KNOWLEDGE TRANSLATION STRATEGY
2022-2027

CIPSRT
Canadian Institute for Public Safety
Research and Treatment

ICRTSP
Institut canadien de recherche et
de traitement en sécurité publique

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CIPSRT as a Knowledge Exchange Hub

The Government of Canada's 2018 budget identified the treatment of posttraumatic stress injuries (PTSI) as a priority for the country's public safety personnel (PSP). The Canadian Institute for Public Safety Research and Treatment (CIPSRT) was formed as a PSP Knowledge Exchange Hub and home for the pilot of PSPNET. CIPSRT is part of a national research consortium with the Canadian Institutes for Health Research (CIHR). The consortium was designed to support mobilization of research knowledge and was developed through specific funding provided by CIHR to support PSP stakeholders. The CIPSRT mission has grown beyond the consortium to include a variety of academics, researchers, and clinicians. CIPSRT exists to improve the lifetime mental health and wellbeing of PSP, their leadership, and their families.

Knowledge Translation Goals

Effective knowledge translation (KT) is designed to make knowledge users (e.g., PSP, their leaders, their families, policymakers) aware of research results that can be used to facilitate change. KT helps to bridge gaps between research and practice, allowing knowledge to be mobilized into action.

CIPSRT KT Activities:

- Create and share information, resources, tools, policies, and products, accessible to all, that are based on evidence-informed best practices; and
- Use a knowledge-to-action model focused on identifying needs, adapting knowledge, and tailoring knowledge products, to bring PSP mental health research to the audiences best able to mobilize knowledge into action.

Guidelines for Prioritizing KT Actionable Evidence

CIPSRT has a role in supporting the broad availability of PSP mental health research to relevant audiences. CIPSRT will use various audience-dependent methods to reach diverse audiences, prioritizing the limited available resources to maximize impact. CIPSRT KT services will enhance, not replace, existing KT activities undertaken by PSP researchers. The CIHR-CIPSRT consortium-funded researchers will continue to be responsible for their KT activities through PSP-specific academic conferences, presentations, and peer-reviewed journal submissions with PSP-specific summaries.

CIPSRT will support knowledge mobilization by:

- focusing CIPSRT KT resources on projects that fall under the consortium (e.g., the catalyst grants, team grants, and future grants funded under the CIHR mandate);
- generalizing results and potential impacts across PSP contexts and sectors and, where applicable and appropriate, CIPSRT will support adaptations (e.g., what works for corrections might not always work for public safety communicators);
- promoting awareness of PSP mental health research performed by researchers outside the consortium;
- supporting CIPSRT Knowledge Exchange Hub awareness campaigns and KT regarding general PSP mental health and wellbeing challenges;
- developing and disseminating evidence-based tools and resources based on the needs of PSP, their leaders, and their families;
- performing knowledge syntheses that can help to inform PSP mental health procedures and policies; and
- establishing national networks with CIPSRT knowledge user groups, including academics, researchers, clinicians, and institutions, as well as PSP, their leaders, and their families, to advance CIPSRT KT goals and build communities of practice.

How CIPSRT will Share Mental Health Knowledge

Communication

CIPSRT will work to establish and maintain effective communications channels (e.g., web, social media, traditional media) designed for PSP-relevant stakeholders. The communications infrastructure will support CIPSRT KT and knowledge mobilization for various knowledge user audiences.

CIPSRT Stakeholder Audiences

CIPSRT must understand the primary and secondary target audiences and tailor each KT product to serve each audience effectively. In all cases, CIPSRT will work to use messaging informed by a lens of broad equity, diversity, and inclusion.

Primary Audiences

Public Safety Personnel (PSP) – Individual PSP from various sectors (e.g., border services officers, public safety communications officials, correctional workers, firefighters [career, volunteer], Indigenous emergency managers, operational intelligence personnel, paramedics, police [e.g., municipal, provincial, federal], and search and rescue personnel).

Public Safety Steering Committee (PSSC) – A standing committee whose members represent federal, provincial, territorial, and municipal public safety organizations. The primary function of the PSSC is to engage in collaborative, iterative, and synergistic dialogue between CIPSRT, Public Safety Canada (PSC), and the Canadian Institutes of Health Research (CIHR) on matters related to the mental health and wellbeing of current and former Canadian Public Safety Personnel (PSP), their leaders, and their families.

Public Safety Personnel Leadership – Members of each PSP group.

CIPSRT-affiliated Researchers – Members of the CIPSRT Academic, Researcher, and Clinician Network (ARC Network), including but not limited to persons funded through the CIHR-CIPSRT consortium.

Public Safety Families – Family members including spouses, children, parents, siblings, and other relatives of PSP members.

Secondary Audiences

Government/Policy Makers – Provincial, territorial, and federal agencies involved with PSP.

Clinicians – Clinical professionals interested in research results related to PSP wellbeing.

PSP Researchers – Researchers who study PSP and the mental health and wellbeing of PSP, including but not limited to ARC Network members.

Non-PSP Researchers – Researchers whose work may not be focused on PSP, but who might be generalized to support PSP.

Research Funders – Organizations that provide funding for PSP-related research (e.g., CIHR, PHAC).

General Public – CIPSRT KT efforts will work to raise awareness around why support and care for PSP is vital for every Canadian.

Target Audiences

CIPSRT will consider a wide range of audiences when designing each KT product. The focus for CIPSRT will remain on PSP, their leaders, and their families, as well as ARC Network members and policy makers; however, additional audiences will be included where possible (see Appendix 3).

KT Principles

Each CIPSRT project will have a dedicated set of goals and objectives; however, KT at CIPSRT will generally follow the same specific principles:

- Focus on collaborative development;
- Commitment to an evidence-informed approach;
- Broad product accessibility;
- Focus on equity, diversity, and inclusion;
- Focus on knowledge mobilization;
- Support expanding networks of PSP, their leaders, and their families, as well as the ARC Network, to increase KT reach; and
- Ensure maintenance of respectful partnerships with our stakeholders.
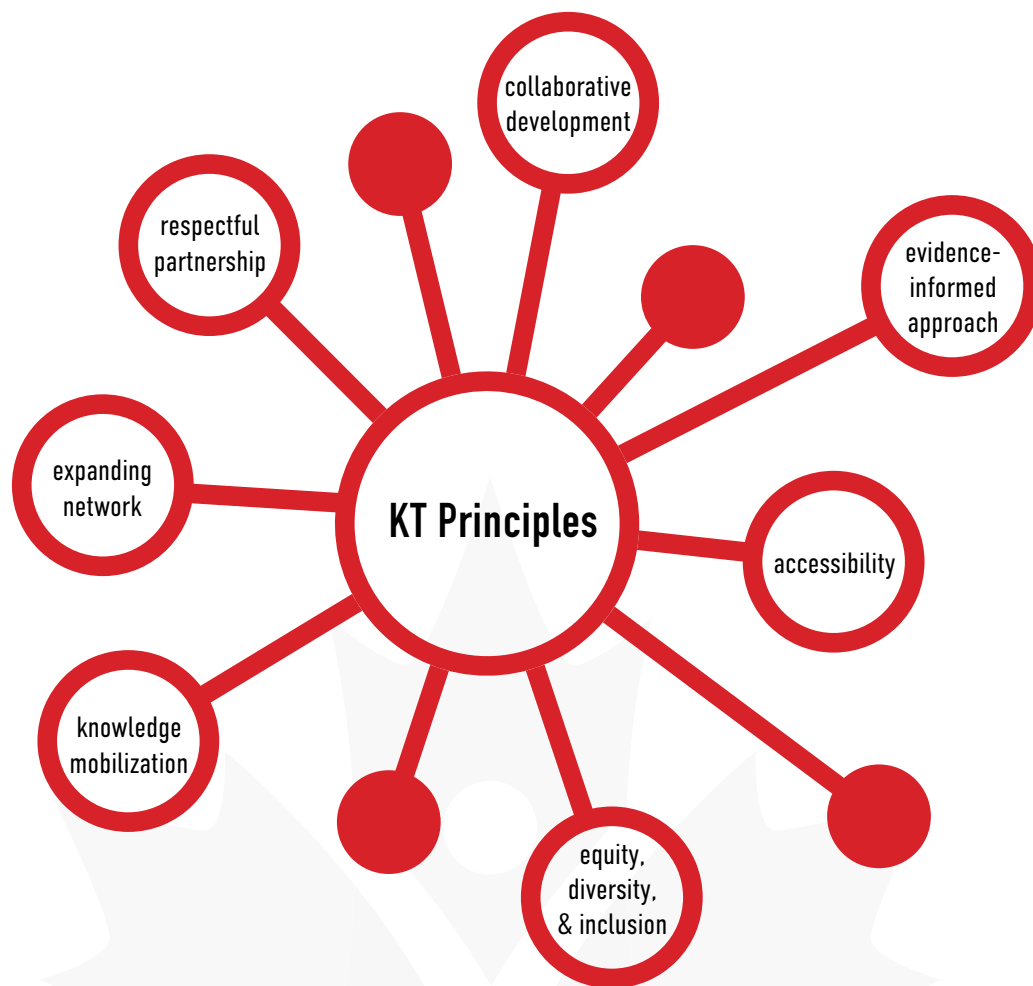
Areas of Focus

The strategic KT of CIPSRT is informed by the 2018 Public Safety Canada agreement and current PSP mental health research. The goals outlined below are informed by established and developing PSP research areas, PSP needs, priorities from the PSSC and ARCNAC, and direct feedback from PSP.

Creating Awareness

Goal: Facilitate awareness of CIPSRT and CISPRT activities among PSP, their leaders, and their families, as well as academics, researchers, and clinicians interested in supporting PSP.

Improving Research Knowledge Sharing

Goal: Increase research accessibility among PSP stakeholder audiences.

Building Networks

Goal: Create networking and collaboration opportunities for PSP, their leaders, and their families, as well as academics, researchers, and clinicians.

Supporting PSP Mental Health and Wellbeing

Goal: Use research evidence to create tools, guides, training, and mental health treatments tailored for PSP.

Creating Awareness

Successful KT starts with increasing awareness of the mental health and wellbeing challenges experienced by PSP, their leaders, and their families, as well as underscoring the need for research to build evidence-based practices.
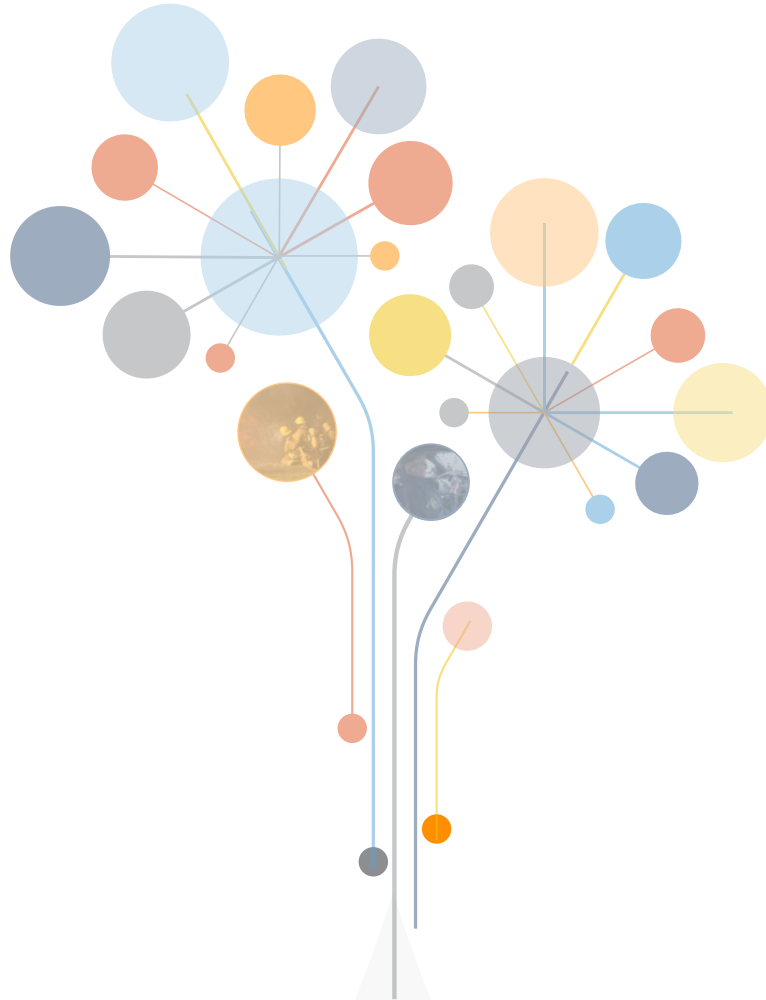
Goal

Facilitate awareness of CIPSRT among PSP, their leaders, and their families, as well as academics, researchers, and clinicians interested in PSP, including facilitating an awareness of how CIPSRT can help support PSP mental health and wellbeing.

Objectives

1. Increase awareness of research which supports better mental health and wellbeing in PSP communities, by broadly disseminating research results to stakeholders.
2. Increase awareness of initiatives from CIPSRT, government agencies, and other partners that are relevant to PSP community mental health and wellbeing (e.g., PSPNET, PHAC projects).
3. Increase public awareness about the scope of mental health and wellbeing concerns in the PSP community and the importance of supporting efforts to seek help.
4. Create awareness of CIPSRT as the trusted source for information about PSP mental health within our primary audiences.
5. Work to decrease stigma through education designed to change individual and community attitudes about mental health.

Building Networks

The success of CIPSRT will be predicated on engaging PSP, their leaders, and their families, as well as academics, researchers, clinicians, and government policymakers in supporting the vision of improving the mental health and wellbeing of PSP, their leaders, and their families.

Goal
Create networking and collaboration opportunities for PSP, their leaders, and their families, as well as academics, researchers, and clinicians.

Objectives
1. Create multi-modal engagement activities involving consortium researchers, PSP stakeholders, knowledge users, and policymakers.
2. Develop a Network of PSP from within the PSP community to facilitate and direct advisory inputs from frontline PSP to CIPSRT activities, and to enable more pervasive KT reach.
3. Foster collaborations among PSP and academics, researchers, and clinicians, by creating interaction opportunities.
4. Foster the dissemination of evidence-informed mental health resources among PSP and academics, researchers, and clinicians by creating interaction opportunities.
5. Build partnerships with other academic, research, and clinical institutions nationally and internationally, to help create a community of practice which supports PSP mental health and wellbeing.
6. Create resources for the ARC Network that will support research coordination, facilitate efforts towards standardization and big data, and increase capacity.

Improving Research Knowledge Sharing

Research knowledge shared through traditional KT methods (e.g., peer-reviewed papers) is rarely formatted for use by non-academic audiences. CIPSRT will work to create effective and engaging research knowledge sharing, tailored to the needs of diverse PSP stakeholders.

Goal
Make research knowledge more broadly accessible to PSP stakeholder audiences.

Objectives
1. Develop knowledge tools and products specifically tailored to assist PSP stakeholders in collaborating with academics, researchers, and clinicians to effectively mobilize evidence-based practices in support of PSP mental health and wellbeing.
2. Develop knowledge brokers within the PSP community by actively engaging with people who already support mental health and wellbeing within each organization.
3. Increase direct PSP engagement in knowledge sharing.
4. Increase the KT expertise of PSP researchers.
5. Increase capacity among knowledge users to interpret and apply research evidence.

Supporting PSP Mental Heath

CIPSRT can play an important role in supporting knowledge mobilization. The CIPSRT KT and knowledge mobilization efforts will be designed so they encourage stakeholders to use research results in improving the mental health and wellbeing of PSP, their leaders, and their families.

Goal
Use research evidence to create tools, guides, training, and mental health treatments for PSP.

Objectives
1. Create resources that PSP leaders can use to apply research results in decision-making, as well as to support the implementation of evidence-informed interventions, programs, and policies.
2. Develop knowledge tools and resources to support PSP help-seeking.
3. Develop knowledge synthesis tools to help PSP effectively use research evidence in engaging with various training and treatment options, as well as to help inform organizations and governments as they develop new programs and policies.
4. Create a community of practice that can inform future research in support of PSP mental health and wellbeing.

KT and Knowledge Mobilization Purposes

There are four areas of focus that will guide the creation of a yearly knowledge translation plan: 1) creating awareness; 2) building networks; 3) improving research sharing; and 4) supporting mental health and wellbeing. The operationalized designs for the plan will also be guided by the Knowledge to Action Model.
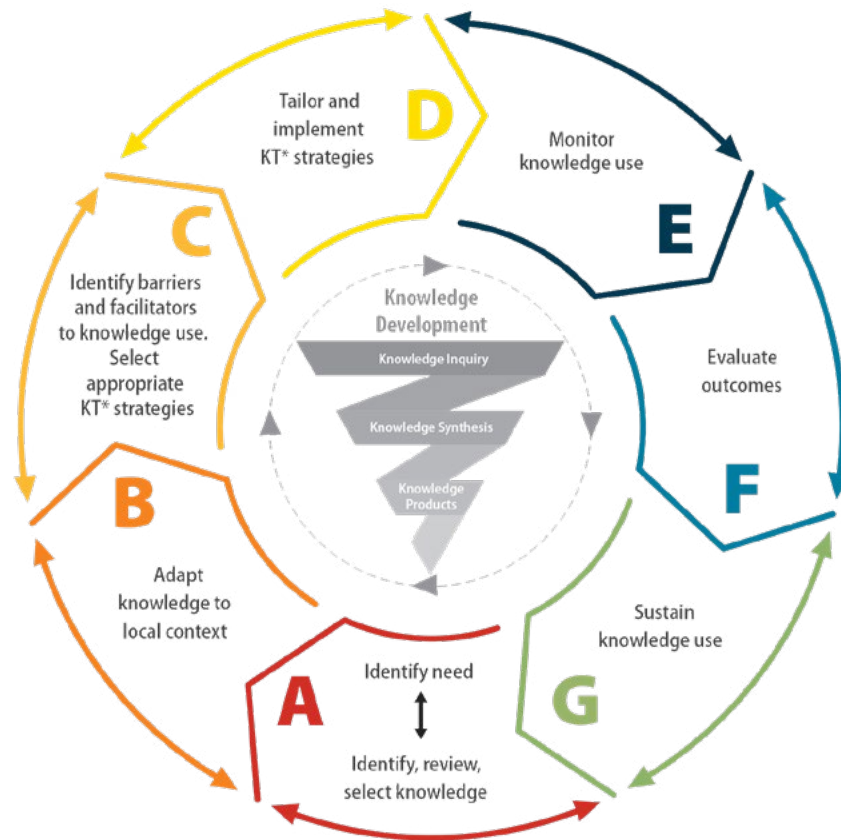
Model Diagram is taken from Knowledge Translation Planner published by Health Canada (October 2017) and available at: https://www.canada.ca/en/health-canada/corporate/about-health-canada/reports-publications/grants-contributions/knowledge-transfer-planner.html#section1

The knowledge flow outlined in the model will be coordinated with the KT and knowledge mobilization purposes outlined in Appendix 1 to support CIPSRT strategic and operational planning and designs.

KT Tools

Below is a list of tools that may be used by CIPSRT to disseminate content to primary and secondary audiences. This diverse list of tools will allow KT messages to be tailored for different content and audiences.

Information Sharing

- Conference presentations (e.g., academic conferences, sector-specific conferences).
- Non-peer-reviewed publications (e.g., op-eds; website publications).
- Peer-reviewed publications (e.g., journal articles, open- access were possible).
- Web-based activities (e.g., postings; wikis; blogs; podcasts).
- Social media (e.g., Facebook; Twitter).
- Interactive small group meetings/workshops (e.g., lunch and learn; webinars).
- Media releases and outreach campaigns (e.g., Wear Teal).
- Network-based sharing (e.g., newsletters and email subscription lists).

Action supports

- Decision-support aids (e.g., paper or web-based tools detailing options and outcomes).
- Development of new educational materials/sessions.
- Events and courses (e.g., conferences; symposia; continuing education opportunities).
- Summaries written for general audiences.
- Summary briefings written for stakeholders, including policy briefings.
- Knowledge broker involvement (e.g., PSP engaging in KT).
- Media releases / networks / networking.
- Manuals, tools, resources, and websites.
- Capacity development to support broad dissemination of CIPSRT KT resources.
- Performance feedback tools, including measurements to assess KT effectiveness (e.g., Twitter shares; visits to the website to view materials; feedback survey results from event attendees).
- Engaging champions and opinion leaders to create knowledge brokers that can help maximize success with KT and knowledge mobilization.
- Visual-based KT activity (e.g., development of infographics).
- Developing and collaborating with communities of practice.

KT tools will be developed using expertise built at CIPSRT. CIPSRT staff, leadership, and advisory committees will work collaboratively towards products and campaigns designed with CIPSRT audiences in mind. For more information on the expertise at CIPSRT, see Appendix 2.

Evaluation of the KT strategy

CIPSRT will measure the CIPSRT KT strategy impact. Evaluation will be aggregated at the strategic level based on individual KT product results including measuring reach, usefulness, and adoption.

Reach – Measures how many people access a KT product or event. It can be quantified by media exposure, social media likes and shares.

Six-month measurements:
- Increase twitter followers by 5%, Facebook followers by 25%, and generate 50,000 impressions on social media;
- Increase website traffic by 5%; and,
- Increase media coverage by 5%;

Annual measurements:
- Increase website traffic by 10%;
- Increase Twitter followers by 10% and increase Facebook by 20%, generate 1 million impressions;
- Increase media coverage by 10%;
- Survey of PSP to determine awareness of CIPSRT and its products and resources;

Five-year measurements:
- Conduct best-efforts assessments of PSP overall awareness of CIPSRT and engagement with CIPSRT brand, with a goal of approximating 40% awareness nationally among PSP.

Usefulness – Measures how many people found a product useful, gained knowledge, or changed their views based on a project. It can be quantified by product downloads, number of event attendees, and surveys and interviews with stakeholders.

Six-month measurements:
- Increase subscription to our newsletter by 15%;
- Increase attendance to Virtual Town Halls by 5% and video views by 5%;
- Increase downloads of tools and guides by 5%; and,
- Increase requests to speak and present by 5%.

Annual measurements:
- Increase subscription to our newsletter by 30%;
- Increase attendance to Virtual Town Halls by 10% and video views by 10%;
- Conduct focus group interviews with stakeholder groups (including PSSC, PSP Connect, and ARCNAC) to understand use of CIPSRT products and attitude change in organizations; and,
- Increase requests to speak and present by 10%.

Five-year measurements:
- Feedback gathered from focus groups with stakeholders about the usefulness of CIPSRT tools, training, and treatment-related activities.

Adoption – Measures how a product is being used. This can be quantified by organization adoptions, training program changes, and use of tools in practice.

Six-month measurements:
- Increase number of organizations utilizing our products in training or awareness by 5%; and,
- Increase in organizations adopting CIPSRT products into training by 5%.

Annual measurements:
- Increase number of organizations utilizing our products in training or awareness by 10%;
- Increase in organizations adopting CIPSRT products into training by 10%; and,
- Survey of PSP attitudes towards mental health and resources produced by CIPSRT.

Five-year measurements:
- Conduct best-efforts assessments of PSP knowledge changes (e.g., increased understanding of mental health concerns in PSP), attitude changes (e.g., reduction in perceived stigma), and systems changes (e.g., organizations adopting new policies and procedures based on evidence shared by CIPSRT);
- CIPSRT will release an annual impact report describing activities related to the KT strategy; and,
- At the end of the current strategy period conduct best-efforts evaluations with stakeholders and the general PSP population to assess progress towards objectives and identify gaps in products or knowledge, as well as to inform future priorities.

Future Considerations
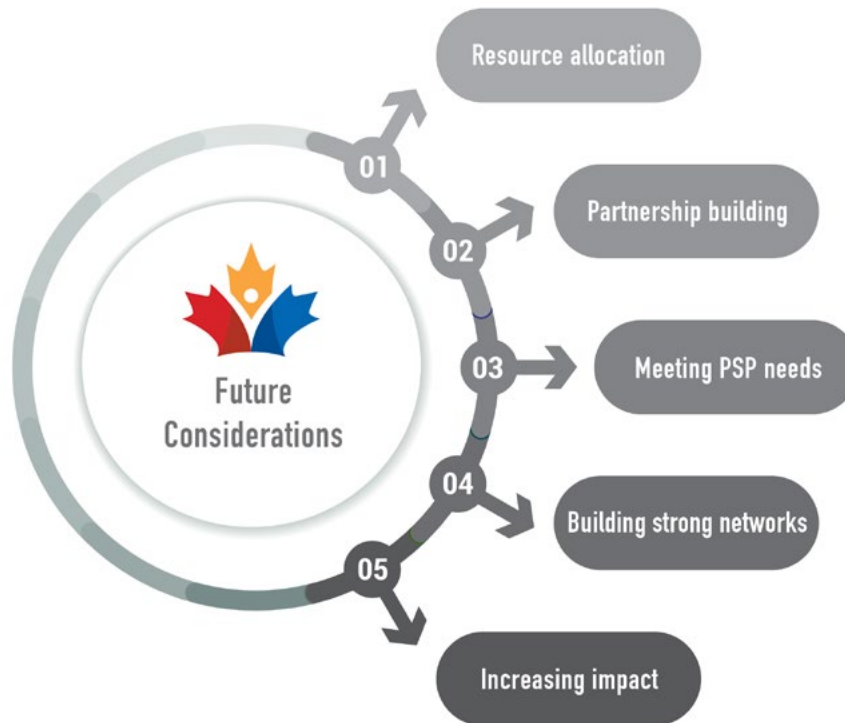
The CIPSRT KT strategy is built to adapt to:

1. the evolving needs of PSP and emerging research evidence;
2. changing environments; and
3. ongoing expansion of products and services.

Resource allocations will change over time and increased resources will be necessary to sustain operations and meet ongoing demands. Currently, CIPSRT Knowledge Exchange Hub resources are limited. KT activities must be conducted cost-effectively to maximize resource use, and to reach the broadest audiences. Building strong networks with CIPSRT knowledge users will support expanded reach for resources and increased impact.

In 2020 CIPSRT conducted a survey of PSP attitudes towards research and knowledge sharing. The survey assessed PSP preferences for receiving research knowledge. The survey results suggested PSP wanted multiple information delivery modes that consider their fast-paced work environment. CIPSRT has since worked to design projects to fit the needs of PSP while presenting accessible, timely, and accurate content. Continued KT will need to reflect the PSP need for multiple delivery methods.

CIPSRT has partnered with other funded organizations/projects to help create knowledge products. The new partnerships have allowed CIPSRT to leverage additional funding sources in developing useable tools for PSP audiences, and to increase awareness of CIPSRT among PSP stakeholders. As CIPSRT continues to expand, partnerships will be important in expanding our reach.

CIPSRT continues to need more KT support as requests for CIPSRT products and services increase, which in turn increases awareness of CIPSRT, creating a positive, but resource-intensive cycle of growth. CIPSRT is working to meet the diverse needs of PSP for broadly available and reliable evidence-informed and evidence-based tools, treatment, and training.

As CIPSRT looks towards a possible renewal of funding, the current strategy has been developed to support CIPSRT goals for KT and knowledge mobilization activities through 2022-2027. PSP, their leadership, and their families have numerous diverse needs to support their mental health and wellbeing. CIPSRT resourcing will define our ability to meet PSP communities' needs in the future. Increased funding will support more KT, more knowledge mobilization, and more supports for PSP, their leaders, and their families.

Appendices

Appendix 1

Purposes of Knowledge Translation (KT) and Knowledge Mobilization (KM)

A. Awareness
Awareness is required to create cultural or organizational environments ready for change. CIPSRT requires KT directed at target audiences to increase awareness about issues and gaps in best practices.

Examples: Media campaigns, information sharing through networks, website postings, YouTube videos, and webinars.

B. Inform Change
Once an organization is aware of the issues, CIPSRT will need to provide tools and guides that facilitate the motivation or readiness for change. KT-informed strategies can help individuals, organizations, or sectors prepare for, or be more amenable to, change. Tools can be designed to be self/internally initiated (by a specified audience) or externally driven (applied to a specified audience).

Examples: Priority setting exercises, opinion leaders speaking on the benefits of change, implementation stories, and community outreach.

C. Learn
KT materials that assist knowledge users in finding or understanding research information or that push out research to knowledge users.

Examples: Lay summaries, webinars, courses (e.g., Research 101), evidence repositories on websites, policy briefs, and training seminars.

D. Synthesize
CIPSRT and other researchers are doing a great deal of parallel and intersecting research. CIPSRT needs KT that synthesizes all research information to provide policy options to our partners.

Examples: Practice guidelines and systematic reviews.

E. Decide
CIPSRT needs KT that assists knowledge users in applying research evidence to decision-making. This strategy can include research that compares different interventions or decisions, tools that help assess the relevancy/usefulness of evidence (e.g., to what extent research results apply to PSP) or tools that assist with combining research evidence with values/preferences.

Examples: Decision aids, cost-benefit summaries, decision trees, comparative evidence reviews, and decision-support tools.

F. Tailor
CIPSRT needs interventions that adapt research evidence to fit a given context. CIPSRT works collaboratively with many sectors that have similar but divergent needs. CIPSRT needs to design KT products with messaging tailored to different audiences.

Examples: Needs assessments, modification of research evidence or research-informed programs developed in one sector to another, surveys/interviews that focus on barriers to implementation.

G. Implement
Interventions that focus on the operational aspects of implementing/executing new best practices; includes scaling up from demonstration projects to widespread use and interventions that support fidelity (consistent implementation). To facilitate best-practice programs, pilot projects will be necessary in building an evidence base.

Examples: Training resources (e.g., Sleep 101 course), communities of practice, training/evaluation of peer trainers.

H. Impact and Assessment
Selecting and implementing measures to assess the impact of KT or evidence-informed decisions. There must be effective ways to monitor knowledge use. The methods chosen to evaluate outcomes will depend on the KT tools used. Evaluations can include monitoring the process of change through specific indicators, assessing health/work impacts, or evaluating cost-effectiveness (at the individual, group, or population level).

Examples: Resources accessed, number of people engaged, number of the target audience using resources or receiving intervention, satisfaction with the KT/program from different stakeholders' perspectives, changes in mental health outcomes, work lost time pre-post intervention, disability costs pre-post intervention, and formal cost-effective analyses.

I. Sustainability
Once KT processes are complete, the knowledge generated must be accessible for as long as possible. Sustainability can be affected by funding, organizational capacity, and partnerships. To be sustainable, KT must continue to be a living process. Sustainable KT adapts to changes so that CIPSRT can keep providing current knowledge.

Examples: Policy agreements, sponsorships, transference of responsibility to a sustainable group, and partnerships.

Appendix 2

CIPSRT Knowledge Translation (KT) and Knowledge Mobilization (KM) Expertise and Resources

CIPSRT needs internal KT and KM expertise to achieve the goals outlined in the current KT strategy. KT and KM efforts must be coordinated with the limited CIPSRT resources. The CIPSRT Knowledge Exchange Hub will employ or cultivate the following expertise and resources:

Knowledge Manager (KT Specialist) – Responsible for mobilizing PSP research to inform policies, practices, and knowledge designed to support PSP mental health and wellbeing. Coordinates with CIPSRT networks to identify PSP knowledge needs and leads the development of tools, guides, and other knowledge products that support understanding of PSP mental health and solutions needed by PSP. Also functions as part of the operations team responsible for communications and PR functions.

Knowledge Broker – An organization or person that acts as an intermediary between producers and users of knowledge. Knowledge Brokers include but are not limited to the PSSC and the Champions of Mental Health.

Knowledge Translation Committee – A group of academics, researchers, and clinicians available to consult on CIPSRT KT planning. They group supports consortium partners in expanding or evaluating their KT plans.

Community Leader – A person designated by the PSP community as a representative who can help express the community needs. The Community Leader could be a member of the PSP Network.

CIPSRT Scientific Director – Provides oversight expertise to ensure that KT materials are evidence-informed or evidence-based, and that they are consistent with the overall CIPSRT brand and strategic vision. This individual plays a crucial role in maintaining relationships with stakeholders and funders.

CIPSRT Executive Director – Oversees all CIPSRT strategy, vision, operations, and planning, as well as the CIPSRT brand and strategic vision. This individual plays a crucial role in maintaining relationships with stakeholders and funders.

Community Engagement/Event Coordinator – Develops and maintains positive and productive relationships with community stakeholders and partners. Organizes events focused on effectively spreading knowledge to stakeholders. Functions as part of the operations team responsible for communications and public relations functions.

Web and Social Media Specialist – Leads the creation of CIPSRT branding and helps shape CIPSRT messaging. Leads the development of CIPSRT visual KT to support knowledge accessibility. Ensures that the CIPSRT cyber presence is consistent with the CIPSRT brand, while being engaging for diverse audiences. Functions as part of the operations team responsible for communications and public relations functions.

KT Expertise shared by the CIPSRT operations team

Communications – Shapes the CIPSRT knowledge-sharing messages and is responsible for building and maintaining relationships between CIPSRT and CIPSRT partners. Supports CIPSRT brand consistency.

Public relations (PR) – Supports the CIPSRT brand as an authority on PSP mental health. Helps manage the brand messaging and dissemination, as well as the CIPSRT brand through social media and the CIPSRT relationship with the news media.

Roles of the Executive Director, Scientific Director, and the Academic, Research, and Clinician Network Advisory Committee

The KT staff at CIPSRT will work in partnership with the Scientific Director, Academic, Researcher, and Clinician Network Advisory Committee (ARCNAC), the Academic, Researcher, and Clinician Network (ARC Network), and the CIPSRT Executive Director to support KT and KM for the benefit of PSP, their leaders, and their families, as well as PSP stakeholders, policymakers, and the general public. The ARCNAC provides expert advising for CIPSRT KT activities. The approval processes for all KT and KM will be led by the CIPSRT Executive Director and the Scientific Director. Final decisions about the strategic direction of CIPSRT and CIPSRT KT rest with the ED. The full Terms of Reference for the ARCNAC and the ARC Network are available from CIPSRT.

Role of the Public Safety Steering Committee (PSSC)

CIPSRT will work in partnership with the PSSC to support identifying KT needs and sector-specific considerations. It will also deliver effective KT products for the benefit of PSP, their leaders, and their families, as well as PSP stakeholders, policymakers, and the general public. The PSSC may be involved in the following KT activities:
1. Identifying the need for KT in the PSP community.
2. Advising on tailoring KT products and tools as needed for specific sectors.
3. Advising on the KT objectives required to support CIPSRT commitments to the PSP community.
4. Acing as knowledge brokers for KT efforts at CIPSRT.

Appendix 3

Specific Focus Audiences

Frontline PSP – Need accessible tools and trusted advice to help improve their mental health and wellbeing. PSP are also often the decision-makers in participating in research activities.

Frontline PSP Supervisors – Supervisors are often still in the field facing the same challenges as their team members. Supervisors are often interested in solutions they can implement for their teams. Supervisors may also have a role as influencers in study participation.

Middle-Level PSP Management – Not necessarily in the field daily, but likely have been in the field regularly. Managers are often looking for solutions and guidance to improve the lives of their staff, while balancing resourcing concerns. Managers may also be involved in discussions with researchers for participants, so they likely need to understand the research opportunities offered.

Senior PSP Managers/Chiefs – May be looking for comprehensive, actionable solutions for the personnel in their organizations. Senior Managers/Chiefs are likely concerned with clarity and accuracy, as well as resource-effective implementations.

Provincial Leadership – Can be reasonably expected to want clear, actionable solutions based on solid research. They will likely need clearly defined resourcing requirements and benefits associated with diverse solutions.

National Leadership – Can be reasonably expected to want clear, actionable solutions based on solid research. They will likely need clearly defined resourcing requirements and benefits associated with any solutions presented. They will likely need to be kept apprised of progress towards the goals they set for CIPSRT.

International Leadership/Professional Organizations – Will likely want to know the details of the evidence-based solutions developed and how CIPSRT partners are implementing proffered solutions. They will also likely require evidence detailing how the solutions are being received, and the effectiveness of the solutions.

Frontline Union Personnel – Will likely want to ensure that their members are getting a benefit from all the research participation. They will also likely want to ensure that CIPSRT keeps its membership's best interests in mind when offering evidence-based solutions.

Union Leadership – Will likely want to ensure their membership's rights are respected when CIPSRT is looking for research participants, and when CIPSRT is suggesting solutions based on research findings.

Disability managers within PSP organizations – Will likely want to know and understand the validity of developed treatment options, and they will require more detailed outcome summaries. They will likely focus on ensuring that PSP return to work.

Disability managers external to PSP organizations – Will likely want to know and understand the effectiveness of various treatment options. They will require more detailed outcome summaries.

WSIB/worker safety compensation – Will likely want clear treatment solutions that are resource-effective and easy to implement. They will want to ensure that workers in their care receive treatment in a timely fashion.

Labour boards – Will likely want to ensure that any interventions or research is offered within PSP workers' rights.

Disability insurers – Will likely want to know and understand the effectiveness of various treatment options.

Mental health organizations - Will likely look for solid evidence-based research to expand the understanding of mental health issues in PSP. They will also likely want resources that can be used to help PSP who might come to them for assistance.

Patient advocacy organizations for mental health – Will likely look for evidence-based content to expand their understanding of mental health issues among PSP. They will likely be concerned with the effectiveness and accessibility of treatments and the increased stress on PSP from participation in research initiatives.

Municipal government – Will likely want clear strategies to ensure that PSP stay healthy and on the job. They will likely be concerned with getting the best intervention options in a format that will reach the most PSP in resource-efficient fashions.

Provincial government – Will likely want evidence-based content to help drive clear policy decisions. They will also likely want content presented in clear and actionable terms, with details regarding effectiveness and operationalization.

Federal government/ministries – Will likely want evidence-based content to help drive clear policy decisions. They will likely want the evidence presented concisely, with actionable terms, and details regarding effectiveness and operationalization.

General public – Will likely want to understand the importance of what CIPSRT is doing in a language that is accessible. They will likely need details regarding the "whys" and "hows" for CIPSRT activities, as well as accessible research outcomes and implications for PSP.

Healthcare professionals/mental health service providers – Will likely be looking for evidence-based content to expand the understanding of PSP mental health challenges. They will also likely want resources that can be used to help PSP who might come to them for assistance.

Health system administrators/managers – Will likely be looking for evidence-based content to expand the understanding of PSP mental health challenges. They will also likely want resources that can be used to help PSP who might come to them for assistance.

Media – Will likely want an understanding of CIPSRT activities in formats designed for the general public.

Mental health service consumers – Will likely want to know about available training and treatment options.

Researchers – Will likely need to be able to trust that CIPSRT content and activities are evidence-informed, and where possible, evidence-based.

Consortium partners – Will likely need to be able to trust that CIPSRT can produce effective KT.

Universities/academic institutions – Will likely need to be able to trust that CIPSRT content and activities are evidence-informed, and where possible, evidence-based. Grant funding agencies – Will likely need to be aware of recent research results and recommended next steps.

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