

Welcome to the Webinar!

- We will start the webinar shortly!
- Webex Instructions:
- To connect by Phone:
 - Click on “...” under “I Will Call In”
 - Choose to have the WebEx call you (“Call Me”) or click on “I Will Call In” and dial the number listed
- All participants will be muted for this webinar
- For technical questions please email Tobie.e.taylor-mcphail@kp.org

A few reminders before we begin...

- Webinar will be recorded
- Copies of Webinar PowerPoint will be emailed to all participants
- All participants are muted
- Please use the Q&A icon to send in your questions
- Questions will be answered at the end of the webinar

Please Use Q&A icon to ask Questions and address to Denise Hartsock...

The screenshot displays the Zoom meeting interface with the Q&A panel open. The top toolbar includes icons for Participants, Chat, and Q&A. A red arrow points to the Q&A icon. The Q&A panel shows a list of questions under the heading 'All (0)'. Below the list, there is an 'Ask:' field with a dropdown menu currently showing 'Denise Harts'. A red arrow points to this field. To the right of the field is a 'Send' button. At the bottom right of the panel, it says 'Connected' with a blue dot.

Qualitative and Quantitative Data Reporting to Maximize Stakeholder Engagement

February 6, 2018
with Jo Ann Shoup



Objectives

1. What is dissemination?
2. Why use dissemination?
3. Who is your audience?
4. How to disseminate your research?
5. What is your message?
6. Presenting your results
 1. Quantitative
 2. Qualitative
7. Examples of dissemination

What is dissemination?

- Definition
 - “the targeted distribution of information and intervention materials to a specific public health or clinical practice audience”
- Plain language
 - Sharing your research results with others

Brownson, Colditz, Proctor, 2012

“abundance of knowledge does
not teach men to be wise”
---Heraclitus, 500 BC”

Dissemination—the why or purpose

- To raise awareness
 - Let others know what you are doing
- Inform
 - Educate the community
- Engage
 - Get input/feedback from the community
- Promote
 - “Sell” your results

Dissemination—the why or purpose

- Evaluation results help
 - Spread the word about effectiveness to important audiences, such as community boards and grant makers
 - Provide and interpret data about what works, what makes it work, and what doesn't work
 - Other community partners learn from your successes and challenges
- Ways to get the word out may include:
 - Presentations
 - Professional articles
 - Workshops and training
 - Handbooks and media reports
 - On the Internet

Dissemination—the who or audience

Two important questions to ask:

1. To whom do you want to communicate?
2. Who is your audience?
 - Think about the people, agencies or organizations with whom you want to share the program
 - What you disseminate should be catered toward their needs/interests
 - Design your message using the audience's characteristics
 - Demographics
 - Time expectations

Dissemination—the who or audience

- Examples of potential audiences could include (but aren't limited to):
 - **Other communities** or agencies in your area
 - **Professionals** statewide or on a national level (e.g., at a conference, through a training course)
 - **Individuals** within your own community
 - **Policymakers** – think broadly, this does not only include policymakers at the local, state, and national levels, but also school and business officials, agency leaders, parents, etc.

Dissemination—the what or message

Two important questions to ask:

1. What do you want to communicate?
 2. What is your message?
- Key messages are the main points of information you want to share
 - Clarify meaning and provide takeaway headline of the point or issue you are communicating

Effective Attributes	
Concise	Strategic
Relevant	Compelling
Simple	Memorable
Real	Tailored

Dissemination—the what or message

- Identify evaluation data that shows how your program works and/or how you have engaged important partners.
- Types of data that might be good to share include:
 - **Program reach** – how well did the program reach the intended target audience/s (e.g., number of participants, number of events)?
 - **Policy and environmental changes** within a community, organizational practices (e.g., changes in school policies to address physical activity and/or healthy eating)
 - **System changes** – within a clinic, school, agency (e.g., clinical system improvements)
 - **Individual behavior changes** within the target audience (e.g., changes in physical activity, changes in screening rates)

Dissemination—the how or the tools

Passive Dissemination:

- Publication materials/presentations at national conferences
- Feature stories, news articles, and newsletters
- Sharing successes with program participants
- Social marketing campaigns
- Sharing successes with media sources
- Blog/Website

Active Dissemination:

- Lessons learned
- Case reports
- Policy brief
- Implementation/Replication guide
- Toolkit
- Trainings and workshops
- DVD of program
- Program curriculum

Dissemination—the how or the tools

- Consider constraints to different tools
 - Who has access to the type of tool you are using (e.g., digital accessibility)
 - Length or amount of space you have
 - 200 or 2,000 words
 - 1 minute elevator speech or 10 minute presentation
 - Costs (e.g., are funds available)
 - Is there staff available to create, implement, and follow up?
 - Communication skills (e.g., are there communication experts or communication department?)
 - Time (e.g., are there time limits to getting your research disseminated?)

Example Dissemination Strategy

WHO Target audience	WHAT Key message	WHEN Timing	WHY Desired outcomes	HOW Communication means	BY WHOM
Wider public	Main content messages	Consistently	Improve public participation and relationship	Website, social networks, public meetings; media	PI; Director, researcher....
Public authorities	General content messages	Periodically	Build connections and collaboration	Thematic presentations	PI; Director, researcher....
Policy makers	General content messages	Periodically	Making the project known; providing recommendations	Meetings; presentations	PI; Director, researcher....
Business community	Help develop solutions	Periodically and situation dependent	Increased potential for solutions	Media; presentations; meetings	PI; Director, researcher....
Academia	Contributions to empirical evidence	Periodically	Making the project known and generating ideas	Publication; presentation; media	PI; Director, researcher....
Media	General content messages	At end with results	Clearly articulate purpose	Print and social media; other sources	PI; Director, researcher....

Dissemination Plan

Dissemination Questions to Consider	Why do you want to disseminate this product? (e.g., visibility)	Who do you want to disseminate to? (e.g., communities or agencies in your area, policymaker)	What evaluation data do you have to support this product?	Where/How would you like to share your program? (e.g., website,, presentation)	Initial steps toward dissemination	Next steps toward dissemination	When would you like to start disseminating?
What product or type of information would you like to disseminate? (e.g., curriculum, lessons learned, policy brief)							

Example Dissemination Plan

Dissemination Questions to Consider	Why do you want to disseminate this product?	Who do you want to disseminate to?	What evaluation data do you have to support this product?
Policy Brief highlighting the benefits of our program in helping schools meet the Missouri Show Me Standards in Physical Education and Communication Arts	Sustainability, replication, increase visibility	Elected officials, school administrators	BMI results, Mini Cooper fitness test results, pre and post surveys, letters/quotes of support from schools, parents, participants, and elected officials

Example Dissemination Plan

Dissemination Questions to Consider	Where/How would you like to share your program?	Initial Steps toward dissemination	Next Steps toward dissemination	When would you like to start disseminating?
	Presentation, one-on-one meetings	<ol style="list-style-type: none"> 1. Identify elected officials that serve on education and health committees 2. Identify school administrators and board members in schools of interest 3. Schedule one-on-one meetings 	<ol style="list-style-type: none"> 4. Secure high profile endorsement 5. Invite elected officials and school administrators to a program event to see program in action and share policy brief 	January 2015

Approaches and Tools for Disseminating to Non-research Audiences

Approach

Tools

Develop a dissemination plan early in the process

[Participant Workbook](#)

Engage with stakeholders for dissemination planning; may include advisors, team members, co-authors

[Research to Reality](#)
[CCPH](#)

Select and use a dissemination framework

[Dissemination Implementation](#)

Make use of social media

Twitter, Facebook, LinkedIn

Create and share podcasts

YouTube

Describe research in personal blogs

Tumblr, Wordpress

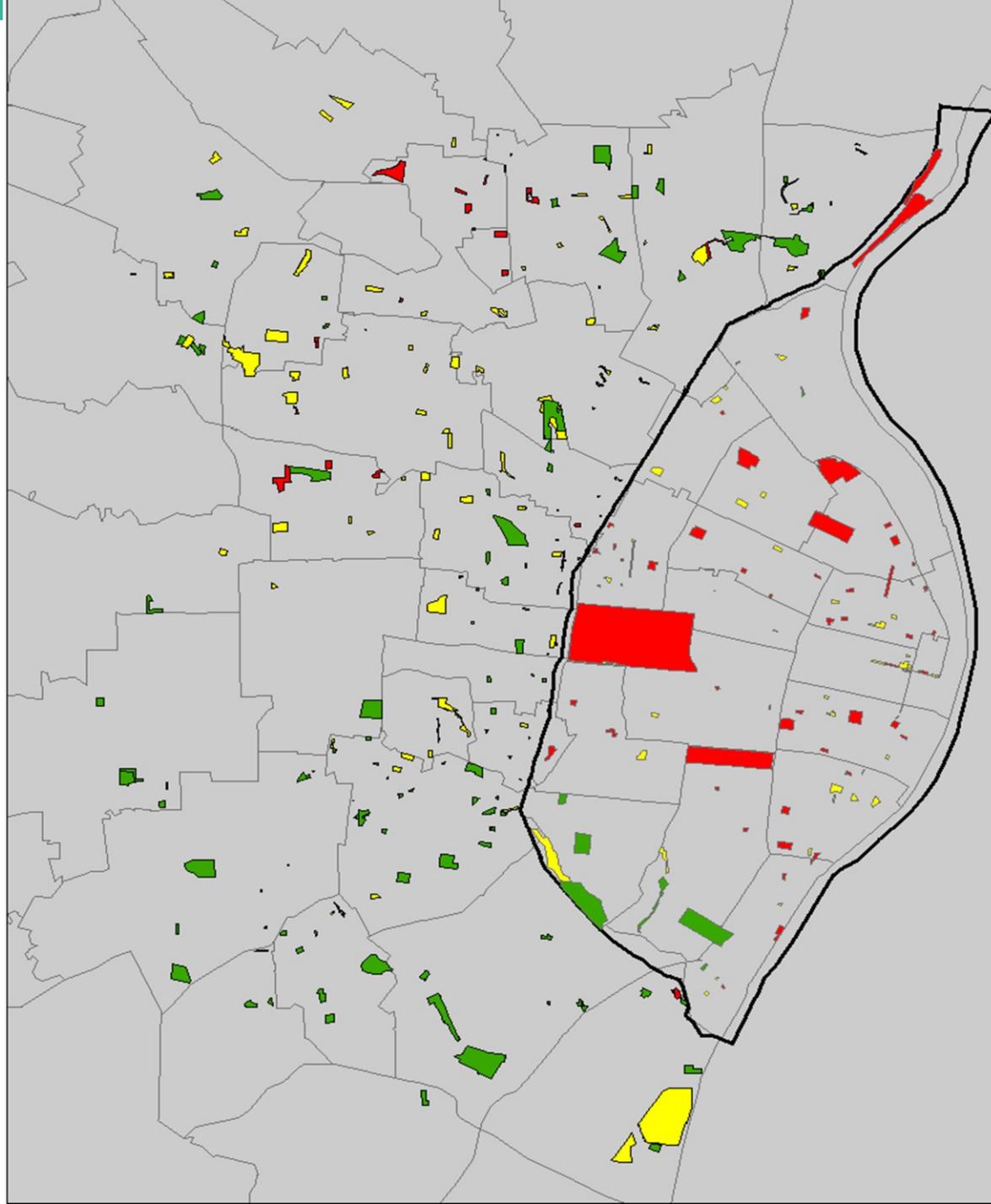
Prepare brief summaries of research (policy briefs, issue briefs)

[Policy Briefs](#)

Seek advice from media and public relations experts

[Dissemination Best Practices](#)
[Media Relations](#)

St. Louis
Dissemination
Example



EFFECTIVELY PRESENTING DATA

Ways to present quantitative results

Subscription Pricing

License		Monthly		Yearly	
Type	Employee Number	Subscription	Maintenance	Subscription	Maintenance
Individual	1	\$40	\$25	\$450	\$290
Site	10	\$360	\$200	\$4000	\$2000
	100	\$3600	\$2000	\$40000	\$20000



Disability status of the civilian noninstitutional population

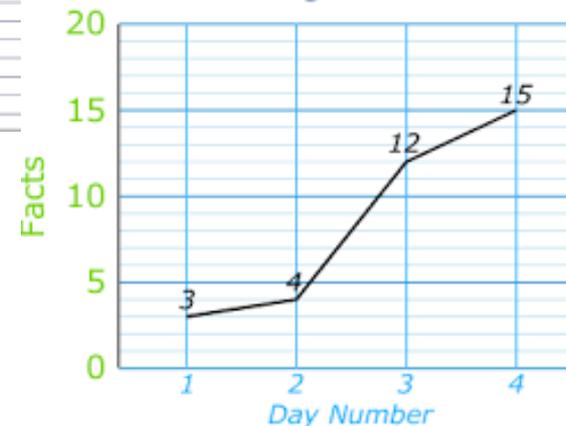
POPULATION 5 YEARS AND OVER

	Both sexes	Male	Female
Total	287,167,627	124,636,826	132,530,712
With a disability	49,746,240	24,439,531	25,306,717
Percent with a disability	19.3	19.6	19.1

POPULATION 5 TO 15 YEARS

	Both sexes
Total	10,000,000
With a disability	1,000,000
Percent with a disability	10.0
Sensory	
Physical	
Mental	
Self-care	

Facts I got Correct



Quantitative Data (i.e., numbers)

- Tips for developing effective graphics
 - Graphics help to:
 - Clarify evaluation results
 - simplify complex information
 - emphasize key points

Quantitative Data (i.e., numbers)

- Tips for developing effective graphics
 - Good graphs present complex ideas communicated with
 - clarity
 - precision
 - efficiency
 - “Give the greatest number of ideas in the shortest time with the least ink in the smallest space”
-- Edward Tufte, 1983

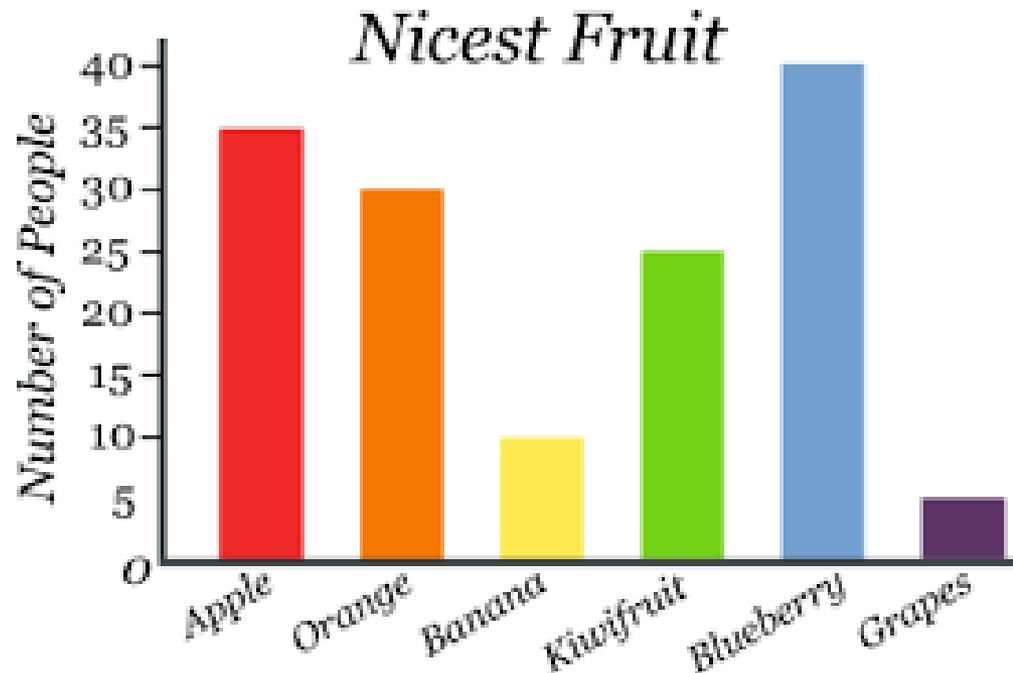
Quantitative Data (i.e., numbers)

- Rules for Using Graphics
 - Keep it simple!
 - Choose a graph that communicates the most important message
 - Don't assume all people will read the text – the graph should stand on its own

Quantitative Data (i.e., numbers)

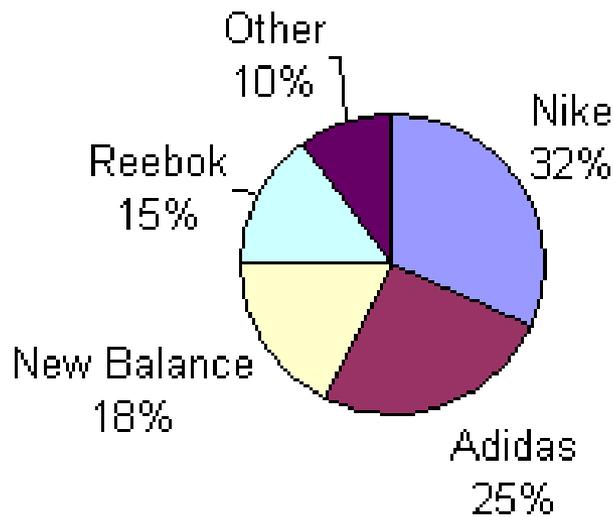
Purpose of Graph	Appropriate Graphs
Comparing status at one point in time	Bar charts (vertical or horizontal)
Comparing parts of a whole	Bar charts (vertical or horizontal) Pie charts
Showing change over time	Line graphs Vertical bar charts

Comparing status at one point in time

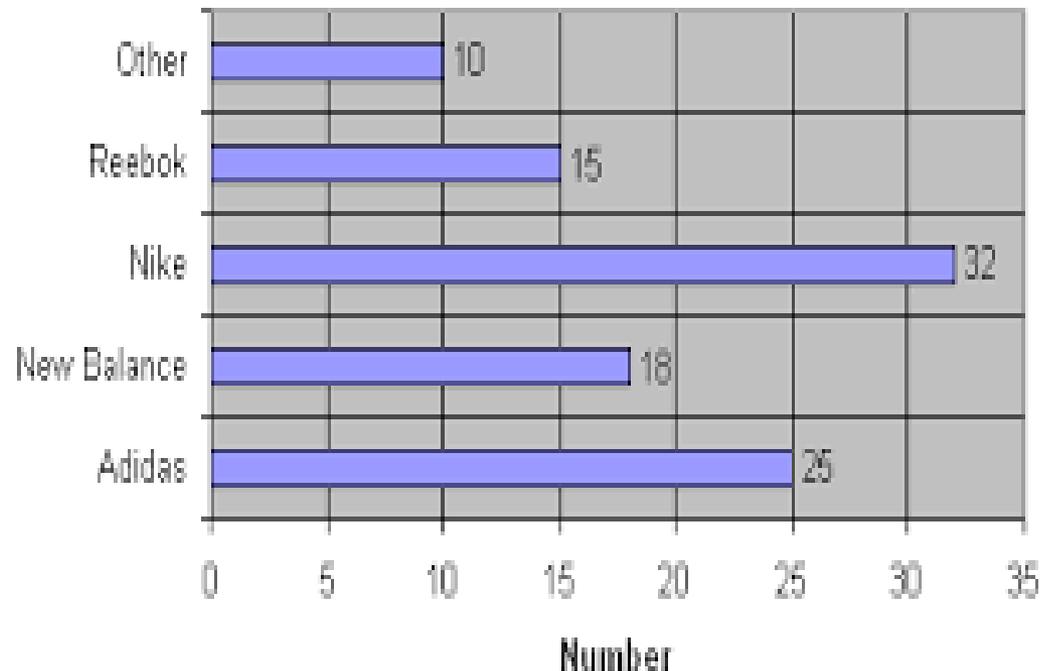


Comparing parts of a whole

Sneakers Sold This Month



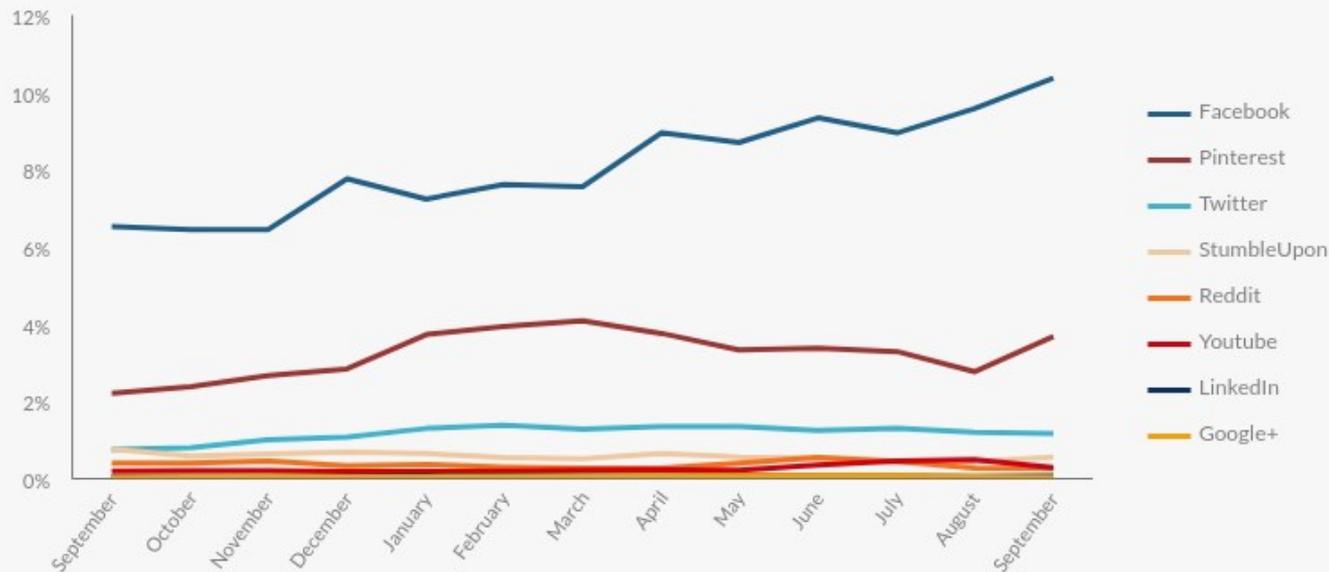
Sneakers Sold This Month



Showing change over time

Social Media Traffic Trends

(Sept. '12 - Sep. '13)



Source: <http://socialnewsdaily.com/17728/pinterest-referral-traffic-up-66-facebook-and-twitter-closely-behind/>

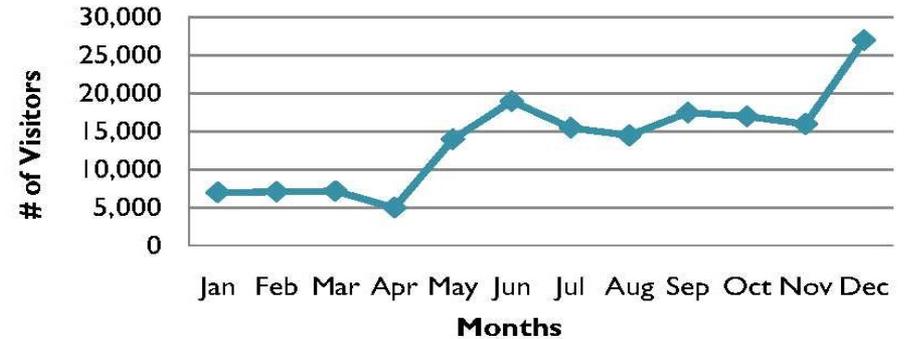


Showing change over time (same data, 4 graphs)

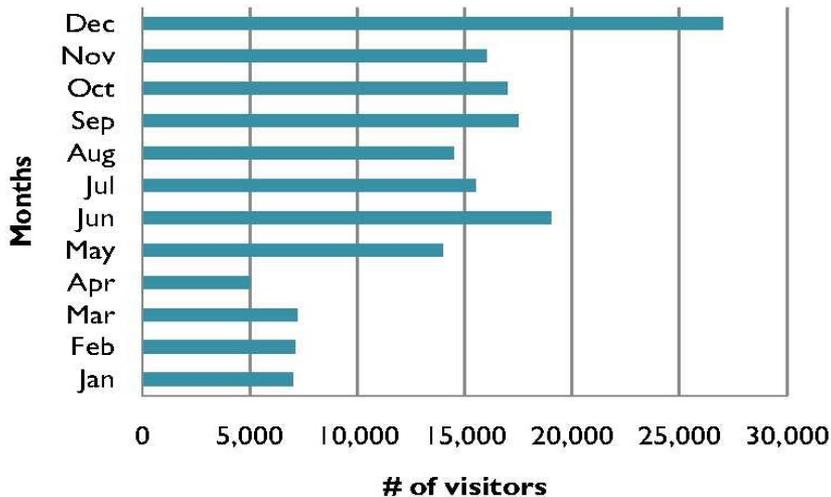
Website visitors increased from January to December



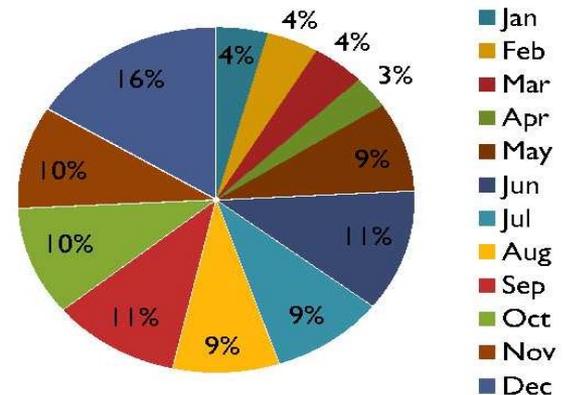
Website visitors increased from January to December



Website Visitors

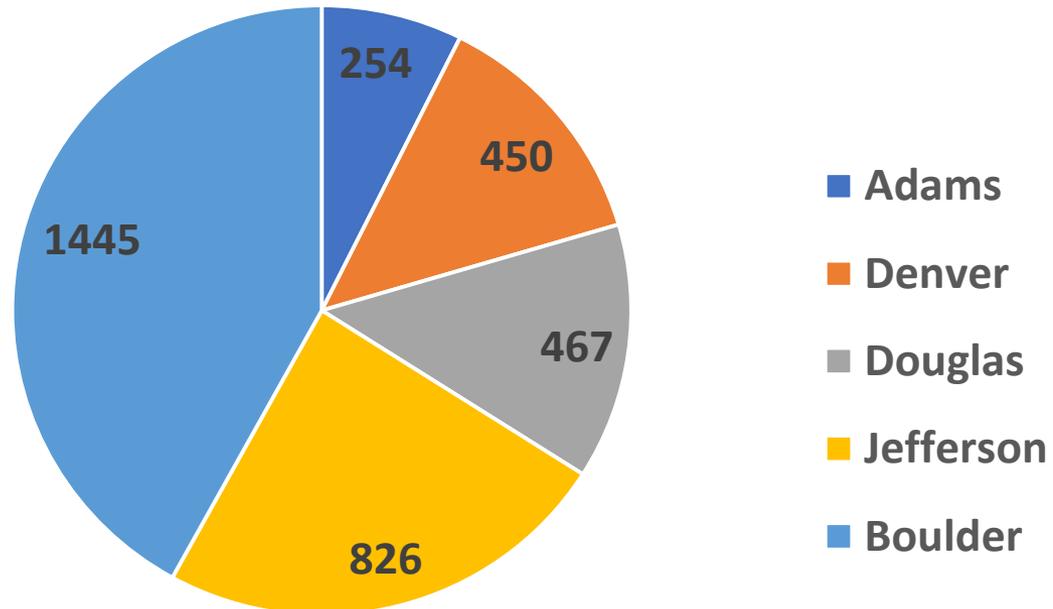


Website Visitors



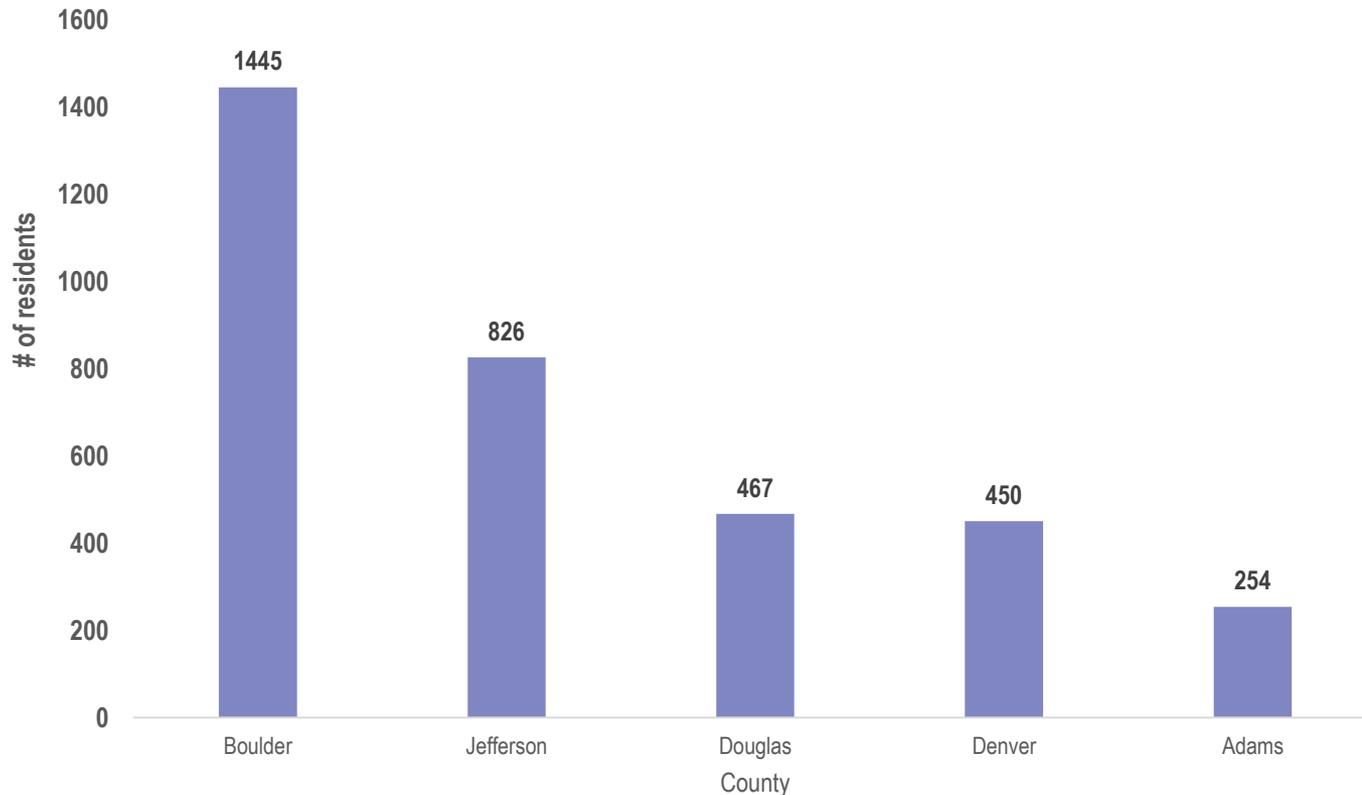
Example: What is wrong?

Number of senior residents in five metro area counties that use community centers



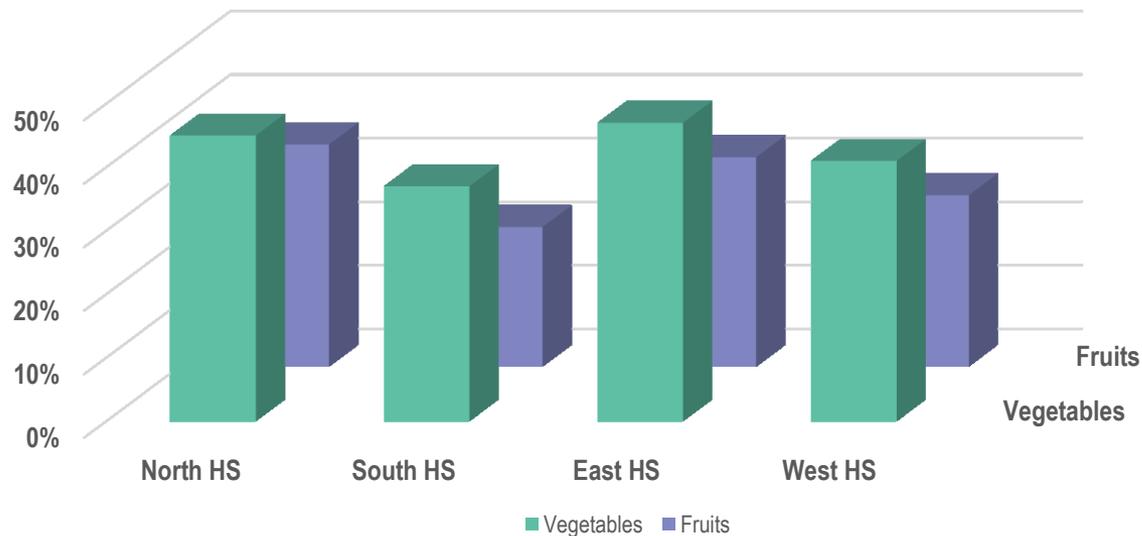
Example : Visually easier to interpret

Boulder senior residents use community centers more than residents in other counties



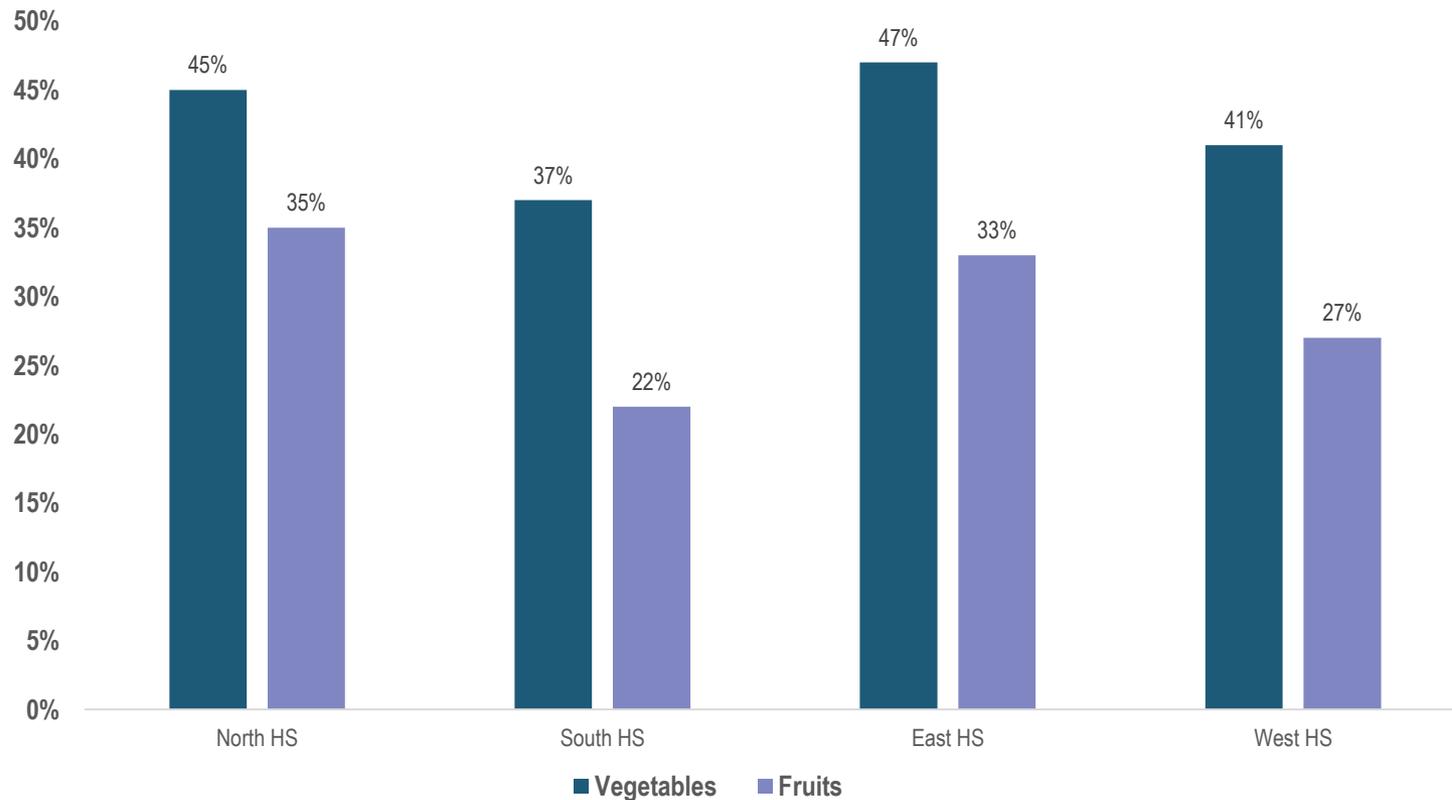
Example: What is wrong?

2009 Consumption of Fruit and Vegetables by Students at Four Area Schools



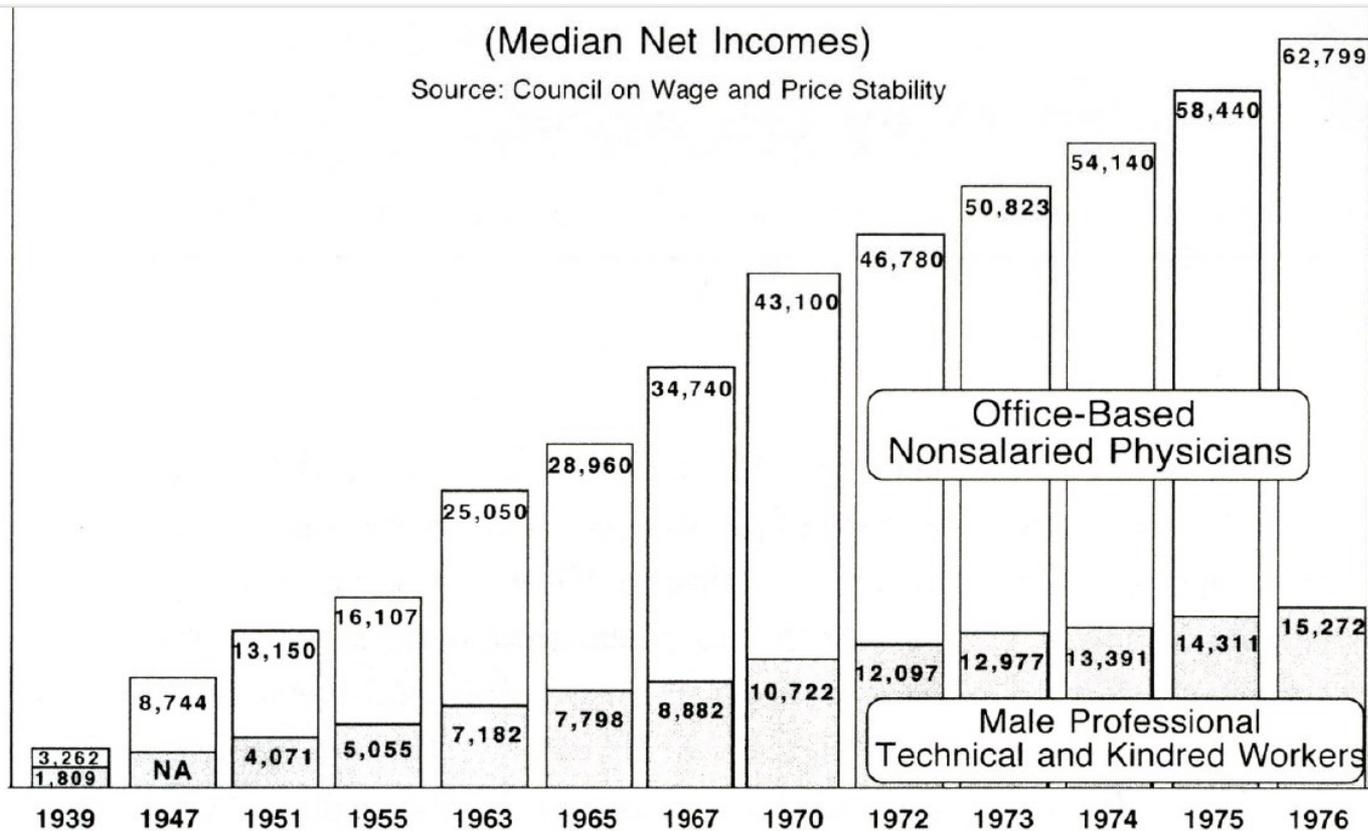
Example: Easier to interpret

More vegetables are consumed by Students at Four Area Schools



Example: What is wrong?

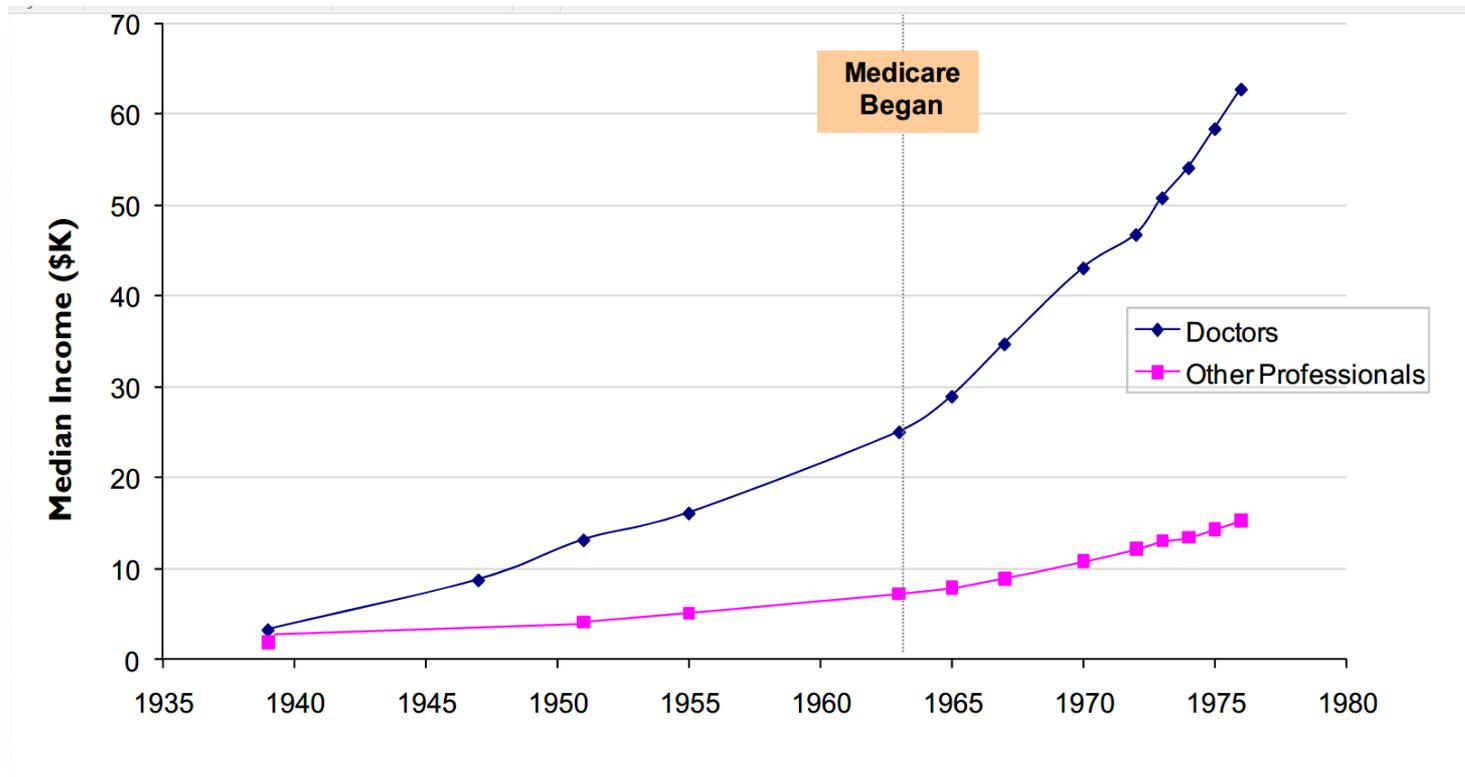
Incomes of Doctors Vs. Other Professionals



This figure is original but has all the essential figures of a figure previously published in the *Washington Post*, January 11, 1979

Example: Easier to interpret

Over time, doctors salaries have increased more than other professions



Quantitative Data (i.e., numbers)

■ Tables

- Use when reader needs to look up information
- Think of tables as information graphics
- Specific tips
 - Main heading should give general subject and date
 - Label data clearly and sort in a meaningful way
 - Footnote abbreviations, symbols and codes
 - Use grid lines sparingly

Example: What is not great about this table?

Visit type	Jan	Feb	Mar	Apr	May	Jun
Well-child	93,993	85,885	74,421	75,628	98,125	35,214
Vaccine	84,769	14,875	65,875	52,487	62,587	78,512
URI	25,987	85,421	87,513	24,587	78,514	12,354
Other	87,521	32,548	85,462	85,412	98,533	87,513
Total	292,270	218,729	313,271	238,114	337,759	213,593

Example: Lines Emphasize Important Rows

TABLE 6.1 Total Patient Visits by Month - 2017

Visit type	Jan	Feb	March	April	May	June
Well-child	93,993	85,885	74,421	75,628	98,125	35,214
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	292,270	218,729	313,271	238,114	337,759	213,593

Example: Color contrast, spacing, lines

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Total	292,270	218,729	313,271	238,114	337,759	213,593

Ways to present qualitative results

- Qualitative data -- words or images
- Collected through observations, focus groups, interviews, conversations
- Used to help tell the story
- Often supplements the quantitative data
- Can be used alone or in combination with quantitative data

Qualitative Data (i.e., words)

Ways to present

- By themes (identified during analysis phase)
- As participant quotes – use their words
 - BUT you can shorten the quote and/or call out specific aspects
 - Take caution to not change the meaning of the quote
- Present frequency of themes

Qualitative Data by themes

The “Ps”	Key Takeaway	HEAL Grantee’s Strategies for Success
<u>P</u> eople	Right people at the right time	<ul style="list-style-type: none"> • Meaningful contribution of a variety of individuals • Offer multiple entry points of participation • Match the needs at a particular phase of the work
<u>P</u> riorities	Clear Direction; Keep Eyes on the Prize	<ul style="list-style-type: none"> • Concrete priorities provide a clear destination • Flip-flopping definitely affects coalition confidence • Clear priorities and goals with some latitude in how to reach
<u>P</u> alette	Everyone Contributes to the Big Picture	<ul style="list-style-type: none"> • No <u>one</u> expert in the work • A splattering of participants connected at every level maintains momentum to drive change and social impact
<u>P</u> roblem-solving	People in a Community are Frontline to Problem-Solving	<ul style="list-style-type: none"> • People will rally around shared problems (collaborative whining) • Identify champions, give them a role, a job, and incentivize them
<u>P</u> rotection	Building and Sustaining Trust through the Change Process	<ul style="list-style-type: none"> • An environment of trust and empathy between members • Mutual accountability • Build a safety net of support

Qualitative Data by themes with quotes

THEME 2. PRIORITIES: Keeping eyes on the prize

“When we said we were going to start focusing on things then it was like all right, let's develop this mission and vision. Let's, you know, kind of come up with some ground rules for this group. And it definitely brought a cohesiveness as far as a functioning group versus like, oh let's sit around and eat and talk about food.”

“It's also very hard to recruit people... when you haven't got a goal. People aren't going to show up to watch process, unfortunately. We'd love them to be there and be represented, but they're busy and they're just like “bring me in when you've got clear mandates, goals, objectives and activities.”

“I think [direction] creates the framework of active transportation to continue those conversations. As opposed to just having general meetings that people end up not attending because they don't know where it's going.”

Qualitative Data by themes with quotes

Type of Barrier	Description	Barriers mentioned in interviews	Example:
1. Patient/Client Barriers	Barriers experienced by a patient/client that limit access to medical or non-medical resources	<ul style="list-style-type: none"> a) Limited understanding of reason for referral/service (especially in rural areas) b) Limited transportation to needed services c) Primary language is different than those providing services d) Difficulty scheduling medical appointments because of work schedule(s) or competing demand e) Lack of food availability or affordable food (especially in rural areas) f) High cost of medicine g) Lack of health insurance or limited benefits h) Lack of established, trusted relationship with health care providers/system i) Past bad experience with health care 	Difficulty scheduling medical appointments: "I talked to a gentleman the other day who had an appointment the next day...He's been applying for a lot of different housing programs... and if he heard something regarding one of those housing leads and that was a conflict with the appointment..., he was going to have to make the choice to go with the housing, rather than the appointment, because he knows that he can reschedule the appointment with his primary care provider, but he's concerned more urgently with having a place to live."

Qualitative Data, frequency of themes

Themes	Stakeholder sentiment N(%)	Community sentiment N(%)	p value
			<.001
People	17(21.5)	0(0.0)	
Priorities	9(11.4)	0(0.0)	
Palette	16(20.3)	12(19.7)	
Problem solving	10(12.7)	1(1.6)	
Protection	4(5.1)	47(77.0)	
Totals	56(100)	60(100)	

DISSEMINATION EXAMPLES

A report with quantitative and qualitative data



Community Engagement & Education

H&AC projects implemented various activities to educate and engage community members. This was typically achieved through education (e.g., nutrition curricula, cooking demonstrations), healthy living opportunities (e.g., walking groups, taste testing), and community outreach.



Education programs 

80%

of projects provided education programs

488,942

exposures to educational programs*

“ We implement programs and outreach activities to **engage the community**, to get people to be **more physically active**, or to **eat more healthy foods**. ”



Healthy living opportunities  

91%

of projects provided healthy living opportunities

385,366

exposures to healthy living opportunities*

“ It was kind of nice to know... that **many people would love the bike lanes**, and getting out with their family and walking and... the like. ”

Examples of dissemination—presentation/poster

Web-based Social Media Intervention to Increase Vaccine Acceptance: A Randomized Controlled Trial

Jason M. Glanz, PhD^{1,2}, Nicole M. Wagner, MPH¹, Kamal J. Narwanji, PhD¹, Courtney R. Kraus, MSPH¹, Jo Ann Shoup, PhD¹, Stanley Xu, PhD^{1,2}, Sean T. O'Leary, MPH, MD³, Saad B. Omer, MBS, MPH, PhD⁴, Kathy S. Gleason, PhD⁵, Matthew F. Daley, MD^{1,6}

¹Institute for Health Research, Kaiser Permanente Colorado, Denver, Colorado; ²Colorado School of Public Health, University of Colorado Denver, Aurora, Colorado; ³University of Colorado/Children's Hospital Colorado, Denver, Colorado; ⁴Habert Department of Global Health, Rollins School of Public Health, Emory University, Atlanta, Georgia; ⁵Department of Pediatrics, University of Colorado School of Medicine, Aurora, Colorado

Background

- 10-15% of parents choose to delay or refuse recommended childhood vaccines¹
- Vaccine hesitant parents have complex information-seeking behaviors
 - Weigh risks and benefits during pregnancy²
 - Want information prior to well-child visits³
 - Distrust traditional sources of vaccine information²
 - Use the internet to gather vaccine information²
- Parents encounter vast amounts of vaccine information online⁴
- An expert-moderated, interactive vaccine website could provide parents with a forum to voice their opinions, ask questions and interact with other concerned parents and vaccine experts

Objective

Conduct a single-center randomized controlled trial of vaccine information and social media interventions designed to reduce undervaccination among infants of women recruited while pregnant.

Methods

POPULATION

- Recruitment occurred between September 2013 and October 2015
- Eligibility: 18 years of age or older; English speaking; have internet access, and be enrolled in the IPCO health plan

DESIGN

- Primary outcome was days undervaccinated (difference from when vaccine dose was received to when recommended) from birth to 200 days of age
- Vaccine hesitancy screener (PACV) administered at baseline
- Participants were randomized at an allocation of 3:2:1 to one of three groups:



ANALYTIC METHODS

- Used a modified intent-to-treat analysis by keeping the study arm assignment but excluded infants without outcome data from the analysis
- Due to the skewed distribution of days undervaccinated, a non-parametric analysis and rank transformation approach was used
 - Ranked days undervaccinated, then compared mean ranks across study arms.
- Up-to-date vaccination status analyzed using logistic regression and measured as odds ratios

Results

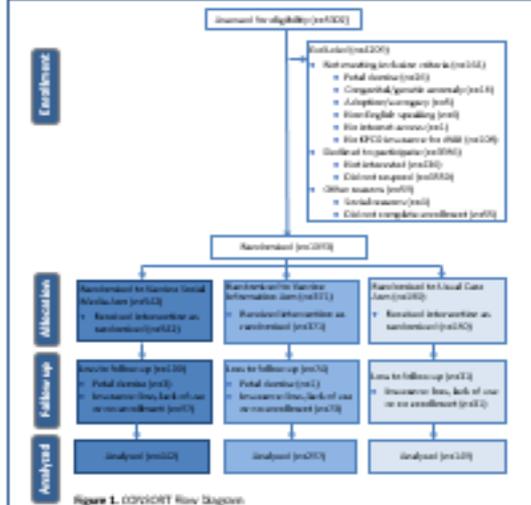


Figure 1. CONSORT Flow Diagram.

Results

BASILINE CHARACTERISTICS

- 3093 pregnant women recruited and allocated 3:2:1 to study arms
 - Mean maternal age was 31.6 years
 - 86.9% identified their race as White
 - 82.8% with a college degree
 - 14.1% classified as vaccine hesitant using PACV screener
 - 62% use internet to seek health information at least weekly
- Exclusion of 205 infants (18.8% from the analysis due to lack of primary outcome (lost insurance/Glucerna Aliment/hot using insurance, late enrollment of infant, or fetal demise)

WEBSITE USAGE

- VSM website offered 59 blog entries and 31 chat sessions; 542 participants of VSM arm contributed 90 comments and questions
- Vaccine hesitant parents used the website more frequently (44%) than non-hesitant (34%)

Results

EFFICACY

- Infants in the VSM arm had lower mean rank for days undervaccinated than infants in the UC arm (Difference = -26.9, P-value=0.02)
- Infants in the VSM arm were more likely to be up-to-date at 200 days of age than infants in the UC arm (OR=1.92; 95% CI, 1.07–3.47)
- Up-to-date status did not differ significantly between the VI and UC arms or between the VSM and VI arms

Table 1. Days undervaccinated, mean ranks for days undervaccinated and difference in the mean ranks between study arms (n=2088)

Study arm	Days undervaccinated			Study arm comparisons	Difference in mean ranks	p-value
	Min	Q1	Q3			
VSM (n=622)	0	9	288	VSM vs UC	-26.9	0.02
VI (n=417)	0	9	207	VI vs UC	-20.50	0.08
UC (n=1049)	0	9	311	VSM vs VI	-1.67	0.83

Table 2. Proportion of infants up-to-date for vaccination status and odds ratio estimates for up-to-date vaccination status between study arms (n=2088)

Study arm	Proportional infants up-to-date	Study arm comparisons	Odds ratio for up-to-date vaccination status (95% CI)	p-value
VSM (n=622)	93.93	VSM vs UC	1.92 (1.07, 3.47)	0.03
VI (n=417)	91.24	VI vs UC	1.40 (0.87, 2.00)	0.13
UC (n=1049)	80.58	VSM vs VI	1.28 (0.79, 2.08)	0.32

Discussion

- Pregnant women exposed to the vaccine social media arm were more likely to vaccinate their infants on-time than participants receiving usual care
- Providing accurate online information during pregnancy has a positive impact on early childhood vaccine acceptance
- Our intervention demonstrated that parental vaccine behaviors can be positively influenced with a carefully timed, on-line vaccine informational resource administered by their healthcare provider
- Almost all of the interaction was between parents and the research team
 - Parents who engaged in the social media applications primarily asked our experts questions to address their specific vaccine concerns

Conclusions

Results of this randomized control trial demonstrate that web-based vaccine information with social media technologies can positively influence parental vaccine decisions. As a complement to routine well-child care, the information appears to be effective when presented to parents before their children are born.

Funding Source

This study was supported by a research grant from the Agency for Healthcare Research and Quality (1R01HD18185). Clinical Trials ID: NCT01811043.

Contact Information

Jason Glanz, PhD
Email: Jason.M.Glanz@kp.org
Institute for Health Research
Kaiser Permanente Colorado

References

1. Drapkin, Amanda F., et al. "Alternative vaccination schedule preferences among parents of young children." *Pediatrics* 126.5 (2011): 858-866.
2. Glanz, Jason M., et al. "A mixed methods study of parental vaccine decision making and parent-provider trust." *Academic Pediatrics* 15.5 (2015): 497-505.
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Examples of dissemination—press release

Press Release

Web-Based Social Media Intervention Can Positively Influence Parental Vaccine Behaviors

Findings from Kaiser Permanente study published in journal Pediatrics

November 5, 2017

TOPICS: HEALTH RESEARCH | REGIONS: COLORADO, NATIONAL | KEYWORDS: MATERNITY, PREGNANT MOMS, SOCIAL MEDIA, VACCINATIONS, WEB-BASED INTERVENTION



 Add to Collection



DENVER — Pregnant women who received vaccine information through an interactive website monitored by a clinical expert were more likely to vaccinate their children than those who received usual care alone, according to a Kaiser Permanente study published today in the journal Pediatrics.

The current research builds upon survey knowledge; a previous Pediatrics study (2011) that found 10 to 15 percent of parents chose to delay or refuse one or more

Examples of dissemination—participants

WHAT DID WE LEARN FROM THE VACCINE RESOURCE CENTER?

We want to thank you for your participation in the Vaccine Resource Center Website Study. The study is now complete, so we want to share with you what we learned. We are still working on publishing what the study taught us about vaccine decision-making. Look for the following authors in google scholar (scholar.google.com) if you are interested in our study publications: JM Glanz, MF Daley, ST O'Leary, D Ritzwoller, SB Omer, NM Wagner, JA Shoup, KJ Narwaney, CR Kraus. [\[\]](#)

VACCINE DECISIONS

The Vaccine Resource Center Website Study helped some of you make decisions about vaccines for your baby.

WEBSITE USE



1/3 of Vaccine Resource Center Website Study members used the website.

VACCINES ON TIME



Members with access to the Vaccine Resource Center website were more

PREGNANT MOMS

The Vaccine Resource Center website information was most useful to pregnant moms

Take away points

- Tell a compelling story
 - Can be any medium (presentation, blog, publication)
 - Use graphics
- Plan for dissemination early in the process
 - Identify multiple ways to get your story out
 - Identify any barriers (costs, personnel support, expertise)
- Know your agency's policies
- Use best practices to display data
- Test out your messages before dissemination

Resources

- [Infographic Resource](#)
- [Dissemination Workbook](#)
- [Creative Powerpoint](#)
- [Beyond Scientific Publication](#)
- [7 steps to publishing in a scientific journal](#)

Questions?

- Questions after the Webinar?
 - Reach out to your Kaiser Permanente evaluation contact