

Annex 1: Illustration of the KT plan for one region

An illustration of the contextualised knowledge translation (KT) scheme to be implemented in a region: KT activities to be implemented and expected outcomes according to several publics of professionals regionally involved in prevention and health promotion (IREPS professionals, ARS professionals, stakeholders, CRSA professionals).

Activities to implement with IREPS professionals and expected outcomes	
<i>Activities</i>	<i>Expected Outcomes</i>
Deliberative working group in order to develop a policy-brief for CRSA professionals and committee presidents	1, 5
Deliberative working group in order to develop a policy-brief for field professionals working in prevention and health promotion	1, 5
Training in the use of PBS and other evidence data use- Level 2 – (NB: Level 1 being for basic knowledge) for field professionals working in prevention and health promotion	1, 2, 3, 4, 5
Diffusion of communication tools (newsletters, inserts, etc.) highlighting research results	1, 2, 3, 4, 5
Reflexive working groups/journal clubs about policy-briefs conception and appropriation: critical analysis, analysis of transferability and practical examples	1, 3, 4, 5
Organisation of a regular meeting between stakeholders and researchers, to discuss about research production and field needs, in order to be aware of issues of both parts	3, 4, 5

Expected outcomes:

- 1: Field professionals working in prevention and health promotion highlight PBS data use in their productions (presentations, reports, schemes, etc.)
- 2: Field professionals working in prevention and health promotion state evidence use (including PBS data use) in the conventions they have with funders and collaborators.
- 3: Field professionals working in prevention and health promotion use PBS data when developing their field projects.
- 4: Field professionals working in prevention and health promotion use PBS data when writing the action reports they send to funders.
- 5: IREPS teams adopt a shared culture on evidence use.

Activities to implement with ARS professionals and expected outcomes	
<i>Activities</i>	<i>Expected Outcomes</i>
Formation for PBS and other evidence data use- Level 2 – (NB: Level 1 being for basic knowledge)	1, 2, 3
Reflexive working groups/journal clubs about policy-briefs conception and appropriation: critical analysis, analysis of transferability and practical examples	1, 2, 3
Organisation of a regular meeting between stakeholders and researchers, to discuss about research production and field needs, in order to be aware of issues of both parts	1, 2
Diffusion of policy-briefs in the ARS	1, 2, 3, 4
Redaction by the IREPS of notes based on PBS data and/or other evidence data or theoretical models in the call for proposals and conventions: political memo	2, 3, 4
To make official the collaboration between the ARS and the university research group “human health” (convention, charter, ...)	2, 3, 4
Diffusion of communication tools (newsletters, inserts, etc.) that highlight research results	4
Presentation of the process in the ARS: meetings with the director general, the executive committee, the management committee, etc.	4
Political memo for the director general	4

Expected outcomes :

- 1: ARS professionals enhance PBS data in the documents, tools, etc. they produce (e.g. presentations, actions assessment, activities scheme, etc.)
- 2: Evidence (including PBS) requirement appears in the regional calls for projects
- 3: ARS professionals indicate evidence (including PBS) requirement in the conventional agreement they have with stakeholders
- 4: ARS teams adopt a shared culture on evidence use.

Activities to implement with stakeholders and expected outcomes	
<i>Activities</i>	<i>Expected Outcomes</i>
Formation for stakeholders on evidence use and its adding value (Level 1)	1, 2, 3
Formation for stakeholders on evidence use in relation with identified needs previously collected (for example according to a given population, theme, etc.) (Level 2)	1, 2, 3
Methodological support for evidence use	1, 2
Diffusion of communication tools (newsletters, inserts, etc.) that highlight research results and PBS	1, 2
Deliberative working group in order to develop a policy-brief for field professionals working in prevention and health promotion	1, 2, 3
Reflexive working groups/journal clubs about policy-briefs conception and appropriation: critical analysis, analysis of transferability and practical examples	1, 2, 3

Expected outcomes :

- 1: Stakeholders use PBS data when applying to calls for projects as well as in the actions funded on pluri-annual conventions they develop
- 2: Stakeholders use PBS data when developing their projects
- 3: Proximity advisors are able to help stakeholders with evidence use

Activities to implement with CRSA professionals and expected outcomes	
<i>Activities</i>	<i>Expected Outcomes</i>
Installation of awareness areas for evidence use among board, committee's presidents and prevention committee members	1, 2
Diffusion of policy briefs whose topics are in relation with the agenda of the prevention committee of the CRSA	1, 2
Diffusion of policy briefs whose topics are in relation with the agenda prevention of the CRSA plenary meetings	1, 2

Expected outcomes :

- 1: CRSA members adopt a shared culture on evidence use.
- 2: CRSA members include PBS data in the notices they deliver

KT: Knowledge transfer; IREPS: Instance Régionale d'Éducation et de Promotion de la Santé, Regional Authority of education and health promotion; ARS: Agence Régionale de santé, Regional health agency; CRSA: Conférence Régionale de la Santé et de l'autonomie - an advisory organism involved in regional health politics set up; PBS: Stratégies d'Intervention en Prévention, knowledge documents named "intervention strategies in prevention".