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
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
  o Canva: free templates for traditional infographics, social media, presentations. Option to create simple charts within software.
  o 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 policymakers

• 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
  - ARCC Directory resource on academic writing: http://bit.ly/2tG4iQs
- Conference oral presentation
- Poster presentation
- University newsletters/listservs
- Disciplinary newsletters/listservs
- 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/](http://arccresources.net/2013/12/collaborative-research-dissemination-examples/)

• If you have an example to share, please contact [ARCC@northwestern.edu](mailto: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  Unhealthy: Lifestyle

Students gathering and dancing in school corridors after school

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

- What can my community do to help kids with asthma? PSA: http://www.youtube.com/watch?v=yyCQRUG2Zfk&feature=youtu.be

Table 2 shows homicide rates per 100,000 in the City of Chicago for each time point. The rates of homicides in males increased at each time point, while the rates of homicides in females decreased.

**Table 3** presents key findings. The homicide rates in Chicago are significantly higher than those in the United States.

**Summary of Key Findings**

- **State of Illinois Domestic Violence Hotline**
  - Toll-free number: 1-877-710-7800
  - Website: [il-dvhotline.org](http://il-dvhotline.org)

**Resources**

- **Illinois Coalition Against Domestic Violence**
  - Website: [ilcadv.org](http://ilcadv.org)

**Contact Information**

- **For more information on the Illinois Violent Death Reporting System, please contact:**
  - Warren Mason, PhD, Associate Director
  - 312-206-6704
  - imrc@northwestern.edu

- **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 healthcare. This brief shares key findings from an evaluation examining the impact of the Healthy Hotspot initiative's 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 get the recommended amount of physical activity. This puts low income, African-American and Hispanic students at increased risk of physical and mental health problems, and academic and school behavioral issues. Suburban Cook County schools have an opportunity to improve health, behavior and learning by offering all students high quality enhanced P.E. Enhanced P.E. provides schools with policies and teaching methods to increase student physical activity during P.E. class.

**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 Healthy 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 model of P.E. enhanced P.E. provides schools with policies and teaching methods to increase student physical activity during P.E. class.
  - [Visit us on our website](http://ilcadv.org)
  - Like us on Facebook: [ILCADV](https://facebook.com/ILCADV)
  - Follow us on Twitter: @ILCADV
BMI Use in Program Evaluation

**PROS & CONS**

**The Pros**

- **Simple to Measure**
  - BMI is simple to measure.
  - It only calls for height and weight, which are easily obtained.
- **Inexpensive**
  - BMI is a fast and easy way to collect body composition and weight status information.
  - It 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**

- **Time Span**
  - Programs that wish to include BMI as an outcome measure must allow for a long enough follow-up period.
  - For example, behavior change and weight loss are difficult to achieve within a short time frame.
- **Intervention Intensity**
  - Behavior change and weight loss are difficult to achieve and often require sustained intervention.
  - The intensity level must be appropriate in order to expect changes to BMI.
- **Only Outcome**
  - BMI only measures body composition. It does not convey information about fat percentage.
  - BMI cannot ignore other program achievements or other factors influencing weight, such as eating or physical activity.

**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**
  - Intensity of 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 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 combinations of cooking and sharing.

**How to calculate/ etc.**

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

**BMI Percentile**

<table>
<thead>
<tr>
<th>BMI</th>
<th>Weight Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;18.5</td>
<td>Underweight</td>
</tr>
<tr>
<td>18.5-24.9</td>
<td>Healthy weight</td>
</tr>
<tr>
<td>25.0-29.9</td>
<td>Overweight</td>
</tr>
<tr>
<td>30.0+</td>
<td>Obese</td>
</tr>
</tbody>
</table>

**Find the BMI-for-age charts here:**
http://www.cdc.gov/growthcharts/clinical_charts.htm
Resources

• Sample partnership policies- dissemination procedures, authorship guidelines: 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

• 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:
CCH@northwestern.edu
cch-consult@northwestern.edu

http://www.feinberg.northwestern.edu/sites/cch/
www.ARCConline.net
ARCC@northwestern.edu
Additional resources from ARCC partners, Sarah Gabriella Hernandez and the Little Village Research Forum
What does dissemination look like in Community Based Participatory Research (CBPR) with Mexican immigrant communities in the U.S.?

Dissemination

in community engaged research involves collaboratively working with community stakeholders throughout the research process to translate the study findings into culturally specific and intentional strategies and actions for social change.

A review of the academic literature

CBPR research articles were reviewed that were published between 2010 and 2015, for a more contemporary review of the academic literature. This review captured health research, covering topics like obesity, mental health, substance use, HPV, diabetes, asthma, sexual assault, stress related to immigration, Alzheimer’s disease, and health impact of environmental pollution.

- Of the 23 sources, only 15 (65%) discussed dissemination efforts
- The most common study design (8/23, 35%) was an intervention study
- The most common method (12/23, 52%) was focus group
- The most common study settings (6/23, 26%) were border communities along the U.S./MX border

Who disseminates?

Community business leaders
Community advisory board
Faith based organizations
Intervention program admins
Participants/residents
Researchers/academic partners
Community health workers
Community based organizations
All partners
Community in general
Media/general public
Policymakers
Targeted community subgroup

Dissemination for whom?

Dissemination Goals

- Advocacy/Action/Social Change
- Capacity Building
- Improve Health Outcomes
- Increase Knowledge
- Long-term Policy Change
- Member Checking

When does dissemination happen?

Planning beforehand
Throughout the study
After the end of the study
Concluding Recommendations:

This review provides a brief framework for how dissemination in CBPR with Mexican communities in the U.S. has been conceptualized and carried out in the academic health literature. It helps to break down the dissemination process and provides a dissemination planning framework according to each of the categories that emerged in the review: Dissemination goals, Dissemination Activities, Who disseminates, Disseminating to whom, and Disseminating at what time.
What does dissemination look like in community based participatory research (CBPR) with Mexican immigrant communities in the U.S.?
A Review of the Literature by Sarah Gabriella Hernandez, M. A., Department of Community and Prevention Research, University of Illinois at Chicago

Dissemination in Community Based Participatory Research (CBPR), specifically with Mexican immigrants, is assuredly distinct from a simple research study output. Dissemination in CBPR involves collaboratively working with community stakeholders throughout the research process to translate the study findings into culturally specific and intentional strategies and actions for social change. With the goal of social justice and action, dissemination in CBPR is particularly relevant for minority groups in the United States. Because of Mexican immigrants’ social marginality and unique history in the U.S., understanding dissemination strategies for this population is warranted in order to improve their community health. This review (1) can help researchers understand the range of dissemination strategies used in CBPR projects with this population, (2) can be useful to the community stakeholders in creating dissemination guidelines for the Little Village community, and (3) can inform current research in Little Village as well as future researchers approaching the community to collaborate on research.

Twenty three CBPR research studies were reviewed that were published between 2010 & 2015, for a more contemporary review of the academic literature. This review captured health research, which was defined as multi-dimensional and with physical, mental, emotional, and social domains. This conceptualization of health goes beyond population and epidemiological measures to include overall well-being and a recognition of the social and structural determinants of health in contributing to a healthy environment (U.S. Office of Disease Prevention & Health Promotion, 2016).

This review provides a brief framework for how dissemination in CBPR with Mexican communities in the U.S. has been conceptualized and carried out in the academic health literature. It helps to break down the dissemination process and provides a dissemination planning framework according to each of the categories that emerged in the review: Dissemination goals, Dissemination Activities, Who disseminates, Disseminating to whom, and Disseminating at what time.

Areas of literature included in the review
- Health communication
- Public health
- Cancer research
- Chronic disease
- Anthropology
- Health care

Areas of literature included in the review
- Nursing
- Action research
- Racial/ethnic disparities research
- Environmental justice
- Aging
- Social work

Health topics of the CBPR projects
- Obesity/Physical activity/nutrition education* (most common)
- HPV
- Substance abuse
- Mental health/depression
- Sexual risk reduction
- General health
- Diabetes

Health topics of the CBPR projects
- Sexual assault/harassment
- Alzheimer’s
- Asthma
- Stress related to immigration
- Environmental health/pesticide exposure
- Cervical cancer

Dissemination Goals
These findings represent the intended purpose of dissemination, which often reflected an action orientation. These also included both realized and unaccomplished goals. They also highlighted the importance of defining your dissemination goals clearly, because they often can point towards which dissemination activities are the most appropriate. Please note, these goals were based on what was found in the research literature and are not prescriptive or limiting to what goals you might have.
<table>
<thead>
<tr>
<th>Goal</th>
<th>Definition</th>
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</thead>
<tbody>
<tr>
<td>Advocacy/Action/Social Change</td>
<td>When the goal of dissemination was described generally as advocacy/action/social change. Specific mentions of policy change as a goal would be considered &quot;long term policy change&quot; and the specific actions would be covered in the dissemination strategies/methods category (Reported at the end of this document).</td>
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<tr>
<td>Capacity building**</td>
<td>When the goal of dissemination was to build capacity for either the researchers, community, or both. Capacity building was defined as enhancing strengths, resources, and skills.</td>
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<tr>
<td>Improve health outcomes</td>
<td>When the goal of dissemination was to specifically improve community health concerns through dissemination strategies. For example, through dissemination, improving residents’ healthy eating.</td>
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<tr>
<td>Increase knowledge **</td>
<td>When the goal of dissemination was to ensure that knowledge is transferred and gained from the results of the study. Some examples include, building a communication initiative, disseminating health messages, creating a forum for education on a specific issue, etc.</td>
</tr>
<tr>
<td>Long term policy change</td>
<td>When the goal of dissemination was to change legislation on a political and/or health related issue related to the study. This can be done through a variety of strategies like organizing/advocacy, working with local politicians, developing policy recommendations, etc.</td>
</tr>
<tr>
<td>Member checking*</td>
<td>When the goal of dissemination was to provide feedback to the research study process. Usually in the case of modifying study methods to better fit the community context. Reflects the cyclical/iterative nature of dissemination, and usually happens throughout the research process.</td>
</tr>
</tbody>
</table>

*Most commonly reported; **Second most commonly reported

**When does Dissemination happen?**
Planning for dissemination also requires forethought for when the dissemination activities will occur. Sometimes this is difficult given the dynamic nature of communities, however, intentionally creating an iterative dissemination processes throughout the study can ensure more feedback from community members, thus making the dissemination more appropriate for the context. One important thing to note is that through dissemination planning, a helpful practice might be to think through all of the possible problems you may encounter, to anticipate them and strategize on how to avoid them.

- Planning beforehand*
- Throughout the study
- After the end of the study**

**Who Disseminates?**
<table>
<thead>
<tr>
<th>Who Disseminates?</th>
<th>Who is the intended audience?</th>
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<tbody>
<tr>
<td>- Community partners</td>
<td>- All partners</td>
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<tr>
<td>o Business leaders</td>
<td>- Community health workers</td>
</tr>
<tr>
<td>o Community advisory board**</td>
<td>- Community in general**</td>
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<tr>
<td>o Community based organizations</td>
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*Most commonly reported; **Second most commonly reported

It is important to define roles in a CBPR project, which includes how decisions will be made and who will be making them. With respect to dissemination, identifying who will be doing the work and who the work is for can be essential in being successful but also in maintaining equitable, collaborative relationships between the academic and community stakeholders. Moreover, it might be helpful to discuss which stakeholders have the capacity and power to implement social change and action when considering your audience, in the spirit of leveraging resources.
Dissemination Strategies

Perhaps the most important aspect of dissemination is what actually happens get the findings to the intended audience and what sort of social actions occur. Dissemination strategies should reflect and be accordant with the dissemination goals, roles of who is doing it and who the audience is, and the timeline. Moreover, because this review was within the CBPR literature, all of the strategies of course should reflect community needs, perspectives, and engagement as much as possible. Below is a list of each emergent strategy, along with an example excerpt from a research study.

- **Academic or school presentations**
  - Women taught others what they know about living with a child with asthma and asthma management through disseminating their work at public [school] events. Women also used the phototexts for a presentation made in English as part of their literacy coursework. (Postma et al., 2015)

- **Community development**
  - All the environmental strategies that have been implemented or are currently being planned are based on partnerships between the community and university. For example, one intervention community had existing plans for a walking trail but was unable to push them through to fruition because of political and financial reasons. The investigators were told of the plans during community meetings and agreed to partner with the community on discussions with public officials about this trail and to partially fund the construction of the trail. Community leaders now run walking groups supported by small incentives from the campaign for regular physical activity. (Reininger et al., 2010)

- **Community event**
  - Focus groups were used to develop a series of workshops that focus on family well-being and ways in which parents can support their children’s education. (de la Torre et al., 2013)
  - Throughout this project, we also embarked on education-based action. We organized two public forums to discuss immigration issues. (Letiecq & Schmalzbauer, 2012)

- **Health curriculum or messages**
  - Our objective in this component was to develop a communication strategy that could elicit a positive change by increasing awareness and promoting physical activity in a manner that was meaningful to the target audience. … We aimed to highlight the convenience and benefits of physical activity, describing simple ways to be active and risks associated with being physically inactive. We developed concepts using gain and loss frames, persuasion, and tailoring strategy for health campaign messages that would meaningfully encourage physical activity (Balbale et al., 2014)

- **Intervention program**
  - Inclusion of key stakeholders—in particular program deliverers and administrators—and planning for dissemination and translation to practice are integral components of successful intervention design. By providing explicit directions for adaptation for program deliverers, relevant information for program administrators, and access to the intervention via the Internet, AMIGAS [the intervention] is available to help increase cervical cancer screening among Hispanic women and other women disproportionately affected by cervical cancer. (Smith et al., 2013)

- **Media campaign**
  - Based on community input, the media campaign leaders approached a major local network and obtained morning show airtime and news spots, steering away from the more common public service announcement campaigns. (Reininger et al., 2010)

- **Needs assessment or evaluation**
  - Consistent with CBPR principles, our HPVAC has conducted a needs assessment in a way that is culturally consistent and has used those findings to create the objectives of the program which utilizes trusted community health advisors with a positive reputation in the community. (Barnack-Talvaris et al., 2013)

- **Online website**
  - The Idaho Partnership for Hispanic Health’s Community Advisory Board wanted IPHH materials made available to other communities confronting similar challenges. Therefore, the Compañeros en Salud promotora curriculum, as well as several promotora training modules, are available for
free download in English and Spanish. To access this information and to view further evaluation outcomes, visit the IPHH website: www.idphh.org. (Schwartz et al., 2013)

- Photography
  - Participants invited peers from the family literacy program to a facilitated session where all 32 of the phototexts [photos of the community with interpretive text segments] were exhibited. Participants shared the stories represented in the photographs with the invitees in small groups. Invitees were then asked to share what helps or hinders their ability to care for their child with asthma based on what did or did not resonate in the phototexts they viewed. After a period of discussion, the small groups each shared two to three identified issues with the large group. Interpreters orally translated the group reports into English. Responses were recorded on a flip chart and will be the basis of future education and research initiatives for a local asthma coalition. For example, in the large group people expressed concern over indoor environmental triggers at child care settings and schools. The use of safe cleaning products and the lack of building maintenance in those environments were discussed as extensions of this work. An additional issue was the need to educate other parents to talk to their health care providers so they can understand what is going on with their children. (Postma et al., 2015)

- Policy recommendations
  - Working together with community stakeholders, we developed two sets of related recommendations. One set, which we labeled social policy recommendations, focused on situational factors primarily associated with binge drinking and drug abuse. The other set, prevention and intervention program recommendations, had a focus on local prevention and intervention efforts. To formulate social policy recommendations, we took into consideration findings on the underlying cause behind the migrants' substance abuse—their migrant status which places them at risk for illicit drug use. Prevention and intervention recommendations consisted of suggestions for development of new programs, and the strengthening of existing programs in the region. We also suggested that social service providers, governmental agencies, and non-governmental community-based organizations alike, should implement these various recommendations. (Garcia et al., 2011)

- Printed posters/flyers/brochures
  - Throughout the project, we presented the findings of our research to the community via a newsletter and/or community presentations and consulted with our CAB about how to best use the data to develop culturally relevant and sustainable community-level interventions. (Letiecq & Schmalzbauer, 2012)

- Video
  - Both groups expressed the need to use culturally competent visual aids (including videos) to disseminate the information in the programs because in their experience, visual aids have been valuable in helping the community understand and remember key information. (Barnack-Talvaris et al., 2013)

References Included in the Literature Review

*Note, several sources include multiple citations because they revolved around the same CBPR project*


Kaiser, L., Martinez, J., Horowitz, M., Lamp, C., Johns, M., Espinoza, D., ... de la Torre, A. (2015). Adaptation of a culturally relevant nutrition and physical activity program for low-income, Mexican-
origin parents with young children. Preventing Chronic Disease, 12, E72. http://doi.org/10.5888/pcd12.140591


