

BETTER HEALTH TOGETHER

*UBC Health Strategic Plan
2021-2026*



THE UNIVERSITY OF BRITISH COLUMBIA
UBC Health



We acknowledge that the two main campuses of the University of British Columbia (UBC) are located on the traditional, ancestral, and unceded territories of the xʷməθkʷəy̓əm (Musqueam) and Syilx peoples and that UBC's activities take place on Indigenous lands throughout British Columbia and beyond.

What is UBC Health

UBC Health works under the auspices of the Office of the Vice-President, Health. We enhance and enable interprofessional and collaborative health education and research to train people, develop knowledge, and shape policy, seeking to address inequities and improve the systems that produce health. The Office of the Vice-President, Health advances these aims by promoting and facilitating equitable collaborations across disciplines and faculties at UBC's Vancouver and Okanagan campuses, as well as with communities, institutions, and government organizations across British Columbia.

Joint Message from the UBC President and the Vice-President, Health

It is our distinct privilege and pleasure to share with you the vision and priorities of the University of British Columbia (UBC) in advancing collaborative health. The Office of the Vice-President, Health was established in 2018, incorporating UBC Health and building upon decades of work at the university in advancing interprofessional health education. UBC Health enables systematic collaboration across health-related disciplines and interests at the university and provides a coordinated interface with community, sector, and government partners across British Columbia.

This is an important role, as complex and interconnected threats to health and health equities are increasingly dominating public discourse. Continuing to support the evolution of public policy and health systems towards integrated approaches that emphasize individual and collective wellbeing is a challenge of global importance and urgency. In many ways, the work is groundbreaking as we strive to strengthen connections, combine perspectives, and foster health system innovation. And it is made even more important by the pressures created and accelerated by the COVID-19 pandemic.

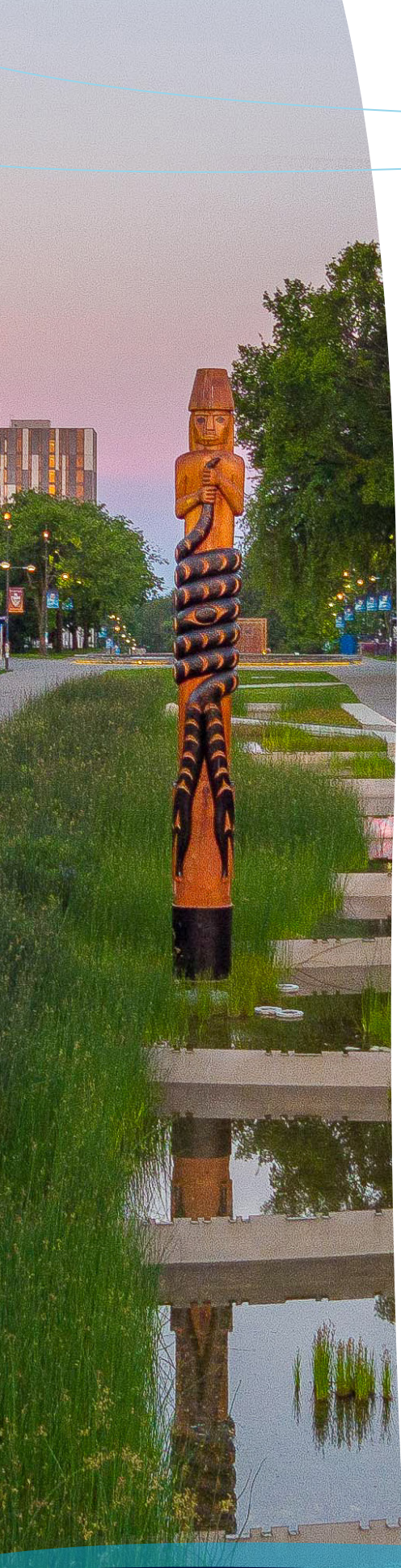
This strategic plan represents the views of hundreds of colleagues and partners inspired by the aims of UBC Health. Empowered by the shared conviction that the university can—and must—progress far beyond its achievements to date in advancing collaborative health education and research, we challenged each other to define success, affirm our objectives, and agree on areas of focus that demand a joint approach. The result is a plan that both propels UBC's ambitions and complements and connects the plans of the academic units delivering outstanding research and education in their respective domains of health and healthcare.

While we must remain agile as our context evolves, the UBC Health plan provides a roadmap to guide our activity across both campuses and a set of outcomes against which we can hold ourselves accountable. It is our hope—and intention—that it also creates a framework to support new collaborations that help draw the university and the communities we serve closer together.

Thank you to all of those who contributed to the development of the plan and to those who contribute each day to collaborative health, whether through education, research, or practice. We look forward to continued partnership as we work towards our goal of better health together.


Santa J. Ono
President and Vice-Chancellor


Dermot Kelleher
Vice-President, Health



An Integrated Approach to Health

Health is an attribute of individuals, communities, and societies and is a fundamental resource for daily living. It is shaped by a wide range of determinants from individual genetics and risk factors (such as diet and physical inactivity) to social and environmental exposures (such as early childhood experiences), education, work, and—fundamentally—social and economic position. Health can be measured in many ways, for example, based on the presence or absence of disease, or through more qualitative understanding of personal or community assets and capabilities. Threats to health and inequities in health can be addressed through thoughtful public policy, supportive environments that encourage community action and individual skills, and strong health systems that reinforce prevention.

The university has foundational strengths from which it can draw in these efforts, notably disciplinary breadth and depth, a wide range of programs that train the future health workforce, and globally recognized research. These assets are all underpinned by supporting infrastructure that includes meaningful connections with partners throughout British Columbia and around the world.

Integrated systems that support health is a provincial priority, and the BC government promotes collaborative health practice. A coherent approach is needed to address the challenges, both external and internal, in advancing this work. The health sectors in BC are complex and often fragmented, and progress is frequently impacted by inconsistent remuneration models. Moreover, UBC’s health assets are distributed throughout the university and province, amplifying the need for different models and connections across disciplines and geographies to facilitate equitable, diverse, and inclusive collaboration. These complexities highlight the need for the coordinating and facilitative strengths of UBC Health.

Extensive Engagement

While the dedicated planning process took place throughout 2020, led by the Associate Vice-President, Health, the development of this inaugural plan was a multi-year exercise. Twenty-one strategic summits across both the Vancouver and Okanagan campuses between late 2018 and early 2019, as well as a set of community and external partner discussions, created a strong foundation.

We delayed much of the engagement in 2020 until the second half of the year out of respect for the extraordinary demands on our colleagues and partners at the outset of the COVID-19 pandemic. This afforded us the opportunity to create a framework for consultation. The draft plan was then challenged, elaborated, and refined through discussions with the UBC Health Council and UBC Health Executive, as well as with interim UBC Health advisory groups in education, research, and systems. Town halls across the UBC Health community rounded out the process.

Definitions

Our use of terminology is intentional. By *interprofessional*, we refer to collaborations between health professions, whereas the term *interdisciplinary* encompasses disciplines beyond health professions. *Collaborative health* is broader yet, extending also beyond academia to include partners across health sectors.

Our History

Formal collaborations at UBC with respect to the education of health professionals have a long history, originating with the work of Dr. John McCreary and the UBC Division of Interprofessional Education in the 1960s. The formation of the College of Health Disciplines in 2001 provided an academic home for interprofessional activities that helped prepare students graduating from health and health-related programs at UBC with the knowledge, skills, and attitudes central to collaborative practice. When the College was dissolved in 2015, the university sustained its focus on interprofessional education by transferring activities to the Office of the Provost and Vice-President, Academic and distributing courses across various faculties.

In 2018, at the behest of the President and Board of Governors, UBC created the position of Vice-President, Health and formalized the construct of UBC Health. At that time, the scope of UBC’s work in this domain was expanded from healthcare to health, integrating work to advance both interprofessional education and the more inclusive construct of collaborative health education. It also expanded to encompass collaborative research and an explicit commitment to applied work to inform the structures and systems that promote the health of individuals, communities, and society.

Building on Our Successes

Within our original education mandate, we successfully facilitated the meaningful integration of interprofessional learning across health programs at UBC. Convened under the banner of UBC Health, programs have been able to identify common times for students from different disciplines to come together to learn with, from, and about each other.

Colleagues contributed to the co-development of learning activities in areas that demand a collaborative approach, which are enhanced by their interprofessional design and delivery, including the *UBC 23 24 Indigenous Cultural Safety* curriculum delivered in collaboration with the Centre for Excellence in Indigenous Health.

These successes have contributed to the firm commitment from academic units to sustain and expand the efforts of UBC Health as we explore opportunities in education, research, and health systems.

Our Mandate

There is a need for a truly inclusive and equitable approach in health education and research, underpinned by a culture of collaboration. There is a need for an integrated vision and commitment to support provincial priorities. There is a need for UBC to be more coordinated in its interactions with sector partners and for its efforts in health to be informed collectively by inclusive and diverse public and patient perspectives. There is also a need for coherent communications to build awareness and alignment in the purpose and priorities of UBC Health.

UBC Health exists to facilitate such connections and joint ventures across academic units and with external partners. Institutional commitment to and support for the mandate of UBC Health span both campuses. Our consultation process affirmed high levels of optimism and aspiration for its impact.

There is an opportunity for the Office of the Vice-President, Health to play a non-partisan convening role in activating and channeling the health assets of the university. There is an opportunity for UBC to contribute more expansively in sector leadership and advocacy for positive change given the complexity of health systems. Moreover, there is an opportunity for shared university resources to capture synergies and facilitate equitable engagement, notably for smaller units.

There are boundaries that UBC Health will continue to respect. While there is scope for external engagement to be strengthened through the collective voice of UBC Health, the voices of individual units must take precedence at times. We must focus on those priorities that demand collaboration, knowing that other important work is being advanced by respective disciplines. Accordingly, the UBC Health strategic plan strives to align with the plans of other units across the university, notably in their mutual commitment to academic impact, equity and diversity, innovation, and service to society.

The central importance of responsiveness cannot be overstated, as exemplified by the COVID-19 pandemic. The year 2020 will be regarded as an inflection point, shining a spotlight on pre-existing issues, as well as creating new ones. The complexity of evaluating the potential effects of COVID-19 on people's health and available resources to respond has reinforced the value of health data, including disaggregated data to address systemic inequalities. It has also driven change within the university, with new ways of learning and working creating scope for democratization and greater reach, especially for students. More broadly, there is an urgent need to rebuild public trust in health systems. Health challenges demand this level of adaptation and agility. We will work across university and sector boundaries to both anticipate change and respond as health systems continue to evolve.

Our Governance

We are governed by the UBC Health Executive and guided by the UBC Health Council and advisory groups for education, research, and systems. The Executive, which is composed of Vice-Presidents and Deans with a strong stake in the activities and outcomes of UBC Health, ensures strategic alignment with institutional priorities and resource allocation to achieve desired outcomes. With participation of a broad range of disciplines across both campuses, as well as two community representatives, the Council's mandate is to guide initiatives that advance the strategic priorities of UBC Health.

A UBC Health governance review in 2019 recommended the continuation and enhancement of a patient and community advisory committee to the Council, a role fulfilled by the existing Patient and Community Advisory Committee, as well as the creation of an external advisory committee to the Executive.



Our Guiding Statements

Our purpose signals the unique place of UBC Health in the structure of the university, complementing and supporting the equitable contributions of academic units. It aligns closely with UBC's vision of inspiring diverse people, ideas, and actions for a better world. Attention to outcomes and equity is consistent with the ambitions of the UBC Health community, as well as with the aims of UBC in all that it pursues.

Additionally, there is an important link with institutional goals and activities in wellbeing, underpinned by the Okanagan Charter¹ to which UBC was one of the first signatories worldwide. While our attention across the timeframe of this plan will primarily be on the health of British Columbians, much of our work will translate nationally, and some will have global significance.

Our Purpose

BETTER HEALTH TOGETHER

**Connecting people, ideas, and actions to
advance health outcomes, equity, and systems**

We will strive to fulfill this purpose through inclusion, collaboration, and innovation, reflecting the themes emphasized in UBC's strategic plan. UBC's values of excellence, integrity, respect, academic freedom, and accountability are contextualized for UBC Health through a set of principles that govern how we strive to interact with each other and with our partners.

¹Jointly established by educational institutions and health organizations from more than 45 countries at the UBC Okanagan campus in 2015, the *Okanagan Charter: An International Charter for Health Promoting Universities and Colleges* calls upon post-secondary schools to embed health into all aspects of campus culture and to lead health promotion action and collaboration locally and globally.

Our Principles

EQUITY AND INCLUSION

We facilitate equitable representation of all voices, and we seek parity in outcomes for Indigenous and historically, persistently, or systemically marginalized populations.

ALIGNMENT

We convene colleagues and partners, striving to share best practice and distill a collective voice that represents UBC in areas that benefit from collaboration.

LEADERSHIP

We activate skills, assets, and resources to initiate and accelerate efforts that will lead to meaningful and scalable public impact.

RESPONSIVENESS

We align our work to complement the priorities and perspectives of academic units, communities, and health systems.

TRANSPARENCY

We communicate regularly to build awareness, promote collaboration, and create a shared sense of accountability.

Our Core Areas and Ways of Working

Collaborative health education, interdisciplinary research, and health systems were defined as core areas well before this process began. It is significant that they were reaffirmed and clarified during the development of this plan.

Informed by partners, including diverse public and patient perspectives, we will:

INTEGRATE interprofessional and collaborative health education to shape the workforce of tomorrow

This will propel continued transformation in teaching and learning across health and health-related programs, in both classroom and clinical settings, to help foster practices of team-based care.

CATALYZE interdisciplinary collaborations in health research

This will provide enhanced support for health research priorities that cross disciplines and align with sector priorities, underpinned by integrated data access and training.

ADVOCATE for and help develop capacity for positive change in health

This will facilitate the application of advances in education and research through inclusive and coordinated engagement with the practitioners, communities, and policymakers who have interest in health.

UBC Health must be intentional in its ways of working. We will establish new practices and foster a culture of purposeful collaboration. Our progress will be determined not only by what we prioritize but also how we approach these aims. We will:

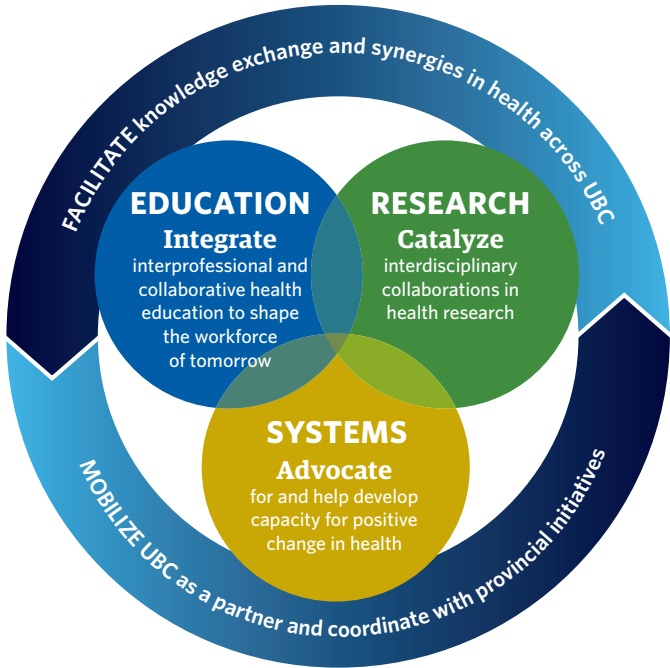
FACILITATE knowledge exchange and synergies in health across UBC

This will help to operationalize the ambitions of UBC Health as we work together across both campuses, building upon and strengthening existing relationships, practices, and structures.

MOBILIZE UBC as a partner and coordinate with provincial initiatives

This will enable the university to contribute more effectively across our extensive—and often dispersed—interactions with health sectors, creating an additional impetus for internal collaboration.

Perhaps most importantly, there are strong interdependencies across the three core areas. The systems perspective has always informed, and been informed by, our work in interprofessional and collaborative health education and interdisciplinary research. While each is anchored in one of the three areas, the objectives in this plan all require that we continue to deepen these connections if we are to succeed in fulfilling our purpose.



- UBC Health will:**
- INTEGRATE** interprofessional and collaborative health education to shape the workforce of tomorrow
 - CATALYZE** interdisciplinary collaborations in health research
 - ADVOCATE** for and help develop capacity for positive change in health

Our Priorities

There are persistent health challenges and inequities that demand a collaborative approach, creating important foci for our work. Complementing efforts throughout the university and health sectors, we seek to connect diverse expertise and resources across disciplines to help advance education, research, and policy in pressing areas such as Indigenous health, aging and chronic disease, and substance use and addiction. We have established partnerships with units and organizations to advance these and other priorities, including the UBC Centre for Excellence in Indigenous Health, the Rural Coordination Centre of BC, and the BC Centre on Substance Use (BCCSU).

For example, British Columbia, like other jurisdictions around the world, is facing a substance use and addiction crisis that has wide-ranging impacts on individuals, families, and communities. Recognizing the need for cross-disciplinary collaboration to adequately address this complex and urgent issue, UBC Health has partnered with BCCSU. A partnership manager is working across both organizations, and closely with UBC programs, to build strategies that will facilitate the integration of content about substance use and addiction into education and research activities across the university. The objectives are to better prepare learners and advance knowledge, bolstering provincial capacity to understand and manage this health emergency.

Efforts such as this demonstrate the ability of UBC Health to help effect change beyond the university by promoting and enabling change in what happens at UBC. We are working with colleagues and partners to identify ways to support the health of all people in BC and will continue to align our work with provincial priorities, adapting our approaches and activities accordingly. As priorities evolve, we will continue to develop partnerships to support our work.

Collaborative Health Education

UBC Health has the greatest traction in this domain, by virtue of UBC’s historical focus on interprofessional education. We have the conviction, capacity, and credibility to be leaders in interprofessional and collaborative health education. Our task now is to work with health-related units to advance collaborative education through new approaches that enrich university health programs and extend into practice.

OUTCOMES

In this area, we aspire to contribute to the outcomes below. None of these can be achieved through the efforts of UBC Health alone. Instead, they represent our collective aims as the University of British Columbia.

Health learners and graduates with the knowledge and skills to work effectively in interprofessional environments

Health learners and graduates who understand the diverse perspectives and experiences of patients and communities

Instructors and practitioners committed to advancing interprofessional and collaborative health education and practice



OBJECTIVES

We will channel our work towards three objectives:

Education innovation

We will renew classroom-based and develop practice-based curricula, reinforced by scholarship in health education.

We will refine the existing Integrated Curriculum, informed by a review process, and we will develop online systems and assessment tools to enhance its accessibility and effectiveness. Through our partnership with the Centre for Excellence in Indigenous Health, we will further embed learning at the intersection between collaborative health and Indigenous cultural safety. In parallel, we will work to establish curricula and resources for collaborative education in clinical settings. More broadly, we will contribute to the renewal of national frameworks for interprofessional education.

Expanded placements

We will help UBC’s health and health-related programs develop models that build placement capacity, as well as promote collaborative placements across British Columbia.

We will foster an active practice education network across UBC, with the common goal of addressing issues that impact clinical placements across programs. Focusing initially on rural and remote areas, we will work with local partners to set up the Rural Education Access Coordination Hub (REACH) to facilitate interprofessional placements, which are especially critical outside of urban centres. This work is imperative if collaborative education is to contribute meaningfully to the advancement of collaborative health and healthcare.

Education ecosystem in team-based care

We will support the establishment of a team-based clinic on campus and connect existing campus and other clinics as learner-informed models for team-based education.

We will continue to work with colleagues and community to help launch a team-based care clinic in the proposed Gateway Building on the Vancouver campus and support efforts to create a similar clinic in Kelowna. We will formalize synergies across the growing network of campus health clinics, also engaging with other team-based clinics across BC to embed practices of interprofessional and collaborative education and help prepare the future workforce. These efforts will also equip and position UBC Health to act as a resource for efforts to improve the health of the UBC community.

Interdisciplinary Health Research

UBC has considerable strengths in health research, and research clusters are a key feature of the university’s research enterprise. Support for these endeavours is a more recent addition to the scope of UBC Health. This expansion recognizes the growing need for research collaborations as the problems facing society become increasingly complex and interconnected. In promoting interdisciplinary health research, UBC Health will work in close partnership with the Office of the Vice-President, Research and Innovation (Vancouver campus) and the Office of the Vice-Principal, Research and Innovation (Okanagan campus) to leverage institutional expertise, relationships, and infrastructure.

OUTCOMES

In this area, we aspire collectively to contribute to the following outcomes:

Advancement of interdisciplinary health research and knowledge translation

Integration of data, policies, and processes across UBC that support applied interdisciplinary health research

Approaches to health research and the use of data that help address systemic racism and inequities in BC and enable meaningful involvement by all populations



OBJECTIVES

We will channel our work towards three objectives:

Community of practice
We will foster an active community of health research practice and mentorship, supporting and connecting health scholars and students.

We will create mechanisms to assist health researchers in developing collaborative projects that will benefit from an interdisciplinary approach, and we will complement university efforts to facilitate health research clusters. We will promote and recognize achievements in student mentorship and research to help cultivate a dynamic and supportive environment for health research.

New research collaborations
We will stimulate and support health research collaborations.

We will institute practices that facilitate innovative cross-faculty and cross-campus health research, including the allocation of seed funding through the Health Innovation Funding Investment (HIFI) Awards. We will strive to connect these endeavours with areas of systemic need and provincial focus. We will advocate across UBC for policies and processes that support interdisciplinary research, helping to break down structural barriers that impede collaboration.

Data infrastructure
We will contribute to provincial efforts to develop an integrated health research data infrastructure.

We will represent the university in existing and evolving sector initiatives to enhance access to health and health-related data for research that can inform policy. We will review available resources and consider development of new modules for data science training across UBC, augmenting current course offerings. We will build a community of practice around the use of health data, including race-based and other sensitive data. All these activities are systems-oriented, as they involve applied work, partnerships, and an intent to improve policy, equity, and health outcomes.

Integrated Health Systems

This area reflects UBC’s current and potential influence on health-producing systems. With strong relationships and enhanced collaboration, UBC Health will continue to contribute to policies and service delivery that shape health. We will facilitate and encourage effective advocacy for continuous improvement in the health ecosystem. There may also be scope for shared university resources in areas such as communications, government relations, and evaluation to support unit-level efforts to engage with health sectors and systems.

OUTCOMES

In this area, we aspire collectively to contribute to the following outcomes:

Initiatives that provide proof of concept for provincial implementations and contribute to innovations in health

Coordinated community, sector, and government engagement on pressing health issues

Health learners and graduates who are champions of positive change in health



OBJECTIVES

We will channel our work towards three objectives:

Public and patient engagement²

We will expand engagement to advance diverse community priorities, enhance learner experiences, and align research activities.

Building on existing strengths and extensive efforts, including the UBC Interprofessional Health Mentors program in which patients serve as educators, we will strive to establish a more inclusive and coordinated model for community involvement. We will initiate a public scholarship series to strengthen two-way dialogue on health topics and adopt a welcoming, coordinated, and inclusive approach to public and patient engagement across health education, research, and systems.

Coordinated responses

We will coalesce experts and efforts to further collaborative health education and interdisciplinary research in response to pressing health challenges.

We will convene policymakers, health authorities, health professionals, researchers, and diverse community partners to identify and determine how to address urgent provincial issues, from Indigenous health to embedded racism to data use, activating university efforts where appropriate. Working with colleagues and partners, we will develop interprofessional and collaborative health education curricula and resources that integrate knowledge and practice in these important and topical areas.

Evidence for new approaches

We will help align university and sector activities to establish evidence for new approaches to health.

We will facilitate TBC@UBC to support and connect team-based care efforts across BC, disseminating lessons learned from campus-based and other experiences. Through scholarship and education, we will partner with provincial and global entities to advance the practice of collaborative health. More broadly, we will engage with sector and government partners to anticipate the needs of BC’s population and contemplate the possibilities and implications of the future of health.

²Patient Community Partnership for Education (PCPE) is a unit within UBC Health that brings the expertise of patients, caregivers, and people with lived experience of the social determinants of health into the education of health students at UBC. PCPE is integral to the success of UBC Health in advancing external engagement.



Moving Forward

Representing shared goals and priorities across the UBC Health community, this strategic plan creates a roadmap for the university over the next five years. We recognize upfront that we will need to be agile as external and internal contexts evolve, not least as UBC Health itself continues to gain momentum. And while our work spans education, research, and systems, we know that none of our objectives is limited to just one of these areas. All are interdisciplinary and interdependent, and it is critical that we approach all that we do as a team.

Each of our objectives will be progressed through a combination of internal facilitation and external mobilization, with faculty members and academic units playing a key role alongside the Office of the Vice-President, Health. In some of this work, the Office of the Vice-President, Health will lead and, in other aspects, it will promote and support the activities of the faculties, schools, and departments that share the vision of UBC Health.

Advisory groups in education, research, and systems will help guide our efforts, reinforcing the interdependencies between our work and other perspectives and initiatives. Patients and community, as well as external partner advisory committees, will also contribute expertise and connections. Our work will be governed by the UBC Health Council and UBC Health Executive.

We will take a highly purposeful approach to implementation, just as we did in the development of this plan. This will include the creation of successive annual action plans with clear milestones, accountabilities, and resourcing. We will institute progress tracking against these commitments, course-correcting where necessary in the activities for which the Office of the Vice-President, Health is responsible and supporting our peers and partners in their respective endeavours. We will, in parallel, develop mechanisms to measure progress against our desired outcomes for UBC in each of the core areas. Where appropriate, we will initiate demonstration projects to learn before we attempt to build scale in ways of working. We will also strive to increase awareness and understanding about the work of UBC Health, consistently seeking input and inviting participation from across our various communities. More fundamentally, we will hold ourselves accountable to the UBC Health principles of equity and inclusion, alignment, leadership, responsiveness, and transparency, inviting those with whom we partner to do the same.

Our ambitions are high, reflecting the significant mandate with which we are tasked, and we move forward with optimism. The Office of the Vice-President, Health will play a pivotal role in championing this strategic plan and driving many of the associated initiatives. But our success will depend upon contributions across UBC and provincial health sectors. We are grateful and honoured to work with our partners as we seek to advance our purpose of better health together.



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