**What is Design for Dissemination**

Design for dissemination means designing for spread.

"Designing for dissemination is an active process that helps to ensure that ...health interventions, often evaluated by researchers, are developed in ways that match well with adopters’ needs, assets, and time frames." (Brownson et al, 2012)

**How to Design for Dissemination**

○ Apply a dissemination and implementation lens to all stages of intervention testing, beginning with design. This includes:
  - Develop strategies to maximize reach to target groups
  - Make the innovation easy to adopt, implement, and maintain
  - Identify why the innovation matters to patients, adopters, and purveyors
  - Identify channels to market the innovation
  - Identify messages to “sell” the innovation

○ Involve all stakeholders (potential purveyor, potential adopters, target groups) by understanding their barriers, facilitators, and value gained with implementing a finished innovation.

○ Identify a potential purveyor and understand their needs and constraints.

○ Ask policy questions - Who incentives use of the innovation? Why and how?

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**Definitions**

**Innovation (Intervention)**
The generation and introduction of new ideas leading to the development of new processes, products, services or systems to create an advantage.

**Implementation**
The process of adopting, integrating, and using evidence-based health interventions effectively within specific settings.

**Adopter**
An organization (community or health system) that takes up an innovation and implements it to benefit its target group (e.g. community members, patients).

**Purveyor**
An organization that spreads an innovation: markets it, and trains others to adopt and implement it. It provides technical assistance to maximize high-fidelity implementation and sustainability.

**Dissemination**
An active approach of spreading evidence-based information to the target audience via determined channels using planned strategies. (Rabin, 2012)

**Value proposition**
The value that the innovation has to the stakeholder.
CASE STUDY: Stepping On

1. Dr. Jane Mahoney and 5 adopters (county Aging Units) received funding from the Wisconsin Partnership Program to adapt and test the Australian Stepping On Falls Prevention Program to ensure adaptability and compatibility with organizational culture.

2. Dr. Mahoney received funding from the CDC and the federal Administration for Community Living to develop and test a train-the-trainer program to ensure readiness and fidelity with program spread.

3. The final program package incorporated feedback from program participants and adopting organizations to ensure ease and incentives for adopters.

4. The State of Wisconsin obtained grant funding to start the Wisconsin Institute for Healthy Aging (WIHA) as the purveyor organization to ensure ease and incentives for the purveyor.

5. The work was funded by 3 grants, resulted in 5 publications, and cemented community collaborations leading to 5 further grants, providing ease and incentive for the developer.

Impact: Stepping On

<table>
<thead>
<tr>
<th>States</th>
<th>22</th>
</tr>
</thead>
<tbody>
<tr>
<td>Workshops</td>
<td>2,136</td>
</tr>
<tr>
<td>Participants</td>
<td>24,684+</td>
</tr>
</tbody>
</table>

Purveyor: Wisconsin Institute for Healthy Aging (WIHA) markets across U.S; trains program leaders; provides technical assistance to adopters; ensures fidelity of Stepping On program delivery.

Adopters: Aging and Disability Resource Centers, Area Agencies on Aging, state offices on aging and injury prevention departments, tribal units, health care systems implement Stepping On.

Target Group: 60 or older; live in their home or independent apartment; able to walk without the help of another person; do not use a walker, scooter, or wheelchair most of the time indoors; cognitively intact, enroll in Stepping On.

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**Additional Resources**

- http://design4dissemination.com/home

**References**


For more information about the D&I Launchpad visit: go.wisc.edu/launchpad