

Designing For Dissemination

Steering Committee

Planning Meeting

July 24, 2002

Preliminary Results

Planning for the Conference



Concept Mapping

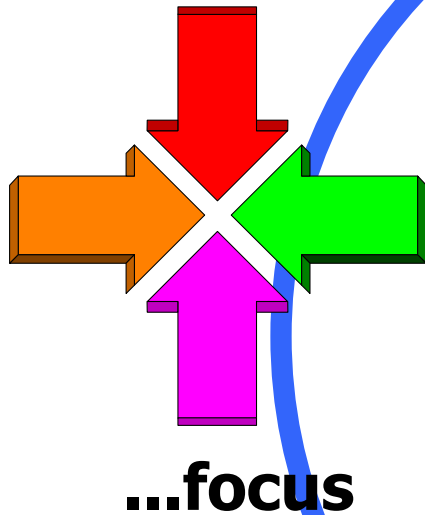
Uses information from *individuals* to:

- identify group *shared vision*
- represent group ideas *pictorially*
- encourage *teamwork*
- facilitate group *decision making*



Steps in Concept Mapping

1. Prepare Project

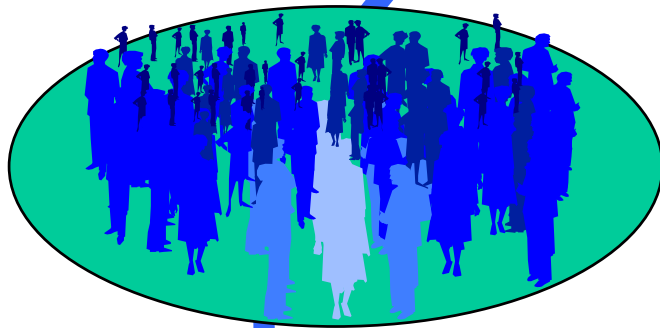


One thing that should be done to accelerate the adoption of cancer control research discoveries by health service delivery programs is...



Steps in Concept Mapping

1. Prepare Project



Government:
national, state,
local

Partners:
national, state,
local

Researchers

Practitioners

Intermediaries

One thing that should be done to accelerate the adoption of cancer control research discoveries by health service delivery programs is...



Steps in Concept Mapping

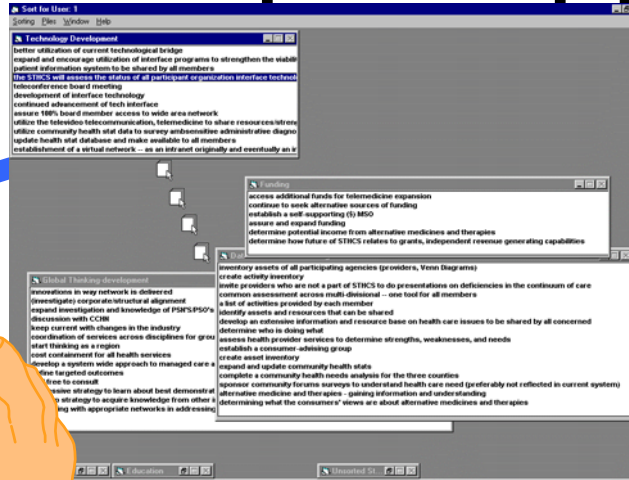
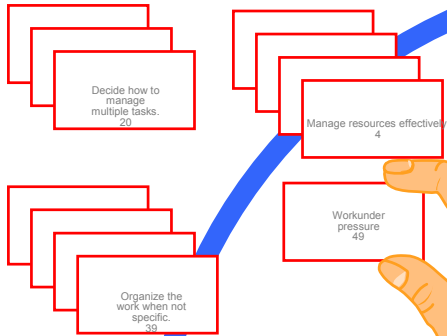
- Increase evaluation research to determine the extent to which research-based interventions are effective in communities.
- Create incentives for researchers and their organizations to disseminate effective research products.
- Require that federally funded intervention research include dissemination planning.
- Place educational resources on the web and design them to allow organizations to personalize.
- Annually publish NCI-funded initiatives that are shown to be effective.
- Develop training modules for state/community cancer control teams for translating research findings into practice.
- Assure that research is community oriented, population specific and participatory.
- **Etc.**

2. Generate Ideas

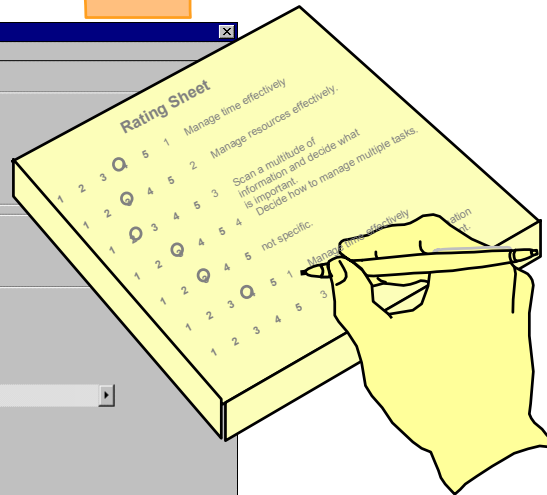
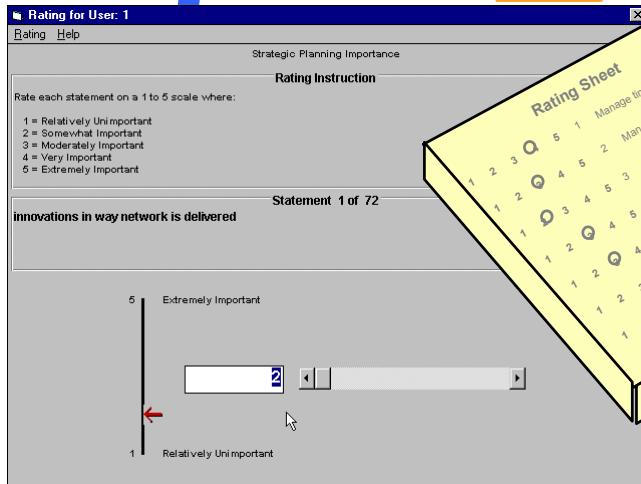


Steps in Concept Mapping

sort



2. Generate Ideas



3. Structure Ideas

rate



CSGlobal: internet pathways for unlimited participation

The Concept System -- Brainstorming - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Back Forward Stop Home Search Favorites History Print

Address http://localhost/projects/Test/bstorm.htm

Instructions

To Add A New Statement:

type statement into text box on right and click Submit Statement Button

Statement Refresh:

Statements are automatically refreshed every minute.

One specific action my organization can take over the next year to address our mission is...

improve employee medical benefits

Submit

Current Statements

1. establish a 'quality circle' team approach for production employees
2. advertise the organization's image rather than just specific products

Done

Concept Systems Incorporated
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Ithaca NY 14850
(607) 272-1206

Concept Systems

Project Page - Microsoft Internet Explorer

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Address http://localhost/projects/Test/phase1.htm

CSGlobal

Project Home Page

Brainstorm

Welcome to the brainstorming phase of the project. To participate, just click on the brainstorming button and follow the instructions. Remember, any time you are using this program, you can obtain context-sensitive help and tips on what to do by clicking the ? button.

Software for this project is provided through:

Concept Systems Incorporated
118 Prospect Street, Suite 309
Ithaca NY 14850
(607) 272-1206
(607) 272-1215 FAX
E-mail: concepthelp@conceptsystems.com

Concept Systems Incorporated

Local intranet

atings: User Test - Microsoft Internet Explorer

Edit View Favorites Tools Help

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Address http://localhost/Scripts/CSglobal.exe/SelectRating

RATING

ing: CM Importance

Instructions:

Rate each statement on a 1-to-5 scale where: 1=relatively unimportant; 2=somewhat important; 3=moderately important; 4=very important; 5=extremely important.

1 = Relatively Unimportant |-----| 5 = Extremely Important

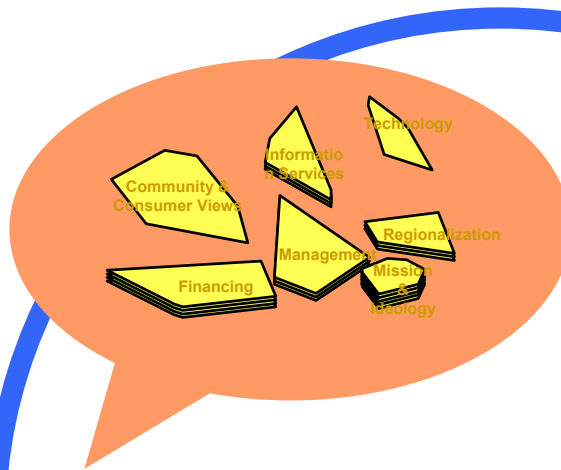
Done

1. advertise the organization's image rather than just specific products
2. establish a 'quality circle' team approach for production employees
3. improve employee medical benefits
4. improve communication among employees
5. friendlier store clerks
6. reduce unnecessary reports, memos, meetings
7. improve cleanliness of stores

Local intranet

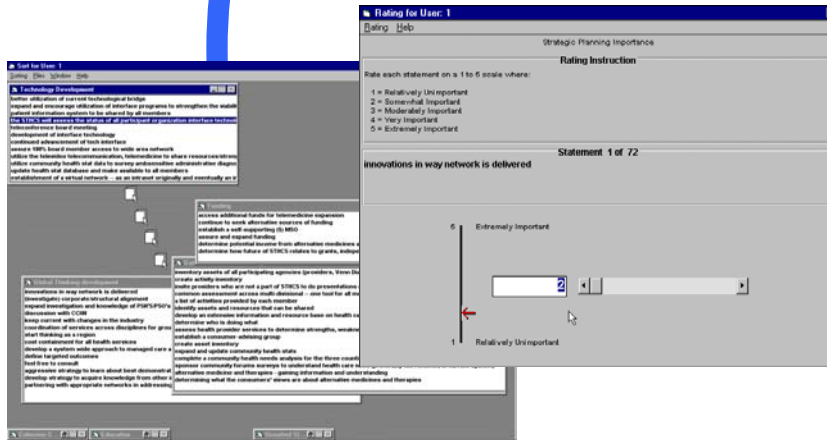
Knowledge into Data

1. Prepare Project



2. Generate Ideas

3. Structure Ideas



4. Compute Maps



Data Into Meaning

1. Prepare Project

2. Generate Ideas

3. Structure Ideas

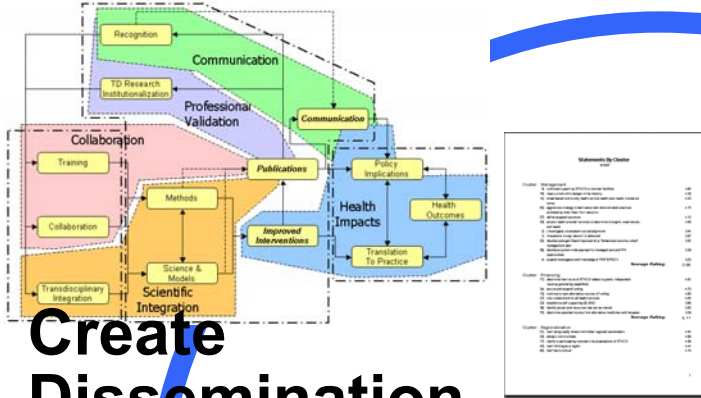
4. Compute Maps

5. Interpret Maps

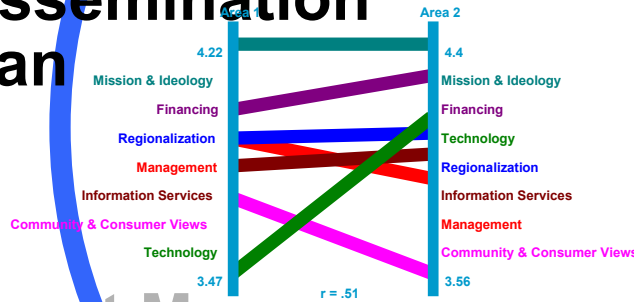


Meaning Into Action, Policy and Evaluation

1. Prepare Project



6. Create Dissemination Plan



2. Generate Ideas

3. Structure Ideas

5. Interpret Maps

4. Compute Maps

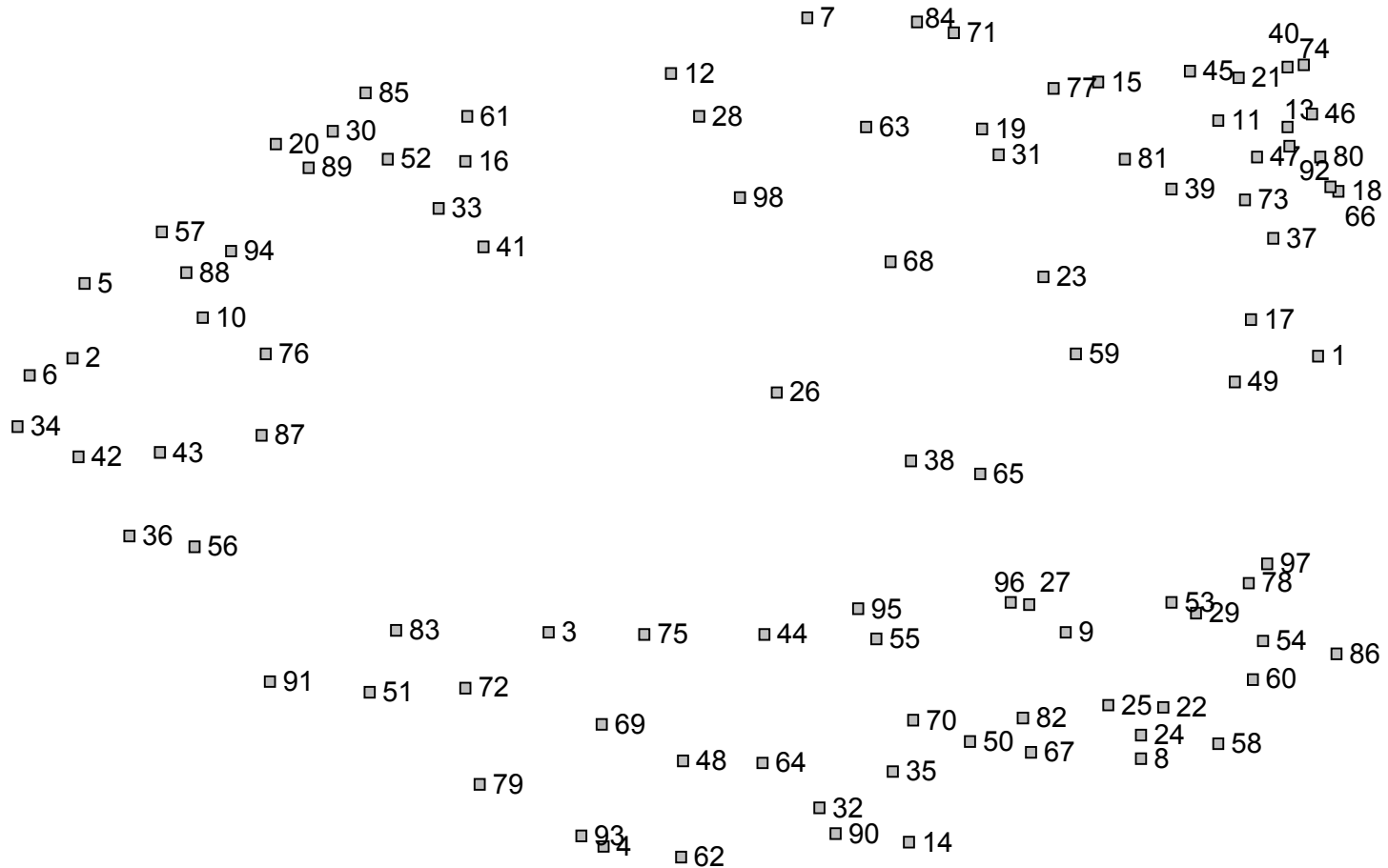




Here is how we built your Concept Map



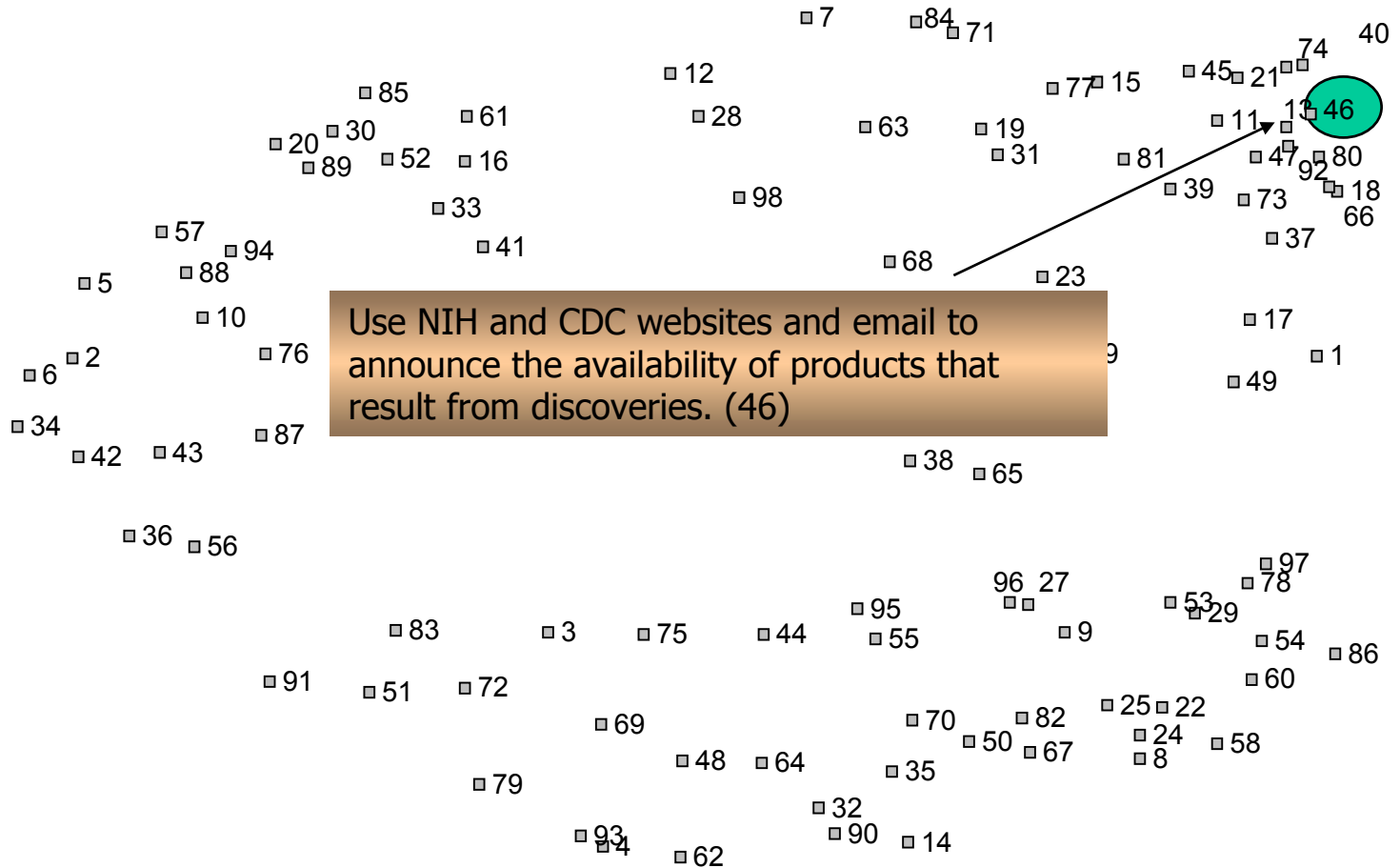
This initial map shows all the elements in relation to each other.



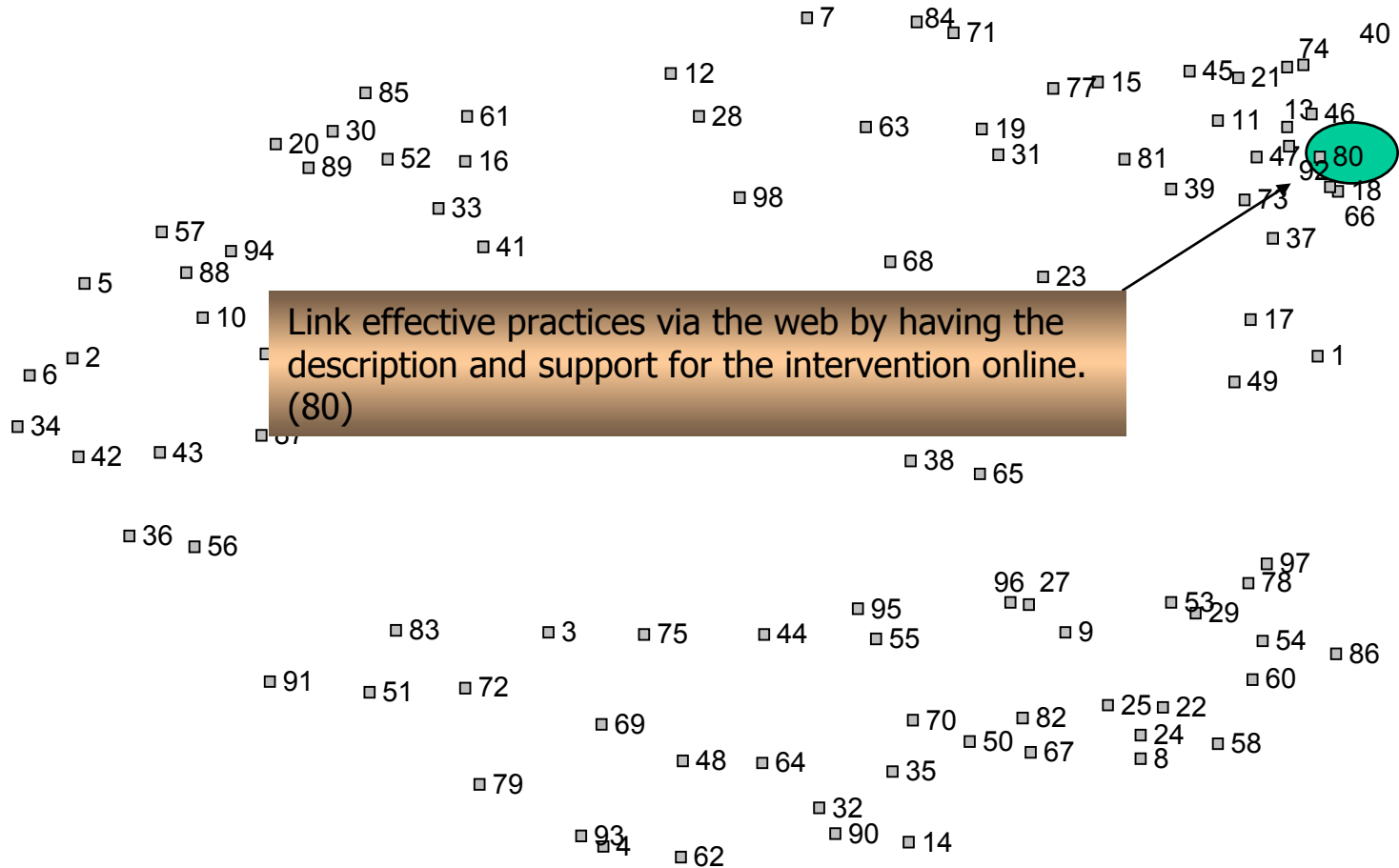
The closer a concept is to another, the more similar in meaning they tend to be.



This initial map shows all the elements in relation to each other.



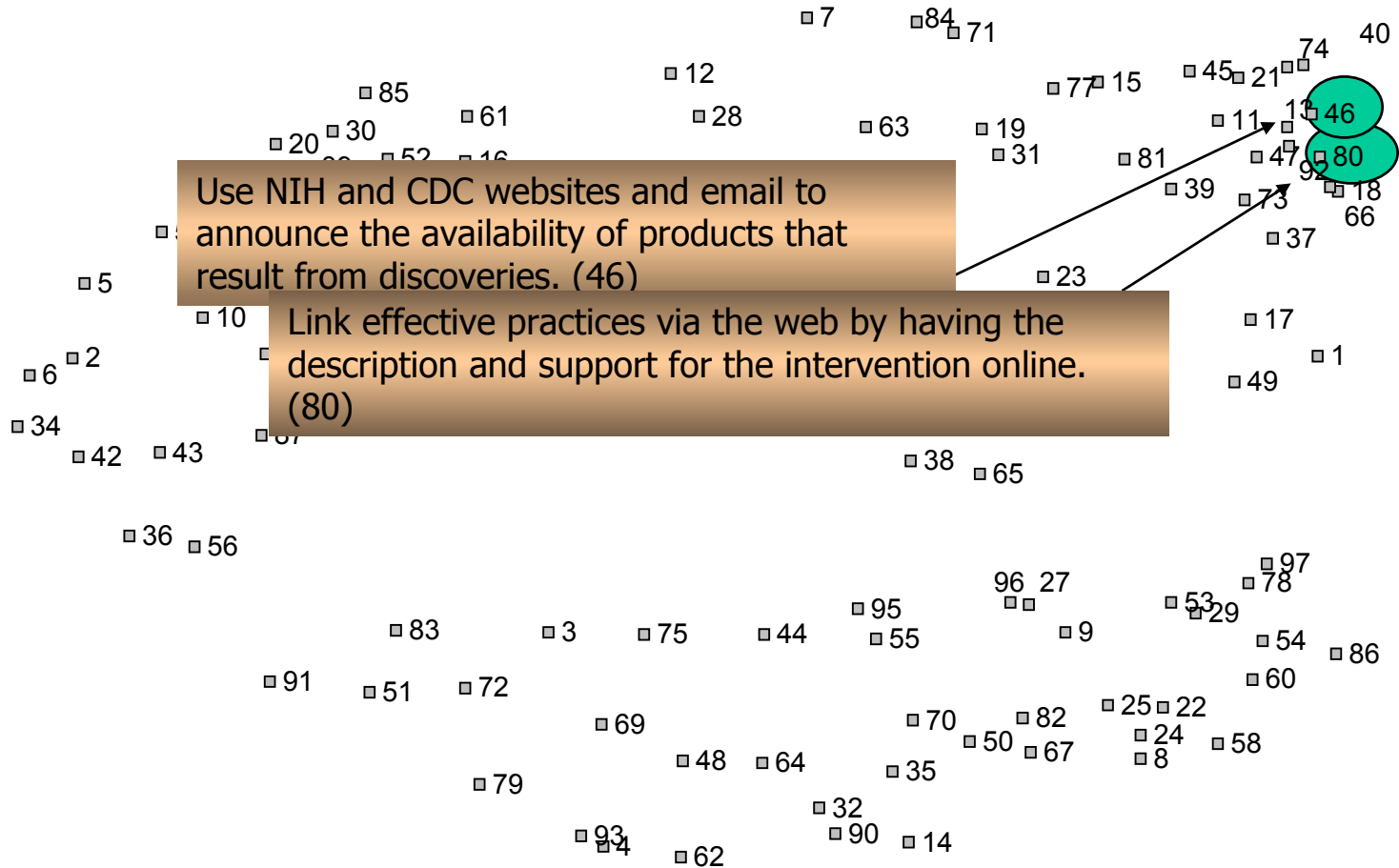
This initial map shows all the elements in relation to each other.



Similar ideas or concepts are gathered together through the sorting and analysis.



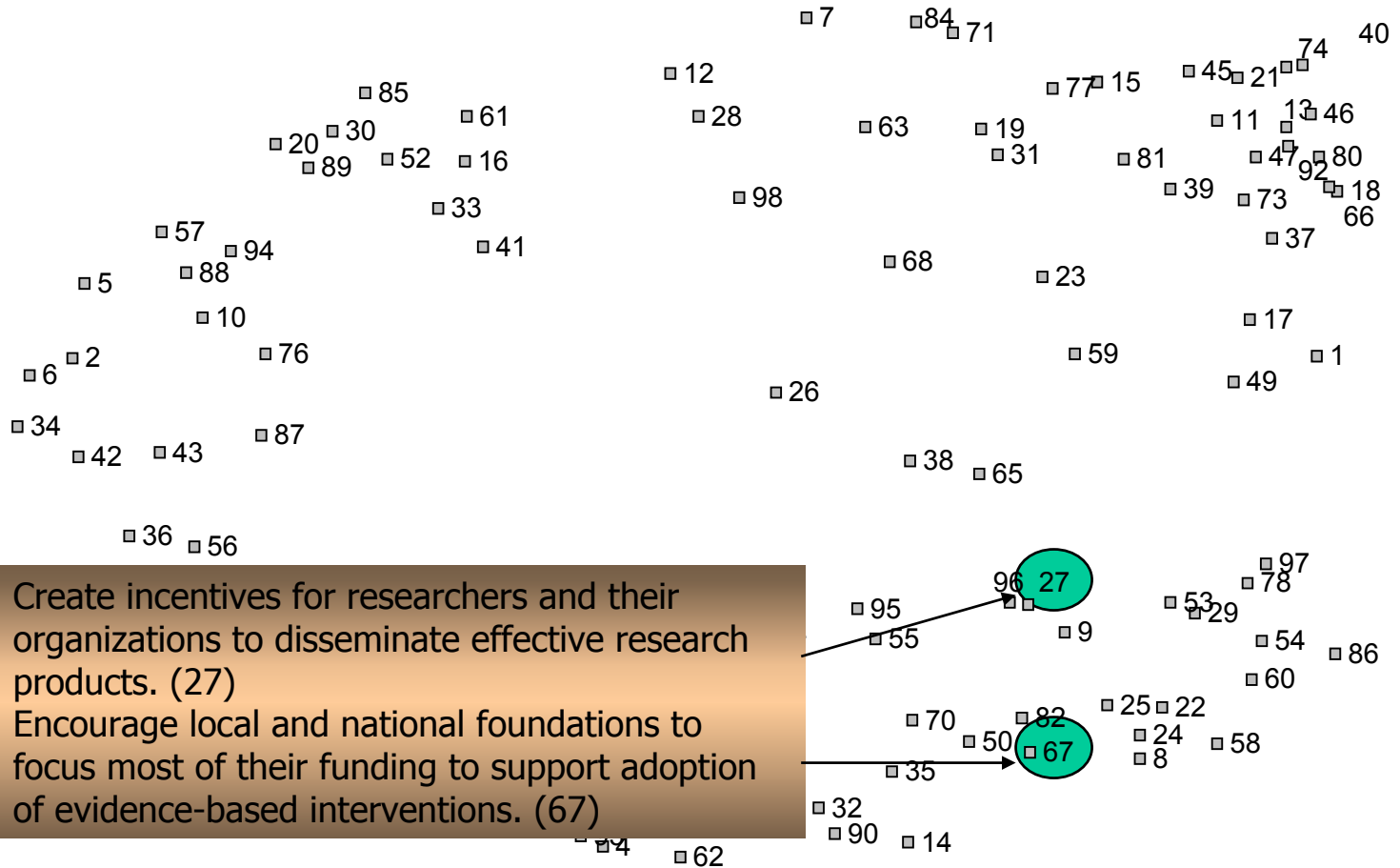
This initial map shows all the elements in relation to each other.



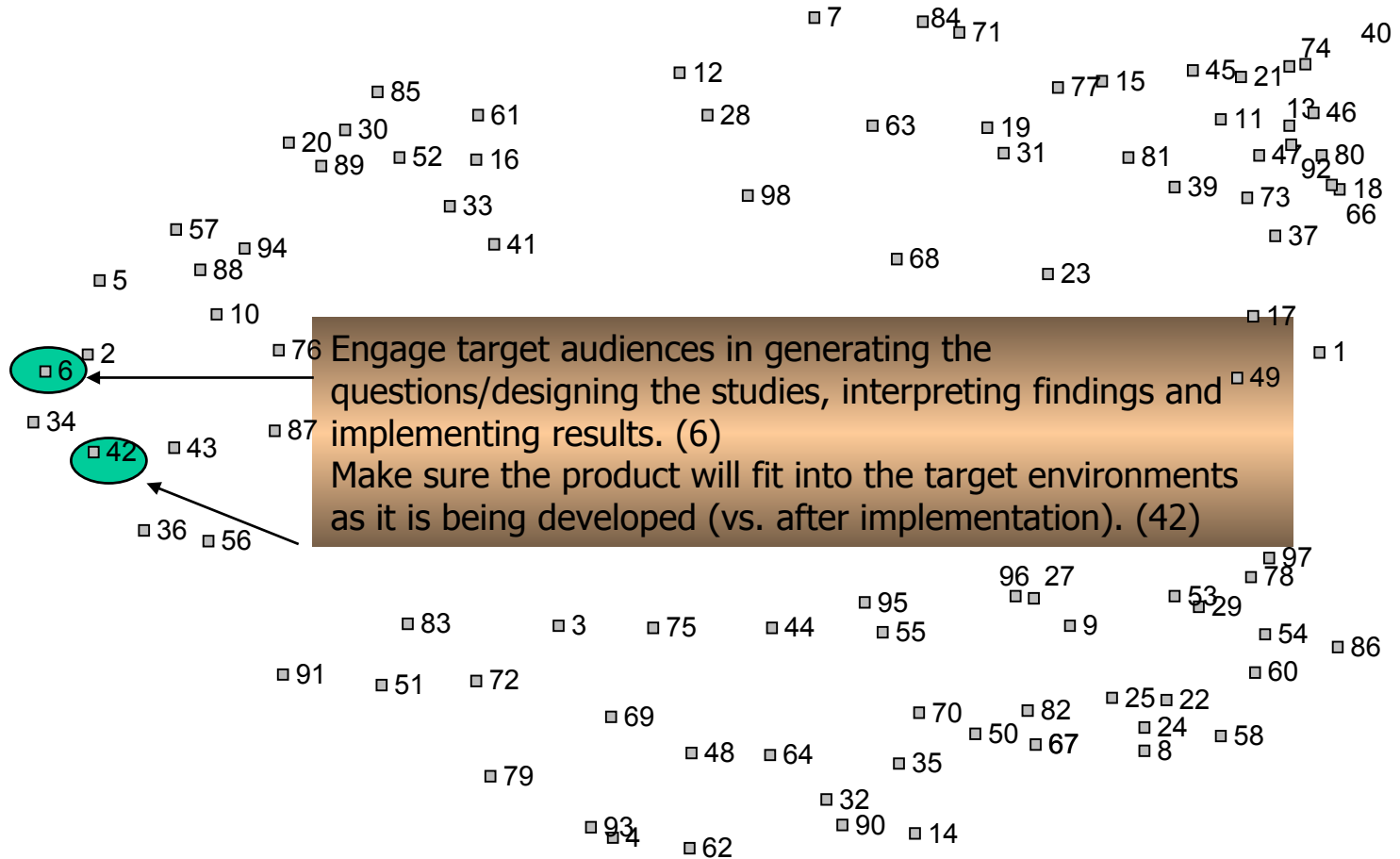
The closer in space each concept is to another, the more similar in meaning they tend to be.



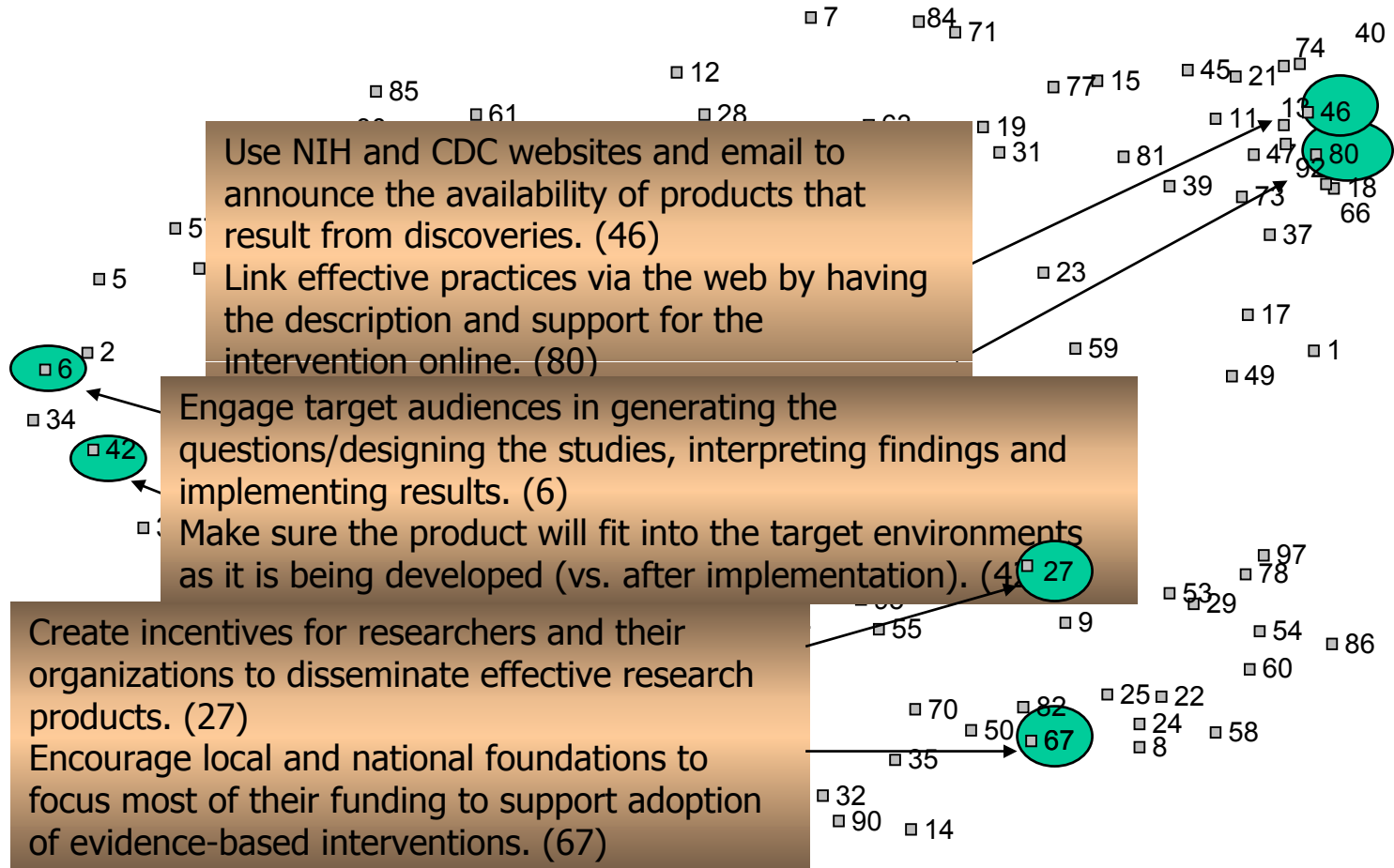
This initial map shows all the elements in relation to each other.



This initial map shows all the elements in relation to each other.



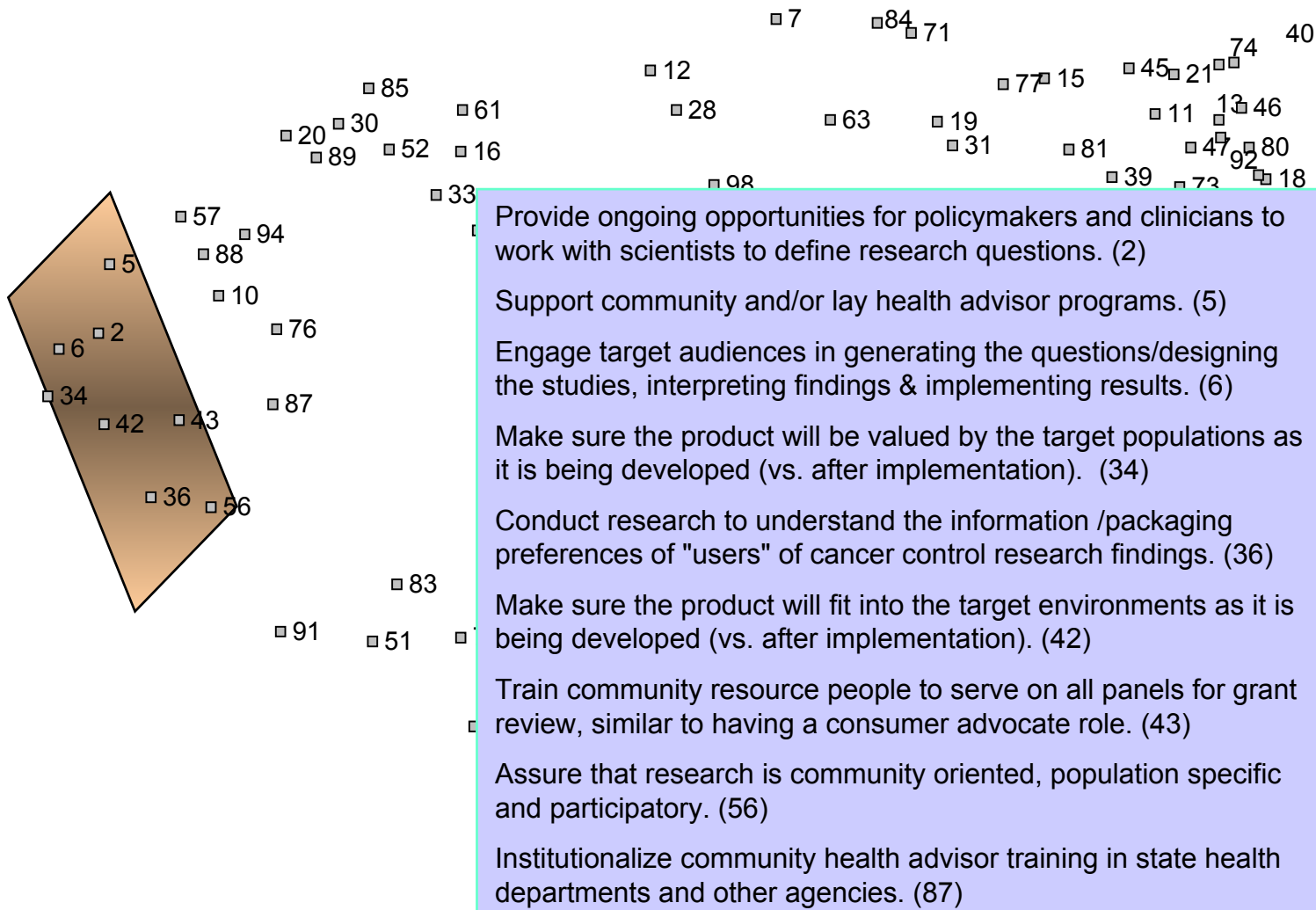
This initial map shows all the elements in relation to each other.



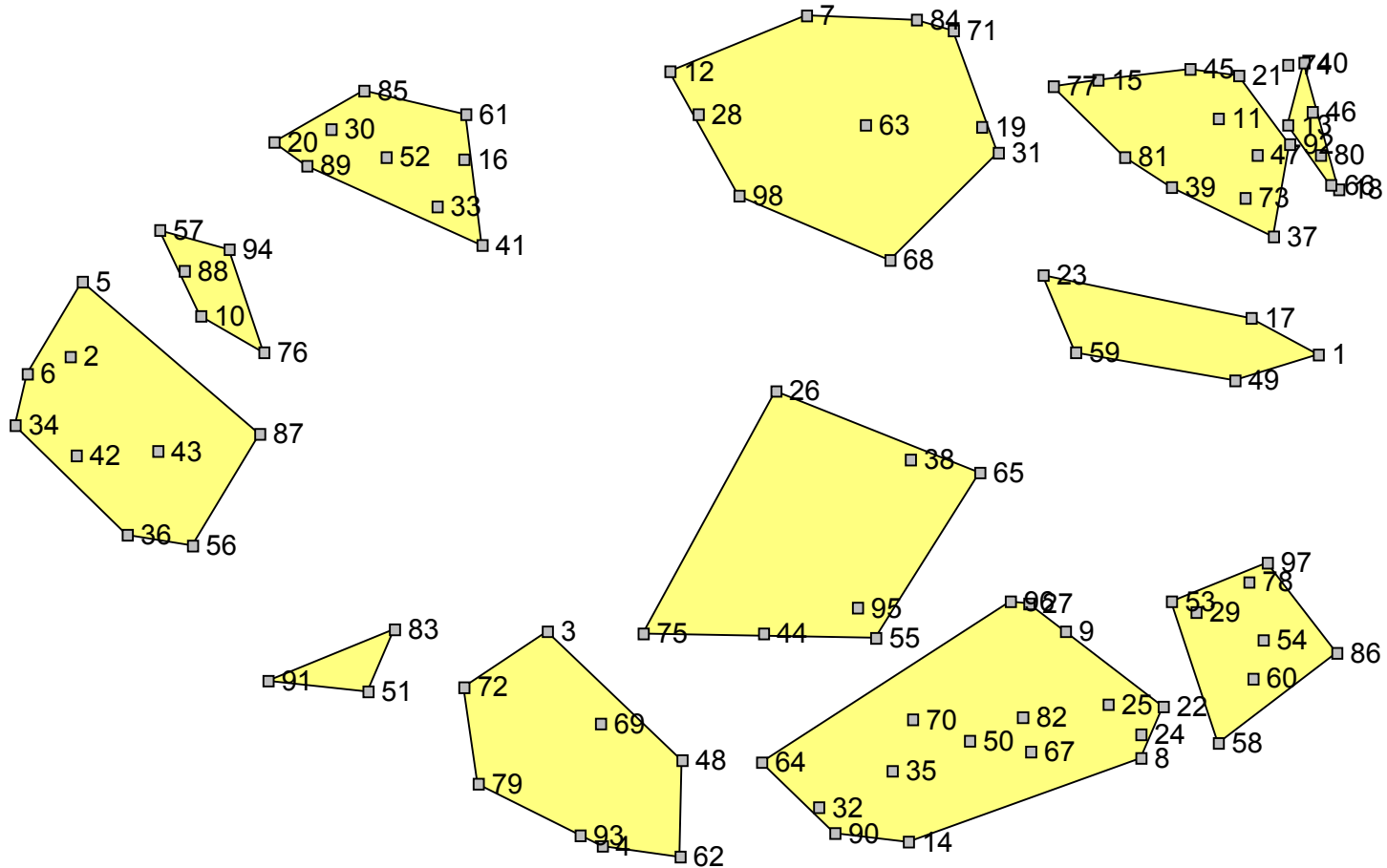
Ideas or concepts in different “geographical” locations are different in focus.



This initial map shows all the elements in relation to each other.



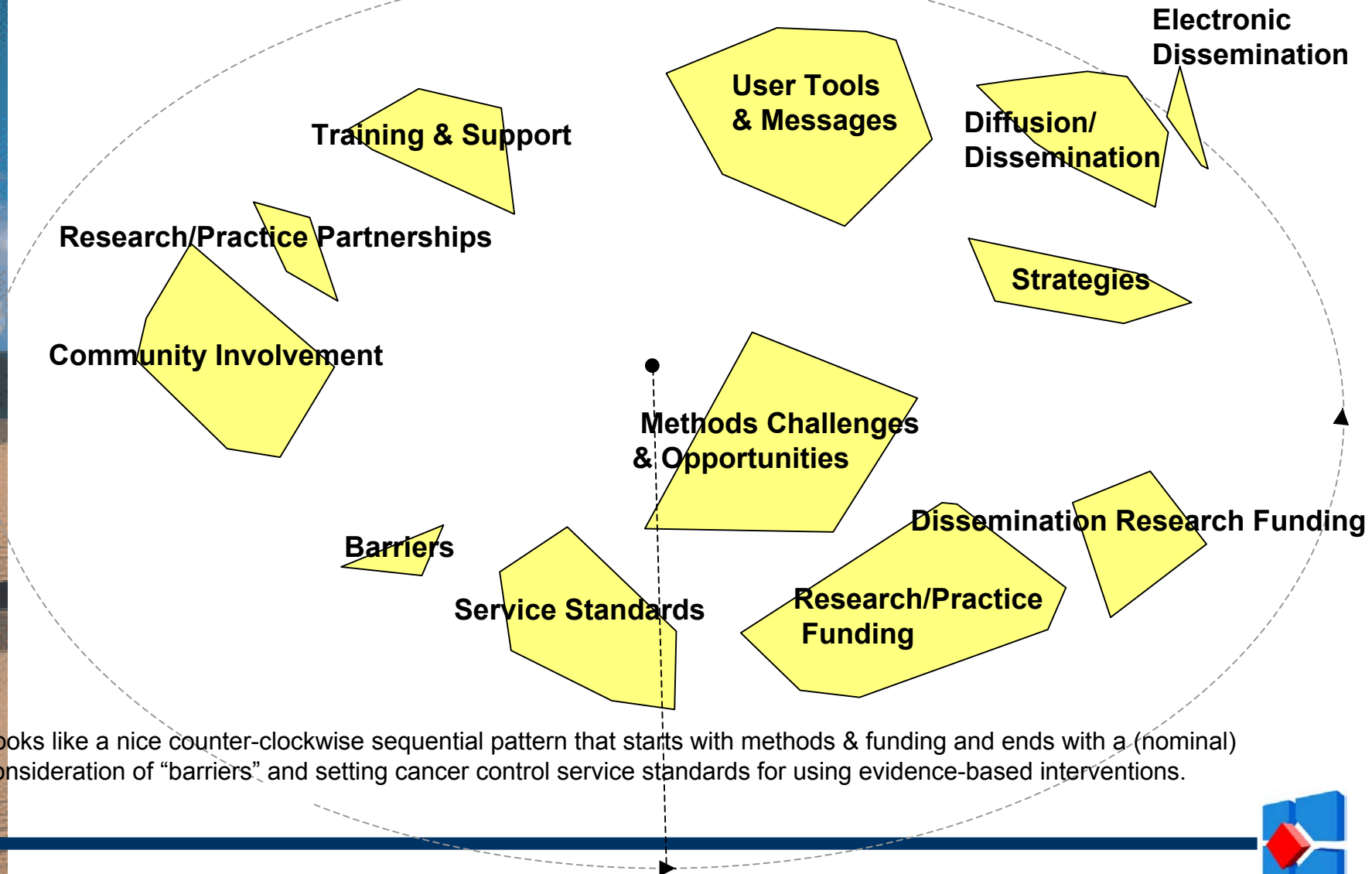
Point Cluster Map



The groups emerge from the input of the participants.



Preliminary Cluster Labels



Looks like a nice counter-clockwise sequential pattern that starts with methods & funding and ends with a (nominal) consideration of “barriers” and setting cancer control service standards for using evidence-based interventions.



Methods Challenges & Opportunities

In both syntheses and studies, provide more information on how context is expected to affect results. (26)

Have more Cochrane or other evidence reviews to identify best practices and gaps in literature. (38)

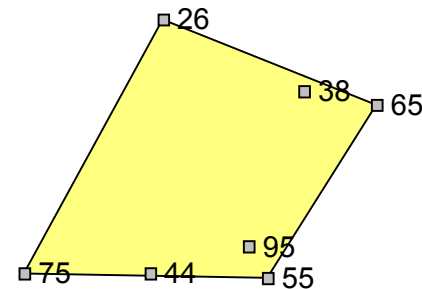
Include cost as a factor in all research discoveries. (Don't design a Cadillac and expect it to work in a rural clinic.) (44)

Fund qualitative research such as focus groups to understand how the public wants to learn about these issues. (55)

Emphasize RESULTS and STRATEGIES, not research design/methodology. (65)

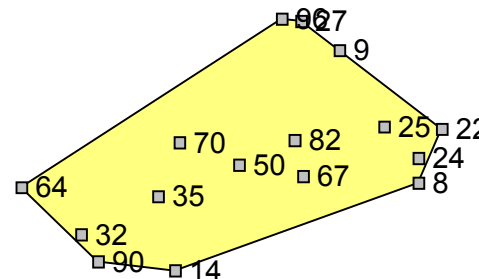
Increase evaluation research to determine the extent to which research-based interventions are effective in communities. (75)

Create a mechanism similar to Small Business Innovation Research/Small business Technology Transfer Research to promote partnerships between researchers and healthcare organizations. (95)



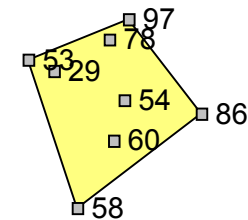
Research/Practice Funding

- Require NCI-submitted proposals to include cost effectiveness. (8)
- Promote effectiveness research through the creation of new study sections qualified to review this work. (9)
- Provide (higher) reimbursement for evidence-based programs. (14)
- Encourage ACS & CDC to focus more funding on dissemination & diffusion research rather than new intervention development. (22)
- Research funding agencies should include incentives for researcher to provide for application of the research. (24)
- Fund research on theoretical principles of adoption, diffusion, and maintenance of health programs by individuals and organizations. (25)
- Create incentives for researchers and their organizations to disseminate effective research products. (27)
- Give awards for adoption of evidence-based interventions . (32)
- Restrict funding initiatives to those partnerships that demonstrate inclusion of Community Based Organizations in a substantive manner. (35)
- Provide funding and training for packaging cancer control interventions for broad adoption. (50)
- Improve funding and support of public health infrastructure to deliver programs. (64)
- Encourage local and national foundations to focus most of their funding to support adoption of evidence-based interventions (67)
- Increase funding to identify, support, and replicate evidence-based approaches at the community organization level. (70)
- Have NIH commit more research dollars to community-based participatory research to involve practitioners. (82)
- Make funding for public health infrastructure tied to use of evidence based programs. (90)
- Relate research discoveries to intervention needs of HP 2010 and ACS 2015 Goals and Objectives. (96)



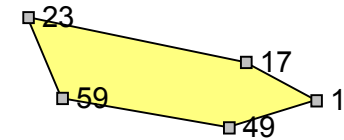
Dissemination Research Funding

- Encourage research on diffusion processes within the Small Business Innovation Research/Small business Technology Transfer Research projects. (29)
- Make NCI research projects include dissemination efforts beyond peer review publication. (53)
- Continue to make available dissemination supplements to researchers who develop effective programs. (54)
- Require proposals to NCI that conduct cancer control intervention studies to be reviewed for feasibility. (58)
- Require that federally funded intervention research include (and have funded) dissemination planning. (60)
- Have NIH invest in more social marketing research on intended audiences for research dissemination. (78)
- Increase funding for community health center technology development, as many providers do not have Internet access. (86)
- Encourage cancer control research protocols that are feasible to adopt. (97)



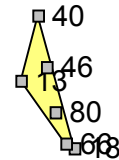
Strategies

- Provide brokering; help to connect researchers with possible outlets for dissemination. (1)
- Provide a list of recommended practices based on research and a clear set of criteria for making the list. (17)
- Use dissemination models that recognize the specificity of the intervention, the environment, & the target population. (23)
- Help researchers to understand how important dissemination can be. (49)
- Review literature on adoption process in organizations to understand dissemination of cancer control discoveries. (59)



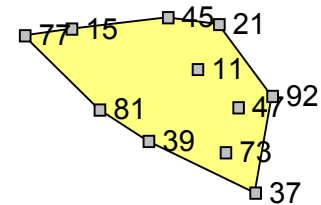
Electronic Dissemination

- Develop research dissemination approaches (e.g. Internet) that include practical adoption advice. (13)
- Provide an electronic network or listserv where information and ideas can be shared. (18)
- Translate research to health services using new communication technologies (e.g. videoconferences). (40)
- Use NIH and CDC web sites and email to announce the availability of products that result from discoveries. (46)
- Develop an NCI-CDC-ACS website that makes cancer control research discoveries available to diverse audiences. (66)
- Place educational resources on the web and design them to allow organizations to personalize. (74)
- Link effective practices via the web by having the description and support for the intervention on line. (80)

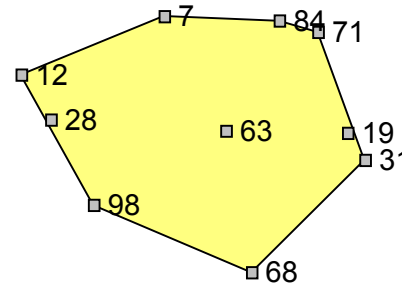


Diffusion/Dissemination

- Create mechanisms to distribute practical information (e.g., procedural details) from research discoveries. (11)
- Synthesize available research results to reduce the barrage of variable findings from each new "study of the week". (15)
- Publish key findings in the form of inserts in targeted magazines. (21)
- Develop inexpensive, non-traditional ways to disseminate research findings. (37)
- Establish a central clearinghouse to evaluate new discoveries and place them in proper perspective. (39)
- Work with the media to disseminate research results in a clear, non-confusing manner. (45)
- Annually publish NCI-funded interventions shown to be effective. (47)
- Have NCI hire science writers who can translate research articles into practical advice for practitioners. (73)
- Provide best practice examples of how programs adopt evidence-based interventions. (77)
- Synthesize and communicate research results in ways that are understandable to practitioners. (81)
- Encourage JNCI to publish dissemination studies in each issue. (92)



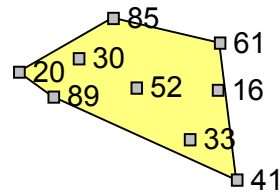
User Tools & Messages



- Build consumer based messages which promote discussions with providers (7)
- Design a mechanism that guides systems through the process of customizing the discoveries to their unique circumstances. (12)
- Provide ready access to protocols, instruments, tools, and other "how to" advice to encourage replication of successes. (19)
- Develop structures to make implementation information and skills available to service providers. (28)
- Identify opinion leaders in health service delivery settings and "detail" the discoveries to them, individually. (31)
- Develop consumer-oriented messages based on research discovery. (63)
- Develop a Translation Workgroup for determining how to best translate clinical/basic research into programs/services. (68)
- Develop and market low cost, easily accessible tools for health care systems, providers, and patients/the public. (71)
- Develop support packets containing template materials to be adopted for locals. (84)
- Enhance strategies to help service providers find effective interventions. (98)



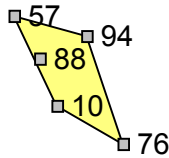
Training & Support



- Sponsor conferences on focused topics, bringing together leaders from research and practice. (16)
- Develop training modules for state/ community cancer control teams for translating research findings into practice. (20)
- Conduct trainings on integrating advances made by scientists into day-to-day operations of health care & health dept. (30)
- Work with USDA Cooperative Extension Service, whose statewide network reaches the public, especially rural and poor audiences. (33)
- Engage primary care practice based research networks in dissemination research. (41)
- Provide a mentorship program, technical assistance or site visits. (52)
- Develop an easy way for researchers to reach decision-makers in managed care organizations. (61)
- Change the education system to include more instruction to future providers on how to find and apply in their practice research findings. (85)
- Develop a core of practitioners who can provide training and technical assistance to providers (89)



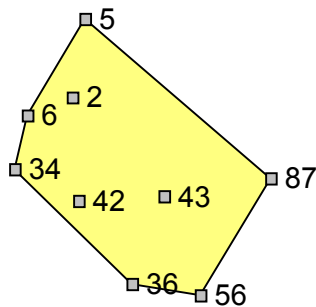
Research/Practice Partnerships



- Support collaboration between cancer control researchers and researchers examining diffusion of innovations process. (10)
- Build formal partnerships between research teams and health service delivery organizations. (57)
- Encourage better partnerships between academic institution and state health departments using funding as incentive. (76)
- Connect academic researchers to health department staff to transfer good, effective programs. (88)
- Establish a department at NCI to broker relationships between researchers and service delivery organizations. (94)



Community Involvement



Provide ongoing opportunities for policymakers and clinicians to work with scientists to define research questions. (2)

Support community and/or lay health advisor programs. (5)

Engage target audiences in generating the questions/designing the studies, interpreting findings & implementing results. (6)

Make sure the product will be valued by the target populations as it is being developed (vs. after implementation). (34)

Conduct research to understand the information /packaging preferences of "users" of cancer control research findings. (36)

Make sure the product will fit into the target environments as it is being developed (vs. after implementation). (42)

Train community resource people to serve on all panels for grant review, similar to having a consumer advocate role. (43)

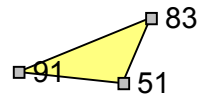
Assure that research is community oriented, population specific and participatory. (56)

Institutionalize community health advisor training in state health depts and other agencies. (87)



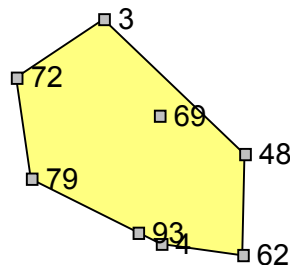
Barriers

- Analyze systems/policy barriers to intervention adoption. (51)
- Forget studying one to one interventions, as nobody can afford to replicate them. (83)
- Work with "academia" to change rules for tenure and promotion to recognize application and dissemination research. (91)



Service Standards

- Expand NIH & Foundation collaborations around the adoption & implementation of evidence-based interventions. (3)
- Have state health departments require the use of evidence-based interventions in Master Settlement Agreement funded tobacco control programs. (4)
- Encourage CMS (HCFA), HRSA, IHS to require the use of evidence-based interventions in their demonstration programs (48)
- Change regulatory/accreditation standards to require proven interventions. (62)
- Include adoption of research discoveries as an expectation of quality improvement programs. (69)
- Incorporate evidence-based practice by HRSA community health centers and evaluate results. (72)
- Encourage system changes (e.g., payment mechanisms, benchmarks) that encourage the adoption of successful interventions. (79)
- Promote program standards that require evidence-based interventions. (93)

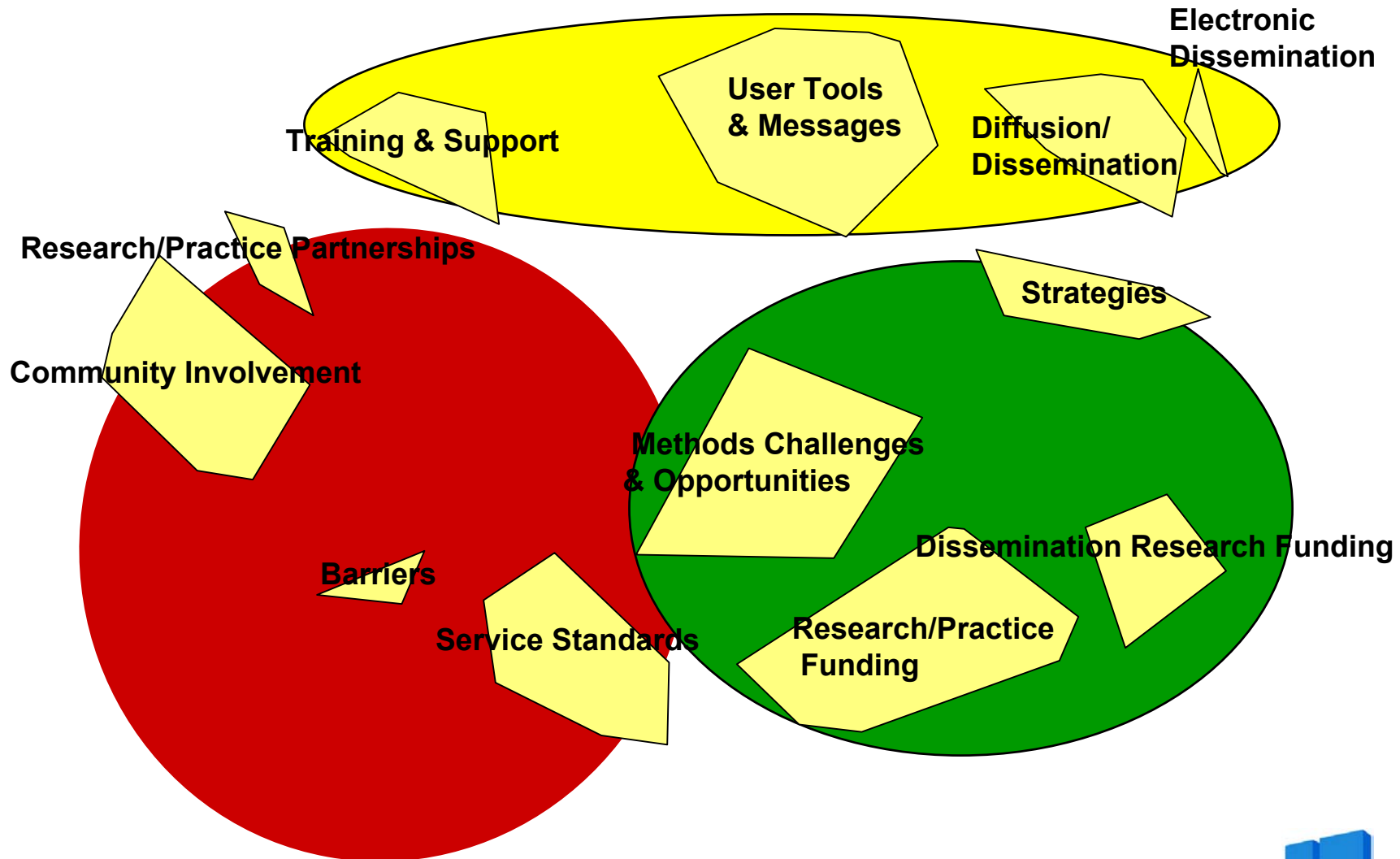


Group Activity #1

- The map is divided into “regions.”
- Look at the contents of each cluster and
 - Identify and discuss the ideas that are most central to this cluster
 - Discuss how they are related within the cluster
 - Discuss how this group of ideas is related to the ideas in other clusters that you are reviewing
 - Consider the preliminary cluster label, and discuss its appropriateness for helping to shape the conference agenda.
 - Report back to the group at large.



Cluster Map: Regions



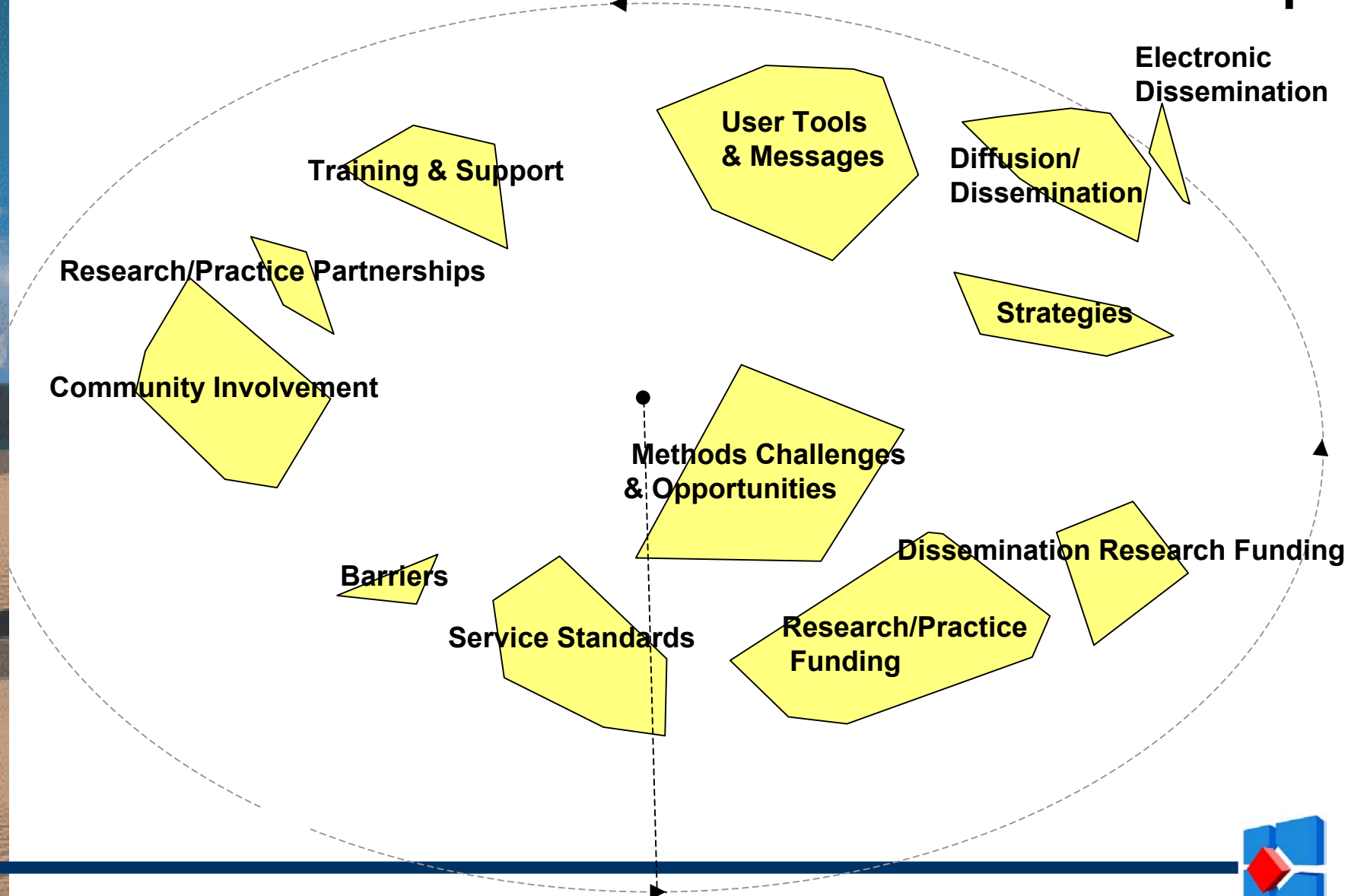
Clusters in Groups

- GREEN:
 - **Challenges/Methods/Opportunities**
 - **Research/Practice Funding**
 - **Dissemination Research Funding**
 - **Strategies**
- YELLOW
 - **Electronic Dissemination**
 - **Diffusion/Dissemination**
 - **User Tools and Methods**
 - **Training and Support**
- RED
 - **Research/Practice Partnerships**
 - **Community Involvement**
 - **Barriers**
 - **Service Standards**

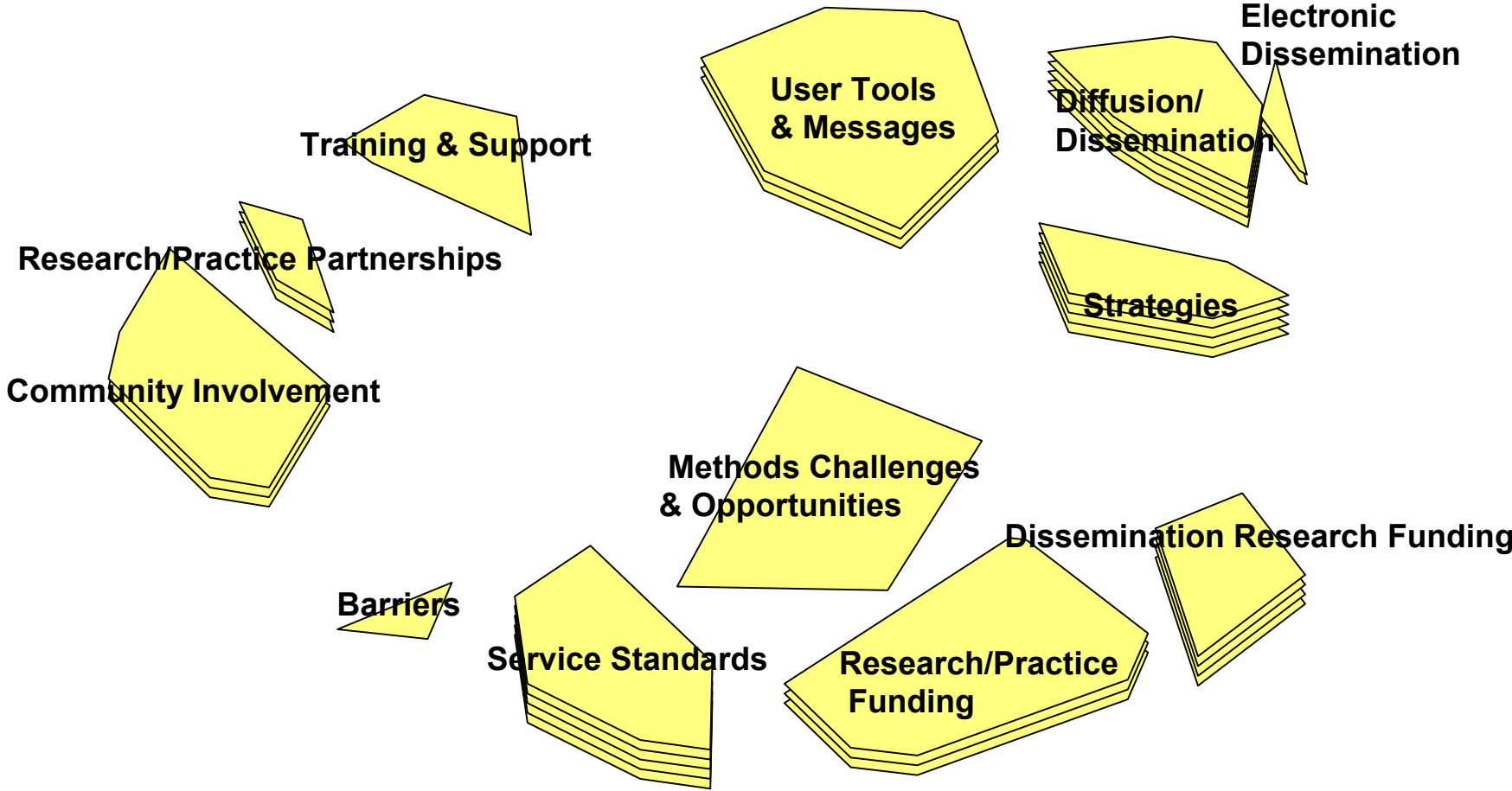




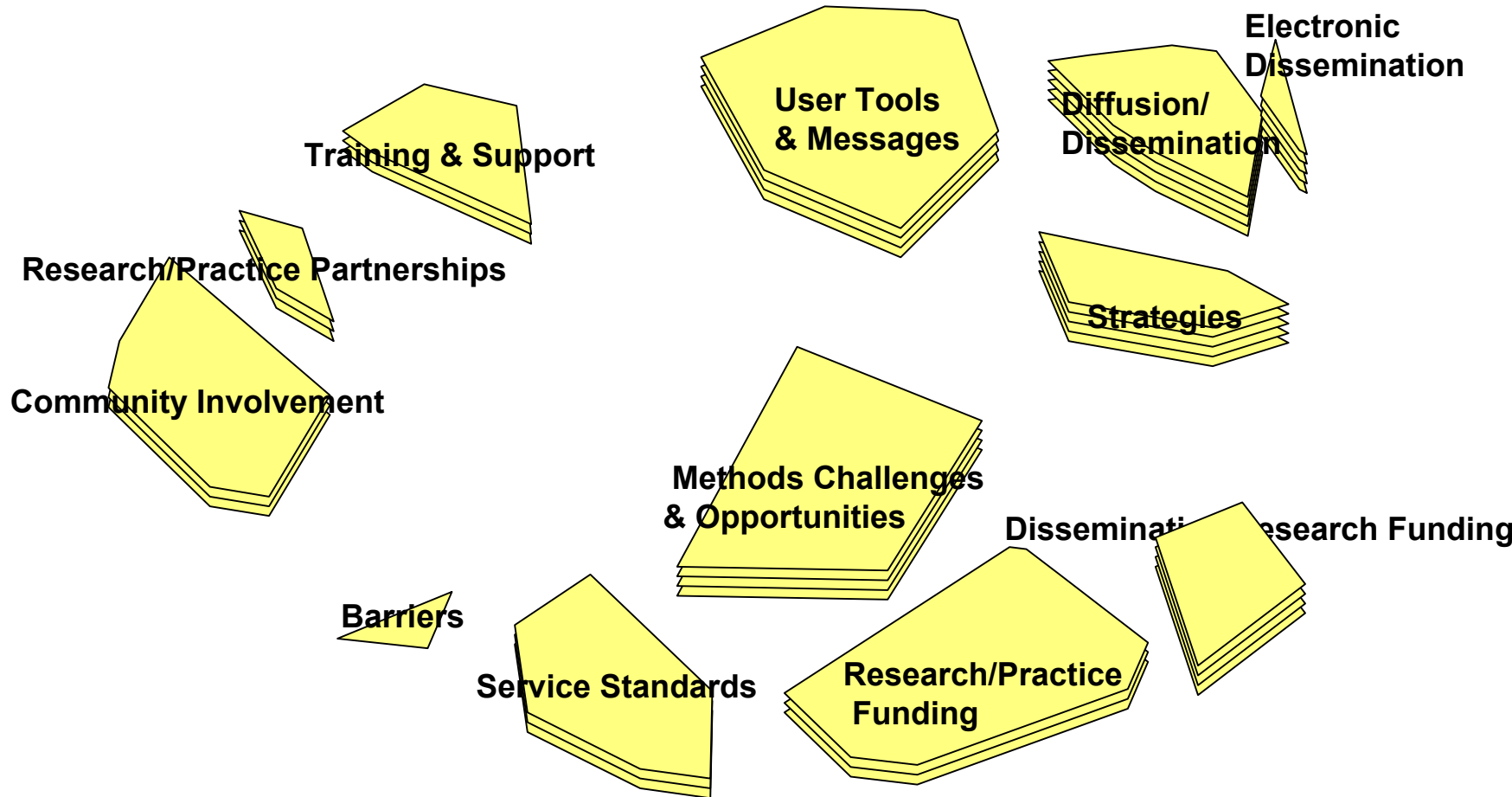
A Frame of Reference: The Cluster Map



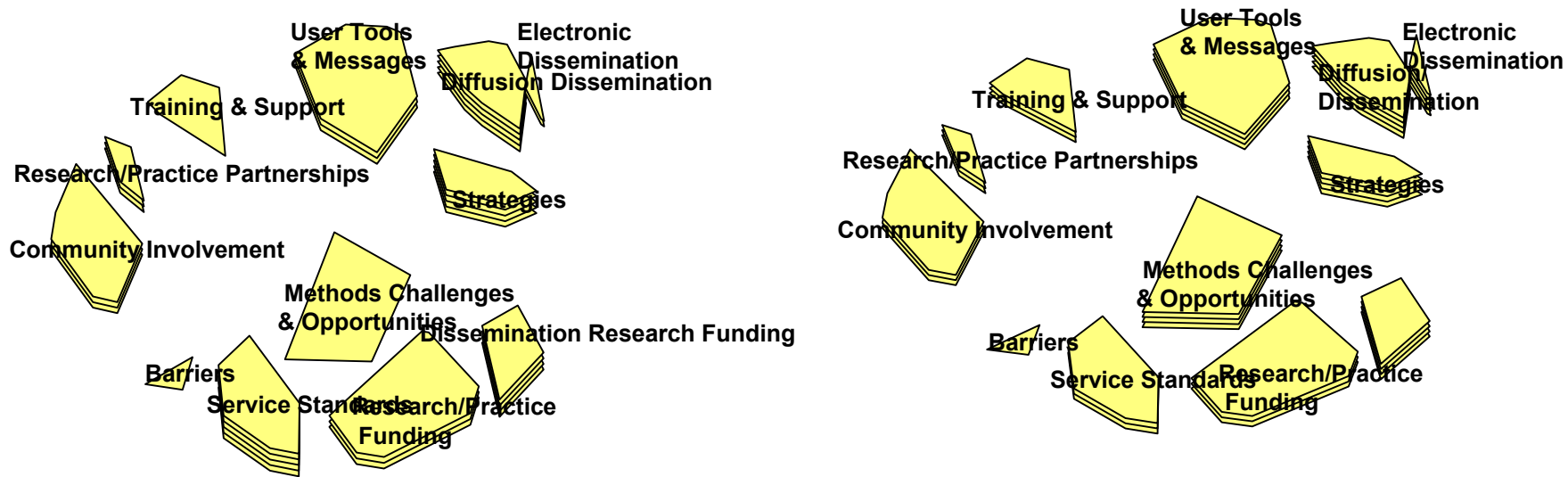
Importance



Feasibility



Comparing Importance and Feasibility



Importance on a number line

3.83

Evidence-Based Interventions

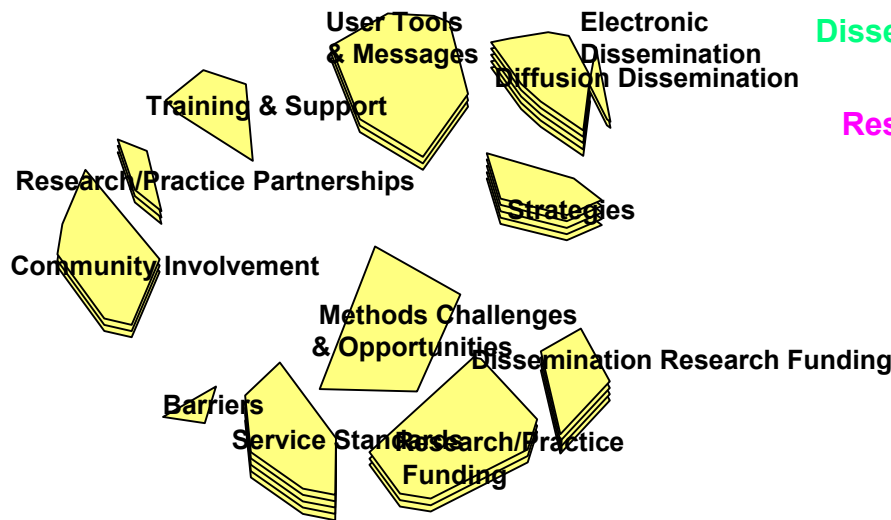
Diffusion/Dissemination
Strategies

Dissemination Research Funding
Research/Practice Funding
Research/Practice Partnerships
Communities Involvement
User Tools & Messages

Electronic Dissemination

Training & Support
Methods Challenges & Opportunities
Barriers

3.52



Feasibility on a number line

3.82

Electronic Dissemination

Strategies

Diffusion/Dissemination

Dissemination Research Funding

Methods Challenges & Opportunities

User Tools & Messages

Research/Practice Partnerships

Communities Involvement

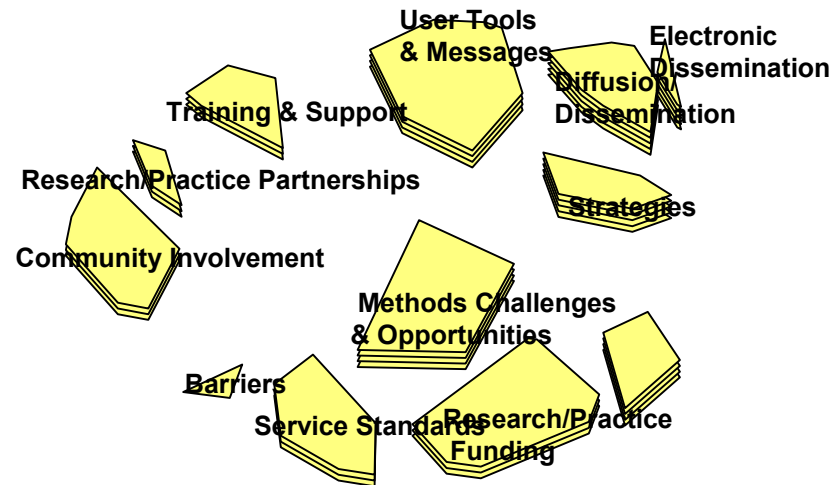
Research/Practice Funding

Training & Support

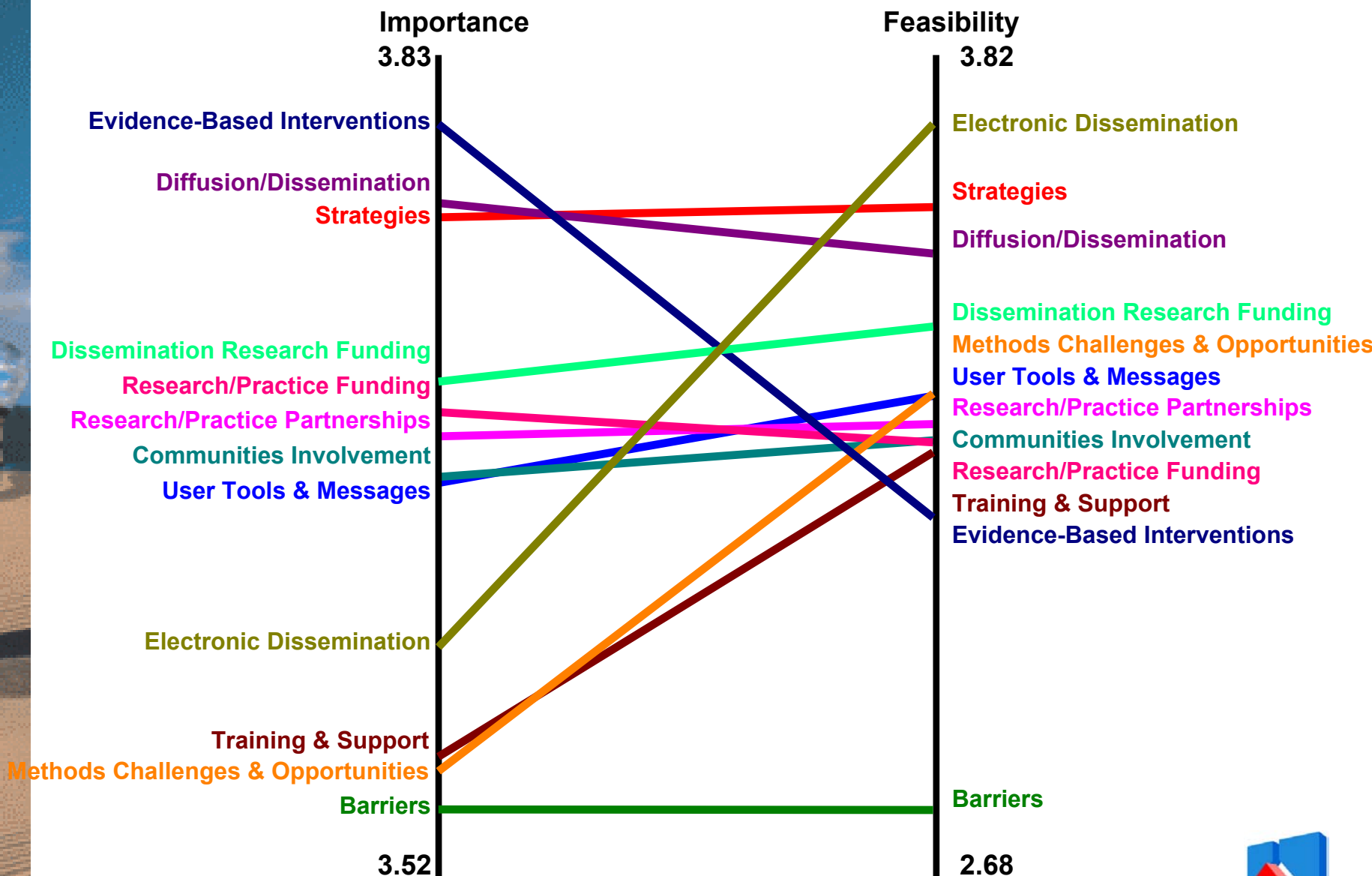
Evidence-Based Interventions

Barriers

2.68



Comparing, or Pattern Matching, Two Number Lines

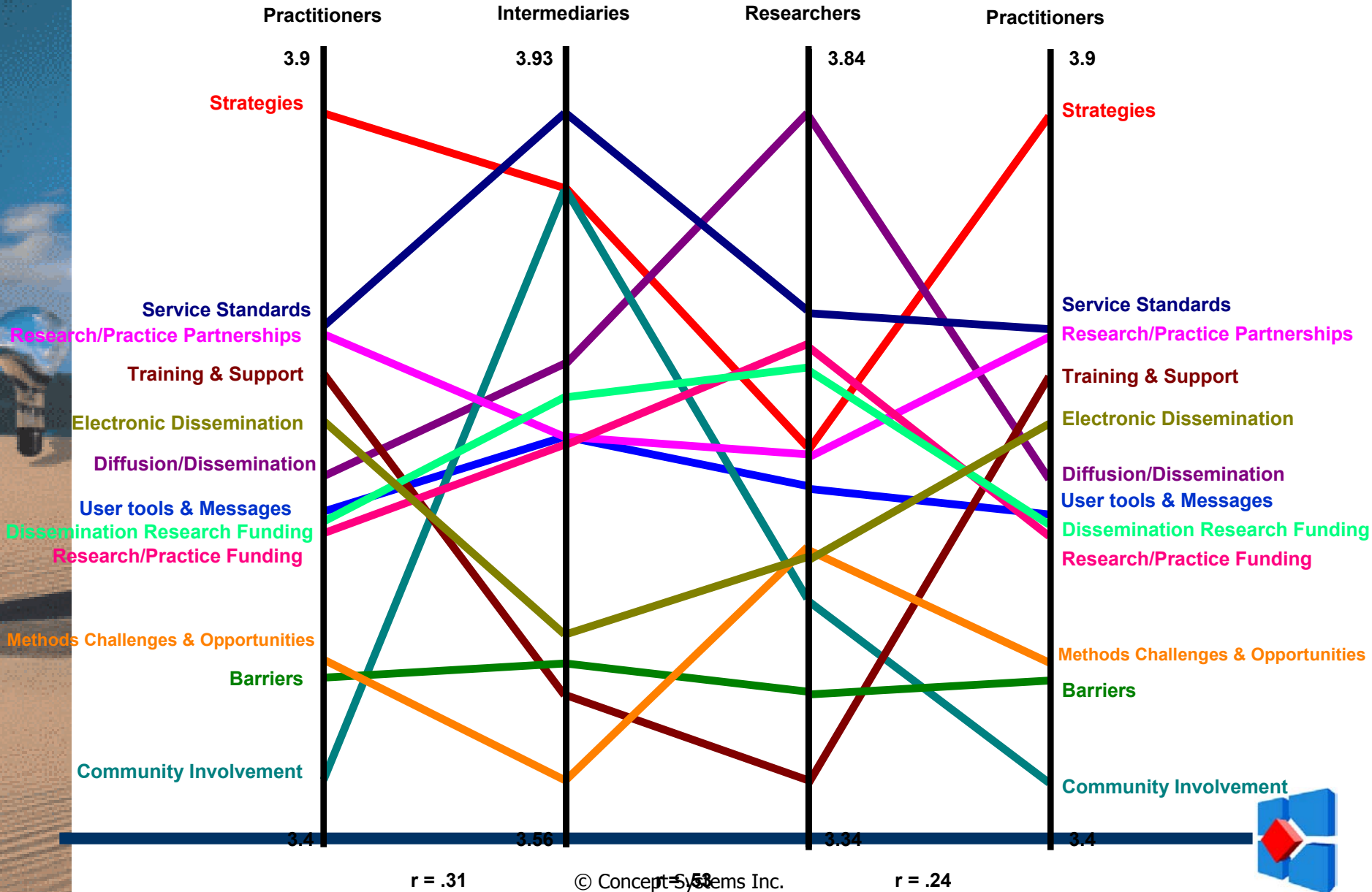


$r = .35$

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Importance Pattern Match (Combined)



$r = .31$

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$r = .24$



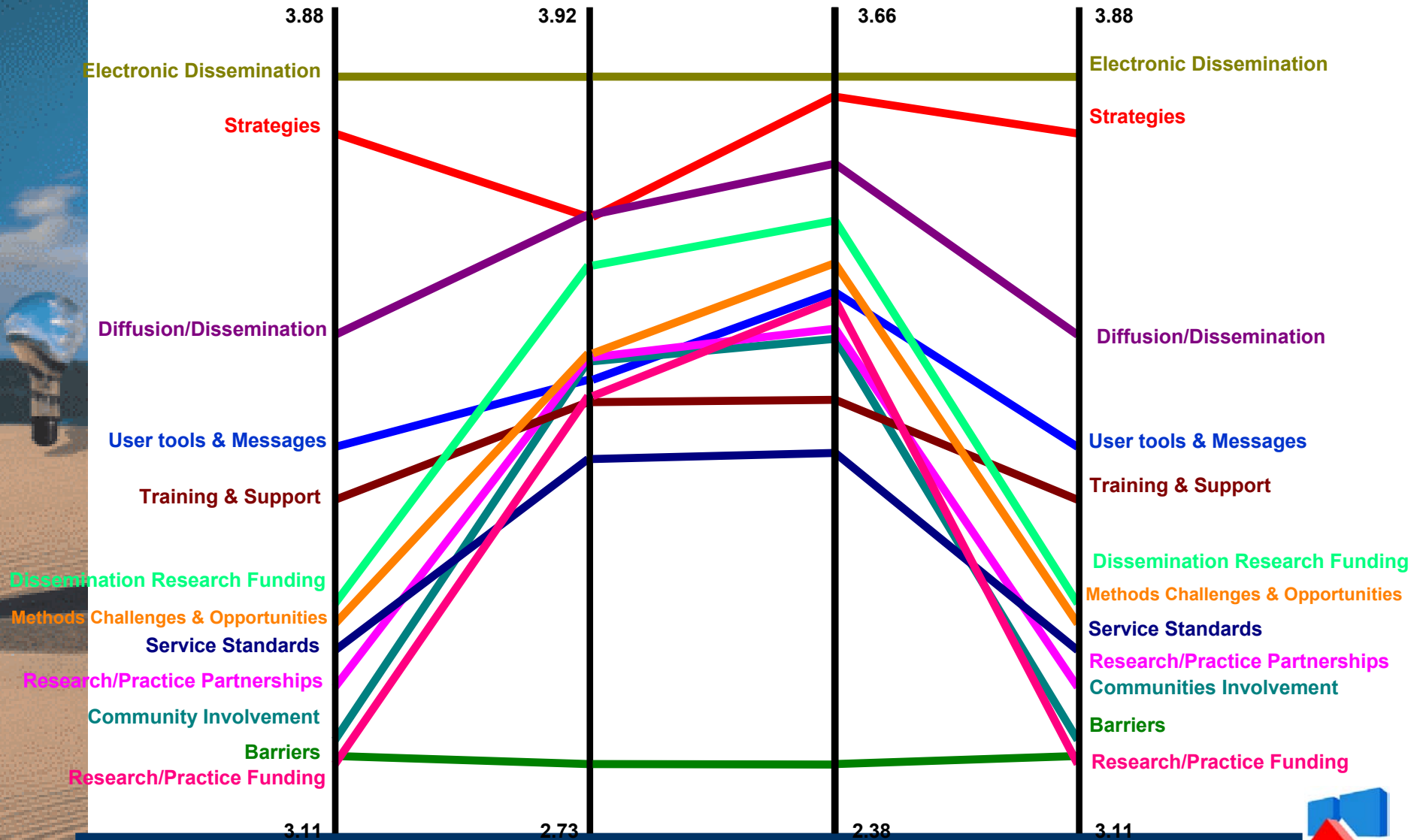
Feasibility Pattern Match (Combined)

Practitioners

Intermediaries

Researchers

Practitioners



$r = .73$

$r = .97$
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$r = .7$

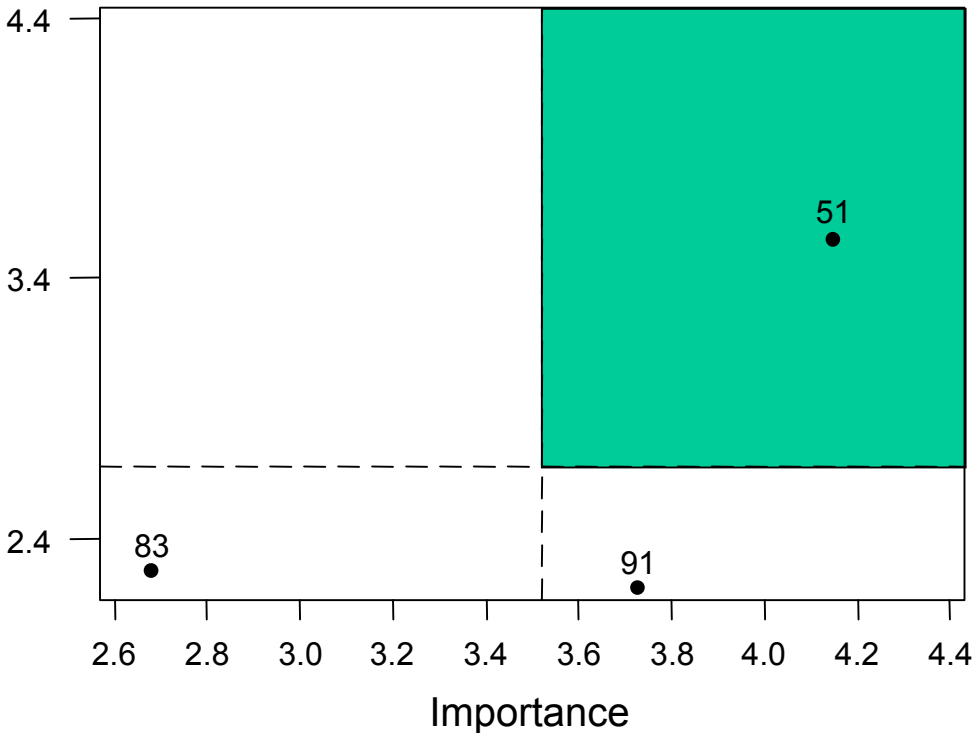


Turn up the power and examine the detail



Barriers

Feasibility



Analyze systems/policy barriers to intervention adoption. (51)

Forget studying one to one interventions, as nobody can afford to replicate them. (83)

Work with "academia" to change rules for tenure and promotion to recognize application and dissemination research. (91)



Group Activity #2

- Using the Pattern Matches that correspond to your assigned conceptual clusters and the content maps of those clusters from Exercise #1:
 - Review the relative importance and feasibility from the point of view of the various participant groups
 - Identify and discuss the topics that would be most important to include on the agenda for the conference
 - List and report back your group's recommended items to include, and why.



