

Overcoming **Five Anxieties** in **Population Health KT literature:**

Dr. Paul Kershaw, UBC School of Population & Public Health
Human Early Learning Partnership
Founder, Generation Squeeze

Presentation at KT Connects,
hosted by the Michael Smith Foundation for Health Research
June 25, 2021

**Presenting from the
Unceded Territory of the Katsie Nation**

**Thanks to talented HELP colleagues Sally
McBride and Kate Buium.**

Improving KT in Population Health by

Thinking about Values & Power

Thinking like a *Marketer*

Thinking like a *Movement*

Overcome 5 anxieties in Pop Health KT

1. Health literature not generating scientific evidence about KT methods that can be applied universally.
2. Inaccurate view of how people make decisions.
Evidence only one factor.
3. Analyses of power MIA.
4. Theories of change too simplistic.
5. KT is hard! **Who is responsible for all this KT work?**

We will waterski over an ocean of information today. My goal isn't to "convince" you of all I share; but to alert you to considerations that may pique your curiosity to want to learn more.

From Knowledge to Action in Population Health:
SPPH 581N

<https://canvas.ubc.ca/courses/75778>

Anxiety 1: Scientific Evidence for KT methods?

“If there is consistently ‘no impact’ through rigorous KTE endeavors across different contexts, it may be that KTE should not continue to be pursued” (Mitton et al., 2007, p. 757).

Knowledge Transfer and Exchange: Review
and Synthesis of the Literature

The Milbank Quarterly, Vol. 85, No. 4, 2007 (pp. 729–768)

CRAIG MITTON, CAROL E. ADAIR,
EMILY MCKENZIE, SCOTT B. PATTEN,
and BRENDA WAYE PERRY

*University of British Columbia Okanagan and Child and Family Research
Institute of BC; University of Calgary; Alberta Mental Health Board*

Anxiety 1: Scientific Evidence for KT methods?

“To conclude... our analysis of the literature shows that the quest for context-independent evidence on the efficacy of knowledge exchange strategies is probably doomed. Collective knowledge exchange and use are phenomena so deeply embedded in organizational, policy, and institutional contexts that externally valid evidence pertaining to the efficacy of specific knowledge exchange strategies is unlikely to be forthcoming” (Contandriopoulos et al. 2010, 468).

Knowledge Exchange Processes in
Organizations and Policy Arenas: A Narrative
Systematic Review of the Literature

The Milbank Quarterly, Vol. 88, No. 4, 2010 (pp. 444–483)

DAMIEN CONTANDRIOPOULOS, MARC LEMIRE,
JEAN-LOUIS DENIS, and ÉMILE TREMBLAY

Anxiety 1:

Scientific Evidence for KT methods?

“There never will be a ‘generalizable evidence base’ on which managers and policy makers will be able to draw unambiguously and to universal agreement, and however hard we strive for methodological rigour in systematic review, there never can be a policy that is unambiguously “evidence-based.”

Where does this leave us?...

A more fruitful, and certainly more original, use of research funding would be to promote and evaluate the training of policy making teams in the art of rhetoric... Making explicit the values and premises on which each side has built its case will not only highlight “evidence gaps” more systematically but will also generate light rather than heat at the policy making table” (Greenhalgh and Russell 2006, 40-41).

Greenhalgh, Trisha, and Jill Russell. 2006. "Reframing Evidence Synthesis As Rhetorical Action in the Policy Making Drama." *Healthcare Policy* 1 (2):34-42.

Overcome Anxiety 1

By looking beyond (the hubris) of Health KT Literature

Political science, marketing, social psychology



Thinking like a *Marketer*

Thinking like a *Movement*

Anxiety 2:

Inaccurate view of how people make decisions

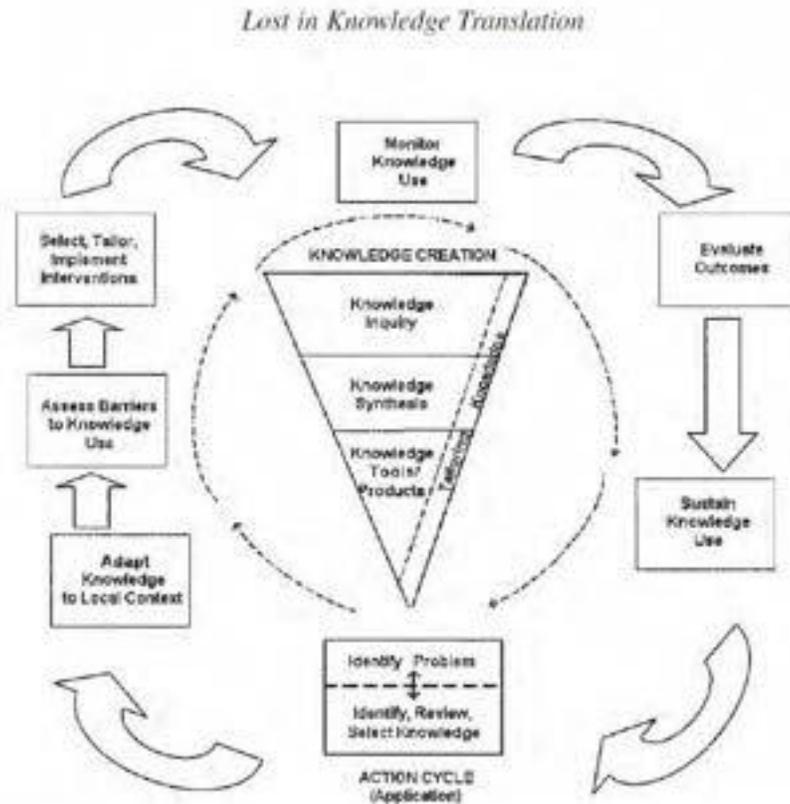


Figure 1 Knowledge to action process

Lost in Knowledge Translation: Time for a Map?

The Journal of Continuing Education in the Health Professions, Vol. 26 No. 1, Winter 2006

Ian D. Graham, PhD; Jo Logan, RN, PhD; Margaret B. Harrison, RN, PhD; Sharon E. Straus, MD, MSc; Jacqueline Tetroe, MA; Wenda Caswell, RN, MEd; and Nicole Robinson

Anxiety 2:

Inaccurate view of how people make decisions

“We thus suggest that *knowledge exchange interventions should be conceptualized as generic processes unrelated to the internal validity of the information exchanged*. Many normative recommendations for knowledge exchange emphasize techniques aimed at ensuring that the message is scientifically sound. Suggesting, as we do, that [knowledge exchange processes are not related to the scientific strength of the message in no way implies that validity does not matter, for it obviously does](#). What it implies is that developing scientifically sound advice and then designing knowledge exchange interventions to translate that advice into practices at the collective level are [two different processes](#)” (458).

Knowledge Exchange Processes in
Organizations and Policy Arenas: A Narrative
Systematic Review of the Literature

The Milbank Quarterly, Vol. 88, No. 4, 2010 (pp. 444–483)

DAMIEN CONTANDRIOPOULOS, MARC LEMIRE,
JEAN-LOUIS DENIS, and ÉMILE TREMBLAY

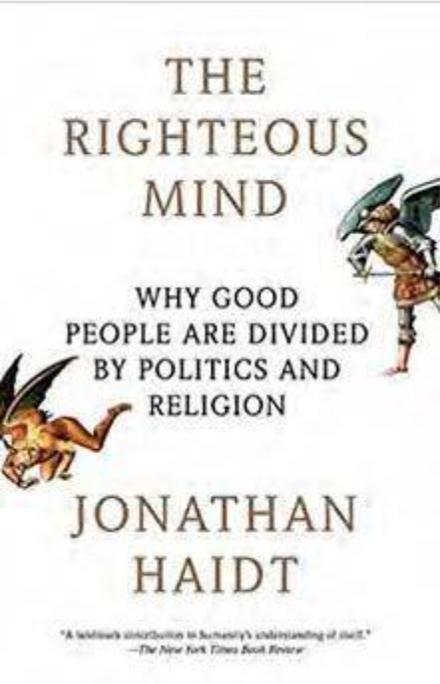
Overcome Anxiety 2

By drawing on Social Psychology

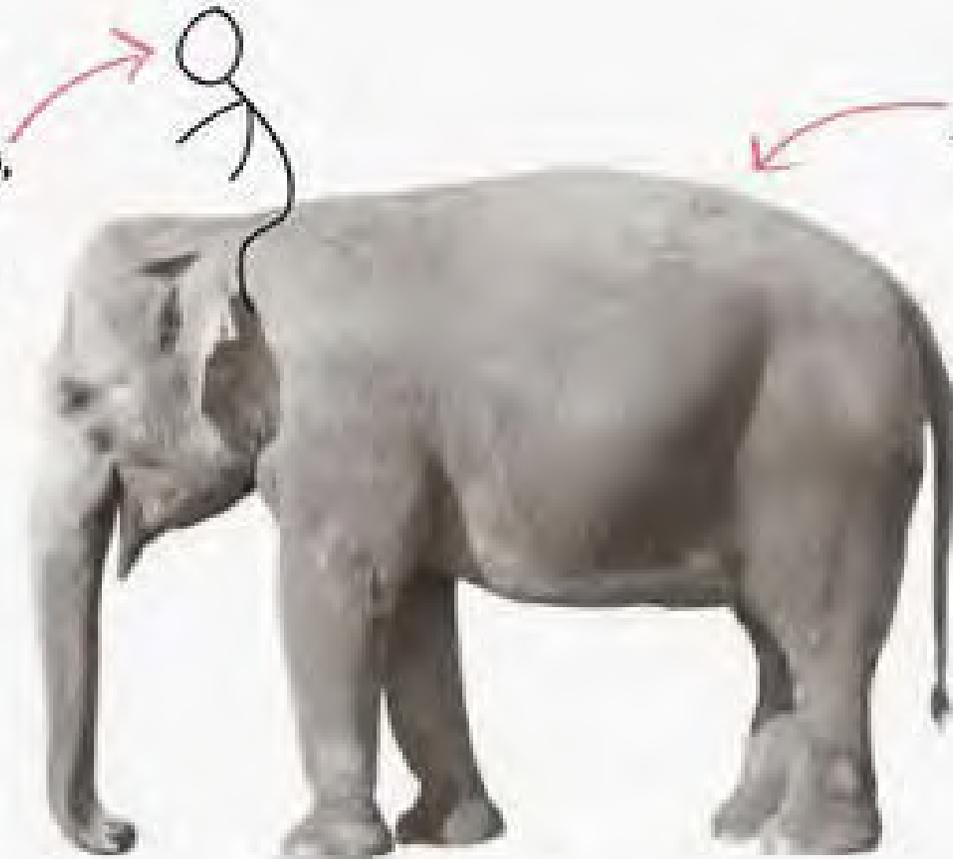


Thinking like a *Marketer*

Two Kinds of Cognition



Rider:
The
conscious,
verbal,
thinking
brain



Elephant:
The automatic,
emotional,
visceral
brain

Haidt

The elephant and the rider

The crucial distinction is really between two different kinds of cognition: intuition and reasoning (p. 45).

Automatic processes run the human mind, just as they have been running animal minds for 500 million years, so they're very good at what they do, like software that has been improved through thousands of product cycles. When human beings evolved the capacity for language and reasoning at some point in the last million years, the brain did not rewire itself to hand over the reins to a new and inexperienced charioteer. Rather, the rider (language-based reasoning) evolved because it did something useful for the elephant (p. 45-46).

Several things, most importantly: the rider acts as the spokesman for the elephant... is skilled at fabricating post hoc explanations for whatever the elephant has just done, and it is good at finding reasons to justify whatever the elephant wants to do next... a public relations firm (p. 46).

Haidt

Social intuitionist model of moral judgment

(See diagram on p. 46-47).

We make our first judgments rapidly, and we are dreadful at seeking out evidence that might disconfirm those initial judgments. Yet friends can do for us what we cannot do for ourselves: they can challenge us, giving us reasons and arguments that sometimes trigger new intuitions, thereby making it possible for us to change our minds (47).

Haidt

Social intuitionist model of moral judgment

Therefore, if you want to change someone's mind about a moral or political issue, *talk to the elephant first*. If you ask people to believe something that violates their intuitions, they will devote their efforts to finding an escape hatch—a reason to doubt your argument or conclusions. They will almost always succeed (p. 50).

Example: Mask wearing and vaccination rates, by tribe/party affiliation; by emphasis on the value of "Liberty/Oppression" vs "Care/Harm"

(Haidt identifies: 4 other "moral taste buds": fairness as proportionality; loyalty/betrayal; authority/subversion; sanctity/degradation)



Example from HELP

29-33%

of BC kindergarten children are vulnerable
Most are not poor!

The Human Early Learning Partnership (HELP) is a collaborative, interdisciplinary research network, based at the [School of Population and Public Health](#) at the University of British Columbia. HELP's unique partnership brings together many scientific viewpoints to address complex early child development (ECD) issues. HELP connects researchers and practitioners from communities and institutions across BC, Canada and internationally.

THE DECK IS STACKED AGAINST YOUNG CANADIANS **NOW** COMPARED TO **1976**

EARNINGS
FOR AGE 25-34
ARE DOWN



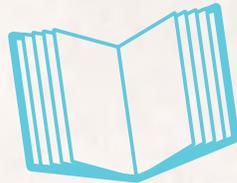
\$53,000

VS

\$58,300

EVEN THOUGH

**MORE ARE
POST-SECONDARY
GRADUATES**



69%

VS

30%

WITH

**LARGER
STUDENT
DEBTS**



\$23,000

VS

\$16,000

FACING

**HIGHER
HOUSING
PRICES**



\$568,000

VS

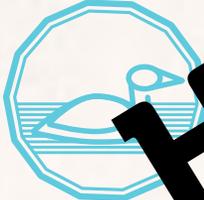
\$224,000

Who we are

We're a force for intergenerational fairness, to improve Canada's wellbeing, powered by the voices of Gens X, Y, Z and those who love them – all backed by cutting edge research.

THE DECK IS STACKED AGAINST YOUNG CANADIANS NOW COMPARED TO 1976

EARNINGS
FOR AGE 25-34
ARE DOWN



\$53,000
VS
\$58,300

EVEN THOUGH
MORE ARE
POST-SECONDARY
GRADUATES



69%
VS
30%

WITH
LARGER
STUDENT
DEBTS



\$23,000
VS
\$16,000

FACING
HIGHER
HOUSING
PRICES

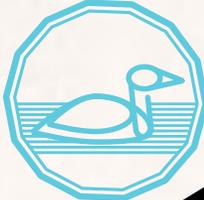


\$568,000
VS
\$224,000

**Hard work
doesn't pay off
like it used to!!!**

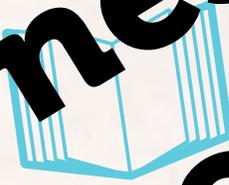
THE DECK IS STACKED AGAINST YOUNG CANADIANS NOW COMPARED TO 1976

EARNINGS
FOR AGE 25-34
ARE DOWN



\$53,000
VS
\$58,300

EVEN THOUGH
MORE ARE
POST-SECONDARY
GRADUATES



68%
VS
30%

WITH
LARGER
STUDENT
DEBTS



\$23,000
VS
\$16,000

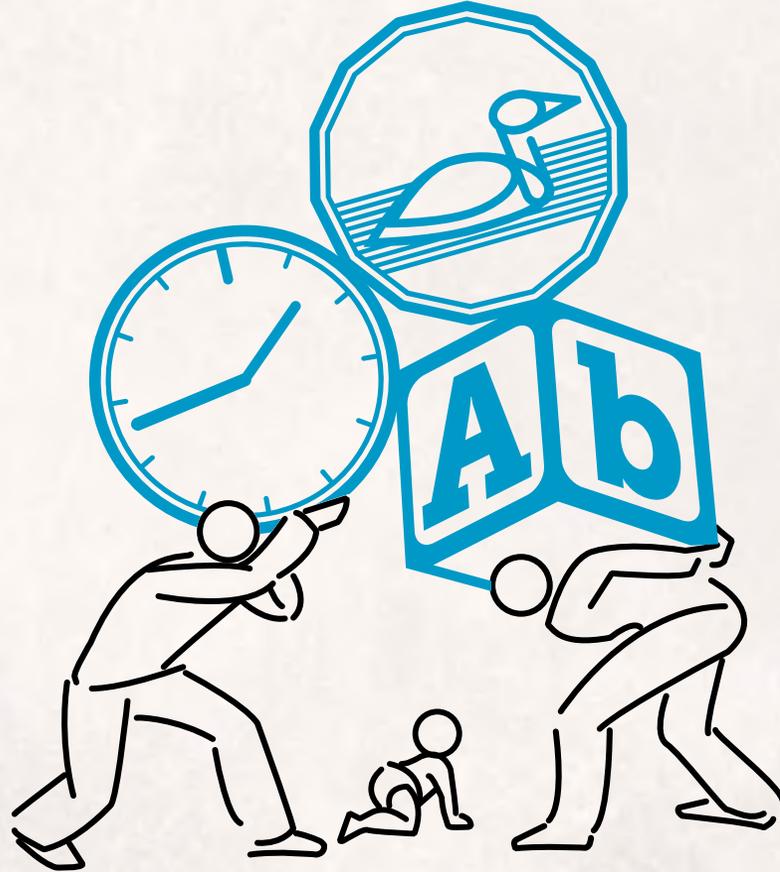
FACING
HIGHER
HOUSING
PRICES



\$568,000
VS
\$224,000

Fairness as proportionality

GENERATIONS IN THEIR 20S, 30S, 40S & THEIR CHILDREN
ARE SQUEEZED FOR...



TIME

AT HOME WITH CHILDREN

SERVICES

AFFORDABLE CHILD CARE

MONEY

HIGHER STUDENT DEBTS,
HIGHER HOUSING COSTS,
& STAGNANT INCOMES

WHILE LEFT WITH LARGER

GOVERNMENT AND ENVIRONMENTAL DEBTS



Gen Squeeze Logic: Don't lead with this ECD Research finding without first providing other information to sensitize the values with which people respond to the evidence!

29-33%

of BC kindergarten children are vulnerable
Most are not poor!

The Human Early Learning Partnership (HELP) is a collaborative, interdisciplinary research network, based at the School of Population and Public Health at the University of British Columbia. HELP's unique partnership brings together many scientific viewpoints to address complex early child development (ECD) issues. HELP connects researchers and practitioners from communities and institutions across BC, Canada and internationally.

A NEW DEAL FOR FAMILIES

The evidence is clear. The generation raising young children is getting a bad deal across Canada. The only solution is a New Deal for Families, a strategy that requires three policy changes:

NEW MOM AND DAD BENEFITS

WHY?

To transform the uneven access to parental leave into a benefit system that ensures all parents, including the self-employed, have the time and resources to be home with their newborns.

HOW?

Extend parental leave from 12 months to 18 months, generally reserving the extra six months for dads (with exceptions for lone parents and same-sex couples). Introduce a healthy child check-in and parenting support program during a child's first 18 months to monitor for

\$10/DAY CHILD CARE SERVICES

WHY?

To remedy the current system of unregulated, unaffordable child care services, thus ensuring that parents can spend enough time in employment to manage the rising cost of housing and stalled household incomes.

HOW?

Reduce child care service fees to no more than \$10/day (full-time) and \$7/day (part-time) making it free for families earning less than \$40,000/year. Ensure quality services by providing funding for ample caregivers on site so that ch

FLEX-TIME

WHY?

To remedy workplace standards that ignore the family by ensuring all employees can choose to combine work and family successfully.

HOW?

Adapt overtime, Employment Insurance and Canada Public Pension premiums paid by employers to make it less costly for businesses to use employees up to 35 hours per week, and thereafter



HUMAN
EARLY LEARNING
PARTNERSHIP

From a
BAD DEAL

to a
NEW DEAL

A NEW DEAL FOR FAMILIES

The evidence is clear. The generation raising young children is getting a bad deal across Canada. The only solution is a New Deal for Families, a strategy that requires three policy changes:

NEW MOM AND DAD BENEFITS

WHY?

To transform the uneven access to parental leave into a benefit system that ensures all parents, including the sole breadwinners, have the time and resources to be home with their newborns.

HOW?

Extend parental leave from 12 months to 18 months, generally reserving the extra six months for dads (with exceptions for lone parents and same-sex couples). Introduce a healthy child check-in and parenting support program during a child's first 18 months to monitor for

\$10/DAY CHILD CARE SERVICES

WHY?

To remedy the current system of unregulated, unaffordable child care services, thus ensuring that parents can spend less time in employment and manage the rising cost of housing and stalled wage growth incomes.

HOW?

Reduce child care service fees to no more than \$10/day (full-time) and \$7/day (part-time) making it free for families earning less than \$40,000 annually. Ensure quality service by providing training for ample caregivers on site so that ch

TELEWORKING

WHY?

To remedy workplace standards that grope the family by ensuring all employees can choose to combine work and family successfully.

HOW?

Adapt overtime, Employment Insurance and Canada Public Pension premiums paid by employers to make it less costly for businesses to use employees up to 35 hours per week, and thereafter

Don't let child care be another rent-or mortgage sized payment!

HUMAN
EARLY LEARNING
PARTNERSHIP

From a
BAD DEAL



to a
NEW DEAL



A NEW DEAL FOR FAMILIES

The evidence is clear. The generation raising young children is getting a bad deal across Canada. The only solution is a New Deal for Families, a strategy that requires three policy changes:

NEW MOM AND DAD BENEFITS

WHY?

To transform the uneven access to parental leave into a benefit system that ensures all parents, including the self-employed, have the time and resources to be home with their newborns.

HOW?

Extend parental leave from 12 months to 18 months, generally reserving the extra six months for dads (with exceptions for lone parents and same-sex couples). Introduce a healthy child check-in and parenting support program during a child's first 18 months to monitor for

\$10/DAY CHILD CARE SERVICES

WHY?

To remedy the current system of unregulated and unaffordable child care services, thus ensuring that parents can spend enough time in employment to manage the rising cost of housing and stalled household incomes.

HOW?

Reduce child care service fees to a maximum of \$10/day (full-time) and \$7/day (part-time) making it free for families earning less than \$40,100/year. Ensure quality service by providing training for ample caregivers on site so that ch

FLEX-TIME

WHY?

To remedy workplace standards that impact the family by ensuring all employees can choose to combine work and family successfully.

HOW?

Adapt overtime, Employment Insurance and Canada Public Pension premiums paid by employers to make it less costly for businesses to use employees up to 35 hours per week, and

Child care shouldn't cost twice university tuition

HUMAN
EARLY LEARNING
PARTNERSHIP

From a
BAD DEAL



to a
NEW DEAL

Historic Federal budget 2021: \$30 billion for child care over 5 years.
\$9 billion/year thereafter



Figure 3.3
Real Progress Towards the Goal of \$10 Per Day Average

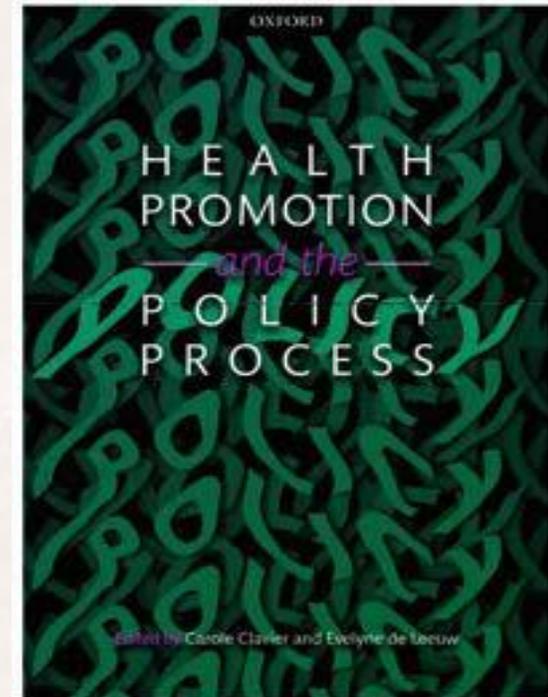


The high cost of child care—in some urban centres fees for one child can be as much as rent or mortgage payments—is a tax on a segment of the population that Canada requires to drive economic growth. Young families are juggling sky high housing costs, the increasing cost of living, expected to save up for their retirements, while managing child care fees.

Yet, early learning and child care can be more expensive than university tuition in some cities—something families have decades longer to save up for. The pandemic has shifted the public understanding of how access to child care supports children, their families, and our economy. The clear benefits of early learning and child care should not be a luxury for only the Canadian families that can afford it. Lack of access is not a choice, nor are unaffordable fees. The current

Anxiety 3: Analyses of Power are MIA

Engaging in the policy game with the rules by which health promotion currently plays is ineffective. The health promotion realm has been very good at talking the talk of the policy world, with lofty statements on healthy public policy, the social determinants of health, and the like, but it has failed to walk the walk of the complex, iterative, and quintessentially power-driven policy process." (Clavier & de Leeuw , 2013, p. 12-13)



Overcome Anxiety 3

By looking to political science

Health Promotion International, Vol. 30 No. 2
doi:10.1093/heapro/dau044
Advance Access published 28 May, 2014

© The Author 2014. Published by Oxford University Press. All rights reserved.
For Permissions, please email: journals.permissions@oup.com

PERSPECTIVES

**Beyond policy analysis: the raw politics behind
opposition to healthy public policy[†]**

DENNIS RAPHAEL*

*Health Policy and Equity, York University, 4700 Keele Street, Room 418, HNES Building, Toronto,
Ontario M3J 1P3, Canada*



Thinking like a Movement

Social Movements in Health

Theodore M. Brown¹ and Elizabeth Fee²

Abstract

Most public health practitioners know that public health has relied on biomedical advances and administrative improvements, but it is less commonly understood that social movements in health have also been sources of motivation for population health advances. This review considers the impacts of social movements focused on urban conditions and health, on the health of children, and on behavioral and substance-related determinants of health and illustrates how these movements have significantly influenced public health activities and programs. We hope this review will motivate public health workers to make common cause with social activists and to encourage social activists to ally with public health professionals.

Annu. Rev. Public Health 2014. 35:385–98

First published as a Review in Advance on
December 11, 2013

The *Annual Review of Public Health* is online at
publhealth.annualreviews.org

This article's doi:
[10.1146/annurev-publhealth-031912-114356](https://doi.org/10.1146/annurev-publhealth-031912-114356)

Copyright © 2014 by Annual Reviews.
All rights reserved.

Adaptations of work by
Marshall Ganz @ Harvard

PEOPLE
ORGANIZING:
POWER
& CHANGE

MAP THE POWER:

Who has the power required to act on the evidence?

What do they want?

What do we have that they want?

How can we get more of what they want so that we can give it to them as an incentive to do what we want – *i.e. act on the evidence?*

Why does this matter?

A NEW DEAL FOR FAMILIES

The evidence is clear. The generation raising young children is getting a bad deal across Canada. The only solution is a New Deal for Families, a strategy that requires three policy changes:

NEW MOM AND DAD BENEFITS

WHY?

To transform the uneven access to parental leave into a benefit system that ensures all parents, including the self-employed, have the time and resources to be home with their newborns.

HOW?

Extend parental leave from 12 months to 18 months, generally reserving the extra 6 months for dads (with exceptions for lone parents and same-sex couples). Introduce a mandatory child check-in and parenting support program during a child's first 18 months to monitor for

\$10/DAY CHILD CARE SERVICES

WHY?

To remedy the current system of unregulated, non-subsidized child care services, thus ensuring that parents can spend enough time in employment to make the rising cost of housing and stalled household incomes.

HOW?

Reduce child care service fees to no more than \$10/day (full-time) and \$7/day (part-time) making it affordable for families earning less than \$40,000/year. Ensure quality services by providing funding for ample caregivers on site so that ch

FLEX-TIME

WHY?

To remedy workplace standards that ignore flexibility by ensuring all employees can choose to combine work and family successfully.

HOW?

Adapt overtime, Employment Insurance and Canada Public Pension premiums paid by employers to make it less costly for businesses to use employees up to 35 hours per week, and

Lots of resistance to \$3 billion / year in BC



HUMAN
EARLY LEARNING
PARTNERSHIP

From a
BAD DEAL

to a
NEW DEAL

The art of politics requires politicians to
want to be perceived to be doing good;
responding to the electorate

Politicians want and need votes

GENERATION | squeeze



Together we represent

37,902

supporters from coast to coast to coast

JOIN US, AND WE'LL MAKE SURE MORE CANADIANS
HAVE A CHANCE TO...

 **AFFORD**
TO START FAMILIES

 **FIND**
A GOOD JOB

 **PAY OFF**
STUDENT DEBT

 **SAVE**
FOR RETIREMENT

 **AFFORD**
A SUITABLE HOME

 **LEAVE**
AT LEAST AS MUCH
AS WE INHERITED



\$10aDay.ca
On our way to affordable child care

Together we've made history.
Affordable child care in BC is on its way, thanks to you.



Anxiety 4: Theories of change are too simplistic

Follows from Anxieties 2 & 3:

INNOVATIONS IN POLICY AND PRACTICE

A surgical intervention for the body politic: Generation Squeeze applies the Advocacy Coalition Framework to social determinants of health knowledge translation

Paul Kershaw, PhD,¹ Eric Swanson, BSc,² Andrea Stucchi, BA¹

ABSTRACT

SETTING: The World Health Organization Commission on the Social Determinants of Health (SDoH) observes that building political will is central to all its recommendations, because governments respond to those who organize and show up. Since younger Canadians are less likely to vote or to organize in between elections, they are less effective at building political will than their older counterparts. This results in an age gap between SDoH research and government budget priorities. Whereas Global AgeWatch ranks Canada among the top countries for aging, UNICEF ranks Canada among the least generous OECD (Organisation for Economic Co-operation and Development) countries for the generations raising young children.

INTERVENTION: A surgical intervention into the body politic. Guided by the "health political science" literature, the intervention builds a non-profit coalition to perform science-based, non-partisan democratic engagement to increase incentives for policy-makers to translate SDoH research about younger generations into government budget investments.

OUTCOMES: All four national parties integrated policy recommendations from the intervention into their 2015 election platforms. Three referred to, or consulted with, the intervention during the election. The intervention coincided with all parties committing to the single largest annual increase in spending on families with children in over a decade.

IMPLICATIONS: Since many population-level decisions are made in political venues, the concept of population health interventions should be broadened to include activities designed to mobilize SDoH science in the world of politics. Such interventions must engage with the power dynamics, values, interests and institutional factors that mediate the path by which science shapes government budgets.

KEY WORDS: Knowledge translation; health policy; social determinants of health

La traduction du résumé se trouve à la fin de l'article.

Can J Public Health 2017;108(2):e199–e204
doi: 10.17269/CJPH.108.5881

Example:

HELP's Initial *Implied* THEORY OF CHANGE



Example:

**HELP's Initial *Implied*
THEORY OF CHANGE**

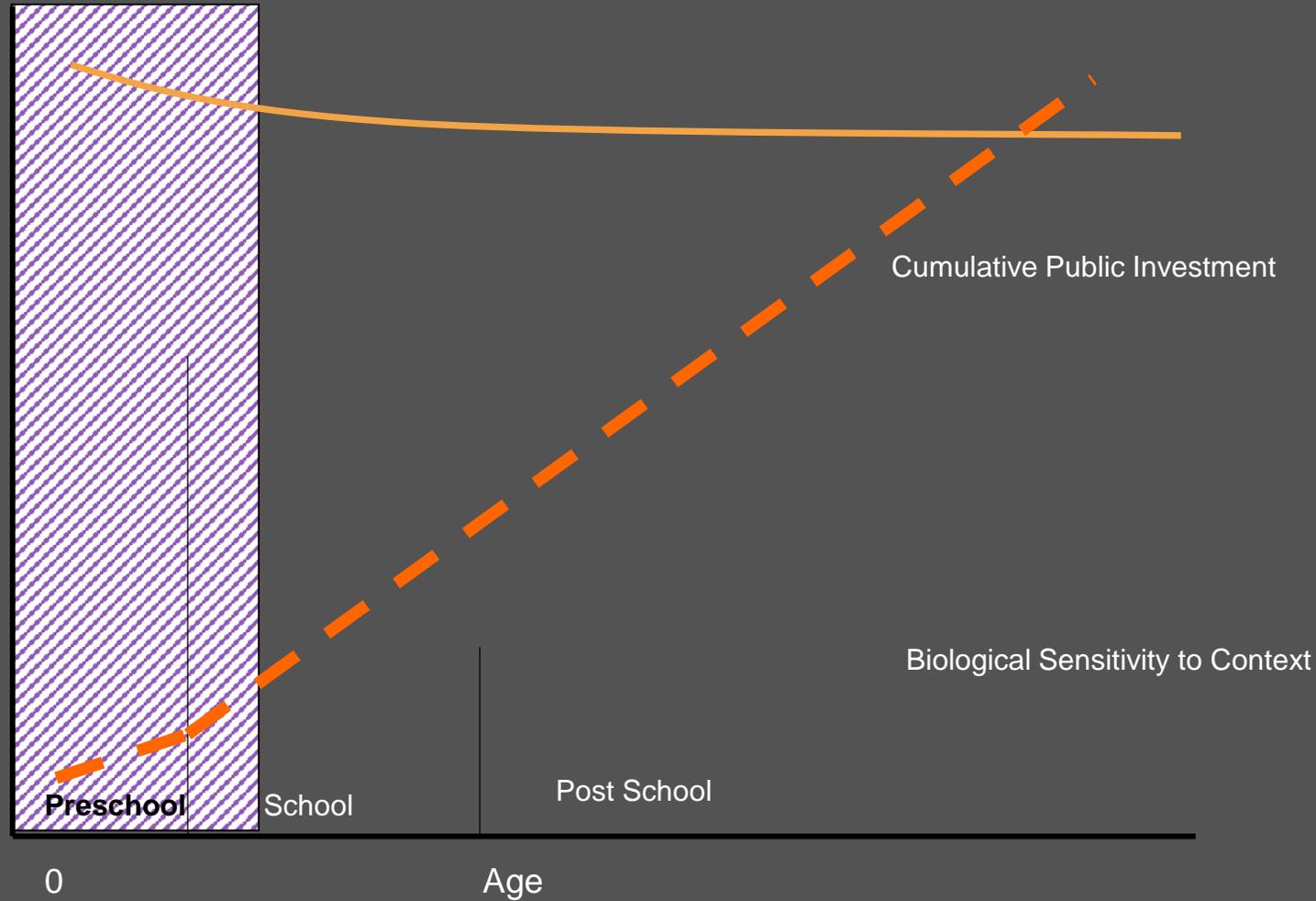
Provide high quality
data

Shine a light
on the
problem

Collective
action to
solve the
problem

**No data
No problem
No action!**

Mismatch: Social Investment vs. Health Promotion Opportunity



Source: Carneiro & Heckman, Human Social Policy (2003)

Governments increased spending on age 65+ 4x faster than for <45

A “health in all policies” review of Canadian public finance

Check for updates

Paul Kershaw¹ 

Received: 4 April 2019 / Accepted: 20 December 2019 / Published online: 19 February 2020

© The Canadian Public Health Association 2020

Abstract

Objective Consistent with evidence that health is shaped primarily by its social determinants, health systems research shows that government spending on social programs often has a stronger association with population health than medical care investments. This study aims to support Canadian provincial and federal cabinets to act on this evidence by engaging with the concept of “health in all policies” (HiAP) during budget deliberations.

Methods The study is descriptive, analyzing secondary, publicly available data about federal and provincial budgets to explore how public finance for social determinants of health (SDoH) investments in earlier (< age 45) and later (age 65+) life course stages has evolved since 1976 relative to investments in medical care.

Results Medical care spending increased \$3983 per person age 65+ since 1976. This increase is 45% larger than the combined increase for childcare, parental leave, family income support, education, and medical spending per person under age 45. Of the new spending on younger Canadians, medical care received the largest investment. Whereas medical spending for retirees increased just over half the pace of retirement income spending, medical spending for younger Canadians increased nearly as much as their total package of SDoH policies.

Conclusion There has been greater alignment between the HiAP concept and Canadian public finance for seniors than for younger Canadians since 1976. Results provide decision-makers with important retrospective information by which to evaluate future public investments in and beyond medical care, across the life course, along with plans to finance those investments.

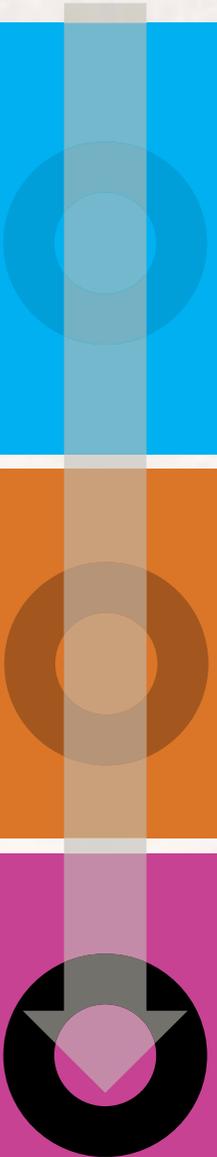
Pivot to Gen Squeeze Theory of Change

IF we build an organization as powerful as the Canadian Association of Retired Persons (CARP, which btw has 300,000+ paying members!),

THEN governments will respond as urgently for younger Canadians as they do others,

BECAUSE governments respond to those who organize and show up.

Gen Squeeze Applies the Advocacy Coalition Framework to Pop Health KT: Six Outputs



People will
Organize when

**Socio-Economic Changes Disrupt Status Quo,
Giving People Reason to Organize if...**

1. Changes are Made Meaningful in light of:

- Societal Values
- Science
- Age Distribution of Gov't \$

Organizing will

2. Shift Public Opinion

3. Frame Policy Beliefs

4. Set Agenda: "Better Generational Deal"

5. Build Gen Squeeze Coalition to 100,000+ strong

**6. Marshal Opinion, Evidence and Person Power to
Alter Political Incentives**

Government will
Invest More in
Younger Canadians

because

**Governments respond
to those who
Organize & Show Up**

Anxiety 5:

KT is hard! Who is responsible for all of this work?

Many answers:

Someone else

Knowledge Brokers

Think tanks

Universities are calling academics to do KT well...

UBC Strategic Plan

Defines “Research Excellence” as “creating and mobilizing knowledge for impact.”

Strategy 9: Knowledge Exchange

Improve the ecosystem that supports the translation of research into action

Although the “incentives”, including paths to promotion, don’t yet operationalize this idea

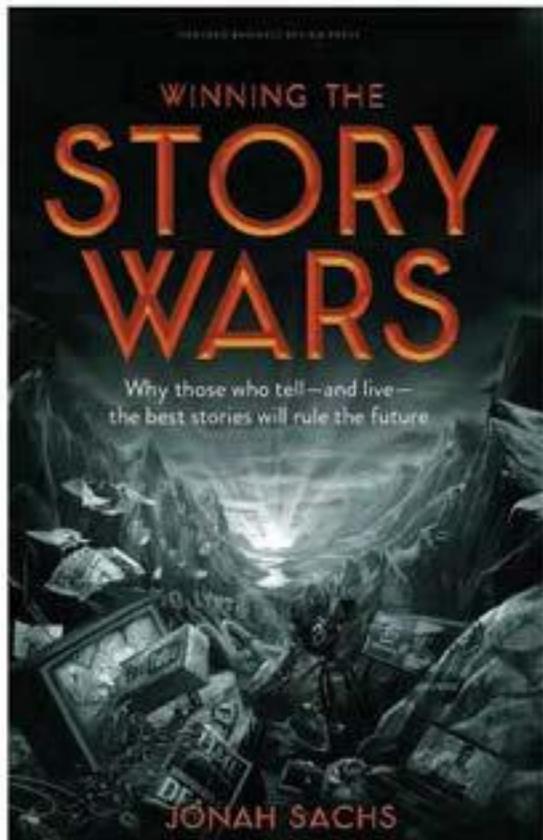
UBC Strategic Plan

Defines “Research Excellence” as
“creating and mobilizing knowledge for impact.”

Strategy 9: Knowledge Exchange

Improve the ecosystem that supports the translation of research into action

Resist organizing KT in ways that present the researcher/KT team as the "hero."



Organize our KT so that we mentor others to recognize that they can be Change Makers on a Grand Scale... *if only they act on the evidence!*

Learning objectives

- ✓ Describe the 5 Anxieties of Knowledge
Translation in population health literature
- ✓ Clarify the importance of addressing values, power and motivation in knowledge translation
- ✓ Apply these concepts to the challenges and successes of current knowledge mobilization activities in BC

Thank you



Find out more about HELP at
earlylearning.ubc.ca/

Check out
gensqueeze.ca/subscribe

and get

Intro video

to share with friends and family

Monthly briefings

with updates from our lab & campaigns

Opportunities

to get involved