Overview

• The importance of effective dissemination models
• The dissemination of Not-On-Tobacco
• An enhanced dissemination model
• Barriers to dissemination
• Successes with the enhanced model
Dissemination of Effective Programs

- Dissemination research is lacking, particularly those focused on rural areas
- Although research is lacking, practitioners identified several barriers to dissemination of effective programs:
  - Differences in delivery systems at state, regional and local levels
  - Lack of a single effective dissemination system
  - Insufficient organizational and personnel capacity
  - Lack of acceptability and buy-in
  - Competing incentives
  - External political and social factors
The Not-On-Tobacco Program

- Not-On-Tobacco is available for widespread use
  - Developed by the WVPRC using CER and CBPR
- American Lung Association
  - Currently disseminates N-O-T nationally as premiere teen smoking cessation program
  - Sponsors Master Trainers for train-the-trainer model
  - Even with National support, there are challenges with monitoring, implementation, accessibility, and sustainability
- Developed a new dissemination model to address the identified challenges
  - Pilot testing in West Virginia
Why West Virginia?

- Appalachian teens smoke at higher rates, particularly in WV
- Long history of Not-On-Tobacco in WV
  - Partnership with WV Division of Tobacco Prevention
  - Five year evaluation with DTP (2000-2005) indicated:
    - 700 Facilitators were trained
    - 152 N-O-T program offerings
    - 20 of 55 counties did not offer
    - 19 had trained facilitators but did not offer the program
Standard N-O-T

- **Recruitment**
  - Facilitators (school-based personnel)/training by ALA
  - Participants by facilitators

- **Implementation**
  - Gender specific groups of 3-10 participants
  - Eligible if they smoked one cigarette in last 30 days
  - Ten 50 minute sessions of core curriculum over 10 consecutive weeks

- **Evaluation**
  - Standard forms on smoking history, demographics, cessation attempts, and stage of change
Dissemination Barriers: WV

- Lack of uniform decision making and buy-in
- Inconsistent communication
- Uneven distribution of labor
- Non-systematic promotion of program
- Lack of persistent technical assistance due to lack of resources
- Low rates of implementation following facilitator training
- Recruitment and retention issues with teens
- No uniform assignment of facilitator monitoring
- Inconsistent and non-compliance with reporting to ALA
Enhanced Dissemination Model: Theoretical Framework

- Diffusion Theory
  - Knowledge
  - Persuasion
  - Decision
  - Implementation
  - Confirmation
- Social Cognitive Theory
  - Modeling and incentives
- Social Marketing
  - Formative research with partners
  - Sustainable channels
  - Improve access
  - Four P’s
Enhanced N-O-T Dissemination Model: Assumptions

- **Assumption 1:** An initiator/leadership group for a given community or target population has identified teen smoking cessation as a health priority requiring intervention.

- **Assumption 2:** N-O-T has been selected as the evidence-based intervention to address the priority.

- **Assumption 3:** The initiator or leadership group has established contact with a local ALA and has (a) confirmed N-O-T availability and (b) has permission to proceed with a widespread dissemination.
Enhanced N-O-T Dissemination Model: Research Design

- WV has 10 tobacco prevention regions
- Selected matched pair regions:
  - Based on average household size, education, SES/poverty rates, unemployment, pregnant women who smoke, Clean Indoor Air regulations, health status, lung cancer deaths, adult smoking rates, underinsured
  - 5 treatment, 5 control regions of 5-6 counties each
- Selected one Regional Coordinator (RC) per treatment region from WVU Extension Service eligible Youth Development faculty
- ALA of WV Master Trainer becomes a State Coordinator to offer support to the RCs
- WVU Research Team supports both
Phase 1: Establish major partners and evaluators
Barriers: low cohesion, uniform decision making across stakeholders, varied commitment

Phase 2: Review and tailor programmatic needs
Barriers: lack understanding about impediments, needs

Phase 3: Establish infrastructure
Barriers: division of labor, sustainability

Phase 4: Promote intervention program
Barriers: inconsistent or non program promotion, low program visibility, low buy-in across levels

Phase 5: Conduct training
Barriers: low compliance following training, low confidence in skills

Phase 6: Conduct 3 month check-in
Barriers: inconsistent evaluation, low reporting and accountability, disincentives, low access to technical assistance

Phase 7: Deliver intervention
Barriers: youth recruitment and retention issues, low fidelity

Phase 8: Conduct 6 month check-in
Barriers: same as 6, plus, mid-course facilitator “gives up”

Phase 9: Conduct 12 month check-in
Barriers: same as 6 and 8

Facilitators eligible to receive incentives

Enter Regional Facilitator Network Exit model
Enhanced N-O-T Dissemination Model: Elements

- Infrastructure
- Implementers
- Task accountability
- Training
- Critical assessment
- Intervention delivery
- Communication
Phase 1: Establish major partners and evaluators
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Facilitators eligible to receive incentives
Enhanced N-O-T Dissemination Model: Phases

- **Phase 1:** Establish Major Partners
- **Phase 2:** Review and Tailor Programmatic Needs
- **Phase 3:** Establish Infrastructure
- **Phase 4:** Promote Intervention Program
- **Phase 5:** Conduct Training
- **Phase 6:** Conduct 3 Mos. Check-in
- **Phase 7:** Deliver Intervention
- **Phase 8:** Conduct 6 Mos. Check-in
- **Phase 9:** Conduct Facilitator 12 Mos. Check-in.
Enhanced N-O-T Dissemination Model: RE-AIM Evaluation

- Reach
- Adoption
- Implementation
- Effectiveness
Barriers to Enhanced Model to Date

- Political climate forced re-evaluation of model and Regional Coordinator structure (Phase 3)
  - Led to spending more time than expected to build infrastructure and promote the program (Phase 4)
  - Communication challenges (Phases 5, 6, 8, 9)
  - Extension staffing issues made identifying RCs a challenge in some regions (open positions)
- Technological challenges with online reporting when University changed primary survey system (Phase 3)
Barriers to Enhanced Model to Date

- Ongoing staffing and continuity issues
- Budget delays
- Reporting challenges (Phases 6, 8, 9)
- Initial exclusion of previously trained facilitators (by ALA) misses opportunities to compare old model to new
Successes with the Enhanced Model

- Experienced ALA staff to support the new model
- Increased momentum
- Input from RCs to increase relevance and success
- New partnerships
- Extension Service is nationwide, potential for national dissemination
- Continued engagement from the Community Partnership Board
- Process related evaluation data is rich and valuable for dissemination process
- Potential lessons across intervention models and regions (particularly rural Appalachia)
Implications for Dissemination

- Need a long-term commitment
- Community partner support is essential
- Attempt to utilize existing infrastructure
- Issues specific to the research process may not affect a general community intervention dissemination plan
- Focus on consistency, but allow for flexibility across sites
References


The Lewin Group, Inc. for the Department of Health and Human Services, Assistant Secretary for Planning and Evaluation. *Factors Influencing Effective Dissemination of Prevention Research Findings*: October 1, 2001.


References


