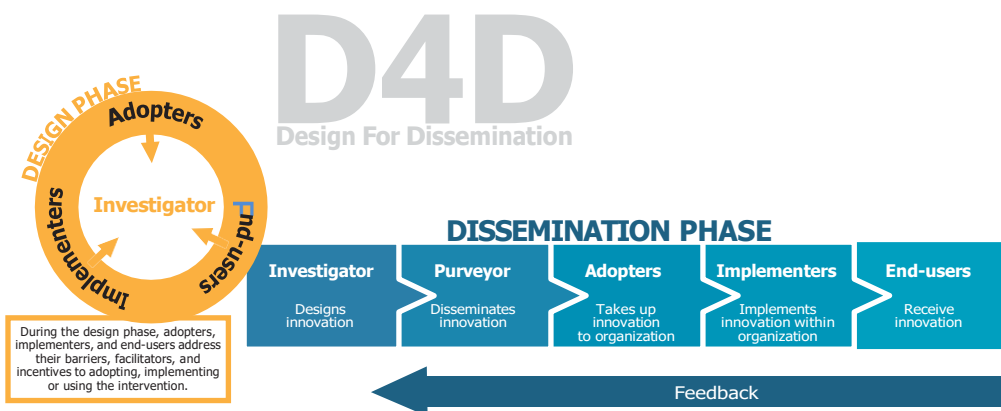# DESIGN FOR EQUITABLE DISSEMINATION
How to maximize the impact of investigator's research

What is Design for Dissemination

Design for dissemination means designing for spread.

"*Designing for dissemination is an active process that helps to ensure that …health interventions, often evaluated by researchers, are developed in ways that match well with adopters' needs, assets, and time frames.*" (Brownson et al, 2012)

How to Design for Dissemination

○ Apply a dissemination and implementation lens to all stages of intervention testing, beginning with design. This includes:

- Incorporate a health equity approach from design to dissemination of the innovation.
- Develop strategies to maximize reach and engagement of implementers.
- Make the innovation easy to adopt, implement, and maintain by considering the strengths and disadvantages of different groups involved.
- Identify why the innovation matters to end-users, adopters, and purveyors.
- Identify channels to promote the innovation.
- Identify messages to create interest in the innovation.

○ Involve **all** potentially involved parties (purveyor, adopters, end-users) by understanding their barriers, facilitators, and value gained with implementing a finished innovation.

○ Identify a potential purveyor and understand their needs and constraints.

○ Ask policy questions - Who incentivizes use of the innovation? Why and how?

Definitions

Innovation (Intervention)
The generation and introduction of new ideas leading to the development of new processes, products, services or systems to create an advantage.

Implementation
The process of adopting, integrating, and using evidence-based health interventions effectively within specific settings.

Adopter
An organization (community or health system) that takes up an innovation and implements it to benefit its primary audience (e.g. community members, patients).

Purveyor
An organization that spreads an innovation: promotes it, and trains others to adopt and implement it. It provides technical assistance to maximize high-fidelity implementation and sustainability.

Dissemination
An active approach of spreading evidence-based information to the target audience via determined channels using planned strategies. (Rabin,2012)

Value proposition
The value and relevancy that the innovation has to the implementing partner.

Institute for Clinical and Translational Research
UNIVERSITY OF WISCONSIN–MADISON

Why do Innovations Spread?

Advantage: The innovation is superior to existing processes or services and addresses a need.

Compatibility with organizational culture: The innovation is relatively easy for organizations to adopt and implement. It matches organizational goals and priorities.

Simplicity: The less complex an innovation is, the easier it is to spread.

Adaptability: The innovation can be adapted to different organizations. Builds on current capacity and can be tailored to different settings.

Readiness: The innovation has proven success with early spread. It has been packaged to be readily disseminated and taken up. This includes:

- Training and support system.
- High value to the organization - i.e. meets a need.

Ease and Incentive for Purveyor: There is a strong value proposition, including financial incentives, for a purveyor to spread an innovation.

Ease and Incentive for Adopters: There is a strong value proposition, including financial incentives, for adopters to take up the innovation. There are minimum barriers.

Ease and Incentive for Developers: There is a strong value proposition for developers, including access to information for further research, financial incentives, etc.

High Fidelity with Use: The innovation can be spread with fidelity so that effectiveness is maintained.

For more information about
the D&I Launchpad visit:

go.wisc.edu/launchpad

Additional Resources
- http://design4dissemination.com/home
- http://www.ucdenver.edu/academics/colleges/medicalschool/programs/ACCORDS/sharedresources/DandI/PublishingImages/D4D%20and%20impact_UColorado_June%202018_final%5b1%5d.pdf

References
1. Brownson, RC, Jacobs, JA, Tabak, RG, Hoehner, CM, Stamatakis, KA. (2013). Designing for Dissemination Among Public Health Researchers: Findings from a National Survey in the United States. American Journal of Public Health. 103(9): 1693-1699.
2. Rabin B, Brownson R. Developing the terminology for dissemination and implementation research. In: Brownson R, Colditz G, Proctor E, eds. Dissemination and Implementation Research in Health: Translating Science to Practice. New York, NY: Oxford University Press; 2012:23---51.

CASE STUDY: *Stepping On and its adaptations*

1. Dr. Jane Mahoney and 5 adopters (county Aging Units) received funding from the Wisconsin Partnership Program to adapt and test the Australian Stepping On Falls Prevention Program to ensure **adaptability** and **compatibility with organizational culture**.

2. Dr. Mahoney received funding from the CDC and the federal Administration for Community Living to develop and test a train-the-trainer program to ensure **readiness** and **fidelity** with program spread.

3. The final program package incorporated feedback from program participants and adopting organizations to ensure **ease and incentives for adopters**.

4. The Wisconsin Institute for Healthy Aging (WIHA) became the purveyor organization to ensure **ease and incentives for adopters for the purveyor**.

5. The organizations identified the need for similar programming for Spanish speaking communities. Through a systematic approach, the researchers adapted the program in collaboration in collaboration with community leaders to ensure **acceptability** by Hispanic/Latine individuals and **feasibility** for Hispanic/Latine serving organizations.

Purveyor: Wisconsin Institute for Healthy Aging (WIHA) markets across U.S; trains program leaders; provides technical assistance to adopters; ensures fidelity of Stepping On and Pisando Fuerte.

Impact: *Stepping On and Pisando Fuerte*

22
States

2,136
Workshops

24,684+
Participants

Adopters: Aging and Disability Resource Centers, Area Agencies on Aging, state offices on aging and injury prevention departments, tribal units, health care systems implement Stepping On and Pisando Fuerte.

End-users: 60 or older; live in their home or independent apartment; able to walk without the help of another person; do not use a walker, scooter, or wheelchair most of the time indoors; cognitively intact.