

"Knowing is not enough, we must apply. Willing is not enough, we must do!" Goethe

Designing For Dissemination

September 19-20, 2002 • Madison Hotel, Washington, DC

Researcher Action Plan

Short-term	Mid-term	Long-term
Contribute editorials/ commentaries to journals, newsletters endorsing and valuing dissemination research; give seminars/ colloquiums at home institution using common power point summary of meeting	In next grant submittal, include dissemination issues up-front in research design.	Create the demand for changes in: 1) indexing; 2) study section culture; 3) dissemination plan and appendix; and 4) Cancer Control Centers.
Create linkage with NIH- based community-based participatory research group identifying dissemination as item on agenda	Articulate for the field the dissemination pathways for research findings.	Invest in learning how practitioners diffuse/disseminate
	Involve householders up- front in developing research design.	

Messages to Other Groups

Group

Message

- Intermediaries
 - Create multiple opportunities for training in dissemination research including sabbaticals, short courses and changes in graduate curricula and conferences
- Intermediaries
 - Provide for longer study designs (beyond 4 years) to include the implementation and adoption in funding dissemination research
 - The Institute of Medicine should prepare a sentinel book on dissemination research in health to facilitate the education process.
- Intermediaries
 - NCI should require community-based outreach activities of comprehensive cancer centers to include evidence-based cancer control interventions.
- Intermediaries
 - Intermediaries should build the infrastructure to support dissemination research by making it a funding priority and change the culture of study sections to reward quality proposals.

Practitioner Action Plan

Short-term	Mid and Long Term
<ul style="list-style-type: none">•Find existing projects that demonstrate systematic implementation of evidence-based practice.	<ul style="list-style-type: none">•Advocate for demonstration projects•Use and evaluate existing evidence-based tools and projects that are already at hand•Build an infrastructure at the community-level to sustain intervention•Continue to evaluate and disseminate research findings to other practitioners (best practices)•Continue to be a broken record—include community-level practitioners in meetings and forums•Collaborate with advocacy groups•Trainer practitioners to expect to measure outcomes•Advocate for systems-based change and evaluation•Create demand•Request reporting on agency funding practices regarding participatory research/ advocate for increase in dollars•Advocate for incentives regarding practitioner/research collaboration•Communicate needs to researchers
<ul style="list-style-type: none">•Prioritize participation in community-based research that includes implementation and evaluation.	

Messages from Practitioners to Other Groups

Group

- Intermediaries
- Researchers

Message

- Develop funding that rewards implementation and evaluation of evidence-based practices
- Discuss feasibility, benefits, and importance of projects prior to design

Additional Messages from Practitioners to Other Groups

- Intermediaries should allow money to support infrastructure, evaluation, and capacity building
- Intermediaries should fund demonstration projects
- The benefits of research need to be made clear to practitioners and the community
- Need fundamental change of what is valued/paid for
- Non-governmental intermediaries should advocate for permanent change in health care systems
- Develop reimbursement incentives that reward evidence-based control activities
- Commit more dollars for community-based research
- Intermediaries should fund capacity building and training programs

Federal Intermediary Action Plan

Short-term	Mid-term	Long-term
Make research dissemination and its application a priority within agencies, e.g. QC ³	HHS should promote research and create funding language that includes participatory, return on investment, dissemination research, and other study designs beyond randomized controlled trials	Develop and expand infrastructures that promote evidence-based findings <ul style="list-style-type: none">• (ST) Identify those infrastructures
Increase knowledge synthesis and link to how-to advice <hr/> Increase consumer participation in all aspects of research, dissemination, and implementation	NIH identify, fund, and provide expertise for the evaluation of experiments and demonstration projects that are currently occurring within HHS	Encourage agencies that have regulatory and administrative authority for the delivery of services to show leadership and use policy and environmental strategies to implement evidence-based cancer control interventions <ul style="list-style-type: none">• (ST) Encourage

Messages to Other Groups

Group

Message

- Practitioners
 - Professional societies should consider adopting guidelines that include evidence-based cancer control interventions across the continuum of care and strongly recommend their incorporation into practice
- Researchers
 - Advocate for institutional support for the dissemination of their research

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Non-Fed Intermediary Action Plan

Short-term	Mid-term	Long-term
Educate our colleagues re: meeting goals	Restructure research focus, reviews, & resources to practitioner/CBO <hr/> Partner with public/private payer to tailor evidence to their decision making needs	Help to form an enduring alliance/center to drive EBCC
Identify strategies to re-align existing activities (research, practice) in keeping with goals of this meeting	Build tools and technical assistance to implement Evidence-based Cancer Control (EBCC)	
	Develop new local partnerships linked to livable communities/employers	

Messages to Other Groups

Group

- Researchers in partnership with Practitioners
- Federal Intermediaries

Message

- Identify best practices in participatory research models
- Clearinghouse of existing dissemination tools