

CDC Evaluation Coffee Break



Creating an Effective Dissemination Plan

Lauren Elsberry
Communications Team

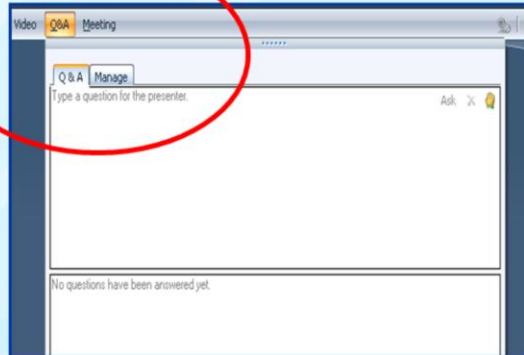
Alberta Mirambeau
Evaluation & Program Effectiveness Team

Division for Heart Disease and Stroke Prevention
National Center for Chronic Disease Prevention and Health Promotion



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

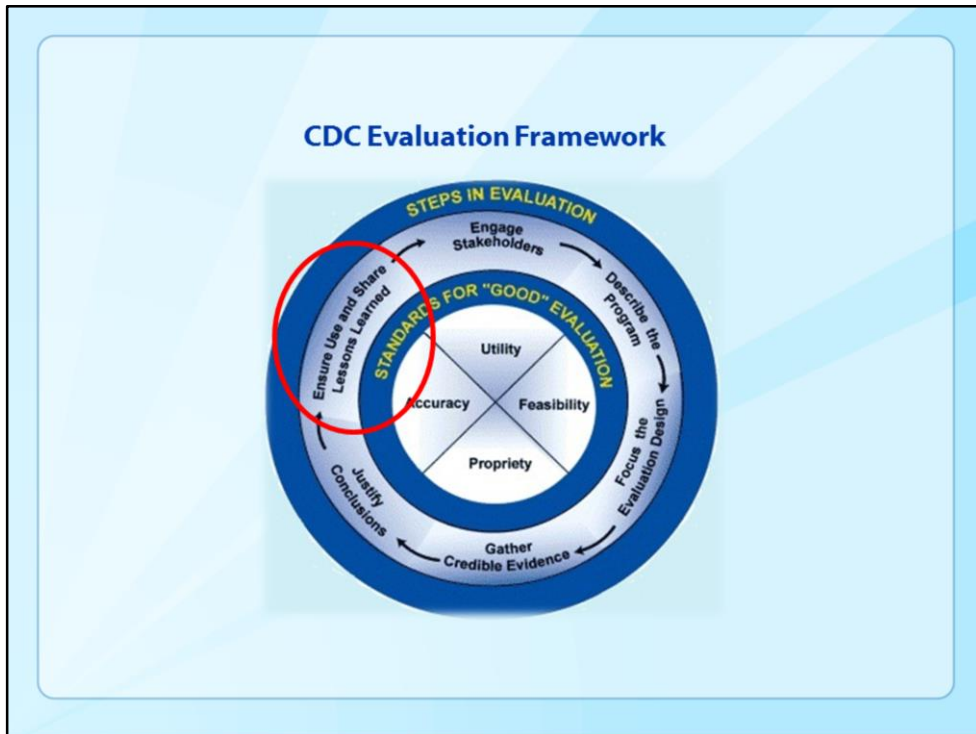


Moderator

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.

What is a dissemination plan?

A plan for disseminating research findings and/or products to potential users

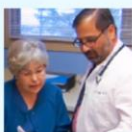
<http://www.ahrq.gov/professionals/quality-patient-safety/patient-safety-resources/resources/advances-in-patient-safety/vol4/planningtool.html>

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.

Key Considerations

- ❑ **Materials**
 - What is going to be disseminated
- ❑ **Audience**
 - Who will apply it in practice
 - Where do you reach them



<http://www.ahrq.gov/professionals/quality-patient-safety/patient-safety-resources/resources/advances-in-patient-safety/vol4/planningtool.html>

There are a few things to consider:

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/needing 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.

Key Considerations (continued)

- **Dissemination partners**
 - Individuals, organizations or networks through whom you can reach end users

- **Communication**
 - How you convey the research outcomes



<http://www.ahrq.gov/professionals/quality-patient-safety/patient-safety-resources/resources/advances-in-patient-safety/vol4/planningtool.html>

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.

Sample Plan

Product	Target Date	Audience	Lead Contributors	Status	Notes
Presentations					
1					
2					
3					
Written Products					
1					
2					
3					

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.

Key Considerations (continued)

□ Evaluation

- How many people did it reach?
- Did it reach the audiences you intended?
- Tools
 - Use web analytics
 - Talk to dissemination partners about their audiences and dissemination
 - Using social media—who is retweeting you.

Top Five Most Downloaded CHW Toolkit Products

Toolkit Product	# of Downloads
Community Health Worker Training Resource for Preventing Heart Disease and Stroke	842
A Summary of State Community Health Worker Laws	380
Updated CHW Policy Brief – “Addressing Chronic Disease Through Community Health Workers”	377
CHW Technical Assistance Guide for 1305 Grantees	302
CDC CHW Workgroup Summary	272

<http://www.ahrq.gov/professionals/quality-patient-safety/patient-safety-resources/resources/advances-in-patient-safety/vol4/planningtool.html>

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.

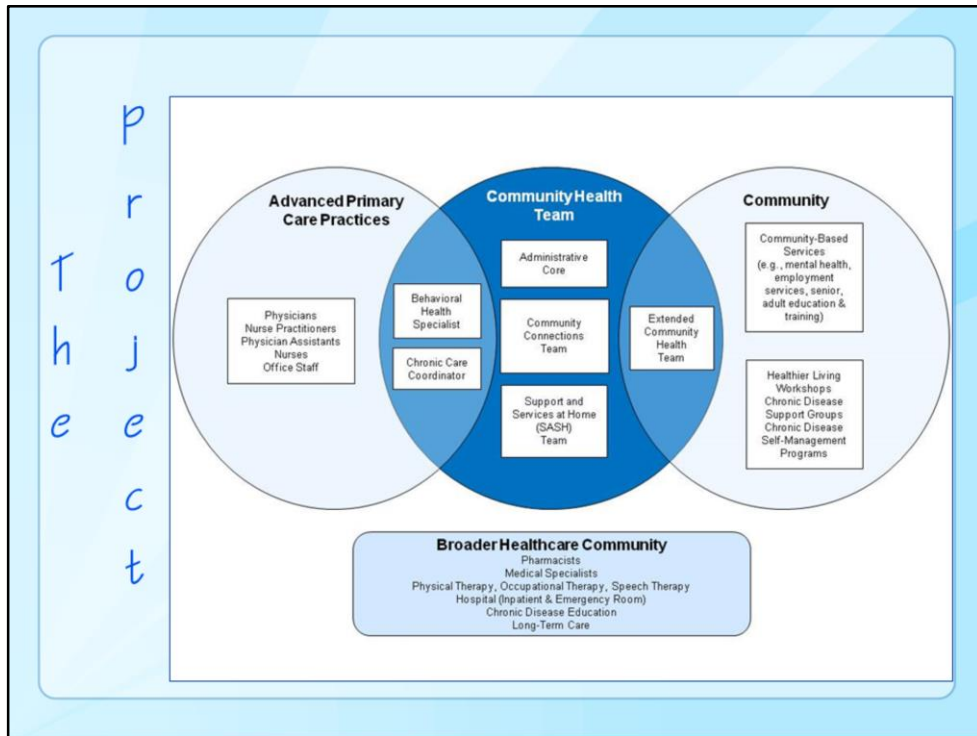
A CDC Example

Dissemination

Before...



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.



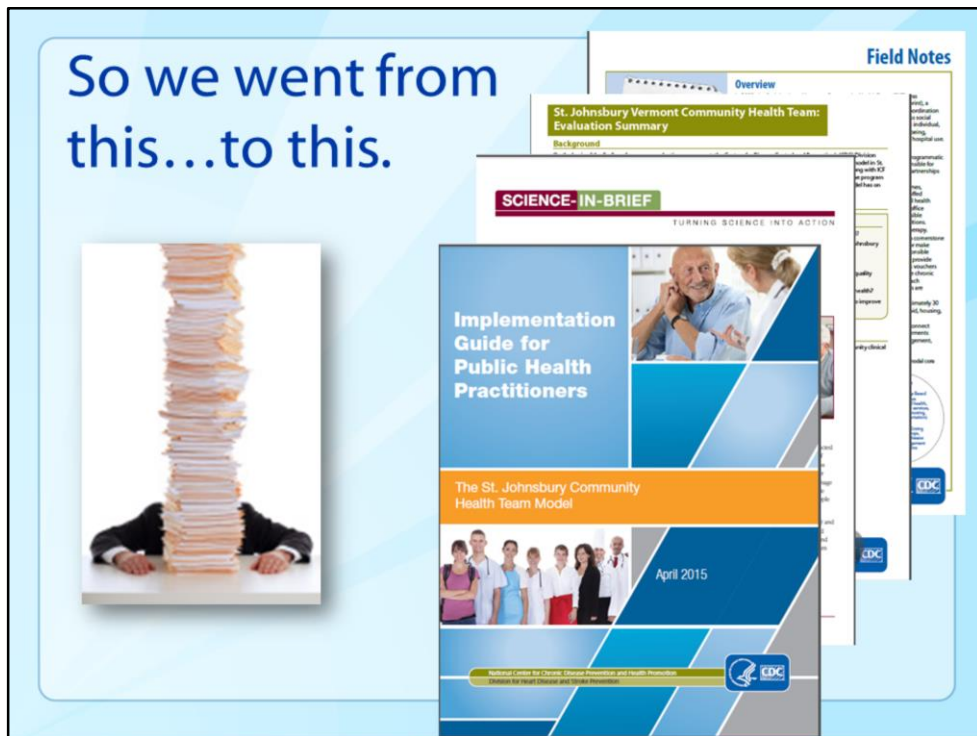
Today, I'd like to use an CDC example of how we started to shift our thinking in terms of dissemination. We conducted a 30-month rigorous evaluation of the St. Johnsbury, VT Community Health Team Model, which addressed multiple areas that were neatly aligned to a few of our Center's priorities, such 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.

Product	Target Date	Audience	Lead Contributors	Status	Notes
Presentations					
CHW Cost Analysis Framework	October 2012	APHA 2012 conference	CDC Project Lead, SME, Program site	Done	Title: "A Framework for Conducting a Cost Analysis of a Community Health Worker Program in Vermont"
VT St. Johnsbury Team Final Report Out/Debrief	Mid to end of February 2014	VT/St. J team – CCT, CHT, BluePrint	Contractor, CDC Project Staff	Planning	Timing/presenter need to be negotiated based on contract end date and ICF work load
Progress Update on all Rigorous Evaluations (Penn, VT, and JUDI)	June 6, 2013	Branch Leadership & Evaluation Team		Done	
Written Products					
Published article: "A Cost Analysis of a Community Health Worker Program in Rural Vermont"	June 2013	Journal of Community Health	CDC Project Lead, SME, Program site	Published	http://link.springer.com/article/10.1007%2Fs10900-013-9713-x
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

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.



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.

SCIENCE IN-BRIEF

TURNING

A Cost Analysis of a Rural Community Health Worker Program in Rural Vermont

The following is a synopsis of "A Cost Analysis of a Community Health Worker Program in Rural Vermont," published online ahead of print in *June 2015* *Community Health*.



What is already known on this topic?
Community health workers (CHWs) are public health workers who are trained to carry out health interventions in a community setting. CHWs help people reduce risk factors for disease, manage chronic conditions (eg, high blood pressure, high cholesterol), connect with local resources, and access the health care system.

What is added?
In this article, the authors report on the cost of a CHW program in a rural Vermont community. The authors describe the costs of CHW programs to fund, despite the strong need for chronic care services that would otherwise require expensive medical services. The authors also describe the costs of CHW program use (eg, transportation, training, and supervision) and the need for ongoing training, supervision, and support to ensure CHW program effectiveness and sustainability.

St. Johnsbury Vermont Community Health Team: Evaluation Summary

Background
On the basis of the findings from a prior evaluation assessment, the Centers for Disease Control and Prevention (CDC) Division of Field Office and State Partnership (DFOSP) and a group of program partners, including the Community Health Team (CHT) model in St. Johnsbury, Vermont, are providing guidance to prevent and control chronic conditions, such as hypertension (HT), along with 10 International and the St. Johnsbury CHT leadership, conducted a cost-effectiveness evaluation to (1) describe the program and identify practice and training for other programs, (2) estimate the effect of the CHT model on patient outcomes related to quality of life, hypertension, and health care use.

Methods
The evaluation used a mixed-methods design. Qualitative methods included systematic document review and in-depth interviews with CHT staff members, health care providers, and Community Connections team members. Quantitative methods included secondary data analysis from Community Connections team member surveys and Electronic Health Records (EHR).

Evaluation Questions

- What are the core elements of the St. Johnsbury CHT model?
- What are the factors that affect implementation of the St. Johnsbury CHT model?
- What is the reach of the St. Johnsbury CHT?
- What impact does the St. Johnsbury CHT have on patients' quality of life?
- What impact does the St. Johnsbury CHT have on patients' health?
- What is the added value of the St. Johnsbury CHT efforts to improve quality of life in patients' health outcomes?

Conclusions
The findings from this evaluation suggest that the St. Johnsbury CHT model is a promising approach to improve patient health outcomes and reduce health care costs in rural Vermont.


Field Notes

Overview

In 2008, the St. Johnsbury Vermont Community Health Team (CHT) was developed with support from the Bureau of Health Statistics, a state health reform agency. The Bureau aims to provide seamless coordination of care across a broad range of health and human services that address social determinants of health. Through the CHT model, the Bureau targets individual, community, and health care system outcomes to improve client and family, patient health outcomes, and rates of emergency room and hospital hospital use in St. Johnsbury. The CHT model has four components (see Figure 1).

- **Administrative Care:** A program manager provides managerial and programmatic support, as well as oversight. A care integration coordinator is responsible for ensuring CHT components and actively building and sustaining partnerships with community organizations.
- **Advanced Practice Nurse (APN):** These public-trained medical nurses, employed by the Vermont Commission for Quality Assurance, are staffed with health care providers, nurse, and community organizations, and are responsible for collaborating with the health care providers, office staff, and other CHT members, chronic care coordination and responsible for coordinating the care of patients with, or at risk for, chronic conditions. Advanced health specialists provide short-term, education-focused therapy.
- **Community Connections Team (CCT):** A community-based team of health care providers, including nurses, social workers, and other health professionals, is responsible for providing care to patients with chronic conditions. The CCT is primarily responsible for chronic disease control and to remove barriers by standing in social needs.
- **Functional Health Team (FHT):** The Functional Health Team includes approximately 30 community patients that provide a variety of services such as digital literacy, housing, and transportation.
- **Support and Extension of Home (SEH):** SEHs, members of the CHT connect Medicare patients to health and long-term care systems. SEHs implement specific interventions that include 1) patient, medication management, control of chronic conditions, and healthy behaviors.

Figure 1. An illustration of the relationships between the core components of the CHT model in the community-based context (Figure 1) and within the four core components (Table 1).



Administrative Care
Program Manager
Care Integration Coordinator

Advanced Practice Nurse (APN)
Nurse Practitioner
Physician Assistant
Nurse

Community Connections Team (CCT)
Nurse
Social Worker
Behavioral Health Specialist
Case Manager
Health Educator
Community Health Worker

Functional Health Team (FHT)
Patient
Patient
Patient
Patient
Patient
Patient
Patient
Patient
Patient
Patient

Support and Extension of Home (SEH)
Patient
Patient
Patient
Patient
Patient
Patient
Patient
Patient
Patient
Patient

Community Connections Team
Nurse
Social Worker
Behavioral Health Specialist
Case Manager
Health Educator
Community Health Worker

Support and Extension of Home
Patient
Patient
Patient
Patient
Patient
Patient
Patient
Patient
Patient
Patient

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.

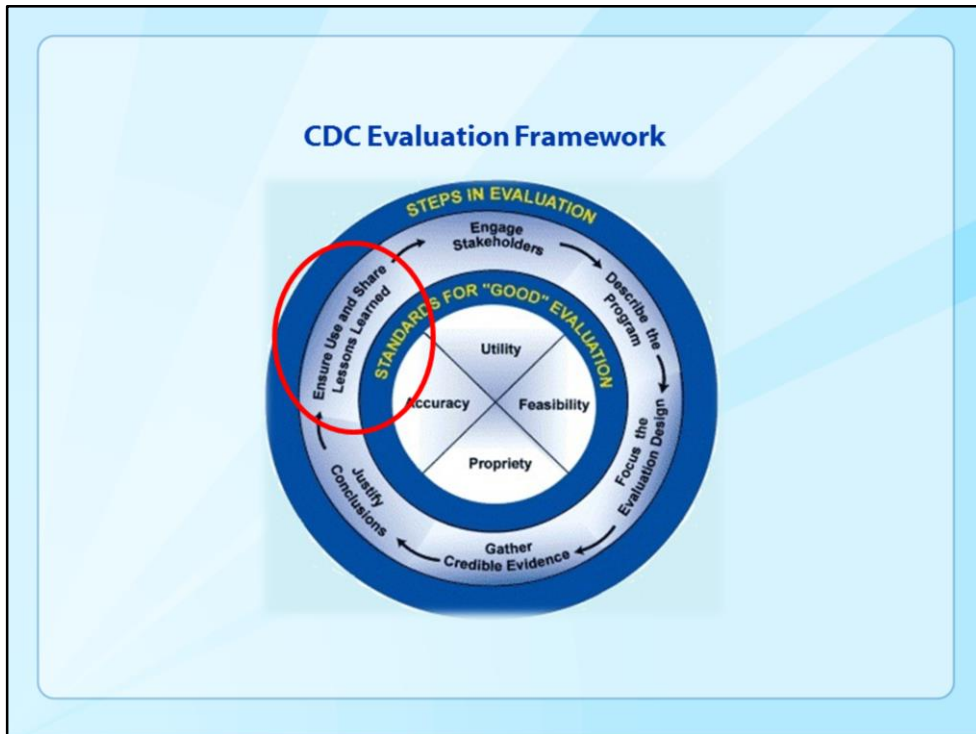
Dissemination Continues...

We continue to strategize on how to ensure that public health practitioners access this information, by:

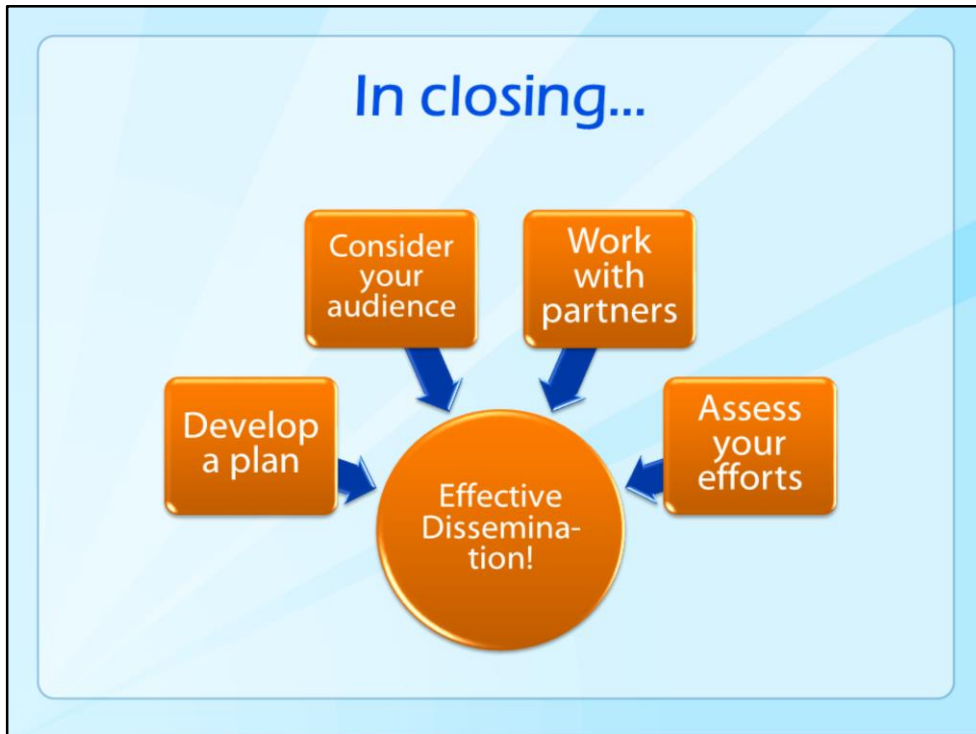
- Explore opportunities for relevancy
- Fill gaps of need, rather than re-invent the wheel and create new products
- Inform and re-inform our internal stakeholders of these products



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.

Resources

- ❑ CDC, A Guide to Help Ensure Use of Evaluation Findings:
http://www.cdc.gov/dhdsp/docs/Evaluation_Reporting_Guide.pdf
- ❑ National Institute of Health, Dissemination and Implementation Science:
https://www.nlm.nih.gov/hsrinfo/implementation_science.html
- ❑ Canadian Health Sciences Research Foundation: Developing a Dissemination Plan http://www.cfhi-fcass.ca/migrated/pdf/dissemination_plan_e.pdf

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.

Lauren Elsberry

Communications Team
lelsberry@cdc.gov

Alberta Mirambeau

Evaluation & Program Effectiveness Team
amirambeau@cdc.gov



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



Division for Heart Disease and Stroke Prevention
National Center for Chronic Disease Prevention and Health Promotion

