Conducting and scaling up D&I research in sectors outside of health

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Mentored Training for Dissemination and Implementation Research in Cancer
St. Louis, MO
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Collaborators

• Kreuter & Hovmand (2013) NIH D&I Conference
• Bernhardt, Mays & Kreuter (2011) J Health Commun
• Dearing & Kreuter (2010) Patient Educ Couns
Competencies addressed

- B6: Learning about D&I from other disciplines
- C14: Innovative scale-up and spread methods
- D2: Maintaining fidelity
- D5: Eliciting input for adapting interventions
- D7: Process for adapting interventions
Which do you want?

- [ ] More dissemination knowledge
- [ ] More dissemination
U.S. crude oil production, by state
Solutions, tools and products

- Treatments
- Programs
- Assessments
- Interventions
Proposition 1:
Many evidence-based programs are not worth disseminating.
3,000 raw ideas

100 exploratory projects

10 well-developed projects

2 full-fledged product launches

1 successful product

275,000 applications

150,000 approved

7,000 licensed

(2-3%)

Favorable evaluation based on…

Positive user experience 30
Helpful for outreach 10
Can be branded to us 9
Many target populations 8
Customizable content 8
Image library 6
Production quality 6
Easy to share 4
Number of options 4
Evidence-based 3
Proposition 2:
Most research-tested versions of programs are not ready for widespread use.
**Nutrition Facts**

<table>
<thead>
<tr>
<th>Amount/Serving</th>
<th>% DV*</th>
<th>Amount/Serving</th>
<th>% DV*</th>
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<tbody>
<tr>
<td>Total Fat</td>
<td>6%</td>
<td>Total Carb.</td>
<td>1%</td>
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<td></td>
<td></td>
<td>2g</td>
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<tr>
<td>Sat. Fat</td>
<td>3%</td>
<td>Dietary Fiber</td>
<td>0%</td>
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<td>0g</td>
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<td>Trans Fat</td>
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<td>Cholest.</td>
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<td>Sodium</td>
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<tr>
<td>Vitamin A</td>
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<tr>
<td>Vitamin C</td>
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<tr>
<td>Calcium</td>
<td>0%</td>
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<td></td>
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<td></td>
</tr>
<tr>
<td>Iron</td>
<td>0%</td>
<td></td>
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</tbody>
</table>

*Percent Daily Values (DV) are based on a 2,000 calorie diet.

COMPARISON PER SERVING:
LIGHT BALSAMIC DRESSING:
45 CALORIES —— 4 GRAMS FAT
Proposition 3:

Developers make poor disseminators.
A marketing and distribution system brings products and services from development to use
Market research
Initial design concept
Prototyping
Working prototype
Testing in controlled setting
Safety testing
Road testing
Tooling
Mass production
Distribution
Dealer network
Advertising

MOST FUEL-EFFICIENT MIDSIZE SEDAN.
FUSION + HYBRID

Ford
Drive one.

Test drive
Standardized information
Financing
Repair
Updates

DEFECTS & RECALLS

FILE A SAFETY COMPLAINT
- File a safety complaint online
- Call the Vehicle Safety Hotline 888-327-4236
- Search our safety complaint database

CHECK FOR RECALLS
- Search our recall database
- Child restraint recalls
- Motor vehicle defects and recall campaigns

DEFECT INVESTIGATIONS
- Search our investigations database
- Monthly defect reports

REGISTER NOW!
- NEW! Child Restraints

SUBSCRIPTIONS
- NEW! E-mail Recall Notifications
- NEW! RSS Feeds

EWR DATA
- NEW! Search EWR Data

About the Office of Defects Investigation (ODI)
The Office of Defects Investigation (ODI) is an office within the National Highway Traffic Safety Administration (NHTSA). ODI conducts defect investigations and administers safety recalls to support the NHTSA's mission to improve safety on our Nation's highways. NHTSA is authorized to order manufacturers to recall and repair vehicles or items of motor vehicle equipment when ODI investigations indicate that they contain serious safety defects in their design, construction, or performance. ODI also monitors the adequacy of manufacturers' recall campaigns. Before initiating an investigation, ODI carefully reviews the body of consumer complaints and other available data to determine whether a defect trend may exist.
Key points about distribution systems

• Responsibility is assigned
• Specialization of labor
• Functions are integrated
Building a dissemination support system

- Demand-driven
- Practice-ready
- Promotion & support
Building a dissemination support system

Three recommendations

• User review panels

• Design & marketing teams

• Dissemination field agents
Building a dissemination support system
Building a dissemination support system

interventions being tested

expert review

empirically-supported interventions
Building a dissemination support system

- Interventions being tested
- Expert review
- Empirically supported interventions
- User review panel
- Proven interventions with user demand
Building a dissemination support system

- Interventions being tested
- Expert review
- Empirically-supported interventions
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- Proven interventions with user demand

User demand informs, drives practice-based research
Building a dissemination support system

- Interventions being tested
- Expert review
- Empirically-supported interventions
- Proven interventions with user demand
- Design and marketing team
- "Menu" of evidence-based, high-demand, practice-ready interventions

User demand informs, drives practice-based research
Building a dissemination support system

interventions being tested → expert review → empirically-supported interventions → user review panel → proven interventions with user demand → design and marketing team → “menu” of evidence-based, high-demand, practice-ready interventions → dissemination field agents

user demand informs, drives practice-based research
Building a dissemination support system

- Interventions being tested
- Expert review
- Empirically-supported interventions
- User review panel
- Proven interventions with user demand
- Design and marketing team
- "Menu" of evidence-based, high-demand, practice-ready interventions
- Dissemination field agents
- Feedback from users continuously improves programs

User demand informs, drives practice-based research
Partnerships can expand reach.
Food Stamps

• 44 million Americans
• 40% smoke
1-800-QUIT NOW
It’s free. It’s personalized.
It’s up to you.
1-800-QUIT-NOW
It’s free. It’s personalized.
It’s up to you.
Stay together.
Get the help you or a friend needs to stop smoking.

You carry me.
I carry you.

1 800 QUIT NOW
www.quitnow.net/missouri/

Quitting is tough, and most smokers need help. When you or a friend is ready to quit, the Missouri Tobacco Quitline can help you.
September 15, 2011

MEMORANDUM FOR THE FAMILY SUPPORT DIVISION STAFF

FROM:  ALYSON CAMPBELL, DIVISION DIRECTOR

SUBJECT:  FAMILY SUPPORT DIVISION AND MISSOURI QUITLINE PARTNERSHIP OPPORTUNITY

The Family Support Division currently has the opportunity to partner with Washington University in their outreach efforts to inform Missouri residents about the Missouri Tobacco Quitline.

The Missouri Tobacco Quitline is designed for people who want to quit smoking and is administered by the Missouri Department of Health and Senior Services (DHSS).

The Health Communication Research Laboratory (HCRL) at Washington University in St. Louis has developed and produced a supply of Quitline referral displays specifically for use at FSD Offices. The displays consist of posters, referral cards and brochures outlining the program, how to participate, and the benefits to participants. This information should be prominently displayed in all FSD lobbies.

County Managers will receive ordering information for the no-cost displays via email with a web address link.

This is a great opportunity to educate our customers and those visiting our offices about 1-800 QUIT Now. FSD is excited to partner with DHSS and Washington University in an effort to connect our customers with these free services.

AC/im
Week 1

Robinson E, et al. (2012) NIH D&I Conference

Legend:
- Providing referral materials
- Not yet ordered referral materials
- FSD services not provided
Robinson E, et al. (2012) NIH D&I Conference
Week 5

100% of eligible counties

Providing referral materials
Not yet ordered referral materials
FSD services not provided

Robinson E, et al. (2012) NIH D&I Conference
Sustainability

- Site visits to every office
- 8 months post-intervention
- 98% still distributing Quitline referrals

Robinson E, et al. (2012) NIH D&I Conference
A national view

- 200 systems
- 50 states
- 16 million calls in 2011
Demographics

- 86% women
- 53% child < 18 in home
- 68% < $15,000
- 27% < H.S. education
- 45% out of work
- 41% no health insurance

2-1-1 service requests

- 77% bills
- 42% home and family
- 9% employment
- 8% health
- 6% housing
- 10% other
Abusive partner
Child behavior
Rent
Quit smoking
Health survey of callers (n=1,408)

- colonoscopy
- mammogram
- HPV (self)
- HPV (daughter)
- Pap test
- quitting smoking
- smoke-free home

Health survey of callers (n=1,408)

- 69% need at least one
- 39% need two or more
- 16% need three or more
Contacted a referral
1-month follow-up (n=772)

Reflections on partnerships

- Shared or complimentary goals
- Added value, not added work
- Cultivated over time
- People-centered
- Reciprocity
Our approach

- “Health” partners de-emphasized
- National networks attractive
- Reach and specificity
Questions and discussion