

An Interactive Writing Toolkit to Strengthen DHDSP-Funded Recipients' Capacity to Disseminate Evaluation Findings

Presented by
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Centers for Disease Control and Prevention
National Center for Chronic Disease Prevention and Health Promotion

Division for Heart Disease and Stroke Prevention



Hello and welcome to today's Coffee Break presented by the Applied Research and Evaluation Branch in the Division for Heart Disease and Stroke Prevention at the Centers for Disease Control and Prevention.

My name is Yu-Jan Huang, and I am an ORISE fellow with the branch. I will be acting as today's moderator.

Our presenter today is Myles Bostic, Evaluation Specialist contracting with ASRT, Inc. on the Evaluation and Program Effectiveness Team within the Division for Heart Disease and Stroke Prevention's Applied Research and Evaluation Branch. He will be providing a presentation on an interactive writing support toolkit used to strengthen capacity in disseminating evaluation findings.

Before We Begin...

- Any issues or questions?
 - Use Q & A box on your screen
 - Email AREBHeartInfo@cdc.gov



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Before we begin, there are some housekeeping items. If you are having issues with audio or seeing the presentation, please message us using the Q&A or send us an email at AREBheartinfo@cdc.gov. Please submit any questions for the presenter using the Q&A as well. Since this is a training series on applied research and evaluation, we hope you will complete the poll at the end of the presentation and provide us with your feedback.

Disclaimer

The information presented here is for training purposes and reflects the views of the presenters. It does not necessarily represent the official position of the Centers for Disease Control and Prevention.

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So, without further delay. Let's get started. Myles, the floor is yours.

Presentation Outline

Project Background & Goal

Multi-Modal Technical Assistance Approach

Interactive Writing Support Toolkit

Built-In Analytics

Lessons Learned & Next Steps

Questions

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Thank you, Yu-Jan. Hello everyone, my name is Myles Bostic and it is a pleasure to be speaking to you all. Today's presentation will cover the Publication Support project background, our Multi-Modal Approach to providing technical assistance to DHDSP-funded recipients. We will provide a preview of the Interactive Writing Support Toolkit and what we've uncovered from our built-in analytics. We will discuss lessons learned and next steps for the Interactive Toolkit. Lastly, I'm happy to answer questions at the end of the session.

PROJECT BACKGROUND & GOAL

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We will now discuss the publication support project background and goal.

Project Background

- Disseminating practice-based evidence that supports cardiovascular health is necessary
- Practice-based evidence informs public health practice but translation lags due in part to dissemination
- Gaps exist in dissemination of practice-based evidence in public health for several reasons

Barriers

- Time
- Resources
- Staff Turnover
- COVID-19
- Experience

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Suggested edit for first bullet on slide- “Disseminating practice-based evidence supports cardiovascular health.”

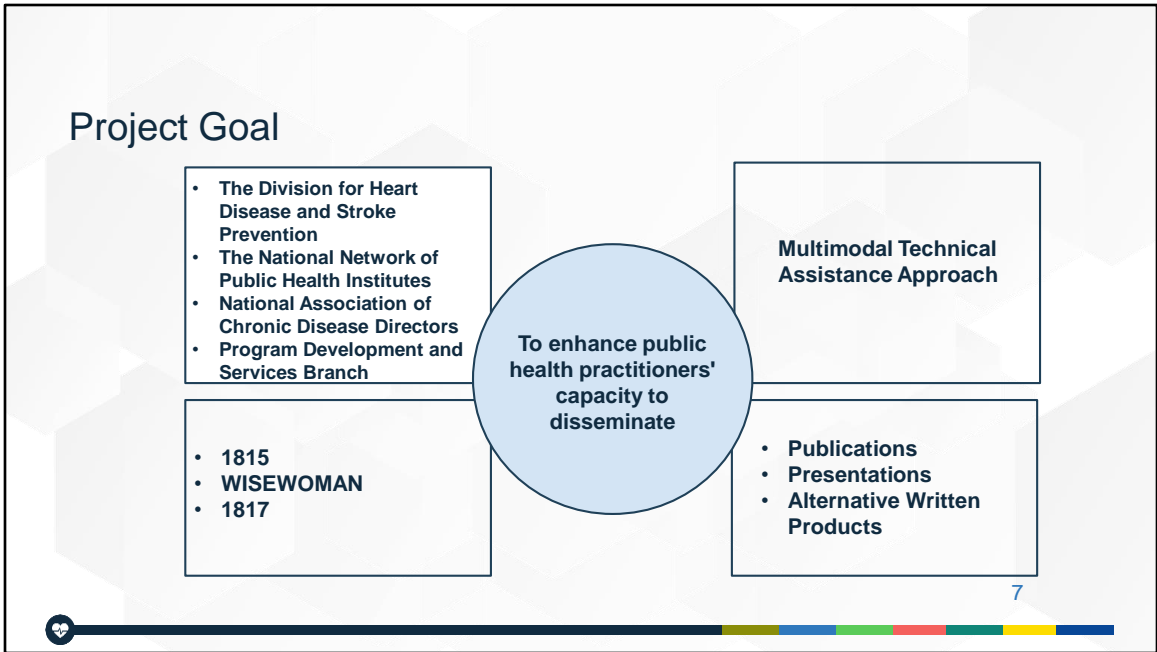
- Contributing to the evidence base, by disseminating findings through written products such as manuscripts is a core competency for public health practitioners.

- Disseminating practice-based evidence that supports improving cardiovascular health is necessary **helps** for filling literature gaps, **generating inform** health policies and laws, and **translating** evidence-based strategies into practice.

-Practice-based evidence informs public health practices but translation lags due in part to dissemination challenges.

-Amongst our work, we have come to understand that a gap exists in the dissemination of practice-based evidence in public health. Public health practitioners face various dissemination barriers (e.g., lack of time and resources, staff turnover, covid 19 and experience with dissemination)

- Despite DHDSP’s well-established TA structure, disseminating evaluation findings proved challenging for recipients during the COVID-19 pandemic



DHDSP and PDSB began encouraging publications within their NOFOs, which is important since resources from the NOFOs could be used to enhance public health practitioners' capacity to disseminate evaluation findings and practice-based evidence to address CVD which is in alignment with CDC's mission to prevent and control CVD nationwide and CDC moving forward. Recognizing this, DHDSP and NNPHI partnered to develop a comprehensive writing support project to supplement the Overarching TA Structure being done for 3 DHDSP Funded Cooperative Agreements which were: 1.) Improving the Health of Americans Through Prevention and Management of Diabetes, Heart Disease, and Stroke, known as 1815 (2) WiseWoman: Well-Integrated Screening and Evaluation of WOMen Across the Nation and (3) Innovative State and Local Public Health Strategies to Prevent and Manage Diabetes, Heart Disease and Stroke known as 1817.

There were a total of 111 DHDSP funded recipients, which represented local and state health departments and tribal organizations, all of whom work on improving cardiovascular health outcomes. (DHDSP) partnered with (NNPHI) in 2020 to implement a multimodal approach to build recipients capacity to translate and disseminate their evaluation findings that will build the evidence base in the field to reduce the effects of heart disease in America. We did this by supporting CDC recipients to develop publications and presentations that describe successes,

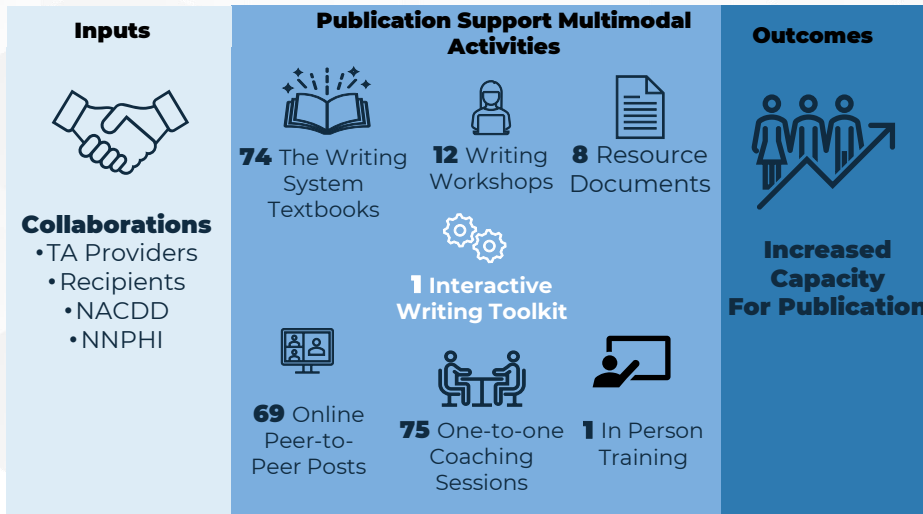
challenges, barriers, and noteworthy activities of the 3 DHDSP-funded cooperative agreements. We refer to this effort as the Publication Support Project, but despite the project name, we ensure that the focus is not solely on peer-reviewed journal articles but also includes a wider array of writing and dissemination products and we did this intentionally to meet recipients where they're at in terms of capacity to disseminate and their publication experience

MULTIMODAL TECHNICAL ASSISTANCE APPROACH

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We will now discuss the multimodal technical assistance approach for the three DHDSP funded cooperative agreements

Multimodal Technical Assistance Approach



- In our experience in delivering technical assistance, a tailored approach is often more effective at building public health practitioners' evaluation and dissemination capacity when compared to a one-size-fits-all approach

- For this reason, it is necessary to utilize different modalities to meet the needs of recipients, especially since recipients differed in their writing capacity

- We engaged a diverse set of partners to develop, tailor, and deliver high-quality content to meet recipients' needs.

- DHDSP collaborated with recipients to identify resources that would directly assist with disseminating their evaluation findings.

- Multimodal capacity-building activities consisted of seven activities – distribution of The Writing System textbooks, online peer-to-peer discussion posts, writing workshops, writing resource documents, online peer-to-peer posts, one-to-one writing coaching sessions, a journal supplemental issue, in person training, and the interactive writing support toolkit which will be the focus for today.

INTERACTIVE WRITING SUPPORT TOOLKIT

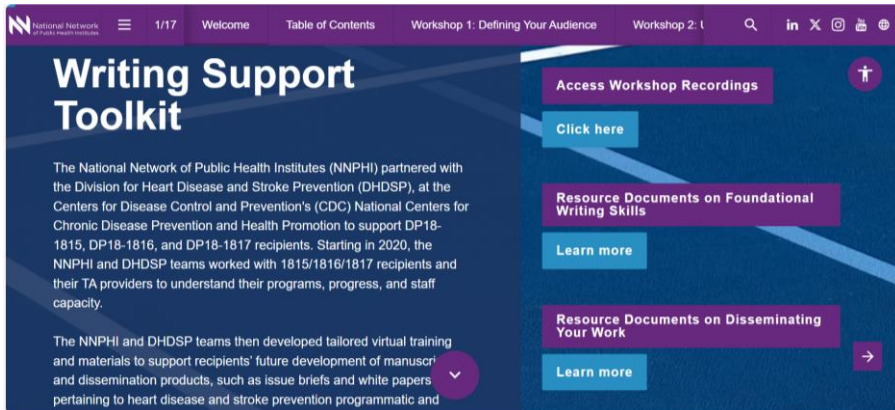
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We will now discuss the interactive writing support toolkit

In the chat you will find a link to the interactive writing support toolkit.

[Welcome - Writing Support Toolkit \(foleon.com\)](https://foleon.com)

INTERACTIVE WRITING TOOLKIT



On screen you are viewing a Screen Shot of the Main Page

-Through NNPHI, the project team worked with Foleon Content Creation Platform to create an online interactive toolkit to house the components of our technical assistance approach in addition to increasing engagement and uptake.

- The Foleon content creation platform provided a space to gather the engaging writing workshops, knowledge checks to assess comprehension, and resource documents designed for recipients over the last two years to improve their writing skills and confidence.

- Topics and resources included within the toolkit include foundational writing skills, writing with a health equity lens, dissemination of recipient's work and information on the publication process

- The toolkit will continue to support recipients in developing dissemination products even after their cooperative agreement funding ends.

Interactive Writing Toolkit

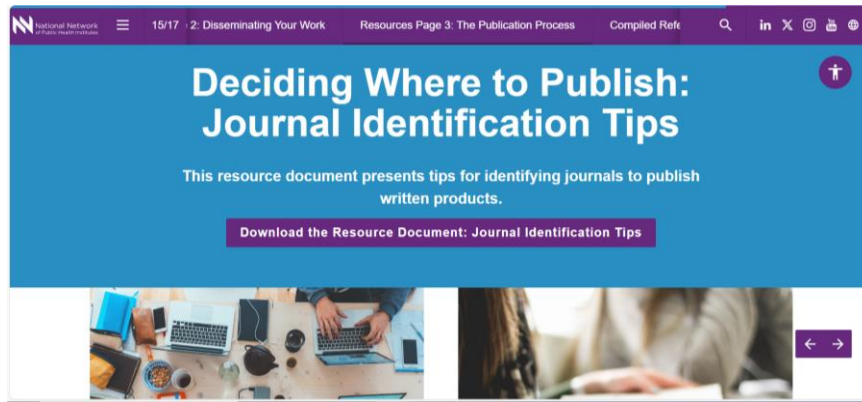
The screenshot displays the 'Interactive Writing Toolkit' interface. At the top, there is a navigation bar with the National Network of Public Health Institute logo, a menu icon, the date '8/17 3s', and tabs for 'Workshop 6: Writing with a Health Equity Lens' and 'Workshop 7: Data Visualization'. The main content area is split into two columns. The left column features a large blue header 'Writing Workshop 6: Writing with a Health Equity Lens' and a paragraph of text: 'This workshop, held on March 29, 2022, focused on practical ways to incorporate a health equity lens into writing and analysis, provided resources and best practices, and demonstrated application of a health equity lens to relevant examples.' Below this is a link: 'A copy of the PowerPoint used in the presentation is provided'. The right column contains a video player for 'DHDSP Writing Workshop #6: WRITING WITH A...'. The video thumbnail shows a purple background with the text 'Health Equity Terms and Frameworks'. Below the video is a 'Watch on YouTube' button and a 'Knowledge Check' section with a purple button that says 'click the purple button below for the answer'. The knowledge check question is 'What are some outcomes of using an equity lens in your work and writing?' and the answer is 'Thinking critically about the frames and assumptions'. There are navigation arrows and a 'Copy link' button in the top right corner of the video player area.

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On screen we are viewing a Screen Shot of the recorded writing workshops webinar and description about the webinars

- Housed within the toolkit and on screen you will observe our pre-recorded virtual writing workshops.
- The project team offered 60-90 minute virtual writing workshops-led by writing, data visualization, and health equity subject matter experts – designed to engage and expand recipients’ knowledge of scientific writing fundamentals.
- To further identify topics and tailor the workshops to meet recipients needs, the project team consulted with evaluation TA providers and NNPHI.
- Writing Workshop topics that were pre-recorded and included within the interactive toolkit include “Using the Sentence Outlining Technique”, “Writing with a Health Equity Lens”, and “Disseminating Evaluation Findings”, just to name a few

INTERACTIVE WRITING TOOLKIT



- On screen you will now be seeing resources documents the project team developed which all conveyed actionable tips in a short, easy-to-digest format covering topics identified based on recipient and evaluation TA provider input
- These resource documents accompanied the writing workshops and can be downloaded by the recipient or their partners

Built In-Analytics

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We will now discuss the built In-Analytics of the Interactive Writing Toolkit and how the metrics are used to tailor our technical assistance approach

Toolkit Use: Period 1 (April 2023 – August 2023)



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Built-in analytics on the content creation platform Foleon, were used to access performance metrics for two consecutive five-month reporting periods which provided valuable insight to tailoring our multimodal approach. (April/10/2023 – August /2/2023 and August /3/2023 – December/31/2023). Period 1 marks the time of the Toolkits launch in April of 2023 until the end of our 5-month collection period August 2023.

Unique visitors are defined as the number of different people who access a site or a page within a specific time period. To be clear this is different from the number of document visits being that one person can visit a document multiple times.

Built in metrics showed that the toolkit had 163 unique visitors, 427 document visits, and an average visit time of 4 minutes and 48 seconds for the first 5 months post launch. Pages with Most Time Spent from April – August 2023 Included Workshop 7: Data Visualization (12 m 58 s) and Workshop 6 Writing with a Health Equity Lens Workshop (6 m 12 s)

Pages with Most Visits Included the Resource Page for Foundation Writing Skills (74 Unique Visitors) and the Resource Page for Disseminating Your Work (41 unique

visitors)

The project team utilizes this information to create opportunities, resource documents and/or writing workshops tailored to fit recipients' interest and feedback expressed by TA providers that come from DHDSP funded recipients. We will dive more into that during our lessons learned and next steps

Toolkit Use: Period 2 (August 2023 – December 2023)



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Built in metrics showed that the toolkit had 92 unique visitors, 235 document visits, and an average visit time of 4 minutes and 43 seconds for the second 5-month period observed

Pages with Most Time Spent Per Page from August – December included Writing Disseminating Evaluation Findings workshop and Writing Workshop focused on Managing Writing Projects

Most Common Pages Visits from August – December Included Data Visualization Workshop #7 and Defining Your Audience which is Workshop #1

Writing with a Health Equity Lens was observed to be less visited in the August-December period as compared to the April-August 2023 period

Toolkit Engagement April 2023 to December 2023



255 Unique Users



45% of users returned



Users spent an average of nearly 5 minutes in the toolkit



102 File Downloads

Enhancing the promotion of the toolkit's utility will improve recipient connection to the opportunities of the project
-EPET TA Provider

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- As a reminder, Since the virtual launch of the toolkit in April 2023, the project team tracked recipient engagement via the built-in analytics on the Foleon Content Creation Platform.

- A total of 255 Unique Users from DHDSP cooperative agreements 1815/1816/1817 interacted with the toolkit the toolkit and of that number an average of 45% of users returned to the toolkit to navigate through it's contents.

- Users averages nearly 5 minutes per visit to the toolkit and there were over 102 File Downloads for resource documents which recipients can use for discussion amongst their internal writing team.

On average, Foleon customers (inclusive of policy, business, education) content is viewed between 2m and 3m; your toolkit document significantly outperforms the average for digital content. It is evident that visitors are choosing to spend time reviewing the content.

- The project team ensured to receive feedback on the multimodal technical assistance approach in addition to the toolkit. TA providers provided feedback, and a select project team member noted "enhancing the promotion of the toolkit's utility

will improve recipient connection to the many opportunities of the project.”

LESSONS LEARNED AND NEXT STEPS

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We will now discuss the publication support project lessons learned and next steps

Lessons Learned

- The toolkit was a useful way to package the content from the multimodal activities, specifically the recorded writing workshops and resource documents
- Visit time per page stayed similar across the two reporting periods
- Engagement metrics demonstrated that recipients are spending most of their time learning about writing with a health equity lens, revising and editing, and data visualization
- TA Providers noted the toolkit promotion to recipients need to be further expanded
- Multimodal approaches can also offer a structure to sustain improvements in writing skills and dissemination

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This interactive toolkit component of the multimodal approach serves as a promising model that kept public health practitioners engaged and enhanced their capacity to disseminate programmatic and evaluation findings during times of evolving health needs. Based on averages of metrics across the two reporting periods, visit time per page stayed similar illustrating that recipients have continued to seek interest in the toolkit over the 10-month time period. Users spent an average of nearly 5 minutes in the toolkit per visit. Data from each collection period also demonstrated that recipients are spending most of their time learning more about writing with a health equity lens and revising and editing, which indicates where recipients are in their writing journey. This observance in addition to qualitative feedback provided to TA providers suggests the need for additional resources that will be tailored based on recipient and verbal feedback. Most recipients were engaged in, per recipient feedback, with the multimodal activities. The toolkit was an effective way to package the content from the multimodal activities, specifically the writing workshops and resource documents. We learned from TA providers of the three DHDSP funded cooperative agreement noted that though useful, the toolkits promotion to recipients need to be further expanded to maximize its uptake and impact on building the recipients evaluation and dissemination capacity. This feedback will assist the team in our plans and design for the next phase of publication support work. Multimodal

approaches can also offer a structure to sustain improvements in writing skills and dissemination. Throughout this multimodal approach, we also observed the need for partnerships with public health organizations to help building writing capacity, address practitioners' specific dissemination challenges, and advance the opportunity to publish.

Next Steps

- Tailor upcoming resources based upon recipient feedback
- Continued tracking of recipient engagement
- Journal of Public Health Management and Practice Supplemental Issue

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With our learnings, we plan to continue to monitor the metrics of the interactive writing toolkit in addition to receiving feedback from TA Providers on behalf of their recipients to continue to identify topics areas for resource development. The publication support project will continue tracking engagement metrics with the interactive writing support toolkit to support DHDSP's three newly funded cooperative agreements which will be looking to disseminate their rigorous evaluation findings as well. We plan to use these metrics to continue to develop resources and workshops to continue to supplement the multimodal technical assistance approach that will have a focus on revising and editing, data visualization and writing with a health equity lens.

Embedded within the Interactive Writing Toolkit you will find a link to the Supplemental Issue DHDSP funded recipients submitted too as a culmination of their activities during the 5 year cooperative agreement and with the publication support project team. The project team has also created an opportunity to further disseminate recipient evaluation findings through a supplemental issue with the Journal of Public Health Management and Practices entitled, Cardiovascular Disease Prevention Efforts through State and Local Health Departments Funded by the Centers for Disease control and Prevention: Evaluation Findings and Implications for

the Field – Vol 1 which is now live. The link to volume 1 of the supplement can be accessed here: [July/August 2024 - Volume 30 - Issue: Journal of Public Health Management and Practice \(lww.com\)](#). A second volume of the supplement will be published later this summer. The Supplemental Issue with JPHMP serves as a concrete example of what recipients can accomplish when they utilize resources to build their writing capacity.

SPECIAL ACKNOWLEDGEMENTS



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- National Association of Chronic Disease Directors (NACDD)
- National Network of Public Health Institutes (NNPHI)
- DHDSB Peer Reviewers
- Senior Leadership
- Guest Editors

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The Evaluation and Program Effectiveness Team (EPET) led this effort in collaboration with PDSB, recipient authors, National Association of Chronic Disease Directors (NACDD), National Network of Public Health Institutes (NNPHI), DHDSB peer reviewers, and senior leadership. Guest editors for the supplement are Jasmin Minaya-Junca, Meera Sreedhara, Amber Scott, Myles Bostic, Jennifer McAtee, and Miriam Patanian (NACDD). We thank everyone for their support and insights.



Thank you, Myles! At this time, we'll take questions. First, we'll check to see if any questions have come in through the Q&A box.