

ADDENDUM

Taking Research to Practice: An Exploratory Meeting

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Prepared by the Directors of Health Promotion and Education

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In a follow-up to the meeting of July 21, 2006, the Directors of Health Promotion and Education and the Prevention Research Centers Program sponsored a set of roundtable discussions to add to the information collected on taking research to practice. The session was intended for local-level public health practitioners in order to broaden the perspectives captured at the original meeting. The roundtables were held in conjunction with the National Conference on Health Education and Health Promotion, Seattle, Washington, June 2007. Additional attendees included representatives from several state health departments, consultants, professors, and CDC.

Four discussion groups were given questions similar to those discussed during the 2006 meeting. Participants reinforced some elements of the original discussions and added new issues as well. This addendum to the Summary Report (July 21, 2006) captures the main points from the 2007 session.

Issue: Learning about interventions is labor-intensive.

Several sources were cited as ways to find out about interventions, including conferences, listservs, journals, Internet, project officers, and colleagues. The ideal methods—listed by one group but representative of the other roundtable discussions—included experts in the community or the discipline, synthesized information from credible sources, and a clearinghouse. Most participants said practitioners do not read journals regularly but do search them online. Some participants said practitioners do not find journal articles useful at all.

As sources for further information about interventions, the groups included project officers, CDC, internal and external listservs, universities, co-workers, constituents, nonprofits, and other health departments.

The PRC Program's designation of some strategies as adoptable (effective and having been disseminated to a group other than the study population) seemed very useful to practitioners.

Nearly all local-level discussants mentioned the need for free access to programs and having little or no funds available to implement new interventions.

Issue: Changing community practice requires acceptance and readiness.

The participants stated that attention to community acceptance and readiness is critical to the success of an intervention's adoption. Discussants were concerned about expectations that a set intervention may not be appropriate for all communities and emphasized that prepackaged curricula do not always fit the population suggested. In considering the appropriateness of specific interventions, practitioners want to know details of an intervention and whether it is suited to a community's level of readiness.

The discussants cited the need to share responsibility for planning between local and state health entities. (The July 2006 group cited sharing between researchers and practitioners.)

Issue: Supplement packaged interventions with training and personal contact.

Participants believed that a packaged intervention could contain all the information needed but that training about the intervention is also needed. The practitioners want to be able to talk with people about a program, including other practitioners who have implemented a program. In emphasizing the need for personal contact for ongoing assistance, one group suggested program designers should be clear about an intervention's goals and objectives but allow practitioners to use good common sense in adapting it.

Their preference is for in-person training, but since such training has drawbacks (such as travel costs), they stated with some reluctance that online training could work. Selection of appropriate trainers was emphasized. Local public health professionals want to know that the people offering programs understand and can help practitioners adapt strategies to local concerns.

The discussants asked for several things: evaluation tools, feedback from researchers, and identification of key elements that must be maintained for program fidelity. They would also like access to one source that has all the tools and marketing materials (such as public service announcements, brochures, and ready-made messages). They would like all the tools and materials available at no cost. These points underscored the 2006 group's similar call for a single repository for program information.

Recommendations

From this discussion, the following three recommendations are added to those identified during the July 2006 meeting:

- Ensure that **local and state health department practitioners** are involved in all phases of research to practice.
- Recognize the **range of capacity** among local end users, and create interventions that account for communities varied levels of readiness.
- Ensure that a single portal to information is supplemented by **in-person training** whenever feasible.