

# Dissemination of Research Findings to Community Audiences



Center for Community Health Workshop  
January 12, 2017

# Community-Engaged Research (CEnR)

- Approach for conducting research in a collaborative way
- Bidirectional exchange of expertise between academics (scientific experts) and communities/stakeholders (local, cultural, practice experts) that results in informed decision-making about design/conduct/use of research.
- **Broad spectrum:** minimal collaboration to equal partners in all aspects of the research



# 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

- Partners already engaged?
  - May be different partners in dissemination
- Begin engagement in dissemination phase?
- Partners will not be engaged?
- 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 (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

- Who decides dissemination goals/strategies/key messages?
- Roles- Develop? Present? How will partners be involved? Review? Approve?  
Authorship guidelines
- Who can present/respond to media? Both community & academic partners represented when possible?
- Who's acknowledged?
- 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?
- Will there be spin?

Discuss potential problems **before** they are problems!

# Dissemination Plan: Goal

- Impact you hope to have- will impact 'what' is disseminated
- Translating 'research findings' into dissemination messages
- 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, personal interest
- 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?  
design



# Dissemination plan: Medium

- What is most effective way to reach each audience?
- Different audiences > different products.  
Multiple audiences > multiple formats.
- Consider your audience= language/literacy needs



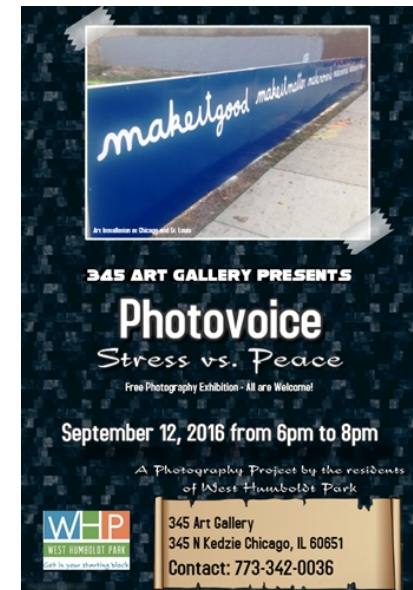


# Materials

- Research brief
  - Conclusions/bottom line, tips/recommendations, photo/graphic/ quote, definitions, citation, contact info, acknowledgements
- Infographic
- Community/Organizational Newsletter articles
- Online: Social Media/Listservs/Website/YouTube/Blogs
- Policy Brief/White paper, lobbying, testimony- ID key policymakers
- Community Fact Sheets, posters, flyers, brochures
- Handbooks/toolkits/Maps
- Report to funders

# 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



# 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
- Public Narrative



## 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

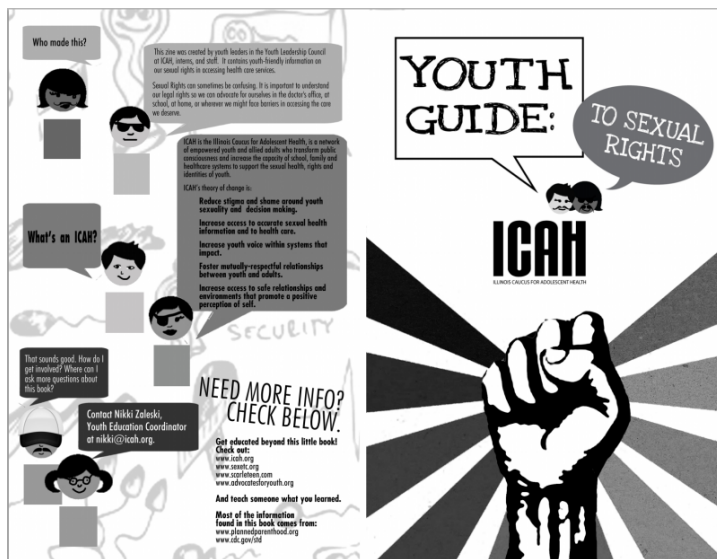
- Seminar
- Works in Progress
- Peer-reviewed journal articles
  - Progress in Community Health Partnerships & other journals that publish CEnR
  - CCH October 2016 workshop materials on academic writing
- Conference oral presentation
- Poster presentation
- University newsletters/listservs
- Disciplinary newsletters/listservs
- [www.CES4Health.info](http://www.CES4Health.info)



# Creatively disseminating Youth Research Findings



- Partners: IL Caucus on Adolescent Health/North
- Art: Zines/cups/lemonade stand
- Video: <https://www.youtube.com/watch?v=EZ4vDlNslvVY>





# Physical Activity in South Asian Women



**MAFS**  
metropolitan asian  
family services

- Partners: Metropolitan Asian Family Services/Northwestern
- Community event with family exercise
- MAFS newsletter
- Co-presentations
- Study poster hanging at MAFS
- Partner with ethnic media



**IndiaPost**  
Voice of Indians Worldwide

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YOU ARE HERE: [HOME](#) > [COMMUNITY POST](#) > [MAFS AND NW UNIVERSITY CONDUCTING HEART STUDY](#)

## MAFS and NW University conducting heart study

March 13, 2013 in [Community Post](#) | [0 Comment](#)



CHICAGO: Metropolitan Asian Family Service (MAFS) and Northwestern University's Feinberg School of Medicine are conducting a heart disease prevention study for South Asians in the Chicago area.

This study the first of its kind is funded by the National Institutes of Health. Experts from Northwestern University are working with MAFS

# Refugee Communities: Disability, Health, & Inclusion Project

- 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

- Partners: Logan Square Neighborhood Assoc/CLOCC Chicago Park District/Northwestern
- White Paper and Resource Guide: <http://www.clocc.net/news/VendingWhitePaper2012.pdf>
- Public Release Event- Speakers from Public agencies, researchers, park district



# Student Media-based Asthma Research Team (SMART): Chicago Public Schools & Ruchi Gupta (NU/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 is Asthma? PSA: <http://www.youtube.com/watch?v=bEp2fakobtM&feature=youtu.be>
- What can my community do to help kids with asthma? PSA: <http://www.youtube.com/watch?v=yyCQRUG2Zfk&feature=youtu.be>

# Research/data brief

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Children's Research Institute<sup>SM</sup>  
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Children's Hospital of Chicago<sup>SM</sup>

ILLINOIS VIOLENT DEATH REPORTING SYSTEM

JULY 2016

## Homicides in Chicago: 2005, 2010 and 2015

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

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

Overall, there were 468 homicides recorded in IVDRS in the City of Chicago in 2005, 476 in 2010 and 512 in 2015. The homicide rates per 100,000 people in the City of Chicago were 17.32, 17.64, and 18.81 in 2005, 2010 and 2015, respectively. (Table 1)

### RATE PER 100,000

A rate, or per capita value, helps compare values among groups of different sizes. To find out if, for example, one city has higher levels of murder than another, you need to determine a per capita murder rate. That is, the number of murders for each person in that group. The homicide rate in the City of Chicago was determined by dividing the number of homicides by the total population of the city for that year. To keep from using a small decimal, statisticians typically multiply the result by 100,000, and give the result as the number of homicides per 100,000 people. (Adapted from RobertKlein.com)

### STATISTICAL SIGNIFICANCE

Statistical significance is an indicator of the probability that observed findings (in this case differences between years or groups) could have occurred by chance. Statistical significance is often reported as a numerical value "p" (probability value). If a p-value is less than 0.05 (5%), we typically say that the observed finding is statistically significant because we are 95% or more certain that the difference observed is not due to chance. If a p-value is greater than 0.05 (5%), we typically say that the finding is not statistically significant because we are less than 95% certain that the difference observed is not due to chance.

Table 2 shows homicide rates per 100,000 in the City of Chicago by sex at each time point. The rates of homicide in males increased over time. The rate of homicide in females was relatively stable over time.

Table 3 presents information about the "who, when, where, and how" of violent deaths to provide a more complete picture and develop insight into "why" they occur.

changes occurred either Caucasians were 2 times more likely to be victims of homicide in 2015 than Caucasians in 2005. The statistically significant increase occurred

### Table 1. Homicides

TOTAL

### Table 2. Homicides by sex

Male

Female

### Table 3. Homicides by race/ethnicity

Caucasian

African American

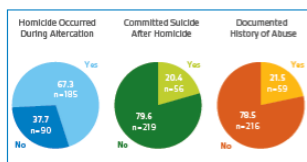
Latino

\*Statistically sig

Table 2 shows homicide rates per 100,000 in the City of Chicago by sex at each time point. The rates of homicide in males increased over time. The rate of homicide in females was relatively stable over time.

Figure 1 depicts circumstances surrounding IPV. A documented history of abuse, including cases in which there was prior law enforcement involvement, was found in 21.5% of IPV cases. Twenty percent of suspects committed suicide immediately following the homicide. Most notably, IPV occurred during an altercation, verbal and/or physical, in 67.3% of cases.

Figure 1. Circumstances surrounding intimate partner homicide

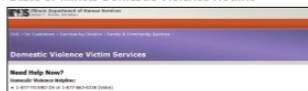


This information can be used to prevent IPV; law enforcement, for example, can use this information to identify and work with those who are affected by IPV to deter future acts of IPV and IPV. Assistant Chief Lisa Snow of the Peoria Police Department states, "During my 25-year career in law enforcement, the majority of intimate partner homicides I have witnessed have documented incidents of physical abuse occurring in the relationship before the death. Law enforcement is currently experimenting with programs that focus intervention efforts on perpetrators with a history of physical abuse towards an intimate partner who is actively engaged in an intimate partner relationship. This intervention will include counseling and regular contact with law enforcement as part of a treatment plan. It is hoped that by working with perpetrators at the first signs of violence that law enforcement can stop the violence from becoming ongoing and potentially fatal."

## RESOURCES

If you or someone you know is experiencing domestic violence and needs help:

State of Illinois Domestic Violence Hotline



Domestic violence programs located throughout Illinois provide safety assistance to victims of domestic violence. Services include: 24-hour crisis hotline, counseling, safety planning, legal advocacy, children's services, temporary food and housing and outreach.

<http://www.dhs.state.il.us/page.aspx?item=30275>

If you want to learn more about what you can do to end domestic violence:

Illinois Coalition Against Domestic Violence



The Illinois Coalition Against Domestic Violence (ICADV) is a not-for-profit membership organization that works to eliminate violence against women and their children by promoting the eradication of domestic violence throughout Illinois; ensuring the safety of survivors; their access to violence and their freedom of choice; holding abusers accountable for the violence they perpetrate; and encouraging the development of victim-sensitive laws, policies and procedures across all systems that impact survivors.

[icadv.org/](http://icadv.org/)

### CONTACT INFORMATION

For more information on the Illinois Violent Death Reporting System, please contact:

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Visit us at our website:  
[luriechildrens.org/IVDRS](http://luriechildrens.org/IVDRS)

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[@IVDRS](https://twitter.com/IVDRS)



Connect to places for healthy living.

Schools in Suburban Cook County, Illinois Increase Student Physical Activity

## SUMMARY OF KEY FINDINGS

- Schools participated in a variety of opportunities offered as part of the Healthy HotSpot initiative.
- Students increased moderate to vigorous physical activity time in P.E. class.
- The percent of schools with students spending 50% or more of P.E. class time in MVPA increased.
- Changing the way P.E. is taught can improve student MVPA during class.

## PHYSICAL ACTIVITY GIVES KIDS A LEG UP IN SCHOOL

- Improves health
- Improves behavior
- Improves learning



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 the 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 behaviors<sup>1</sup>. 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<sup>2</sup>. 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<sup>3</sup>. 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. utilizes school 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 Healthier Generation, Illinois Public Health Institute, and the regional Intermediate Service Centers — provided the following opportunities to schools.

- Healthy School Summits.** These professional trainings launched the Healthy HotSpot initiative in schools, addressing the link between physical activity and learning; discussing the revised learning standards for physical development and health; and providing skill-based workshops for implementation of enhanced P.E. Schools were encouraged to register for Let's Move! Active Schools.

<sup>1</sup> CDC, Division of Population Health, National Center for Chronic Disease Prevention and Health Promotion, <http://www.cdc.gov/healthyschools/physicalactivity/facts.htm>, accessed 8/3/2016.

<sup>2</sup> U.S. Department of Health and Human Services, 2008 Physical Activity Guidelines for Americans, Washington, DC: U.S. Department of Health and Human Services; 2008.

<sup>3</sup> Cook County Department of Public Health and CCOCC, 2010-2012 School Day Physical Activity among Children in Suburban Cook County, Illinois. <http://www.cookcountypublichealth.org/files/pdf/publications/physical-activity-brief-1010-13-final.pdf>, accessed on 8/30/16.


# 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 take a long time 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. <<Pairing measure/ KAB??>>



**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.

### FILL in space

#### How to calculate/ etc.



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

BMI	Weight Status
<18.5	Underweight
18.5-24.9	Healthy weight
25.0-29.9	Overweight
30.0 & above	Obese

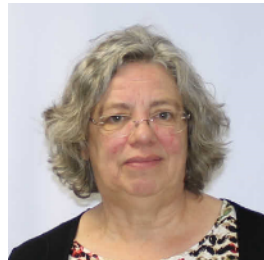
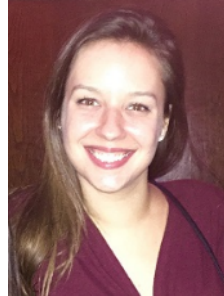
BMI Percentile	Weight Status
< 5th	Underweight
5th - 84th	Healthy weight
85th-94th	Overweight
95th - 100th	Obese

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/> 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: [http://www.yale.edu/bioethics/contribute\\_documents/CARE\\_Dissemination\\_Strategies\\_FINAL\\_eversion.pdf](http://www.yale.edu/bioethics/contribute_documents/CARE_Dissemination_Strategies_FINAL_eversion.pdf)

# Center for Community Health





# Center for Community Health Resources

- Partnership brokering & development- patient & stakeholder engagement
- Workshops/seminars, team training, online resources- Writing retreats, spring workshop on dissemination to policy audiences
- Funding assistance- ARCC/PBR seed grants, NUCATS dissemination & implementation pilot grants
- Consultation, proposal review & support- Stakeholder Academic Resource Panels



# Alliance for Research in Chicagoland Communities Resources

- Monthly Resources & Opportunities Listings

• [www.ARCCresources.net](http://www.ARCCresources.net)



Visit [arconline.net](http://arconline.net) »

RESOURCE DIRECTORY

ABOUT

NAVIGATING THE SITE

CONTACT/LINKS

## ARCC Resource Directory

The ARCC Resource Directory is an online website providing access to materials and resources to help interested community and faith-based organizations and academic partners to learn about how they can build capacity to conduct community-engaged research and support building, strengthening, and sustaining their partnership.

*\*\*Click [here](#) to access a brief guided video tour of the website.\*\**

It was developed and is maintained by the Alliance for Research in Chicagoland Communities (ARCC). ARCC is guided by a steering committee of community- and faith -based organizations from across the Chicagoland area, public agencies, and faculty at Northwestern University. ARCC supports and promotes collaborative research partnerships between community-and faith-based organizations and Northwestern University that leads to measurable improvements in health. Learn more at [ARCConline.net](http://ARCConline.net)

Community-engaged research (CErR) is an approach characterized by collaborative partnership development, cooperation & negotiation, & commitment to addressing local health issues. Engagement is on a broad spectrum from minimal collaboration to collaboration as equal partners (e.g. community-based participatory research (CBPR)).

All Resources



Resources for  
Community Partners



Resources for  
Healthcare Providers



Resources for  
Academic Partners



Resources for  
Teams



# National Resources



**Community-Campus  
Partnerships for Health**

Transforming Communities & Higher Education

[www.ccph.info](http://www.ccph.info)

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

- Patient and Family Engagement Rubric
- Sample Patient Engagement Plans

<http://www.pcori.org/get-involved/what-is-engagement-in-research>



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