Dissemination of Research Findings to Community Audiences

This document contains guidance for research partnerships about collaboratively disseminating project information and findings including things to consider when preparing a dissemination plan and ideas and resources for getting findings out to community audiences.

Related Directory Resource: Collaborative Research Dissemination Examples
Why is dissemination to community important?

“Dissemination of research results beyond scientific publication, specifically, to study participants and the general public, is an ethical responsibility of researchers” - Chen et al. American Journal of Preventive Medicine. 2010

• It’s the community’s knowledge! Deserve access to what they made possible through their participation or engagement

• Can lead to dialogue!
  - Opportunity to talk about implications of the research
  - Community input on next steps/intervention
  - Reduce the gap between research and practice

• Allows change to happen! Want knowledge to not just be shared, but used
Traditional vs Engaged dissemination

• **Traditional**: targeted distribution of knowledge and intervention materials to a specific public health or clinical practice audience

• **Engaged**: Process of collaboratively working with community members to develop and implement action strategies for change, based on the research findings
Dissemination as Dialogue

• Not one way, iterative process
• Two-way exchange, feedback
• Step that continues data interpretation/analysis
• Designed to be open to input, criticism, suggestions
• Respectful and Responsive to engagement principles
• More likely to influence practice
• How will changes based on input be implemented? Be communicated back?
Engaged Project vs Non-Engaged Project

- Are partners already engaged? Dissemination may require different partners than those engaged in research design/conduct.

- Is engagement beginning in the dissemination phase?

- Will partners not be engaged in dissemination?

- Follow engagement principles:
  - Collaboration
  - Respect
  - Equity
  - Transparency
  - Impact
How to engage partners in dissemination?

• Dedicated meeting
• Retreat
• Present to community advisory group
• Input on drafts (messages, materials)
• Capacity building in necessary skills (e.g. writing, speaking, infographics)
Prep to Disseminate from Beginning

• Before you have anything to disseminate
• During prep of research study proposal
• Incorporate into project aims- makes it priority, fosters accountability, allows for resource allocation
• Who will be involved/needed capacity
• Necessary resources- budget, time, staff, skills
• Agreements about possible issues
Engagement in Dissemination

• Who to engage?
  – Partners already engaged?
  – Engage new or additional partners?

• How are partners engaged?
  – Roles
  – Decision making

• Document agreements about decisions/potential issues in partnership/projects agreements or MOU
Potential issues to Discuss/Document in MOU

– Who decides dissemination goals/strategies/key messages?


– Who can present/respond to media? Both community & academic partners represented when possible?

– Who’s acknowledged?
Potential issues to Discuss/Document in MOU

– What if there are findings partners don’t want to publicize?
  • Any restrictions on dissemination or plan for framing of data that are negative or unanticipated or potentially harmful to community?
  • Are there findings that may contribute to formation or maintenance of stereotypes or prejudice?

– Will there be spin?

Discuss potential problems before they are problems!
Assessing the Research Findings/Evidence

• To what extent do stakeholders perceive the findings as useful and relevant to their decision making? In their view, is the evidence compelling enough to act now, or is further evidence needed?

• How does the evidence relates to existing evidence.? What is the potential impact, or relative advantage, of the evidence? How might the body of evidence affect decision making, practice, or policy?

• Why does the evidence matter to communities, patients, other stakeholders, health policy, and practice? What about the evidence is important enough to cause people or organizations to use it or consider it in their decision making?
Dissemination Plan: Goal

• Impact you hope to have- will impact ‘what’ is disseminated
• Translating ‘research findings’ into dissemination messages
  – Is there spin?
• Translating ‘findings’ into actionable policies/changes/interventions
• Practical implications of findings
• Contextualize findings- why research was done, why findings are important, what change should be made
• Need process, time, partners to do this
• Disseminate process too
Dissemination plan: Audience

- Who is affected by the research?
- Who has power to make changes/take action based on findings?
- Likely multiple audiences
- Research participants- disseminate in same places you recruited
- Partners
- Funders
- End users- individuals, service providers, policymakers, clinicians
- Affected communities
- General public
Dissemination plan: Timing

• During study
• Afterwards
• Associated with related event? Window of opportunity
Dissemination plan: Who

• Who will develop dissemination messages?
• Who will approve these?
• Who will carry out dissemination activities? Who is best messenger?
  – Humanize academics/PI- have them share their personal interest/passion for research topic/study
• Who gets acknowledged? Who gets credit?

• Involve community partners in academic dissemination and academic partners in community dissemination
  – Speak together, present together
Dissemination plan: Resources

• Budget - translation, printing, event costs, design (materials/online)

• Staff

• Time

• Skills - do you already have these on the team or do you need to hire/find? E.g. design
Dissemination plan: Medium

• What is most effective way to reach each audience?
• Context of findings, audience, setting all determine what type of dissemination is appropriate
• Different audiences > different products. Multiple audiences > multiple formats.
• Consider your audience= language/literacy needs
Materials

• Research brief
  – Conclusions/bottom line, tips/recommendations, photo/graphic/quote, definitions, citation, contact info, acknowledgements

• Infographic

• Community/Organizational Newsletter articles

• Community Fact Sheets, posters, flyers, brochures

• Handbooks/toolkits/Maps

• Report to funders
Online Dissemination

• Social Media: *More detailed info on next page*

• Website:
  – **NUsites**: Free website publishing platform for Northwestern faculty/staff/students: sites.northwestern.edu
  – **WordPress**: free if user keeps wordpress in url or pay $2.99/month

• Listservs

• YouTube

• Blogs
Social Media Posting Tips
https://blog.hubspot.com/marketing/create-perfect-social-media-posts-slideshare#sm.000qpysn4z10ff11m72ghskdssnl

Facebook
- Always use photos. (News Feed Image: 1200 x 1200 px)
- Remove links from copy
- Keep link titles under 100 characters.
- Publish after work hours or on weekends.
- Ask questions or give clear call to action with each post
- Create graphics & infographics that engage readers. Don’t just post a picture but add text to the image

LinkedIn
- Keep titles under 70 characters.
- Keep descriptions under 250 characters
- Publish new status update regularly

Twitter
- Keep tweets short: 120 and 130 characters
- Include Twitter handles in post or save space by tagging users in your photos
- 1-2 relevant hashtags per post
- Incorporate visuals: create graphics to include with text on them, along with photos (440 pixels by 220 pixels)
- Don’t auto-post from Instagram
- Shorten links for cleaner tweets with bit.ly or hootsuite (enables tracking # of clicks)
- Best time to tweet: Highest # of clicks appear 1-3 pm Mon-Thurs. Best time to retweet: 4-5 pm on Fridays.

Infographics
- Make charts easy to read
- Don’t use a lot of text
- Put numbers in context
- Use appropriate images
- If you are new, follow a template as a guide
- This infographic does a great job of explaining how to make a great infographic
- Software options: Canva and Piktochart have free versions available
  - Canva: free templates for traditional infographics, social media, presentations. Option to create simple charts within software.
  - Piktochart: free templates but more polished look. Can make presentations, posters in software
- If sharing infographic on social media, make sure dimensions fit that medium
- Taking a photo and putting words on it can make a really simple visual becoming much more eye catching and share your message effectively. Try AdobeSpark’s posts to create these.
Tips for gaining followers:

- Post consistently to the platforms. If you have an update about a research project share that but it’s also okay to share interesting articles or news that your target audience would enjoy.
- It’s not necessary to have all of social media platforms—pick one(s) that is right for you. Can be lot of work to manage all platforms. May be easier to start with one that your audience uses the most
- Follow people whose research/interests align with yours
- Join a twitter chat about a topic that’s relevant to your research
- Use hashtags (Twitter and Instagram only)
- Don’t be afraid to comment on other people’s posts but don’t go overboard
- Develop content plan and schedule some posts in advance so you have a consistent stream of content
- Look for health observance days that you can align with

Blog/website creation

- Individuals with a Northwestern NetID have access to sites.northwestern.edu. Free website creation tool based off of WordPress. Support and help with web management is available.
- WordPress.com: Free websites or you can purchase a domain for a very low cost

Social Media Demographics

Dissemination to policy makers

• Policy Brief/White paper, lobbying, testimony- identify key policymakers

• ARCC resource specific to Dissemination to Policy Audiences: www.ARCCresources.net, type ‘policy’ in search box

• For Northwestern faculty/staff, contact Jennifer Kunde, Executive Director of Northwestern University Government Relations. She has relationships with policy makers. May be able to help with connections, context, etc.
  – J-kunde@northwestern.edu
Events

• Community meeting presentation, Town hall, Workshop
• Hosting or taking part in existing events
• Interaction- time for discussion/questions/feedback
• Follow up- one on one meetings, more in-depth, new partnerships, future collaboration

• One-one communication, word of mouth
• Photovoice/Art/Theater
  – https://en.wikipedia.org/wiki/Photovoice
Media

• Print, radio, TV- community/ethnic media
• Press release
• Coverage, purchased
• University or partners may have communications office/staff
• University or partners may have rules about engaging media/policymakers
Acting on dissemination

- Process of adoption, adaptation, implementation
- Training
- Mentoring - community to community mentoring
Dissemination during study

• Updates during study (quarterly, annually)
• Another form of engagement, help retain participants, sustain partner relationships
• Participants and key stakeholders
• Project website, Social media, Newsletter

• How will you get info to participants? Add question to data collection? project website?
• Afterwards- thank you letter for participating
Dissemination plan: Evaluation

• How will success be measured?
• Did you reach your intended audiences?
• Did they understand your findings/messages?
• Were changes made based on those messages?
Academic Dissemination: community dissemination may not be valued or valued less

- Seminar
- Works in Progress
- Peer-reviewed journal articles
  - Progress in Community Health Partnerships & other journals that publish CEnR
- Conference oral presentation
- Poster presentation
- University newsletters/listservs
- Disciplinary newsletters/listservs
- [www.CES4Health.info](http://www.CES4Health.info): peer review of products other than journal articles—manuals, curricula, videos, etc.
Dissemination Examples

• Some of the examples in the following slides are available through the ARCC resource directory
  – http://arccresources.net/2013/12/collaborative-research-dissemination-examples/

• If you have an example to share, please contact ARCC@northwestern.edu
Creatively disseminating Youth Research Findings

• ARCC Seed Grant Partners: IL Caucus on Adolescent Health/Northwestern

• Art: Zines/cups/lemonade stand

• Video: https://www.youtube.com/watch?v=EZ4vbLNstWY
Physical Activity in South Asian Women

• ARCC Seed Grant Partners: Metropolitan Asian Family Services/Northwestern

• Community event with family exercise

• MAFS newsletter

• Co-presentations

• Study poster hanging at MAFS

• Partner with ethnic media
Refugee Communities: Disability, Health, & Inclusion Project

- ARCC Seed Grant Partners: Access Living/Northwestern
- Resource directory
- Policy brief- Chicago/National versions
- Town hall meeting- testimonials, interpreters
- Media
- Outreach/advocacy to policy makers
Healthy Snack Vending: The Chicago Park District Experience

• ARCC Seed Grant Partners: Logan Square Neighborhood Association/CLOCC Chicago Park District/Northwestern


• Public Release Event- Speakers from Public agencies, researchers, park district
Student Media-based Asthma Research Team (SMART): Chicago Public Schools & Ruchi Gupta (Northwestern/Lurie)


- Photovoice
- Videovoice
- Public Service Announcements

**Healthy: Lifestyle**

Students gathering and dancing in school corridors after school

**Unhealthy: Lifestyle**

School meals – “I don’t know if this is healthy.”

The Illinois Violent Death Reporting System (NDRS) is part of the National Violent Death Reporting System, which pools information about the when, where, and how of violent deaths to provide a more complete picture and better insight into "why" they occur.

This NDRS Data Brief is the first in a series about violent death in the City of Chicago over three time periods, 2005, 2010 and 2015. This data brief examines homicide rates in the City of Chicago overall, age by demographic group and weapon type: we present rates by sex, age, race/ethnicity and by the type of weapon used to commit homicides. Information about how the data are collected is presented in a previous Brief on the Illinois Violent Death Reporting System (July 2016).

Overall, there were 4,691 homicides recorded in NDRS in the City of Chicago in 2005, 2,615 in 2010 and 1,749 in 2015. The homicide rates per 100,000 people in the City of Chicago were 11.2, 7.7 and 7.4 in 2005, 2010 and 2015, respectively. (Table 1)

Table 2 shows homicide rates per 100,000 in the City of Chicago by sex at each time point. The rates of homicides in males increased at each time point, while the rates of homicides in females did not change.

Table 3 presents the data. These are significantly higher...

RESOURCES
- **State of Illinois Domestic Violence Hotline**: 1-800-723-3333
- **Domestic violence programs**: Work together to ensure safety and prevent domestic violence.
- **National Coalition Against Domestic Violence**: 1-866-334-6473
- **Illinois Coalition Against Domestic Violence**: 1-888-621-3885

**SCHOOLS IN SUBURBAN COOK COUNTY, ILLINOIS INCREASE STUDENT PHYSICAL ACTIVITY**

Schools are one of the many places being strengthened as part of the Healthy Hotspot initiative, led by the Cook County Department of Public Health (CCDPH) that aims to make suburban Cook County a healthy place to live, work, learn, worship, play and receive health care. This brief shares key findings from an evaluation examining the impact of the Healthy Hotspot initiatives' activities (described below) to support enhanced Physical Education (P.E.) and student physical activity during P.E. class in suburban Cook County schools.

**Importance of Physical Activity**
Regular physical activity has many benefits for children and youth, including helping to build and maintain healthy bones and muscles; reducing risk of developing obesity and chronic diseases such as diabetes, heart disease and some cancers; reducing depression and anxiety; and improving academic performance and school behavior. The U.S. Department of Health and Human Services recommends that children and youth (ages 6 to 17 years of age) participate in at least 60 minutes of physical activity daily. Most school-aged children in suburban Cook County do not get the recommended amount of physical activity daily. Students attending schools where the majority of students are low income, Hispanic or African-American are even less likely to meet the recommended amount of physical activity.

**Opportunities to Support Schools in Implementing Enhanced P.E.**
To support schools in implementing enhanced P.E., aligned with revised Illinois learning standards, partners of the Healthy Hotspot initiative — Alliance for a Healthier Generation, Illinois Public Health Institute, and the Regional Interagency Services Centers — provided the following opportunities to schools:

- **Healthy School Summits**: These professional trainings launched the Healthy hotspot initiative and ensured P.E. teachers deliver hands-on workshops and training to teachers for implementation of enhanced P.E. Schools were encouraged to register for Let’s Move At School.

**CONTACT INFORMATION**
- **For more information on the Illinois Violent Death Reporting System, please contact:**
  - Maryann Massa, Ph.D., Associate Director: 312-206-7244
  - maryann.mass@northwestern.edu
- **For more information on the Injured Brain Health Recovery Program, please contact:**
  - Sarah Curtis, Ph.D., Program Director: 312-206-1830
  - sarah.curtis@northwestern.edu
- **Visit us on our website:** [illinoisviolencedata.org](mailto:illinoisviolencedata.org)
- **Like us on Facebook:** [Facebook](https://www.facebook.com/IRDS/)
- **Follow us on Twitter:** [Twitter](https://twitter.com/IRDS)

**ACKNOWLEDGMENTS**
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Infographic

BMI Use in Program Evaluation

**PROS & CONS**

The Pros

BMI is a fast and easy way to collect body composition and weight status information making it a great measure for programs seeking to affect these outcomes.

- **Simple to Measure**

  BMI is simple to measure because it only calls for height and weight. All you need is a scale and a measuring device.

- **Inexpensive**

  BMI is easy to calculate and does not require a highly trained professional to administer. There are many free BMI calculator programs available online.

- **Standardized**

  BMI offers a straightforward standardization that is comparable to the general population.

The Cons

If the outcome measure isn’t likely to change, BMI will not provide useful information for program evaluation or it will undermine the program’s ability to see positive outcomes.

- **Time Span**

  Programs that wish to include BMI in their outcome measures must be sure to allow for a long enough follow-up period. For example, behavior change and weight loss are difficult to achieve.

- **Intervention intensity**

  Behavior change and weight loss are difficult to achieve. The intensity levels must be appropriate in order to expect changes to BMI.

- **Only Outcome**

  BMI only measures body composition. Only addressing BMI can ignore other program achievements, undermining its ability to talk about its success.

Considerations/Examples/

**Time Span**

BMI as an outcome measure can be appropriate for a program where participants are enrolled and followed for years; but measuring BMI before and after a 6-week course is not appropriate because it is unlikely that 6 weeks is long enough to affect a change in body composition.

**Intensity**

Measuring BMI for a 6 month clinical weight-loss intervention with a comprehensive curriculum of 48 nutrition education classes, 48 hours of group physical activity and 24 private counseling sessions is appropriate; however, an 8-week healthy cooking class that meets twice a week for 2 hours is likely not intense enough to expect to see changes in participants’ body composition.

Only Outcome

A nutrition education and cooking class that only measures BMI might not see any change among participants and so might look to be “failing” its participants. Focusing only on BMI does not allow the program evaluation to look for other measures of success such as individual’s increase in knowledge about cooking healthy, confidence with cooking and increases in reports of cooking healthier meals at home – all of which are successes worth knowing and sharing.

How to calculate/ etc.

\[
\text{BMI} = \frac{\text{weight (kg)}}{[(\text{height (m)})^2]} \quad \text{or} \quad \frac{\text{weight (lb)}}{[(\text{height (in)})^2] \times 703}
\]

BMI is age- and sex-specific for children and teens. Be sure to look over the BMI-for-age percentiles to interpret results.

BMI Percentile | Weight Status
--- | ---
< 5th | Underweight
5th - 84th | Healthy weight
85th - 95th | Overweight
95th - 100th | Obese

Find the BMI-for-age charts here: [http://www.cdc.gov/growthcharts/clinical_charts.htm](http://www.cdc.gov/growthcharts/clinical_charts.htm)
Resources

• Sample partnership policies- dissemination procedures, authorship guidelines: [http://www.cbprcurriculum.info](http://www.cbprcurriculum.info) Unit 6

• Speaking Truth, Creating Power: Guide to Policy Work for CBPR Practitioners
  [https://ccph.memberclicks.net/assets/Documents/CBPRCurriculum/AppendixD/ritas.pdf](https://ccph.memberclicks.net/assets/Documents/CBPRCurriculum/AppendixD/ritas.pdf)

• Beyond Scientific Publication: Strategies for Disseminating Research Findings:
National Resources

- Resources
- Skill-Building Online Curriculum
- Listservs
- IRB and Ethics

- Engagement Rubric & Plans
  http://www.pcori.org/get-involved/what-is-engagement-in-research

Dissemination & Implementation Toolkit: