UNIVERSITY OF THE FRASER VALLEY

Number 225
Effective Date 2016-01-12
Next Review Date 2020-02

RESEARCH OVERHEAD COST RECOVERY

Approval Authority	President
Responsible Executive	CFO & VP Admin/AVP Research, Engagement and Grad Studies
Related Policies / Legislation	Procedures for Research Overhead Cost Recovery Board policy direction Financial Management (BPD-205)

PURPOSE

The purpose of the policy is to ensure that the university takes into account the resources, expenditures and infrastructure required for conducting and supporting the research activities of the University. The costs of conducting research at the University of the Fraser Valley include not only the direct costs of the project but also the indirect overhead costs.

SCOPE

The policy applies to all faculty members, staff, students and all other research personnel associated with UFV.

DEFINITIONS

Contract or agreement: an agreement between legal entities, namely the sponsor and the University, to provide financial support to perform research-related services within the specific stipulations and conditions of a contract or agreement.

Overhead fees: include but not limited to the provision of space, maintenance of buildings, utilities, accounting, payroll, human resources, student support, library, information technology services, grants and contract administration, and equipment replacement. This term means the same thing as “indirect costs” and is used interchangeably.

Research grant: is financial support for an investigator or investigators, or group or centre or institute conducting research in a particular subject area or field, with a described focus within that subject and/or a described methodology.

POLICY

The University requires an overhead fee to be included in all applications or proposals for research, research contracts and projects, prior to any commitment of University resources. Any exceptions require the approval of the appropriate administrator as per the procedures outlined in the following pages. Overhead fees are calculated and distributed at the rate specified in the following procedures.

REGULATIONS

PROCEDURES FOR RESEARCH OVERHEAD COST RECOVERY

Except where expressly prohibited by the funding organization, the University requires the inclusion of overhead fee recoveries in all proposals, applications, contracts, and agreements. The University may refuse to authorize activities where indirect costs are not recoverable.

All applications, contracts, and agreements must be approved and signed in accordance with the University's signing authority policy as well as in compliance with any other laws or regulations (*Policy # BRP-205.02*).

It is the responsibility of the senior administrator or signatory to cover activity deficits including any deficit resulting from overhead fees incurred. Any surplus in excess of the overhead fee will be retained by the division.

RESEARCH

Researchers and project leads must budget overhead costs, or eligible costs *in lieu* of overhead, into applications for funding using the rates indicated and **may not** negotiate overhead with funding sponsors. Any negotiation of overhead with sponsors should be undertaken by the Office of Research Services.

Funding received directly from Tri-council for projects (SSHRC, NSERC, and CIHR) is **exempt** from overhead charges as an Indirect Costs grant is provided to the University each year based on funding received over the prior three years.

In exceptional cases, the Provost may consider written appeals for exceptions or variations concerning the minimum amount of overhead charged. All exceptions to this policy require prior written approval from the Provost (or designate). A Research Overhead Cost Recovery Waiver form must be completed and approved if the overhead charge is to be waived (form is available at www.ufv.ca/research/forms).

Overhead fees will be deducted at the rate of 25%, calculated as a percentage of total direct costs of the project.

All funds received and allocated will be distributed through the University's central accounting system

Overhead recoveries will be distributed as follows:

- 50% to Central Administration
- 35% to Office of Research Services
- 15% to Faculty Division

UNIVERSITY OF THE FRASER VALLEY
COMMUNITY HEALTH AND SOCIAL INNOVATION HUB

Budget for City of White Rock

Community Scan and Needs Assessment

The specific aims of this community scan and needs assessment are as follows:

1. Identify key social health and well-being issues of adults aged 50 and older in White Rock as reflected in existing data/reports and primary collection methods outlined below;

2. Identify potential challenges to obtaining services, support, and/or resources based on the community scan of demographic and program availability, as well as existing data sources, such as BC CDC and Statistics Canada data; and,

3. Identify strategies through community level program delivery to enhance the social health and well-being of adults aged 50 and older, particularly in light of COVID-19.

The proposed budget and associated expenditures for the community scan and needs assessment are as follows: stakeholder interviews with ten key program delivery stakeholders; participant-observation (including field notes from attending virtual community events); and, five focus groups with adults aged 50 and older in White Rock. Each interview and focus group will be approximately one hour in length.

Budget Item	Description	Amount Requested	Amount from Other Sources	Total Project Expenses
Personnel	Senior Researcher $59/hour + 31% benefits = $77/hour x 102.5 hours = $7,893 Research Assistant $20/hour + 31% benefits = $27/hour x 70 hours = $1,890 Visual Project Specialist $59/hour + 31% benefits = $77/hour x 35 hours = $2,695	$12,478	N/A	$12,478
Project Coordination/ Management	CHASI Project Management $2,500	$2,000	$500 In-kind from CHASI/UFV	$2,500 ($2,000 requested, $500 In-kind from CHASI/UFV)
Transportation to White Rock	100km x 0.52 per km x 5 trips Associated parking costs ($10 x 5 trips)	N/A	$310 In-kind from CHASI/UFV	$310 In-kind from CHASI/UFV
Materials	Use of supplies for printing and disseminating information	N/A	$2,500 In-kind from CHASI/UFV	$2,500 In-kind from CHASI/UFV
Equipment	Use of audio recording devices, data analysis software, and visual specialist's equipment	N/A	$5,000 In-kind from CHASI/UFV	$5,000 In-kind from CHASI/UFV
Total		$14,478 (requested)	$8,310 In-kind	$22,788 ($14,478 requested)

martha.dow@ufv.ca
604-615-9002

Please see below for a detailed explanation of personnel:

Personnel	Responsibility	Allotted Hours
Senior Researcher	Conducting interviews	1 hours per interview x 10 interviews = 10 hours
	Conducting focus groups	1.5 hours per focus group x 5 focus groups = 7.5 hours
	Participant-observation	10 hours
	Facilitating stakeholder interviews/focus groups	25 hours
	Analyzing interviews, focus groups, field notes and existing data sources	30 hours
	Report writing	20 hours
Research Assistant	Scribing interviews and focus groups	25 hours
	Reviewing literature, community resources	20 hours
	Assisting with report writing	25 hours
Visual Project Specialist	Interactive Report Design	35 hours

martha.dow@ufv.ca
604-615-9002

UFV CHASI
Community Health and Social Innovation Hub

About Us

A healthy community is a necessary prerequisite for a thriving community. In collaboration with our founding partners (Abbotsford Division of Family Practice, Mission Division of Family Practice, Chilliwack Division of Family Practice, First Nations Health Authority, Fraser Health Authority), the Community Health and Social Innovation Hub at the University of the Fraser Valley charted a course that places the community at the core of all that we do. Working with our community and government partners, the Hub leads collaborative and multi-sectoral projects that use community-engaged research to rapidly identify challenges concerning access and differential experiences of health and social wellness, while developing innovative responses. With evidence-informed interventions that improve access to health and social services, we believe that together we can enhance the physical, social and emotional health of those affected by adverse health outcomes.

Current Initiatives

The Hub is a physical and virtual research centre, supporting the development of innovative, technology-driven responses to current and emerging public policy issues. Our current research portfolio includes a diverse range of projects on the health-related continuum—from the bio-psycho-social aspects of aging to the impacts of climate change on the health and vitality of the Fraser Valley. An undercurrent of our work is on the development of innovative strategies to address the differential impacts of the pandemic, both with respect to populations that are under-serviced and work productivity during and following the pandemic. We are also engaged in an intergenerational education project with the Abbotsford School District, which provides meaningful opportunities for communication and knowledge transfer across generations. The Hub has and continues to develop formal and informal partnerships with communities, government, and industry to collaborate through advisory committees and knowledge mobilization. We have established working relationships with the Ministry of Children and Family Development, Aboriginal Firefighters Association of Canada, Fraser Valley Regional District, as well as other government and industry partners. Our founding partners, including the Fraser Health Authority, are vital to what we do—whether that be through our program of research, the community we serve, as well as our strategies for disseminating research. Some examples

How can we help?

In concert with our community partners, we are undertaking projects that enhance the capacity of key stakeholders to create better health and social outcomes in our communities. White Rock is a thriving community shaped by diverse and complicated individual and community level experiences of wellness. CHASI would be excited to partner with the City of White Rock as it navigates the health, social and emotional needs of its citizens during these difficult and unsettling times. In response to the pandemic, the CHASI team recommends an environmental scan and asset/gap analysis in relation to programs and services for older adults in your community. This approach squarely addresses the issues identified by council utilizing a rigorous multi-method research design to inform creative, meaningful, and sustainable programming for those who have been disproportionately impacted by COVID-19.

Turning Knowledge into Action
ufv.ca/chasi

martha.dow@ufv.ca
604-615-9002

UNIVERSITY OF THE FRASER VALLEY
COMMUNITY HEALTH AND SOCIAL INNOVATION HUB

What Makes the Hub Unique

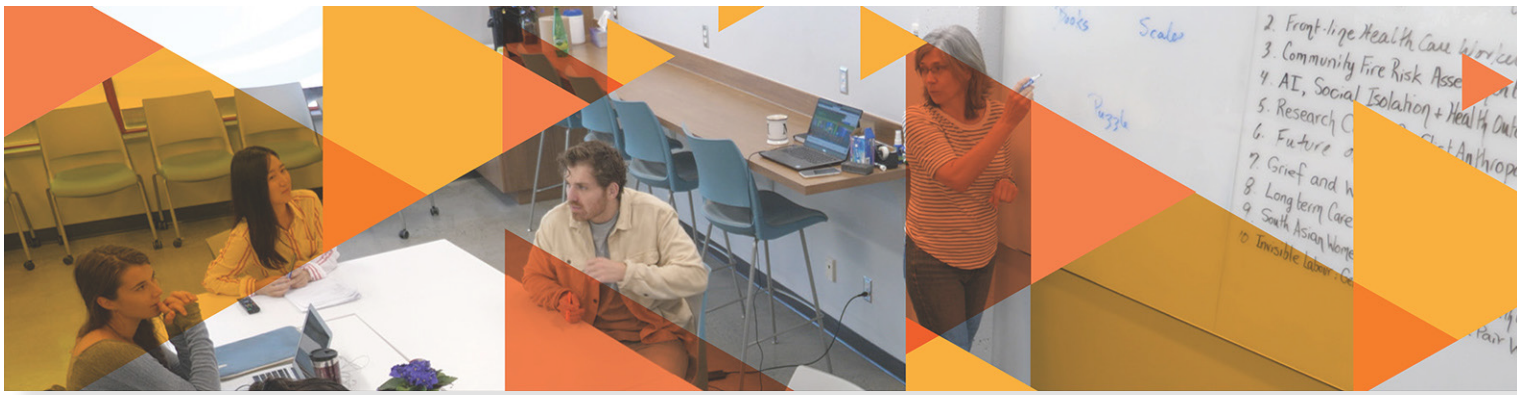
UFV's Community Health and Social Innovation Hub has been created to support the social, mental, emotional, physical, and economic health of those living in our communities. Through collaborative, multi-sectoral research and community engagement, the Hub is a strategic health partner in the region, working to identify challenges and opportunities to improve individual and community health and wellness.

The Hub has established an inter-disciplinary team to mobilize expertise in social connectedness, experiences of risk and marginalization, and the social aspects of aging to support improved experiences of health and wellbeing for individuals and their families. Central to this is the Hub's commitment to knowledge mobilization and the diffusion of rigorous, evidence-based strategies to the local community. Working with the City of White Rock, the Hub will actualize its commitment to mobilizing knowledge into action by supporting increased engagement and improved health and social outcomes for the citizens of White Rock.

of this include a national fire risk assessment, an environmental scan and gap asset analysis of food security in the Fraser Valley, as well as a localized project on the benefits of outdoor exercise for South Asian women. Recently, we have begun working with the BC Centre for Disease Control where we are using individual and community-level health data to identify gaps in health service provision. With all of our partnerships, the primary focus of these relationships and the work of the Hub is to support the development, implementation and evaluation of effective policies and practices, and to engage in knowledge acquisition and transfer activities that encourage innovation and evidence-informed policies and programs.

Foundational Principles

- The Hub's overarching goal is to create better health outcomes through innovation, early intervention, and sustainable models of accessible and equity-driven care
- A foundational principle of the Hub is to provide students with opportunities for meaningful engagement—from idea generation through project development and execution—to knowledge transfer and implementation. Students are an integral part of this venture as they fuel our work and contribute meaningfully to our research portfolio, whether that be though innovative, interdisciplinary research teams, event organization, or conference attendance
- Central to the Hub's engagement practice is the translation of knowledge into action and the development of innovative knowledge mobilization platforms which enhance the sustainability of our work



martha.dow@ufv.ca
604-615-9002

Context of Need

The pandemic has disproportionately impacted older adults and this analysis will examine the types of services required by residents during COVID-19 and beyond. It will be framed by a gap/asset analysis of services and programs currently offered in White Rock.

Social isolation and loneliness are problems that affect people of all ages across the world. However, rates of social isolation and loneliness are significantly higher among older adults compared to all other age groups, with around 40% of all older adults reporting feelings of loneliness (Dickens et al. 2011). This has been exacerbated by the global pandemic, with older adults being identified as one of the most vulnerable populations. Older adults are particularly vulnerable, both due to their susceptibility to the virus and social isolation. More concerning is that the World Health Organization has identified that loneliness increases morbidity and mortality amongst older adults, making them especially vulnerable to social isolation during ordinary times; however, as we continue to adapt and adjust to the evolving health and socio-political landscape, we are reminded these are certainly not ordinary times.

The pandemic has also unearthed deep-seated ageism across the world. From January to March, we witnessed a worldwide inertia, with individuals failing to respond to the urgency of the pandemic, seeing the virus as affecting "only" or "predominantly old people", which highlighted the degree and severity of global ageism. The world clearly responded by measuring human value in terms of chronological age and older adults appeared to be more disposable in the face of the global pandemic. When ageism such as this increases at the societal level then so does self-ageism, whereby older adults bearing witness to societal ageism begin to internalize ageism at the individual level (Lev 2009; 2018). This is particularly concerning as self-ageism leads to poor health outcomes and research has shown that older adults who hold more negative views of their own aging are less likely to seek preventive health services (Levy et al. 2000; Rothermund 2005; Kim et al. 2014).

Another factor that may affect, or indeed disrupt, social connectedness in long-term care is the recent single site directive implemented in British Columbia requiring care staff to be employed at a single location. For residents receiving regular care, these amendments have not only disrupted the continuity of care but the provision of person-centred care (Fazio 2008). There is likely a select group of older adults who are feeling further isolated given that their new care staff does not have the same understandings of their life history or care preferences their previous staff had (Caspar et al. 2017).

martha.dow@ufv.ca
604-615-9002

Critical to White Rock

While this work is necessitated by the devastating consequences of the pandemic, the results will assist the city respond to both more immediate and longer-term vision needs. Through partnership with the Community Health and Social Innovation Hub, White Rock occupies a strategic position to be leaders in enhancing the health and wellness of its citizens through the rapid identification of challenges concerning access and differential experiences of health and social wellness during the pandemic. White Rock will benefit from an environmental scan and gap analysis focusing on the needs of adults aged 50 years and older, who comprise just under half of White Rock's population. The social, emotional and physical health of this population has never been more pressing, given the pandemic-related social isolation measures which have come at a significant cost to the social, emotional, and economic fabric of this community. Highlighting the community need as it relates:

- The most dramatic impact of COVID-19 has been felt by older adults, their families, and caregivers. According to the BC Centre for Disease Control, those aged 60 years and older make up 27% of the province's population, and yet comprise 97% of COVID-19 deaths. Although Canada's COVID-19 mortality rate is relatively low compared to other countries, the proportion of deaths occurring in long-term care is double the OECD average, with approximately 81% of COVID-19 deaths occurring in long-term care residents.

- The Fraser Health region, which includes the regional communities served by the University of the Fraser Valley, has experienced a disproportionate impact compared to other health regions in the province with 38,284 total cases and 620 deaths reported as of January 20, 2021. The median age of people testing positive for COVID-19 in British Columbia is 37 years, and yet the median age of death is 86. As older adults continue to experience the greatest risk for the most serious consequences of COVID-19 and other influenza-like illnesses, innovations that address social isolation and loneliness within a climate of public health measures and associated systemic stressors is critical.

- COVID-19 has led to elective surgical procedures being cancelled or postponed, which has unevenly distributed healthcare provision for middle and older aged adults who are most likely to suffer from chronic ailments. When chronic medical problems and pain go untreated or under-treated it has a significant impact on functioning and quality of life, which can lead to both depression and anxiety.

- Despite much being done to offset social isolation and loneliness for older adults living in long-term care, it is important to recognize that loneliness and social isolation commonly result from having few or no social contacts and, for many, these circumstances will not have changed. Indeed, the BC Centre for Disease Control has identified that over one-third of White Rock's residents also identified as depressed and had mood or anxiety disorders prior to COVID-19 (BCCDC 2020). Further, without visits from family and friends, we have also been unable to monitor the quality of care provided to residents in long-term care, which has resulted in significant discrepancies in care provision across British Columbia.

- Increased loneliness may explain older adults' failure to adhere to self-isolation recommendations, particularly for those who have few social connections. They may further feel as if their social or emotional needs have been overlooked or dismissed, without a sufficient understanding of why such stringent measures have been implemented. Older adults who report higher rates of self-ageism are at an increased risk of COVID-19, health concerns, and heightened levels of anxiety (Bergman et al. 2020).

martha.dow@ufv.ca
604-615-9002