Before we begin...

- All phones have been placed in SILENT mode
- To ask a question, simply click on the “Q & A” tab located at the top of your screen
- Time permitting, your question will be answered at the end of the presentation

Moderator
Disclaimer: The information presented here is for training purposes and reflects the views of the presenter. It does not necessarily represent the official position of the Centers for Disease Control and Prevention.
Presentation Overview

- What is a dissemination plan
- Key Considerations to an effective Dissemination Plan
- A CDC example
- Closing Remarks
- Resources
So let’s start with the very familiar CDC evaluation framework. When we consider the process of evaluation, considering the need for dissemination becomes critical in step 6, which is where we seek to ensure use and share lessons learned.
First things first... what is a dissemination plan

A dissemination plan is a plan for disseminating research findings or products to those who will use the information in practice and is something that you should be thinking about early on. It is what will help you get the message out whether it is results of research or a successful intervention.
There are a few things to consider:

**Materials**
- What is going to be disseminated

**Audience**
- Who will apply it in practice
- Where do you reach them


Materials are the items you want to be disseminated. This could be a report or materials created to support the report. In some instances you may need to create more materials for dissemination. For example, a Dear Colleague Letter to send to partners, new landing page for multiple products, or social media messages.

Your audience is who you see as wanting/need to receive the information.

It’s important to understand and narrow down the audience. The more targeted your audience the better you are able to craft messages that mean something to them. Also important to think about the places, or channels, where your audience gets there information and disseminate there. Meet them where they are.
Dissemination and Communication:
Next is who you see as being helpful in spreading the message about your materials. These are your dissemination partners. They can be individuals, organizations or networks. You need to consider how to craft the messages you will be disseminating to based on all of the above. This may mean separate plans for different audiences.
Here is a sample plan where you can see we have laid out some of these elements. Alberta will go into more detail later in the presentation.
Lastly, evaluation should always be a consideration when dissemination planning. Basically—How many people did it reach and did it reach the audiences you intended.

Some tools for doing this is include:

- Using web analytics: this can be looking at number of product downloads like you see here—better if you can see the dates downloaded to compare to when you sent dissemination messages.
- Talk to partners about who they disseminated too and how many
- If using social media look at metrics like shares, likes and retweets but also WHO is retweeting you. Can help you see if you are reaching your intended audience.

- Now I am going to turn it back over to Alberta to go over a specific CDC dissemination example.
A CDC Example
I admit, previously it was common practice for us to produce a lengthy final evaluation report that you’d think twice about reading. And it definitely wasn’t in an easily digestible format for practitioners or decision makers. We wanted to do better and make our work more accessible and user-oriented.
Today, I’d like to use an CDC example of how we started to shift our thinking in terms of dissemination. We conducted a 30-month rigorous evaluation of the St. Johnsbury, VT Community Health Team Model, which addressed multiple areas that were of neatly aligned to a few of our Center’s priorities, such as CHWs, CCLs, social determinants of health, quality of life, and health disparities. To add there were many aspects of this program that challenged us to consider the various audiences, or users of information from the evaluation findings, and what information that they’d be most interested in learning about. This helped to facilitate our efforts to ensure effective dissemination.
Earlier in the presentation, Lauren provided a sample template of one way you might consider organizing your dissemination plan. On this slide, you’ll find a portion of our plan and we applied this plan to the CHW evaluation. We wanted to share these findings broadly with public health practitioners. Multiple opportunities motivated us to create this dissemination plan to manage the different products. Two examples of how we categorized our work was through presentations and written products. You might even consider adding a category for social media, if that is part of your dissemination plan.

I’d like to call your attention primarily to the column headings, which helped us to be strategic in our dissemination efforts. For example, we had to consider which audience needed what type of information and determine the best format for sharing that information.

Having a plan will also serve as a useful tool for tracking and modifying future dissemination efforts.

<table>
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<th>Product</th>
<th>Target Date</th>
<th>Audience</th>
<th>Lead Contributors</th>
<th>Status</th>
<th>Notes</th>
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<td>CHW Cost Analysis Framework</td>
<td>October 2012</td>
<td>APHA 2012 conference</td>
<td>CDC Project Lead, SME,</td>
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<td>Title: &quot;A Framework for Conducting a Cost Analysis of a Community</td>
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<td>Program site</td>
<td></td>
<td>Health Worker Program in Vermont&quot;</td>
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<td>VT St. Johnsbury Team Final Report Out/Debrief</td>
<td>Mid to end of</td>
<td>VT/ST team – CCT, CHF, BluePrint</td>
<td>Contractor, CDC Project</td>
<td>Planning</td>
<td>Timing/presenter need to be negotiated based on contract end date</td>
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<td>February 2014</td>
<td></td>
<td>Staff</td>
<td></td>
<td>and ICF workload</td>
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<td>Progress Update on all Rigorous Evaluations (Penn, VT, and JUDI)</td>
<td>June 6, 2013</td>
<td>Branch Leadership &amp; Evaluation Team</td>
<td></td>
<td>Done</td>
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| Written Products                              |               |                                      |                             |         |                                                                        |
| Standalone, Executive Summary document of final report | Spring 2014 | CDC leadership and partners          | CDC Project Co-Lead        |         | Provide visual/graphics when possible                                  |
| Field Note with outcomes                      | Spring 2014  | Division website; practitioners, program managers | CDC Project Co-Lead        | Need to discuss |                                                                 |

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So how did our shift in re-thinking our dissemination efforts translate? Well, we went from our traditional form of reporting (see image on left side of slide) to now re-inventing our work in a manner that was reader-friendly and much more engaging (see images on right side). For example, we prepared a “field note” which was a short fact sheet that described the CHW program that we were evaluating. This gave us an opportunity to not only focus on the evaluation findings, but to also highlight the program that we were evaluating. And we can’t say that we got away from lengthy documents entirely, because we also created an implementation guide. However, when we designed this guide, we wanted it to serve as a tool that public health practitioners could use and adapt to their setting.

I also want to take a moment to note that these products were not created in the absence of a full-length comprehensive report, but rather inspired by such a report. It was especially beneficial to be able to link these products back to the lengthier report, which contains the detail that in many cases people appreciate or even expect from a rigorous evaluation.
We successfully carried out all activities in our dissemination plan. We hear examples of how the evaluation findings are being used and their uptake. These findings informed the development of an FOA and supplementary guidance on CHWs, and are a TA resource for grantees.

We also found that having these shorter reports or evaluation products allowed for information to be shared more quickly rather than having to be available at the end of the evaluation process.
We have also become increasingly sensitive to the idea that dissemination continues well beyond the development of dissemination products. We are continually exploring opportunities to meet needs for information using what we’ve gathered from the evaluation and reminder internal and external partners of the resources that exist, so that they remain accessible and relevant.
As our evaluation team has transitioned from gathering evidence to translating the evidence, there’s also been a responsibility to ensure that the information is accessible and communicated in a manner that can be applied by the user. This brings us back to the CDC Evaluation Framework where we not only share lessons, but seek to ensure its use.
Through this evaluation we identified ways to enhance our dissemination efforts, ensure use, and ultimately make a better contribution to public health practice. As fundamental as it sounds, it’s imperative that you develop a plan that will help chart the course of your efforts, allow you to strategically consider your audience and identify key partners. Lastly it’s important to assess your efforts and modify or recycle the information to ensure that you’ve accomplished effective dissemination.
This short list provides you with resources that can be referenced after this presentation, as this was by no means a “how-to” presentation, but more so an “overview” presentation.
Reminders

All sessions are archived and can be accessed on-demand at:
http://www.cdc.gov/dhdsp/pubs/podcasts.htm

If you have any questions, comments, or topic ideas send an email to:
AREBHeartInfo@cdc.gov
Next Coffee Break

When: November 10th, 2015

Topic: Using Indicators

Presenter: Eileen Chappelle