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Advancing the impact of research through a disseminationfocused special interest group

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Primary Subject Heading :	Health services research
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Keywords:	Aging, Community Participation, MEDICAL JOURNALISM, Methods





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9 Abstract

Dissemination is an emerging science, despite its critical role in reaching end-users or decision makers who can most effectively use evidence and act. In the long term, achieving robust dissemination will require restructuring academic and research incentives, alongside developing infrastructure to assess the reach and impact of dissemination efforts on the adoption of aging research findings. However, actionable efforts can be taken immediately for meaningful impact. As such, we describe the purpose, deliverables, and plans of the Dissemination Special Interest Group (SIG) as a model for academic research centers to support and advance the dissemination efforts of their members.

Key Words: dissemination, information; diffusion of innovation; communication; academia

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Implementation and dissemination are two separate strategies to accelerate the gaps in research to practice. To date, much more attention has been focused on implementation and there is little guidance for researchers who are not trained in marketing as to how best to disseminate their information beyond an academic setting. In additional, current academic incentive structures for promotion are still based in the number of peer-reviewed publications, with little attention to or acknowledgement of other dissemination works. The consequences of this are missed opportunities to highlight the importance of research findings to people who can use it (deliver it) or benefit from it (receive it), which limits the reach and impact of important research findings to the public at large. The Dissemination SIG, established in November 2023, was borne out of the need to better understand the intersection of aging research and dissemination science for impactful and equitable dissemination of aging research beyond the academic audience. This SIG is housed within the XXX Center for Healthy Aging and Innovation (CHAI). In the Dissemination SIG, we aim to build expertise in the emerging science of dissemination, create a learning space for exchanging effective dissemination strategies, and promote the widespread diffusion of aging research to broad and diverse audiences. Our long-term goals are to 1) create processes to provide a forum for consultation/discussion about different approaches to dissemination as CHAI members are planning, conducting, or finishing studies, 2) translate different dissemination strategies across diverse aging research content and methodological areas to elevate the impact and reach of aging research, and 3) contribute to the broader dissemination science field through exemplar work in aging. This work translates to other research centers, beyond the aging focus. Our first Dissemination SIG deliverables are a resource library on dissemination, and a dissemination event inventory. Both were created for CHAI members, including our community advisory board, to consult when planning and implementing dissemination efforts For peer review only - http://bmjopen.bmj.com/site/about/guidelines.xhtml

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across the continuum of a study. For the resource library, we individually conducted literature reviews across scientific fields and disciplines. Articles included content on communication techniques, dissemination frameworks, and applied examples of dissemination and/or communication/marketing strategies. We also included content-agnostic toolkits for dissemination planning made publicly available by organizations such as the Veteran Health Administration's Diffusion of Excellence and universities.^{6–8} This library is available on a locally shared Google Drive to CHAI members and will be updated at least annually by the Dissemination SIG. Additionally, we compiled a statewide and national inventory of potential avenues for dissemination based on our collective, interdisciplinary knowledge and experience in the aging space. This inventory includes relevant conferences, webinars, and other venues to directly disseminate the research results to people who support practice and policy change. To obtain the inventory, Dissemination SIG members entered events into a Google Drive spreadsheet with information on titles, general dates, links to websites, target audiences (e.g., clinical, community/population, health system leaders, public health leaders, policymakers), and a brief description (example available upon request). We then shared the inventory with CHAI SIG leaders for additional input before sharing among all CHAI members, including our Community Advisory Board. The spreadsheet is editable by CHAI members and the Dissemination SIG will update at least annually. To spread information and awareness of our deliverables, we created a 1 page-infographic, presented our findings at the bi-annual all-member meeting and "Aging Assembly" hosted in the spring and fall, and shared the work in our monthly CHAI newsletter. Our plan for evaluating these deliverables includes soliciting feedback from CHAI members once per year on which resources they have used and if (and how) they inspired the use of new dissemination strategies for their research. CHAI executive and SIG leadership recognized the immediate value of our two Dissemination SIG deliverables in enhancing the reach and impact of our community's aging

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research. We believe our Dissemination SIG and its deliverables can serve as a model for advancing and supporting dissemination within other research centers, regardless of content and focus areas. However, we acknowledge more work is needed to achieve equitable and impactful dissemination in research. Future dissemination-related efforts should focus on restructuring academic and research incentives,⁹ alongside developing infrastructure⁴ to impu. assess the reach and impact of dissemination efforts on the adoption of research findings.

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1 2	34	Abstract
3 4 5	35	Background: The proverbial gap between research and translation to the real-world is a complex and
5 6 7 8 9 10 11	36	multi-factorial issue that persists and threatens the impact of research. Dissemination and
	37	implementation science emerged as significant contributors to knowledge translation. Much attention
	38	has been focused on implementation with less developed methods and work dedicated on
12 13	39	dissemination. Our academic research center identified the need to better understand the intersection
14 15	40	of aging research and dissemination science for impactful and equitable dissemination of aging
16 17	41	research beyond the academic audience.
18 19	42	Objective: We describe the purpose, deliverables, and plans of the Dissemination Special Interest
20 21	43	Group (SIG) as a model for academic research centers to support and advance the dissemination
22 23 24	44	efforts of their members.
24 25 26	45	Summary of Key Arguments: In the long term, achieving robust dissemination will require
26 27 28	46	restructuring academic and research incentives, alongside developing infrastructure and methods to
29 30	47	assess the impact of dissemination efforts on the translation of aging research findings. However,
31 32 33 34 35 36	48	actionable efforts can be taken immediately for meaningful impact.
	49	Conclusion: Our Dissemination SIG can serve as a model for advancing and supporting
	50	dissemination within other research centers, regardless of content and focus areas. More work is
37 38	51	needed to develop infrastructure capable of assessing the reach and impact of dissemination efforts
39 40	52	on the adoption of research findings.
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Introduction and Background The translation gap between research and practice persists due to inadequacies in both implementation and dissemination.¹ Implementation research can be defined as the systematic use of strategies to integrate evidence into practice.^{2,3} Dissemination research can be defined as the systematic study of factors and processes that allow for targeted, active distribution of information to key audiences.^{2,3} To date, much more attention has been focused on implementation and there is comparatively less guidance for researchers--who are not trained in marketing--as to how best to disseminate their information beyond an academic setting.^{4–6} However, challenges exist to fully embracing the science of dissemination including:^{5,7–12} 1) tensions between current academic incentive structures for promotion (e.g., number of peer-reviewed publications) and acknowledgement of other dissemination works, 2) time and resource constraints, and 3) limited methodologies and methods to evaluate the effectiveness of dissemination. The consequences of this are missed opportunities to highlight the importance of research findings to people who can use it (deliver it) or benefit from it (receive it), which limits the reach and impact of important research findings to the public at large.

Infrastructure to support multi-modal and comprehensive dissemination in conjunction with
 restructuring of academic incentives are needed to fully achieve the potential of dissemination science
 to positively influence the larger field of knowledge translation. The purpose of this communication is
 to outline our short and long-term efforts to network within our institution to make sense of these
 complexities, raise awareness of the critical importance of dissemination science, and build initial
 resources or tools for our research center. This paper and our work constitute the first stage of our
 approach to sharing, use, and ultimately the translation of research knowledge.

78 Model for a Dissemination Special Interest Group

The Dissemination Special Interest Group (SIG), established in November 2023, was borne out of identified center needs to better understand the intersection of aging research and dissemination science for impactful and equitable dissemination of aging research beyond the academic audience. This SIG is housed within the University of Minnesota Center for Healthy Aging

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and Innovation (CHAI). Briefly, the mission of CHAI is to advance interdisciplinary aging science,
create meaningful and immersive educational experiences in aging, build and sustain innovations,
and a establish community to promote healthy aging.¹³ With over 100 members, ranging from faculty
to undergraduate students, CHAI supports four cores: Research, Policy, Equity & Community
Engagement, Education, and Clinical Sciences & Practice. Under the Research Core exists eight
active SIGs which foster collaboration by bringing together persons with shared interest in a topic or
research method.

The Dissemination SIG consists of 5 voluntary members—of faculty rank--from various interdisciplinary backgrounds (nursing, audiology, physical therapy, policy, gerontology, sociology) who meet at least monthly. One member leads the meetings with a structured agenda and note taking. We are open to all disciplines in the aging field and all levels of academic rank or student status. Our vision is to build expertise in the emerging science of dissemination, create a learning space for exchanging effective dissemination strategies, and promote the widespread diffusion of aging research to broad and diverse audiences. For example, the SIG aids in connecting researchers to existing tools on campus designed to disseminate information to communities including communication, marketing and external relations offices.

Our long-term goals are to 1) create processes to provide a forum for consultation/discussion about different approaches to dissemination as CHAI members are planning, conducting, or finishing studies, 2) translate different dissemination strategies across diverse aging research content and methodological areas to elevate the impact and reach of aging research, and 3) contribute to the broader dissemination science field through exemplar work in aging. This work translates to other research centers, beyond the aging focus. Below we outline foundational efforts that have produced three deliverables and are linked to our long-term goals. Our future plan for evaluating these deliverables includes soliciting feedback from CHAI members once per year on which resources they have used and if (and how) they inspired the use of new dissemination strategies for their research. **Conduct a Network Needs Assessment** Page 7 of 13

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1 2 109 To make sense of complexities surrounding dissemination we conducted a brief CHAI-3 4 110 members needs assessment. A link to a six-guestion survey (Table 1) was emailed to the CHAI 5 6 111 member list-serv with a follow-up email two weeks after. Question format included select all that 7 8 112 apply, rank-order, yes/no, and free text. Eleven members responded to date (Table 1). The top 9 10 113 channels for dissemination include conferences (100%), journals (91%), social media (64%, and 11 12 114 newspapers (27%). Other researchers were the audience indicated as the highest priority for 13 14 dissemination of results followed by clinicians/health care staff and then leadership/policy makers. 115 15 16 The lowest rankings were audiences such as older adults, patients, and communities. Our long-term 17 116 18 19 117 goal is to respond to needs and create processes to provide a forum for consultation/discussion about 20 21 118 different approaches to dissemination as CHAI members are planning, conducting, or finishing studies 22 23 119 across the research lifecycle. 24 25 120 **Develop a Resource Library on Dissemination** 26 27 121 For the resource library, we sought to raise awareness of the critical importance of and gaps in 28 29 122 dissemination science through a resource library. Four SIG members individually conducted informal 30 31 literature reviews across scientific fields and disciplines. Initial searches in Pub Med with search 123 32 33 124 terms (dissemination[Title]) AND (scoping review[Title]) yielded 19 articles, from which Bauman et 34 35 ₃₆ 125 al.'s review was selected given its broad application across fields and disciplines.¹⁴ From there was 37 hand searched cited articles and conducted additional informal searches based on key words found in 38 126

the scoping reviews and subsequent, relevant articles. Eleven articles included content on

 $^{42}_{43}$ 128 communication techniques, dissemination frameworks, and applied examples of dissemination and/or $^{44}_{45}$ 129 communication/marketing strategies.^{7,15–23} We also included content-agnostic toolkits for

dissemination planning made publicly available by organizations such as the Veteran Health

Administration's Diffusion of Excellence and universities.^{24–27} Our resources and capacity limited a

51 132 systematic review of the literature and thus focused on seminal articles and practical resources. This
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53 133 library is available on a locally shared Google Drive to CHAI members and will be updated at least 54

⁵⁵ 134 annually by the Dissemination SIG. Our long-term goal is to conduct a systematic or scoping review of 56

⁵⁷ 135 barriers/facilitators to dissemination and/or evaluation methods of dissemination strategies.

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Build a Meeting Inventory We sought to build a meeting inventory where diverse dissemination strategies could be potentially tested, and non-academic audiences can be engaged. First, we compiled a statewide and national inventory of potential avenues for dissemination based on our collective, interdisciplinary knowledge and experience in the aging space. This inventory includes relevant conferences, webinars, and other venues to directly disseminate the research results to people who support practice and policy change. To obtain the inventory, Dissemination SIG members entered events into a Google Drive spreadsheet with information on titles, general dates, links to websites, target 17 143 19 144 audiences (e.g., clinical, community/population, health system leaders, public health leaders, policymakers), and a brief description (example available upon request). A total of 24 dissemination 21 145 outlets were identified, spanning national and regional conferences, professional associations, and organizational meetings. While some are traditional academic conferences, many are practitioner-and policy-oriented, engaging care professionals and policymakers who directly influence service delivery, long-term care, and aging policy. These dissemination opportunities include a mix of in-person and virtual formats, with some offering recurring webinars to reach broader audiences. We then shared the inventory with CHAI SIG leaders and community members for additional ₃₆ 152 input. Both the CHAI Community Advisory Board and Minnesota Leadership Council on Aging (MNLCOA) were consulted to obtain insight on non-academic meetings commonly attended by 38 153 community members. The CHAI Community Advisory Board consists of 19 members from diverse 40 154 42 155 backgrounds who work in close collaboration with CHAI members and leadership to share their lived experience and knowledge to enhance the impact of CHAI member's work on communities.²⁸ MNLCOA is a nonprofit organization representing 35 organizations that serve older adults and advocate for policy and systems change. The spreadsheet may be edited by any CHAI members and the Dissemination SIG will update at least annually. Our long-term goal is to create and leverage infrastructure within CHAI to create 55 161 channels for patient & public involvement (also known as patient and public engagement)²⁹ and build For peer review only - http://bmjopen.bmj.com/site/about/guidelines.xhtml

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upon community participatory principles^{30,31} to capture breadth and depth of feedback on study or

center-specific dissemination modalities, messages, channels, and impact.

Conclusions

CHAI executive and SIG leadership recognized the immediate value of our two Dissemination SIG deliverables in enhancing the reach and impact of our community's aging research. We believe our Dissemination SIG and its deliverables can serve as a model for advancing and supporting dissemination within other research centers, regardless of content and focus areas. However, achieving equitable and impactful dissemination requires further effort. Beyond promoting broader 17 169 dissemination of research findings, our future work will emphasize knowledge translation-optimizing 19 170 21 171 research messaging to meet end-user needs and facilitate implementation. Additionally, future 23 172 dissemination initiatives should extend beyond our Center, focusing on restructuring academic and ²⁵ 173 research incentives³² while developing infrastructure⁶ to assess the reach and impact of dissemination efforts on the adoption of research findings.

1		
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Table 1. CHAI member needs assessment survey and results.

		Average Rar (1 = highest lowest)		
	Researchers	1.8	2	
	Clinicians and other medical staff	2.73	2.73	
How do you	Leadership and policy makers	3.8	2	
prioritize which	Community-dwelling older adults	4.36		
audiences to disseminate	Patients	1	5.00	
to?	Local communities	5.5		
10 !	Regional communities	6.0		
	National communities	6.7		
		Number of Responses	Perc of to (n =	
	Conferences (e.g., academic, clinical, policy, or community focused conferences)	11	100	
	Journal (e.g., academic, clinical, policy, or community focused journals)	10	91	
What channels	Social media	7	64	
do you	Newspapers	3	27	
typically use	Newsletters (e.g., academic, clinical, policy, or community focused newsletters)	2	18	
for	Magazines	1	99	
dissemination?	Blogs	0	09	
	Policy briefs	0	00	
	Executive summaries	0	00	
How do you determine which dissemination techniques to	 Use various methods depending on where the intended audience receives their information. For example: Use research talks and peer reviewed manuscripts for researchers Use interviews with journalists for mentions in media (podcasts, newspapers, online periodicals) and community talks for older adults Use webinars, brief reports, and industry conferences and workshops for professionals who work with older adults 	2	18	
use based on the audience?	Adjust tone and depth of papers and presentations based on the audience and the ways they will use the information	1	9%	
	Unsure or did not respond	8	73	
Please describe any	There are limitations to including partners with dissemination experience and rewarding effort and time spent on non-academic dissemination activities	1	99	
challenges you face when	Lacking access to findings due to cost, access to libraries, or not knowing where the information is located	1	99	
disseminating your work to	Unsure if social media is effective for disseminating work, and writing research briefs can feel like a waste of time	1	99	
diverse audiences.	Unsure or did not respond	8	73	
What, if anything,	Webinars and workshops on how to disseminate information effectively and garner support (e.g., effort) for doing so on specific projects	2	18	
would support	Additional staff support and funding to support travel/materials	1	9%	
you in broadly	A central source with easily accessible information	1	9%	
disseminating	Interaction with LinkedIn posts and introductions to journalists	1	9%	

1 2 3 4	your work to diverse	Unsure or did not respond	6	55%
5	audiences? Are you	Yes	3	27%
6	interested in	Not at this time	4	36%
7 8 9 10 11 12 13 14 196	attending a CHAI Dissemination SIG meeting or becoming a member?	Did not respond	4	
15 16 197 17	References:			y copyrigh
18 19 198 20 199 21 200	perspective	Dorsey S, Lewis CC, et al. Promises and pitfalls in implementation sci of US-based researchers: learning from a pre-mortem. <i>Implementatio</i> 17(1):1-15. doi:10.1186/S13012-022-01226-3		he including
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