



The Canadian Coalition for  
**GLOBAL HEALTH RESEARCH**

Promoting better and more equitable health worldwide  
through the production and use of knowledge

# British Columbia Coalition Institute

Building Capacity for Equity-Centred  
Research and Knowledge Translation

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Report

# PRESENTED BY

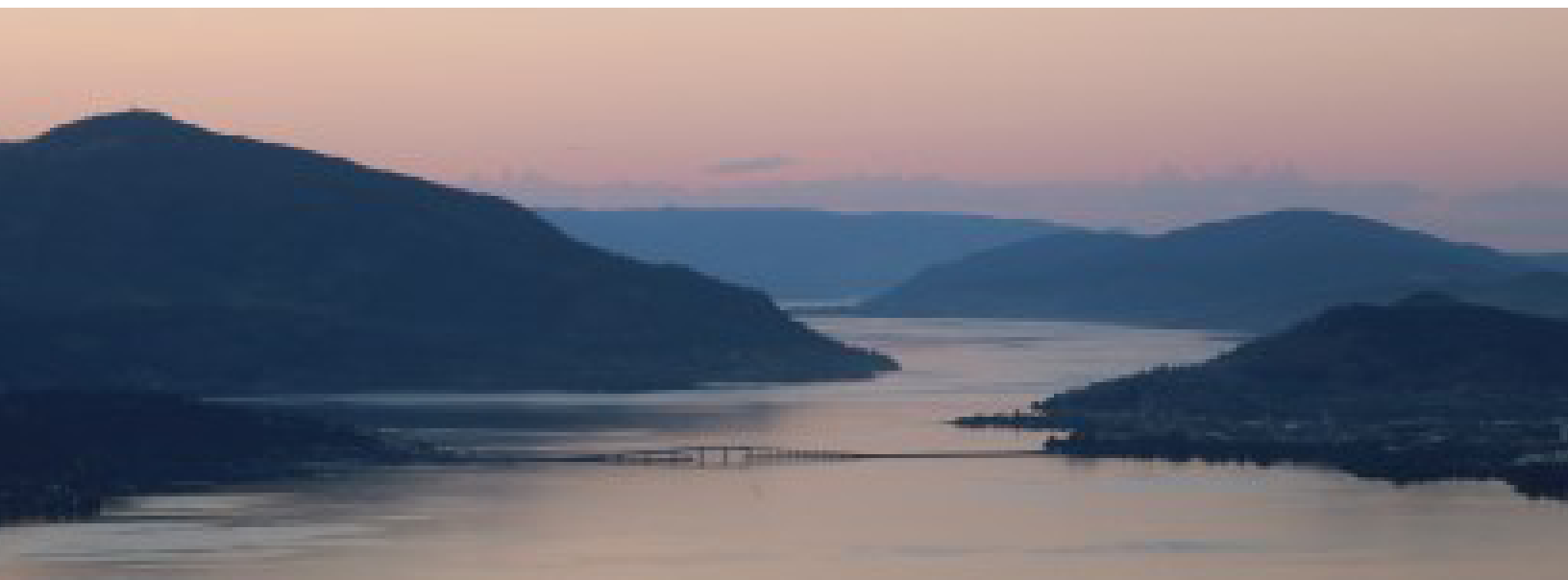
The Canadian Coalition for Global  
Health Research

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@CCGHR

@sypn\_ccghr

#theBCCI2017



Overlooking  
Lake Okanagan  
Kelowna BC

Cover photos by  
Meghan Reading

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# Executive summary

Following the methods of its earlier Summer Institutes, and drawing upon the experience of the Ontario Coalition Institute (OCI) pioneered in Waterloo in 2016, the Coalition adopted an innovative and more localized model – the British Columbia Coalition Institute (BCCI). Notably, the institute was informed by the CCGHR's *Gathering Perspectives: A Shared Vision for Global Health Research* project that led to the production of the principles resource materials. These principles have been gaining attention, and of particular importance are now integrated into training modules for the CIHR College of Reviewers where they are seen as a national standard for global health research.

Drawing upon the experience of a similar pilot event in Ontario (September 2016), the BCCI is designed for “new” global health researchers – particularly graduate students and young faculty members. The intended outcomes include global health researchers who can understand and use relevant principles; enhanced institutional capacity for mentorship; and strengthened regional inter-university collaboration within the larger national CCGHR.

The overall theme is “Equity-Centred Practices for Connecting Knowledge with Action” using the recently published CCGHR Principles for Global Health Research as a framework. The six principles featured in this framework (authentic partnering, inclusion, shared benefits, commitment to the future, responsiveness to causes of inequities, and humility) offer tools for reflection and action in research and knowledge translation. The BCCI provides a forum for applying these principles, with a special focus on building capacity to mentor and teach about equity-centred knowledge-to-action practices.

The institute included three components. The first was an intensive preparation phase extending over several weeks. The second phase involved a three-day on-site event, hosted in Kelowna BC that consisted of workshops, panels and open sessions focusing on participants' self-directed learning objectives. Finally, the BCCI culminated with a specifically-designed follow-up consolidation phase that included capacity strengthening activities in the participating universities and regionally. Activities from this last phase are evolving into the BC Global Health Research Community of Practice, a regional network born out of the BCCI.

This report is intended to provide an overview of the institute activities and outline early outcomes, and can be used to inform future institute planning, funding and policy decisions. It accomplishes this by providing a background to the regional model, an overview of how it is administered, details of each of the three phases, a reporting of the outputs, and an evaluation of the BCCI activities, outputs and outcomes.

# Introduction

Established in 2003, the Canadian Coalition for Global Health Research (CCGHR), is a knowledge network promoting equity in health worldwide. We are a member-based organization, representing global health students, researchers and practitioners across Canada and beyond. The CCGHR's University Advisory Council (UAC) was launched in 2010 to foster greater collaboration among our 23 member universities for advocacy, capacity development (particularly of the "next generation" of leadership) and coordination ("harmonization") of activities and resources.

Following the methods of its earlier Summer Institutes, and drawing upon the experience of the Ontario Coalition Institute (OCI) pioneered in Waterloo in 2016, the Coalition adopted an innovative and more localized model – the British Columbia Coalition Institute (BCCI). Notably, the institute was informed by the CCGHR's *Gathering Perspectives: A Shared Vision for Global Health Research* project that led to the production of the principles resource materials. These principles have been gaining attention, and of particular importance are now integrated into training modules for the CIHR College of Reviewers where they are seen as a national standard for global health research.

The BCCI is a collaborative venture involving several universities, all of whom are CCGHR institutional members. These include the University of British Columbia (including the Okanagan and Vancouver campuses), the University of Victoria, Trinity Western University, and Simon Fraser University. This year, we are pleased to have partnered with Interior Health – a first step in connecting a Canadian health system with a capacity building initiative of the CCGHR.

The BCCI is designed for "new" global health researchers – particularly graduate students and young faculty members. The intended outcomes include: global health researchers who can understand and use relevant principles; enhance institutional capacity for mentorship; and strengthen regional inter-university collaboration within the larger national CCGHR.

# Overview

## Program

The overall theme of the BCCI is “Equity-Centred Practices for Connecting Knowledge with Action” using the recently published CCGHR Principles for Global Health Research as a framework. The six principles featured in this framework offer tools for reflection and action in research and knowledge translation:

Authentic partnering

Commitment to the future

Inclusion

Responsiveness to causes of inequities

Shared benefits

Humility

The BCCI provides a forum for applying these principles, with a special focus on building capacity to mentor and teach about equity-centred knowledge-to-action practices.



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Above: The CCGHR Principles for Global Health Research

Left: SYPs gather in front of Lake Okanagan, Kelowna, BC

## *Phase 1*

Phase 1 included intensive preparation extending over several weeks leading up to the on-site event in Kelowna. A set of resources were provided before the start of the BCCI, in order to help inform discussions at the workshop.

Planning began about twelve weeks before the face-to-face event with the creation of the BCCI website, specially designed to meet the needs and objectives of the program. Included were relevant readings—some of them specifically designated as “homework”, participant bios (most with photos), regular updates, blogs and other features.

## *Phase 2*

Phase 2 included a three-day on-site event consisting of workshops, panels and open sessions focusing on participants’ self-directed learning objectives. The major theme of cultivating “Equity-Centred Practices for Connecting Knowledge with Action” was threaded throughout the program between Friday, September 29 and Sunday, October 1, 2017, with each step building on earlier reflections.

As in previous Summer Institutes the schedule was intentionally designed using evidence from research about adult learning.

A major emphasis throughout the three days was on the recently published CCGHR Principles of Global Health Research, guided by Katrina Plamondon, the principal investigator of the CCGHR’s *Gathering Perspectives: A Shared Vision for Global Health Research* project. Through small group discussions, the principles were analyzed and applied to specific projects and scenarios. The event also included structured presentations and discussions with key global health research leaders, competency-oriented workshops and “open sessions” to share and debate specific topics and issues. There was also allocated time for individual reflection and personalized mentorship and career guidance.

## *Phase 3*

The third phase was designed as a follow-up consolidation phase that includes capacity strengthening activities in the participating universities and regionally. A variety of follow-up activities were proposed as a transition strategy towards a long-term commitment of knowledge to action, with a goal to develop a long-term strategy by June 2018. Phase 3 activities are more fully detailed in the Outputs section.

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## Special features of Phase 2

- The availability and use of learning resources on a specially designed BCCI website, prior to the main event – this was the BCCI’s “Phase 1”. Included was a webinar about an “Equity Lens in Public Health” prepared by a group at the University of Victoria;
- The active involvement of Interior Health (IH), the regional health services organization, including the “in kind contribution” of the use of IH’s new facilities in Kelowna, and administrative support. This marks a breakthrough in linking global health research with local health service authorities;
- Small groups working through case studies considering how the Principles applied to various global health research partnerships, together with the (“author-on-tap”) leaders of these collaborations; and
- Special contributions by guest Stephanie Nixon from the University of Toronto, who facilitated a dynamic workshop on the theme “Privilege and Power”.



## Deliverables

- Strengthen the Coalition Institute model for future similar events among partner universities across Canada
- Build a regional network for global health research (GHR) in British Columbia, connected to others in the province who are using research and knowledge translation for health equity
- Contribute to institutional capacity strengthening in GHR, including university-based mentoring system

## Learning objectives

- To understand the history and meanings of the CCGHR Principles of Global Health Research
- To understand and experience the application of the Principles to real-world projects
- To develop and maintain a network of global health and research-for-health-equity researchers at participating universities, including graduate students and young professionals, linked to the national CCGHR Students and Young Professionals (SYP) network
- Using an adult learning model, to identify and address their own individual learning priorities and objectives
- To build capacity to mentor and teach equity-centered knowledge-to-action practices

A diagram from the Gathering Perspectives: A Shared Vision for Global Health Research project

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## Participants

Geared towards new global health researchers, a remarkable range of global health research experiences and disciplines were present in Kelowna.

Of the 24 participants, seven were young professionals, seven were Masters level students, six were PhD candidates, and three were junior faculty members. Several were scholars from low and middle-income countries (LMICs) studying in Canada, thus providing a direct and important LMIC perspective in the discussions.

See Appendix B for a listing of participants, facilitators and planning committee members.

## Participant selection

Led by the planning committee member(s), each partner university identified graduate students or junior faculty members thought to be suitable BCCI participants, encouraging these individuals to submit a standard application form. The form requested applicants to summarize why the BCCI was of interest, and whether a bursary was required. The form also included comments from the applicant's supervisor, applicants to summarize why the BCCI was of interest, and whether a bursary was required. The form also included comments from the applicant's supervisor, where applicable.



Available photos of BCCI participants and facilitators from the on-site event

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# Coordination

## *Planning Committee*

A planning committee, represented by the four partnered universities, was responsible for nearly all aspects of the BCCI, with meetings beginning in March 2017. All meetings took place via teleconference. A part-time event manager was recruited to assist in providing logistical and communications support to the planning team during Phase 1 and 2 and to the on-site event in Kelowna.

All planning committee members also served as facilitators in the three-day on-site event. A funded part-time Phase 3 Coordinator position was introduced to coordinate and plan the work of the final phase of BCCI, managing events, with support from others, launching the Community of Practice, and synthesizing the final report.

## *Operational costs*

Planning committee members contacted leaders in their own institutions (e.g. Vice-Presidents for research, Deans, Department Chairs, and others), explained the proposed event, and requested funding.

A grant proposal to the Michael Smith Foundation for Health Research was unsuccessful; however, two internal grants through the University of British Columbia, contributions from partner universities (a funding profile is available in Appendix E), as well as income from registrations (\$200 for CCGHR members; \$250 for non-members), enabled the Institute to meet its expenses, including travel bursaries to the ten participants who requested them for the on-site event.

## *Evaluation*

The planning team and Phase 3 Coordinator designed the evaluation plan, and participated in the analysis of the findings. The evaluation component of the BCCI examined the activities, outputs and outcomes of the regional model.

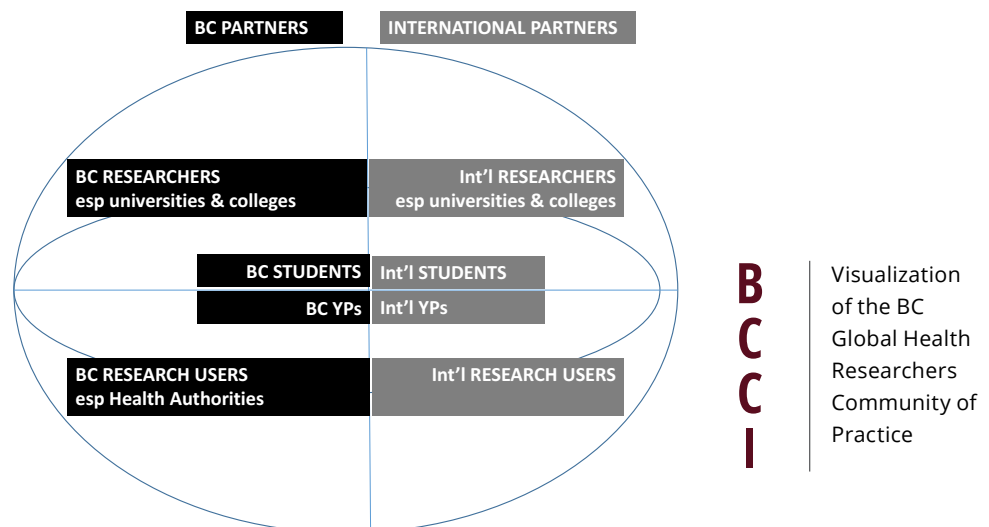
## Outputs Community of Practice

The Community of Practice (CoP) is a regional network for global health research (GHR) in British Columbia, connected to others in the province who are using research and knowledge translation for health equity. Creation of this network was unanimously supported by participants on the final day of the institute, as an organizational approach for further facilitating access to resources, mentorship, training, collective learning and opportunities to take part in new initiatives. Some of these will be achieved with the following activities:

- Continued learning and sharing through a webinar series
- A dedicated platform for members
- Opportunities to develop and disseminate original content

The network is a collaborative venture involving universities, health authorities and the BC SYPs, who serve as a key component group. Membership is available to British Columbia members of CCGHR. In this model, the BC SYPs serve as a key component group. Like the CCGHR, this is a platform for directly and indirectly engaging partners to share experiences and facilitate interactions where useful (included in the visualization).

For a full description of the CoP, please refer to the Terms and Reference.



## Dissemination

Several publication suggestions were offered. Following the on-site event, a one-page “press release” (see Appendix A) was widely disseminated through various websites and events, and with CCGHR board members. Other suggestions included drafting a section on ways for SYPN members to become involved in the next version of the Coalition Institute Guide, update the “Advocacy Toolkit,” and prepare a final report.

## Webinar series

A webinar series was proposed as a means to support continued learning and sharing. The overarching theme is to examine how the principles are being integrated into our work in Phase 3.

BCCI participants are the primary audience, but attendance is open to the broader coalition (particularly the national SYPN). These activities will be coordinated with the partner institute Interior Health, and supported through collaboration with the SYPN Executive Committee.

It was also suggested to integrate the series into the multi-institutional course (see Insti-

tutional plans for further details), including sessions to be organized during the course itself as well as utilizing previously recorded episodes and slide decks. These recordings are available on the dedicated platform, detailed in the next section.

## Dedicated platform

The website for the on-site workshop in Kelowna was transitioned to a dedicated platform for BCCI members. The site features profiles, updates, contact information, FAQ, and photo galleries, as well as information and resources on the institute and its theme of “Equity-Centred Practices for Connecting Knowledge with Action.”

Part of the CoP initiative was to develop new material to encourage and support networking, engagement and dialogue. We hope to continue to introduce additional ways to share information and interact with the community, including through the newly added blog posts from members.



Visit BCCI website

## Webinar 1

Building on the success of the in-person CIHR-IDRC consultation in Vancouver, Nisrine El-Amiri and Nicole Spence hosted the first BCCI webinar to further gather views from across BC, specifically those of the BCCI Community of Practice and its key component, Students and Young Professionals (SYPs). Proceedings from both external consultations were integrated into a summary report submitted to CIHR-IDRC.

## Webinar 2

In the second in our webinar series, presenter and BCCI SYP Kira Barwich guided us through the community-driven process and progress of the Building Blocks for Sustainable Rural Maternity Care, a project that began as a response to inequity of maternity services for North Vancouver Island communities, and explore its alignment with the CCGHR principles, within a global-local health context.



## Institutional plans

Each participating university presented specific plans for integrating features of the BCCI into the life of the University, with the goal of strengthening institutional capacity for global health research, including on-going mentorship support for BCCI participants. Highlights of these plans include but are not limited to:

- Creation of a Discussion Group on Global Health Research facilitated by the University of Victoria's Centre for Global Studies (CFGS)

- Devoted report on the BCCI presented by two BCCI SYPs to the Discussion Group

- Integrate CCGHR principles within global health courses currently offered at Institutional partners and projects, both at undergraduate and graduate levels

- Development of a multi-institutional hybrid course built on the CCGHR principles and open to BC university partners through the Western Deans Agreement currently offered at Institutional partners and projects, both at undergraduate and graduate levels

A full description of institution-based follow-up plans is detailed in Appendix D.

BCCI COP  
hosting an  
external CIHR-  
IDRC consultation  
on the future  
of global health  
in Canada

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## Regional activities

### *CIHR-IDRC Consultations*

In late 2017, the Canadian Institutes for Health Research (CIHR) and the International Development Research Centre (IDRC) invited the CCGHR to collaborate on strategic planning on the future of global health research in Canada. Among other contributions, seven “external” consultation events were held by the CCGHR involving 105 participants representing a mix of seasoned global health researchers, junior faculty, graduate students and young professionals with global health expertise.

The BCCI played a critical role in this process, hosting two external consultations and providing essential contributions to the Joint Report to CIHR-IDRC. Notably, one session was facilitated by two SYPs.

After each CIHR-IDRC session, one-page briefing notes were prepared for CCGHR members. The health impacts of climate change came through as an important issue. Included was the impact on the Arctic and on aboriginal communities. View the briefing notes on the BCCI website.

### *Informal gatherings*

To keep up momentum from the valuable and engaging weekend at the BCCI in Kelowna, a casual monthly get-together to reconnect, discuss initiatives, and meet new members was initiated in the Vancouver region in December 2017. A total of five sessions took place, with plans to continue into fall 2018.



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A view of the Interior Health facilities provided in kind during the on-site event in Kelowna, BC

# Evaluation

## Methods

The evaluation component of the BCCI looks at activities, outputs and outcomes of the new regional model as outlined briefly above. Appendix F provides the logic model demonstrating the theory of change from inputs to long-term goals. This theory of change demonstrates pathways through which activities may lead to the achievement of short-term outcomes.

A combination of primary and secondary data, using a mixture of qualitative and quantitative methods, was collected for the purposes of addressing the evaluation questions. Employing a mixed-methods design adds methodological rigor to the evaluation: qualitative methods provide a holistic and integrated approach for gathering robust information about specific program elements and quantitative methods can increase the generalizability and statistical reliability of these findings. Questions for the components of the evaluation and key indicators are captured in a data source and collection methods depicted in Appendix G.

### *Qualitative feedback*

Opportunities for feedback and day-by-day adjustments to the program took place each morning and at the end of the day. During the final synthesis session, participants were asked to reflect and comment on the question “What did you learn that was new to you, and how will you put this into action?”

### *Surveys*

Participants were asked to complete a post BCCI survey at the culmination of Phase 3. Digital copies of the surveys were developed and disseminated to BCCI participants with a sample of 33 and a response rate of 45%, providing an easy method of completing the survey anonymously and a cost-effective

method of analyzing the data in a straight-forward, user-friendly manner.

### *Administrative data*

Administrative data was gathered to help interpret membership rates and attendance of events. Analytics from the dedicated platform were also interpreted.

### *Scope and limitations*

During the analysis, it was noted that this survey should differentiate between people at different stages of careers, as everyone is learners, but the responses will likely vary by where respondents are career-wise.



# Summary of findings

## 1) Phase 1: BCCI preparation

### a) How satisfied were participants with Phase 1?

The new model provides an exciting new opportunity to become engaged in the Coalition and with global health researchers and research users in BC. For the most part, participants were satisfied with the pre-workshop preparation activities. Particularly, survey respondents considered the readings relevant with a weighted average of 4.7 out of 5.0, the questions provided to prompt discussion useful (4.0), and the webinar on equity systems beneficial (3.86). However, there was range of responses indicating that there is room for further input.

## 2) Phase 2: On-site event

### a) How satisfied were participants with the BCCI event in Kelowna?

Participants seemed very satisfied with the event in Kelowna, noting that the facilitation was very engaging with a weighted average of 4.14 out of 5.0, as detailed by one session participant: "This has felt like 'home', being an active participant, and beginning to 'internalize' the principles." The majority of survey respondents found the institute met its objectives (4.07), exemplified by statements such as "I have found my tribe!" and "I now see my place in global health more clearly." Particularly, many commended the commitment to action.

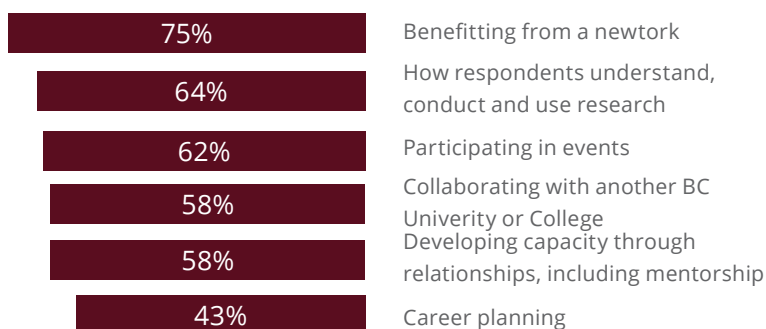
**"I can now see how my work fits into the global context"**

Membership in BC increased by 28 after July 1, 2017, with 17 of those taking part in the BCCI, and an additional three joining after the on-site event, indicating 20 new memberships were a direct result of the event and ensuing Community of Practice.

### b) In what ways did the BCCI experiences support professional development?

When asked to rank how BCCI experiences helped participants in their own professional development, benefitting from a network was the most common response, as shown in Graph 1.

This data is also reflective of the feedback from the final synthesis session, where many participants described the benefits of the new network: "I met many new colleagues and friends, and will follow-up with some of them about specific ideas" and "I'm glad to be part of a new community, where there will be opportunities for further discussion and thinking together." Participating in events was described as helping to "[learn] 'how this works', and I now feel more connected," and that events were "a great example of co-production of knowledge, and group mentorship."



With regards to how respondents understand, conduct and use research, one participant stated, "I can now see how my work fits into the global context" and another identified that "The principles discussion helped me learn 'how to think', in particular about moving from implicit ideas to explicit actions" while someone else described "how [I] can apply the principles to my work in rural health."

Graph 1: Rankings of how BCCI experiences helped participants

c) Following the event, did participants have a greater understanding of the principles and how to use them in a relevant way? How satisfied were participants with Phase 1?

While there is room for improvement, perception of understanding is mostly positive. With the highest score of 100 indicating “Strongly Agree”, the average number was 71. Further analysis revealed that the results might under represent understanding, as the median response was 80 and the mode was 93.

This data is also reflective of the qualitative feedback from the synthesis session, where one participant described how their understanding has changed as “I now see how I can use the principles in my nursing practice,” while others stated, “The principles discussion helped me learn ‘how to think’, in particular about moving from implicit ideas to explicit actions,” and “It was a re-invigorating time; in particular it made me think about succession planning.” There was also an intention to share these learnings, as one respondent stated, “I will take time in my teaching to introduce the principles.”

### 3) Phase 3: Follow-up activities

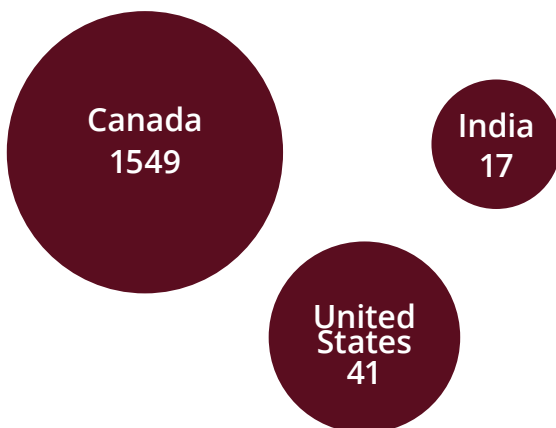
a) How useful were the follow-up activities to participants?

Of those that participated in follow-up activities, contributing to outputs such as this report was regarded as the highest valued activity. Other activities that provided value included “Planning a course with other people I met at BCCI.”

Visiting the dedicated platform was considered the second most useful activity to survey respondents. As of August 3, 2018, website analytics show that the dedicated platform received 1660 views from 419 unique visitors representing 19 countries since its creation in July 2017.

Despite this, the data reveals a surprising finding that 38.46% of respondents did not participate in this activity. This could be explained by the decreasing pattern of traffic to the site after it peaked in September 2017 with 585 views just prior to the on-site event, except for a surge in March 2018 following the six-month recap email.

Country	Views
Canada	1549
United States	41
India	17
United Kingdom	12
Philippines	6
Netherlands	5
Australia	4
Tanzania	4
Japan	3
Morocco	3
France	2
China	2
Germany	2
Zambia	2
Ukraine	2
Spain	1
Thailand	1
Kenya	1
Syria	1



Website visitors from around the world (from July 2017 to August 2018)

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- b) Did participants take part in follow-up activities at their University/College or workplace?  
 i) In what ways did this benefit participants?

Almost 70% of respondents participated in one of several follow-up activities. Perhaps one of the largest perceived benefits to the Community of Practice is that a handful of BCCI participants developed a Graduate Global Health course with two other CCGHR Institutional members in BC.

**“I have connected with other BCCI members for global health theory content for classes”**

Another major accomplishment was “Instituting the partnership principles in University Research Grants” and notably for one respondent that “some of my current and former graduate students participate[d] in the CIHR consultations.”

Other mentionable activities include participation in the monthly meetings at the University of Victoria and involvement in the global south country initiatives, which allows participants to become “involved in the planning of Social Sciences and Humanities Research Council (SSHRC) grants meetings.”

Also mentioned as benefits were opportunities to “Facilitate other colleagues at U.Victoria to participate,” and “Build connections.” Others expressed the desire to take part in continued discussions: “The participants and facilitators from our institution have met a couple of times to think about how we can better network global health work throughout the campus. I have also connected with other BCCI members for Global Health theory content for classes.”

The most common challenge mentioned seems to be coordinating a time that works for everyone.

- ii) What other plans have been made? Challenges experienced?

While the intention is there, one respondent noted that “It’s always tricky to get the group together” while another stated “I haven’t yet heard of an event that would be suitable/useful to me but I will be happy to participate when it arises!”

- c) What other additional follow-up activities would be useful to participants?

Survey respondents indicated that further “BCCI face-to-face seminars” would be useful, which could lead to “More opportunities to network outside of my institution...”

As a key deliverable of the BCCI, encouraging participants to sign up to take a course on the principles for credit was highlighted, with the intent that the material becomes “core to global health not just ‘a side interest’ unrelated to students’ education.”

A student respondent mentioned that “meeting with other students working on global health” would be useful, while another said, “it would be interesting being part of the advocacy ... and the knowledge translation team.” Another suggestion came in relation to the website: “I’d like to see more participation in the dialogue on the website.”



SYPs on a side adventure at Othello Tunnels following the on-site event in Kelowna, BC

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## 4) Looking forward a) How likely are participants to attend future events?

Overall, most survey respondents (92.31%) are either likely or extremely likely to attend future events. One session participant stated "It was a great learning and networking experience for me. I liked how practical everything was. I look forward to the next one!"

## b) What is the interest in attending an alumni event at the next BCCI?

Similarly, the bulk of respondents are interested in attending an alumni event at the next BCCI. One participant stressed that it is "Important to 'keep the momentum' that we've established with the BCCI!"

## c) How likely are participants to recommend BCCI events to friends/colleagues?

Altogether, perception of the event is positive, as detailed by one survey respondent: "I thought the Kelowna event was excellent. Having these events in a location that is not 'home' to most of the participants is actually beneficial to maintain focus." Looking forward, 84.61% of survey respondents would recommend our events to a friend/colleague. One session respondent hopes "that the event opens up to more people".

## d) Other comments/recommendations to improve future events?

While feedback was overwhelmingly positive, there is always room for improvement, as noted by one survey respondent: "If possible to do during the week/work day rather than weekend, it would be great. As well, the outside time/walking time was okay except that it didn't really consider diverse needs and abilities. If this part could somehow be more inclusive/allow people to abstain without drawing attention that would be great!"

**“It is important to keep the momentum that we've established with the BCCI!”**



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SYPs keeping up the momentum from the on-site event at a regional meetup in Vancouver, BC in December

# Conclusion

The BCCI has been a successful iteration of the earlier Summer Institutes and the ensuing pilot event in Ontario in 2016. The theme of “Equity-Centred Practices for Connecting Knowledge with Action” using the recently published CCGHR Principles for Global Health Research as a framework offers tools for reflection and action in research and knowledge translation.

Feedback gathered through various evaluation mechanisms for Phase 1 and 2 indicate that the event was a valuable experience for all involved. During Phase 3 activities, additional evaluation metrics were employed to gather further feedback with the intention to guide recommendations for change and highlight areas in which the program is functioning as intended. Based on these indicators, it is clear that the Institute met its objectives. It is apparent the CCGHR Principles for Global Health Research were successfully introduced and adopted into how “new” equity-centred global and rural health researchers - particularly graduate students, postdoctoral fellows and early career faculty - understand, conduct and use research.

Through the three components, global and rural health researchers have benefitted from opportunities to explore these issues and to build capacity for questioning how equity is (or is not) centred in their work and received mentorship from experts in the fields of health research and healthcare systems.

Looking forward, there is a strong commitment of knowledge to action, exemplified by the Phase 3 activities and carried forward with the Community of Practice, that aim to continue to facilitate the following:

- Access to resources

- Mentoring

- Training where felt to be of use

- Collective learning

Overall, the Institute has provided a capacity building forum for practicing teaching, and mentoring about equity-centred research and knowledge translation, and will continue to do so, particularly through the Community of Practice. Building on the success of this Institute, there are hopes to host another on-site event in the fall of 2019.

# BCCI PRESS RELEASE

Coming from five universities, two colleges and local and provincial health services organizations, twenty-four participants and ten facilitators met for three and a half days in sunny Kelowna for BC's first "Coalition Institute" (BCCI). This event, organized through the Canadian Coalition for Global Health Research (CCGHR), drew upon the experience of the Ontario Coalition Institute (OCI) pioneered in Waterloo last year. An important outcome was the decision to create a regional network ("community of practice" or CoP) as a key component of BCCI's "Phase 3".

The overall theme of the BCCI was "Equity-Centred Practices for Connecting Knowledge with Action", using the recently published Principles for Global Health Research as a resource. We were guided by Katrina Plamondon, the principal investigator of the CCGHR's "Gathering Perspectives" research project that led to the production of the "principles" resource materials. These principles have been gaining attention, and of particular importance are now integrated into training modules for the CIHR College of Reviewers where they are seen as a national standard for global health research.

Special features of the BCCI were the following:

- The availability and use of learning resources on a specially designed BCCI website, prior to the main event—this was the BCCI's "Phase 1". Included was a webinar about an "Equity Lens in Public Health" prepared by a group at the University of Victoria;
- The active involvement of Interior Health (IH), the regional health services organization, including the "pro bono" use of IH's new facilities in Kelowna. This marks a breakthrough in linking global health research with local health service authorities;
- Small groups working through case studies considering how the Principles applied to various global health research partnerships, together with the ("author-on-tap") leaders of these collaborations;
- Special contributions by guest Stephanie Nixon from the University of Toronto, who facilitated a dynamic workshop on the theme "Privilege and Power".

A number of new initiatives will be pursued as part of the process of establishing a regional BC network to promote the global health research "community of practice" (BC GHR CoP). Included will be an on-going webinar series, and a variety of other follow-up activities proposed and developed during the time in Kelowna such as a new shared distance learning course on applying the principles in global health engagement. Of particular note is the fact that the network will be a collaborative venture with the CCGHR's national Student and Young Professionals' Network (SYPN). This venture will explore various activities, including updating the CCGHR's "Advocacy Toolkit", establishing a platform for the BC SYPNs, establishing "nodes" at BC institutions, and generating content, such as a section on ways to get involved in the next version of the Coalition Institute Guide. An initial team meeting in Kelowna identified a strategy to move forward that will be shared with the BC GHR CoP in the near future.

Another "Phase 3" component is a set of follow-up activities to take place at each of the participating universities, colleges and Interior Health, designed to strengthen institutional capacities for global health research. These action plans will include within-institution advocacy and communication activities and steps to strengthen mentorship systems for global health research. The BCCI planning team will continue its work to oversee and support the various Phase 3 plans.

## PROGRAM-AT-A-GLANCE

	Friday	Saturday	Sunday
8:45	Light Breakfast & <i>Setting the Stage for the Day</i>		
9:00	The CCGHR Principles Workshop (Katrina)	Power & Privilege Workshop (Stephanie)	Participant Insights, Group Reports (Jackie)
9:15			
9:30			
9:45			
10:00			
10:15			
10:30	Break		
10:45	Authors on Tap Panel (Jerry, Annalee, Susana)	Mentoring, Teaching & Role Modelling Equity-Centred Research and Knowledge Translation World Café (Stephanie, Vic, Barb, Kate)	Institutional Next Steps Small Group Conversations
11:00			
11:15			
11:30			
11:45			
12:00			Lunch
12:15			
12:30			
12:45	Assigned Groups + Connecting with Authors on Tap	Assigned Groups + Grappling Assignment, Prep for Group Reports	
13:00			
13:15			
13:30			
13:45			
14:00			
14:15			
14:30			
14:45			
15:00			
15:15	Open Space #1	Open Space #3	
15:30			
15:45	Open Space #2	Share Posters & Mingle	
16:00			
16:15			
16:30	End-of-Day Synthesis	End-of-Day Synthesis	
16:45			
17:00			



# PARTICIPANTS AND FACILITATORS

## BCCI Participants

Elizabeth Wilcox	University of British Columbia
Paivi Abernethy	Royal Roads University
Emma Strobell	Trinity Western University
Nicole Spence*	Health Emergency Management BC – Provincial Health Services Authority
Jesse Coleman	Karolinska Institute
Nathan Lachowsky*	University of Victoria
Nisrine El Amiri	Rural Health Services Network of BC
Sana Sharam	University of Victoria
Madeleine Greig*	University of British Columbia
Bella Hwang	Centre for International Child Health - BC Children's & Women's Hospital
Federico Andrade-Rivas	University of British Columbia
Betty Brown	Interior Health Authority
Leslie Bryant	Interior Health Authority
Ngozi Joe-Ikechebelu	University of Victoria
Prince Adu	University of British Columbia
Bjorn Stime	University of British Columbia
Naima Osman	Simon Fraser University
Muriel Kranabetter	University of British Columbia
Jessica Barker	Interior Health Authority
Amanda Egert	Trinity Western University
Kira Barwich	University of British Columbia
Elizabeth Lund	Selkirk College
Daniel Wiens	College of the Rockies
Ashley DaCosta	Interior Health Authority

\*2017 BCCI Planning Committee Member

## BCCI Facilitators

Katrina Plamondon*	University of British Columbia/Interior Health Authority
Vic Neufeld*	Canadian Coalition for Global Health Research
Stephanie Nixon	University of Toronto
Jacqueline Denison*	University of British Columbia
Barbara Astle	Trinity Western University
Jerry Spiegel*	University of British Columbia
Annalee Yassi	University of British Columbia
Susana Caxaj	University of British Columbia
Kate Tairyan	Simon Fraser University
John Calvert	Simon Fraser University

\*2017 BCCI Planning Committee Member



# INSTITUTIONAL PLANS

## *The University of British Columbia - Okanagan Campus*

The university's institutional membership in the CCGHR is through the Faculty of Social Development, primarily the School of Nursing. This membership is a shared membership between the UBC Vancouver and Okanagan campuses. The Okanagan campus joined CCGHR in 2017, as part of a larger commitment to our global health partners throughout Canada and internationally.

The group of faculty and students that joined the BCCI, recognized through several conversations over the duration of Phase II that we have a number of people on campus doing work in global health, but not a good understanding of who those players are and where those individuals are working within Global health. We thought a good starting point for phase III would be to reach out to various disciplines on campus to map out some of the key players in Global health. Jackie Denison met with Dr. Mike Evans from the critical and cultural studies department, which indicated several key faculty members on campus that work in global health. The School of Nursing is also working on creating an interdisciplinary Global Health course (planning to be offered January 2019), which aims to bring people from disciplines outside of nursing to enhance the post-secondary global health curriculum on campus. We are hopeful that the Community of Practice (CoP) will encourage individuals that were not able to join us for the BCCI to come together and use the CoP as a way to provide more harmonization and networking on our relatively young campus.

*Submitted by Jackie Denison*

## *The University of Victoria*

The university's institutional membership in the CCGHR is managed through the Centre for Global Studies (CFGs), serving a "hub." The CFGs encourages and facilitates inter-disciplinary dialogues on a variety of "global" topics, so we have created a Discussion Group on Global Health Research (Nathan and Vic are the co-conveners). One of the terms of reference of this group is: "To be aware of relevant national and global developments in the field of global health research and to participate in CCGHR working groups and events."

Shortly after the BCCI, one of the monthly sessions of this group was devoted to a report on the BCCI, featuring Ngozi Joe Ikechebelu and Paivi Abernethy. We anticipate that relevant BCCI Phase 3 Community of Practice activities will be facilitated through this CFGs discussion group.

*Submitted by Nathan Lachowsky and Vic Neufeld*

# Appendix D

## *Trinity Western University*

As a new Institutional Member of the CCGHR, the following objectives were spearheaded by Trinity Western University (TWU) during Phase 3:

1. To introduce CCGHR principles to members of the Advisory Members of the TWU Centre for Equity and Global Engagement (CEGE), in order to foster a discussion of how they may apply to their research and teaching. [Dedicate a space on the CEGE website to introduce the CCGHR principles, and provide links to the CCGHR site].
2. To encourage Faculty and students who are CCGHR members to become actively engaged in the nationally, and regionally with the BCCI. [A TWU graduate student has had a Poster accepted for the SVP Summit, October 28th, 2017 in Ottawa and will attend. Institutional Faculty Representative from TWU will attend the UAC Annual Workshop on 28 October 2017, and the Annual General Meeting at the CSIH Conference).and then introducing them to the other disciplines on the TWU campus].
3. To integrate CCGHR principles within global health courses currently offered at TWU and other BC Institutions (will integrate CCGHR principles in the newly developed undergraduate Global Health (Nursing) being offered [January 2018]. [Formation of a collaborative partnership, developing a joint “Graduate – Masters Level Global Health course” including UBC, SFU, and TWU faculty.]
4. To integrate CCGHR principles within our undergraduate / graduate “research courses” (qualitative / quantitative / nursing inquiry research courses or part of KT / Thesis Seminars). [Introduce these principles within the Nursing discipline, and then introducing them to the other disciplines on the TWU campus].
5. To integrate CCGHR principle in Faculty and Student global health research projects - with various North / South Collaborative Partners. [Submitted a research grant to Global Religion Research Initiative (GRI) in which the CCGHR principles have been written into the grant. This is the first grant from TWU in which the CCGHR principles have been integrated and includes partners from the Global North and South].
6. To respond to the Canadian Nursing Student’s Association (CSNA) recommendation for educational programs to prioritize global health, as well as LGBTQ+ in the nursing curricula. [Editorial Response submitted from faculty, clinicians, and students (TWU, UBCO, College of the Rockies 16 October 2017 with a “particular” emphasis on Global Health]

The following list of initiatives were voiced by our TWU students, in attendance at the BCCI, which they envisioned as possible achievable outcomes. TWU students also spoke about the importance of ongoing “mentorship” and remaining “connected”:

1. A BCCI newsletter or Blog, to highlight the current work of member(s), give updates, provide information on other relevant conferences, materials or opportunities in the field of Global Health.
2. Topical webinars every one or two months hosted by a BCCI member in order to remain connected to our BCCI community. Discussions could include more of a thoughtful look at one or more of the CCGHR principles in the context of an individual’s work.
3. Ongoing dialogue amongst the BCCI about “what worked” and “what didn’t work” in the integration of the CCGHR principles.

*Submitted by Barb Astle*

### *Western Deans Agreement (multi-institutional)*

At the workshop held in Kelowna, BC in October 2017, Professor Annalee Yassi proposed the creation of a multi-institutional hybrid course built on the CCGHR principles and open to BC university partners. Other participants bought into this idea and preparatory work began on the course in Kelowna. Rather than starting from scratch, the new course would be created out of an existing already accredited course which Prof. Yassi would be leading at the School of Population and Public Health, UBC Vancouver campus.

The course, SPPH 581K DL: Practical Knowledge and Skills for Working in Global Health, will be a multi-institutional offering (based initially at UBC, Vancouver campus with encouragement of non-UBC students to through the Western Deans Agreement). The course will be focused on building competencies for conducting global health research in line with the CCGHR principles. Designed as a hybrid course – consisting of some online sessions and interactions plus one 3-day face-to-face intensive ‘long weekend’ session, students will work in teams to draft proposals for a specific global health project of their choice over the course of the term (May 6, 2019 to June 20, 2019).

The curriculum has been developed with some content awaiting finalization. Instructors for the course will be Drs. Annalee Yassi, Barbara Astle and Kate Tairyan. Other faculty members who will be participating include Vic Neufeld, Jerry Spiegel and John Calvert, thus drawing from at least four BC universities.

Challenges encountered during course development:

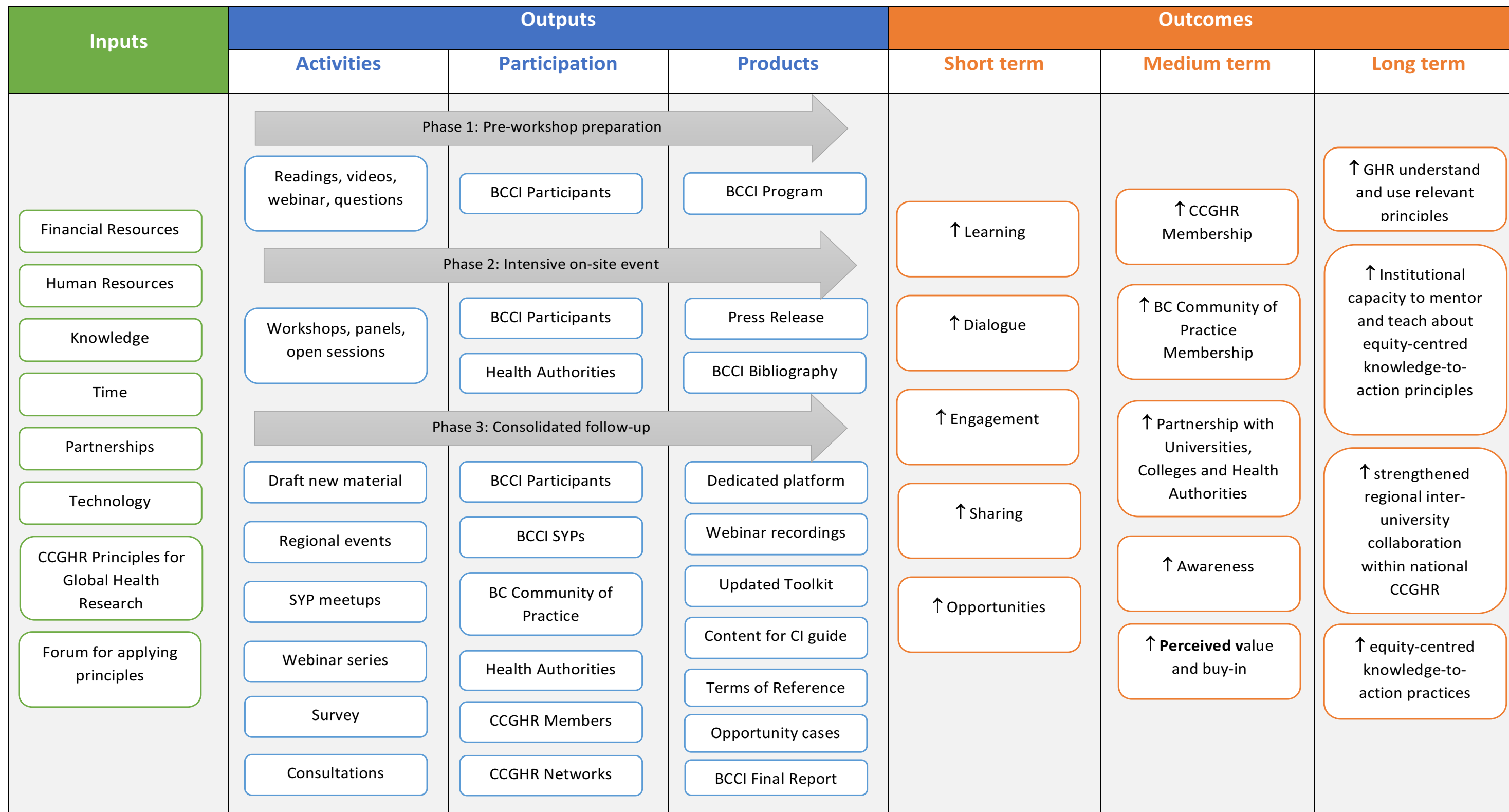
- The need to avoid duplication with other courses in partner institutions: There was some initial concern that this course would draw students from existing courses in global health. However, the uniqueness of this multi-institution course focused on applying the CCGHR-principles has mitigated this concern.
- Scheduling issues: The decision to have the one face-to-face session at a time when students are not likely to be in other courses, has mitigated this challenge.
- The need for participating faculty members to be credited for their service: If the course is successful in the coming offering, universities can create codes of their own in which students register, thereby providing a course in which faculty members can receive appropriate recognition.
- The need for the BCCI to take ownership of the course: This course was borne from the BCCI; every effort will continue to be made to integrate it fully into BCCI governance.

*Submitted by Prince Adu*

# FUNDING PROFILE

<b>Institution/Funding Agency</b>	<b>Amount</b>
University of Victoria	Total: \$2300.00
College of Graduate Studies	\$300.00
Associate Vice-President of Research	\$1000.00
School of Public Health & Social Policy	\$500.00
Centre for Global Studies	\$500.00
Simon Fraser University	Total: \$1000.00
Faculty of Health Science Dean's Office	\$1000.00
University of British Columbia (Okanagan Campus)	Total: \$5500.00
UBC Partnership Recognition Fund	\$1500.00
UBC Okanagan VPR	\$4000.00
Total (September 1, 2017)	\$8800.00

# LOGIC MODEL



# DATA SOURCE AND COLLECTION METHODS

Evaluation Question	Data Collection Method	Activities	Data Analysis	Strengths & Limitations
Have short-term outcomes (1 to 2 months) been achieved?	Self-administered survey	Develop interview questions; administer survey to all 33 BCCI participants; analyze data; summarize in a report	Survey Monkey will perform quantitative analysis  Conduct thematic analysis of qualitative data; identify common patterns and themes in the narratives of open-ended questions; conduct content analysis	<b>Strengths:</b> easy, inexpensive method of providing baseline data <b>Limitations:</b> reliability and validity of survey measure is unknown; coding of open-ended questions is required; social desirability bias
Have medium-term outcomes (3-5 months) been achieved?	Self-administered survey	As above	As above	As above
	Membership	Request administrative data from CCGHR Secretariat; analyze data; summarize in a report		<b>Strengths:</b> objective, quantifiable information about membership levels <b>Limitations:</b> process to obtain the requested data can be rigorous and time-consuming
	Website visits	Analytics from WordPress	WordPress has built-in analysis	<b>Strengths:</b> objective, quantifiable information about website visits <b>Limitations:</b> process to obtain the requested data can be technically challenging; platform may not be the best indicator
Have long-term outcomes (6-8 months) been achieved?	Self-administered survey	As above	As above	As above
How well has the new model been implemented?	All the above	Perform synthesis of all metrics	Thorough, visual inspection of the logic model using content analysis; compute descriptive statistics	<b>Strengths:</b> visual representation of the logic model can detect hidden factors that affect effectiveness <b>Limitations:</b> partial representation of a complex system