

CANADIAN  
PSYCHOLOGICAL  
ASSOCIATION



SOCIÉTÉ  
CANADIENNE  
DE PSYCHOLOGIE

# PROCEEDINGS FINAL REPORT

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Canadian Psychological Association

Knowledge Mobilization Summit

Les Saisons, Westin Hotel  
Ottawa, ON

November 12, 2015

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## Purpose of Summit

Increasingly, CPA members have been expressing concern at not knowing what funders are looking for in terms of the knowledge mobilization components of grants. In response, the CPA hosted a 1-day Summit in Ottawa (Les Saisons, Westin Hotel) on Thursday, November 12th to explore the issue.<sup>1</sup>

This was a Summit not to be missed! Participants spent the morning hearing from representatives from each of CIHR, SSHRC, NSERC, and the NCE, as well as speakers recognized for their successful knowledge mobilization strategies. The afternoon was spent in a workshop designed to help participants develop a successful knowledge mobilization strategy

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<sup>1</sup> This Summit was organized and funded by the CPA's Science Directorate.

## Agenda

<b>8:00 – 8:30</b>	<b>GREETINGS</b>
<b>8:30 – 10:00</b>	<p><b>FUNDERS PANEL: WHAT ARE THE FUNDERS LOOKING FOR IN A KNOWLEDGE MOBILIZATION PLAN? FOLLOWED BY Q&amp;A</b></p> <ul style="list-style-type: none"> <li>• SSHRC (Bryde Kelly)</li> <li>• CIHR (Alison Bourgon)</li> <li>• NSERC (Stéphanie Michaud)</li> <li>• NCE (Renée Leduc)</li> </ul>
<b>10:00 – 10:30</b>	<b>BREAK &amp; NETWORKING</b>
<b>10:30 – 12:00</b>	<p><b>SUCCESS STORIES: KNOWLEDGE MOBILIZATION IN ACTION</b></p> <ul style="list-style-type: none"> <li>• Christine Chambers, Dalhousie University (pain in children) (20 minutes + Q&amp;A)</li> <li>• Jonathan Weiss, York University (autism) (20 minutes + Q&amp;A)</li> <li>• Session between David, Stéphanie, and Renée specific to experiences collaborating on the NCE KMb</li> </ul>
<b>11:30 – 12:00</b>	<p><b>TABLE WORK / SMALL GROUP DISCUSSION</b></p> <p><i>What information do we want the funders to know?</i></p>
<b>12:00 – 12:45</b>	<b>LUNCH &amp; NETWORKING</b>
<b>12:45 – 3:45</b>	<p><b>KNOWLEDGE MOBILIZATION WORKSHOP</b></p> <p>Facilitated by David Phipps (York University) and Purnima Sundar (Ontario Centre for Excellence in Child and Youth Mental Health)</p> <ul style="list-style-type: none"> <li>• <i>Identifying your audience; goals of strategy; activities done; success of activities; development of logic model</i></li> </ul>
<b>3:45 – 4:15</b>	<p><b>TABLE WORK / SMALL GROUP DISCUSSION</b></p> <p><i>What role can the CPA play in knowledge mobilization?</i></p>
<b>4:15 – 4:30</b>	<b>WRAP-UP &amp; SUMMIT EVALUATION</b>

## Summit Invited-Speakers: Photos and Biographies

### Stéphanie Michaud, Ph.D.



Dr. Michaud is currently Acting Director of the Energy, Environment, and Resources Division at the Natural Sciences and Engineering Council of Canada (NSERC). She is responsible for policy and delivery of the Strategic Programs and various international MOUs. Her substantive position is as Deputy Director responsible for the management and implementation of the NCE Program, NCE-Knowledge Mobilization, and Canada-India Research Centre of Excellence initiatives. Prior to joining the Networks of Centres of Excellence (NCE) as Deputy Director, Stéphanie was Senior Manager for Strategic Planning in the Research Partnerships Directorate of NSERC. She has occupied several Account and Portfolio Manager positions within NSERC, including lead for Idea to Innovation (I2I), NSERC's technology commercialization program, and was responsible for the review of NSERC's Intellectual Property Policy. Stéphanie is well versed in intellectual property law as a result of her work within the Canadian Intellectual Property Office. Prior to joining the federal government, Stéphanie worked in the private sector for a biotechnology university spin-off firm where she managed the R&D efforts of the chemistry group. She holds a Ph.D. in Organic Chemistry from McGill University.

### Alison Bourgon, MHA



Ms. Bourgon is the Manager of Knowledge Translation Strategy at the Canadian Institutes of Health Research. She has a Bachelor of Science from the University of Guelph, and a Master of Health Administration from the University of Ottawa. Before joining CIHR, Alison held several research positions at the University of Ottawa, the Ottawa Cancer Center, and the Ottawa Hospital Research Institute, including managing knowledge translation projects related to clinical decision making and patient decision aids. At CIHR, she has been a Deputy Director of CIHR's investigator-initiated and priority-driven programs, including the open knowledge translation and commercialization programs. In her current position, Alison oversees CIHR's knowledge translation programs, platforms, policies, and strategies, and manages the provision of knowledge translation support for internal and external stakeholders.

## Bryde Kelly



Bryde Kelly's experience has included work within grassroots Aboriginal communities partnering with Canadian Heritage, international scientific communities as the administrator of the Collegium Internationale Neuropsychopharmacologicum, as well as managing awards and foundations for the Royal Architecture Institute of Canada. Since 2008, Bryde has been working with SSHRC's Knowledge Mobilization programs, managing the Aid to Research Workshops and Conferences program, Public Outreach, Aid to Scholarly Journals, and Knowledge Clusters. In addition to contributing to initiatives such as the Aboriginal Research Integrated Strategy, Bryde participated in the development of SSHRC's newly minted Knowledge Mobilization Guidelines. Currently involved with program policy analysis, planning, and implementing program changes, Bryde's division promotes the integration, harmonization, and alignment of program policies and procedures, contributing to continuous risk assessment and improvement across all SSHRC programs and tri-agency (SSHRC, NSERC, and CIHR) initiatives.

## Renée I. Leduc, M.Sc.



Ms. Leduc is currently on assignment as a Performance Analyst with the NSERC – SSHRC Evaluation Division and is a Program Officer with the Networks of Centres of Excellence of Canada (NCE), where she works closely with the NCE Monitoring Committee, is involved in the delivery of several NCE program competitions, and has been a representative on the Board of Directors of the several NCE networks and centres.

### **Christine T. Chambers, Ph.D., R.Psych.**



Dr. Chambers is a clinical psychologist and Professor in the Departments of Pediatrics and Psychology & Neuroscience at Dalhousie University in Halifax, Nova Scotia. Her research lab is based in the Centre for Pediatric Pain Research at the IWK Health Centre. Dr. Chambers' research examines developmental, psychological, and social influences on children's pain, with a focus on family factors in pediatric pain and using social media to mobilize evidence-based information about children's pain to parents. Her research is funded by the Canadian Institutes of Health Research (CIHR). She is the Principal Investigator of the "It Doesn't Have to Hurt" social media campaign on children's pain in partnership with the Yummy Mummy Club.ca, an online forum for parents that reaches over 5 million people per month. She is the recipient of career awards from numerous organizations, most recently the American Pain Society's Jeffrey Lawson Award for Advocacy in Children's Pain Relief. She has given a TEDx talk on children's pain and developed a YouTube video for parents about how to manage needle pain that has been viewed over 150,000 times in over 150 countries to date.

### **Jonathan A. Weiss, Ph.D., C.Psych.**



Dr. Weiss is an Associate Professor in the Department of Psychology at York University and a Clinical Psychologist. He completed a predoctoral residency at Surrey Place Centre (Toronto, ON) and a postdoctoral fellowship at the Centre for Addiction and Mental Health and University of Toronto Department of Psychiatry. He currently holds the federal Chair in Autism Spectrum Disorders Treatment and Care Research. His research focuses on the prevention and treatment of mental health problems in people with Autism Spectrum Disorder or intellectual disabilities. He studies the impact of stressors, such as bullying or transitions, and how cognitive behaviour therapy can help youth with Autism Spectrum Disorder who have mental health problems. Dr. Weiss conducts studies of the changing service needs and barriers to service use for individuals with Autism Spectrum Disorder and their families across the lifespan.

## David J. Phipps, Ph.D., MBA



Dr. Phipps manages all research grants and agreements, including knowledge and technology transfer, for York University, including York's award winning Knowledge Mobilization Unit. In addition to other awards and recognition, he received the 2015 Research Management Excellence Award and 2015 President's Award for Innovation in Knowledge Mobilization. In 2015 he was named the Gordon and Jean Southam Fellow from the Association of Commonwealth Universities. He is also the KT Lead for NeuroDevNet and Network Director for ResearchImpact-RéseauImpactRecherche.

## Purnima Sundar, Ph.D.



Dr. Sundar is the Director of Knowledge Mobilization at the Ontario Centre of Excellence for Child and Youth Mental Health. She has 20 years of experience doing community-based, participatory action research and program evaluation in the areas of community mental health and diversity/multiculturalism. At the Centre, Purnima leads a team of experts to support practitioners to gather, share, and use relevant information to strengthen services for children, youth, and families, and works with government partners across ministries to facilitate knowledge mobilization within Ontario's child/youth serving sectors.



## Session #1: Funders Panel

### Social Sciences and Humanities Research Council (SSHRC): Bryde Kelly

- New KMb guidelines on website
- Insight grants – updated definition of knowledge mobilization; achievement review; what's feasible and not
- Big Tent / Umbrella approach – all of the Ks: transfer, translation, exchange, brokering, synthesis, co-production, and networking
- KMb areas of influence: academia (research agendas, theory, methods); beyond (public debate, policies, practice, services, informs decisions)
- Identify your audience; who stands to benefit; how will audiences be involved? How will audiences benefit, best way to communicate with audiences? – youth versus elderly will require different types of media, involve your audience, see how traction is gaining
- Results: outputs (first set short-term results), outcomes/results (activities undertaken from new insights), impacts (long-term outcomes; changed thinking and behaviours)
- Indicators of success: key stakeholder meetings, presentations, conferences, new partners, policy papers produced, policies created and/or changed, professional practices created and/or changed, social services added and/or changed
- KMb is a menu that you customize to meet your needs; not a shopping list
- Media of mobilization: documents (working, discussion, policy papers), in person meetings (formal and informal meetings), electronic (more than just a website), tools, training/teaching, media coverage, face to face most important (trust), official languages, accessibility
- Best Practices: cocktail of many things; diverse set of tools and methods, regular events or activities, at least some face to face meetings, key role of KMb coordinator (KMb officer, liaison officer, program coordinator)
- Go to decision-makers, face-to-face, much more successful than inviting them to attend meetings
- Policy analysts play a key role; gatekeepers to move knowledge up

### Canadian Institutes of Health Research (CIHR): Alison Bourgon

- KT is included in CIHR's mandate
- KT is about engaging and sharing research findings with those individuals (knowledge users) who can use them
- Selecting approaches/activities depends on the research being conducted, anticipated findings, and desired outcomes
- Includes commercialization
- Why does KT matter to CIHR? Public accountability and expectations, funder requirements and policies, impact – making a difference!
- KT is essential for Accelerating transformative changes in health and the health care system
- Consider potential use and applicability of their work
- How can results have wider impact if they were jointly produced, shared, discussed, and/or understood by appropriate knowledge users?

- Common sense should play an important role when deciding on the degree and intensity of KT
- End-of-grant KT: plan for making users aware of findings
  - Ensure there is a match between target audience and activities
  - Note how you selected your strategy
  - Ensure activities are thought of in advance and budgeted for
  - Revisit as the project unfolds
- Integrated KT (IKT): researchers and knowledge users co-lead research project
  - IKT and EofG KT (End-of-Grant Knowledge Translation) are not mutually exclusive
  - Demonstrate question is of importance to knowledge users
  - Right knowledge users are engaged to inform the project
  - How will they be involved in the project and use findings?
- CIHR funds and does KT
  - Impact through funding
  - Impact through doing
- Health Research in Action; PubMed Central Canada
- Funding strategies: investigator-initiated research and priority-driven research; all major initiatives incorporate some KT
- Project scheme funding now: January you register and March you apply; large operating grants programs have now been sunset

## Natural Sciences and Engineering Research Council (NSERC): Stéphanie Michaud

- KMB is not part of lexicon at NSERC
- Majority of psychology research is in Discovery Grants
- Partnership opportunities: training in universities, training in industry
- At NSERC, KMB is looked at through evaluation criteria: discovery and innovation envelopes
- Merit indicators in Discovery Grants:
  - excellence of the researcher (accomplishment on broad community)
  - merit of the proposal (advances areas and/or likely to have impact, addresses need)
  - training of HQP (Highly Qualified Personnel)
- Innovative evaluation criteria:
  - Interaction with the supporting organizations – is the supporting organization an appropriate partner?; How will technology and knowledge be transferred?; Is non-academic partner able to assimilate new technology?; What is the degree of involvement of the non-academic partner in developing the proposal and throughout the project?
  - Benefits to Canada and the supporting organizations: how will the work benefit the supporting organization
  - Signs of a good proposal: clear and well-defined sections, roles well defined (students, applicant), benefits to Canada, strong partner (involvement from the start, clear expectations, good communication, plan for on-going interaction)

- Sounds a lot like: co-creation, communication planning, clear definition of issue, definition of a plan to address issue, and anticipated impact

### **Networks of Centres of Excellence (NCE): Renée I. Leduc**

- 3 key elements/activities/tools of KMB: Meaningful end user engagement; clear pathway to impact; and effective evaluation of KMB and impact
  - What will change?; What is the benefit?; Who will benefit (and how)?; How will the change be achieved?; How well was the change achieved?
- Expectations: rapid flow of ideas and innovations, effective collaborations, clear benefits to end users and Canadians, positive impacts on social innovations and economy
- NCEs are program of tri-councils
- NCEs: mobilize critical masses of Canada's best research, development, and entrepreneurial expertise focused on addressing social and economic issues, training HQP, applying research breakthroughs, commercialization, and increasing private sector R&D
- Typical NCE: virtual collaboration model; not-for-profit corporation; hosted by an academic institution; own strategic objectives, administration, and governance; complex multi-disciplinary, multi-institutional programs capable of overcoming larger scale challenges; greater than the sum of its parts

## Session #2: Knowledge Mobilization in Action

Presentations by:

- Dr. Christine Chambers: Children's pain
- Dr. Jonathan Weiss: Chair in ASD treatment in research

## Session #3: Knowledge Mobilization Workshop (David Phipps, Purnima Sundar)

- Most critical pieces of KMB to include in a grant:
  1. What is the goal of your KMB strategy?
  2. Who are your audience(s)/partners/stakeholders/receptors (government partners develop policy, community partners deliver services)?
  3. What are you going to do with your audiences to support your goals?
  4. How will you evaluate? (measure, impacts, indicators)
  5. What is your budget?
- Daily research snapshots – on website, through social media
- Evidence in and of itself isn't sufficient to result in behaviour change – can't just post something on website
- "Knowledge ninja" videos – quick, make a good point
- Knowledge mobilization goal is often different from research goal – what do you want people to know?
- KMB costs – knowledge mobilization isn't cheap, so don't lose sight of budget; sometimes costly and sometimes free, so look to leverage partnerships
- "articulate" – pop up sounds, animation to create learning modules so as not to have to go through a really long video or many slides
- Free online software – videoscribing
- See David's new model on KMB (co-produced pathway to impact) – note that it is still linear
- Impact is measured at the level of our partners
- Canadian academy of health sciences: independent investigators program – impact summary
- Indicators: inputs (grant \$, contract \$, cash and in-kind match), research (HQP, data, tools, workshops, community forum, conference proceedings, media, patents filed, PSA, MTA), uptake (evaluation, presentations, staff meetings, debates/discussion, controversy/conflict), implementation (HQP, policy/practice/product/service), impact (socioeconomic benefit, public awareness, clients served, units sold)

**Note:** See Appendices for templates to create a knowledge mobilization plan

## Summit Wrap-Up

### Are there education and training gaps to fill, particularly amongst researchers, when it comes to developing knowledge mobilization strategies?

- More KMb training needed in graduate programs – make it integrated
- More KMb training – and training in the importance of KMb – needed for those teaching (graduate) classes (they're the ones who disseminate knowledge)
- There's a gap in academics' knowledge of KMb – we should make a KMb graduate class essential in programs across Canada
  - Perhaps create a pool of money, make chairs of departments of psychology aware, and say that this money is to pay for training for faculty members who are interested in teaching KMb (they'd become departmental KMb experts)
- But... we're already doing so much – we're adding without removing requirements for academics
  - e.g., actively promoting our research involves becoming web designers, video editors, social media experts...
  - Maybe the future is that we have a dedicated KMb person in the department – like we have a designated stats expert in psych departments
- Having even brief exposure in a methods class would potentially inspire students to learn more now, take on the role later
- Incentives – we need to think of a different way of providing incentives for researchers that involves KMb (i.e., not just peer-reviewed articles)
- We need to find another way to show the relevance and significance of our work that doesn't put a huge burden on the researchers
  - We need to get the message about the importance of relevance and significance, not solely publications, back to the funding agencies
- We need to be mindful of both the clinical and research side – and the importance of demonstrating relevance in both areas
- It's not just about our work and our efforts to learn more about KMb
  - We need to put the onus on those of us who teach – we learn new material for classes, create new classes, so why not learn/teach about KMb?
  - And we currently go out of our way to learn new research methods as they come into fashion – why aren't we putting the same effort into learning about KMb?

## How can CPA, funders, government, post-secondary educational institutions (or others) help you fill any knowledge mobilization gaps?

- We would like to see this shift to KMb for the entire profession of psychology – CPA as a unifying force
- An online course – offered by the CPA – would be great
  - But we need to be careful not to waste resources and reinvent the wheel – there’s a lot of great stuff out there
- CPA could also serve as the in-between for researchers and social media folks
  - E.g., CPA could link researchers with those who specialize in getting the message out about science, research, and/or psychology specifically through (social) media
  - CPA could also tailor this service – not just about making connections between researchers and social media folks, but about making the *right* connections (i.e., matching specific researchers with companies best suited to communicate the results of that type of research)
- Researchers need to tell the CPA, as the professional association, what they’re doing; should also listen to what the CPA has to say because the CPA is linked to government and knows what is important from the government perspective

## Key Messages

- Not if will do KMb, but how and here is why:
  - Core value – intersection of research and community engagement
  - Good social policy and programming is informed by evidence
- Need to decrease the 17-year gap from the bench to the living room; accountability to funders and public
- There is a how to do KMb
  - Who to engage, why, about what and how? USER, MESSAGES, ROADMAP, AND MEDIA
  - How do we know that KMb is effective? IMPACT
- Challenges for researchers and organizations that represent research
  - Burden and skill set among researchers; need to engage knowledge brokers
  - Skills/preparedness of grant reviewers to assess KMb dimensions of proposals – they are often the same researchers with skill gaps in KMb
  - KMb costs – can all be in-kind, but there are actual costs
- Must haves in KMb
  - The how is a menu, not shopping list; however, most successful KMb strategies involve multiple modes and media
  - KMb includes commercialization
  - The doing as well as the sharing of research requires user engagement
  - Asking the right questions:
    - What is the goal of your KMb strategy?
    - Who is/are your audience(s)?
    - What are your activities?

- Who are your partners? Remember, as researchers we don't deliver care, make policy, or (typically) produce products
- Need engaged users – some areas of research have more ready user groups than others
- Engagement of partner organizations must be meaningful in form and content; partners need power too, which comes from resources
- Interface of research with public policy needs – **let your professional associations / societies** know what you are doing and **listen to what your associations and societies know** about what is important... the CPA translates and transfers knowledge too, particularly to government and other stakeholder groups.

## List of Summit Registrants

<p><b>B</b> Myriam Beaudry Julie Beaulac Ashley Bildfell Alison Bourgon Lucie Marisa Bucci</p> <p><b>C</b> Rebecca Cherner Karen Cohen Kenneth D. Craig</p> <p><b>F</b> Susan Farrell</p> <p><b>G</b> Carlo Alberto Grandi Sarah Grey Fredrick Grouzet</p> <p><b>H</b> Chad Hammond Samantha Hollingshead Alana Holmes</p>	<p><b>K</b> Bryde Kelly Kevin Kelloway</p> <p><b>L</b> Renée I. Leduc Catherine Lord</p> <p><b>M</b> Rachel MacLern Melissa Malette John Meyer Stéphanie Michaud Stephanie Miksik Matt Murdoch</p> <p><b>O</b> Janet Olds</p> <p><b>P</b> David J. Phipps</p> <p><b>R</b> Raphaelle Robidoux Maria Rogers</p>	<p><b>S</b> Jean Saint-Aubin Melissa Salmon Julie Savignac Leah Simpkins Chandni Sondagar Purnima Sundar Travis Sztainert</p> <p><b>T</b> Valerie Thompson</p> <p><b>V</b> Lisa Votta-Bleeker</p> <p><b>W</b> Jonathan A. Weiss Kaitlyn M. Werner Michael Wohl</p> <p><b>Y</b> An Gie Yong</p>
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## About the Canadian Psychological Association (Summit Host)

The Canadian Psychological Association (CPA) is the national professional association of psychologists in Canada whose mandate is to promote excellence in the science, teaching, and practice of psychology and to contribute to the health and well-being of Canadians. There are approximately 16,000 regulated psychologists in Canada, though the CPA represents the interests and activities of the scientists as well as the regulated practitioners among our discipline. Psychologists represent Canada's largest regulated group of specialized mental health care providers.

Relying on the scientific method to develop an understanding of how we think, feel, and behave, psychologists apply their knowledge to help people understand, explain, and change their behaviour. Psychologists, researchers, and practitioners alike work in many sectors and settings, including government departments and organizations, school systems, universities, hospitals and clinics, correctional facilities, industry, and private offices. Some examples of the kinds of problems that psychologists study and/or for which they carry out health service include:

- mental health problems such as depression, anxiety, and phobias;
- neurological, genetic, psychological, and social determinants of behaviour;
- psychological determinants of health and psychological factors that contribute to health and disease management;
- brain injury, degenerative brain diseases;
- psychological factors and problems associated with physical conditions and disease (e.g., diabetes, heart disease, stroke, pain);
- psychological factors and management of terminal illnesses such as cancer;
- cognitive functions such as learning, memory, problem solving, intellectual ability, and performance;
- criminal behaviour and crime prevention;
- addictions and substance use and abuse;
- stress, anger, and other aspects of lifestyle management;
- psychological factors in the workplace, in sport, in recreation (e.g., motivation, leadership, productivity, healthy workplace)
- marital and family relationships; and
- social and cultural behaviours and attitudes.

## Appendices

### Appendix A. Creating a Knowledge Mobilization Plan

#### Aspects of a Knowledge Mobilization Plan

<b>Partners / Engagement</b>	Before a Principal Investigator(s) thinks about what they want to do, they need to start with the partnerships/receptors and forms of engagement with identified audiences. This speaks to the purposefulness of KMb/KT.
<b>Objectives / Goals</b>	Frame the project in terms what you want to achieve and how you plan to achieve it. <ul style="list-style-type: none"> <li>• Overall Objective: high level, long horizon</li> <li>• Specific Goals: more granular, measurable; achieving goals by undertaking activities (below) allows you to fulfill your overall objective</li> </ul>
<b>Activities</b>	Articulated on the planning template. Activities need to be mapped to specific audiences and correlate to goals and objective. Activities need to speak to academic and non-academic audiences. Identify metrics and key performance indicators.
<b>Impact / Accountability</b>	A longitudinal look at the results of the knowledge mobilization plan. Impacts are measured at level of end user/receptor/partner.
<b>Budget</b>	Budget activities including evaluation. Budget for activities that will occur in partner/receptor sites. Recognize the skills and capacity that partners bring to the table, count that as in-kind contributions.

#### Characteristics of Good Knowledge Mobilization Plans

<b>Trust</b>	<ul style="list-style-type: none"> <li>• Research collaborations with community partners should be guided by the principles articulated by Community Campus Partnerships for Health <a href="https://ccph.memberclicks.net/principles-of-partnership">https://ccph.memberclicks.net/principles-of-partnership</a></li> <li>• Research collaborations involving the First Nations, Inuit, and Métis Peoples of Canada should be guided by Chapter 9 of the Tri-council Policy Statement on Research Involving Humans <a href="http://www.pre.ethics.gc.ca/eng/policy-politique/initiatives/tcps2-eptc2/chapter9-chapitre9/">http://www.pre.ethics.gc.ca/eng/policy-politique/initiatives/tcps2-eptc2/chapter9-chapitre9/</a></li> </ul>
<b>Reciprocity</b>	Research knowledge is co-created to be informed by needs of the receptors/end users and can create both academic and extra-academic impacts
<b>Authentic Partnerships</b>	Partners (academic and non-academic) are involved in all aspects of the research program from inception to impact. This includes shared governance.
<b>Time</b>	It takes time to build the trust that enables authentic partnerships.
<b>Listen</b>	Take the time to listen. See The Art of Listening <a href="http://www.researchimpact.ca/the-art-of-listening-lart-decouter/">www.researchimpact.ca/the-art-of-listening-lart-decouter/</a>

**Potential Impact of Knowledge Mobilization Activities**

Activity	Targeted Audiences (engagement)	Rationale	Key Outcomes (goals)	Outcome Indicators	Desired Impact (accountability)
KM in the AM	Community leaders, practitioners, researchers	Building trust, proven KMb activity	Brokered research and KMb relationships	# people, # meetings; sustained conversations; satisfaction/usefulness survey	Community-university projects (1yr); Informed decisions (5yr)

Specific activities are targeted to specific audiences using rationale provided. These activities will result in key outcomes which will be evaluated using outcome indicators. The ultimate impact of KMb strategies is enhanced use of research to inform decisions about public policy and professional practice and thus improved quality of life for Canadians. It is important to note that these impacts often take time, in many cases several years.

## Appendix B. Knowledge Mobilization Planning Case Study

### Mental Health and Homelessness Research

Background: On any one night up to 35,000 people are homeless in Canada and 13,000-33,000 are chronically or episodically homeless. This amounts to over 235,000 homeless Canadians each year, 5,000 of whom are unsheltered and 180,000 are accommodated in shelter programs. Homelessness costs the Canadian economy \$7 billion each and every year<sup>2</sup>.

Homeless youth are particularly vulnerable to drug and alcohol addiction, interactions with the criminal justice system, multiple health co-morbidities and violence on the streets and in shelters. The lack of supportive environments combined with vulnerability to addictions, illness, crime, and violence creates mental health concerns for homeless youth.

#### Overall Project Objectives:

- Study ways of addressing mental health concerns that are meaningful for homeless youth and youth at risk of homelessness
- Mobilize research to inform programs, policies, and services for mental health and homeless youth
- Train the next generation of Canadian researchers and clinicians with experience in prevention and treatment of mental health concerns for homeless youth

Research Plan: You will study innovative approaches to expand treatment and care research to address mental health problems in homeless Canadian youth. You will examine why homeless youth are prone to develop mental health problems, evaluate novel treatment strategies to help homeless youth and young at risk of homelessness deal with these issues, as well as other stressful events like bullying, and find ways to improve access to care for all. To achieve these goals, you will work with people with lived experience of homelessness, families, service providers, community advocates, and government agencies to share cutting edge research that informs mental health care policy and practice across the country.

Total funding available = \$2.5M

- Social Sciences and Humanities Research Council of Canada: \$2.5M over 5 years
- Agencies and other stakeholders: \$900,000 in-kind (not cash but the value of services and other contributions to the project) over 5 years

#### Instructions:

1. Read the material provided
2. Consider knowledge mobilization activities that might be used during the research program (integrated knowledge mobilization) and at the end of the project (dissemination knowledge mobilization)
3. Discuss these in small groups in class preparing one knowledge mobilization strategy using the materials presented in class

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<sup>2</sup> The State of Homelessness in Canada 2014, The HomelessHub, <http://www.homelesshub.ca/SOHC2014>