



Bethany Kwan: Ross is here to answer your questions live throughout the presentation. There is not a separate Q&A for this talk, so ask way now!

Bethany Kwan: To the audience: What's your favorite non-academic dissemination outlet?

Laura Anthony: @Bethany: The publisher of our evidence-based intervention kit. :)

Bethany Kwan: I see some votes for "Twitter"

Bethany Kwan: Be sure to respond to all panelists and attendees so everyone can see

Ross Brownson: We underuse social media; covid has shown us that inaccurate information spreads much more quickly than science based info, so we still have much work to do!!

Patrick Hosokawa: Local News/NPR

Alejandra: Does Twitter count?

Bethany Kwan: Twitter definitely counts!

Prajakta Adsul: presentations at the stakeholder organizations as a researcher

Bethany Kwan: I keep seeing a post that real scientists don't disseminate on YouTube - but maybe we should!

Randi Libbon: We have a website for our clinic

Laura Anthony: Facebook and we use YouTube!

Ross Brownson: Prajakta highlights one of the most important venues for practice audiences.

Patrick Hosokawa: Seems wrong to leave the arena to fake science

Bethany Kwan: I see podcasts, public radio, stakeholder organization meetings

Angie Philippus: Great idea, Bethany!

Judy Reaven: parent magazines

Bethany Kwan: I see popular press magazines

Bethany Kwan: As an exercise researcher, it's always fun to be interviewed for fitness magazines

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Bethany Kwan: Next question: do any of your academic institutions give you "credit" of any sort for non-academic dissemination? If so, how?

Judy Reaven: Yes, I am at JFK Partners, UCEDD, funded by AUCD which requires technical assistance to community partners - so we need to be presenting information to the community

Jodi Holtrop: I think it is yes and no. It is welcomed as the "extra" after getting grants and publications.

Jenna Sopfe: For promotions, you need to show that you are a "regional" or "national" expert so talks, interviews, etc would count. You can also list non-peer reviewed publications.

Laura Anthony: It's considered "service" and doesn't really count for promotion. I am on the hospital's speaker's bureau, which pay 10% of my time, and I use that as a way to disseminate all kinds of evidence-based practices.

Bethany Kwan: What types of "dissemination products" does your work generate - user friendly summaries, implementation/dissemination guides or toolkits, business models? Can you give an example?

Ross Brownson: If you can build in D4D principles as part of (even an aim) in your research, it will be funded, and is more likely to count in promotion/tenure.

Jodi Holtrop: Our targets are often changing primary care practice so we are doing implementation websites guides and learning modules. Also summary sheets for policy and clinical audiences.

Bethany Kwan: (Side note: the upcoming panel will begin in this same room immediately after Ross' talk ends)

Laura Anthony: Yes, that's true. My PCORI funding requires it, and that funding "counts."

Melinda Davis: toolkits + practice facilitation, see article here:

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5516321/> ("unless a toolkit is used it won't help solve the problem")

Jodi Holtrop: Training in practice and disseminating training materials.

Ross Brownson: Does anyone has an example of a D4D success to share?

Ross Brownson: Katie, great question, the two sectors we have found the most helpful are business/marketing and communications.

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Ross Brownson: I will also provide an example that can be posted of a dissemination aim that could be included in a grant.

Bethany Kwan: The training and career development panel will start in this room as soon as Ross' talk finishes

Melinda Davis: Our participatory research wasn't framed around D4D, but I think it aligns. I can highlight some of this briefly in the next session re: improving colorectal cancer screening in rural settings through clinic:payer partnerships. State TA contracts and research funding (NCI, PCORI, Cancer Institute) have enabled both the research and the dissemination activities.

Prajakta Adsul: Example: We were able to include a sub aim in a grant to work with a medical student to actually develop educational materials (informed by the study findings) that our clinical stakeholders could use to distribute to their patient populations.

russglasgow: How many of your CSTAs are using the TSMB ? Model Ross described?

Ross Brownson: Prajakta, we may see if you share this aim.