowalski	Mgr, Chronic Disease Prevention & Community Action	IH
Dr. Mark Holder	Assoc Prof (Psych)	Barber School/ UBCO
Prof Linda Allan	Assoc Prof (Psych)	Barber School/UBCO
Dr. Carolyn Szostak	Assoc Prof (Psych)	Barber School/UBCO
Prof. Rob Johnson	Assoc Prof	Education/UBCO
Dr. Virginie Magnat	Ass't Prof	Creative Studies/UBCO
Prof. Fern Hefland	Assoc Prof	Creative Studies/UBCO
Dr. Mary Ann Murphy	Assoc Prof (SW & Sociology)	FHSD & Barber School/UBCO
Dr. Carole Robinson	Acting Assoc Dean + Assoc Prof (Nsg)	FHSD/ UBCO
Dr. Edward Taylor	Director + Assoc Prof (SW)	FHSD/UBCO
Dr. Meredith Lilly	Research Associate	College of Grad Studies

Appendix G: IHLCDP Business Plan

Strategic Direction: Building Core Teams to Address Identified Priority Areas

Objective	Strategy	Performance Measures	Targets
IHLCDP attracts high quality health researchers, community partners and students to develop core research teams on research priorities	<p>Recruit/invite committed high quality health researchers/ community partners/students</p> <p>Establish research priority themes as a focus</p> <p>Create Research-Community Coordinator positions to foster development of and support mechanisms for linking community-based partners and researchers, and university researchers to ensure growth of collaborative research programs.</p> <p>Create incentives and seed funding to support development of research partnerships, and pilot and feasibility studies in priority areas</p> <p>Secure infrastructure team grants (CIHR, MSFHR, etc.)</p> <p>Build research capacity for community-based health research (research workshops, training opportunities)</p> <p>Establish transcriptionist/secretary position to provide secretarial support to research teams and provide transcription services</p> <p>Provide statistical consulting service to core teams.</p>	<p>Attraction and retention of researchers and community partners</p> <p>% of Institute affiliated researchers/grants/publications in priority themes</p> <p>New research initiatives/funds for: 1) programs of research in priority themes; 2) projects (pilot studies, feasibility studies)</p> <p>Number of community members/organizations collaborating on research with university-based researchers</p> <p>Number of research teams supported by infrastructure grants in priority theme areas</p>	<p>2009/2010</p> <ul style="list-style-type: none"> - 20-30 members - 1 core research team is established - 1 community partnership formalized with IHLCDP - 2 team grant applications submitted lead by IHLCDP researchers directed to research priorities - .5 FTE Research-Community Coordinator position <p>2010/2011</p> <ul style="list-style-type: none"> - ↑in membership - 1 new core research team is funded - 1 new community partnership formalized with IHLCDP - 2 new team grants applications submitted lead by IHLCDP researchers - 1 FT Research-Community Coordinator position filled - Hire part-time transcriptionist/secretary - Hire Statistician <p>2011/2012</p> <ul style="list-style-type: none"> - ↑in membership - 1 new core research team is funded - 1 new community partnership formalized with IHLCDP - 2 new team grant applications submitted lead by IHLCDP researchers - 2 FT Research-Community Coordinators in place

Strategic Direction: Providing Research Training Opportunities

Objective	Strategy	Performance Measures	Targets
IHLCHP builds capacity in community-based health research by engaging students and community members in research training opportunities	<p>Obtain funding for research internships, training awards (graduate scholarships and postdoctoral fellowships)</p> <p>Implement CIHR Strategic Research Training Program in Community-based health research</p> <p>Design and conduct Seminars/workshops</p>	<p>Number of students/trainees obtaining training awards in priority areas of the IHLCDP</p> <p>Number of seminars/workshops and other training events conducted</p>	<p>2009/2010</p> <ul style="list-style-type: none"> - ↑ in student internships/training awards - 2 seminars and/or workshops conducted <p>2010/2011</p> <ul style="list-style-type: none"> - ↑ in student internships/training awards granted - 3-4 seminars and/or workshops conducted <p>2012/2013</p> <ul style="list-style-type: none"> - ↑ in student internships/training awards - 3-4 seminars and/or workshops conducted - One-day conference or institute symposium held

Strategic Direction: Securing Funding for Infrastructure and Research

Objective	Strategy	Performance Measures	Targets
IHLCDP is supported by basic operating funds from UBCO and secures additional funds from external sources for research and other needs to enable it to function as an innovative world class research Institute	<p>Annual funding provided from Provost's office to meet basic operational needs</p> <p>Apply for team grants to support priority research areas</p> <p>Research-Community Coordinators to assist with securing funding for infrastructure and research</p> <p>Meet with government representatives (e.g. B.C. Ministry of Healthy Living and Sport) and major NGOs (e.g. Heart and Stroke Foundation, Cancer Society) re funding support for research activities and people (e.g. Research Chairs and scholarships)</p> <p>Maintain connections with UBCO Development Office to present interested donors</p>	<p>Resources for basic operating costs received from Provost's Office</p> <p>Number of team grants awarded to the Institute</p> <p>Position created and individual in place to focus on securing funding</p> <p>Number of meetings conducted with government and NGO representatives</p> <p>Support received from external funders (\$ value)</p> <p>At least one serious donor commits to support the Institute</p>	<p>2009/10</p> <ul style="list-style-type: none"> - 2 team grant applications submitted lead by IHLCDP researchers directed to research priorities <p>2010/11</p> <ul style="list-style-type: none"> - 2 new team grants applications submitted lead by IHLCDP researchers <p>2111/12</p> <ul style="list-style-type: none"> - 2 new team grant applications submitted lead by IHLCDP researchers

	<p>with options for supporting the Institute's research activities and infrastructure needs</p> <p>Build connections and/or partnerships with community organizations to promote resource sharing</p> <p>Host a fun fundraiser that community members and organizations would support</p> <p>Take advantage of funding opportunities through the Canadian Foundation for Innovation, and other funding opportunities</p>	<p>Number of partnership agreements/MOUs signed with community organizations that include resource sharing</p>	
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Strategic Direction: Developing Partnerships and Engaging a Broad Range of Stakeholders

Objective	Strategy	Performance Measures	Targets
IHLCDP develops a range of partnerships with community members and organizations and meaningfully engages them in collaborative research projects	<p>Create Research-Community Coordinator positions to foster liaison with service settings, universities, and diverse communities to share information, etc.</p> <p>Explore local, provincial, international, and community needs and global interests</p> <p>Identify strategic partners and stakeholders (related to identified priority areas that may change over time) and nurture these</p> <p>Establish a membership process</p> <p>Develop MOU template and process; (for data sharing, etc.) for use with community partners</p> <p>Develop a community involvement protocol/plan and strategy to assist in recruiting and engaging relevant community members/leaders in the Institute's research</p>	<p>Research-Community Coordinator in place to facilitate development of partnerships and engaging stakeholders</p> <p>Number of formalized community partnerships/MOUs in place</p> <p>Number of Institute members from a variety of categories of membership</p> <p>Community Involvement Plan in place</p>	<p>2009/10</p> <ul style="list-style-type: none"> - MOU/partnership agreement signed with IH - 30 Institute members <p>2010/11</p> <ul style="list-style-type: none"> - 1 or 2 Additional MOUs signed with community partners - 15 new members <p>2012/13</p> <ul style="list-style-type: none"> - 1 additional MOU signed with community partner - 15 additional new members

	Work with Interior Health Research Facilitators and others who can build research partnerships		
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Strategic Direction: Translating Research into Action

Objective	Strategy	Performance Measures	Targets
IHLCDP is recognized as a leader in Knowledge Translation and models innovative knowledge translation (KT) strategies in its work	<p>Create Communications Officer position to collaborate with research teams to support KT activities, share information, etc.</p> <p>Create new forums and events to facilitate multi-sectoral knowledge exchange (e.g., among policy makers, healthcare providers, other stakeholders etc.)</p> <p>Annually showcase Institute research activities</p> <p>Develop strategies to share impacts of health research and ensure access to results</p>	<p>Communications Officer hired to assist with KT activities, newsletters, website, etc.</p> <p>Number of KT forums and events organized by the IHLCDP</p> <p>Research-Community Coordinator position filled to assist with organization of events and annual Institute.</p> <p>Successful Institute Research Symposium conducted</p> <p>Well attended Annual Institute sponsored conference held</p>	<p>2009/2010</p> <ul style="list-style-type: none"> - ↑ in press releases regarding the Institute - Hire part-time Research-Community Coordinator and part-time Communications Officer <p>2010/2011</p> <ul style="list-style-type: none"> - FT Research-Community Coordinator, and .5 FT Communications Officer - Newsletters (at least 2 finalized and emailed to all members) - ↑ in press releases - Symposium related to Institute's research held at provincial health conference <p>2011/2012</p> <ul style="list-style-type: none"> - Increase to FT for Communications Officer - Newsletters (at least 4 finalized and emailed to members) - ↑ in press releases - Initial annual Institute sponsored conference held

Strategic Direction: Building our Profile and Increasing our Visibility

Objective	Strategy	Performance Measures	Targets
IHLDP recognized as a leader in creating and using new knowledge to enhance healthy living and chronic disease prevention through interdisciplinary and community-based collaborations	<p>Design Logo and branding</p> <p>Design and develop website</p> <p>Develop a communications strategy and plan</p> <p>Host annual open houses</p> <p>Organize research events</p> <p>Create a downtown research office/space for the Centre to</p>	<p>Communications Officer position established</p> <p>Communication infrastructure developed for the website, e-newsletter, Annual Report</p> <p>Communications strategy and plan in place</p> <p>Number of annual open houses held</p>	<p>2009/2010</p> <ul style="list-style-type: none"> - Logo designed - Initial website developed - Annual report completed - Initial communications strategy and plan developed - Initial open house held <p>2010/2011</p> <ul style="list-style-type: none"> - Updates to website completed - Office space (e.g. house)

	connect with the community	Number of community research events held Institute presence in the community a reality (e.g. a house in Kelowna)	in community secured - Second annual open house held - Collaboratively organized 2 community research events
			2011/2012 - Updates to website completed - Third annual open house held - Community research office in temporary location in community

Institute Budget Projections:

Strategic Directions	Forecast 2009/10			Forecast 2010/11			Forecast 2011/12		
	Provost commit	Other Resources in hand	Additional Resources Required	Provost commit	Other Resources in hand	Additional Resources Required	Provost commit	Other Resources in hand	Additional Resources Required
Base Operating Budget (FT admin/financial assistant, operating costs, honorarium for Director)	√			√			√		
Communications Officer (web development, newsletters, KT activities etc.)			\$15K			\$30K			\$60K
Research-Community Coordinator(s)		\$40K*	\$30K			\$105K			\$140K
Transcriptionist/Secretary						\$25K			\$25K
Statistician						\$10K			\$20K
Trainee internships/scholarships, etc.			\$40K			\$60K			\$80K
Meetings/Workshops/community research events/annual institute		\$10K*	\$20K			\$40K			\$60K
Pilot/ Feasibility studies			\$75K			\$100K			\$125K
Community-based research unit (operating costs)									\$20K

* Funding received from the BC Child and Youth Health Research Network

Sources of Additional Revenues (for required funding as per Budget Projections)

- Donations - on-going discussions with Development office; profiled in UBCO research brochure
 - Chronic diseases have the attention of the general public, and individuals have donated generously to organizations such as the Cancer Society and the Heart and Stroke Foundation. Already individuals have come forward with donations for research in the area of cancer prevention (e.g. Grant and Bryce Carnine recently donated money to the FHSD to establish a new endowment for cancer research in memory of their late son; and Leida Tymchuk established an endowment at UBCO to support cancer prevention research in memory of her late husband).
 - UBCO Development Office is in a major fund raising campaign
- Strategic partnerships – e.g., MSFHR network funding for workshops, team development meetings, IH, etc.
 - IH has provided research funding to the FHSD and College of Graduate Studies, and there are indications they are interested in continuing to support research in this way
 - MSFHR, a major source of health research funding in BC, was just allocated \$15M in the latest provincial budget. This allocation assures the continuation of the MSFHR and as such new funding opportunities will be announced in the near future.
 - Our efforts to work with the MSFHR funded BC Health Research Networks have had positive results in that we have been able to secure resources to support the development of health research teams in this region (e.g., BC Child Health Youth Health Research Network has provided us with \$40K this year to support the development of research teams on this topic). We anticipate that these opportunities will continue to be available to us and augment the resources we have for team building.
- Indirect funding from research grants, contracts, etc.
 - Indirect funding is provided by selected research organizations based on the amount of funding directed to the university. With current CIHR funding levels and increases expected with new grants from CIHR and SSHRC, the indirects to the university will be considerable. In addition, there may be some opportunities to conduct contract research where a 25% overhead is included. We will develop a policy in collaboration with the UBCO Deans and the Provost regarding the indirects that will flow directly to the Institute.
- Partnerships with community-based organizations
 - Through strategic partnerships there are multiple opportunities for resource sharing. For example, some organizations have offered in-kind resources to support health research in their communities, as well as financial resources.
- Grant applications
 - Funding agencies such as CIHR offer a full menu of funding opportunities. In addition to operating grants to fund research projects, there are funding opportunities to obtain financial resources for research meetings, public events related to research (e.g., Café Scientifiques) and a range of knowledge translation activities.
 - There are a wide range of organizations providing funding for health research that is in line with the priorities of the Institute – including CIHR, SSHR, MSFHR, Vancouver Foundation, BC Medical Services Foundation, Heart and Stroke Foundation, Canadian Cancer Society, the Canadian Diabetes Association, the Alzheimer Society of Canada, Kidney Foundation of Canada, Canadian Breast Cancer Foundation, Canadian Mental Health Association, etc.

CHARACTERISTICS OF RESEARCH INSTITUTES AT UBC OKANAGAN

A research institute

- Requires Senate approval to exist.
- Is not identified with a single faculty.
- Is intended to be permanent, i.e., intended to exist for more than three years.
- Generally involves external funding as well as the UBC Okanagan base operating budget and is normally allocated a budget.
- Houses paid administrative personnel, including a director.
- Adheres to standard university research policies.
- Is governed through a steering committee which shall include senior administrators as well as faculty and the institute director. There may also be a separate external advisory board.
- Submits annual reports to the Senate on activities. If the institute does not perform to the Senate's expectations three years in succession, Senate may vote to dismantle the institute.
- Does NOT offer undergraduate or graduate programs or degrees; undergraduate and graduate work is the purview of faculties, schools, colleges, and departments.
- May initiate, develop, and/or undergraduate and graduate courses in partnership with one or more faculties, schools, colleges, or departments.
- Participating faculty members are appointed to a Faculty, rather than to the Institute itself.

DEVELOPMENT AND APPROVAL PROCEDURE FOR RESEARCH INSTITUTES

1. Proposal initiated by faculty, Dean, or other university personnel.
2. Preliminary plan submitted to Associate Vice-President, Academic & Research.
3. Associate Vice-President, Academic & Research establishes a committee to develop a full proposal and informs Okanagan Senate Learning and Research Committee.
4. The full proposal, including a business plan, the structure, procedures, plans for a review following a specified period of operation, and an indication that the institute will be fully viable within three to five years, submitted to Senate Learning & Research Committee. The Learning & Research Committee ensures the academic credibility of institutes.
5. Learning & Research Committee reports to Senate with a recommendation.
6. Senate consideration for approval.
7. Senate recommends approval by the Board of Governors.
8. Once approved, the proposal returns to the Associate Vice-President, Academic & Research for implementation oversight.

Applicability Note

The policy is intended to apply to all UBC Okanagan research institutes established in future. Institutes that were established prior to the creation of this policy, may wish to consider proposing (and submitting for approval as appropriate) certain adjustments, e.g., to their names, to bring existing units in line with the new policy.