

**CONFIDENTIAL REPORT**

**EXTERNAL REVIEW OF  
HEALTH RELATED RESEARCH, TEACHING AND ENGAGEMENT**

**UNIVERSITY OF BRITISH COLUMBIA OKANAGAN**

**SUBMITTED: 15<sup>th</sup> February, 2022**

**Submitted by:**

Malcolm King, PhD, FCAHS, FRSC, Professor, Department of Community Health and  
Epidemiology, University of Saskatchewan

David Peters, MD, MPH, DrPH, Professor & Chair, Department of International Health,  
Johns Hopkins University Bloomberg School of Public Health

Jean A. Shoveller, PhD, FCAHS, Professor, Faculty of Medicine, Dalhousie University

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**EXECUTIVE SUMMARY**

At the invitation of the Provost and Vice-President, Academic at the University of British Columbia Okanagan (UBCO), an external review panel undertook a review of health programming (education; research; practice) at UBCO. Through document review as well as interviews with a wide range of key internal and external stakeholders, the review committee members gathered and analyzed information regarding the constitution, balance and coordination of health-related clinical, educational, and research programs at UBC Okanagan, while also taking into consideration contextual features with the Okanagan region, BC, and more broadly within and beyond Canada. The information gathered during the external review process (which commenced in October 2021 and continued through February 2022) was used to develop twenty (20) recommendations designed to address key challenges and opportunities related to health-related research, training and engagement on the UBCO campus.

It is the hope of the external reviewers that this report will be taken up in the spirit of informing future directions for growth and development of health-related research, training and engagement at UBCO. Two common themes tie these recommendations together, and can be summarized by two phrases: *Inspire to Aspire*, and *Better Together*. We believe this is a moment for those working in UBCO's health-related research, training and engagement effort to define and pursue ambitious aspirations for future of greatness. Innovation in these areas needs to reflect the importance in education, research, and social impact through health. By *Better Together*, we see the opportunities for UBCO to pursue those ambitions by forging stronger and clearer relationships with UBCV, as well as with other critical stakeholders of UBCO, notably Indigenous communities, Interior Health and First Nations Health Authority, local and provincial governments, and civil society organizations. *Better Together* also refers to ways to build on UBCO's strengths in collaborative and interdisciplinary approaches to education, research, and social programs.

The recommendations summarized below (and discussed in more detail throughout the current report) pertain to coordination and integration, strengths, relevance, and impact as they relate to three areas of responsibilities: (i) Health-Related Educational Programs; (ii) Health-Related Research; and (iii) Relationships and Collaborations for positive health and societal impacts. The recommendations are not listed in an order of priority within the report. Rather, we suggest that the work of reviewing, discussing and, ultimately, identifying priority recommendations is best undertaken by UBCO and their partners.

**Health-Related Educational Programs**

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**Recommendation 1:** Identify opportunities at the nexus of educational *and* research excellence at UBCO and UBCV, that when combined with the professional practice and community engagement in the Okanagan region, have the capacity to deliver effectively on doctoral and post-doctoral level training in health for trainees who are situated at UBCO.

**Recommendation 2:** Pursue a strategy that emphasizes the development of cross-disciplinary research and education, team science and practice, and that addresses the challenges associated with “boutique” stand-alone program offerings.

**Recommendation 3:** Analyze potential for complementarity to enhance joint capacity at UBCO and UBCV pertaining to health-related doctoral and post-doctoral training opportunities.

**Recommendation 4:** Strengthen educational and training connections with Interior Health and the Southern Medical Program, as well as build on and strengthen community engagement to enhance these opportunities and bring them more into focus on real world impacts.

### **Health-Related Research**

**Recommendation 5:** In collaboration with Interior Health Authority (IHA) and partners from the Syilx (Okanagan) Nation, continue to vigorously pursue and deliver on the vision for a community clinic located in downtown Kelowna, as a defining opportunity for UBCO to link education, research and practice in a way that engages and empowers its community partners.

**Recommendation 6:** Identify coherent research aspirations in relation to population and public health sciences (e.g., develop stronger links with SPPH at UBCV), including opportunities to grow community-based population health observatories co-led and operated by local First Nations and Métis or other community-based entities such as the downtown Kelowna clinic.

**Recommendation 7:** Actively pursue plans to engage and re-invigorate critical partnerships in developing and implementing strategies supporting UBCO’s research enterprise, including in the area of Indigenous health and social justice.

**Recommendation 8:** Further explore opportunities to co-develop research agendas with health system partners, such as collaborations with Interior Health, including hospitals (e.g., Kelowna General Hospital), and the Southern Medical Program, in addition to the First Nations Health Authority.

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**Recommendation 9:** Expand existing small and medium-sized catalytic grants programs and focus on: (i) Seed Grants and Planning Grants to obtaining initial data, form research teams and collaborations, or pilot test feasibility of the research; (ii) Incubation Grants to support proof of concept and initial growth or application of research; and (iii) Accelerator awards designed to take to scale, often as co-funding with other funding.

**Recommendation 10:** Institutionalize processes that reinforce and support UBCO values in research like team science, and interdisciplinary collaborative research and scholarly approaches to policy and practice.

**Recommendation 11:** Purposively develop UBCO's capabilities to conduct relevant and effective research in existing and emerging community-based clinical service sites (including in-home service sites), building on its strengths and filling the gaps in critical research methods and disciplines (e.g., clinical epidemiology, biostatistics, informatics, systems sciences and other population sciences, health economics, management, and pharmacy).

**Recommendation 12:** Develop strategic plans to ensure the Interdisciplinary Collaboration and Innovation (ICI) building and other resources are used to pursue high value health research.

### **Relationships and Collaborations**

**Recommendation 13:** Focus on enhancing the functionality of health-related research, training and engagement at UBCO vis-à-vis building and sustaining partnerships and collaborations and consider personnel and structures necessary to build strong and productive relationships across communities (Indigenous and non-Indigenous), health systems, universities (including but not exclusively UBCV), as well as the private sector (including through relationships within the philanthropic realm).

**Recommendation 14:** UBCO should consider developing a comprehensive strategy for further decolonizing and indigenizing health-related research, teaching and engagement at UBCO. This may include a review of models where Indigenous communities take the lead and an assessment of the structures and systems required to strengthen co-leadership models in research and practice, as well as opportunities for reciprocal learning and authentic relationship building with Indigenous communities.

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**Recommendation 15:** UBCO should consider expanding its focus on health-related research, education and engagement to better serve its community beyond Kelowna, including members of the 60+ First Nations and Métis across the region, such as through collaborative engagement in research prioritization and capacity development).

**Recommendation 16:** UBCO should intensify efforts to build connections between the emergent downtown Kelowna, IHA-operated clinic and community stakeholders in a range of sectors (e.g., urban development; housing; arts and culture), and explore innovative engagement models that support these cross-sectoral efforts (e.g., “living laboratories” that create a community-centered research and practice ecosystem).

**Recommendation 17:** Further consideration should be given to launching a dialogue between UBCO and health system partners (e.g., Interior Health Authority; First Nations Health Authority) to build trust, enhance joint priority identification, and illuminate possibilities for mutual benefit.

**Recommendation 18:** We recommend that an effort jointly led by IHA and UBCO be undertaken to develop an institutional affiliation agreement (IAA) that addresses strategic opportunities for mutually beneficial health-related research and engagement for health system transformation.

**Recommendation 19:** Expand horizons and identify strategic opportunities to develop new (and nurture existing) and productive relationships with other Canadian universities, particularly those within the western region (e.g., Thompson Rivers University; University of Northern British Columbia; universities in Alberta) as well as universities located in the United States.

**Recommendation 20:** We recommend that UBCO launch an exercise to assess complementarities across faculties, departments, programs, and disciplines at UBCO in order to mobilize a critical mass of opportunities and talent focused on health research, education, practice, and social impacts (e.g., collaborative research with Indigenous communities).

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**INTRODUCTION AND ACKNOWLEDGEMENTS**

The external review committee of health-related research, education, and engagement at the University of British Columbia Okanagan was constituted by Professor Ananya Mukherjee Reed, Provost and Vice-President, Academic at the University of British Columbia Okanagan (UBCO). We acknowledge that the UBCO campus (Kelowna) is located on the unceded territory of the Syilx (Okanagan) Peoples. The University of British Columbia, Point Grey Campus (Vancouver) is located on the traditional, ancestral, and unceded territory of the xwməθ kwəyəm (Musqueam) People.

We, the members of the external review committee (Appendix 1), are current or former heads of academic institutes and significant health research and educational programs in Canada and the United States, and we have worked closely with academic health institutes and health research funding agencies throughout the world. Please refer to Appendix 2 to read the Terms of Reference of the Review. Our report follows the structure of those Terms of Reference. Having received an excellent set of documents prepared by the Office of the Provost at UBCO (Appendix 3), we also had numerous in-person and online interviews with key stakeholders, including two full days, October 4<sup>th</sup> and 5<sup>th</sup> 2021, at UBCO where we met with a wide variety of individuals to listen to their views and experiences related to health programs at UBCO. We extend our thanks to all of those who gave their time and shared their opinions, including frank descriptions of current and past experiences as well as a wide range of future-focused perspectives. We also wish to acknowledge the many other people whom we subsequently interviewed (in person or online) at UBCO, UBCV and across the broader community in the Okanagan who provided information that we believe was essential to formulating this report. Appendix 4 provides an overview of the consultations conducted by the external review committee members.

**FOUNDATION AND FUTURE**

As outlined in the 2004 agreement between the Ministry of Advanced Education and the University of British Columbia, UBCO was designed to realize areas of “academic excellence that will be recognized internationally, while at the same time reflecting the uniqueness of smaller urban and rural communities” (Ministry of Advanced Education, 2004, p. 1). The current review was completed at a moment where UBCO is now widely viewed as having completed an initial phase of growth and transformation following its establishment as one of two campuses of UBC in 2005. The historical bedrock that was laid down with the establishment of UBCO has provided a solid

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foundation from which to build an exciting future for health programming.

As UBCO closes in on reaching its first 20 years and as UBCO Health Programs<sup>1</sup> and others pivot in the face of the challenges and opportunities associated with the COVID-19 pandemic, many of the people that we heard from indicated that the time is now right for UBCO to renew its commitments to academic excellence regarding health and well-being – regionally and more broadly. As such, it is our view that UBCO Health Programs have arrived at an important moment and that a proactive approach to advancing health programming at UBCO has strong potential to complement and multiply already strong health programming on the other campus of UBC and elsewhere.

Thanks to a visionary foundation established by those who brought UBCO into being nearly 20 years ago and because of the considerable developments within and beyond UBC related to health programming (research; education; practice), UBCO Health Programs are poised to convert the power of engaged faculty and partners in creating a coherent aspiration for a future state that brings the intentions of the initial vision for UBCO fully into play. The commitment of the Provost at UBCO and others at UBCO, UBCV, and more broadly (e.g., Indigenous leadership; health system partners) signals a belief in the potential for UBCO Health Programs to achieve the full possibilities of educational programs, research, and societal impacts. It is our view that positive and proactive efforts by those affiliated with UBCO Health Programs need to be undertaken now, even if that means proceeding under a certain level of uncertainty (e.g., ever-changing pandemic context; changing funding constraints; evolving relationships with UBCV and community partners).

This review is designed to contribute to ongoing discussions related to health programs at both UBCO and UBCV. Those ongoing discussions represent opportunities for alignment, complementarity, and synergy and focus on what is needed to ensure continued success regarding health program across UBC’s campuses. The observations noted in this report have the potential to assist UBCO in campus-wide efforts to re-focus on shared strategic aims, as UBCO leadership and partners consider how best to action those aims internally and externally. This report adopts an

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<sup>1</sup> There are several units at UBCO that contribute to health-related research, teaching and engagement, including the following: School of Nursing, School of Health and Exercise Sciences, School of Social Work, Graduate Programs in Medical Physics, Engineering, Management, PhD program in Clinical Psychology, and Southern Medical Program (SMP). The SMP is a Faculty of Medicine distributed education site that operates in conjunction with the Vancouver Fraser Medical Program (at UBCV), the Island Medical Program at University of Victoria, and the Northern Medical Program based at University of Northern BC, and is affiliated with UBCO (the Regional Associate Dean for SMP reports to both UBCO leadership and the Dean of Medicine in UBCV).

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aspirational lens to identify opportunities and possibilities of what might be achieved at UBCO Health Programs within a multi-campus university model that is still evolving.

**Inspire to Aspire – Exercising Agency**

Like every institution undertaking a strategic examination of challenges and opportunities, UBCO can use this as an opportunity to demonstrate clarity and purpose. It is our view that UBCO has arrived at an important decision point regarding the promise and potential of its efforts associated health-related research, educational, and societal impacts. The time has arrived for UBCO faculty, students, leadership and partners in health programming to decide how best to shape their collective future. Exercising agency in the current context opens avenues for analyzing and acting to address challenges as well as opportunities. Seizing the moment and building even stronger relationships has the potential for synergies whereby health programming at *both* UBCV and UBCO could be propelled to another level. Here, we address several features of the current multi-campus context that we believe offer both inspiration and opportunity to act differently going forward.

With that said, it also is important to acknowledge that there appear to be significant inconsistencies between the expectations of key stakeholders of UBCO concerning the vision and nature of UBCO as a member of a multi-campus entity and how its relationship to UBCV is constituted within the current multi-campus model. Throughout the interviews that we completed, we heard multiple perspectives regarding the multi-campus model that exists at UBC and wide range of perceptions regarding how the multi-campus model may affect health-related research, education and engagement at UBCO.

In part fueled by expectations generated through readings and interpretations of some of UBCO’s founding documents, there has been an expectation that UBCO was to be *transformed* into a comprehensive research-intensive university. In particular, the BC Office of the Premier [Backgrounder](#) and [News Release](#) (March 2004) described the government’s vision and financial commitments to establish UBCO as a research-intensive undergraduate and graduate campus in Kelowna, and affiliated with UBC Vancouver “based on the highly successful University of California model”. The [University Amendment Act \(S.B.C. 2004, c. 74\)](#) created the legal establishment of UBCO as part of the University of British Columbia with a separate Senate with considerable powers and responsibilities over the UBCO campus activities (as described in the Act and further specified by the UBC Board that includes UBCO Senate representation).



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Nonetheless, many of the people we heard from describe ongoing inconsistencies and power imbalances in the formal and informal governance and management of the two campuses (e.g., relative powers of the two Senates and the Board; the unitary UBC Faculty Association and application of the Collective Agreement). Whereas visioning documents developed at UBCO have continued to identify UBCO as a research-intensive university (e.g., Aspire Consultation Report 2014 and UBC Okanagan Outlook 2040), it remains unclear if there are similar expectations in the BC provincial government or other parts of UBC. The UBC Health Strategic Plan 2021-2026 makes impressive commitments to equitable collaborations across UBC's Vancouver and Okanagan campuses, and recognizes the foundational role of the 2015 [Okanagan International Charter for Health Promoting Universities and Colleges](#) in promoting health and wellbeing on campuses as well as promoting health locally and globally. However, how these education, research and health systems collaborations are to be most effectively implemented remains a work in progress, and issues of power and resources across UBC are not explicitly addressed. Many of those we spoke with from UBCV and UBCO do not appear to have a shared understanding of the relationship between UBCV and UBCO as it pertains to a research-intensive University across multiple campuses. For some, UBCV is described as the research-intensive “mothership” institution; or, UBCO is perceived of as a “branch office” of UBCV. Furthermore, in conceiving of a productive shared future, it is also important to remind readers of the fact that UBCV was established over 100 years ago, while UBCO is a relatively young and rapidly transforming institution (e.g., rapid growth in student enrollment and faculty recruitment), closing in on its 20<sup>th</sup> year of operation. This apparent lack of clarity and consistency concerning the vision and nature of health-related research, education and engagement at UBCO presents challenges as the university aspires to new levels.

### **Better Together**

Since UBCO's founding, successive provincial governments have not voiced a vision nor provided the level of resources that would be needed to fulfill a transformation of UBCO to a comprehensive, research-intensive university. Although the structures for a UBC Board and separate senates at UBCO and UBCV are in place, in practice the decision-space (authority and responsibilities), resources, and capabilities for UBCO over key university functions (e.g. governance, financing, strategic purchasing, organization of programs, management of human resources) is in many areas unclear or contested, and constrained by mental models and assumptions about the degree of autonomy held by UBCO (e.g. how to facilitate joint appointments; how to promote faculty based on scholarly practice and team science). At this moment in the evolving story of UBCO, there is a need to identify what aspects of the current multi-campus model afford opportunities that have

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already been realized (alongside those that remain to be realized fulsomely) in large part through economies of scale (e.g., shared governance and services, expanded reach of some health-related educational programs) as well as mutually beneficial gains in economies of scope (e.g., high functioning health-related partnerships with communities; interdisciplinary team science).

It is our view that aspirations pertaining to health-related research and engagement at either UBCO or UBCV have the potential to be “better together”. Going forward, the context for UBCO health-related research, education and engagement could be altered in a positive manner by striving for coherent and aspirational expectations amongst leadership, faculty and students at *both* UBCV and UBCO. Collective strengths are what are required to pursue and achieve new partnerships with governments (e.g., BC Provincial Government; Okanagan Nations, including, but not limited to, the Syilx Nation where UBCO’s main campus is located), as well as health system partners (e.g., First Nations Health Authority; Interior Health Authority), as well as other Universities and Colleges here and private sector (e.g., philanthropists). Collective talents at UBCO and UBCV (e.g., faculty, students and leaders) are poised to serve as the vanguard of people who can inspire the right conditions for realizing the promises afforded to the people of British Columbia at the establishment of UBCO.

We suggest that the time is right to undertake an effort to articulate what a high-functioning multi-campus model should look like as UBCO aspires to new heights in relation to health-related research and engagement. Based on the information gathered during the current review, it is clear that UBCO is motivated to bring strong value-add to realizing a vision of a multi-campus, public university that is designed to serve the people of the Okanagan and elsewhere. It also would be beneficial at this time to articulate UBCO’s comparative advantages (e.g., enhanced capacity for a focus on primary health care and population health in rural communities); and decision-spaces where UBCO can more clearly articulate the key functions and accountabilities required to take health-related research and engagement to the next level. A multi-campus model, together with articulation of comparative advantages of the Okanagan campus health-related research, teaching and engagement, has promise for supporting excellence in health research and learning, as well as academic excellence regionally and globally.

Therefore, we believe it is important for faculty, students and partners in health-related domains to have ongoing opportunities to explore and gain clarity and exercise agency with respect to the potential capacity for realizing their ethos of academic excellence – and doing so *by virtue of* (rather than *in spite of*) a multi-campus model. We believe that UBCO is positioned to leverage existing strengths (e.g., an ethos that explicitly values relationships with communities; experience with community-based research; high and growing enrollments of Indigenous students). It is our view that any strategic visioning exercise to be undertaken at UBCO with regards to health-related

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research, teaching and engagement, do so within a “Better Together” approach designed to fulfill the promise of a multi-campus model that can thrive into the 21<sup>st</sup> Century.

**A Pandemic-Informed Future**

The current review was conducted during the second year of the COVID-19 pandemic and no discussion of the insights gleaned during this review would be complete without some consideration of the pandemic and the potential for a pandemic-informed future for UBCO. The pandemic has brought tremendous stress for faculty, students, community partners as well as university and government leaders. The long-term impacts of this stress on strategic decision-making should not be underestimated in terms of their relevance to health-related research, teaching and engagement at UBCO and their future (e.g., reversing the impacts of eroding public trust in health sciences). Never before have issues related to health inequities and health system vulnerabilities been more front and centre in the minds of the public, the academy, and governments. It is our view that UBCO is poised to pursue a bold agenda related to managing change, working effectively across distances (building on learning gained through the pandemic), and further developing research and education agendas that address current deficits worldwide (including in the Okanagan) to address population health inequities as well as strengthening health and social service systems as the world emerges from the COVID-19 pandemic.

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**FUTURE DEVELOPMENTS & RECOMMENDATIONS**

Taking these contextual features into consideration, the next section of our report focuses on issues related to the constitution and coordination of health-related clinical, educational, and research programs at UBC Okanagan, as well as the strengths of key strategic relationships/collaborations. We review key challenges and opportunities related to health-related research, teaching and engagement on the UBCO campus and provide recommendations about possible directions for their future growth and development. Our recommendations focus on questions of coordination and integration, strengths, relevance, and impact as they relate to three areas of responsibilities: (i) health-related educational programs; (ii) health-related research; and (iii) relationships and collaborations for positive health and societal impacts.

Indeed, the remainder of this section of our report is organized according to these three “categories” of responsibilities – and we recognize the problematics of presenting recommendations in this manner. In doing so, we do not wish to distinguish between each “category”. In fact, we encourage the integration of education, research, and practice, and hope the reader will appreciate that we are trying to avoid the “siloeing” which pervades most discussions of universities’ responsibilities for education and service to society. Rather, we use these categories as heuristic tools around which to organize in our report and hope that the reader will recognize our attempts (admittedly with varying degrees of success) to indicate where and how siloeing could be avoided or grappled with going forward.

**Future Developments & Recommendations – Health-Related Educational Programs**

Given the smaller size and relative youth of UBCO, it is an advantage and an opportunity to build on this to strengthen interdisciplinary education, research and practice related to health and wellness. Health research and education go well beyond the traditional bounds of the health discipline faculties (e.g., arts and social sciences; creative and critical studies; education; engineering; management). All these areas intersect with health through social and structural determinants of health, understanding diseases and the promotion of wellness. There are pockets of excellence in teaching and research at UBCO and in the current or potential collaborations with other institutions that would add great value to UBCO's contributions to the world of health research and education.

**Recommendation 1:** Identify opportunities at the nexus of educational *and* research excellence at UBCO and UBCV, that when combined with the professional practice and community

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engagement in the Okanagan region, have the capacity to deliver more effectively on doctoral and post-doctoral level training in health for trainees who are situated at UBCO.

**Recommendation 2:** Pursue a strategy that emphasizes the development of interdisciplinary research and education, team science and practice, and that addresses the challenges associated with “boutique” stand-alone program offerings. For example, very small, disciplinary-exclusive PhD programs (e.g., Science; Nursing) have the potential to aid and abet disciplinary siloing. Others (e.g., Interdisciplinary Graduate Studies) tend to contribute to a future prepared to bring the strengths of interdisciplinarity team science to resolve complex health and social problems.

**Recommendation 3:** Analyze potential for complementarity to enhance joint capacity at UBCO and UBCV pertaining to health-related doctoral and post-doctoral training opportunities. For example, we heard about some research focused on the social determinants of health and health equity at UBCO. Further exploration of the potential for joint training opportunities for doctoral and post-doctoral trainees (e.g., relationships and collaborations with UBCV’s School of Population & Public Health) offers opportunities to build on existing and emerging strengths across UBCO without duplication of parallel strengths related to health research, teaching and engagement that are on offer at UBCV.

**Recommendation 4:** Strengthen educational and training connections with Interior Health and the Southern Medical Program, as well as build on and strengthen community engagement to enhance these opportunities and bring them more into focus on real world impacts. Furthermore, UBCO also could benefit by considering new opportunities for focusing on training related to patient-oriented research, quality of health services and patient safety, as well as the expansion of local capacity development efforts to prepare the next generation of excellent health services research, including Indigenous health and wellness researchers. This may offer opportunities to capitalize on research-to-practice linkages, including potential dovetailing with novel undergraduate training opportunities at UBCO.

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**Future Developments & Recommendations – Health-Related Research**

The main interests of UBCO leadership and faculty with whom we met appropriately focused on UBCO’s generation, synthesis and application of research, and particularly research that is relevant locally and also contributes to knowledge for broader society. In response to the Strategy Review key question about international research standings, it is clear that there is little attention to the actual international university ratings. It is currently not feasible to consider UBCO’s international ranking on its own, as UBCO is not rated separately from UBC in the main international university ranking systems (Shanghai Jao Tong Ranking, Times World University Rankings, and QS World University Rankings).<sup>2</sup>

It is also apparent that the type and quantity of research conducted internationally by UBCO faculty are limited. Whereas there are a small number of faculty who do global health research, covering areas such as global health research partnerships and global health governance, and other faculty who conduct research as part of multi-site studies that include partners in other countries, we were unable to identify any research conducted by UBCO faculty in field sites located in other countries. UBCO can rightfully be proud of its leadership in forging the Okanagan Charter: An International Charter for Health Promoting Universities and Colleges; but otherwise there appears to be little focus on creating international health research consortia or becoming a major hub for global health research activity.

We did observe that there is an active research community at UBCO, with growing research funding and activity. This is largely fueled by recent recruitment of a cadre of research-oriented junior faculty, some highly productive senior faculty and research centres, as well as a research administration at UBCO that provides support for junior faculty in preparing grants, convening around collaborative research opportunities, and providing seed grants for strategic clusters, including health-related research that has demonstrated a catalytic ability to lead to further research grants.

There are considerable areas of **research strengths** on the UBCO campus. In particular, there is a strong ethos around community-oriented research, where there is a good mix of social scientists and qualitative researchers who are interested in community-based approaches. There are also

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<sup>2</sup> The approach contrasts with the University of California system, where University rankings and disclosure of research funding and impact are identified for the individual campuses. It would be possible to assess UBCO’s scientific impact through other methods, such as through bibliometric analysis of publication “impact” (e.g., using UBC’s Scival subscription to analyze publication metrics would be relatively easy and cheap), but this does not appear to have been done. All approaches used to assess scientific impact of universities depend on contestable assumptions and biases, and should be used judiciously.

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healthy relationships with Okanagan Nations and community organizations, which are critical to the design, conduct, and application of community-engaged research. Existing resources like the Institute for Community Engaged Research (ICER) and other productive research groups, and plans for the development of a downtown Kelowna clinic with the potential for combining community health and social services, education, and research, offer great promise for increasing the scale and depth of community-oriented research. UBCO also has substantial strengths in applying interdisciplinary and community-engaged methodologies and fostering team science. The ICER and the Centers for Chronic Disease Prevention and Management, along with other strong disciplinary-based research teams, such as in clinical psychology and medical physics, for example, provide good models and opportunities for faculty to pursue team science. The commitments for building an Interdisciplinary Collaboration and Innovation (ICI) space should also provide much needed physical research space and greater possibilities for faculty and staff to develop such collaborations.

There are also important areas of **demand for health research** among key stakeholders in the Okanagan Region and BC, notably from the Interior Health Authority, Kelowna General Hospital and local clinicians, as well as First Nations Health Authority, the Okanagan Nations, and other government and community stakeholders (e.g., City of Kelowna). Much of the interest lies in generating and applying research evidence around issues of primary health care (PHC) and related topics (e.g., improving equitable access, quality, affordability, and efficiency related to health and social services). The interests communicated to the review team cover the full life course and continuum of health services (prevention, promotion, curative, chronic care, rehabilitation, and palliative services). Moreover, we heard a strong message regarding the importance of health-related research at UBCO that is designed to address the social determinants of health (e.g., housing; poverty; discrimination and social exclusion). As expected, there was much concern about the crises of the COVID-19 pandemic and other health impacts of environmental degradation and climate change. However, several key stakeholders also spoke to issues related to chronic health conditions (e.g., mental health and non-communicable diseases) as priority research foci.

There are **substantial gaps in research capabilities** that would need to be filled to fully respond to the areas of research demand that have been voiced. Building on current strengths in community-engaged approaches, qualitative research methods, clinical psychology, rehabilitation sciences, and medical physics will be critical. But UBCO would also need to bring in collaborators or develop its own capabilities in a broader range of implementation, policy and systems research methods than appear to be currently available at UBCO. Capabilities are needed to better design and conduct relevant cohort studies from patient populations, clinical trials (including pragmatic and effectiveness-implementation hybrid trials on implementation strategies), population observatories, and mixed methods approaches that are needed for health systems research, patient-

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oriented research and more generally for understanding complex interventions and policies. Specifically, greater faculty expertise would be needed in disciplinary areas like clinical epidemiology, biostatistics, informatics, systems sciences and other population sciences, health economics, management, and pharmacy.

The Southern Medical Program (SMP) has an impressive trajectory in providing medical education for primary care physicians in the region, but would require a concerted strategic approach and greater investment to provide the support for physician investigators, along with the necessary post-doctoral programs to support clinical research. Similarly, the UBCO nursing program has had a large expansion of its educational programs, but would need analogous investments to develop its research capabilities. Developing cross-disciplinary research teams involving a full range of health professions is needed (e.g., medicine; nursing; rehabilitation sciences; laboratory; pharmacy). Research support structures would also need to be strengthened with UBCO to take on the additional ethical review and oversight structures needed for clinical and population-based research. There would also need to be more explicit agreements with Okanagan Nations and other community groups about how to prioritize, conduct and utilize population-based research, and strengthening of research use and ethical review capabilities in community organizations.

**Recommendation 5:** In collaboration with Interior Health Authority (IHA) and partners from the Syilx (Okanagan) Nation, continue to vigorously pursue and deliver on the vision for a community clinic located in downtown Kelowna. This provides a defining opportunity for UBCO to link education, research and practice in a way that engages and empowers its community partners. Establishing respectful governance arrangements where power, responsibility and accountability are transparently shared is critical, and done in ways that reflect both the host Nations as well as other indigenous populations (e.g., Métis and urban First Nations) who reside in the Okanagan. Attention to identification, selection, conduct, and use of research in transparent and respectful ways are critical, and cannot be rushed at the front end. For example, the clinic could provide a site to develop and apply primary care related research that bridges home and hospital settings. Realizing this recommendation would require substantial financial and social capital investment as well as much care in terms of investments in the human resources and support systems required for the downtown Kelowna clinic to realize its fullest impact.

**Recommendation 6:** Identify coherent research aspirations in relation to population and public health sciences (e.g., develop stronger links with SPPH at UBCV), including opportunities to grow community-based population health observatories co-led and operated by local First Nations or other community-based entities such as the Kelowna downtown clinic.



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**Recommendation 7:** Actively pursue plans to engage and re-invigorate critical partnerships in developing and implementing strategies supporting UBCO’s research enterprise. For partners outside UBCO, this would include identifying clear communication channels and mechanisms for ongoing strategic collaborations in research. For more details related to this recommendation, please refer to the section on Relationships and Collaborations, below. There are considerable opportunities to scale and learn in the area of **Indigenous health and social justice**. For research collaborations that would help realize UBCO aspirations as a leader in community-engaged research with Indigenous peoples, it will be critical to build on its relationships with Okanagan Nations and other communities in the BC interior, but also with its collaborations with the UBC Center of Excellence (COE) for Indigenous Health. In light of the COE's successes in capacity development, UBCO and the COE could now shift to exploring and expanding efforts on collaborative research on Indigenous health topics, epistemologies, and communities. An early step would be to map out the different capabilities of people doing research related to Indigenous health across BC, and re-establish networking channels for identification and development of research on Indigenous health. UBCO could play a major role in working with collaborators in BC and link them to global networks working on Indigenous health.

To be a desirable research partner, UBCO and its partners (including the First Nations Health Authority) would need supports and capacity strengthening to do population-based research on Indigenous health and wellness. For example, opportunities regarding data science (e.g., population observatories such as exist with Navajo and Apache nations in the Southwest United States, Anishinaabe peoples in Minnesota and the Great Lakes Region, or others in Hawaii and Oklahoma). These could feed novel research opportunities to inform efforts to improve both clinical and population health outcomes through interventions within and beyond the health sector. The BC First Nations Health Authority, with its own database and access to provincial health data, is in an ideal position to be a valuable partner of UBCO in health system research relevant to regional concerns. Collaborations with Okanagan Nations and other Indigenous communities could build on efforts to identify, commission, conduct and apply research in their communities along with UBCO and other collaborators, with plans to develop both community members and systems for responsive and effective research.

**Recommendation 8:** Further explore opportunities to co-develop research agendas with health system partners. To be responsive to **filling critical knowledge gaps related to primary health care**, collaborations with Interior Health, including hospitals (e.g., Kelowna General Hospital), and the SMP should be pursued, in addition to the First Nations Health Authority. This would involve building communications channels and convening to build feasible collaborative research agendas that meet mutual interests of the parties involved, along with identifying how capabilities (in both UBCO and partners) can be strengthened to fill gaps.

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**Recommendation 9:** Expand small and medium-sized catalytic grants programs (learning lessons from the current programs <https://research.ok.ubc.ca/funding-support/internal-funding/>) and focus creative convening activities that would support UBCO’s strategic research interests. These can include small to medium sized grants that can serve as: (i.) Seed Grants and Planning Grants to obtaining initial data, form research teams and collaborations, or pilot test feasibility of the research; (ii.) Incubation Grants to support proof of concept and initial growth or application of research; and (iii.) Accelerator awards designed to take to scale, often as co-funding with other organizations. The awards can be designed for strategic purposes by incentivizing: multi-disciplinary teams and research that cross the spectrum of research, such as from basic research to clinical, population and policy research; collaborative community-based research; early-stage investigators/teams; students who are newcomers to Canada; or to create and strengthen emerging research areas, such as in health services research or Indigenous health research.

**Recommendation 10:** Institutionalize processes that reinforce and support UBCO values in research like team science, and multi-disciplinary collaborative research and scholarly approaches to policy and practice. This would include making more explicit the criteria and practices around faculty appointment and promotions that would reward team science (and the different roles people play), multi-disciplinary approaches, and the scholarship of research translation activities (e.g., policy and practice related products and impacts). This would require change in culture, mental models and processes around faculty performance review, promotion, and recognition of scholarship across disciplines. This also would require leadership and change management from UBC administrative leaders and faculty leaders throughout the UBCO, including in the appointment and promotion committees. To incentivize and highlight research in UBCO faculty, more attention could also be played to developing acceptable research metrics and making them public (e.g., research outcomes in terms of achieving grant scientific and policy objectives; knowledge outputs and impacts; financial “return on investment” from seed grants and incubation grants). Reviewing opportunities within the broader landscape of research funding environment (beyond traditional tri-council funding opportunities and individual donor philanthropy) may also open up new ways to pursue health research. Obtaining short and medium-term solutions to researcher space (e.g., rental or temporary space if needed) is also critical to ensure that research teams are able to succeed.

**Recommendation 11:** Purposively develop UBCO’s capabilities to conduct relevant and effective research in existing and emerging community-based clinical service sites (including in-home service sites), building on its strengths and **filling the gaps in critical research methods and disciplines** described above. These gaps include clinical epidemiology, biostatistics, informatics, systems sciences and other population sciences, health economics, management, and

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pharmacy. It can develop these capabilities through faculty recruitment, or through collaborations, joint or adjunct appointments, or subcontracting, depending on the situation.

***Recommendation 12:*** Develop strategic plans to ensure the Interdisciplinary Collaboration and Innovation (ICI) building and other resources are used to pursue high value health research. There are many stakeholders and potential demands on this space, but whether through the ICI building or other means, it will be important to provide the convening and community-engagement space and services (e.g., collaboration facilitators; knowledge brokers) to support the highly collaborative and multi-disciplinary research needed to fulfill UBCO's aspirations pertaining to health-related research, teaching and engagement.

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**Future Developments – Relationships and Collaborations**

The importance of relationships and collaborations was emphasized in nearly every interview that we conducted as well as in the documents that we reviewed. Support and alignment of key strategic relationships and collaborations was widely described as being essential to health-related research and teaching at UBCO; engagement is central to delivering on their promise of positive health and societal impacts. It is our view that several strong and lasting relationships have been developed or sustained at UBCO; however, we concede that those have borne out more due to sheer human will and determination than the systems and processes to make them flourish. On the whole, there appears to be a desire to bring resources into play in order to create sufficient capacity and fit-for-purpose structures at UBCO to fully put into practice the overarching desire to “do relationships and collaborations better”.

**Recommendation 13:** There needs to be a focus enhancing on the functionality of health-related research, teaching and engagement at UBCO vis-à-vis building and sustaining partnerships and collaborations. One way of achieving this would be to consider designating a new position with support at UBCO to strengthen strategic partnerships and collaborations throughout the campus. We heard strong and consistent messaging from a wide range of potential partners regarding the need for UBCO to have a designated position focused on health-related research, teaching and engagement at UBCO. This was viewed as a much-needed operational function as well as a potential strategic focal point for UBCO working effectively with UBCV or other universities as well as with health system partners. We approach this recommendation with a caution. While we appreciate the potential positive contributions that a new position could bring, we also wish to caution readers and emphasize that the future success of expanded and strengthened relationships and collaborations depends on *everyone* (and cannot be expected to stand on the shoulders of one person appointed with an all-encompassing remit). Therefore, we would endorse the notion of designating a new position at UBCO to focus on operationalizing strategic partnerships and collaborations as a necessary, but not sufficient, condition upon which to build strong and productive relationships across communities (Indigenous and non-Indigenous), health systems, universities (including but not exclusively UBCV), as well as the private sector (including through relationships within the philanthropic realm). We also recognize that health-related research, teaching and engagement at UBCO need to be featured strongly in ongoing government relations efforts.

***Relationships with Indigenous Communities and Non-Indigenous Communities***

Reconciliation in the sense of restoring friendly relations is what was envisioned by the Truth and Reconciliation Commission of Canada in its 2015 report – re-setting the relationship between

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Canada and its Indigenous peoples. The original treaties were agreements of friendship and non-interference between nations, agreements to share and learn from each other, to respect each other's authority, customs, and ways of life. Reconciliation also is embodied in the concept of *etuaptmumk* or Two-eyed Seeing, which calls for combining Indigenous and Western ways of knowing and offers a pathway for respecting and benefiting from both Western and Indigenous wisdom.<sup>3</sup> The key to reconciliation is the re-establishment of respect for each group's ways of knowing and doing. It is also the establishment of a willingness to share resources equitably; finding common ground – Ethical Space<sup>4</sup> – is a first step. The principles of reconciliation go beyond forming relationships with Indigenous communities; these principles extend to any communities where power imbalances exist.

The pathway to reconciliation with Indigenous communities also needs to include decolonization of programs and processes. Decolonization is an "umbrella term for diverse efforts ... to enact transformation and redress in reference to the historical and ongoing effects of these processes [...] and to keep alive modes of knowing, being and relating [...]"<sup>5</sup> The guidance here is that UBCO, in order to be successful in establishing and promoting effective relations with Indigenous peoples and communities, should proceed with these conceptions of reconciliation and decolonization in mind. Relationships with the Indigenous peoples of the region need to be re-set following reconciliation principles: respect for and acceptance of First Nations and Métis ways of knowing and doing, a readiness to learn as well as to teach, and a willingness to share resources more equitably.

**Recommendation 14:** UBCO should consider developing a comprehensive strategy for further decolonizing and indigenizing health-related research, teaching and engagement at UBCO. In doing so, it will be important to continue to value and expand models where Indigenous communities take the lead and that include support for structures and systems that place Indigenous leadership and expertise on an equal footing with conventional forms of expertise and capabilities (e.g., Co-Principal Investigator models in research whereby projects are co-led from the outset by Indigenous and non-Indigenous investigators). As well, a strategy that charts a path forward that is guided by values and concepts that explicitly come from Indigenous ways of knowing (e.g., the Medicine Wheel Approach) will be integral to strengthening the success of health-related research,

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<sup>3</sup> John R. Sylliboy, Margot Latimer, Elder Albert Marshall & Emily MacLeod. (2021) Communities take the lead: exploring Indigenous health research practices through Two-Eyed Seeing & kinship, *International Journal of Circumpolar Health*, 80:1, 1929755, DOI: 10.1080/22423982.2021.1929755

<sup>4</sup> Willie Ermine. (2007). The ethical space of engagement, *Indigenous Law Journal*, 6:1.

<sup>5</sup> Stein, S. & de Oliveira Andreotti, V. Decolonization and Higher Education. January 2016; *Encyclopedia of Educational Philosophy and Theory* (Ed. Michael Peters); Springer: DOI:[10.1007/978-981-287-532-7\\_479-1](https://doi.org/10.1007/978-981-287-532-7_479-1)

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teaching and engagement at UBCO and to realizing key aims pertaining to continuing efforts dedicated to decolonization and reconciliation. Opening up and investing in new opportunities for reciprocal learning and authentic relationship building with Indigenous communities will be central to the future of UBCO (e.g., expanding supports for community-based health research; creating new investments that build human health research resources and capacity within Indigenous communities).

Greater co-development of health-related research, teaching and engagement opportunities at UBCO should go beyond cultural safety training, in which the active involvement of the local Indigenous community is clearly evident, towards a broader involvement of Indigenous people and communities in curriculum reform and adaptation. (See also Indigenous leadership; Recommendation 15.)

**Recommendation 15:** UBCO should consider expanding its focus on health-related research, training and engagement to better serve its community beyond Kelowna, including members of the 60+ First Nations and Métis across the region, such as through collaborative engagement in research prioritization and capacity development). Indigenous peoples within the Interior represent about nine percent (63,855 in 2016) of the total population. Within the Interior region, the majority of Indigenous peoples live off-reserve. UBCO has established viable and active relationships with local communities in the Kelowna area. As a regional campus of UBC, UBCO should consider expanding its catchment area to better serve talent recruitment and research capacity development across its natural community. Logically, this would include the entire Interior Health Authority region, and in terms of Indigenous communities, this would include not only the Syilx (Okanagan) Nations, but also the Tsilhqot'in, Secwépemc, Ktunaxa and others among the 54 First Nations in the region. The region is also home to many Métis (15 Métis Chartered Communities) as well as First Nations who come from other parts of Turtle Island. Interior Health, through its Leadership and Technical Tables, has established relationships with these various entities, and it would be natural to build on these to further enhance capacity for communities to identify and pursue health-related research questions and teaching.

In addition, UBCO should consider that the existing political boundaries cut through the traditional territories of First Nations, specifically the 49th parallel. The traditional territories of some of the Nations in the region are in Washington State; it would be appropriate to develop health teaching and research relationships with institutions such as the University of Washington-Spokane and Gonzaga University (see below - relationships with other universities). A more active working relationship with Thompson Rivers University would also be valuable.

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**Recommendation 16:** UBCO should intensify efforts to build connections between its emergent, IHA-operated health clinic in downtown Kelowna and community stakeholders (e.g., Kelowna organizations, urban Indigenous community, Okanagan Nation Alliance) in a range of sectors (e.g., urban development; housing; arts and culture). Discussions and collaborations are underway for the downtown health clinic.<sup>6</sup> This represents a great opportunity for UBCO in terms for teaching and research in health. Alongside efforts to engage, partner and co-lead with Indigenous communities, health research, clinical teaching and community engagement across health and other sectors also could help realize important connections with urban development, housing, and arts and culture. Furthermore, forming connections with organizations and communities, including Indigenous communities, offers an important opportunity for UBCO to engage in impactful teaching and scholarship in health and its related disciplines. We also suggest that UBCO explore innovative engagement models that support these efforts by creating a community-centered research and practice ecosystems across multiple sectors. For example, “living laboratories” could be jointly configured and operated by UBCO and other institutions within the region’s post-secondary ecosystem, such as BC Institute of Technology and Okanagan College, opening new opportunities for enhancing research, teaching and engagement within and beyond the health sector.<sup>7</sup> (See also Recommendations 5 and 6.)

***Health System Relationships***

Engagement of health system partners is important to develop strategies for aligning the university’s priorities with those of the health system to realize mutual benefits. Inevitably, there will need to be mutual compromises made by each partner to deliver on their respective responsibilities. However, there appears to be an appetite amongst health system partners as well as UBCO leadership, faculty, and students for pursuing the development of closer relationships to effectively identify and pursue a shared agenda to promote and protect health and wellness through health-related research, teaching and engagement.

**Recommendation 17:** Further consideration should be given to launching a dialogue between UBCO and health system partners (e.g., Interior Health Authority; First Nations Health Authority) to build trust, enhance joint priority identification, and illuminate possibilities for mutual benefit. During our review, we gathered insights about the need for a shared vision regarding the need for enhancing capacity to deliver excellent primary health care across the region (e.g., investing in health professional training) as well as the need to grow research expertise that contributes to health

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<sup>6</sup> Visit UBCO’s website for more details: <https://ok.ubc.ca/about/downtown-presence/>

<sup>7</sup> Pallot, M., Trousse, B., Senach, B., & Scapin, D.L. (2010). Living Lab Research Landscape: From User Centred Design and User Experience towards User Cocreation.

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systems strengthening (e.g., enhanced capacity for patient-oriented research; more robust commitments to enhancing clinical research expertise).

**Recommendation 18:** We recommend that an effort jointly led by IHA and UBCO be undertaken to develop an institutional affiliation agreement (IAA) that addresses strategic opportunities for mutually beneficial health-related research and engagement for health system transformation. During our review, we also heard that there may be a mismatch between Interior Health Authority (IHA) priorities (e.g., Health Systems Research; Quality & Patient Safety; Clinical Trials) and current critical mass of expertise with UBCO (e.g., community-based health research). We also were informed that there is a Master Affiliation Agreement (dated 2016) currently in play between IHA and UBCO, although this agreement is focused on operationalizing research within IHA settings (e.g., clinical trials) and may not be widely understood. Institutional Affiliation Agreements (IAAs) are commonly used in other jurisdictions (to varying degrees of success) and can offer a mechanism by which health system and university partners can work together to identify and pursue a shared vision (e.g., “research is a form of health care”) and shared functionality and interoperability (e.g., supports such as joint UBCO/IHA REB or shared data utilization agreements) that include research, but are not limited to research. IAAs can be a helpful mechanism to bring organizations together around research, teaching and engagement by providing a foundation for working together effectively, rather than starting de novo each time a new partnership opportunity emerges. To function effectively, IAAs need to be supported by collective activity and collaborative investment of resources, management and communications that highlights added value to the partners, and collective results.

### **Relationships with UBCV and Other Universities**

A large portion of the views shared with us regarding relationships and collaboration were focused on UBCO’s relationship with UBCV. Notwithstanding the importance of this relationship and the opportunities and challenges associated with the multi-campus model (articulated earlier in this report), there also is experience with the Interior Universities Research Coalition (IURC) that can be assessed and potentially further developed. UBCO can and should also look towards new relationships with other universities also engage in health-related research and teaching. For example, consider how the University of Washington-Spokane and Gonzaga University collaborate to deliver a Foundations Phase medical training program, where medical students complete their first 18 months of medical school at UW-Spokane and Gonzaga before completing their training at UW’s Seattle campus.

Whether by virtue of parallels or similarities (or perhaps the equally fruitful learnings that can come from stark contrasts), an exploration of other models at other universities will inform potential next



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steps for realizing growth and continued transformation of health-related research, teaching and engagement at UBCO. Furthermore, in considering the potential and promise of opening new doors to new partners, it is not lost on us that an expansion of inter-university relationships offers UBCO an opportunity to: (a) explore a pathway through which health-related research, teaching and engagement at UBCO can be present in communities beyond Kelowna, and (b) a means by which to respect the fact that Indigenous nations and relations of great import across the Okanagan region span colonially-imposed boundaries or other geographical markers, including the Canada-US border.

***Recommendation 19:*** Expand horizons and identify strategic opportunities to develop new (and nurture existing) and productive relationships with other Canadian universities, particularly those within the western region (e.g., Thompson Rivers University; University of Northern British Columbia; universities in Alberta) as well as universities located in the United States. Efforts at UBCO to build relationships beyond the UBC “family” may open doors for new and fruitful partnerships related to education, research as well as expanding potential for positive social impacts at home and further afield.

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***Advancement and Philanthropic Relationships***

It is often said that trusting relationships are fundamental to successful advancement and philanthropic activities. In the absence of trusting relationships (e.g., in situations where advancement efforts are more “fragmented”), enormous opportunity costs can be incurred. UBCO ethos of focusing on addressing regional problems (and their more global corollaries) is an important part of generating a unified approach to future growth/development of health-related research, teaching and engagement. As well, interdisciplinarity is widely viewed as an essential aspect of UBCO’s ethos, which is furthered catalyzed by virtue of its relatively small size that promotes collaboration and shared success. We suggest that the current context within UBCO would benefit from identifying areas of synergy where relationships can be enhanced or developed with the aim of informing strategic approaches to advancement and philanthropy. It is our view that this is particularly important to UBCO’s health-related research, teaching and engagement efforts and expertise, which span multiple faculties, departments, programs and disciplines.

***Recommendation 20:*** We recommend that UBCO launch an exercise to assess complementarities across faculties, departments, programs, and disciplines at UBCO in order to mobilize a critical mass of opportunities and talent focused on health research, education, practice, and social impacts (e.g., collaborative research with Indigenous communities). This exercise has the potential to yield important insights regarding strategic leverage points going forward as well as offering a fresh look at how UBCO offers a unifying lens through which to catalyze revenue generation opportunities that realize “wins” across faculties, disciplines as well as across the overall multi-campus model.

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**Conclusion**

In 2005, the Province of British Columbia, the Okanagan community, and the University of British Columbia undertook a journey together to pursue opportunities for academic excellence across the Interior region. Now approaching their 20th year of operations, academic leaders at UBCO have taken this opportunity to reflect, review and prepare to inspire the next stage of the transformational work which began with that foundational joint investment. With more focus on building an exciting future for health-related research, teaching and engagement, alongside strategic use of its resources, we believe that UBCO can renew and extend its commitments to outstanding health-related educational programming, health-related research, as well as collaborations and relationships – regionally and more broadly. As the world comes through the COVID-19 pandemic and in the face of a multitude of other critical challenges (e.g., climate crisis; social inequities), it is our view that now is the moment for UBCO to *Inspire to Aspire* and travel *Better Together*, so that these fundamental efforts can be propelled towards shaping a healthier future for all.

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**APPENDIX 1: EXTERNAL REVIEW OF UBCO HEALTH - COMMITTEE MEMBERS**

The external review committee members included the following:

**Malcolm King, PhD, FCAHS, FRSC, Professor, Department of Community Health and Epidemiology, University of Saskatchewan**

Professor King served as Scientific Director of the CIHR Institute of Aboriginal Peoples' Health from 2009 to 2016, and currently is the Scientific Director of the Saskatchewan Centre for Patient-Oriented Research. His research is aimed at improving wellness and achieving health equity for First Nations, Métis and Inuit through strengths-based approaches that respect self-determination and privilege Indigenous ways of knowing. Honoured with a National Aboriginal Achievement Award in 1999, he was elected a Fellow of the Canadian Academy of Health Sciences in 2016 and a Fellow of the Royal Society of Canada in 2021.

**David H. Peters, MD, MPH, DrPH, FACPM, Professor & Chair, Department of International Health, Johns Hopkins University Bloomberg School of Public Health**

David Peters is professor & chair of the Department of International Health at the Johns Hopkins Bloomberg School of Public Health, leading a global health research, education, service enterprise with over 250 projects and partners around the world. Peters' work focuses on strengthening health systems in low- and middle-income countries, addressing policy and program issues to improve health equity and the performance of health systems, while contributing to critical models and methods for implementation research and systems science. He has also served on numerous global health boards and advisory bodies, including at the World Health Organization, The US President's Emergency Plan for AIDS Relief (PEPFAR) Scientific Advisory Board, and was co-Chair of the CIHR Advisory Board for the Institute of Population and Public Health.

**Jean A. Shoveller, PhD, FCAHS, Professor, Faculty of Medicine, Dalhousie University**

Professor Shoveller is currently appointed at Dalhousie University's Faculty of Medicine (Department of Community Health & Epidemiology). She is the former Chair of CIHR's Governing Council and former Vice-President Research & Innovation at IWK Health. For 20+ years, she led a large interdisciplinary research and training program on health inequities

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and has supervised more than 80 Doctoral and Master's students as well as Post-Doctoral Fellows at the University of British Columbia's Faculty of Medicine, where she also held numerous leadership positions. In 2015, she was inducted into the Canadian Academy of Health Sciences as an "outstanding public health scholar whose leadership and vision has contributed to system change nationally and internationally".

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**APPENDIX 2: EXTERNAL REVIEW OF UBCO HEALTH - TERMS OF REFERENCE**

The terms of reference guiding the review include the following:

1. Review the constitution, balance and coordination of health-related clinical, educational, and research programs at UBC Okanagan, as well as the strengths of key strategic relationships/collaborations;
2. Provide recommendations about future growth and development of health programs at UBC Okanagan

Without limiting its overall mandate, the Review Team should give attention to the following:

**1. Health-related Educational Programs**

**KEY QUESTION:** How can UBC Okanagan further coordinate and develop its strengths in health training and education?

Consider the range of health-related programs offered at UBC Okanagan (undergraduate education, including the Southern Medical Program [SMP]; health-related graduate programs [MSc, PhD, MD/PhD, MA, postdoc]; health professions [kinesiology, nursing, psychology, social work, etc.] and other programs) with respect to:

- Integration and coordination between health-related programs on our campus
- Integration and coordination with programs offered by UBC Vancouver and our local healthcare community
- Responsiveness of professional programs in health and technology to societal/regional needs

**2. Research**

**KEY QUESTION:** How can UBC Okanagan further enhance its international health-related research standings?

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- Scope, quality and relevance of faculty research priorities and degree of interdisciplinarity, including health related Institutes, Centers, and research clusters
- Effectiveness of integration and coordination of research activities with UBC Health, the province's Health Authorities, and partner institutions
- Impact of health-related research, particularly in the areas of translation (clinical and policy) and technology transfer, relative to the history, age, and size of the UBC Okanagan campus

**3. Relationships and collaborations**

KEY QUESTION: How can UBC Okanagan support and align key strategic relationships and collaborations for positive health and societal impacts?

- Extent to which health programs at UBC Okanagan have developed or sustained fruitful collaborations and partnerships with:
  - o Cognate Faculties, academic departments and units on our campus
  - o Faculties, academic departments and units at UBC Vancouver
  - o Interior Health Authority, First Nations Health Authority, Kelowna General Hospital, teaching/affiliated hospitals, and community health services
  - o Local community, schools, and government
  - o Partner institutions
  - o Industry
- Integration with the ongoing UBC Health strategic planning process
- Engagement in matters relating to Indigenous health and Truth and Reconciliation activities
- Societal impact of educational and research programs in terms of outreach and impact locally, nationally and internationally

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**4. Future Development**

KEY QUESTION: What are the key challenges and opportunities related to Health on the UBC Okanagan campus?

Make recommendations about possible directions for future growth and development of health programs



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**APPENDIX 3: EXTERNAL REVIEW OF UBCO HEALTH - BACKGROUND MATERIALS**

Documents were shared with external reviews to inform the content of the current report.

**Strategy/Context**

<b>Doc # in Drive</b>	<b>Document description</b>	<b>Source(s)</b>
1	Outlook 2040 (2019). Shaping UBC Okanagan’s Future <ul style="list-style-type: none"> <li>• Outlook 2040 Report</li> <li>• Website</li> </ul>	<a href="#">Website</a> <a href="#">Report (Web)</a> <a href="#">Report (OneDrive)</a>
2	Shaping UBC’s Next Century (2018). UBC’s Strategic Plan	<a href="#">Report (Web)</a> <a href="#">Report (OneDrive)</a>
3	Aspire (2013). UBC Okanagan’s long-term vision for the campus	<a href="#">Report (Web)</a> <a href="#">Report (OneDrive)</a>
4	Better Health Together: UBC Health Strategic Plan (2021)	<a href="#">Report (Web)</a> <a href="#">Report (OneDrive)</a>
5	Ministry of Health: In Plain Sight: Addressing Indigenous-specific Racism and Discrimination in BC Health Care	<a href="#">Report (Web)</a> <a href="#">Report (OneDrive)</a>
6	Human Rights Commissioner: Disaggregated demographic data collection in British Columbia: The grandmother perspective	<a href="#">Report (Web)</a> <a href="#">Report (OneDrive)</a>
7	UBC Okanagan Org Chart	<a href="#">Chart (web)</a> <a href="#">Chart (OneDrive)</a>
8	Academic Health Report <ul style="list-style-type: none"> <li>• Includes a description of the Interior Academic Health Sciences Consortium (IAHSC) terms of reference</li> </ul>	<a href="#">Report (OneDrive)</a>
9	Faculty of Health and Social Development (FHSD) Self-study (2021)	ETA October

**Education**

<b>Doc # in Drive</b>	<b>Document description</b>	<b>Source(s)</b>
1	Existing Health Programs and student numbers	<a href="#">OneDrive</a>

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	<ul style="list-style-type: none"> <li>• Headcounts</li> <li>• Course Enrolments</li> <li>• Course counts</li> </ul>	
2	Market Analysis for educational programs	ETA October
n/a	Internal teaching and learning funding	<a href="#">Website</a>
n/a	Academic Programs	<a href="#">Website</a>

### Research

<b>Doc # in Drive</b>	<b>Document description</b>	<b>Source(s)</b>
1	The Okanagan Opportunity (2019) - outlines research strengths	<a href="#">Report (Web)</a> <a href="#">Report (OneDrive)</a>
2	Summary of health-related research/funding information by Faculty/School <ul style="list-style-type: none"> <li>a. Health Funding Report</li> <li>b. Health Funding list of sponsors</li> <li>c. Tri-Council Health Related Research Activity Report</li> </ul>	<a href="#">Report (OneDrive)</a> <a href="#">Sponsors (OneDrive)</a> <a href="#">Tri-Council (OneDrive)</a>
3	Summary of health-related contracts/agreements (UILO)	ETA October
n/a	Internal research funding	<a href="#">Website</a>
n/a	Research Clusters	<a href="#">Website</a>
n/a	Research Institutes	<a href="#">Website</a>
n/a	UBC STAR (Survive and Thrive Application Research)	<a href="#">Website</a>
n/a	e@UBCO	<a href="#">Website</a>

### Campus Planning/infrastructure

<b>Doc # in Drive</b>	<b>Document description</b>	<b>Source(s)</b>
1	UBC Okanagan campus plan (2015) – vision for physical development/ growth of the campus	<a href="#">Report (Web)</a> <a href="#">Report (OneDrive)</a>
2	Downtown Clinic Scope Document	<a href="#">OneDrive</a>
3	Interdisciplinary Collaboration and Innovation (ICI) building (2025 opening)	<a href="#">Website</a> <a href="#">Board doc (Web)</a> <a href="#">Board doc (OneDrive)</a>

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n/a	UBC Okanagan Downtown Presence (2025 opening) <ul style="list-style-type: none"> <li>• Announcement/Press Release</li> <li>• Website</li> </ul>	<a href="#">Press Release (Web Website)</a>
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**Requested Materials**

<b>Doc # in Drive</b>	<b>Document description</b>	<b>Source(s)</b>
1	Development/Fundraising Strategy	<a href="#">Campaign Documents (OneDrive)</a>
2	Faculty Incentives under the Collective Agreement	<a href="#">OneDrive</a>
3	Cross-campus collaboration report	<a href="#">Report (OneDrive)</a>
4	UBCO Campus Positioning Summary	<a href="#">OneDrive</a>

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**APPENDIX 4: EXTERNAL REVIEW OF UBCO HEALTH - CONSULTATIONS**

The external reviewers consulted with **50 individuals** (breakdown below).

**36 members of the UBCO community** in person during the on-site visit (October 4-5, 2021).

- Administration/Leadership (12)
  - o Provost and Vice President Academic, Vice Principal Research and Innovation (VPRI) and Deans
- Faculty (17)
  - o with representation:
    - across various ranks (from early career faculty to Department/School Heads and Directors)
    - from all Faculties
    - from the Indigenous Advisory Committee
- Staff (3)
  - o from Development and Alumni Engagement and Aboriginal Programs and Services
- Students (4)
  - o undergraduate and graduate student representatives from SMP, FHSD and FOS

**14 individuals external to UBCO** via Zoom meetings (November 2021-January 2022).

- UBCV faculty (4)
  - o leadership from UBC Health and the Center for Excellence in Indigenous Health
- External community (8)
  - o representatives from BC Cancer – Kelowna, BC Academic Health Science Network (BC AHSN), City of Kelowna, Interior Health (2), and Michael Smith Foundation for Health Research (MSFHR), plus Syilx Okanagan Nation Elders (2)