

*Act 2:
Disseminating findings from a
systematic review*



Proponent: Ross Brownson

Judge, Jury & Executioners:
Dave Buller & Jon Kerner

Overview

- Brief background on systematic reviews
- Development of a study to test the dissemination of the *Community Guide*

What is a systematic review?

“the application of strategies that limit bias in the assembly, critical appraisal, and synthesis of all relevant studies on a specific topic”

Example: systematic reviews

- *Guide to Community Preventive Services*
 - sponsored by the CDC
 - follows work from the US Preventive Services Task Force
 - 15 member task force
 - mainly HP 2010 areas of emphasis

Recommendation outcomes

Four possible recommendation categories

1. Recommended, strong evidence
2. Recommended, sufficient evidence
3. Insufficient evidence
4. Recommended against due to lack of effect, cost, harms

Summary: Strongly recommended

- Modified physical education
- Individualized behavioral change
- Non-family social support
- Create or enhance access
- Community-wide education

Challenges in Guideline Dissemination

- Numerous clinical guidelines and now the Community Guide
 - Knowledge of effective dissemination methods is sparse
 - Passive dissemination appears largely ineffective
 - Awareness, adoption is much lower among local health departments than among state health departments

Challenges Specific to PA in the *Community Guide*

- Areas to explore
 - Numerous research questions remain to be answered
 - Unclear how gaps in efficacy/effectiveness impact dissemination/implementation
 - Many related question related to applicability
 - Does effectiveness and dissemination/implementation vary according to level, scale, sociodemographics?

Research Questions

- *Primary aim:*

1. To determine whether active methods of dissemination of the Community Guide result in higher level of adoption than passive methods among local health departments.

- *Secondary aims:*

1. To assess variations in adoption based on the size of the health agency.

2. To determine variations based on the training backgrounds of the staff in health agencies.

Why choose a quasi-experimental design for these research questions?

- Random assignment may be difficult
- Dissemination approaches may take several forms
- There may be a limited no. of units of analysis

Design

- Pre- Post- Q-E design
 - 3 intervention sites
 - 3 comparison sites
- Target group
 - City and county health agencies with jurisdictions of 100,000 or more

The Intervention

- Active dissemination
 - Activities to increase awareness
 - Meetings with agency leaders
 - Workshops with staff on the *Community Guide*
 - Electronic dissemination
 - Website
 - CD-Rom
 - Activities to increase adoption
 - Seek to change organizational culture
 - On-going technical assistance
 - Assistance with grant writing
 - Formative work to determine other approaches??

Baseline Needs Assessment

- Understand the needs & priorities of target population
- Context for dissemination approaches
- What interventions are ready for dissemination?
 - Might agencies be staged?
- What factors might enhance adoption?

Study Sites

- 6 sites
- Matched intervention, comparison sites
 - 3 intervention
 - 3 comparison
 - Comparison sites geographically separated from intervention sites

Comparison Sites

- “Usual care” in Community Guide dissemination
- Potential matching factors
 - Size of the community
 - Resources of the agency for promotion of physical activity
 - Level of baseline activity in promoting evidence-based, physical activity programs

Data collection

- Baseline and follow-up surveys with agency staff
- Review of program records
- Post assessment qualitative case studies

Key Variables

- Dependent variables
 - Awareness of the *Community Guide*
 - Level of adoption of evidence-based interventions from the *Community Guide*
- Independent variables
 - “Dose” of dissemination
- Moderators/mediators
 - Agency size
 - Commitment of leadership
 - Composition of staff

Strengths & Limitations: Issues for Discussion