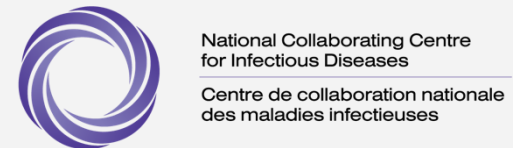


Embracing Diversity to Achieve Precision and Health Equity Initiative



1st KM Hub Sharing Session

January 19th, 2026



LAND ACKNOWLEDGEMENT

The National Collaborating Centre for Infectious Diseases, or NCCID, is hosted at the University of Manitoba, which is situated on the ancestral lands of the Anishnabeeg, Anishniniwak, Dakota, Dene and Nehethowak and Inninwak Nations. It is also in the heart of the homeland of the Métis Nation.

At NCCID, we strive to honour the lands and their original caretakers in our work. We acknowledge that we are on Treaty One land. We recognize that this and other treaties, have been implemented as part of the process of colonization intended to benefit some while harming others. We are committed to working with our partners towards reconciliation.

Agenda



Part I

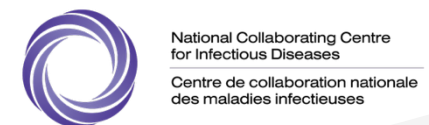
- Introduction
- The KM Hub
- Overview of upcoming Hub activities

Part II

- What does KM look like in a research context?

Part III

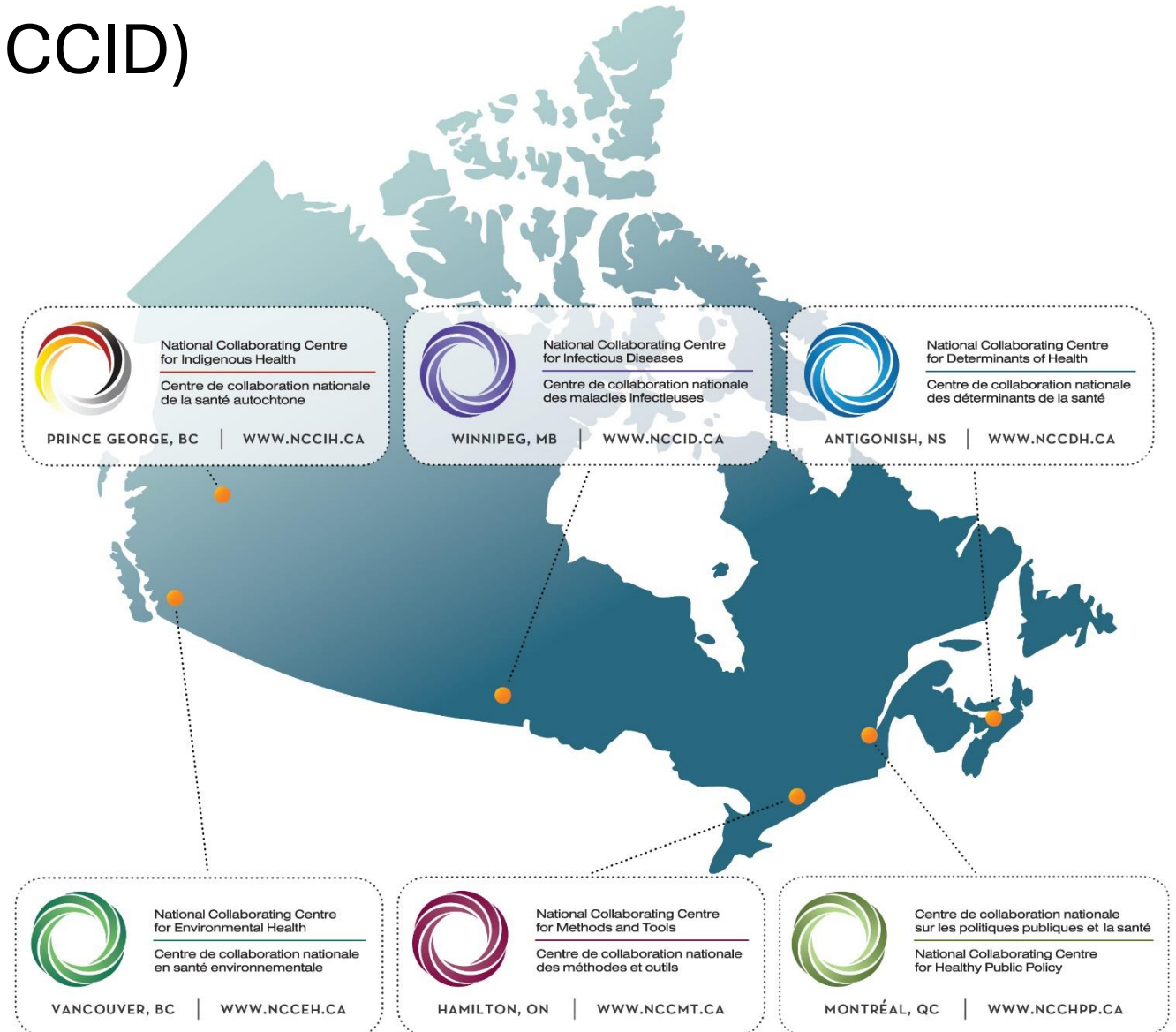
- Self-assessment: KM learning priorities
- Discussion and next steps





National Collaborating Centre for Infectious Diseases (NCCID)

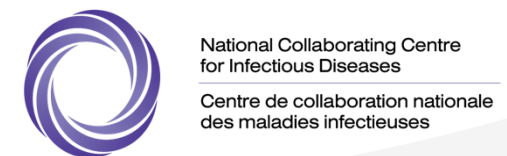
- One of 6 National Collaborating Centres funded by the Public Health Agency of Canada.
- Helps public health practitioners find, understand, and use infectious disease research and evidence for application in practice, policy, and programming.
- Host of the CIHR Embracing Diversity to Achieve Precision and Health Equity Knowledge Mobilization (KM) Hub.



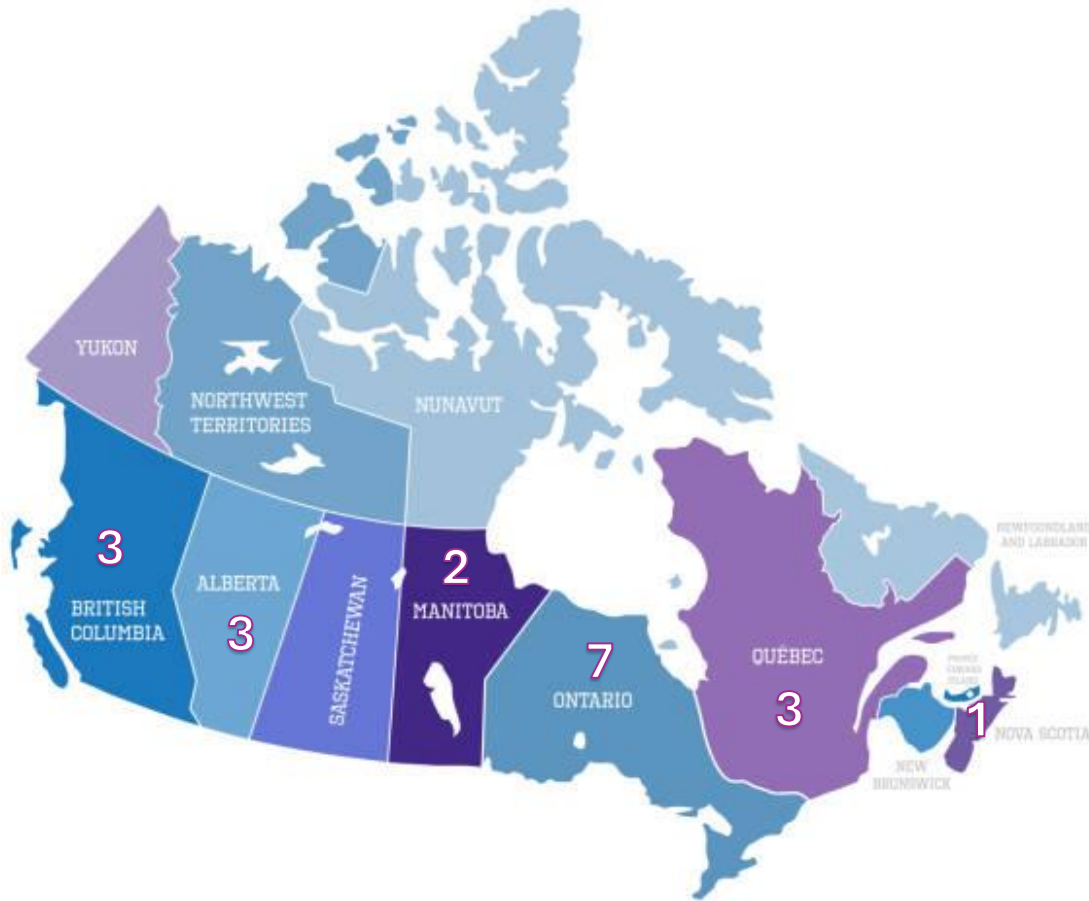
Embracing Diversity to Achieve Precision and Health Equity Initiative 2025 - 2030



- Funded by the Canadian Institutes of Health Research (CIHR), integrates principles of Equity, Diversity, and Inclusion (EDI), Sex and Gender-Based Analysis Plus (SGBA+), and Indigenous self-determination and data sovereignty.
- Connects 19 national research teams across Canada working on infectious diseases, equity, and health systems.
- Serves as a national platform to link research, policy, and practice through collaborative learning and shared evaluation.



CIHR Embracing Diversity to Achieve Precision and Health Equity Initiative



Funding Categories: Research Teams

1. Nutrition and Metabolic Health: 6
2. General Omics: 3
3. Infection and Immunity: 3
4. Aging: 1
5. Indigenous: 2
6. HIV/AIDS, STBBI PHP: 4

Initial Meetings with Research Teams

Thematic analysis of discussions with RTs identified eight areas of focus:

Equity-centered
KM

Training and
Capacity Building

Evaluation and
Success
Indicators

Engagement and
Partnerships

Digital Repository
and Knowledge
Commons

Peer Learning and
Networking

Sustainability and
Funding

Communication
and Visibility

Initial Meetings with Research Teams

Research focus	Count
Women's health	4
STBBI	4
Diabetes	3
Cardiovascular health	3
Aging	3
Indigenous health	3
Nutrition	2
Children's health	2
Health Equity for Black people	1
Multiple Sclerosis	1
Arthritis	1
Asthma	1
Liver health	1
Sepsis	1

Overlapping research focus

- Based on initial meetings, research proposals, and KM planning toolkits
- To identify shared knowledge users and interest holders

Overview of Year 1 Hub Activities for Research Teams (RTs)

1. **First facilitated discussion across all RTs: February – March 2026**

- KM strategies, approaches, and success indicators
- Intersectional knowledge users and interest holders

2. **Future meetings involving all RTs:**

- Interdisciplinary knowledge sharing on KM strategies and lessons learned
- Facilitated discussions related to KM approaches and project success

3. **Thematic seminars** on research outcomes for shared knowledge users and interest holders between RTs (“What You’re Missing” or “Did You Know?”): starting June 2026

Year 1 Hub Resources and activities for trainees:

1. **First trainee-focused seminar: today!**

- Introduce the KM Hub and the Hub's proposed activities
- Case study presentation: "What KM can look like in research"
- Trainee self-assessment survey to evaluate KM knowledge and identify opportunities

2. **Monthly seminar and workshop series: February – July 2026**

- KM fundamentals, frameworks, and success indicators in health research
- First Nations, Métis, and Inuit self-determination and data sovereignty
- Knowledge-to-Action Pipeline
- Community Engagement
- Practical workshops: writing and innovative KM products and activity development
- Opportunities for presentation

3. **Year 1 wrap-up meeting: August 2026**

- Re-assessment of KM knowledge and capacity building priorities
- KM updates, barriers, successes, lessons learned
- Brainstorm future Hub activities to address gaps



What Knowledge Mobilization Can Look Like in Research

Margaret Haworth-Brockman, MSc

Senior Program Manager

National Collaborating Centre for Infectious Diseases (NCCID)



National Collaborating Centre
for Infectious Diseases
Centre de collaboration nationale
des maladies infectieuses



Canadian Institutes of
Health Research
Instituts de recherche
en santé du Canada

First, some *definitions*...

What do we mean by knowledge?

- **Explicit**

“codified (written) and communicated through language” -Kothari et al 2011

- **Empirical**

“based on, concerned with, or verifiable by observation or experience (e.g., through repeated tests) rather than theory or pure logic” - Kothari et al 2011

- **Tacit and experiential**

“knowledge-in-practice developed from direct experience and action; highly pragmatic and situation specific; subconsciously understood and applied; difficult to articulate; usually shared through interactive conversation and shared experience” - Kothari et al 2011

- **Indigenous ways of knowing**

“concepts of spirituality, connectedness and reciprocity to the land and all life, self-reliance, and self- determination.” - NCCIH





Knowledge *

Implementation Capacity Science
Competing Transmission
Teaching practice building
Popularization
health Dissemination
transfer mission Diffusion Impact
exchange broker Getting Exploitation
Knowledge
translation third mobilization
cycle Linkage Applied
Utilization **Research**
communication mediation cooperation
co-optation management
Translational

Knowledge... then what?

- Scientific discoveries and research often fail to influence policy or practice
- “Evidence-to-practice gap” is a persistent challenge in moving research results into real change and improvements
- Knowledge Translation (KT) / Knowledge Mobilization (KM) are fields dedicated to closing that gap
- KT ensures evidence is synthesized and applied in real settings
- KM builds systems and relationships to keep knowledge moving

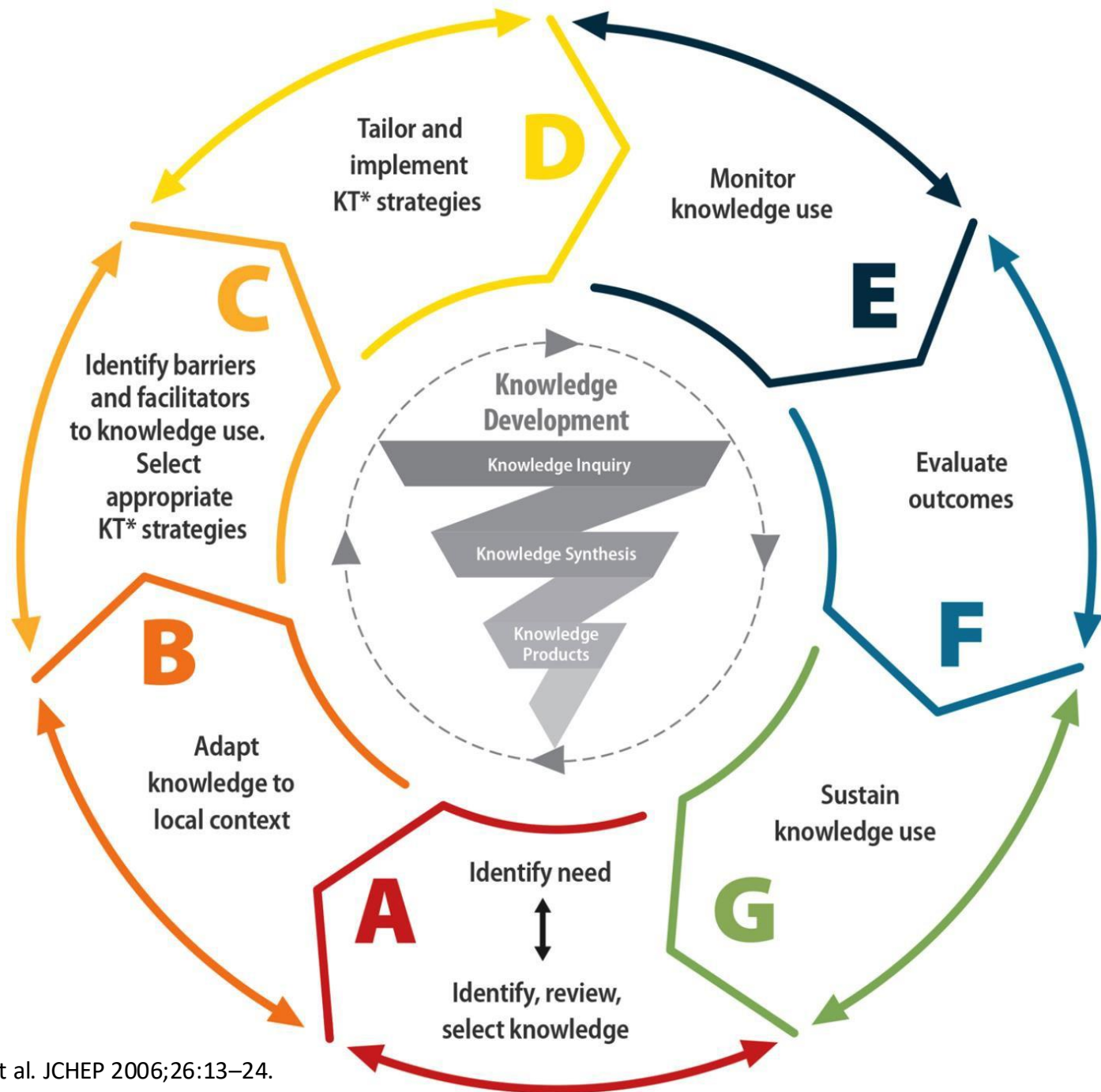
Definitions: KM & KT

- **Knowledge Translation (KT):** “a dynamic and iterative process that includes synthesis, dissemination, exchange and ethically-sound application of knowledge” (CIHR). More common in public health/clinical domains
- **Knowledge Mobilization (KMb / KM):** the process of making knowledge ready for action by connecting it to practice, creating purposeful links between researchers and users. Often used in social sciences and public policy contexts.

Evolution of KT & KM

- The concept of KT emerged in the late 1990s in clinical and health policy research to bridge the gap between evidence and practice.
- During the 2000s, KT evolved into broader KM, emphasizing two-way communication and partnership between researchers and users.
- By 2010-2015, KM integrated frameworks from implementation science and systems thinking, recognizing that change occurs through complex interactions within networks and organizations.
- Modern KM emphasizes co-production, reflexivity, and adaptation to social and cultural contexts.

Knowledge to Action Model



Key Frameworks in KT/KM Implementation Science

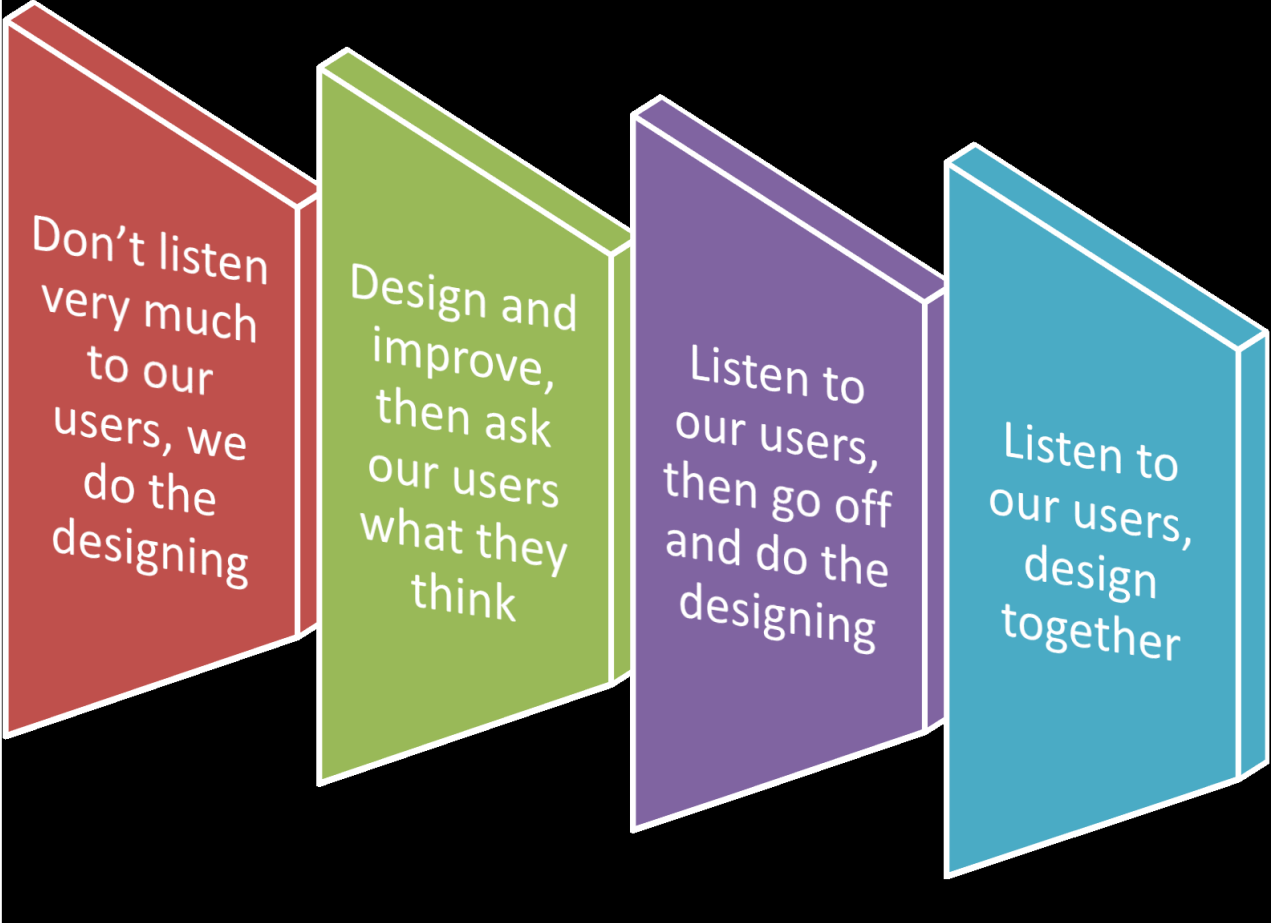
- **KTA (Knowledge to Action) cycle** - bridging knowledge creation to action
- **CFIR (Consolidated Framework for Implementation Research)** - identifying determinants (barriers/facilitators)
- **RE-AIM** - evaluating Reach, Effectiveness, Adoption, Implementation, Maintenance
- **Realist evaluation / CMO (Context-Mechanism-Outcome)** - understanding “what works, for whom, under what conditions”
- **IRLM (Implementation Research Logic Model)** - linking strategies to mechanisms and outcomes

Best Practices and Design Principles in KM

- Co-creating with end users (policymakers, practitioners, communities)
- Tailoring and adapting knowledge products (policy briefs, toolkits, infographics) to context and audience
- Embedding feedback loops and continuous evaluation
- Considering equity, power dynamics, and context sensitivity
- Using networks, communities of practice, and digital platforms

A Few Challenges

- Institutional silos and disciplinary boundaries
- Resistance to change, inertia in organizations
- Variability in context across sites
- Resource constraints (staff, funding, capacity)
- Measuring and attributing impact in complex systems
- Ensuring sustainability beyond project life





Supporting Vaccine Confidence in



Information and Resources to Build Vaccine Confidence for



You ABC HAS MAI ABC CHI

Wh Vacc havin some by va disea



Vaccines Prevent Disease in Canada What A

VACCINES CAN FIRST NATIONS MÉTIS PEOPLE SICK, HAVING L COMPLICATION FROM SOME DI

Diseases that can be are called vaccine-pr Getting vaccinated (r also helps protect of not be able to get so babies who are too y or people with certai Vaccines increase pe diseases, making it h to spread in the com

Check out t http://bit.ly/v See the following cl for vaccinations see https://www.canada.ca/phac-aspc/documents/territorial-immunization/vaccination-schedule-2



Vaccines - the Facts

VACCINES CAN PREVENT FIRST NATIONS, INUIT AND MÉTIS PEOPLE FROM GETTING SICK, HAVING LIFE-LONG COMPLICATIONS OR DYING FROM SOME DISEASES.

Diseases that can be prevented by vaccines are called vaccine-preventable diseases. Vaccines (also called immunizations) help protect people who may not be able to get vaccines, such as infants who are too young or people with some health conditions. Vaccines increase immunity to the diseases and limits their presence in the community.

Check out this video: http://bit.ly/vaccine-purpose

Fact #1 The prevalence of chik diphtheria and other in in Canada because of immunization program around and just as life in Canada 1,000 to 3.0 pertussis (whooping or received the vaccine.

Fact #2 Getting more than one to protect babies, chik preventable diseases. timing that you and you proven safe with resea

Fact #3 Most people who get v side effects. When the mild, like a fever or a r having the disease the risks of a serious react



Tips for Conversations with Patients about Vaccinations

Be prepared for questions around vaccinations.

Be aware of non verbal communication.

Reinforce cultural safety. Allow for time and space for questions and respectfully listen to concerns.

Provide credible information. Have an open discussion regarding the risks and benefits of vaccination that are based on current knowledge and scientific evidence. If you do not have the information, let them know that you will follow up.

Keep an open dialogue. Provide positive reinforcement and continue to discuss vaccinations over time.

For more information see: https://immunize.ca/counselling-public https://www.can.ca/ https://www.can.ca/en/health/immunizations/index

We thank to authors J. Gaud, J. Dugan, S. Mathias, S. McKee, A. Murray, S. O'Brien, S. O'Brien, and others



Protect you, your family and community from vaccine preventable diseases



0:10 / 3:48

Antimicrobials – Handle with care.

Unnecessary use and misuse of antibiotics and other antimicrobials is increasing the serious problem of antimicrobial resistance (AMR) in Canada and around the world. Resistant microbes make infections much harder or impossible to treat. Antimicrobial Awareness Week (formerly Antibiotic Awareness Week), November 18 – 24, promotes informed, careful use of these life-saving medicines to help keep them working for future generations.

THE CAMPAIGN

ANTIMICROBIAL RESISTANCE IS IN MANITOBA

Antimicrobial resistance (AMR) is caused by antibiotics we use every day. As health care providers, we see it in our hospitals, clinics and society.

For Manitobans, this means an **INCREASED RISK OF INFECTIONS** caused by resistant microbes.

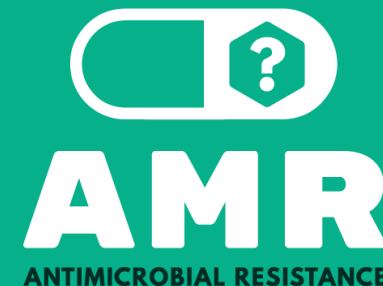
Antibiotics are incredibly effective at treating infections, when needed. Antimicrobial resistant infections, however, are **MORE DIFFICULT TO TREAT**.

For our patients, and healthcare system, the stakes are high.

As a responsible antimicrobial usage prescriber, I pledge to:

1. THINK TWICE BEFORE PRESCRIBING

Consider non-bacterial causes for your patient's symptoms. Follow treatment protocols to routinely use antimicrobials for the minimum effective duration. Ensure that appropriate bacterial cultures are collected before prescribing antibiotics.



Canadian Journal of Public Health (2022) 113:11–22
<https://doi.org/10.17269/s41997-021-00600-w>

QUANTITATIVE RESEARCH



Integrated surveillance of antimicrobial resistance and antimicrobial use: Evaluation of the status in Canada (2014–2019)

Simon J. G. Otto^{1,2,3} · Margaret Haworth-Brockman^{4,5} · Misha Miazga-Rodriguez^{1,2} · Aleksandra Wierzbowski⁴ · Lynora M. Saxinger^{2,6}

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CJW / VOL 63 / FEBRUARY 2022

WORKING DIAGNOSIS

- Viral upper respiratory tract infection (e.g., common cold)
- Viral bronchitis (cough)
- Viral pharyngitis (sore throat)
- Otitis media (middle ear infection)
- Other: _____

INSTRUCTIONS

- Drink plenty of fluids and rest as much as possible
- Wash your hands frequently
- Stay home for ____ days, or until _____
- Other: _____

OVER-THE-COUNTER MEDICINES

Consult your doctor and your pharmacist before giving these medicines to your child. Always follow package directions.

Due to the risk of Reye's syndrome, DO NOT give your child ASA (Aspirin or acetylsalicylic acid).

- Fever, aches, and pain
- Cough Medicine _____
- Decongestant _____
- Other: _____

SEEK FURTHER HELP IF

- Symptoms do not improve in ____ days
- Symptoms change or worsen significantly (e.g., new chest pain, severe shortness of breath)
- A high fever develops
- Other: _____

Antibiotic Awareness.ca
 Prescriber _____ Date _____

Traditional: STBBI scientific publications: 10

Protocol

Publicly available data

All new HIV diagnosis
2018-2021

People living with HIV
perspectives

HIV frontline workers
perspectives

Beyond HIV: An urgent need for a syndemic and gender-based approach in the Prairie provinces in Canada

Yoav Keynan MD, PhD^{1,2,3,4,5}, Margaret Haworth-Brockman MSc^{2,3}, Kevin B Laupland MD, MSc, PhD, FRCPC, FCICM^{6,7}, Zulma Vanessa Rueda MD, PhD¹

Sexually transmitted and blood-borne infections by sex, methamphetamine use, and houselessness before, at, and after HIV diagnosis in Manitoba, Canada

Megan Sorokopud-Jones¹, Alexander Sharp¹, Margaret Haworth-Brockman^{2,3}, Ken Kasper^{1,4,5}, Lauren MacKenzie^{1,4}, Laurie Ireland^{4,6,7}, Kathy Gawlik⁸, Lucelly Lopez⁸, Johanna Marcela Vanegas⁸, Jared Bullard^{9,10,11}, Carl Boodman¹, Julianne Sanguins², Mike Payne^{4,6}, Kimberly Templeton⁴, Yoav Keynan^{1,2,3,9,*}, Zulma Vanessa Rueda^{8,9,*}

“We really need to surround people with care:” a qualitative examination of service providers’ perspectives on barriers to HIV care in Manitoba, Canada

Cheryl Sobie¹, Katharina Maier², Margaret Haworth-Brockman^{3,4}, Enrique Villacis-Alvarez¹, Yoav Keynan^{1,3,4,5} and Zulma Vanessa Rueda^{1,6*}

“Our needs, our priorities, listen to us!” recommendations for improving HIV prevention and the cascade of care from people living with HIV in Manitoba, Canada: a qualitative study

Enrique Villacis-Alvarez¹, Margaret Haworth-Brockman^{2,3}, Katharina Maier⁴, Cheryl Sobie¹, Heather Pashe¹, Joel Baliddawa⁵, Nikki Daniels⁵, Rebecca Murdock⁵, Robert Russell⁵, Clara Dan⁵, Freda Woodhouse⁵, Susie Cusson⁵, Lisa Patrick⁵, Marj Schenkels⁵, Michael Payne^{6,7}, Ken Kasper^{6,8}, Lauren J. MacKenzie^{6,8}, Laurie Ireland^{6,7,9}, Kimberly Templeton^{6,7}, Yoav Keynan^{1,2,3,8} and Zulma Vanessa Rueda^{1*}

Social and structural barriers and facilitators to HIV healthcare and harm reduction services for people experiencing syndemics in Manitoba: study protocol

Zulma Vanessa Rueda¹, Margaret Haworth-Brockman^{2,3}, Cheryl Sobie¹, Enrique Villacis¹, Linda Larcombe⁴, Katharina Maier⁵, Kathleen Deering^{6,7}, Julianne Sanguins³, Kimberly Templeton^{8,9}, Lauren MacKenzie^{4,8}, Laurie Ireland^{8,9}, Ken Kasper^{4,8}, Michael Payne⁹, Jared Bullard^{1,10}, Andrea Krusi^{6,7}, Neora Pick¹¹, Tara Myran¹², Adrienne Meyers¹³, Yoav Keynan^{1,2,3,4}

Article

Gender and Intersecting Barriers and Facilitators to Access the HIV Cascade of Care in Manitoba, Canada, Before and During the COVID-19 Pandemic: A Qualitative Study

Enrique Villacis-Alvarez¹, Cheryl Sobie¹, Katharina Maier², Margaret Lavallee³, Chantal Daniels³, Heather Pashe¹, Joel Baliddawa⁴, Nikki Daniels⁴, Rebecca Murdock⁴, Robert Russell⁴, Clara Dan⁴, Freda Woodhouse⁴, Susie Cusson⁴, Lisa Patrick⁴, Marj Schenkels⁴, Michael Payne^{5,6}, Ken Kasper^{6,7}, Lauren J. MacKenzie^{6,7}, Laurie Ireland^{5,6,8}, Kimberly Templeton^{5,6}, Kathleen Deering^{9,10}, Margaret Haworth-Brockman^{11,12}, Yoav Keynan^{1,7,9,11,12} and Zulma Vanessa Rueda^{1,13,*}

Service providers’ perspectives on facilitators and recommendations for improving HIV care in Manitoba, Canada

Katharina Maier¹, Margaret Haworth-Brockman^{2,3}, Enrique Villacis-Alvarez⁴, Lauren J. Mackenzie^{5,6}, Laurie Ireland^{6,7,8}, Ken Kasper^{5,6}, Yoav Keynan^{2,3,4,5} and Zulma Vanessa Rueda^{4,9*}

Sex differences in houselessness, injection drug use, and mental health conditions among people newly diagnosed with HIV in Manitoba, Canada from 2018 to 2021: a retrospective cohort study

Alexander Sharp^a, Megan Sorokopud-Jones^a, Margaret Haworth-Brockman^{b,c}, Ken Kasper^{a,d,e}, Lauren MacKenzie^{a,d}, Laurie Ireland^{d,f,g}, Kathy Gawlik^e, Lucelly Lopez^h, Johanna Marcela Vanegas^h, Jared Bullard^{i,j,k}, Carl Boodman^a, Julianne Sanguins^b, Mike Payne^{4f}, Kimberly Templeton^d, Yoav Keynan^{a,b,c,l} and Zulma Vanessa Rueda^{b,l,*}

Evolution and possible explanations for the trends in new Human Immunodeficiency Virus (HIV) diagnoses in Alberta, Saskatchewan, and Manitoba, compared to the rest of Canada, 1985–2022

Zulma Vanessa Rueda MD, PhD^{1,2}, Luisa Arroyave MSc, PhD^{3,4}, Mariana Herrera MSc, PhD¹, Ameeta E Singh BMBS, MSc⁵, Stuart Skinner MD^{6,7}, Cara Spence PhD^{6,7}, Lauren J MacKenzie MD, MPH, PhD^{8,9}, Ken Kasper MD^{8,9,10}, Laurie Ireland MD^{9,11,12}, Julianne Sanguins PhD¹³, Katharina Maier PhD¹⁴, Margaret Haworth-Brockman MSc^{3,13}, Yoav Keynan MD, PhD^{1,3,8,13}

Barriers and recommendations for harm reduction services among people living with HIV in Manitoba, Canada: a qualitative study

Enrique Villacis-Alvarez¹, Katharina Maier², Margaret Haworth-Brockman^{3,4}, Heather Pashe¹, Joel Baliddawa⁵, Nikki Daniels⁵, Rebecca Murdock⁵, Robert Russell⁵, Clara Dan⁵, Freda Woodhouse⁵, Susie Cusson⁵, Marj Schenkels⁵, Ken Kasper^{6,7,8}, Lauren J. MacKenzie^{6,7}, Laurie Ireland^{6,9,10}, Kimberly Templeton^{6,9}, Yoav Keynan^{1,3,4,7} and Zulma Vanessa Rueda^{1,11*}

Summary of some activities (2022-2025): “Feels nice thinking about what we are doing here”

~60 TOPICS DISCUSSED



Research Project Activities	Engagement and Empowerment Activities	Capacity building and skill Sharing Workshops
Reviewing, brainstorming and proposing ideas for research and papers	Plan outreach activities, evaluate the good and things to improve for next activity	Practice the HIV presentation we prepared together!
Participating in community consultations	Outreach activities	Plan a schedule, activities, events and projects
Training in ethics (TCPS2 core), PHIA, qualitative research, what research is, etc.	Harm Reduction outreach and litter pick up event on May	Workshop about Suicide Awareness and Assessment, Power Point, Excel, Word, etc.
Revision of recruitment materials, data collection tools (interview guides & surveys)	Training in trauma-informed care, crises management	Workshop about activism, advocacy, intersectionality, systems of oppression
Analyzed data- provided feedback and review of main themes	BINGO within the World AIDS day commemorative event	Prepare letters to request a space to share the HIV presentation
Development of knowledge translation strategy	Holiday celebration and year-end reflection	Workshop about search literature and reference manager
About recruitment of participants in projects with an inclusive lens	Welcome new team members and trainees!	Learn about brainstorming and propose a research question

6 outreach activities



MANITOBA CHAMPIONS PREVENTING SEXUALLY TRANSMITTED INFECTIONS: "EMPOWERING COMMUNITY LEADERS"

DO YOU WANT TO LEARN MORE ABOUT SEXUALLY TRANSMITTED AND BLOOD BORNE INFECTIONS (STBBI'S), HIV, SEXUAL HEALTH, HARM REDUCTION AND MORE?

THIS TRAINING COURSE IS FOR YOU!

WHO CAN PARTICIPATE?

- ★ PEOPLE LIVING IN MANITOBA
- ★ LEADERS OR COMMUNITY MEMBERS WHO WANT TO LEARN MORE ABOUT HIV AND OTHER STBBI'S

HOW TO PARTICIPATE?

- ★ FILL OUT AN APPLICATION FORM [HERE](#) OR
- ★ EMAIL US AT ALLTOGETHER@UMANITOBA.CA OR GIVE US A CALL TO 431-277-1057 AND ONE OF OUR TEAM MEMBERS WILL HELP YOU REGISTER
- ★ PLEASE SUBMIT YOUR APPLICATION BY MONDAY, FEBRUARY 3, 2023
- ★ PARTICIPANTS WILL RECEIVE CERTIFICATE UPON COMPLETION



February 8 - July 26, 2023

SESSIONS EVERY OTHER WEDNESDAY
UNIVERSITY OF MANITOBA, BANNATYNE CAMPUS
6:00PM-7:00PM



SCAN THIS QR CODE TO REGISTER TODAY!
OR VISIT OUR WEBSITE
ALLTOGETHER4IDEAS.ORG FOR MORE INFO



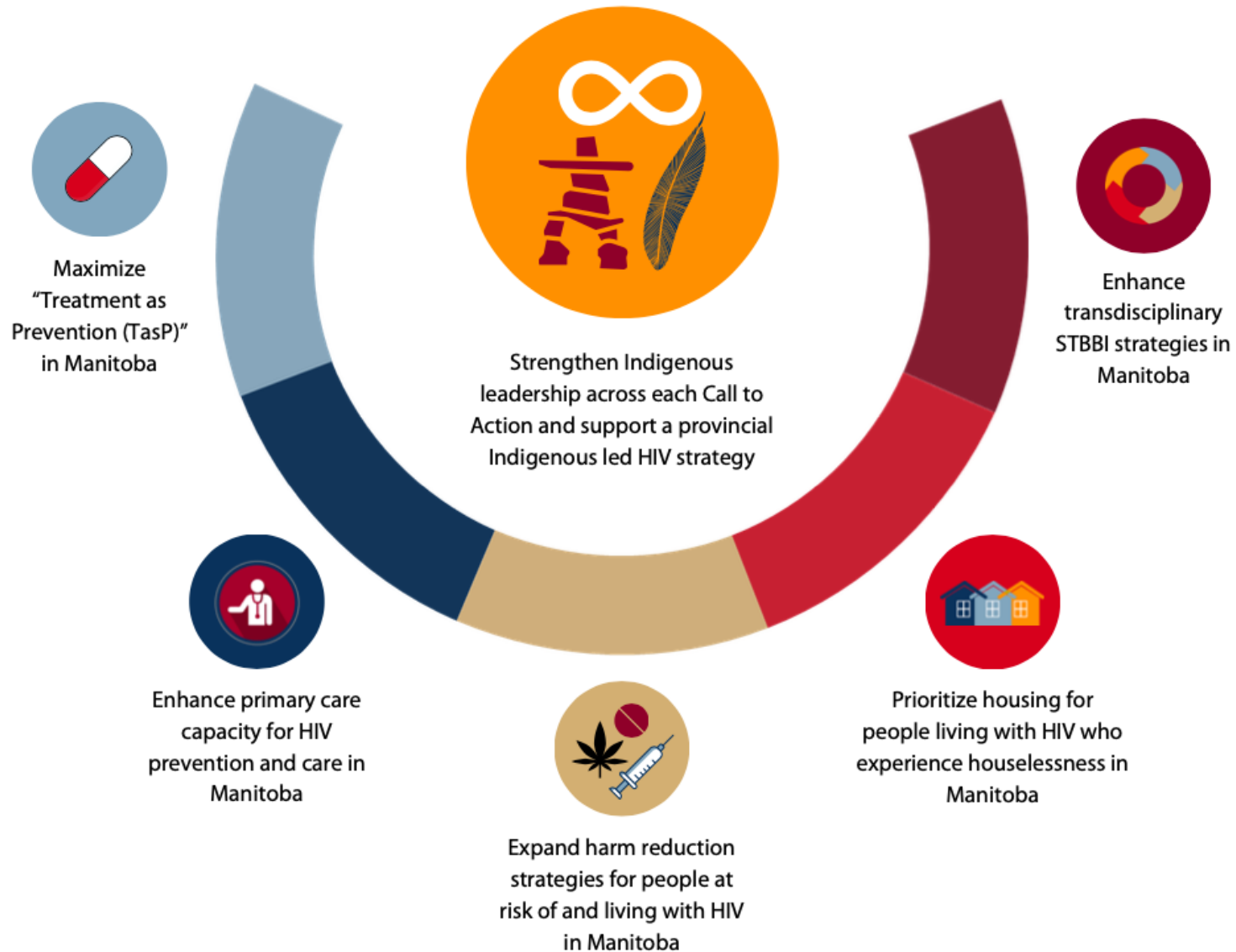
National Collaborating Centre
for Infectious Diseases
Centre de collaboration nationale
des maladies infectieuses



Workshops:

1. Culturally safe care and approaches (Indigenous approaches to health and well-being)
2. Basic Science (What are microbes, bacteria, fungi, viruses, parasites, How our bodies protect us from infectious diseases, What is a gene and what is genetics)
3. HIV and sexually transmitted and blood-borne infections (STBBI) - What are they? (Define most common STBBI's: HIV, hepatitis B and C, Chlamydia, Gonorrhea, etc. - what are they, how are they transmitted)
4. HIV- What is HIV? (Transmission, Prevention, History of HIV & advances in treatment)
5. HIV & STBBI's- Prevention (Pharmacological and non-pharmacological prevention strategies, Education as prevention)
6. HIV & STBBI's- Testing & treatment (What are different testing methods available?, Treatment options, rapid start to care & retention in care)
7. Anti-racist, decolonial, and inclusive approaches to HIV & STBBI care (Defining the needs of BIPOC, Indigenous, 2SLGBTQIA+ communities living with HIV, Identifying stigma and discrimination - and ways to challenge this)
8. Sexual Health- Wellness & Rights (Reclaiming sexual health- empowering people to make choices that are right for them, Sexual rights are human rights- what are your rights as someone living with HIV, Criminalization of HIV and disclosure laws in Manitoba)
9. Violence & Criminalization of substance use (Substance use and HIV, Decriminalization of substances and HIV & STBBI's)
10. Harm Reduction (Harm reduction defined & basic principles, Harm reduction approach applied to safer substance use, Harm reduction approach applied to prevention of STBBI's)
11. Trauma informed care, HIV and other STBBI's (How to talk to people about HIV & other STBBI's, How to support people living with HIV, Peer support)
12. HIV advocacy and activism (Reducing stigma through public awareness, How to be an effective advocate for HIV awareness & prevention)
13. Healthy living and HIV(Define different practices that support holistic health and well-being, Living a healthy and full life with HIV or other STBBI's)

Calls to Action



DISCOVER
DEFINE
CONNECT
UNDERSTAND
ENABLE
SERVE

AUDIENCE

Questions?

Comments?



Self-assessment survey: KM learning priorities



National Collaborating Centre
for Infectious Diseases
Centre de collaboration nationale
des maladies infectieuses



Canadian Institutes of
Health Research
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en santé du Canada

Self-assessment Survey



Objectives

1. Gauge familiarity with KM approaches based on:
 - Equity, Diversity, Inclusion, and Accessibility
 - Sex and Gender-Based Analysis Plus (SGBA+)
 - Indigenous self-determination and data sovereignty
2. Identify personal learning priorities and knowledge gaps which can be supported by KM Hub activities.
3. Help to inform specific KM Hub activities and products through a collaborative process with peers.
4. Track personal learning progress throughout participation in KM Hub activities.

Self-assessment Survey



Main themes

- Equity-centered KM approaches
- Evaluation and success indicators for KM
- Community engagement and partnerships, including relationship building with Indigenous communities and organizations
- Communication and visibility of research goals, progress, and results

Discussion

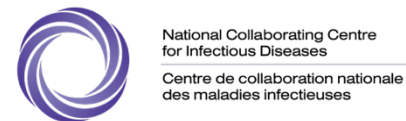


- Reflecting on self-assessment survey
- Gaps and opportunities
- Next steps?



Thank you all!

The Knowledge Mobilization Hub is supported by the Canadian Institutes of Health Research (CIHR).



Self-assessment Survey Questions

General: introduction

1. On a scale of 1-5: How familiar are you with the KM plan for your research project?

2. Select all that apply: In your project so far, which aspects of KM have you participated in?
 - a) Identification of key partners, knowledge users and/or community members and/or patients to tailor KM approaches.
 - b) Relationship building with key partners, knowledge users and/or community members and/or patients.
 - c) Creation of KM plan for research project.
 - d) Creation of and/or participation in the project's KM products and/or activities.
 - e) Evaluation of the project's KM products or activities

Equity-centered KM approaches

1. On a scale of 1-5: How familiar are you with how to apply equity, diversity, inclusion, and accessibility (EDIA) in your project's KM plan?
2. On a scale of 1-5: How familiar are you with how to apply sex and gender-based analysis plus (SGBA+) in your project's KM plan?
3. On a scale of 1-5: How familiar are you with how to apply the principles of Indigenous data sovereignty in your project's KM plan?

Evaluation and success indicators for KM

1. On a scale of 1-5: How familiar are you how to evaluate the success of a project's KM plan in health research?
2. On a scale of 1-5: How familiar are you with evaluating how well a KM plan applies equity, diversity, inclusion, and accessibility (EDIA)?
3. On a scale of 1-5: How familiar are you with evaluating how well a KM plan applies sex and gender-based analysis plus (SGBA+)?
4. On a scale of 1-5: How familiar are you with evaluating how well a KM plan applies Indigenous principles of data sovereignty?
5. Short answer question: From your perspective, what is one indicator of success for the KM of your project?

Community engagement and partnerships

1. On a scale of 1-5: How comfortable are you in initiating and maintaining community engagement for your project?
2. On a scale of 1-5: How familiar are you with maintaining relationships with key partners throughout and beyond your research project?
3. Short answer question: Who do you think is the main knowledge user of your project's results?
4. Short answer question: From your perspective, what are the challenges for maintaining community engagement and strong relationships for your research project?

Communication and visibility

1. On a scale of 1-5: How comfortable are you with sharing project objectives, progress, and results with key partners? *E.g., posters, presentations, abstracts, reports, policy briefs, facilitated discussions, social media, media products etc.*
2. On a scale of 1-5: How familiar are you with KM approaches that respect Indigenous worldviews?
3. Short answer question: What are some ways you think would be most effective for communicating the progress and results of your research project?

General: conclusion

1. Select all that apply: Based on the previous questions under the four themes for this self-assessment, which one would you like to learn more about?
 - a) Equity-centered KM approaches
 - b) Evaluation and success indicators for KM
 - c) Community engagement and partnerships, including relationship building with Indigenous communities and organizations
 - d) Communication and visibility of research goals, progress, and outcomes

2. Select all that apply: Which aspects of the KM plan would you like to have more experience in?
 - a) Identification of key partners, knowledge users and/or community members and/or patients to tailor KM approaches.
 - b) Relationship building with key partners, knowledge users and/or community members and/or patients.
 - c) Creation of KM plan for research project.
 - d) Creation of and/or participation in the project's KM products and/or activities.
 - e) Evaluation of the project's KM products or activities

3. Short answer question: Are there any other topics you would like to learn more about through the KM Hub?

General: conclusion

1. Select all that apply: which type of Hub activity/resource would best serve to improve your understanding of KM approaches in health research?
 - a) Knowledge sharing seminars: presentation by expert followed by group discussion
 - b) Workshops: case studies and group activities followed by facilitated discussion
 - c) Best-practices summaries: short summary documents and infographics
 - d) Peer-to-peer learning: opportunities to present on project specific equity-centered KM approaches for discussion, platform for rapid knowledge sharing and discussion

2. Short answer: Please list any other KM Hub products or activities which would help to support your understanding of equity-centered KM approaches; evaluation and success indicators for KM; community engagement and partnerships; and communication and visibility of research goals, progress, and outcomes.