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Organizer 2:  Thank you, Rachel.  So, folks know who PCORI is, but this is what I wanted to bring into focus - that PCORI is about helping people make informed healthcare decisions.  It is funding research that produces the evidence to help people make informed healthcare decisions.  Well, how do you do that?  They have to have the information, right?  One of our strategic goals is to be the implementation and use of patient-centered outcomes, which leads us to our discussion today about dissemination.  So, what is dissemination?  There are lots of definitions that are circulated, but this is the definition in which PCORI works from:  Dissemination is the intentional, active process of identifying target audiences, tailoring communication strategies to increase awareness and understand of evidence, and to motivate issues in policies, practice and individual choices.  So, the purpose of dissemination is to spread and sustain knowledge of the associated evidence-based interventions.  What is implementation?  You will see there are very active verbs being used.  It is a deliberative, iterative process of integrating evidence into policy and practice, and it involves adapting evidence to different context and facilitating behavioral change and decision-making based on evidence, and it happens across individuals, communities and healthcare systems.  So, when does dissemination planning begin?  We are used to seeing this linear progression chart - planning the study, conducting the study and them boom, dissemination of results.  When should dissemination planning begin?  As part of the planning of the study, right, so, who you invite to the table at that point, and PCORI requires you to express the outline of your dissemination plan or strategy at application, but it should be occurring throughout.  So, once you get to the end you are not struck by this awesome task of pushing this evidence out if it is deemed valuable.  So, does this look like effective dissemination, in a singular fashion, isolated up there?  No, no.  We think an activity like this may lead to diffusion, which we see as a more passive way of knowledge entering into the stream and then organically moving through, but this is exactly what we want to work against.  So, what do we know about dissemination?  It generally does not occur spontaneously.  That stakeholder involvement will likely enhance your dissemination efforts that tailored messages work best, and not just single-source messages, but comprehensive, multi-level approaches.  Traditional approaches to dissemination are not enough, and when we talk about traditional approaches in this space, we are talking about academic journals, which we see as a form of sharing out and reporting out, but not necessarily dissemination.  So, remember - the purpose of dissemination is to spread and sustain.  So, that ball has three balls, and then it grows.  It starts growing in multiple directions, and forcing velocity, picks up over time.  So, what is what we are aiming for.  So, considerations for planning - define your end users.  Who will it apply to?  Who will apply it in practice?  Identify your dissemination partners.  Identify messages and communication channels.  Develop evaluation techniques.  Turn to existing literature on dissemination implementation for evidence-based ideas.  So, I leave you with this message, because I think it resonates with a lot of people.  One message does not fit all.  One size does not fit all.  What works for a person later in life may not work for the clinicians ... won't work for clinicians if we want clinicians to put it in practice.  So, what are the message that we need for our clinicians, for our policymakers, for our families?  So, as we proceed through our exercises, just keep some of these nuggets in mind, because we are going to apply them to our activity.  So, now I will turn it back to Rachel.

Organizer 1:  Thank you for giving us some stimulating ideas to get us started.  So, dissemination planning should start in the beginning of the study, and there are activities that you are doing throughout the research process, even before you have all of the final results.  So, what we do at PCORI is we are constantly trying to learn about engagement of community members in our projects and learn from what our research teams are doing so that we can get that back to the field and figure out what is working.  So, today I will be sharing some of what we have learned from our research teams of what they have been doing so far as their projects are in progress in terms of working with community partners, dissemination planning or sharing out of study results.  So, this is information we have collected directly from our awardees and their patient and other stakeholder community partners, and in the interest of time, I am not going to say too much about these data collection tools today, but I am absolutely happy to share more information or share the questionnaires themselves.  If anyone is interested, come and talk to me later.  I will just jump right into the data.  So, first, I just want to give you a snapshot of who is engaged as a partner in PCORI research studies.  So, you can see here - PCORI project engaged with ... really a diverse range of community partners.  So, nearly all of our projects engage with patients, whether that is directly with patients or caregivers or through patient and caregiver advocacy organizations.  We also have various partnerships with clinicians and the health systems that they work in.  In addition to that, our project engages a range of other healthcare stakeholders, and these could be subject matter experts, community-based organizations, policymakers, payors, purchasers, really a broad range of people who are involved in shaping our project.  So, what are those different partners doing in terms of dissemination activities.  So, some important context here is that PCORI research awards are typically three-year awards, and most of our projects are still in progress.  So, it is interesting to see what dissemination activities look like across the life of the project.  What we see is that even in year one of the study, nearly a third of our projects are already working with their community partners on dissemination activities.  So, that is probably at the planning stage here in year one, and we probably don't have any research results.  By the time we get to year two, about half of our projects are partnering and working together on dissemination activities.  Then, in year three, as studies are wrapping up, it is up to three-quarters.  At this stage, studies might have preliminary results that they are sharing in different ways, or they may be really gearing up their planning to share those ultimate results.  So, that is kind of a snapshot.  I want to quickly give you a little more detail in terms of what this looks like, or how our partners are involved in dissemination activities.  This comes from qualitative analysis of open-ended responses.  So, we ask our research partners and ask our awardees to describe in detail what it is that your partners are doing, how are you working together and how did that impact your study.  We are talking about dissemination activities.  So, these, in the table, are the major themes that emerged from these open-ended responses and so you can see there they are really highlighting their role in dissemination activities as sharing their personal perspective, providing guidance and feedback ... so, to shape things to make them more patient-centered and more relevant, but they are also doing things like presenting at conferences, developing newsletters and networking.  You can see one met with public health officials to make sure they were aware of this research and the applied nature of the research.  So, they may not be sharing the study's results yet at that point, but they are forging that relationship and paving the way so that connection is there when there are results to share.  We see pretty similar themes with awardees in what they are telling us about how their partners are involved in dissemination activities.  So, they also highlight the guidance and feedback, that partners have a decision-making role in dissemination planning or figuring out what those products are going to be and presenting at conferences.  The patient advisors provided input on important questions, helping them to understand how to best reach patients, what the barriers are to changing practices in a context that is really important to patients.  So, that is kind of the "what."  On these next slides, you can see this is what people are telling us about how partner involvement really impacts or enhances dissemination.  So, a lot of what we hear about is increased patient-centeredness of study products.  So, having different stakeholders involved and getting their input means that the way they are sharing this information and the way that we are packaging this information is relevant, more realistic and more comfortable for the end users instead of just a manuscript, because that is a difficult thing to do and an important way of disseminating, but not only putting something out in an academic journal, but putting it out in different ways that are feasible and comfortable for your various target audiences.  Here is what we have heard from awardees - again, they are highlighting that partner involvement really increases patient-centeredness of study products.  It is broadening the audience.  Awardees are describing that their patient advocates are going to relay information to Latino media and community.  They have suggested using real patient stories and vignettes.  So, they are really shaping the way this information is getting out there.  It is hard to put a number on how much impact someone is having, but we do ask our partners and awardees to rate how much influence they think they are having on each phase of the research study.  So, this is what we see in terms of dissemination.  We see 73% of partners felt that they had a moderate or a great deal of influence on dissemination activities, and I want to highlight this, especially because when we look at awardees, that jumps up to 87% that say that their partners had at least a moderate or a great deal ... over half of them are saying partners had a great deal of influence on dissemination.  So, I just wanted to call that out because you can see ... well, I am glad that 73% of partners feel that they are having a lot of influence, and when we ask awardees, it is even higher.  So, it just kind of points out that partners may not always be aware of the full impact of their activities, and it could highlight a place where researchers need to relay that information back and share that to make sure people know how their involvement is being used.  So, I just want to leave you on one end quote, because we also hear some really nice stories about how being involved in a study or being involved in dissemination impacts partners themselves.  So, in reference to presenting at conferences, it was said that "presenting is invigorating because people are paying attention and they are getting from the study and my experiences."  So, we see a lot of really nice examples of how partners are really shaping and improving the study, and they are also getting something out of the experience of sharing study results.  Now I am really excited to have Vanessa and Chris come up and talk about their study.  So, Vanessa is a Project Manager at Northwestern University for this project she is going to tell us about, and then I will let you introduce Chris.

Organizer 3:  So, I am very excited to have one of our patient partners, Chris \_\_\_\_\_\_, who will be presenting with me.  Today, we want to give you a snapshot of a PCORI-funded project that we wrapped up, and it will be the case study you will be using for the dissemination activity.  So, we received funding for a three-year study back in July of 2013, focusing on advanced planning for home services for seniors.  This was out of Northwest University, The Department of Geriatrics, in Chicago.  So, in life, we plan for a lot of things.  Early on, you may plan for getting your diploma, maybe purchasing a home, maybe getting married.  Then, we often make the leap to planning for end of life.  So, a lot of people, on this project, we talked to knew what song they wanted to be played at their funeral and where they wanted to be buried.  However, we noticed that there is a period of time in our lives, which we are calling the "fourth quarter," where as we get older, there are certain health events that start happening, things such as falls, hospitalizations we don't expect, changing memory, and this is in our 70s, 80s and 90s (we are living longer) ... and it is gradual.  This is a part of life that we are not really planning for.  So, in this fourth quarter of life, there are many barriers that can arise to prevent people from remaining in their own home.  As we did this project, we did a series of focus groups, and what we kept hearing over and over again was, "As I get older, my ultimate goal is I want to stay home," but there are a lot of things that can happen to make that really difficult.  So, some people ... if you are hospitalized, you might not be able to go home right away after that.  You might need some post hospitalization rehab.  You may need to have some help come into the home.  Another thing is you might need to modify your home.  If you are in a wheelchair now, do you have a ramp.  If you live on a third-floor walkup, are you even going to be able to live there anymore?  Also, we know that there are a lot of misconceptions about the types of rehabilitation services that are available.  In the hospital, we are guilty of throwing around terms like "subacute care" and "inpatient care" and "outpatient rehabilitation," and patients often don't know what that means, what it entails and who is going to pay for it.  Again, we also know that a lot of patients miss out on potentially-free or lower-cost services just because they don't know kind of where the resources are.  With our patient partners, from the inception, we did a series of focus groups to inform a tool that we wanted to develop to assist older adults and caregivers make informed decisions and plan for these advanced health events that we are talking about in the fourth quarter.  Based on their input, we came up with five areas that the online tool focuses on - hospitalizations, falls, memory loss and Alzheimer’s, communication (so talking to others about your plans) and then also finances.  We originally didn't think that would be a content area, but it really kept coming up where people were really distressed about, okay, I can make these plans, but how am I going to pay for them.  Again, the goal of this tool is to allow patients and their caregivers to kind of explore these issues that may arise as we get older.  Just really quick - to give you an idea of the type of content that is on the website ... for example, in the "Hospitalization" section, you can go through and we describe what "subacute rehab" versus "acute rehab" is.  We have a link to Medicare.gov website where you can pull up, by zip code, the different skilled nursing facilities by you.  So, ahead of time, you can kind of see what it is available to you.  They are given different grades because it has been my experience with a family that you at the hospital with your family member, they need to be discharged, and the social worker comes by with a list of places and says, "Alright, pick a place - we need your bed."  So, how great would it be if some planning had been done ahead of time, so if I ever need a service, it won't be reacting to a crisis.  Again, another set of tools we have on the website - you can plug in your zip code and it will generate the nearest Area Agency on Aging for you, and Chris is going to talk about what Area Agency on Aging centers do, as she is part of one in Indian.  Also, for people who may need help in the home, so finding a home caregiver ... we also have links to that and how to go about finding those resources.  So, again, the purpose of our study was - we wanted to assess whether participants that viewed the website that we created (PlanYourLifespan.org) demonstrated an increased understanding of home services, knowledge, communication and planning for these future health events compared to a control website.  It was also aimed toward older adults, but the content wasn't exactly the same.  Really, the \_\_\_\_\_\_ isn't really relevant to our activity today, but it was a two-armed randomized controlled trial.  We had people, age 65 and older, participate, English-speakers.  We had a really brief cognitive screen.  They had to use a computer with Internet or cell phone.  I will say we were really surprised.  We really underestimated how many seniors use the computer and the phone.  A lot of people initially said good luck enrolling seniors into a web-based intervention.  So, don't underestimate your patients.  We were spread across Chicago, Indian and in Houston.  There were a series of followup interviews.  I won't go into that.  Just to give you an idea of how we measured planning and communication behavior - our patient stakeholders actually were really important in helping us develop these questions, because there were no validated scales for us to measure this.  So, again, we asked questions such as, "Have you made a plan for an unexpected hospitalization," and "Have you made changes to your home to decrease your risk of falls?"  So, on the website, one of the sections goes through different hazards that can happen in your home that might cause you to fall ... so, a loose rug, having cords running around, things to prevent falls.  \_\_\_\_\_\_\_ knowledge - we had to create our own items for this, so for the knowledge items, we gave people a series of multiple choice questions.  For instance, when necessary, Medicare can help pay for a, b, c, d, and then they would have to pick the correct answer, and we would score that.  We had a whole battery of other variables, but just to give you a high-level review.  So, in the end, we had 385 participants in the study across both arms.  When we looked at planning behavior and communication score, from baseline to one month, we found that participants that used the PlanYourLifespan.org website had a significantly higher planning behavior and communication score than those on the control website.  We observed the same trend with knowledge score.  Those that viewed the PlanYourLifespan website had a higher average knowledge score than those in the control.  So, really, what does this mean?  It means that the PlanYourLifespan website appears to help individuals better plan or at least think about these future health events that might happen, and help them better understand the health services that are available to them.  If we think about the further implications, again, going back to what we heard, potentially this might help people remain in their homes longer and more safely if they know they can have people come from the outside and help in the home, if they know how to go around and make changes to their home to prevent falls, or if they have done their homework already in terms of what skilled nursing facility they might want to go to if it is needed.  So, that was the overview of the actual study.  I am going to turn it over to Chris so she can talk about what we think was the biggest strength of our study with our patient-partner stakeholder engagement.

Organizer 4:  Thank you.  I have to say if there are any community partners, I just real quick want to tell you how we got involved with Northwestern.  We are an Area Agency on Aging in Northeast Indiana, and I have a history of doing research.  When I came to the Area Agency, I said, "We've got something to offer.  We need to be reaching out to academic centers to see how we might partner."  I actually sent a blind email to Dr. Lindquist.  I had gone on PubMed to see who was doing research in an area we were interested in, and just sent a blind email and said this is who we are and this is what we do, and we see from what you are writing that you have some of the same interest areas that we do, so if you have any interest in chatting, let's connect, and within 10 minutes, we had an email back.  She just happened to be starting to work on this PCORI project.  The rest is history.  We are now going to our second study.  I think we've been pretty good partners.  They will call and say, "Hey we are thinking about" ... yep, sign us up!  Whatever you need!  So, don't be afraid to reach out and let people know where your interests are, because you just never know.  We continue to laugh, because one day I said to them, "I Googled you first," and they said, "We Googled you, too."  So, anyway, let's talk about engagement.  We did have a fantastic team.  So, besides our AAA in Indiana, we worked with The Villages group out of Chicago and a number of other community partners in the Chicago area, home care agencies, obviously older adults.  One of the things I will tell you from the older adults in our area is they kept saying, "We are so excited about somebody caring to ask us what we think!"  So, they were thrilled with the opportunity to participate.  Then, we also had healthcare professionals.  So, we had a great team, and we were involved from the beginning - proposal writing, survey design, drafting context for the website, the focus group folks ... we actually sponsored focus groups at our AAA in Indiana.  We didn't get to sit in on our focus groups, so we were sort of wanting to be at the window, like, what is going on in there, because these are basically our folks that came in to sit in the focus groups.  As they left, just listening to them as they walked out - "Oh, that was so great" ... we knew we had great partners.  And I have to tell you, I know recruitment is not what we are talking about, but I think we did not realize what we were getting into.  We actually did our first recruitment at a senior fair in Fort Wayne, and I think we left that day with 87 contacts.  They came back and they were like, holy cow!  We were the bang-up recruiters.  Then, we went back and disseminated to that same group.  So, we helped test the website, obviously we were involved in recruitment strategies, and then from the beginning, talking about dissemination together.  So, I just wanted to tell you a little bit about my agency.  We are located in Northeast Indiana, in Fort Wayne, if anybody is familiar with that area, kind of up in the corner, not far from Michigan, not far from Ohio, about two hours north of Indianapolis.  We are an Area Agency on Aging, but maybe a little different than the ones you are used to.  We are planners.  So, we help to look at older adults in the region that we serve for the AAA and think about what services are needed in those areas.  We also have some funding that we give out to other nonprofit groups within our area.  We are also providers ourselves, so we do the case management for the Medicaid Waiver for a couple of different groups in Indiana.  We were one of the CMS Care Transitions ... all the way to the bitter end, left kicking and screaming, and are still doing it.  We have actually transitioned that now and we have a statewide contract with Anthem, who is our BlueCross BlueShield provider in Indiana to provide care transition to their Medicaid clients, which is everywhere from birth on up.  Then, we also are providing care transitions to a regional insurance company.  That is a whole different story and I can tell you about that if you are interested.  So, we really see ourselves as innovators of leaders.  We are very involved in community-based research.  We have the projects with Northwestern.  We have worked with the University of Iowa, the University of Utah.  I sort of stock people at conferences, and anytime I see the word "research," I send them an email ahead of time and say, "Hey, can we chat for 10 minutes!?"  So, like I said, don't be afraid to go out and present yourself to other folks.  Although we are again and in-home services, we actually served folks from under a year in our Medicaid Waver program for sure, because we work with medically-fragile children, all the way up to ... and I think that number is wrong.  I think the oldest individual we serve now is 104.  So, you can see the majority of the folks that we serve are over 60, but under 65, we have 45%.  So, it is really starting to become even.  Obviously, the highest percentage of those folks ... because we are very rural, and Fort Wayne is the second largest city in Indiana, but that is not really saying much.  When the Chicago folks came out to visit us for the first time, they got there and were like, "We saw animals!"  I was like, "Oooo-kay, cool."  Dr. Lindquist has said to me very politely, "Chris, you are rural no matter what."  So, we are very Caucasian.  We do, interestingly enough, have the largest population of Burmese immigrants in the United States, so that has been a unique population for us to work with.  Obviously, we have lots of poverty and a lot of folks living alone.  So, engagement - we were engaged from the beginning, in all phases.  I did have a number of my staff, the AAA staff, complete the City Training.  I really felt it was important for them, even if they weren't going to have direct participation in the study, to understand what it was.  We also made sure that as went along through those three years, we brought information back to the whole team.  So, while we only had a few folks really closely working on the study, we have 140 staff.  So, we felt like it was really important that all the staff knew what was going on and understood.  So, that was even another place that we disseminated information - within our own walls.  We organized and recruited subjects and hosted those focused groups.  We screened potential focus group participants.  My aging and disabilities resource center folks took those calls that came in, and we had a couple of folks that didn't get past that cognitive screening that Vanessa talked about.  They would call us every day or two.  They were really interested in participating.  They didn't remember calling us a couple of days before, so they were really good about going through the process and thanking them and putting their name on a list and we would get back to them in the future if anything came up.  Then, as I said, we provided updated to all of our staff at staff meetings.

Organizer 1:  So, that tees us up for our first group activity.  That sets the stage.  So, we have an understanding of what the project is and what the results yielded?  Questions?  We heard from a vital partner who works closely with the project as a key dissemination channel.  So, let's think about, first, collectively - who needs this information?  Let's identify some potential audiences.

Participant:  Family members of seniors.

Participant:  Caregivers.

Participant:  Social support agencies.

Participant:  State health officials.

Participant:  State health policymakers.

Participant:  Churches.

Participant:  Public libraries.

Participant:  Senior center.

Participant:  YMCA when they have the water jogging class.

Organizer 1:  So, now that we have some potential audiences (who wants to know this information), we are going to have each table work together and we will come around and assign one or two of these target audiences and then have you think about, for that audience ... use this worksheet to think through some of the key questions.  So, for that audience, what are their needs for information, their preferences, their motivation for receiving information, or the barriers for them to receive this information?  Which community partners should be involved in this effort and how are you going to work with them?  Then, what are the ways you are going to get this information out tailored to the specific audience you are thinking of and their specific needs.  We are going to have you all chat for about 15 minutes.

(GROUPS TALKING)

Organizer 1:  Alright, policymaker folks?

Participant:  You were very lucky to have Jessica at the table.  One of the things we talked about was what does the audience need to know.  We talked about why this was necessary and why ... (inaudible), but then also from a policy perspective, we talked about how it aligns with something that they have identified as a state priority.  So, do they have like a state health improvement plan or a needs assessment that this aligns with.  So, this is how it fits in with their priorities as policy people, but then also how they are aligning with their constituents.  So, if they are policy people, there may be some election things here that they are responsible to report out to those agencies.  How do they access information?  We were thinking about policy briefs and again, the way you communicate to them has to be framed in a positive way.  If you make a recommendation, it has been about - here is what the data said that you might find helpful to move your agenda forward (you know, really frame in that positive way so they can respond and don't just think you are a squeaky wheel).  Then, when would they be more likely to respond to this?  During election seasons or during budget times or when this aligns with something that they are getting a lot of attention on.  Like, during the time where a natural disaster is what people are talking about, you could frame this on how those living in senior facilities and how the aging needs additional care in how to respond to a natural disaster ... so, really frame it around what is important at the time.

Participant:  So, what does the audience need to know and understand about the studies to be able to use them?  Somebody thought how it impacts them is most important and what the goal of the study was and who the participants were - so, was it people who share a similar experience?  (Inaudible).  We thought churches, peers, family members, providers, discharge people at the hospital and social workers.  Who are what do they view as trusted sources of information?  That same list.  What culturally ... (inaudible)?  If I am on a fixed income, I may not have an Internet package.  I may not be able to access the website.  If I am visually impaired, the website is not going to work.

Organizer 1:  Great.  I think one of the big takeaways that we want you to walk away with today is - remember how you used to go into a coffee shop or a laundry mat, there would be a flyer up there?  So, posting that up is an activity, but it is not necessarily a dissemination activity, because it doesn't get you to that goal of knowledge and update, right?  I hear a lot of people say, "We are going to go to our churches."  We have seen what church engagement can look like ... (inaudible).  Clinicians?

Participant:  We realize the doctor may have very little time with a senior, and we also empathize that the family is likely to be involved in helping, or the caregiver of a senior, and they both need this information.  So, whether it is a nurse or a social worker or someone else in the practice, those things would all have to be taken into consideration in designing the dissemination.  Talking about the information that would be conveyed, we sort of came back to the top with two key things.  You really need to try to understand what clinicians feel they need to know.  We went through what kind of study and what the results were, and then we were like, "Wait - value add."  Why would clinicians want to convey this information that may generate a lot of questions, requests for ancillary staff to help \_\_\_\_\_\_ in the office, and then when these needs are identified, who is going to implement those?  We though, well, if dissemination is intentional with an implementation plan, then we have to make sure we aren't just kicking the can down to -  now you have generated all these needs with the senior, but they don't have a toolkit for how to address those.  So, we thought we would need a toolkit from the disseminating to the target audience to share or sort of cross-map so that dissemination just doesn't stop.

Organizer 1:  I like that.  Who would help us convince them?  Medical society?

Participant:  So, certainly ... whether it is the nurse, P.A., N.P., social worker ... who is the person actually conveying the information, dealing with the questions, and passing the communication on?

Organizer 1:  Thank you.  Let's hear back from the project.

Organizer 3:  So, let me talk about some of the actual dissemination that we did and that we planned for.  We did a lot of giveaways because we did a lot of fairs and things.  In fact, there are some giveaways on your table.  Please take them with you because we are not taking them back to Chicago with us.  We tried to think about the audience, and we did grocery totes, magnifiers, jar openers, chip clips, things that the seniors and their caregivers might want, and then we also did information cards so that at those senior fairs ... I told you about the senior fair where we were so lucky with recruitment.  Well, we went back to that senior fair three years later to disseminate, and while it was wonderful, and we had the same number of people that came past, it was not the best place to disseminate, because what we discovered is it is a website.  You need people to get into it and figure out how to use it.  If you have ever been to a fair, how much time do you have with people at the fair?  Like one second!  So, that is why we did the giveaways.  We gave them the information.  We gave them the card.  And honestly, now after the fact, I think we would have said, "And hey, we have this event coming up at a computer lab - please come and join us and we can really show you how this works."  We presented everywhere.  We were at churches.  We actually, through our Area Agency on Aging, have a large meals program, and one of the things we do at our congregate meal sites is what we call "Wellness Cafes."  So, while they are having their meal, after the meal, we have some sort of a presentation.  Our R.A. went out and presented at the Wellness Cafe and took the computer.  People were able to sit and get into the website and understand it.  We were at community meetings, so we really looked at our other partner agencies.  So, whoever had the other agencies ... we, as AAA, have a huge network of partner agencies that we work with.  We did presentations to the cancer society, to the caregiver support groups.  We have internal caregiver support groups, but we also partner with other organizations that have caregiver support groups.  I have to tell you, from a personal standpoint, when I got into this, I really saw it as a tool for older adults and their caregivers.  Well, I've got to tell you what I learned during that three-year stretch is I moved from being a long-distance caregiver ... remember, I worked for an agency in Indiana?  I actually live in Iowa now, because in the middle of all of this, I had to make a really quick move back to Iowa to become a full-time caregiver.  So, I have a whole different respect for this tool, because now it was almost too late to use it with my parents, but what I have discovered now that I have become a full-time caregiver is I'm doing this with my kids.  I do not want my kids to go through what I have gone through with my parents because we did not plan.  So, it has really changed my desire to disseminate to a different audience - to those caregivers, to middle-aged folks who need to be thinking about this.  My daughter is a young professional who is expecting her first child, and we have had some very interesting conversations based on this.  She has ideas of how she is splitting my husband and I up.  One would go with her and one would go with my son.  We are fighting over who gets to go with my daughter.  My husband just keeps saying, "What makes you think we don't want to be together?"  In my mind, it is the most important piece.  It is simulated conversation, and if nothing else, that is so important.  The other thing that is cool about the website is you can actually print out your plan.  So, you do the plan, you print it out and you can email it to somebody - here is what I'm thinking.  If you are not comfortable with website, you can print it and actually see it on paper.  We did senior dining.  We did support groups.  We presented to our own Board of Directors, which is a variety of folks.  Our Board President is an elder law attorney.  It just so happens that he is the head of the elder law attorney's group in Indiana, which led us to go to Indianapolis and do a presentation to all the elder law attorneys in Indiana ... so, not a group that we thought of back in year one when we were thinking about dissemination, but they asked us.  I will tell you, a lot of the dissemination that we ended up doing came from groups we went out to visit and they said, "Oh, you have to come to x, y, z," and we would be like, "Absolutely - we would be happy to come and present to your group."  Then statewide, we also disseminated the information to all of the other AAA's and the Department of Aging in our state so that they all could share the information with all the folks they touch in other parts of the state.  We actually went and did some presentations to those groups as well.

Organizer 2:  There is a lot of rich detail to share, but I always want Vanessa to have some time to talk about the DNI Project.

Organizer 3:  Ask me later if you want more information!

Organizer 5:  This is kind of take-home information from what we have learned.  Again, as you heard early on, planning dissemination from the start is the best way.  That is kind of how we assembled our stakeholders and what they brought to the table, the diverse geographies and different patient populations that they touched.  Don't make assumptions about who your audience is going to be.  Again, as Chris said, we thought we would be just targeting people 65 and older and their caregivers.  It turns out that people in their 40s and 50s are wanting to get this information, too.  \_\_\_\_\_\_ branding of materials is really important.  If we would have put out the flyers and the project information with just Northwestern plastered on it, the uptake in the community would not have been as great.  Again, if you are working with your partners, make sure you put their picture on there, their branding on there, and make sure they have input on the materials because they are a trusted community source, and there is better uptake in terms of the fact that they know that organization.  Go to your target audiences.  Don't wait for them to come to you.  We always tried going to the communities, especially with elderly, as opposed to saying, "Come to the Northwestern auditorium for a talk on this project."  Also, be flexible.  Sometimes if you go to talk at a library and there is supposed to be 10 people, and there will end up being 50 people, and then vice versa, where you are expecting a big crowd and it is just five people, so then you could just do like a round table instead.  So, really quick - again, our project was unique in that we had dissemination in year three embedded in our project, but then our patient stakeholders wanted to keep this going, and we were made aware of a dissemination implementation funding award through PCORI for a project who had completed their data collection and had showed positive results.  So, we applied with our stakeholders and we received funding just this past May to continue to disseminate the results, but to try new strategies.  Again, I would be happy to talk to anybody about this new project.  Again, we realize that the strength of our study was our patient engagement, and nobody disseminated better than our patient partners.  So, the strategy that we agreed on was, in this second wave of dissemination, to do a "Train the Trainer" model, using our patient partners and stakeholders.  So, we kept two of our strongest partners from the initial project and paired them with two new stakeholders that brought more diversity to our project, both in terms of racial and ethnic diversity, but also socioeconomic status and geography.  So, one of the partners we are really excited to work with is Beverly Rogers, who is part of \_\_\_\_\_\_\_\_.  We are really excited to work in the churches and work with her group.  The other group is actually in Hawaii where they have high rates of low income and healthcare and resources are really hard to find on the island.  So, again, through this study, we will be testing out this new modality of dissemination and we will be building a virtual toolkit to be able to share with others who want to disseminate patient-centered outcomes research.

Organizer 1:  So, just in closing, we will provide the slides, and just to put in a plug for the Eugene Washington Awards, there is a dissemination focus now.  You may be affiliated with a group that has strong ties to end users, so please look at that closely.  Also, there are resources on PCORI's website.  We have a DNI framework that is posted there.  So, if you want a resource as you think about dissemination planning, that is available for you, too.  Thank you all for participating.