

Knowledge Mobilization Plan - Worklessness Initiative

Submission for course *Engage: Building capacity to understand and use relevant evidence*; University of Guelph Knowledge Mobilization Certificate

Background:

We know from UK and other international research that there are significant health consequences of worklessness, and that working makes people not just happier and more productive, but healthier.

Why should HR professionals, business and labour groups care? Because accommodating people with longterm conditions to remain in work is generally more cost effective for employers than losing the knowledge, experience and the direct and indirect costs of recruitment and replacement. This is particularly relevant with labour shortages and an aging workforce. Physicians should care that there is new evidence showing that there are significant health consequences of worklessness. Currently about half of the people on disability will never return to being part of the workforce. But if it's possible for them and there are work accommodations in place for them, the evidence shows work increases health.

This knowledge mobilization plan is designed to identify steps to initiate the project, to clarify at what phase the Work Wellness and Disability Prevention Institute will be able to apply for funding, and to plan for stakeholder and target audience engagement throughout the project.

The gap from international research [and resulting policy changes] is that there are significant health consequences of worklessness, and that 'good work' makes people not just happier and more productive, but healthier. There is growing data in Europe and in the UK. But this is a whole new area for Canada.

Introduction:

The worklessness initiative is based on engagement of community stakeholders. The organization uses the PRECEDE-PROCEED model and sociocognitive theories, based on stakeholder engagement, which includes the determination of stakeholder-centred outcomes. It is expected that a systematic review on worklessness will add to knowledge and motivation to

reduce impairment-related job loss which is particularly of interest to labour and government, and employers who are committed to social good.

The project outcomes will be defined by each of the stakeholders and their anticipated intervention targets. This will be defined by the creation of intervention mapping.

The initial goal of this worklessness and health project is to collaboratively produce and disseminate evidence-based fact sheets about the health consequences of worklessness, to targeted different stakeholder groups. Justification is that we know some of the striking information can be explained in succinct ways, and knowing that many don't have time to read detailed reports.

What does the knowledge transfer project hope to change?

- Indirect use: New research informs changes in awareness and knowledge; target audiences have adopted the ideas
- Direct use: Changes in policies and programs; changes in clinical practice [and long-term improved patient care and outcomes]

[Excerpted/adapted from Institute for Work & Health KT Transfer Planning Guide, 2006]

Intended partners:

- International Organizations (with worklessness/health expertise/interest)
- Current senior advisors/scientific committee of our Work, Health and Productivity Portal
- Academic researchers
- Non-Government Organizations connected to the health benefits of work (eg. Mental Health Commission of Canada)

Target audiences:

- Business and Labour Leaders
- HR Professionals
- Physicians
- Policy Makers
- Stakeholder-targeted media

Breakdown of target audiences:

Physicians:

- The College of Family Physicians of Canada
- Royal College of Physicians and Surgeons of Canada (RCPSC)
- Doctors of BC
- Department of Family Practice, UBC
- Canadian Medical Association

Human Resources Professionals:

- Chartered Professionals in Human Resources of British Columbia and Yukon - Simon Evans, CEO
- Human Resources Professionals Association of Ontario (HRPAO)
- The Human Resources Professionals Association - Bill Greenhalgh, CEO

Those who may have an effect on policy making:

- The Public Health Agency of Canada
- Canadian Public Health Association
- BC Minister of Health - Adrian Dix
- BC Minister of Social Development and Policy Reduction - Shane Simpson
- [Canada] Minister of Employment, Workforce Development and Labour - Patricia Hajdu

Some members of our about-to-launch Health Work and Productivity Portal senior advisors/scientific committee will be potential stakeholders/academic researchers in this health/ worklessness project:

- **Paul Baart**, Director, Dutch Centre Work Health, The Netherlands
- **Dame Carol Black** (UK) Expert adviser on Health and Work
- **Stephen Bevan PhD**, Director of the Centre for Workforce Effectiveness at The Work Foundation and an Honorary Professor at Lancaster University, London, UK
- **Susanne M. Bruyère, PhD, CRC**, Director, Employment and Disability Institute, Professor of Disability Studies, Employment & Disability Institute, ILR School Associate Dean of Outreach, Cornell University.
- **Christian Larivière PhD**, Senior Scientist, Institut de recherche Robert-Sauvé en santé et en sécurité du travail (IRSST), Adjunct Professor, School of Rehabilitation, Faculty of Medicine, University of Sherbrooke

- **Stavroula Leka CPsychol AFBPsS FRSPH**, Associate Professor in Occupational Health Psychology; Director, Centre for Organizational Health & Development; Chair, ICOH Scientific Committee 'Work Organization & Psychosocial Factors'; Finance Director, European Academy of Occupational Health Psychology
- **Catherine Loughlin PhD**, Canada Research Chair in Management, Sobey School of Business & CN Centre for Occupational Health and Safety, Saint Mary's University, Nova Scotia
- **Ewan Macdonald OBE**, Professor and Head of Healthy Working Lives Group, University of Glasgow; Scottish Centre for Healthy Working Lives; Independent Medical Adviser, Workability Ltd
- **Fergal O'Hagan PhD**, Assistant Professor, Department of Psychology, Trent University, Peterborough, Ontario, Canada
- **Georgia Pomaki PhD**, Instructor, Pacific Coast University for Workplace Health Sciences Manager, Mental Health Specialists, Wellness, Disability & Life, Manulife Financial
- **Kelly Williams-Whitt PhD**, Associate Professor, Faculty of Management, University of Lethbridge

Justification and main messages for the target audiences:

- **Physicians:** There is new evidence showing that there are significant health consequences of worklessness, and growing evidence that “good work environments” improve patient health outcomes. Currently about half of the people on disability will never return to being part of the workforce. But if it’s possible for them and there are work accommodations in place for them, the evidence shows work increases health.
- **HR professionals, business and labour groups:** Accommodating people with long term conditions to remain in work is generally more cost effective for employers than losing the knowledge, experience and the direct and indirect costs of recruitment and replacement. This is particularly relevant with labour shortages and an aging workforce. There needs to be better accommodation particularly for people with chronic health conditions. There is a legal responsibility to accommodating people, but this needs to be much better in practice, and having the evidence to support staying at work (and returning to work) should make it more likely to happen in practice.

- Policy Makers: Evidence about the health and cost benefits of remaining at work and returning to work may shift processes eg. of unemployment assistance and save money by increasing return-to-work and stay-at-work.

When and how will these knowledge users / target audiences be engaged?
[See target audience analysis, below conclusion]

Conclusion:

Measurement of impact will be with follow up with the target knowledge users regarding the fact sheets.

Indicators/measures of uptake and use will include:

- Reach: # and type of (i.e. sector or organization type) knowledge users the resource was shared with; extent to which the knowledge user further shared the fact sheets and with whom; # downloads of the fact sheets/infographics from website
- Usefulness: follow-up with knowledge users via surveys and focus groups to ask: review of resource, applicability of resource to work and how, new information gained from resource, intention to alter their work/program based on feedback [two phases of usefulness: a) partner and stakeholder conference calls and surveys; b) end knowledge users surveys and focus groups]
- Use: were recommendations implemented, did fact sheets change or inform any component of their work
- Process: what could be done different next time they receive a resource from us (format, language, timing, engagement method)

[Implementation Plan: See Research Timeline and Target Audiences/Dissemination Timeline, below]

[Impact /Uptake: See Evaluation Plan table, below, and KT Planning Template]

Challenges: The Maintenance Phase

The maintenance phase *[as described in the Mental Health Commission of Canada's knowledge translation guide, 2014]* is identified as an essential stage of evaluation. It asks:

Was this innovation maintained over time, whether following a single KT intervention or in the context of ongoing support for the innovation? Examples of maintenance measures are interviews with providers and patients to determine ongoing delivery of the innovative practice, and review of clinical charts to ascertain whether an innovative practice continues to be provided. [*It adds that reminders about innovation, long after an initial KT intervention, are likely to enhance maintenance*].

Unfortunately with WWDPI having a tiny staff and no core funding, without funding beyond the scope of this [fact sheet production] KMb project, the future, long-term maintenance phase is a bit of a uncertain with this initiative. I expect that the intense research phase will follow with recommendations for further research. Such research might include: surveys of business leaders, led by [stakeholder] umbrella business organizations, asking whether they changed their return-to-work / stay-at-work accommodations; surveys of /focus groups with HR professionals, led by [stakeholder] national and provincial HR organizations, asking about results of these accommodation changes on the ground; and as mentioned above, if physician standard changes are recommended by national bodies, review of clinical charts to see how their practices changed, and to what extent the changes were long-term.

Target Audience [Knowledge User] Matrix

Target Audience	Impact <i>How much does the project impact them? (Low, Medium, High)</i>	Influence <i>How much influence do they have over the project? (Low, Medium, High)</i>	What is important to the stakeholder?	How could the stakeholder contribute to the project?	How could the stakeholder block the project?	Strategy for engaging the stakeholder
<i>Physician Groups</i>	<i>Medium</i>	<i>High</i>	<i>Keeping GPs informed about new practices; Maximising quality of care for patients</i>	<i>Disseminate and promote GP-targeted fact sheets; Communicate with policy makers to express their support for reforms</i>	<i>No agreement; feeling it is not relevant to GPs or that they should make practice changes</i>	<i>Get 'how I changed my practice' circulated more broadly & ask to re-publish in magazine of Cdn. Family Physician</i>
<i>HR Associations, Business and</i>	<i>Medium</i>	<i>High</i>	<i>Informing each of the 3</i>	<i>Disseminate and promote</i>	<i>Work involved in shifting current</i>	<i>Make presentations</i>

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<i>Labour</i>			<i>groups of recent evidence; and suggested changes to practices and regulations</i>	<i>HR-targeted fact sheets; letters of support to policy makers</i>	<i>work accommodation practices</i>	<i>at HR, labour and business association meetings and conferences; stories in stakeholder media (eg. Canadian HR Reporter)</i>
<i>Researchers</i>	<i>Low</i>	<i>Medium</i>	<i>Publications</i>	<i>Professors and graduate theses could do research on</i>	<i>Disinterest in issue; too busy</i>	<i>Masters students often seek thesis projects.</i>

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				<i>worklessness/ health in Canada</i>		<i>Engage 1 or 2, via business and health professors</i>
<i>Policy Makers</i>	<i>Medium</i>	<i>High</i>	<i>Cost-effectiveness with tax dollars; keeping policies up with evidence</i>	<i>Change unemployment. social insurance in line with UK evidence and resulting policy changes and evaluation there</i>	<i>Very slow bureaucratic process; perception of cost to implement system changes</i>	<i>Gather letters of support from other stakeholder groups</i>
<i>Globe and Mail's Andre Picard and</i>	<i>Low</i>	<i>High</i>	<i>Writing opinions</i>	<i>Print stories that support the</i>	<i>Printing story opposing</i>	<i>Media release citing</i>

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<i>other health policy reporters</i>			<i>particularly about health policy needed changes</i>	<i>policies and GP support in UK and evidence pointing to its need in Canada</i>	<i>reform; concern about pressures on sick people to return to work</i>	<i>Canadian data and UK results; phone followups</i>
<i>Researcher/Author Clare Bamba and Sara Saunders</i>	<i>Low</i>	<i>Medium</i>	<i>Publications; increased international profile</i>	<i>They may have related evidence of use in fact sheets</i>	<i>May not feel work is relevant enough for involvement</i>	<i>Invitation to present webinar; letter citing past presenters they would likely look up to</i>
<i>GP Taryl Felhaber</i>	<i>Low</i>	<i>Medium</i>	<i>Profile leading the</i>	<i>Permit article to be used broadly</i>	<i>Not permit use of article beyond</i>	<i>Invitation to present</i>

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			<i>way for other GPs; improving patient care beyond their own practice</i>	<i>with other stakeholders and potentially as media interviewee</i>	<i>sharing with other Canadian GPs; cite no time for further engagement</i>	<i>webinar; letter citing past presenters they would likely look up to</i>

Research Timeline

Workstream	Activity	Description	When
Pre-Funding Application	Selection of Partners	...interested in the topic of Health Consequences of Worklessness [To expand partnerships with other consumer health organizations that share interests in the prevention of job loss and worklessness for their target population (pain, diabetes, heart disease, cancer, respiratory disease, episodic diseases, etc.)]	Jan 2018
	Selection of academic scientists	...to participate in best evidence synthesis.	Feb 2018
	Identification and clarification of terms of reference	...for creating a best evidence synthesis on this topic based on stakeholder interests and needs. Creation of keywords to inform literature review.	Mar 2018
Submission	Application for funding		Apr 2018 or varying submission dates
Funding & Resources	Research full range of potential funding	Explore funding potential, for grants [and with policy-makers]	Mid-November to mid-December

	Develop funding strategy	Establish where the necessary funds for the partnership will come from	January 2018
	Develop resource plan	Identify what HR will be needed throughout project (see budget)	January 2018
	Application for funding	Develop participatory budget for the partnership	January 2018
Submission	Application for funding	...to support a stakeholder-centred best evidence synthesis of current knowledge on the health consequences of worklessness	
Research Phase	Grey literature review A	Gather public international/UK facts that can be useful in Canadian context	1 month post-grant
	Grey literature B	Research Canadian government and evidence-based NGO statistics	1 month post-grant
	Preliminary Data collection	... / refinement of Terms of Reference depending on number of publications, feasibility	1 month post-grant
	Abstraction table design	Engagement of research / academic team	2 mths. post-grant
	Abstraction		3 mths. Post-grant
	Review	...of preliminary abstraction with stakeholders	4 mths. Post-grant
	Creation of list of relevant findings		6 mths. Post-grant
Lead-in to	Creation of	...relevant to each target group and their constituents	See target

target groups phase	key messages/ fact sheets		audiences timeline below
Evaluation	Surveys, conference calls	To determine whether all stakeholders felt engaged in the extensive research phase, in the research-to-fact-sheet process. Goal to understand where the organization succeeded or failed, particularly to get plain language information to them.	

Target Audiences Fact Sheets Timeline

- Goal: Facilitate the uptake of the evidence in the context of the end user

Stakeholder	Type of Engagement	Engagement Strategies	Status	Timeline	Evaluation
Business and Labour Leaders	Communication - inform and educate about UK initiatives and Canadian statistics; build on established contacts expanding to these and new ones	Development of business and labour fact sheet	Not yet begun	Seven months post-grant	Fact sheet completed
	Consultation - obtain perspectives and involve groups	Time for stakeholders to understand material, consult with their	Not yet begun	Nine months post-grant	Reviewed and recommendations received

		members, and prepare recommendations			
	Collaboration - work with specific business/ labour leaders to produce fact-sheets that have buy-in	Make any fact sheet changes and report back to business / labour leaders	Not yet begun	Ten months post-grant [building on previous stakeholder s work]	Disseminated and promoted HR-targeted fact sheets; wrote letters of support to policy makers. Provided interviewees for business and labour-specific media.
	Communication	Planning and design of infographics based on feedback	Not yet begun	Eleven months post-grant	Infographics completed
	Communication	French translation of fact sheet	Not yet begun	Eleven months post-grant	French translation of fact sheets completed
	Communication	French translation of infographics	Not yet begun	Eleven months post-grant	French infographics completed
HR Professionals	Communication - - inform and educate about UK initiatives and Canadian statistics (build on established contacts), and re:	Development of fact sheet	Not yet begun	Two months post-grant	Fact sheet completed

	current consultation with business and labour leaders				
	Consultation - obtain perspectives and involve professional HR groups	Time for stakeholders to understand material, consult with their members, and prepare recommendations	Not yet begun	Five months post-grant	Reviewed and recommendations received
	Collaboration - email and GoToMeeting work with established contacts.	Make fact sheet changes and report back to stakeholders	Not yet begun	Six months post-grant	HR Associations shared fact sheets, and promoted altered HR practices via newsletter articles, & best practices sessions
Physicians	Communication and Collaboration - - inform and educate about UK case studies, Canadian statistics	Development of fact sheet; based on and after reaching out to author of this , gathering her input, obtaining perspectives and involving her	Not yet begun	Two months post-grant	Fact sheet completed.
	Consultation - obtain perspectives and involve physician groups	Time for stakeholders to understand material, consult with their members, and prepare recommendations	Not yet begun	Seven months post-grant	Reviewed and recommendations received from physician stakeholders

	<p>Collaboration - work with physician groups to ensure fact sheet includes their perspectives; provide opportunity for them to shape it</p>	<p>Make fact sheet changes and report back to physician groups. Provide opportunities to shape fact sheet content. Providing letters of support to health policymakers may be controversial; help to facilitate issue.</p>	<p>Not yet begun</p>	<p>Ten months post-grant.</p>	<p>Disseminated and promoted GP-targeted fact sheets; Wrote letters to policy makers to express their support for reforms. Targeted stories in Canadian Family Physician and related media.</p>
<p>Policy Makers</p>	<p>Communication - - inform and educate about UK case studies, Canadian statistics; build and identify policymaker project champion(s), particularly initially within BC's Ministry of Labour, and within Employment and Social Development Canada</p>	<p>Development of fact sheet - - include stakeholder letters of support</p>	<p>Not yet begun</p>	<p>Four months post-grant</p>	<p>Fact sheet completed</p>

	Consultation - obtain policymaker perspectives and involve them	Time for stakeholders to understand material, consult with their ministries, and prepare recommendations	Not yet begun	Eight months post-grant	Reviewed and recommendations received from policy-makers.
	Collaboration - work with ministry champions to alter/shape fact sheet	Make fact sheet changes and report back to project champions	Not yet begun	Twelve months post-grant	Policymaker project champions identified, and commit to working to make changes within ministries. Ultimately, committed to work toward making unemployment. social insurance in line with UK evidence [and resulting policy changes and evaluation there]

Evaluation Plan

	Evaluation Goal(s)	Evaluation Question	Type of evaluation (process, outcome, or impact)	Indicator	Source of Data	Data Analysis (high level)
Stakeholder-based engagement	Determine comprehension and engagement: Whether all stakeholders feel engaged in the extensive research phase, in the research-to-fact-sheet process.	Do non-scientist partners feel engaged with each stage of the process?	Process	Conference calls and surveys to understand where the organization succeeded or failed, particularly to get plain language information to them.	Non-scientist stakeholders' engagement survey. Followed by open-ended questions on whether they understood each stage of the research process.	Satisfaction %'s.
Knowledge-user based	Generate awareness: Knowledge of health	How will you integrate knowledge about the	Outcome	Mixed methods: Metric (yes-no), so % of whether they know or they don't know	Surveys and focus groups	Yes-no %'s from surveys, accounted

<p>engagement</p>	<p>consequences of worklessness / health benefits of work</p>	<p>health consequences of worklessness into your work (or your policies)?</p>		<p>about the evidence in the fact sheets. Qualitative part of the survey and/or focus groups, to understand where we succeeded or failed to get information to them and how to find other ways to share.</p>		<p>for in Excel. Intervention mapping. Perhaps <i>[if Masters student volunteer is found!]</i> using NVIVO for thematic analysis of open ended Qs.</p>
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Budget:

Cost Item	Budget
Project lead, half-time for one year	\$40,000 [no GST]
Project manager/administrator, \$25/hour, 1/3 time for six months	\$8000 [no GST]
Grey literature review A: gather public international/UK facts on worklessness & health (\$30/hr / 6 days)	\$1350
Grey literature review B: research Canadian government [and other evidence-based NGO] statistics [\$30/hr x 3 weeks]	\$3150
Preliminary Data collection [@ \$30 hr./2 mths.] working with academic scientists	\$9,600
Infographics content & design plan in preparation for designer hand-off [\$30/hr. @ 4 days]	\$900
Designer [est. @\$400 day / 4 infographics]	\$1600
French translation of fact sheets and infographics [\$.12/word x est. 700 words x 4 [4 key target audiences] single-page fact sheets & single-page infographics]	\$340
Media releases [to knowledge-user-specific media x 4 target audiences, and to mainstream/health media x 1]; \$30/hour x 5 days; + 2 days on feedback revisions	\$1680
Public relations: communications [+ social media] plan re: dissemination of fact sheets and engagement with end knowledge users [\$30/hour x 1 day]	\$240

Conferences: recommendation to attend not just health / health promotion conferences [est.: 2] but [with presentations at] physician conference, HR professionals conference, labour policy conference. Attendance fees vary; est. here at \$1500 per, x 5. incl. \$.08 tax	\$8100
Recommend conference exhibitor booths [on Portal/fact sheets] 5 x \$2000 [average based on Cdn. Public Health Assn. 2018 conference]. TV screen rental est. @ \$300 per event, x 5. incl. \$.08 tax	\$12, 400
Flights and accommodation to/at conferences [est. \$800 & \$170 [hotel per. Stats. Can. average] x 5 incl. \$.08 tax	\$5240
Production/printing of fact sheets and infographics for conference exhibitor booths. Nonprofit rate. Est. 500 [x 2 pages] x 5 conferences, = 5000 colour copies incl. \$.08 tax	\$750
GST [where applicable] \$18,860 x \$.05	\$943
Total	\$81, 893

Knowledge Translation Planning Template©

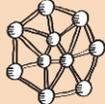


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INSTRUCTIONS: This template was designed to assist with the development of Knowledge Translation (KT) plans for research but can be used to plan for non-research projects. The Knowledge Translation Planning Template is universally applicable to areas beyond health. Begin with box #1 and work through to box #13 to address the essential components of the KT planning process.

(1) Project Partners	(2) Degree of Partner Engagement	(3) Partner(s) Roles	(4) KT Expertise on Team
			
<ul style="list-style-type: none"> ✓ Researchers <input type="checkbox"/> Consumers-patients/families <input type="checkbox"/> The public ✓ Decision makers ✓ Private sector/industry in labor org's <input type="checkbox"/> Research funding body ✓ Volunteer health sector/NGO ✓ Practitioners organizations <input type="checkbox"/> Other 	<ul style="list-style-type: none"> ✓ from idea formulation straight through <input type="checkbox"/> after idea formulation & straight through <input type="checkbox"/> at point of dissemination & project end ✓ beyond the project <p>Consider: Not all partners will be engaged at the same point in time. Some will be collaborators, end users or audiences, or people hired to do specific activities.</p>	<p>(1)what do the partners(s) brings to the projects?</p> <ul style="list-style-type: none"> 1)scientist expertise 2)stakeholder perspective <p>(1)How will partner(s) assist with developing, implementing or evaluating the KT plan?</p> <p>Action: Capture their specific roles in letters of support to funders, if requested.</p> <p>Action 1: Letters of support to funders</p> <p>Action 1: Letters of support to policy makers</p>	<ul style="list-style-type: none"> ✓ scientist(s) with KT expertise <input type="checkbox"/> consultant with KT expertise ✓ knowledge broker/specialist <input type="checkbox"/> KT supports with in the organizations(s) <input type="checkbox"/> KT supports with in partner organizations(s) <input type="checkbox"/> KT supports hired for specific task(s) <p>WWDPI is a KT/KB organization; Project lead/CEO will be the KB lead on team</p>



Selection of project partners will include asking NGO stakeholders re: researchers with whom they are already working on issues connected to health and wordlessness, and partners will then be expanded with snowball method, where existing partners will reach out to other key stakeholders

(5) Knowledge Users (KUs)	(6) Main Messages	(7) KT Goals
		
<p>Which KUs or audiences will you target?</p> <ul style="list-style-type: none"> ✓ researchers ✓ health practitioners or service providers physicians <input type="checkbox"/> public ✓ media(see notes) <input type="checkbox"/> decision makers ✓ in organization business CEOs <input type="checkbox"/> in community ✓ policy makers <input type="checkbox"/> private sector/industry <input type="checkbox"/> research funders <input type="checkbox"/> venture capitalists <input type="checkbox"/> volunteer health sector/NGO ✓ Other: specify <u>HR professionals</u> <p>Consider: Have you included any of your audiences on your research team? If so, who and why (be strategic)?</p> <p>Professional bodies representing physicians business/labor and HR will be among partners; involved in every stage of project</p>	<p>What did you learn, or what do you anticipate learning?</p> <p>Literature review and scientists building evidence on health consequences of wordlessness</p> <p>What messages do you anticipate sharing (up to 3KU audiences can be included on this form)?</p> <p>Audience 1 Business/HR [work benefits]</p> <p>Audience 2 Physicians [health benefits]</p> <p>Audience 3 Policy makers [cost effectiveness]</p> <p>OR</p> <p><input type="checkbox"/> No idea yet; messages will emerge during research through collaboration with partners.</p> <p>Consider: What can you feasibly do within this project, given time and resources? Aim for defining your Single Most Important Thing (SMIT) or Bottom Line Actionable Message (BLAM).</p>	<p>What are your KT Goals for each KU/audience?</p> <p>Audiences 1 2 3</p> <p>Generate</p> <ul style="list-style-type: none"> ✓ ✓ ✓ awareness ✓ ✓ ✓ interest ✓ ✓ <input type="checkbox"/> practice change <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> behavior change <p>Impart</p> <ul style="list-style-type: none"> ✓ ✓ ✓ knowledge <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> tools <p>Inform</p> <ul style="list-style-type: none"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> research <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> product <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> patent <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> other <p>Consider: KT is applicable to all research; even single studies are shared via journal articles. However, intent to change practice, behavior or policy must be supported by a body of high quality research evidence (synthesis). Always consider legal and ethical principles in your KT efforts.</p> <p>Central to project will be creation of high quality research evidence (synthesis). Each KU policy shift may inform further research.</p>

(8) KT Strategy(s)



What KT strategy(s) will you use?	Mixed Effects	Effects Unsupported by Synthesis
<p>Audiences 1 2 3</p> <p>Mostly Effective</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> interactive small group <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> educational outreach <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> reminders <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> IT decision support <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> multi-pro collaboration <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> mass media campaign <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> financial incentive <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> combined interventions</p>	<p>Mixed Effects</p> <p><input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> conferences (didactic) <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> opinion leaders <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> champions <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> educational materials <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> patient-mediated interview <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> performance feedback <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> substitution of tasks <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> peer reviewed publication</p> <p>Limited Effects</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> CQI-continuous quality improvement</p>	<p>Effects Unsupported by Synthesis</p> <p><input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> press release <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> patent license <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> arts-based KT <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> social media <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> networks <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> communities of practice <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Café Scientifique <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> webinar <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> other</p> <p><i>Consider: Multifaceted/combined KT strategies are more effective than single strategies.</i></p>



Along with targeting physicians, I will recommend targeting physician media eg. Canadian Family Physician; leading Canadian HR Magazines, Canadian business media and business reporters; the very specific media to our target audiences.

The Bottom Line Actionable Message is different for each KU audiences.

Short-term goal following research is to send fact sheets to KU audiences.

Long-term goals, motivated by the fact sheets, are as follows:

- Business leaders and HR professionals: change workplace accommodations to get workers back to work sooner / staying at work longer
- Physicians: change standards for patients with chronic disease/injury, to increase return-to-work / stay-at-work
- Policy makers: change policies, in line with international/UK changes, so those with disabilities/chronic illness are encouraged, if they are able, to return to work sooner [with workplace accommodations]

(9) KT Process



When will KT occur?

✓integrated iKT-researchers and research users will collaborate to shape the research process, e.g., setting the research questions, deciding the methodology, involvement in data collection and tools development, interpretation of findings and dissemination of research results

✓end of grand KT³- KT undertaken at the completion of the research process

✓both

Comment on the specifics of your

KT procedures; describe how you are using iKT:

Scientists and stakeholder groups[including organizations representing knowledge users] will be engaged at each stage of project.

(10) KT Impact & Evaluation



(a) Where do you want to have an impact?

✓ healthcare/well-being outcomes [evidence says health improves with work]

✓ (clinical) practice

✓ policies/systems

✓ research & knowledge

(b) How will you know if you achieved your KT goal(s)? Consider:

✓reach indicators (# distributed, # requested, # downloads/hits, media exposure)⁴

✓usefulness indicators (read/browsed, satisfied with, usefulness of, gained knowledge, changed views)⁴

✓use indicators (# intend to use, # adapting the information, # using to inform policy/advocacy/enhance programs, training, education, or research, # using to improve practice or performance)⁴

✓partnership/collaboration indicators (# products/services developed or disseminated with partners, # or type capacity building efforts, social network growth, influences, collaborativeness)⁴

✓practice change indicators (intent or commitment to change, observed change, reported change)

program or service indicators (outcome data,

(c) Guiding Questions for Evaluation⁵

1) What internal/external factors do you need to consider? Where is the energy for this work?

How have similar initiatives been evaluated in the past? (link this to partners, KUs)

2) Who values the evaluation of this initiative? What are they saying they need from this evaluation? (link this to partners, KUs)

3) Why are you evaluating? For program growth or improvement; accountability? Sustainability? Knowledge generation? (e.g., to know if the KT strategy met the objectives)

4) How will literature or existing theories inform how you evaluate the initiative?

5) Which questions/objectives are critical? (link this to KT goals, process, impact)

6) Will you focus on process or outcome information? What are your pre-determined outcomes? How will you capture emergent outcomes?

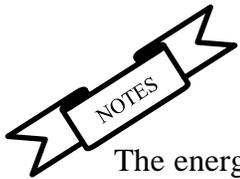
Does this information already exist in your system? (link to methods, process, impact)

7) Will methods be quantitative, qualitative or mixed? Do tools exist or will you need to create your own? (link to KT methods)

8) What perspective or skill set do you need to help you reach your evaluation objectives? (link to partners, KUs)

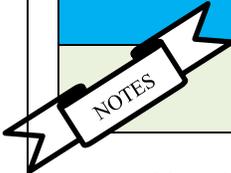
9) How do your stakeholders wish to receive this

	documentation, feedback process measures) ✓policy indicators (documentation, feedback, process measures) <input type="checkbox"/> knowledge change (quantitative & qualitative measures) ✓attitude change (quantitative & qualitative measures) ✓systems change (quantitative & qualitative measures) systems change is long-term goal	information so that it will be valuable and useful to them? How will you engage them throughout? (link to partners, KUs)
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The energy for this work will come from our organization, the Work Wellness and Disability Prevention Network, along with the academic scientists and non-academic partners. I personally believe one external factor will be that the media(and public) knowledge users may oppose policy/physician changes, thinking there will be pressure to get those completely unable to work, back working. How similar(eg.UK) initiatives have been evaluated in the past will be among the initial research. Health/labour policy makers are among those who will value the evaluation of this initiative, and they not just value the international (especially UK) evidence, but the new research indicating it is applicable to Canada. The reasons we are evaluating are to see what the reactions (to evidence in fact sheets; intent to use or adapt information)-and corresponding commitment to practice changes-are among the knowledge users. The WWDPI organization has in past used the precede/proceed model which to me is similar to Table 8:3 in (Kmb course#2,unit 08) course material With a focus on making adjustments, based on feedback, at each of the three phases. Perhaps the Process Evaluation could be used for the initial research phase. How effective were scientists in involving non-academic partners? How effective was the team at determining terms of reference and abstraction, and ensuring plain language of same? Did they succeed in producing fact sheets for each of the target audiences? If the Outcome Evaluation evaluated an intermediary objective following the dissemination of the evidence based fact sheets, did physician groups/business and HR organizations write letters of support to policy makers? How did their policies change? Impact Evaluation looks at causation-did the fact sheets result in changes to the policies of these groups?

(11) Resources	(12) Budget Items		(13) Implementation
			
<p>What resources are required?</p> <ul style="list-style-type: none"> ✓ board ✓ financial ✓ human <input type="checkbox"/> IT ✓ leadership ✓ management ✓ volunteer ✓ web ✓ worker <input type="checkbox"/> other(list) <p>Volunteer involvement eg. social media;to research knowledge user-related opinion leaders, engage them and try to get them on board as champions of the new evidence / fact sheets</p>	<p>What budget items are related to the KT plan?</p> <ul style="list-style-type: none"> ✓ accommodation <input type="checkbox"/> art installation <input type="checkbox"/> evaluation specialist ✓ graphics/imagery <input type="checkbox"/> knowledge broker <input type="checkbox"/> KT specialist <input type="checkbox"/> mailing ✓ media release <input type="checkbox"/> media product(e.g. video) ✓ networking functions <input type="checkbox"/> open access journal ✓ plain text writer <p>Estimated costs for items listed <i>for estimated costs see budget page in document</i> <i>conference/travel/accommodation expenses not yet known or included</i></p>	<ul style="list-style-type: none"> ✓ production/printing <input type="checkbox"/> programming ✓ public relations ✓ reimbursements for partners (e.g. time, parking, travel) <input type="checkbox"/> tech transfer/commercialization <input type="checkbox"/> teleconferencing ✓ travel: conferences ✓ travel: meetings/ educational purposes ✓ web 2.0 (e.g. blogs, podcasts, wikis) ✓ webinar services ✓ website development ✓ venue ✓ other: (list) <p><i>French translator</i></p>	<p>Describe how you will implement your KT strategy(s): What processes/ procedures are involved? If practice or behavior change is the focus, how will you ensure the knowledge (intervention) you are transferring retains quality, fidelity, sustainability?</p> <p>Looking at PREVNet’s Co-Produced Pathway to Impact Model(Phipps at all),after Research (into health / wordlessness), Dissemination (of fact sheets) and Uptake (where changes to physician practice, health/ labor policy and business/HR practice in workplaces begin), Implementation Benefits will involve research-informed practice, and work productivity benefits, vulnerabilities addressed (those with chronic disease/disabilities who lack accommodation to work),and media/public awareness(perhaps with some controversy here on forcing people bank to work), and perhaps (likely) new research questions.</p>



NOTE: Be sure to include all KT costs in your budget for funders

Barwick, M. (2008, 2013). Knowledge Translation Planning Template. Ontario: The Hospital for Sick Children.

1) Grol & Grimshaw 2003 The Lancet, 362(i9391): 1225. 2) KT strategies may have support from individual studies. 3) CIHR <http://www.cihr.ca/e/29418.html>. 4) Sullivan, Strachan, & Timmons. Guide to Monitoring and Evaluating Health Information Products and Services. <https://www.k4health.org/sites/default/files/guide-to-monitoring-and-evaluating-health-information.pdf> 5) Parker, K (2013). KT and Evaluation. Unpublished; courtesy of Knowledge Translation Professional Certificate, Learning Institute, Hospital for Sick Children.