

Promoting the Use of Research Findings in the Real World

A step-by-step guide to disseminating research findings



ITHS

Institute of **Translational** Health Sciences

ACCELERATING RESEARCH. IMPROVING HEALTH.

Adapted by the Institute of Translational Health Sciences' Dissemination and Implementation Program from [Promoting the Use of Best Practices](#) by Miruna Petrescu-Prahova, PhD, Nellie Adams, MPH, and Laura-Mae Baldwin, MD, MPH, with permission from the Health Promotion Research Center.

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Introduction

Researchers spend considerable amounts of time, money, and effort developing and testing new discoveries. However, many of these discoveries do not move to the next phase of the translational research process or into use or practice.

Fortunately, there is a solution: *dissemination*, the targeted distribution of information to a specific audience. Dissemination is usually considered at the distal end of the translational science spectrum, such as in public health or clinical practice. However, it is possible to apply the principles of dissemination at any phase of translational science. By using dissemination principles, individuals and organizations can create and execute dissemination plans that can ensure that their discoveries and interventions reach organizations and others that can benefit from them.

Who is this workbook for?

The University of Washington's Health Promotion Research Center (HPRC) staff created the original workbook to help organizations develop plans to disseminate evidence-based strategies outside the research setting. These organizations might disseminate on their own or enlist a partner organization to disseminate on their behalf.

The Institute of Translational Health Sciences' Dissemination and Implementation Program has adapted this workbook to help translational scientists at any stage in the translational spectrum to move their discoveries and intervention into practice in the real world. This broad definition of dissemination might lead to use of a new basic science tool (e.g., biomarker, mouse model) by other scientists, or implementation of an evidence-based intervention into clinical or public health practice.

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Before You Begin

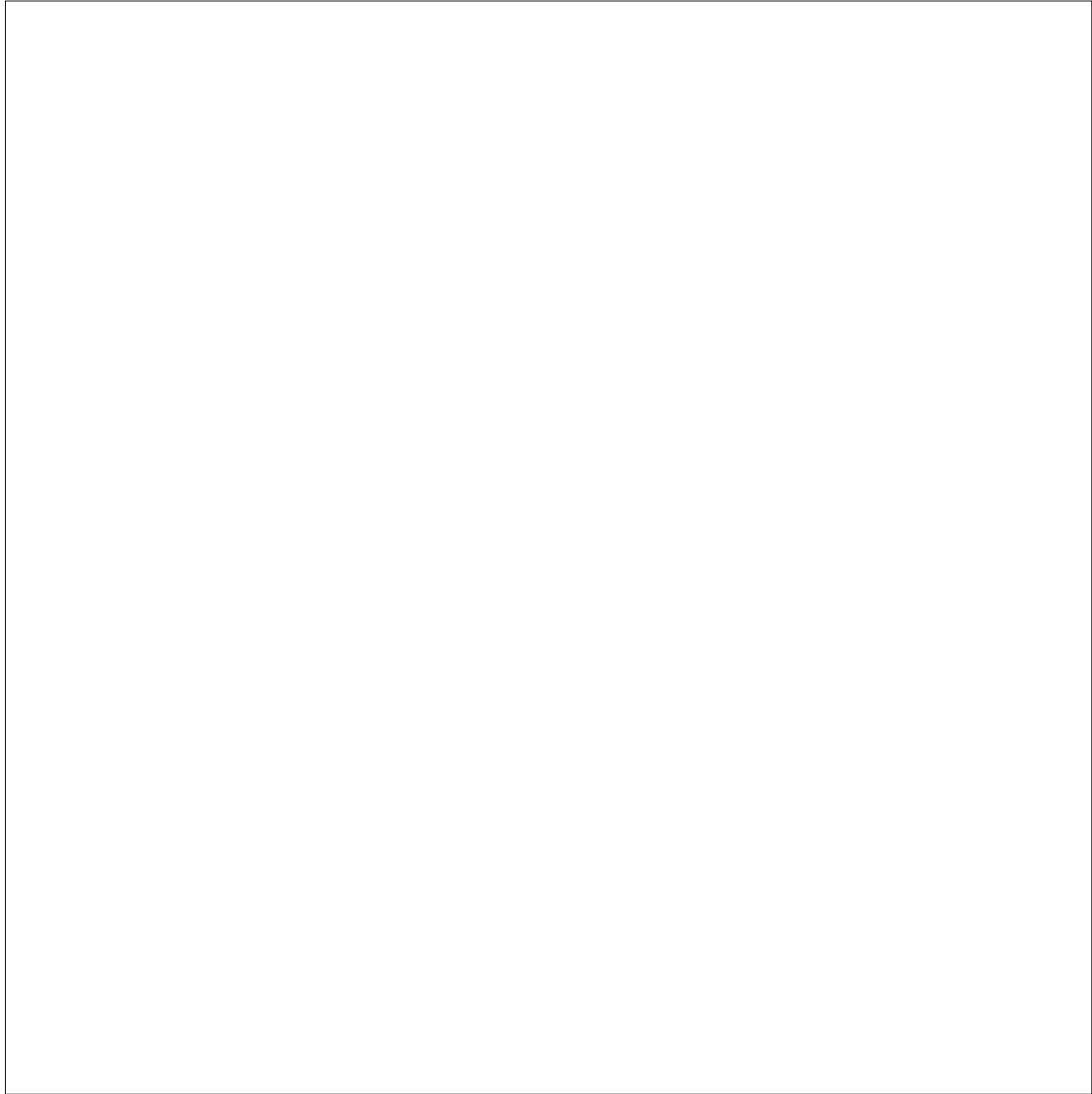
What do I need to know?

We define below the primary terms used in this workbook.

<i>Term</i>	<i>Definition</i>
Research product	A discovery, tool (e.g., biomarker, mouse model), device, drug, intervention, program, practice, process, or guideline.
End users	The parties that will ultimately benefit from the research product. If the research product is for organizational change, this could be organizations; if it aims to change behavior in individuals, it could be clients or patients of a certain service organization; if it aims to change research processes, it could be researchers themselves.
Developer	The individual or organization that created the research product.
Dissemination	The targeted distribution of a research product to a specific audience.
Adoption	The decision of an individual or organization to integrate a research product into its work.
Implementation	The process of integrating a research product into an organization's day-to-day operations.
User	An individual or organization that adopts and implements the research product.
Disseminator or disseminating organization	The individual or organization that distributes information about the research product to users.
Tailoring	The practice of customizing research product-related messaging for a specific user.

What do I need to do?

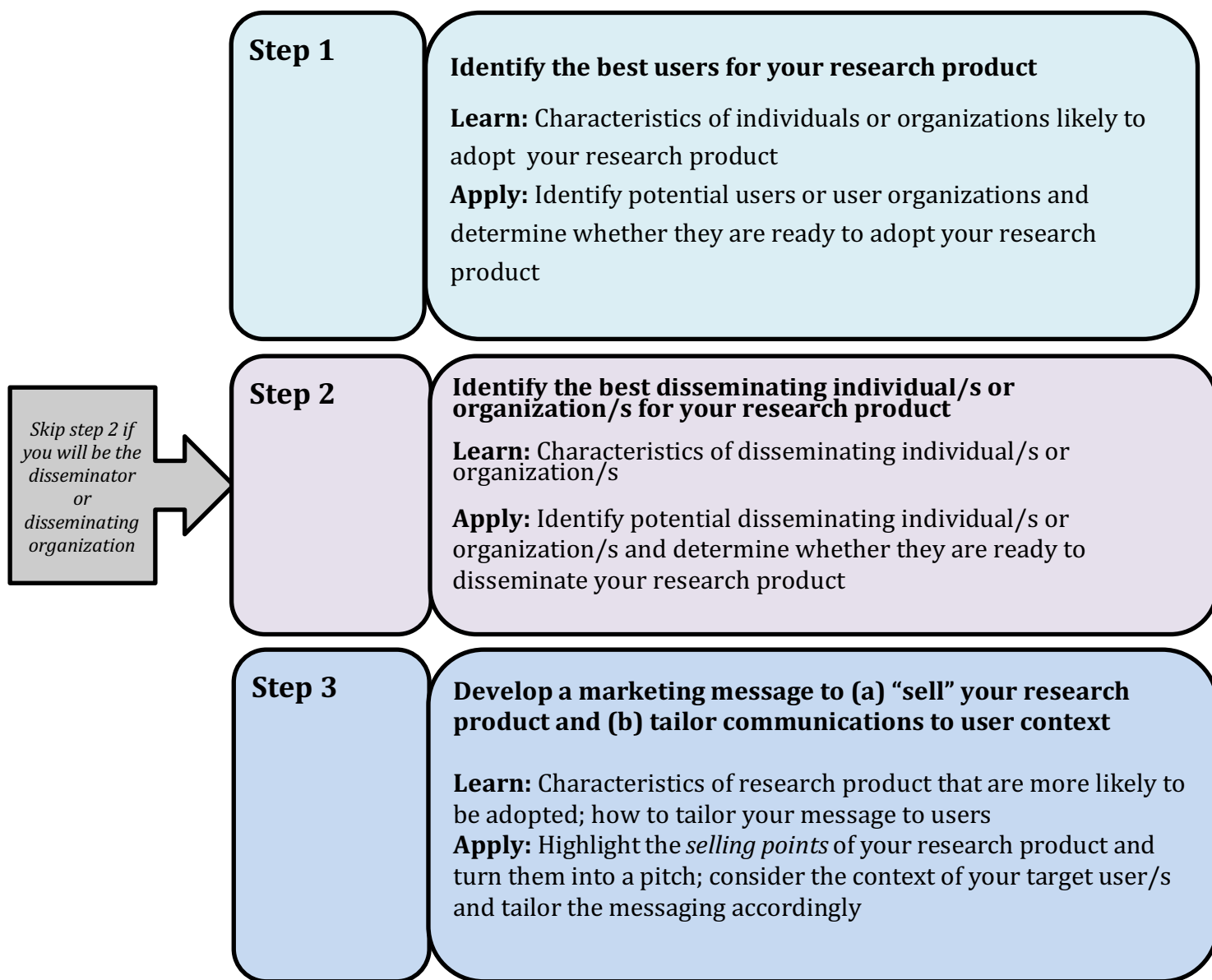
Before using this workbook, you need to identify what research product you would like to disseminate to others. In academia, we often think of dissemination as published articles or presentations at professional meetings. For this exercise, we are talking about identifying a research product that you would like to disseminate – for example, an assay that might speed the work of other researchers, a new drug or device, or a public health intervention. Take a minute to write down what research product you would like to disseminate below:

A large, empty rectangular box with a thin black border, intended for the user to write down their research product for dissemination.

How should I use this workbook?

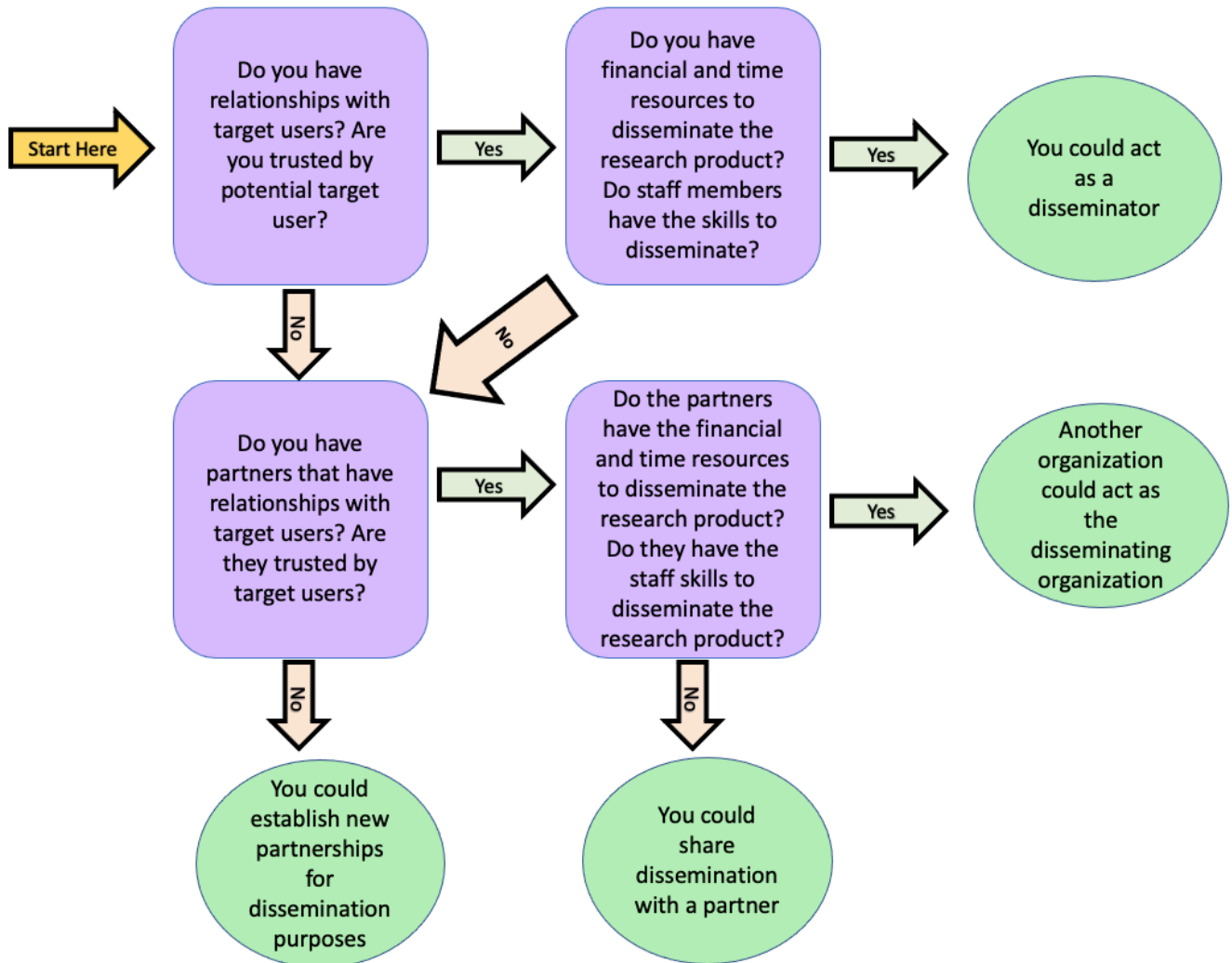
Complete all three steps in this workbook. Each step has two sections: *Learn* and *Apply*. In the *Learn* section, we provide general information about how to plan and implement dissemination. In *Apply*, we help you connect this new knowledge to create your own dissemination plan.

To see these steps in action with real-life examples, check out Appendices 1 and 2.



In some cases, it makes sense for the developer of the research product to act as the disseminator or disseminating organization. In other cases, it might make sense to find an intermediary—for example, when an entity other than the developer has easier access to, or existing relationships with, the potential users.

Use the decision tree below to determine whether you, or an intermediary, should act as the disseminator. If you decide to disseminate the research product yourself, skip Step 2.



Step 1: Identify the best users for your research product

Learn: Characteristics of users or organizations likely to adopt new research product

How do I identify users or organizations likely to adopt new research products?

A user/organization is more likely to adopt a research product if it has...

- a **mission** or **strategic priorities** that align with the desired outcomes of the research product
- the **resources** needed to adopt the research product (these could include adequate personnel, skilled staff, facilities for implementation, time for training, or financial resources).
- one or more internal staff **champions** that promote the research product within the organization.
- a **culture** that encourages learning and change.
- the ability to devote **time and attention** to the research product, i.e., will prioritize your initiative even if it is engaged with other initiatives.

Apply: *Identify potential users....*

Answer the questions below to come up with a list of potential users for the research product you plan to disseminate.

1. *What would you like to impact with your research product (e.g., research processes, clinical organizations, specific populations)?*

2. *What types of individuals or organizations are likely to use your research product? What services do they provide? How would adopting the research product allow them do their work better?*

3. *What resources does an individual or organization need to adopt the research product ? Which individuals or organizations have these resources?*

4. *List the **specific individuals or organizations** that **fit the criteria above**. These are **potential users**.*

...and determine whether they are ready to adopt your research product

The tool below will help you decide whether any of the users you identified are ready to adopt your chosen research product. You can also use the tool to narrow down and prioritize your options.

Directions: In the table, list each potential user you identified in question 4 above. Check *Yes*, *No*, or *Don't know* in response to the following questions.

	Resources	Champions	Culture	Time/Attention
<i>Does this potential user have...</i>	<i>the resources needed to adopt the research product?</i>	<i>a champion on staff who will advocate for adoption?</i>	<i>a leadership/culture that encourages learning and change?</i>	<i>the ability to devote time and attention to the research product?</i>
1.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
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3.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
4.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know

If your responses were mostly *Yes*, the user is ready to adopt the research product; if mostly *No*, the user may not be. If most of your responses were *Don't know*, you should find out more information before you decide to target that potential user.

Step 2: Identify the best disseminator or disseminating organization for your research product

***Learn:** Characteristics of individuals or organizations that can disseminate your research product*

In Step 1, you identified the users you will target with your research product. Now, it's time to think about how to deliver the to them.

What does a disseminator or disseminating organization do? The role of a disseminator or disseminating organization is to promote the research product to target users.

Ideal disseminators or disseminating organizations have...

- **access** to target users. For example, through a research relationship, professional society or contractual obligation.
- a **solid reputation** among target users as **trustworthy and credible**. Individuals and organizations that are influential opinion leaders in fields relevant to your research product make ideal disseminators or disseminating organizations.
- shared **mission and goals** with target users, and where applicable, the **cultural competency** needed to work with them.
- the **resources** needed to conduct dissemination. This may include staff time, staff skills, or financial resources.
- either an **existing partnership with you or your organization — or the potential to develop one**. Maybe you successfully partnered with the individual or the organization in the past, or maybe there is a champion on staff interested in a new dissemination partnership.

Of course, not all the criteria above need to be met. Otherwise, you may never find a perfect disseminator or disseminating organization!

Apply: *Identify potential disseminators or disseminating organizations....*

Answer the questions below to come up with a list of potential disseminators or disseminating organizations for your research product.

1. *What types of individuals or organizations have access to your target users?*

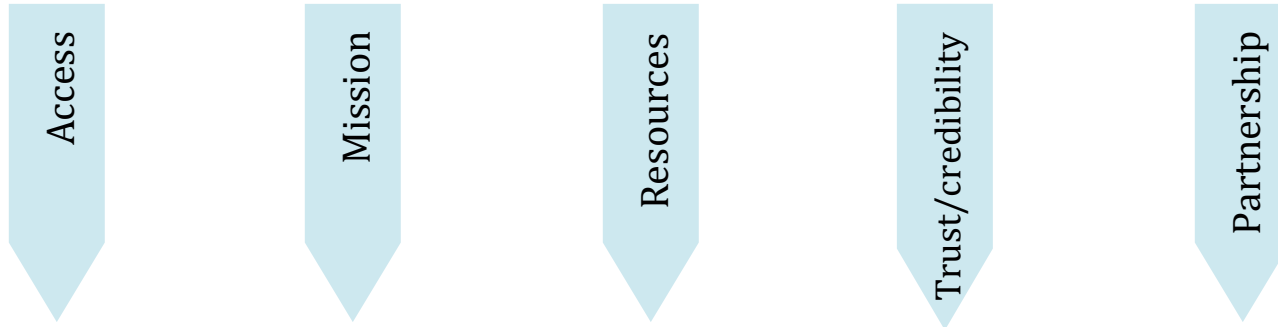
2. *Which individuals or organizations do your target users go to when they need information? What types of individuals or organizations do your target users consider credible and trustworthy?*

3. *List the **specific individuals or organizations** that **fit the criteria above**. These are **potential disseminators or disseminating organizations**.*

...and determine whether they are ready to disseminate your research product..

The tool below will help you decide whether any of the individuals or organizations you identified are ready to disseminate your chosen research product. You can also use the tool to narrow down and prioritize your options.

Directions: In the table below, list each individual and organization you identified in question 3 above. Check *Yes*, *No*, or *Don't know* in response to the following questions.



<i>Does this potential disseminator or disseminating organization have...</i>	<i>access to target users?</i>	<i>a trustworthy and credible reputation among target users?</i>	<i>shared mission and goals with target users, and the cultural competency to work with them?</i>	<i>the resources needed to conduct dissemination?</i>	<i>an existing relationship with you or your organization, or the potential to develop one?</i>
1.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
2.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
3.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know

Step 3a: Develop a marketing message to “sell” your research product

Learn: Characteristics of a research product that are more likely to be adopted

Research products are more likely to be adopted if they....

- are considered **credible** by potential adopters.
- have a **relative advantage** compared with current research products.
- produce **visible benefits**.
- are **compatible** with existing resources.
- are **simple** to implement.
- can be **tested** before the user makes a final decision to adopt.

The next step is to think about how to present your chosen research product to users and increase chances of adoption.

Apply: Highlight the selling points of your research product ...

You are ready to start planning your dissemination campaign! This step will help you think about the credibility of your research product and how it will impact users.

Credibility

How strong is the evidence related to your research product?

Advantage

How is the proposed research product an improvement on existing research products? (i.e., why does it have a relative advantage?)

Benefit

What benefits will the user gain by using this research product? Will these benefits be visible?

Compatibility

How does the research product fit in with the existing resources of the user?

Simplicity

*In which ways will the research product be simple for a user to adopt?
What complications might it experience?*

Testability

*Can the user **try out** the research product before it decides to adopt?*

...and turn them into a pitch

Your answers to the previous questions are selling points you can turn into an elevator pitch. Think about how to convince potential users to adopt a strategy.

Write a 60-second elevator pitch that answers these questions: What is the research product? How is it credible? Why is it better than current practice? How will it make life easier? How will it improve research processes or quality of care? Will it cut costs? Can it be tested before the user commits?

Step 3b: Tailor your marketing message and communications to the user context

Learn: How to tailor your message to users

How does tailoring work?

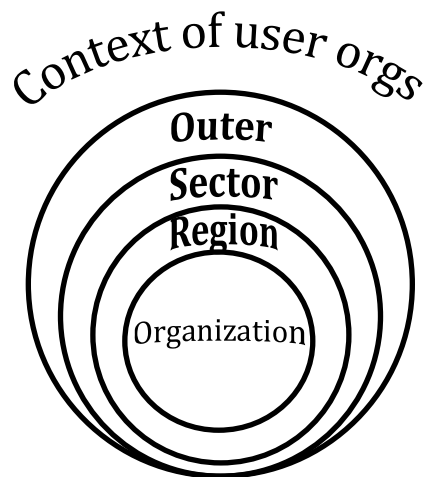
You can motivate a user to adopt a research product by customizing the message to its internal and external circumstances. These circumstances are the *context* in which an individual or organization exists and may affect its interest and/or ability to use the research product.

What is context?

Think of a user as one circle inside several larger circles. The context of a user is determined by circumstances at the...

- **Outer level:** These include things beyond the user's control like political climate, laws, or policies.
- **Sector level:** The climate, culture, or set of standards in the sector (i.e., research environment, mental health, primary care, or Head Start). This could include guidelines, funding, or budget constraints.
- **Regional/geographical level:** For public health or clinical interventions, these might include aspects of the neighborhood or cultural group that a user serves, such as socio-economic status, rurality, or predominant language.
- **Organizational level:** These might include the funding, equipment, or legal constraints.

The graphic below depicts the full context in which user resides:



Apply: Consider the context of your target user and tailor the message accordingly

Directions: Write a few words about the circumstances of the target user at each context level. Check *Yes*, *No*, or *Don't know* in response to the following question. Note ways to address the circumstances that could prevent use. Once you have completed this exercise, go back to your elevator pitch and make any adjustments that you feel are important.

Context: Circumstances or trends that <i>could</i> affect motivation and/or ability to use the research product	Could this affect the motivation or ability to use the product?	Ways to address this circumstance, if applicable
User #1		
Outer level	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	
Sector level	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	
Regional/geographical level	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	
Organizational level	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	
User #2		
Outer level	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	
Sector level	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	
Regional/geographical level	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	
Organizational level	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	

Next steps

You now have a good plan to disseminate your research product to your intended users. But how can you make sure they *use* it?

Implementation is a purposeful set of specific activities that results in individual or organizational use of an innovation. Uptake of the research product can feel beyond your control once disseminated. You can, however, increase the likelihood of uptake and sustained use if you provide *implementation support*. For example, you could provide training or technical assistance to the user.

Planning implementation and evaluation is beyond the scope of this workbook, but we strongly recommend you do it! You are more likely to sustain the use of a research product if the disseminator and user maintain a relationship.

For guidance on implementation and evaluation in clinical settings and public health, we recommend:

- **The Knowledge Translation Methods and Tools for Public Health Registry from Canada's National Collaborating Centre for Methods and Tools** (<http://www.nccmt.ca/knowledge-repositories/search>). This is a searchable, online collection of evidence-based methods and tools for knowledge translation in public health. User tip: search for “implementation support” for multiple resources.
- **The Reach, Effectiveness, Adoption, Implementation (RE-AIM) Framework** (www.RE-AIM.org) is a framework to help with dissemination and implementation. The following pages are particularly relevant.
 - <http://www.re-aim.org/about/what-is-re-aim/implementation/>
 - <http://www.re-aim.org/resources-and-tools/implementation-key-questions/>

Citations

1. Parchman, M. (2015). "Diffusion, Dissemination, and Implementation: What is the Difference?". [Internet]. Group Health Research Institute, Seattle, WA. Retrieved from <https://www.nihcollaboratory.org>
2. Colorado Research and Implementation Science Program. (2018). "Dissemination & Implementation in Health: A User's Guide for Researchers and Practitioners". Retrieved from <http://www.crispebooks.org>
3. Make Research Matter. (n.d.) "Glossary". Retrieved from <http://www.makeresearchmatter.org/glossary.asp>
4. National Institutes of Health Office of Disease Prevention. (2017). "Evidence-Based Practices and Programs". Retrieved from <http://prevention.nih.gov>
5. Esslinger, E., Sun, C., Wright, S., Knowles, B., & Schade, C. (2011). "The 2010-2011 Home Health Quality Improvement National Campaign". *Home Healthcare Nurse*, 29(5), 298-305.
6. Morshed, A., Tabak, R., Taranhike, I., Baumann, A., & Proctor, E. (2016). "Intro to D&I". [Internet]. Washington University, St. Louis, MO. Eight toolkits related to Dissemination and Implementation. Retrieved from <http://toolkitsc.herokuapp.com/>
7. Centers for Disease Control and Prevention National Center for Injury Prevention and Control. (n.d.) "Understanding the Interactive Systems Framework for Dissemination and Implementation". Retrieved from https://www.cdc.gov/violenceprevention/pdf/ASAP_ISF-a.pdf
8. Esslinger, E., Anderson, D., & Knowles, B. (2008). Home Health Quality Improvement National Campaign: The Journey and Potential Impact on Clinical Practice. *Home Healthcare Nurse*, 26(7), 399-405.
9. Agency for Healthcare Research and Quality. (2012). Communication and Dissemination Strategies To Facilitate the Use of Health-Related Evidence. Retrieved from <https://effectivehealthcare.ahrq.gov>
10. Image source: Centers for Disease Control and Prevention. "Best Strategies for Cardiovascular Disease Prevention Programs: A Guide to Effective Health Care System Interventions and Community Programs Linked to Clinical Services". Atlanta, GA: Centers for Disease Control and Prevention, US Dept of Health and Human Services; 2017; image adapted from National Center for Injury Prevention Control. Division of Violence Prevention, issuing body. "Continuum of Evidence Effectiveness". National Center for Injury Prevention and Control, Division of Violence Prevention, 2011.

11. Grilli, Roberto, and Jonathan Lomas. "Evaluating the Message: The Relationship between Compliance Rate and the Subject of a Guideline". *Medical Care*, vol. 32, no. 3, 1994, pp. 202– 213.
12. Greenhalgh, Trisha, et al. "Diffusion of Innovations in Service Organizations: Systematic Review and Recommendations". *Milbank Quarterly*, vol. 82, no. 4, 2004, pp. 581–629
13. Yuan, Christina T, et al. "Blueprint for the Dissemination of Evidence-Based Strategies in Health Care". *Issue Brief (Commonwealth Fund)*, vol. 86, 2010, pp. 1–16.
14. Patient-Centered Outcomes Research Institute. (2015). PCORI Dissemination and Implementation Toolkit. Retrieved from <https://www.pcori.org/sites/default/files/PCORI-DI-Toolkit-February-2015.pdf>
15. Kreuter, M.W., and J.M. Bernhardt. (2009). Reframing the Dissemination Challenge: A Marketing and Distribution Perspective. *American Journal of Public Health*, 99(12):2123–2127.
16. Dearing J. (2004). Improving the state of health programming by using diffusion theory. *J Health Commun.* 9(suppl 1):21–36.
17. Dearing J, Maibach E, Buller D. A convergent diffusion and social marketing approach for disseminating proven approaches to physical activity promotion. (2006) *Am J Prev Med.* ;31(suppl 4):11–23.
18. Quality Insights. (n.d.) Health Care Quality Solutions for Systems, Providers and Patients. Retrieved from <https://www.qualityinsights.org/About-Us.aspx>
19. Esslinger, E., Sun, C., Wright, S., Knowles, B., & Schade, C. (2011). "The 2010-2011 Home Health Quality Improvement National Campaign". *Home Healthcare Nurse*, 29(5), 298-305.
20. Quality Improvement Organizations/Quality Insights. (n.d.) About Us. Accessed at <http://www.qualityinsights-qin.org/About-Us.aspx>.
21. Agency for Healthcare Research and Quality. (2012). Communication and Dissemination Strategies To Facilitate the Use of Health-Related Evidence. Retrieved from <https://effectivehealthcare.ahrq.gov>
22. Zayas, L., Bellamy, J., and Proctor, E. (2012). Considering the Multiple Service Contexts in Cultural Adaptations of Evidence-Based Practice. In *Dissemination and*

23. Esslinger, E., Sun, C., Wright, S., Knowles, B., & Schade, C. (2011). "The 2010-2011 Home Health Quality Improvement National Campaign". *Home Healthcare Nurse*, 29(5), 298-305.
24. Kreuter, M., & Wray, R. (2003). Tailored and targeted health communication: Strategies for enhancing information relevance. *American Journal of Health Behavior*, 27, S227-S232.
26. Kirchner, J., Waltz, T., Powell, B., Smith, J., & Proctor, E. (2017). *Implementation Strategies in Dissemination and Implementation Research in Health*, (Chapter 15). Oxford, U.K.: Oxford University Press.
27. Bush, et al. "Outcomes of Care of Abdominal Aortic Aneurysm in Veterans Health Administration Facilities: Results from the National Surgical Quality Improvement Program". *The American Journal of Surgery*, vol. 198, no. 5, 2009, pp. S41-S48.

Appendix 1: Facilitated Pilot-Testing: The Community Choice Blood Pressure Monitoring Campaign

Background

To demonstrate a real-life application of our process in a community setting, we describe how Community Choice, an organization that pilot-tested this workbook, completed each step to create and disseminate a blood pressure cuff lending program. This example includes the ways we guided the pilot-testers through the four steps of the original workbook: *Promoting the Use of Best Practices* (<https://depts.washington.edu/hprc/wp-content/uploads/HPRC-Dissemination-Workbook.pdf>).

Note: Throughout this example, “we” refers to the staff at the Health Promotion Research Center who created this workbook.

Campaign At-A-Glance

Disseminating organization	<i>Community Choice is a nonprofit that partners and collaborates with organizations in the areas of mental/behavioral health, social services, and government institutions. http://www.communitychoice.us/about-us.html</i>
Evidence-based strategy	<i>The Million Hearts Initiative/American Medical Association Self-Measured Blood Pressure Monitoring Program</i>
User organization	<i>The North Central Regional Library Wenatchee Branch, a library near the Community Choice offices</i>
End users	<i>Patrons of the North Central Regional Library who borrow and use the blood pressure cuffs.</i>
Dissemination	<i>Community Choice pitched the blood pressure cuff lending program to the North Central Regional Library</i>
Adoption	<i>North Central Regional Library decided to use the blood pressure cuff lending program</i>
Implementation	<i>North Central Regional Library implemented the blood pressure cuff lending program: displaying cuff lending kits, creating a lending system, and training staff. Community Choice assisted the library in this process by obtaining funding to buy the cuffs and creating the lending kits that include a cuff and printed information about correct usage.</i>
Tailoring	<i>Community Choice translated program materials into simple, accessible Spanish that would meet a range of literacy levels to accommodate Wenatchee’s sizable population of migrant farm workers from Mexico and other Hispanic countries.</i>

Facilitated Process

First meeting

Description: A phone meeting to initiate the dissemination project.

Goal: To introduce ourselves, get to know Community Choice staff, and establish shared or complimentary goals.

Summary: After introductions we established complimentary goals: ours was to find an organization that could pilot test the workbook to disseminate a strategy, and Community Choice staff wanted help planning and disseminating a strategy. They agreed to pilot test the workbook.

Action item: Scheduled a second phone meeting with Community Choice.

Homework: We asked Community Choice staff to think about the health issue(s) they wanted to address and why, and bring their ideas to the second meeting.

Second meeting

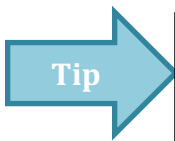
Description: A phone meeting to narrow the scope of the dissemination project.

Goal: To help Community Choice decide which health issue to address.

Summary: Community Choice staff decided to address hypertension control because high blood pressure is a leading cause of poor health in the rural counties they serve.

Action item: Scheduled a third in-person meeting with Community Choice.

Homework: We asked Community Choice staff to browse databases of evidence-based practices and find one they would like to disseminate. (A list of the databases they browsed is on page 8 of this workbook.) We asked them to consider hypertension control in their area: what needs were being met by other organizations, and what needs remained unmet?



We chose to meet at the Community Choice office to show our commitment to this project and establish the kind of deeper relationship and communication that comes from face-to-face conversation.

Third meeting

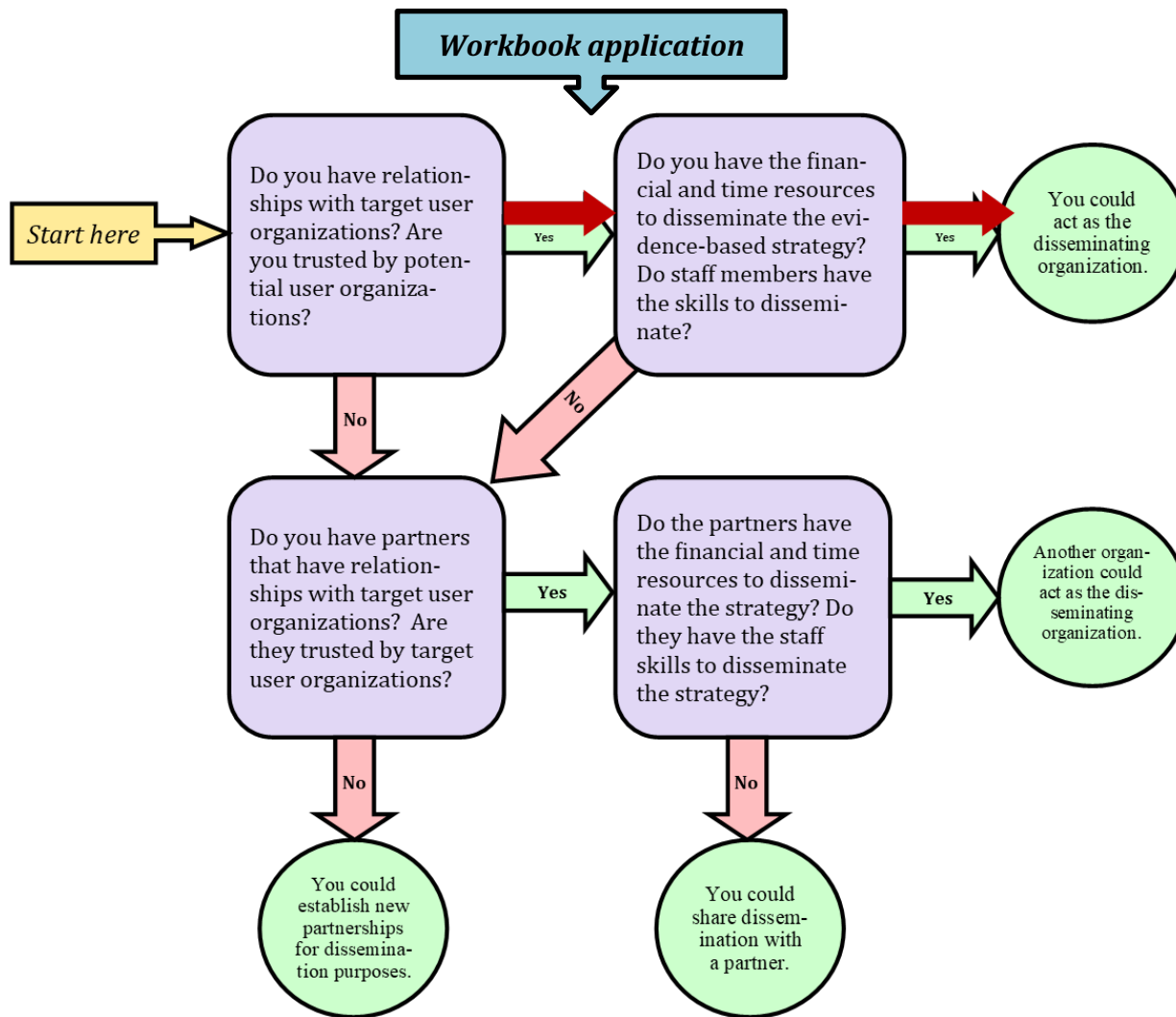
Description: In-person meeting

Goal: To determine which evidence-based strategy to disseminate and decide who should disseminate it. (This covers the “Before you begin” section of this workbook, as well as Step 1.)

Summary: Community Choice staff used the workbook’s decision tree to determine whether they, or someone else, would act as the disseminating organization and browsed databases of evidence-based strategies to find one that focused on hypertension.



Community Choice staff used the following diagram to determine whether they, or another organization, should disseminate the strategy. Because Community Choice is well-known and trusted by other non-profits in the community, it made sense to disseminate directly to user organizations.



Identify the evidence-based strategy you would like disseminated

Identify an evidence-based strategy or assess the effectiveness of a strategy you have already identified

Community Choice staff browsed databases of evidence-based strategies to find one that focused on hypertension: the Million Hearts Initiative/American Medical Association Self-Measured Blood Pressure Monitoring Program. They knew the strategy would meet their needs, because no area organization was offering a blood pressure cuff lending program.

Action item: Scheduled a phone meeting for the following month to give Community Choice time to apply for funding to purchase blood pressure cuffs.

Homework: We asked Community Choice to think about ideal user organizations for their strategy.

Fourth meeting

Description: A phone meeting to discuss progress.

Goal: To identify the user organization(s) for the strategy.

Summary: Community Choice updated us on their progress since our previous meeting—they had applied for and received a grant to purchase blood pressure cuffs. They also decided to disseminate their program to the Wenatchee Public Library.

Step 1

Identify the user organizations for your strategy

Identify potential user organizations or end users and determine if they are ready to adopt the strategy

Resources

The library had the resources needed to disseminate this strategy: staff to monitor the check-out desk and space to display the blood pressure cuffs.

Champions

Community Choice had contacts at the local library who had previously expressed a desire to offer more health information to library patrons.

Culture

Local libraries, by nature, have a culture centered around lending resources to the community; this specific library was especially interested in providing health information to its patrons.

Time/attention

Because Community Choice is known and trusted by area non-profits, library staff was willing to provide their time and attention when approached about the blood pressure cuff lending program.

Action item: Future phone meeting scheduled to discuss progress.

Homework: We asked Community Choice staff to consider the selling points of the program.

Fifth meeting

Description: A phone meeting to monitor progress.

Goals: To develop a marketing message for the blood pressure cuff lending program.

Summary: Community Choice staff used the workbook to identify selling points and write a pitch that would motivate the library to adopt the program.

Workbook application

Step 3a

Develop a marketing message to “sell” your strategy

Highlight the “selling points” of the strategy and turn them into a pitch

Credibility

The blood pressure cuff lending program is in a database of evidence-based strategies and was developed by the American Medical Association, a prominent and trusted organization.

Advantage

The program would help accomplish the library’s mission to promote lifelong learning and desire to provide more health information to library patrons.

Benefit

A survey, to be completed by users at the end of the loan period, will allow library staff to quantify how the program benefits patrons, results that can be included the library’s reports, grants, and marketing materials.

Compatibility

The format of the blood pressure cuff check-out program fits with the lending systems already in place.

Simplicity

Because the program is compatible with the library’s existing lending systems, it will not be complicated to implement.

Testability

The program is free for the library to adopt, meaning it is low-risk for them to test. If patrons lose or damage the blood pressure cuffs, Community Choice, not the library, will be responsible for the loss.

Action item: Scheduled a phone meeting to discuss progress.

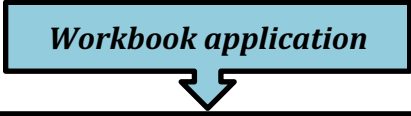
Homework: Before the next meeting, Community Choice staff would pitch their idea to the library. If the library agreed to adopt, Community Choice will discuss with library staff all the circumstances at the outer, sector, regional, and organizational levels that could affect adoption.

Sixth meeting

Description: A phone meeting to monitor progress.

Goal: To tailor the blood pressure cuff lending program to the context of the North Central Regional Library.

Summary: Community Choice discussed circumstances or trends at the outer, sector, regional/geographical, and organizational levels of the library’s context and tailored their marketing message accordingly.



Step 3b **Tailor your marketing message and communications to the user context**
Consider the context of your target organization and tailor the messaging accordingly

	Context: Circumstances or trends that could affect motivation and/or ability to adopt the strategy	Could this affect motivation or ability to adopt the evidence-based strategy?	Ways to address this circumstance, if applicable
Outer level	The current presidential administration has pushed to eliminate all Federal library funding.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	It could be making libraries nervous, but because this initiative has not been passed, it is not something that will immediately affect the library’s ability to implement the cuff lending program.
Sector level	The grant received for program implementation is limited and will be used up before or soon after the program is implemented.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	Ensure that the program is as self-sustaining as possible after implementation by creating backup print materials, laminating print materials for longevity, and training library staff on how to care for the blood pressure cuffs.
	Guidelines for what to do in case of medical emergencies.		Use Department of Health disclaimer for kit and create clear guidelines on who to call based on readings and emergencies
Regional/ geographical level	State liability issues with non-medical professionals giving medical advice	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	Include a disclaimer in the blood pressure monitor kit that clears the library of legal responsibility for medical events, and train staff to avoid comments that could pose liability issues.
	One-third of Wenatchee’s population is Hispanic, and a significant portion of them prefer to speak and/or read in Spanish.		Translate all program materials into Spanish. Ensure that some library staff speak Spanish.

Library staff are not medical professionals and may not know how to answer questions about blood pressure cuff use and hypertension.

Organizational level

Some library staff have attended trainings to become community health workers, but there are a limited number of staff who have this capacity.

- Yes
- No
- Don't know

A Department of Health representative volunteered to train library staff and program disseminators (Community Choice) to teach cuff use; this way, library staff and program disseminators can hold library-based classes for end users (library patrons), and demonstrate proper technique if asked to do so.

A Department of Health representative volunteered to hold a class on hypertension and blood pressure cuff usage. The class would be targeted at program end users (library patrons) to relieve some of the program duties of busy library staff.

Action item: Future meeting scheduled to discuss progress.

Homework: Before the next meeting, Community Choice staff planned to tailor the blood pressure cuff lending program to the library's context: they planned to finalize a disclaimer, translate program materials into Spanish, print and laminate materials, and coordinate library staff trainings with the Department of Health and the library.

Appendix 2: Retrospective Application: The Home Health Quality Improvement National Campaign

In this appendix, we take you through a real-life, large-scale dissemination project—the 2010-2011 Home Health Quality Improvement Campaign—and *retrospectively* apply the steps in the original workbook *Promoting the Use of Best Practices* to their process.

The Home Health Quality Improvement Campaign was a government-funded project that disseminated best practices to home health agencies across the nation and provided them with a system to track quality improvement statistics. The main goal of this evidence-based strategy was to reduce re-hospitalizations by teaching home health agencies to coordinate communication between patient care settings. You can read more about the campaign at <http://www.homehealthquality.org>.

(For this example, we skip Step 1 as the strategy has already been identified.)

Step 1

Identify the user organizations for your strategy

Identify potential user organizations and determine if they are ready to adopt the strategy

Campaign staff considered the characteristics of potential user organizations, assessed the readiness of several options, and identified home health agencies as their user organizations for the following reasons:

Resources

The strategy was designed to align with existing resources: since home health agencies routinely track patient outcome statistics, they already had the technical infrastructure needed to apply the new strategy. Adoption of the strategy required minimal time and no money.

Champions

Campaign staff recruited leaders at home health agencies to serve as internal champions for the adoption of the strategy.

Culture

Local home health agencies had adopted strategies from previous quality improvement initiatives and had a culture receptive to change

Time/attention

Campaign staff knew that home health agencies would give time and attention to their strategy because of their long-standing history of collaboration.

Step 2

Identify the best disseminating organization for your strategy

Identify your potential distributors and determine whether they are ready to disseminate the strategy

*After campaign staff considered the characteristics of potential disseminating organizations, they selected the **West Virginia (WV) Quality Innovation Network** for the following reasons:*

Access

The organization had an established history of working with home health agencies.

Trust/credibility

It was trusted by user organizations because it worked to improve home health agency quality measures in the past.

Mission

Its mission—to bring people and information together to improve health, aligned with the goal of the campaign: to promote quality improvement in home care.

Resources

It had the skills to act as a disseminating organization because the staff had done similar work in the past and it was granted financial resources for dissemination through campaign funding.

Partnership

Because both parties were created and funded by the Centers for Medicare & Medicaid it paved the way for an easy, productive partnership.

Step 3a

Develop a marketing message to “sell” your strategy

Highlight the “selling points” of your strategy and turn them into a pitch

Campaign staff pitched and “sold” their strategy to home health agencies—their user organizations—by highlighting the following selling points:

Credibility

The strategy is effective: home health agencies that participated in a pilot campaign reduced patient re-hospitalization rates compared to non-participating agencies.

Advantage

Using the strategy is facilitates coordination of patient transitions between care settings.

Benefit

Participating home health care agencies get personalized reports of their outcome measures which allows them to track progress in improving patient outcomes.

Compatibility

The strategy is free to users and requires little staff time to implement.

Simplicity

Users can adjust the strategy to fit their existing processes.

Testability

Because it is free, and therefore low-risk, home health agencies can test the strategy before they decide to commit.

Step 3b**Tailor your marketing message and communications to the user context***Consider the context of your target organization and tailor the messaging accordingly*

Campaign staff considered all levels of context in which home health agencies reside to tailor their strategy-related messaging.

Context level	Circumstances or trends that could affect motivation and/or ability to adopt the strategy	How campaign staff tailored the strategy accordingly
Outer	<i>At the time of the campaign, new insurance models began to reward home health agencies for improving quality metrics.</i>	<i>Campaign staff disseminated the strategy to coincide with new payment models. Home health agencies were financially motivated to participate, as the strategy sought to improve quality metrics.</i>
Sector	<i>To reduce re-hospitalizations, home health agencies must strategize with a variety of healthcare providers to transfer patients between settings. All healthcare providers involved in this effort need to be on the same page.</i>	<i>Campaign staff created materials tailored to each of the professionals who work with home health agencies (nurses, therapists, and home health aides). To increase their motivation to engage with the strategy, the campaign offered free continuing education credits to participating professionals.</i>
Regional	<i>There are thousands of home health agencies in the U.S., located in a variety of areas. As a result, neighborhood demographics and socio-economic status differ between agencies.</i>	<i>Campaign staff offered materials in Spanish to increase likelihood and motivation of use among Hispanic-serving home health agencies. Because some agencies work with high-risk populations, the hospitalization rates tracked by the strategy were risk-adjusted based on the population served.</i>
Organizational	<i>Home health agencies around the country have varied financial resources, time, and capacity/culture for change.</i>	<i>Campaign staff designed the materials to meet the needs of home health agencies at varied levels of quality improvement processes—beginner, intermediate, or advanced.</i>



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