E10-11

# COMMUNICATING PROJECTS

R&I and Health projects: Dissemination and Evaluation

COMSALUD - estrategias de alto impacto en COMunicación de la SALUD e implementación de proyectos socio-sanitarios con grupos psicosocialmente vulnerables

Agencia Valenciana de la Innovación(AVI) - Proyecto INNTAL31/19/001













# Contents

Differences between Dissemination and Communication		
Specifying your target groups	5	
Channels and means for communicating health and science	8	
Periodisation of the Dissemination and communication	9	
Social media channels	12	
Upstream and downstream actions	14	
References	16	
Bibliography and additional resources	17	

Author: Beatriz Vallina, 2021







#### Differences between Dissemination and Communication

**Dissemination** activities are closely linked to the project implementation; it implies the networking activity and, also, the direct dissemination of project outputs in a specific way to the target groups identified below.

As long as the Dissemination strategy should be focused on spreading the project results and activities will be strictly related to the project itself, the ultimate aim of the Dissemination strategy is to spread the project concept and main outputs to a wide variety of target groups, using adequate sources and means for reaching optimal performance. The communication strategy will spread general information related to the project fields in order to raise awareness and support the dissemination and exploitation strategies, but the main objective will be to enhance the communication with service-users and potentially involved social and health professionals.

Community-based projects and research, co-production of innovative approaches and any other project requiring a robust engagement of communities and individuals (beneficiaries) should pay particular attention and an stronger focus on communication.

However, the strategy must integrate a flexible and scalable – and easily modifiable – plan joining together the dissemination and the communication in a comprehensive way. The persons in charge of the project should consider how the strategy will be updated during the lifetime of the project to account for practical project results, and how these results should be accomplished – so, the tolerable degree of flexibility and modifications within the plans and strategies.

Communication and dissemination objectives are set for several specific target audiences; these will be further analysed in the next section. The dissemination strategy, in general terms, intends to provide a better spread of the project results and outputs. It aims at increasing the scientific and social impact of the project, as well as the international projection of the partnership, if any, and all its members. The impact of the project is a long-term outcome itself: it is necessary for guaranteeing the appropriate sustainability of results, their maintenance or the adoption of guidelines, policies or, in general, innovations by healthcare systems, public administrations, private entities or civil society organisations (CSOs).

The dissemination of the project focuses on how the project addresses significant challenges or problems, targeting mainly professional and highly specialised audiences: researchers, healthcare professionals, experts, even enterprises or business may be targeted, as well as some civil society organisations — while these should be more specifically approached within the







communication plans. Dissemination supports the scale-up and impact strategy, and also enhances the knowledge transfer between the members involved in the project and persons, experts and institutions outside of the project working on complementary fields.

The communication strategy, focused on the CE, follows the methodology suggested by Crawford et al (2014), and merges bottom-up and top-to-down actions in order to cover all potential gaps. Communication covers a wide range of actions targeted to several stakeholders or target audiences and should also communicate evidence-based information about areas and contents directly related with the project, directly produced by your partnership or curated from sources by third parties. The communication's overarching goal (primary objective) is to raise the engagement of your target audiences and, specifically, all your beneficiaries. For instance, communication usually also have the objective to increase the visibility of certain conditions, communities, to promote social innovation, to widespread information about social and health problems, or to provide evidence-based information about social determinants of health and health disparities to laypersons, among others.

Sometimes, communication will also support the recruitment strategy: if it is your case, you should separately consider the communication strategy and campaigns explicitly aimed at the beneficiaries to be recruited. It is recommended to involve communities and civil society organisations since the early beginning, even during the design of the communication and recruitment plans.

Thus, the communication is integrated within the general strategy as a plan: communication activities will be developed consistently with a predefined course of action, based on the guidelines and the strategical approach. The plan will include how to plotting, patterning and positioning the project, and increase its impact and engagement rate, for facilitating the project sustainability over time and the long-term feasibility of its results.







# Specifying your target groups

Your project will need an integrated dissemination strategy, also flexible and scalable, able to adapt to ongoing changes and unexpected findings; you should design, plan and implement a wide variety of actions specifically targeted at beneficiaries but also at the whole citizenship: your objectives, means even the time-line should be adapted to all your audiences. That is why you need to determine who are your beneficiaries, your multipliers and, in general, to analyse in detail the target groups and audiences, their characteristics and their ways for accessing the information.

- Who will be targeted?
- What are their characteristics?
- How they access to information?
- Do I need to consult the literature, best practices or any other third-party resource for clarifying the best ways of approaching them?

The objective of all these questions is to provide a better spread of the project results and in particular tis improvements and results, facilitating a common and joint dissemination and communication strategy for increasing the scientific and social impact of the project. Above all, your strategy aims at enhancing the impact of the outputs and results at long-term, contributing to the sustainability of research results and their maintenance or adoption.

- How my project address significant challenges and issues?
- How my project affects, or will affect, to different publics (considering both benefits and potential harms)?
- Who are my stakeholders?
- What are the key concepts to be disseminated and communicated?

These basic questions are the first step for defining your strategy. Now, these objectives and key messages suggests us a varity of groups and stakeholders that we should divide into different sub-groups and prioritise







Table 1 - Examples of target groups

Citizenship	Beneficiaries
Citizensinp	Civil Society Organisations
	Society as a whole
Professionals	Health professionals
Torcasionais	Social workers
	Educators
Research and Academia	Institutional managerial bodies
nescaren ana Academia	Researchers
	Research groups
	Other projects related to your aims
Enterprises and business	
Others	

Another option is to divide your target groups following the structure of the Quadruple Helix

Sometimes the beneficiaries may be groups considered as "hard-to-reach"; then, they should be focused within the communication strategy in a very specific way, also involving a vast range of players and multipliers in the actions planned. Rationale for selecting them is that some health professionals and community workers would have (legally) access to these communities, but the mere access to th community it is not enough: *trust* is a required step in building alliances for researching and co-creating in your research project. It is needed to engage associations and NGOs recognised by the beneficiaries as trustable and reliable sources of information and support. In addition, it is always convenient and recommendable to engage community leaders in order to communicate the project, engaging them in the intervention and raise awareness among the group members. Community leaders are, often, peers highly recognised by the group from a symbolic point of view: they would have a greater potential for enhancing the engagement than any other player involved

Despite the fact that Dissemination and Communication activities are two well-differentiated areas, it must be emphasised that these should interact continuously to assure the coherence of all actions taken during project implementation of your project.

To identify multipliers -such as public administration or CSOs – and community leaderships is a necessary step.

 Who are the multipliers? Could public administration officers, social or healthcare professionals, or NGOs help us to approach the beneficiaries in a more ethical but also cost-efficient way? Where are our potential multipliers?







- Does our current networks and alliances include multipliers?
- Who are the community leaders? Can we directly approach them? Do we have access through our allies and networked parties instead?

To identify and engage community leaders is harder and entails a greater difficulty: to engage first CSOs already involved with the community and trusted by its leaders and individuals is frequently a critical prerequisite. Multipliers are important stakeholders: as their name implies, they have a high multiplying potential which is necessary for accomplishing the project outcomes as well as the dissemination objectives, ensuring the highest impact of the dissemination activities in-line with the implementation of your project. Associations, National platforms, NGOs, Public bodies and entities are some examples of multiplier entities.



Channels and means for communicating health and science









One of the key aspects of the Communication and Dissemination strategy is to optimize the mechanisms and enhance the results of the recruitment strategy, as well as to establish guidelines to provide regular information about the project to all audiences and therefore keeping track of the project evolution. Regular updates and news should be open to all audiences and, also, to the general public, while the information concerning to the most technical or institutional aspects of the project might be less interesting for the general society even for the beneficiaries than other resources. However, a responsible communication and dissemination strategy should also consider transparency: depending on the call requirements, and considering in particular public funded projects, sufficient information about the project partnership, if any, progresses and explicit and implicit objectives should be provided

#### Periodisation of the Dissemination and communication

Your project and its results can be disseminated through different channels and tools according to each specific phase of development of the project. The different **phases of the communication and dissemination strategy** should defined considering the project outputs and the timeline:

- 1. Initial Outreach: it is usually considered at the beginning of the project, for less than 6-8 months.
- 2. Implementation during the clinical trial, pilot phase or the intervention: if you will conduct an intervention, clinical trial or pilot phase, you should adjust the timeframe to the periodization of its implementation
- 3. Consolidation and community building: It goes from the end of the outreach to the beginning of the closure, covering most actions within the project
- 4. Closure: it is frequently implemented at the end, during 2-4 months. If you produce guidelines, recommendations or policy outputs, it would be a great moment for their dissemination







## The following table summarises the phases:

Table 2 - Summary of the phases

PHASE 1	Initial Outreach			
Objective/s:	<ul> <li>To reach as much stakeholders as possible.</li> <li>To optimize the impact reached in the following months and create the channels and tools for the communication</li> </ul>			
Main target groups:	<ul> <li>Healthcare professionals, and, if relevant, social workers, social educators, community leaders and civil society organisations.</li> <li>Public administration.</li> <li>Researchers and research community</li> </ul>			
Dissemination and Communication means:	<ul> <li>Platforms and alliances; thematic networks</li> <li>Events, conferences</li> <li>Online actions: social media, website or newsletters</li> <li>Press releases at local level</li> </ul>			
PHASE 2	Implementation of the clinical trial, intervention or pilot			
Objective/s:	<ul> <li>To communicate about the process, including the scientific dissemination</li> <li>To reinforce the recruitment strategy, if relevant</li> <li>To reduce the abandonment rate, enhancing the retainment</li> <li>To foster the engagement of civil society, communities and communities' leaderships.</li> </ul>			
Main target groups:	<ul><li>Scientific community</li><li>Beneficiaries and multipliers</li></ul>			
Dissemination and	<ul> <li>Events and publications</li> <li>Multichannel communication campaigns, not restricted to the internet: press, radio and TV, direct approaches and leaflets or</li> </ul>			







Communication means:	posters in key community's places, among others, would be more interesting				
PHASE 3	Community buliding				
Objective/s:	To engage multipliers, professionals and researchers				
Main target groups:	<ul> <li>Professionals, to the extent relevant for the project outcomes</li> <li>Public Administration (Local Administrations and Social Services).</li> <li>Research community</li> <li>Civil society Organisations and multipliers</li> </ul>				
Dissemination and Communication means:	<ul> <li>Articles and conference papers</li> <li>Press releases</li> <li>Videos, graphic materials</li> <li>Attendance to events; alliances and platforms</li> </ul>				
PHASE 4	Closure				
Objective/s:	<ul> <li>To inform the general society about the project results</li> <li>To widespread your outcomes among the scientific community</li> <li>To consolidate a strong network of health professionals and researchers</li> <li>To support the long-term viability and the potential scaling-up of the project.</li> </ul>				
Main target groups:	<ul> <li>Professionals.</li> <li>Public Administration</li> <li>Researchers</li> <li>Civil society</li> <li>General society; laypersons</li> </ul>				
<b>Dissemination</b> and	Communication campaigns; multi-channel				







CommunicationScientific Dissemination: Publication of articles in journals and attendancemeans:and participation in national and international congresses and conferencesPress notes

#### Social media channels

Social Media Plan requires a separate consideration; the following table summarises the key aspects to consider within its strategy:

Table 3 - Basic template for social media and online communication plans

Question	Explanation		
Social media tools analysis table	Social media tool/website and description  Purpose:  Uses:  Social Media Channels  Which Social Media channels will be used? For each one:  Purpose:  Uses:  Please, note that it is key to determine which Social Media channels are your audiences currently and actually using: you should research, first, about their access to information.		
Context analysis	Did you identified related and similar projects? You can obtain a lot of information about appropriate means for online communication by observing their actions  Overall, is social media suited to your project?		







- Is facebook, twitter or Instagram appropriate for your audiences?
- Are the researchers in your fields using research gate or linkedin, or any other social media platform?
- Are your stakeholders likely to use social media?

#### Skills/resources needed:

- Weekly dedication: how many hours/month can be devoted
- Promotion and advertisement: whilst organic traffic is preferable, some budget can be devoted to advertising for the recruitment of beneficiaries; however, it depends on your beneficiaries' use of the internet and ways for accessing to the information.

# Beneficiaries' analysis

#### Beneficiaries:

- Demographics of your beneficiaries.
- Reports and grey literature analysing their access to information, internet and social media

#### General society; lay-persons:

- Demographic characterisation.
- Reports and grey literature analysing their access to information, internet and social media







#### Upstream and downstream actions

The strategy should provide a linkage between the how and why components and a roadmap and sense of direction for generating the essential messages while also offering a rationale for the various actions that are proposed.

As regards the types of campaigns, your project should also distinguish between an upstream and a downstream perspective. **Upstream campaigns** are aimed to reach a group that has interpersonal influence and can create change, instead of directly targeting the beneficiaries or communities. In addition, these groups could be more likely to influence and can modify contextual factors. However, upstream initiatives might be necessary for downstream efforts to be effective. **Downstream\_campaigns** directly approach beneficiaries, even the whole citizenship, involving a significant effort in social marketing and public communication.

There is evidence on health communication plans (Berry, 2007; Coffman, 2002; Okigbo, 2014; Parvanta, 2011). To sum up, these should be comprised by (1) situation analysis, (2) goal/objectives, (3) target audience, (4) strategy, (5) tactics, (6) media of choice, (7) calendar/timeline, (8) budget, and (9) evaluation (Okigbo, 2014; p.14)

Tje methodology called **The Whole Society Strategy** combines print, television, radio, music, and new media with training for health workers, journalists, and television reporters, so, aligned with the seventh element of the characteristics cited above (Okigbo, 2014; p40). Specific issues will be also considered: *i) the physical environment of service-users, the infrastructures and accessibility of the cities, sub-urban areas, towns and/or neighbourhoods addressed, type of buildings, transportation and other facilities; ii) the social environment resulting in health inequalities, segregation, etc.; iii) the population composition at neighbourhood level (culture, gender, age distribution, migrations, and any other sociodemographic parameter accessible for the consortium); v) the service-users composition (same variables than in iv); and v) actors impacting on the persons' and community's health (social services, health services, local governments, civil society organisations, etc.). These elements can be jointly researched during the project lifecycle, and will be specifically included in the communication strategy in order to tailor well the campaigns and actions.* 







There are different ways for planning and organising the communication campaigns; the following table is a mere example of a handly introduction to your plan:

Table 4 - Basic template for communication campaigns

Topic	Key Message	Structure	
		Target group	Means
Select the topic or subtopic to be tackled; if you need to disseminate or communicate about several topics you should add as rows as needed	Define an slogan as a key message considering your beneficiaries' or any other target group's preferences and styles.	Specify the target group	Briefly list the means to be used: direct approach of community leaders, events, etc.

Your key messages as defined at the early beginning should be only considered as a temptative list: the definitive ones must be addressed to beneficiaries thus defined in close cooperation with communities and civil society; you can also conduct a revision of the literature for unveiling the messages and strategies that worked for other research projects.







#### References

- Berry, D. (2007). Health communication: Theory and practice. Open University Press. http://uves.summon.serialssolutions.com/2.0.0/link/0/eLvHCXMwdV3dS8MwED90gih 7UOdwuuHwUVhJ0y4ur5YNwY8nkb2FtM1E1CFm69\_vXfpBNvUxXLn2kvTuuLvfHUDEAz ba0glUwCaESXU4TmMZczQyXKYsN1SLwzXhnecv8mEuEhq51PRMcpAYG6yLwFivXxKaqS i8xpPYpclNdJfv2VMTWaH-lvEkdqlZdC9CvJHSW4Q3Vd-dmri1JjzPobbvqGNQ\_6ysl8BsozX51p\_52ysN9NjwSVvrwljPMs2OoEVohWPYMcsT2H-sMuUd6JT4omHmA0BOYTCbPid3l2KjqsiNqkUVvAttTRXvy5VDxuVnMGTkKrnUSYZWOR dywk0UpbHl9SJLZdSDK08KVXy47KtVtagcfSveg34pnPoqm1v8Im-l3DxFXhrDV1zWO6Ac96qgVE1vE\_rqMTLo\_i3R-X-ECzgow6cU5ejD3gL\_QjMo9\_cHPUqlAQ
- Coffman, J. (2002). Public communication campaign evaluation. *Communications Consortium Media Center, Washington, DC*. https://pdfs.semanticscholar.org/9fcb/6acfa176c4f1c1205d7c74c39c48f9b31651.pdf
- Okigbo, C. (Ed.). (2014). Strategic Urban Health Communication. Springer-Verlag.
  //www.springer.com/fr/book/9781461493341
- Parvanta, C. F. (Ed.). (2011). *Essentials of public health communication*. Jones & Bartlett Learning.







### Bibliography and additional resources

- Beguerisse-Díaz, M., McLennan, A. K., Garduño-Hernández, G., Barahona, M., & Ulijaszek, S. J. (2017). The 'who' and 'what' of #diabetes on Twitter. *Digital Health*, *3*, 205520761668884. <a href="https://doi.org/10.1177/2055207616688841">https://doi.org/10.1177/2055207616688841</a>
- Bodison, S. C., Sankaré, I., Anaya, H., Booker-Vaughns, J., Miller, A., Williams, P., Norris, K., & the Community Engagement Workgroup. (2015). Engaging the Community in the Dissemination, Implementation, and Improvement of Health-Related Research: Bodison et al. Implementation and Improvement of Health-Related Research. *Clinical and Translational Science*, 8(6), 814–819. https://doi.org/10.1111/cts.12342
- Domigan, J., Glassman, T. J., Miller, J., Hug, H., & Diehr, A. J. (2015). Message testing to create effective health communication campaigns. *Health Education*, *115*(5), 480–494. <a href="https://doi.org/10.1108/HE-02-2014-0012">https://doi.org/10.1108/HE-02-2014-0012</a>
- Feldstein, A. C., & Glasgow, R. E. (2008). A Practical, Robust Implementation and Sustainability Model (PRISM) for Integrating Research Findings into Practice. *The Joint Commission Journal on Quality and Patient Safety*, 34(4), 228–243. <a href="https://doi.org/10.1016/S1553-7250(08)34030-6">https://doi.org/10.1016/S1553-7250(08)34030-6</a>
- Forsythe, L. P., Szydlowski, V., Murad, M. H., Ip, S., Wang, Z., Elraiyah, T. A., Fleurence, R., & Hickam, D. H. (2014). A Systematic Review of Approaches for Engaging Patients for Research on Rare Diseases. *Journal of General Internal Medicine*, *29*(S3), 788–800. https://doi.org/10.1007/s11606-014-2895-9



- Holt, C. L., & Chambers, D. A. (2017). Opportunities and challenges in conducting community-engaged dissemination/implementation research. *Translational Behavioral Medicine*, 7(3), 389–392. https://doi.org/10.1007/s13142-017-0520-2
- Hu, Y. (2015). Health communication research in the digital age: A systematic review. *Journal of Communication in Healthcare*, 8(4), 260–288. https://doi.org/10.1080/17538068.2015.1107308
- Israel, B. A., Coombe, C. M., Cheezum, R. R., Schulz, A. J., McGranaghan, R. J., Lichtenstein, R., Reyes, A. G., Clement, J., & Burris, A. (2010). Community-Based Participatory Research: A Capacity-Building Approach for Policy Advocacy Aimed at Eliminating Health Disparities.

  \*\*American Journal of Public Health, 100(11), 2094–2102.\*\*

  https://doi.org/10.2105/AJPH.2009.170506
- Kite, J., Grunseit, A., Bohn-Goldbaum, E., Bellew, B., Carroll, T., & Bauman, A. (2018). A Systematic Search and Review of Adult-Targeted Overweight and Obesity Prevention Mass Media Campaigns and Their Evaluation: 2000–2017. *Journal of Health Communication*, 23(2), 207–232. https://doi.org/10.1080/10810730.2018.1423651
- Lee, C., & Kam, J. A. (2015). Why Does Social Capital Matter in Health Communication

  Campaigns? Communication Research, 42(4), 459–481.

  <a href="https://doi.org/10.1177/0093650214534968">https://doi.org/10.1177/0093650214534968</a>







- Lundgren, R. E., & McMakin, A. H. (2013). *Risk communication: A handbook for*communicating environmental, safety, and health risks (Fifth edition). IEEE Press:

  Wiley.
- Martindale-Adams, J., Tah, T., Finke, B., LaCounte, C., Higgins, B. J., & Nichols, L. O. (2017).

  Implementation of the REACH model of dementia caregiver support in American Indian and Alaska Native communities. *Translational Behavioral Medicine*, 7(3), 427–434. https://doi.org/10.1007/s13142-017-0505-1
- Niederdeppe, J. (2014). Conceptual, Empirical, and Practical Issues in Developing Valid Measures of Public Communication Campaign Exposure. *Communication Methods and Measures*, 8(2), 138–161. <a href="https://doi.org/10.1080/19312458.2014.903391">https://doi.org/10.1080/19312458.2014.903391</a>
- Noar, S. M., Barker, J., Bell, T., & Yzer, M. (2018). Does Perceived Message Effectiveness Predict the Actual Effectiveness of Tobacco Education Messages? A Systematic Review and Meta-Analysis. *Health Communication*, *0*(0), 1–10. https://doi.org/10.1080/10410236.2018.1547675
- Obregon, R., & Hickler, B. (2014). Opportunities and challenges for health communication in health disparities settings. *Journal of Communication in Healthcare*, 7(2), 77–79. <a href="https://doi.org/10.1179/1753806814Z.00000000074">https://doi.org/10.1179/1753806814Z.000000000074</a>
- Parvanta, C. F. (Ed.). (2011). Essentials of public health communication. Jones & Bartlett Learning.



- Robinson, M. N., Tansil, K. A., Elder, R. W., Soler, R. E., Labre, M. P., Mercer, S. L., Eroglu, D., Baur, C., Lyon-Daniel, K., Fridinger, F., Sokler, L. A., Green, L. W., Miller, T., Dearing, J. W., Evans, W. D., Snyder, L. B., Kasisomayajula Viswanath, K., Beistle, D. M., Chervin, D. D., ... Rimer, B. K. (2014). Mass Media Health Communication Campaigns Combined with Health-Related Product Distribution: A Community Guide Systematic Review. *American Journal of Preventive Medicine*, 47(3), 360–371. https://doi.org/10.1016/j.amepre.2014.05.034
- Schiavo, R. (2014). Health communication in health disparities settings. *Journal of Communication* in *Healthcare*, 7(2), 71–73. <a href="https://doi.org/10.1179/1753806814Z.000000000073">https://doi.org/10.1179/1753806814Z.000000000073</a>
- Snyder, L. B. (2007). Health Communication Campaigns and Their Impact on Behavior. *Journal of Nutrition Education and Behavior*, 39(2), S32–S40. <a href="https://doi.org/10.1016/j.jneb.2006.09.004">https://doi.org/10.1016/j.jneb.2006.09.004</a>







