



# A Community Participatory Model for Improving Dissemination and Implementation

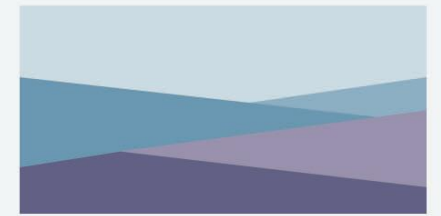
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NEW HORIZONS  
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NAFSA  
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MAY 24-29, 2015  
BOSTON, MA USA

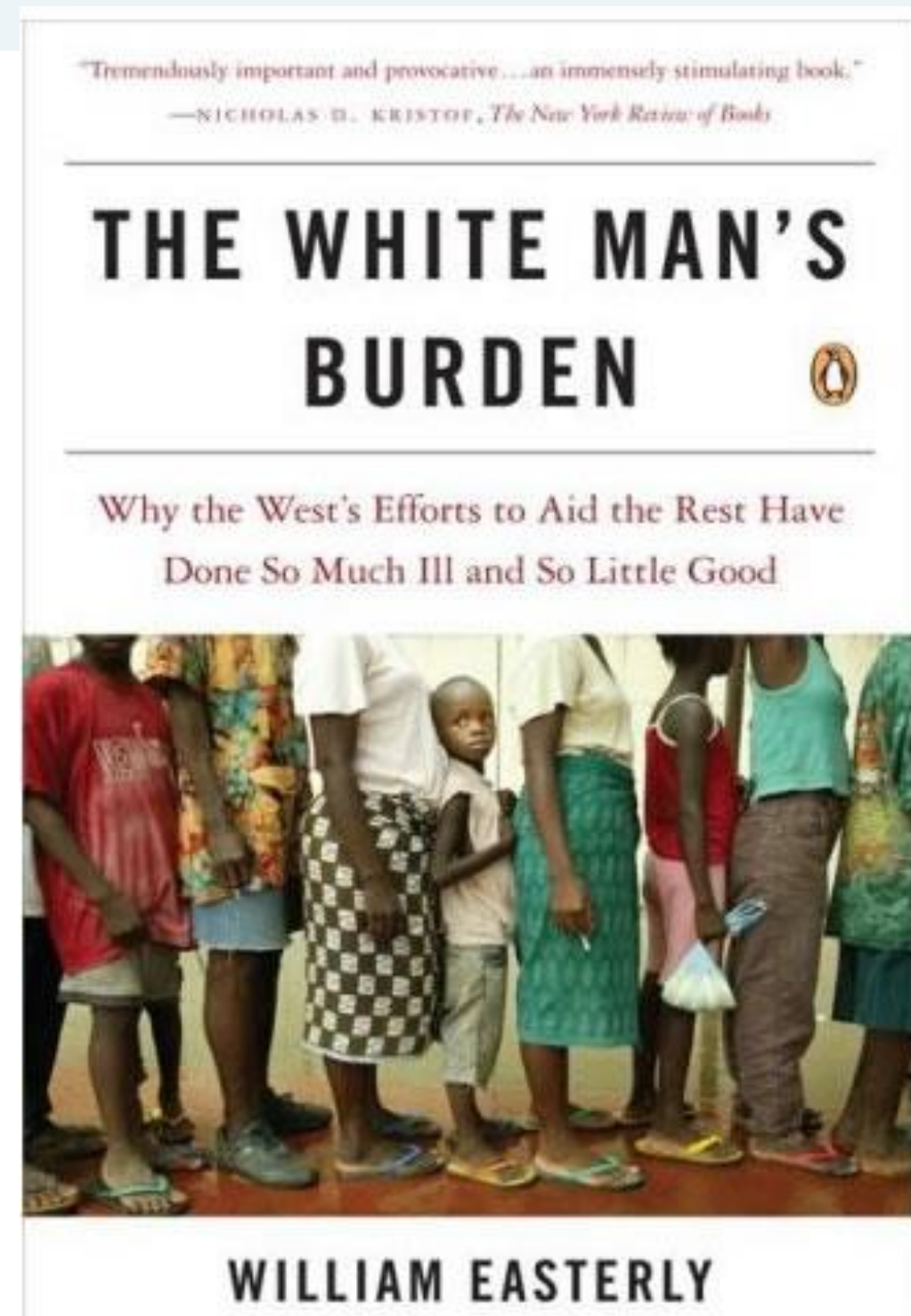
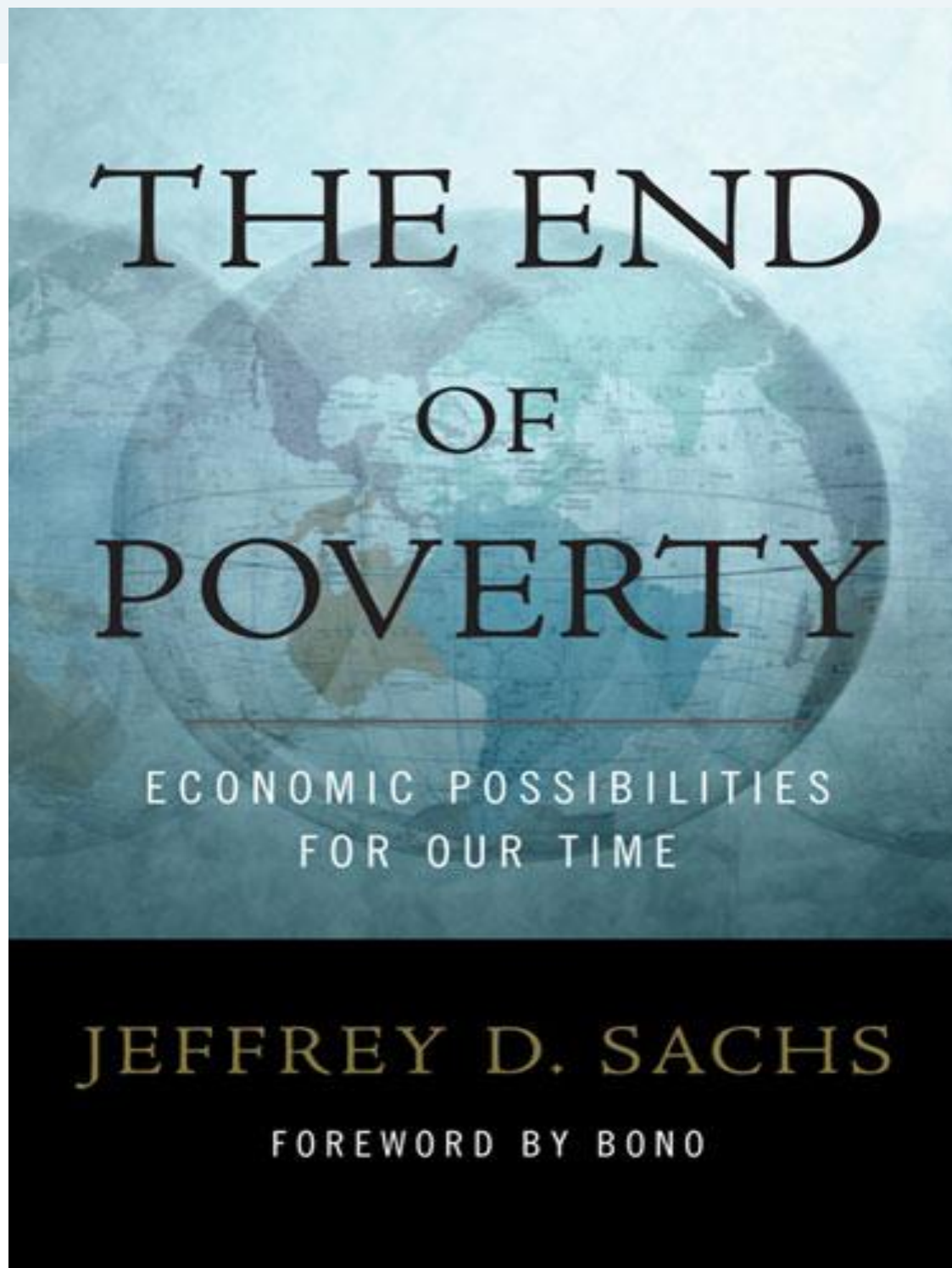
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# Knowledge Translation (KT)

- Exchange, synthesis, and ethically-sound application of knowledge
  - Leverages evidence to promote change
  - Can yield benefits such as
    - Increased utilization of successful programs
    - Increased program sustainability
    - Greater impact on health outcomes
- How do we best promote KT in community settings to create sustained social change?







# Early Community Studies

- North Karelia Project
- Stanford Five-City Project
- Minnesota Heart Health Program
- Pawtucket Heart Health Program

Programs used a number of community-based strategies to address the multi-level drivers of cardiovascular disease

- Used media, community events, screening activities, face-to-face education, community activation
- Demonstrated importance of multiple interventions
- Despite promise of community-based efforts, results were mixed



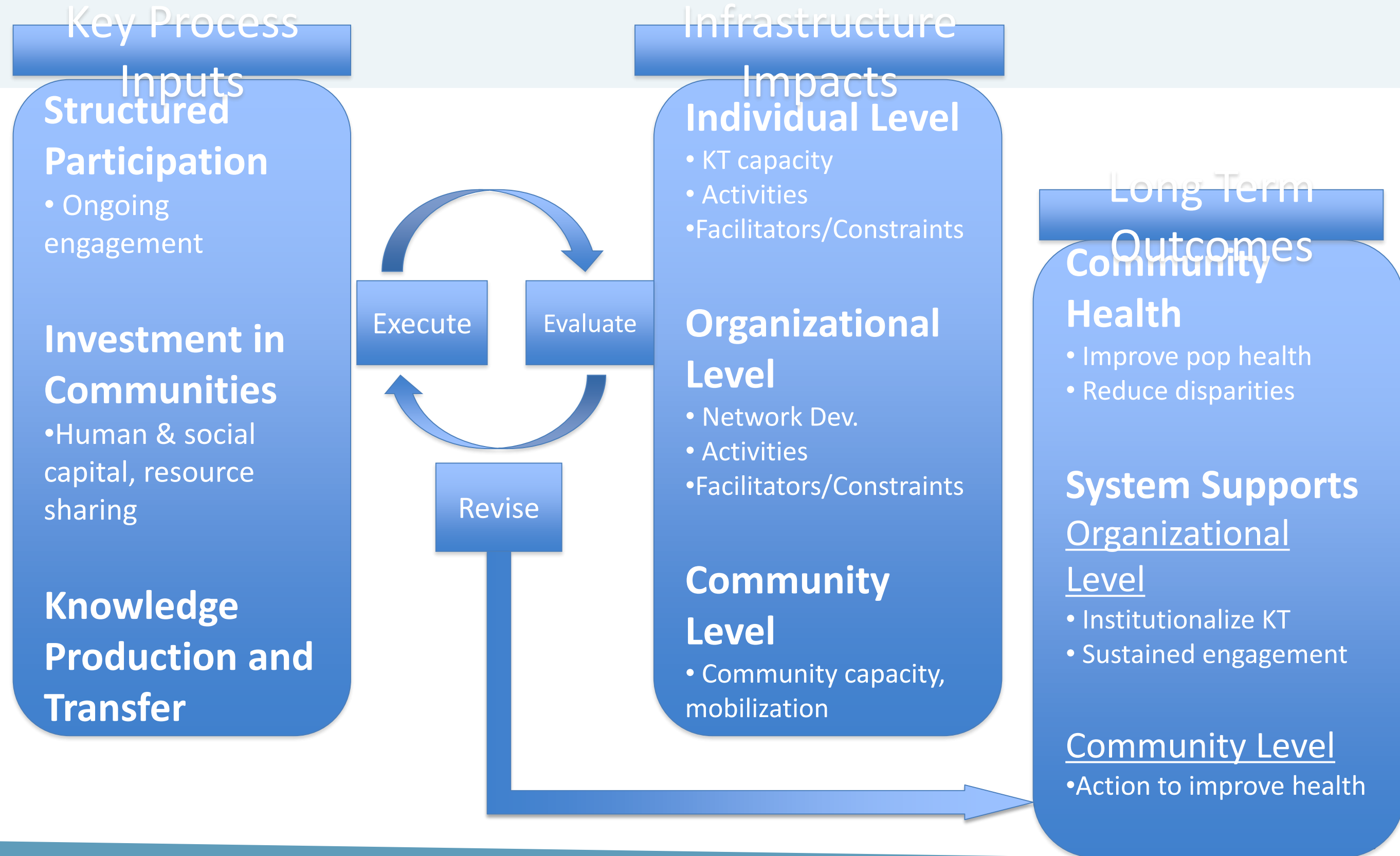
# Challenges to Knowledge Transfer

- Limited practitioner **access** to and **ability** to use knowledge
- Gaps between practitioner and researcher **expertise**
- Barriers to implementation **context**
- Inability to translate **research to practice**
- Reliance on **top down approaches**

# Lessons Learned from Early Studies

- Future community-level interventions need
  - Greater emphasis on local context
  - Emphasis on multi-sectoral partnerships
  - Coordination of activities across levels
  - Sufficient reach and dose
  - Time for needs assessments and networking
  - Tailoring of programs
- Importance of an ecological perspective throughout

# The Participatory Knowledge Translation Framework



# Key Components

## Major inputs

- Institutionalized participation
    - Allows for engagement of diverse partners
  - Investment in communities
    - Opportunities to share resources and build capacity
  - Knowledge production/transfer
    - Produces and spreads relevant, accessible knowledge to diverse partners
- 
- Harnesses ecological and systems perspectives
    - Emphasizes **cycles** within KT process
  - All linked to infrastructure impacts and long-term outcomes



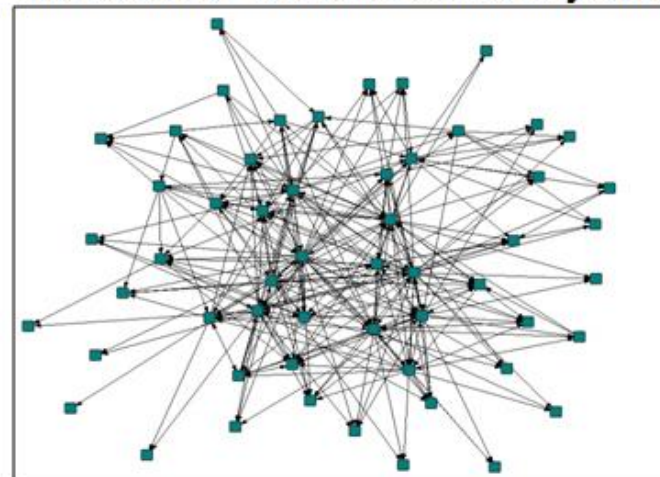
# Viswanath Lab Project Exemplars

## ■ MassCONNECT

- Reducing and eliminating cancer disparities through infrastructure development
  - Made public health data available
  - Engaged local media about health inequalities
  - Trained CBO staff to engage media about disparities
  - Supported dissemination of evidence-based programs

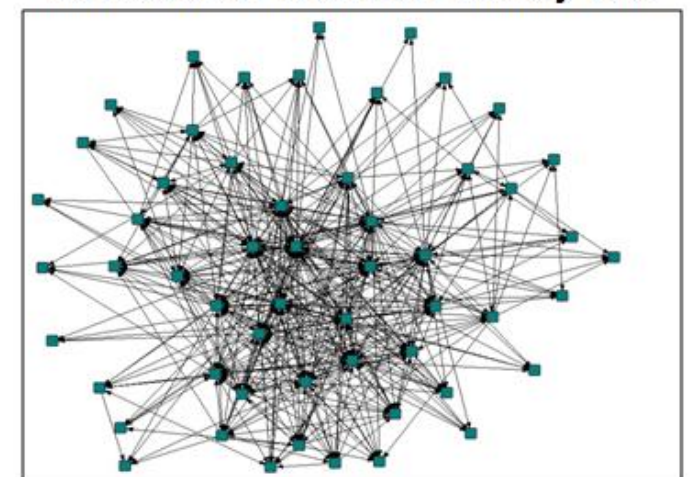


MassCONNECT Network: Before May 2005



10.27% network density  
Average number of ties: 9.745

MassCONNECT Network: February 2009

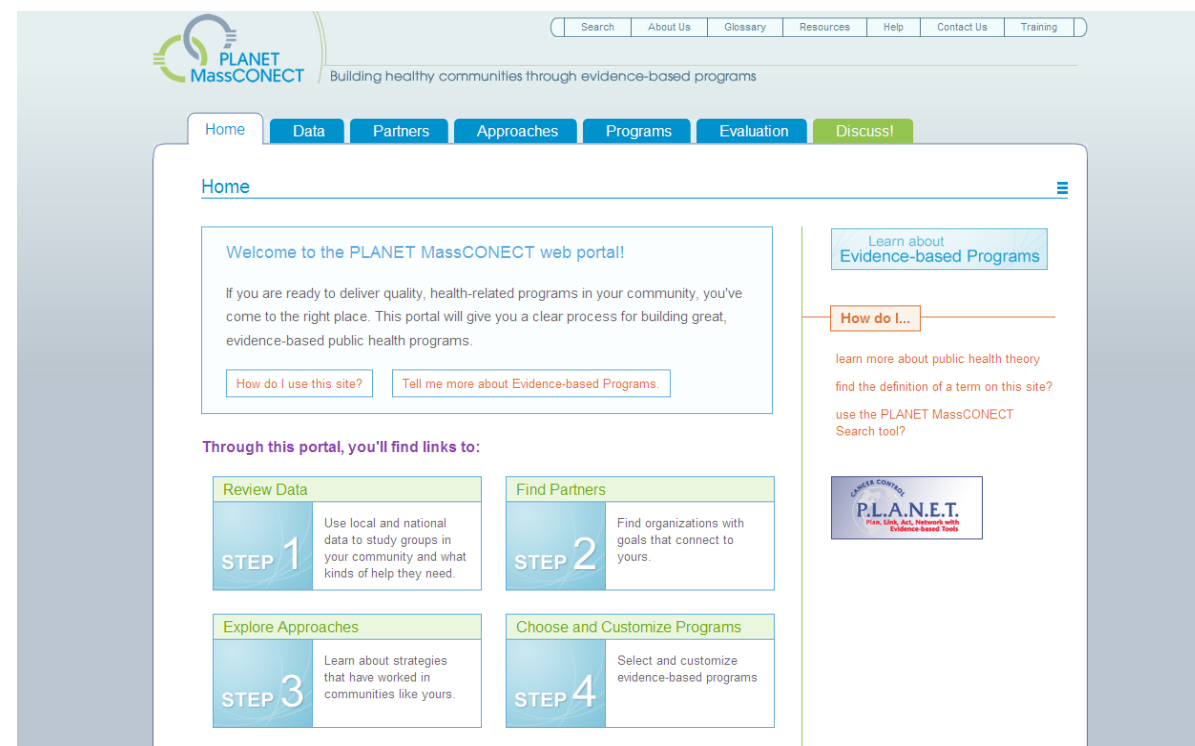


20.07% network density  
Average number of ties: 15.491

# Viswanath Lab Project Exemplars

## ■ PLANET MassCONNECT

- Developing skills among CBO staff members for a systematic approach to find, adapt, and evaluate EBPs
  - Human capital-built CBO capacity
  - Financial capital-provided pilot grants, financial support
  - Social capital- hosted networking opportunities



# Viswanath Lab Project Exemplars

## ■ Project IMPACT

- Changing the public agenda through changing media coverage on health and tobacco-related disparities
  - Conducted preliminary needs assessments through public opinion surveys and interviews
  - Created media workshops to teach CBOs how to communicate with the press about disparities

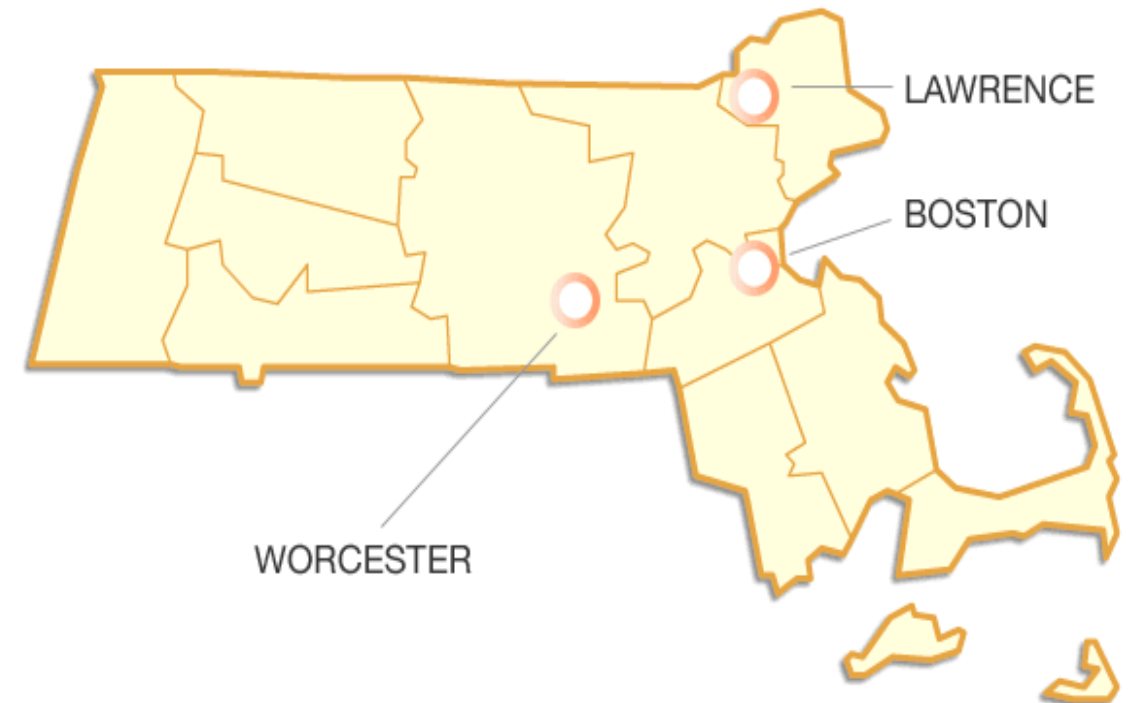




# PaKT Component 1: Institutionalized Participation

## Examples:

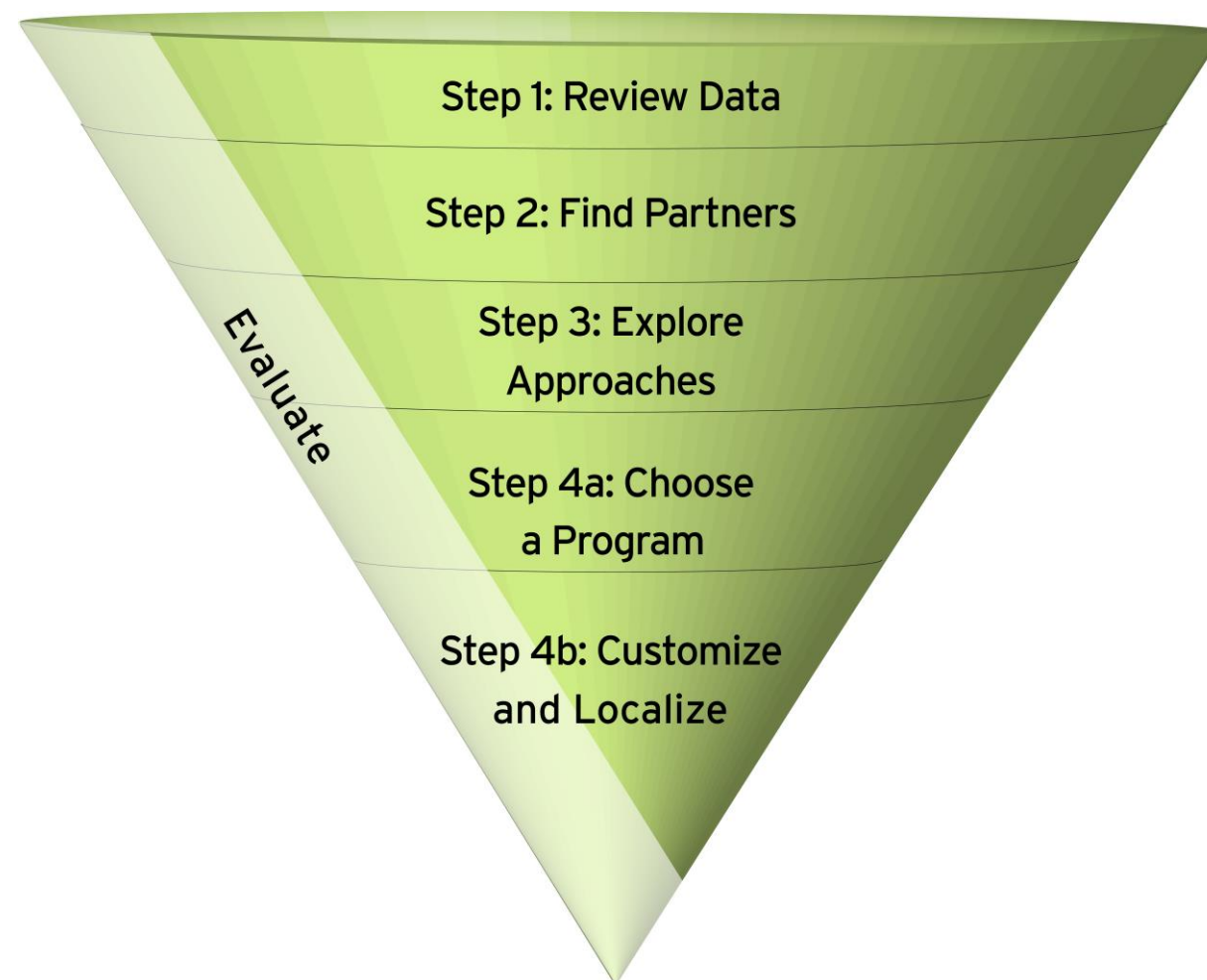
- Engagement: Community Partners Project Advisory Committee (C-PAC) created for each project
- Needs Assessments: PLANET MassCONNECT project developed based on need expressed by community for locating EBPs



# PaKT Component 2: Investment in Communities

## Example: Human Capital

- Essential to an engaged, systems-focused approach
- Capacity building: PLANET MassCONNECT increased CBO's ability to locate programs to serve their communities



PLANET  
MassCONNECT  
Systematic  
Approach to  
Program  
Planning

# PaKT Component 2: Investment in Communities

## Example: Social Capital

- Emphasizes identifying resources embedded in social structure and leveraging stakeholder knowledge
- Project IMPACT:
  - Conducted a leadership analysis to understand power dynamics in health inequalities
- PLANET MassCONNECT:
  - Created a partnership assessment tool
  - Hosted social networking events
- MassCONNECT:
  - Worked with Mayor's Health Task Force to fill unmet need for mammography services





# PaKT Component 2: Investment in Communities

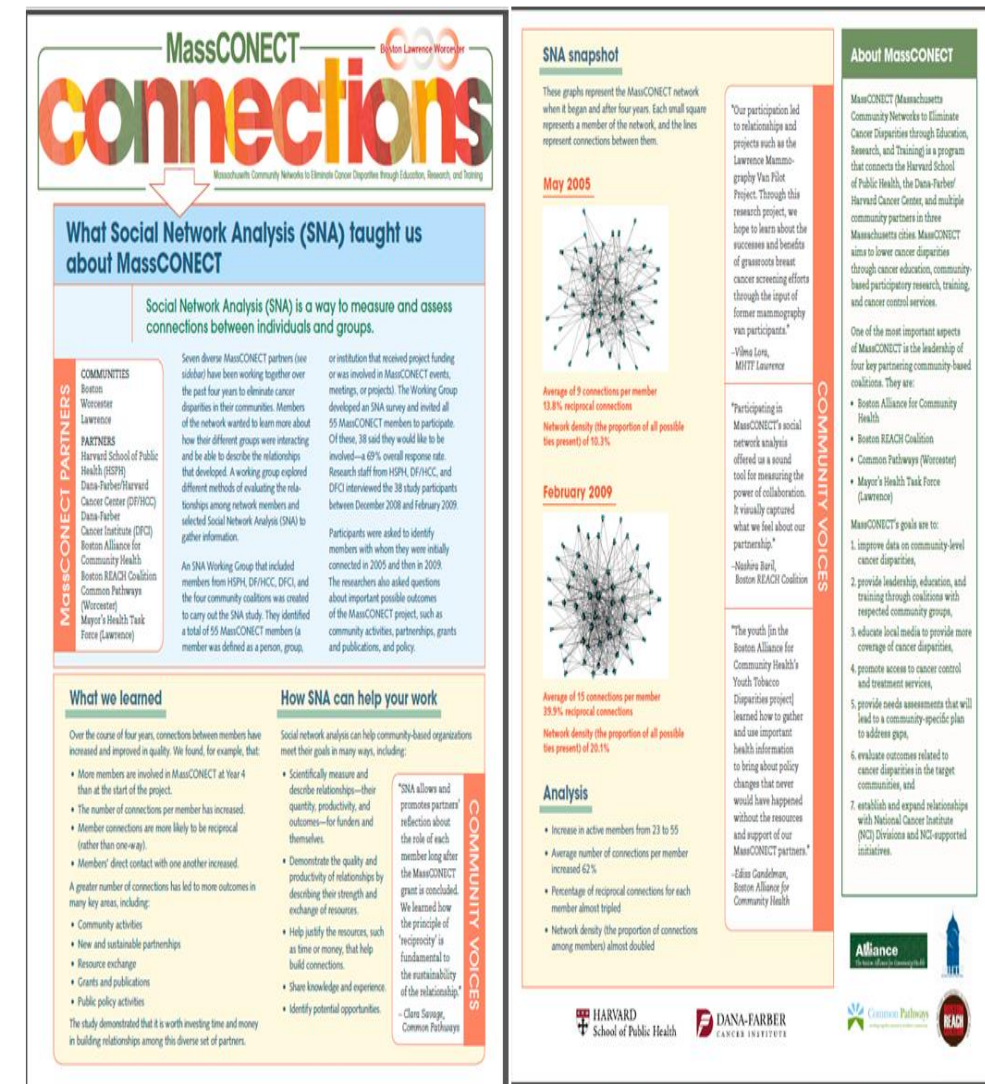
## Example: Resource Sharing

- May include funds, material resources, staff, access to knowledge or individuals
- Project IMPACT:
  - Trained locally-based survey administrators
- PLANET MassCONNECT:
  - Hired community health educators that also allocated time to community coalitions



# PaKT Component 3: Knowledge Production and Transfer

- Supports the creation of practice-focused evidence
- Project IMPACT:
  - Added items to the public opinion survey that were of interest to our community partners
- MassCONNECT:
  - Provided relevant results to community partners through a Dissemination Working Group



# Infrastructure Impacts

- Individual Level:
  - Positively impacts diverse stakeholders
    - Understanding evidence, deeper community understanding
- Organizational Level:
  - Produces strong, productive networks and collective action
  - Assesses facilitators and constraints to KT
- Community Level:
  - Increases the capacity of the community to use KT to improve health
  - Mobilizes communities to leverage assets

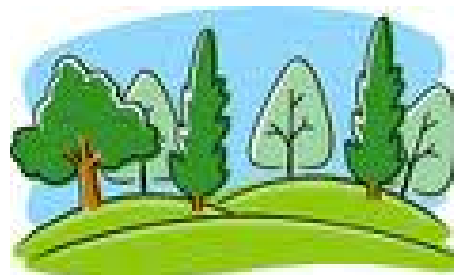


# Long Term Outcomes

- Goal of PaKT Framework: To support systems level change that has an impact on both health outcomes and health disparities
  - Community Impact
  - Systems Change

# Next Steps

- The PaKT Framework highlights key areas for development
  - Using a systems approach
  - Multi-level assessments and modeling
  - Engagement of change agents with diverse stakeholders



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