Planning for Dissemination Toolkit

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Publication & Research Dissemination Strategies for Implementation – Part 1

INTRODUCTION

A key objective of the Cooperative Research Centre for Aboriginal Health is, effectively and in a timely manner, to:

> "transfer research findings and new knowledge into policy and practice to improve primary health care…".

The CRCAH's external communications strategy aims to further this by:

> publishing relevant information on research findings and new knowledge in appropriate formats for each of the key target groups (Aboriginal communities and organisations; health policy-makers, planners and managers; health care providers and practitioners; politicians and opinion leaders; the CRCAH community; the broader research community; and the wider community)
> promoting wide public awareness of the work of the CRCAH
> contributing to public discussion of the issues relating to Aboriginal health
> complementing the Education and Training strategy by contributing to discussion of the Indigenous Research Reform Agenda
> maintaining productive links with core partner organisations.

To these ends the CRCAH will produce:

> audiovisual, multimedia and graphic materials in Aboriginal languages, including Aboriginal English and Kriols
> concise Plain English reports
> summaries and briefings materials
> conference and workshop presentations
> regular newsletters.

The CRCAH will also:

encourage research teams to 'Think Beyond the Project' in collaborating in the planning and production of appropriate Research Transfer activities, the production of materials and development of targeted mailing lists, as well as producing academic papers and conference presentations

develop the external website as a major promotional/informational tool, incorporating, for example, information on CRCAH structure, aims, and objectives, latest news, publications/presentations in .pdf format, archives of CRCATH publications and activities, contact points

actively involve link people in core partners as key communications channels through the Development Working Group, through telephone, e-mail lists and video links, through the Intranet (technology permitting) and through providing regular updates of all promotional material, to establish CRCAH profile and relationships with interest groups within those core partners

continue to develop relationships with national, regional and local Indigenous and mainstream media and produce timely media releases on significant research findings and other matters as appropriate, as well as actively seeking feature-style coverage of CRCAH events

develop workshops presentations and short courses for researchers and core partners on such matters as 'Thinking Beyond the Project' and 'Writing in Plain English', which will also develop Core Partner capacity to carry out Research Transfer activities

complement the activities of the CRCAH Knowledge Brokering and Education and Training functions.

Publication & Research Dissemination Strategies for Implementation – Part 2

INTRODUCTION

This table lists the sectors CRCAH needs to reach in disseminating research findings and conclusions and details their special needs and the pathways that might be used to satisfy those needs. It should be read in conjunction with the Communications and Dissemination Strategy.

SECTOR	NEEDS	PATHWAYS

Community	**More visual approaches (video and multimedia)**
	
	Less English and more Aboriginal languages
	
	Graphics
	
	Participation
		Research team negotiates project content with community/organisation;
		Community members involved in research as research team members and as steering group;
		Steering group and project team negotiate appropriate feedback and report-back mechanisms, including:
		    Personal discussions
		    Community presentations with Q&A
		    Posters, pamphlets, diagrams and other visual and written information/presentations for report to/use by council, clinic, women's centre etc
		    Broadcast material (audio, video, CD-ROM) with support/advice from Development Division (proposal submitted to DWG for recommendation, then to Deputy Director Development)
		Research team debrief in community and report results to CRCATH in final project report

CRCAH 'family'	**Academic conventions** **Plain English**	Development Division Research Division Convocation Link people Website – InterNet and IntraNet Research Matters Learning Circles Seminars/workshop presentations Short courses and other Education and Training activity Published reports Peer review journals E-mail newsletters and Listserv Word of mouth

SECTOR	NEEDS	PATHWAYS
Broader Indigenous community	**Some language use, but Plain English as standard** **Participation, discussion and debate**	*Research Matters*; Posters/displays Concise written briefs for councils, clinics, women's centre, BRACS etc Plain English reports Media releases/interviews, specifically targeting Indigenous media Targeted and topical radio broadcasts via TEABBA, National Indigenous Radio Service; Targeted and topical information campaigns complementing regional-level meetings between researchers and key members of community organisations; Conference attendance in NT, interstate and internationally; Employment of community education/information officers (eg for DRUID); Targeting interstate and national Indigenous health policy units, AMSs, State and territory peak health bodies, ATSIC, IHANT etc; Training of Aboriginal Health Workers; support for Indigenous medical students Website (to a lesser extent) and via Australian Indigenous HealthInfoNet website (particularly useful for Indigenous media and Indigenous health policy units) Listserv Opportunistically (day-to-day networking)
Wider community	**Plain English**	Media releases and subsequent interviews or coverage (creating and managing definable CRCAH identity as well as disseminating new information); Website Publications program – reports etc *Research Matters* Seminar/Conference/Workshop presentations Displays Link with CRC Association/Program national-level information campaigns as appropriate

SECTOR	NEEDS	PATHWAYS
Health service community (from politicians through policy makers to health service delivery)	**Concise Plain English**	Research reports and other dissemination products; Formal launch and planned dissemination of reports, with media release and A4 summary; Mailout of report and/or summary to targeted mailing lists of Ministers, other key politicians and political committees (House of Reps Standing Committee on Aboriginal and Torres Strait Islander Affairs, Senate/Joint Standing Committees, advisers, senior bureaucrats, policy units, relevant agencies (eg Commonwealth Grants Commission, State and Territory Treasury and funding bodies), libraries; Ministerial briefings; Policy unit workshops/briefings; Core partner/Link people contacts; Targeting education and training providers – AMSs, Clinical School, MSHR, NTU etc; Regional service delivery workshops; Research Matters; Placing stories in health service media eg Chronicle; Networking health service public affairs units; Website; Indigenous HealthInfoNet Listserv
Research Community	**Academic conventions** **Plain English**	Articles in peer review journals; Conference/seminar presentations; Networking; IRRA networks with Indigenous researchers; RAWG and other bodies eg Ethics Committees Listserv

Dissemination Planning Template

For advice about planning for effective dissemination, please refer to the documents titled Thinking Beyond the Project or contact Michael Duffy at michael.duffy@crcah.org.au. This template is for use as you start to have a clearer idea of what the project findings are. At this point you can plan make a detailed dissemination plan. However you should not leave this planning till the end of the project or you may not have any money left to spend on it. Think about potential dissemination strategies when planning your project.

Implications of the findings and potential strategies:

Finding	Stakeholder /audience	Implication	Transfer strategy

Proposed publications for production and estimated costs:

List here

Sample Dissemination Plan
Prepared for CRCATH/NICS Research Transfer project - Research transfer planning

Implications of the findings and potential strategies:

Finding	Stakeholder /audience	Implication	Transfer strategy
Importance of how research projects begin and are shaped (ie stakeholder involvement in initiation, planning and conduct; having a strong outcomes focus; transfer thinking from outset; targeting multiple levels eg policy, service provision, behaviour, capacity).	CRCAH	How can the CRC establish systems and processes to ensure projects are initiated and shaped to achieve maximum effect? Developing process for engagement at Theme level; Ensuring strong stakeholder involvement at priority setting stage; Direction of resources towards Strategic Devt pathway – stakeholder/community initiated Encouraging research conscious culture in stakeholders.	Detailed discussion of findings with Executive Board? Theme Leaders? Function leaders and other Devt Div reps?
	Policy/service stakeholders	The importance of an evidence conscious culture and how to engage in/initiate/use research to best effect. Role of champion-advocate Issues around implementation beyond the transfer to policy.	One pager specific to each stakeholder group summarising findings + meetings, presentation or workshop to talk about the findings. Longer term action research type project to engage around these issues (perhaps collaboration to engage stakeholder with research more systemically; incorporating research transfer awareness/culture building around a project?)
	Researchers	How to engage with stakeholders at project initiation stage and during conduct of the project. How to plan projects which will 'make a difference'.	Awareness raising workshops Engagement in project development process with advice and facilitation. Research transfer toolkit.

Finding	Stakeholder /audience	Implication	Transfer strategy
Potential for knowledge brokering activities to influence improved health outcomes.	CRCAH	What systemic support will be required for knowledge brokering to make it effective? Is the CRC appropriate to/prepared to provide this?	
To ensure its effectiveness, research transfer needs itself to be evidence based.	CRCAH/ NICS	How can the CRC document project initiation and research transfer activity? Developing ongoing processes of learning and evaluation to ensure continued improvement. Establish evidence basis around theories of change (behaviour, systems, diffusion of innovations etc) Further research on transfer at implementation stage.	Inclusion of reporting requirements in SPR and monitoring and evaluation requirements. Inclusion of research transfer in Researching Research project. Seek project funding or research collaborations to carry out research to fill gaps

Proposed publications:

Complete research report (containing process and findings) – distributed to CRCAH and NICS Board members and Executive; Theme leaders and Link Contact people? Function coordinators; SME Forum 1 copy.

Case studies and findings – more readable publication. Process summarised in appendix. (Approx $5500)

1-2 page summaries of findings and implications for specific stakeholder groups

Powerpoint presentations for specific stakeholder/workshop audiences

Thinking Beyond the Project publications on Planning for Research that Makes a Difference; Working in Partnership; Continuum of Research Transfer (approx $4500)

Production Checklist

This checklist outlines the stages to be followed in the development of any audio-visual/multimedia output from a research project. It allows for regular status checks and staged sign-offs by researcher(s) and AV unit and helps clarify lines of responsibility

Pre-production

Project stage	Status	Date
Project ID – CRC project number and contact person:		
Concept development: story outline		
Purpose:		
Audience(s):		
Special needs (interpreter/translator; graphics; animation etc):		
Budget (within project or funds sought):		

Project stage	Status	Date
Alternative formats:		
Location(s) required:		
Authorisations for use of location(s):		
Authorisation for distribution:		
Equipment needs:		
Talent:		
Dissemination strategy:		
Brief accepted:		

Research Team Development Division		
Project stage	**Status**	**Date**
Script completion		

Production

Post-production

Project stage	**Status**	**Date**
Begin edit:		
Final draft edit:		
Final approval:		
Dissemination		

This is a draft agreement between research team and the AV Unit that follows the initial discussions leading to the pre-production stage (see Production Checklist and "Making Video Count").

Project brief

Project Name and No:

Project team contact:

Cost centre:

AVU/RTC Team:

Start Date: **End Date:**

Project description:

Goals/objectives:

Audience(s):

Project scope:

Budget:

Issues for clarification:

Making Video Count

Print is not the only medium for disseminating research results, as many researchers are becoming increasingly aware.

Video and multimedia presentations can make your work more accessible to more people and they're particularly useful for feeding back your findings to Aboriginal communities.

A finished multimedia work is, literally, the tip of the iceberg. A few minutes of footage or a CD-ROM comes at the end of a three-phase process: pre-production; production; and post-production. It can mean weeks and even months of work.

Knowing what you need to think about to present your story in video format will help you negotiate the process successfully and allocate time and resources effectively.

Pre-production
When you bring a concept for a video, CD-ROM or multimedia presentation to the Audiovisual Unit to initiate the pre-production phase, you should be able to answer these questions:

Which project does the proposal come from and who is the contact person/people?
Project name and number need to be clearly identified and lines of responsibility need to be clarified.
What's the story?
If you're not clear about what you want, talk to the Communications team first. Once you've decided on a video or other multimedia format, you'll need a script outline. The AV Unit can't begin to think about how to do the job for you unless you're clear about what you want.
What's your video for – feedback, training, presentation, advertising or archiving?
This will help determine content and style, as well as budget.
Who's it aimed at – community, trainees and other students, wider community or funding body?
This will also help determine style, give you some idea of how many copies you might need and determine your mailing list.
If it's for community feedback and some of it is in language, have you thought about your interpreting/translating needs?
You might need subtitling in English if you shoot in language and if the video is for wide distribution.
What's the budget and who's paying for it?
Is the full cost of the video (including travel and travel allowance for unit staff and any payments to the other people or the community involved) within the project budget? If not, where is the money coming from? Who authorises payments?

Are you considering alternative formats for the story and how do they fit into your overall dissemination strategy?
CD-Rom and video streaming for a website will all have an impact on your budget, as well as your scripting and presentation. Are you also considering a hard copy or website print report? Posters?
What location(s) are you considering?
If you're using a community location(s), you will need to factor in the possibility of conflicting community activities into your planning and production timeframe and travel budget.
Do you have all the authorisations you need to film in a community?
Your overall project will have ethical clearance, but have you got permission to shoot the video and, where appropriate, approval of content and use of images from the community and the individuals involved? And if you're going to use locations outside the community, do you have the permission from the relevant traditional owner(s)
*You have to get these **separately** from your project consent agreements. The AV Unit can give you a consent form.*
Is the community and your project committee clear about the distribution of the video?
If it's a feedback video only, this might not be an issue. But have you negotiated approval for other uses for the material – eg support for submissions, training, conference or workshop presentations etc?
What equipment will you need?
Don't get to a remote community and find you've forgotten something. You won't be able to afford to go back and get it.
Who needs to be in the video?
Do you want people from the community concerned be in the video? Do they need to be available for planning and scripting? Will they be available for shooting? Are they to be paid? Do any of them already have video skills that we can help upgrade during the filming? Will you have a narrator? Will they be paid? Have you budgeted for their food and transport?
And finally, what's the strategy for disseminating it?
You need to have a clear idea of who's on your mailing lists to get copies or to receive basic information and an order form for the video. You should also decide whether you want the video to be formally launched, in which case there are other things to think about – who does the launch, venue and appropriate facilities, guest list, catering and any media releases.

It's important to get these things clear *right at the start* of the process: that way everyone knows what's expected of them.

Once you've answered all these questions, the AV Unit will develop a project brief and return it to you for your approval.

Then you can go on to the final stage of pre-production, which is writing the script.

This is often a collaborative effort between the AV Unit, the Communications team and the researcher.

You can't make the story up as you go along and you can expect to go through six versions of the script before you hit the right note.

Once your script is ready, the director and camera person can start thinking about the images they need to fit the words; in other words making a story board for you to approve.

Production
Production involves the actual shooting of the video to script and story board and you need to make sure you've done everything you needed to before the crew gets to the shoot.

It's too late to change things without blowing out your budget and timeframe, but if you've planned it properly, everything should go smoothly.

If things don't quite go as planned, because you can always expect something to go wrong, good planning minimises disruption.

If your director and/or camera person need any clarification on any matter, they'll ask you; otherwise leave them alone to get on with it.

Post-production
The AV Unit's director will now start editing the footage and, working from the script and the story board, he'll probably do as many as four edits before he calls you in to look at the final draft edit of the video.

You can still suggest changes at this stage to make sure the product has the right emphasis.

But if you've done your preparation properly, this means minor changes at the most

You'll probably need another two edits – where you'll sit with the editor - to get to final stage and at this point you and your team will be asked to watch the video in full and approve it once and for all.

Then everyone concerned – your team, the AV Unit and the Communications team – signs off on the project and dissemination gets under way.

Costing the Product
A Guide to Dissemination Costs

INTRODUCTION

It has been the practice of the CRC for Aboriginal and Tropical Health to incorporate dissemination planning in the production timeline. The CRC for Aboriginal Health, however, will refine the dissemination planning to incorporate it in project planning at the earliest stages. This guide is intended to give researchers and project leaders a realistic outline of the time and costs involved in developing various dissemination products. Please note that:

staff time on a project may not always be the same as *elapsed* time as stages may often happen almost simultaneously
costs are approximate and will vary from time to time.

TABLE A: OCCASIONAL PAPERS (AVERAGE 48 PGS X 1000 COPIES)

*EG: LINKS Monographs and Yarning series**

ACTION	*TIME*	*COSTS***
Publication approval, sent out for review to three reviewers, reviews returned and blind copies of reviews to authors; dissemination discussions and preliminary planning	8 weeks	**1 day staff time**
Author re-works and submits final draft	6 weeks	
RTC edits draft internally	1 - 2 weeks	**1 - 2 weeks staff time**
Or external edit	3 - 4 weeks	**$1200-1500** NB if structural edit required, this may blow out to $6000
Author signs off on copy		
Edited draft proof-read and into layout and pre-production	2 – 3 weeks	**2 - 3 weeks staff time**
Copy layout sent to printers; proof returned for sign-off	10 days	**Half day staff time**
Report printed	2 - 3 weeks	**$3000-4500**
Mailing list distribution	2 days	**2 days staff time**
OR	1 week	**1 week staff time postage, catering – est $500.**
Planned dissemination: paper launched and marketed		
TOTAL	**Up to 24 weeks (start to finish)**	**Up to three weeks staff time and up to $11,500**

TABLE B: RESEARCH REPORTS (99 PGS X 500 COPIES & FULL COLOUR)

These reports usually come to RTC after being signed off by research project steering committees. This means a review is not usually required, although in some cases the Development Working Group or the Divisional Director (either Research or Development) may seek an independent review. This will not significantly increase costs or staff time, but it will mean a longer real time lead-up to production.

ACTION	TIME	COSTS**
Draft submitted to RTC; read to determine editing requirements; Cover design planning begins	2 weeks	**2 weeks staff time**
Edit: internal	1 - 2 weeks	**1 - 2 weeks staff time**
Edit: external	up to 6 weeks and more if structural edit required	**$3000 (av) and up to $6000, depending on nature of edit**
Author signs off on edit		
Edited draft proofread and into layout, final cover design and further proofreading	3 - 4 weeks	**3-4 weeks staff time**
Copy layout to printer; proof returned for production sign-off	1 week	**1 week staff time**
Printing	2 - 3 weeks	**$7000**
Dissemination: Launch Media Mailing list	1 week total	**1 week staff time postage launch catering, if appropriate, $1000**
TOTAL	**10 - 16 weeks**	**Up to 10 weeks staff time and $8000-14,000**

NB: Reports intended for website publication only (as .pdf files) will still need editing, proofreading, layout and some cover design <u>before</u> being posted on the site. This will lower costs and shorten timelines from the beginning of the production phase only.

*Costs and timelines for video production also assume earlier dissemination planning, in keeping with CRCATH practice. Commercially produced videos cost around $1500 per minute as a minimum. Special effects, graphics and titling will add to that cost considerably. If your video is to be shot in a community, you **must** allow for delays between the stages to accommodate community priorities.*

TABLE C: VIDEO PRODUCTION (60MINS SEMINAR PRESENTATION)

ACTION	TIME	COSTS
Commissioning, planning and preparing for shoot of seminar	1 day staff time	**1 day staff time**
Shooting seminar	3 hours staff time	**3 hours staff time up to $800 if additional camera, operator, sound and lights included Tapes will $70 each – if two cameras = $140**
Editing and titling footage	1 week staff time	**1 week staff time**
Reproduction	2 days	**Cost per video-cassette**
TOTAL	**7.5 days**	**7.5 days staff time & $800 additional camera up to $140 for tapes plus repro costs @ $20 approx per tape**

TABLE D: 2 DAY CONFERENCE

ACTION	TIME	COSTS
Commissioning, planning and preparing for shoot of conference	1 week staff time (min)	**1 week staff time**
Shoot conference	Three days staff time	**Three days staff time** **$1500/day/x 2 days if additional camera, operator, sound and lights required 8x 3-hour tapes @ $95 ea**
Editing and titling footage	2 weeks staff time	**2 weeks staff time**
Reproduction	2 days	**$20 minimum per video-cassette**
Dissemination	2 days staff time	**2 days staff time postage**
TOTAL	**4.5 weeks**	**4.5 weeks staff time add camera costs $3000+ 750 tapes + repro costs**

TABLE E: VIDEO PRODUCTION (15-20MINS ON RESEARCH PROJECT)

Eg Feedback, conference presentation, training). AVU has a checklist to help research teams through the process.

We specify these lengths because it is unlikely that a research report on video will run any longer. Produce more than 25 minutes and you are unlikely to hold your audience.

ACTION	TIME	COSTS*
Pre-production (see 'Making Video Count' for process); include packaging/dissemination planning	2 weeks staff time (min)	**2 weeks staff time**
NB if filming in a community, this step is mandatory: Community negotiation for content, personnel and location approvals; and preliminary distribution agreements**	4 days staff time (incl traveling) minimum	**4 days staff time** **Air fares, associated travel costsx2 = $3000 average**
Scripting	2 weeks staff time	**2 weeks staff time**
Filming	5 days staff time if no travel involved; 7 days if travelling	**5-7 days staff time** **Air fares and associated travel costs x 2 = $3500** **Vehicle hire and fuel costs $500** **Video costs $95 per 3hr tape x 2**
First draft edit	1-2 weeks	**1-2 weeks staff time**
Final draft edit	1 week	**1 week staff time**
If FDE involves video in language, with need for subtitling and/or translating	2 weeks	**2 weeks staff time; at least 1 week for translator ($40/hr)**
Project team/AVU sign-off on product	3 hours staff time	**3 hours staff time**
Reproduction		**Repro costs: $20 x no. of copies** **Associated packaging costs**
Dissemination	2 days staff time	**2 days staff time**
TOTAL	**10 WEEKS MINIMUM**	**10 weeks staff time; Travel @ $7000** **Wages (incl translator if used: ?** **Repro costs**

*   *Costs will be higher than average if other dissemination products produced eg hard copy reports etc. Staff time will also need to be costed to provide in-kind equivalents.*

** *If the research team organises with AVU to shoot archival footage <u>during</u> the course of the research project, this can minimise later traveling/shooting time but it may add to up-front project costs. Provided the archival shoot is done professionally, there is no reason why some of this footage could not be used in the finished product, subject to the usual consent provisions.*

TABLE F: ARCHIVING

ACTION	TIME	COSTS
Planning and preparation – briefing by research team (assuming research team has clear idea of their requirements	I day staff time	**1 day staff time**
Filming	3 days average, add 2 days if travel required	**3-5 days staff time travel costs @ $1500 approx Tapes @ $95 for 3 hrs**
Edit and titling	1 week	**1 week staff time**
TOTAL	**2 weeks**	**2 weeks staff time + any travel costs + tape costs**

TABLE G: MULTI MEDIA PRESENATION (CD ROM)

NB: At present this has to be entirely outsourced, so costs are at commercial or near-commercial rates.

ACTION	TIME	COSTS
Define purpose of CD-ROM Collate relevant footage, sound clips, art work, text; develop brief for consultants	Almost impossible to quantify – the length of a project might be a good guide	**Video and sound recording costs Travel if relevant**
Meet consultants to elicit quote	Allow 2 weeks minimum for quote to be costed	
Master copy development, including testing and revision, to repro stage	7-8 weeks	**$9000 approx**
Reproduction	Depends on number of copies	**Depends on number of copies, but approx rate per copy is:**
Dissemination	2-3 days	
TOTAL	**Project time plus 10 weeks**	**$9000 + repro costs**

TABLE H: MULTI MEDIA PRESENATION (SHORT VIDEO 5MINS MAXIMUM)

Eg: introducing a research project to potential participants

ACTION	*TIME*	*COSTS*
Preproduction as per longer video in (c.) above	2 weeks staff time	**2 weeks staff time**
Community negotiation as per (c.)	4 days staff time	**4 days staff time and associated travel costs $3000 est**
Scripting	Up to 2 weeks staff time	**Up to 2 weeks staff time**
Filming	5 days, add 2 for travel	**5-7 days staff time and associated travel costs $3000 est tape cost $95**
First draft edit	1-2 weeks	**1-2 weeks**
Final draft edit	1 week If involves subtitling and translation for language: 2 weeks min	**1-3 weeks**
Sign-off	2 hours staff time	**2 hours staff time**
Reproduction		**$20 x no. of copies**
Dissemination	2 days staff time	**2 days staff time up to $500 if formal launch**
TOTAL	**10 WEEKS approx**	**Up to 10 weeks staff time $6000+ if travel involved, but av cost $1200-1500/minute**

Media Policy

<u>INTRODUCTION</u>

The Cooperative Research Centre for Aboriginal Health recognises that the research it sponsors is likely to contribute significantly to public discussion of Aboriginal health issues. It also recognises, however, that media comment on Aboriginal health research and health issues by public health authorities, the medical profession and the wider health community has at times been inappropriate and negative. Similarly, it is recognised that official publications detailing Aboriginal health research findings have been damaging to Aboriginal interests.

The Board is therefore concerned to ensure that findings from CRCAH-sponsored research activity are reported appropriately by the media and recorded in a sensitive manner in official CRCAH publications. As a fundamental principle, no comment or publication should be allowed to compromise either the trust of the Aboriginal communities we work with or the continued collaboration between Aboriginal organisations and our Core Partner organisations.

The CRCAH has developed protocols and processes for CRC-funded, in-kind and commissioned research projects that are designed to avoid repetition of the problems experienced in the past. These protocols recognise the value of people with expertise who responsibly and judiciously communicate their knowledge and insights to the health community and to the broader community to inform debate. The protocols also explicitly recognise the right of any person working on CRC-funded, in-kind and commissioned research and any CRCAH staff member to contact the media as a private citizen.

Such an individual, however, should make it clear to the media – and be able to show they have made it clear – that they are speaking as an informed private citizen and not as a person who is representing the CRCAH or CRCAH views in any way.

PROTOCOLS FOR MEDIA CONTACT:

Media contact is likely to be initiated through senior researchers or CRCAH Dissemination and Research Transfer staff. When the media initiates contact with the organisation, it is likely to involve inquiry about:

> CRCAH research and research findings
> A perspective from CRCAH research on external events, eg an outbreak of disease, latest statistics on health, reports on the state of housing and infrastructure and other matters
> CRCAH policy
> CRCAH processes and organisational matters.

The media contact may firstly arise as a result of a formal CRCAH media release or other activity outside the CRCAH. It may involve a request for a non-attributable background briefing, an impromptu telephone interview or a subsequent in-depth interview. All such requests should be referred immediately for approval to the CEO through Dissemination and Research Transfer staff.

The CEO is responsible for authorizing official comment to the media on Aboriginal health research issues and on formal CRCAH processes. They are also responsible for making official comment on CRCAH processes and other matters. Questions of policy will generally be referred to the Board, which may choose to delegate the CEO or others to make an official comment.

Asked to authorize media contact, the CEO may choose either to delegate comment on a particular research area and its findings or implications to the relevant researcher or research team. An alternative may include a joint commentary involving the CEO and research team members. In approving media contact, however, the CEO may also choose to give direction to staff on how to approach the media and all staff should take this direction into account in framing their responses.

This is not intended in any way as censorship of researchers: it recognises that any media comment may reflect on the reputation of the CRCAH or affect the trust of the communities we work with. It also recognises that researchers and others may not necessarily be experienced in dealing with the media and this advice would be aimed at making the most of the opportunity for both the CRCAH and the researcher. Members of research teams are encouraged to undertake media training provided intermittently by the CRCAH

Where media contact is generated by a publication launch or other official CRCAH public activity, comment will initially be attributed to the officiating CRCAH Board representative (usually a Board member and often the Chairperson) and the media will be directed to researchers for more detailed comment. Any CRCAH media release generated by a publication – either CRCAH-published or other publications, such as a journal article– will be attributed to the CEO or Divisional Directors, with researchers listed as contact points for further comment.

Where media contact is part of planned research transfer activity for a specific project, the community(ies) involved in the project should be consulted and should be invited to speak for their involvement in the project. If the CEO has any reservations about the proposed contact, he will refer the matter to the CRCAH Chairperson for decision. Decisions by the Chairperson or the CEO are final and anyone working on CRC-funded, in-kind or commissioned projects who does not accept the decision and acts without authorization may be asked to provide a written explanation of their actions to the CEO and the Board. The ultimate sanction for non-compliance would be for the Board to terminate support for ongoing employment of the person(s) involved.

GUIDELINES FOR MEDIA CONTACT:

GUIDELINE 1:

It is preferable for an Indigenous person to act as the spokesperson

The CRCAH is guided by the broader agenda for the reform of Indigenous Research activity and is concerned with enhancing the capacity of Aboriginal people to control and manage all aspects of health research. It is therefore logical and consistent that wherever possible an Indigenous person should be the nominated spokesperson on Aboriginal health or research issues.

GUIDELINE 2:

Comments about CRCAH research activity, or about specific health issues, should not as a rule identify places, communities or individuals

The history of media interest in Aboriginal issues shows that inappropriate and insensitive coverage of issues has the potential to inflict embarrassment, suffering and further discrimination on Aboriginal communities and individual Aboriginal people. Nowhere is this more apparent in the often highly personal nature of inquiry into Aboriginal health.

If comments made by researchers include the name of a locality, this can lead to speculation about the identity of a community and, in some cases, individuals. The result is that can be people shamed and

communities stigmatized, which can revive or reinforce the negative perceptions some Aboriginal people have about research.

GUIDELINE 3:

CRCAH responses to the media should encourage positive, responsible and non-sensationalised reporting.

This is not to suggest that issues should be avoided or falsely denied, but to emphasise that it is important to comment in such a way as to avoid sensational reporting and damaging editorials. The CRCAH suggests that all researchers and staff responding to the media should encourage journalists to treat the complex issues of Indigenous health with respect and sensitivity. It is important for CRCAH respondents to actively promote positive achievements and findings in Aboriginal health research.

GUIDELINE 4:

Where the media is inquiring specifically about CRC research being conducted in Aboriginal communities, CRCAH media respondents should discuss the proposed response with community-based researchers, the Aboriginal steering committee for the project and the project manager before seeking CR CAH approval for an official response.

It is imperative that all CRCAH staff and researchers do their utmost to maintain the trust of communities that participate in research. Failure to discuss a media request with community representatives may destroy trust and ruin partnerships.

Thinking Beyond the Project

Guidelines

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the project....1

Promoting the Use of Research

In 2000, founding Board member for the Cooperative Research Centre for Aboriginal and Tropical Health, Prof. Ian Anderson said:

"…Most of our thinking around better ways to do Aboriginal health research has focused on the project. It has tended to focus on participatory action research and models for working effectively with Indigenous communities. I argue that we need to think about the broader environment in which we do the research. It is the **policy process** and issues around **uptake** of the research that are important. We need to move beyond good ways of doing projects, to thinking about **research within broader systems**…"

The Cooperative Research Centre is committed to doing research that is used, so that it will contribute to improved Aboriginal health. This requires CRCATH researchers "**thinking beyond the project**" in order to promote the use of their research. Researchers need to think about how to promote the use of their research **before, during** and **after** the research project.

Research User Groups

The potential 'users' of research vary according to the research question and the type of research. There are several key research user groups in the Aboriginal health arena. These are:

- Aboriginal communities and organizations
- Politicians
- Health policy makers, planners and managers
- Health care providers and practitioners
- General public (including opinion leaders)
- Other researchers/academics

Differing Information Formats

Most researchers work hard at publishing their work in academic journals. Journals are an excellent way of reaching other researchers and academics. However, research has shown that other major audiences often prefer to receive their information about research in different formats.

www.ath.crc.org.au

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Research User Group	Preferred Formats for Research Information
Aboriginal communities and organizations	• Workshops • Plain English reports and summaries • Local Language reports • Videos • Flip charts • Community meetings
Politicians	• Personal briefings • Media • Overview in brief memo
Health policy makers, planners and managers	• Short Plain English report with policy implications highlighted • Briefings • Seminars • Personal contact
Health care providers and practitioners	• Standard Treatment manuals • Professional education • Colleagues • Professional journals • Specialist e-lists • Systematic reviews
General public (including opinion leaders)	• Media (radio, television, newspapers and magazines) • Internet (including clearing houses)
Other researchers/academics	• academic journals • conferences • seminars

Tips for thinking beyond the project.....to promote the use of research

Before the research begins:

- work in partnership with potential users of the research to clarify and design the research question and methodology

- encourage potential research users to be involved in the research

- clarify preferred formats for delivering research findings

- be realistic about the costs and time involved in effective transfer and dissemination

During and after the research:

- challenge yourself to think about the policy and practice implications of your research for each potential user group

- as the findings emerge, challenge yourself to refine your thinking on groups which may use the research

- take every opportunity to speak about the research with potential research users and public opinion leaders

- view transfer and dissemination activities as integral parts of your research - not optional extras - and give them time and effort

- meet with CRCATH transfer staff PRIOR to commencing writing about your research

- work with CRCATH transfer staff to:

  - develop a full transfer and dissemination plan for your project

  - capitalize on relevant media or political interest

  - develop Plain English writing skills

- give potential users drafts of your research writing and ask for comments

- let CRCATH transfer staff know when you know people are using your research (eg in policy development)

- provide CRCATH transfer staff with copies of all transfer and dissemination materials

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Budgeting for Research Transfer and Dissemination

The Cooperative Research Centre is committed to doing research that is used, so that it will contribute to improved Aboriginal health. This requires CRCATH researchers "**thinking beyond the project**" in order to promote the use of their research. Researchers may increase the chance of their research being used if they do certain things **before, during** and **after** the research project.

The promotion and dissemination of Aboriginal health research is not cheap. It requires planning, time, commitment and dedicated funding. Experience within the CRCATH is that researchers routinely underestimate the costs and time involved in the active promotion of their research.

CRCATH Approaches to Research Transfer

The CRCATH research application form asks researchers to identify and prioritise user groups, and to include a budget for research dissemination, communication and transfer.

About six months prior to the conclusion of the project, a meeting takes place between the Project Leader, the Program Leader and Research Transfer staff. The aim of this meeting is to develop a coherent transfer and dissemination plan for the project in the light of the emerging findings and conclusions.

These guidelines provide broad estimates of the costs and time involved in preparing various research outputs. They should be read in conjunction with *Thinking Beyond the Project 1: Promoting the Use of Research*, which lists the key research user groups within the Aboriginal health domain, along with preferred dissemination formats for each group.

> *Experience within the CRCATH is that researchers routinely underestimate the costs and time involved in the active promotion of their research.*

Research Report

A research report is the main document on a research project. Most research reports cover:

- Summary
- Introduction and background
- Method of Investigation
- Findings
- Discussion and Conclusions
- Recommendations

Where a report is aimed at health policy makers, planners and makers, additional effort needs to be made to draw out possible policy and practice implications of the research.

With concern for detail and validity, many researchers write reports of more than 100 pages. In today's world of information overload, it is unlikely that such long reports will be read in detail by most potential users. The CRCATH strongly recommends that researchers consult with research transfer staff and guidelines **BEFORE** commencing writing their research report.

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The review and production of research reports is normally managed by the CRCATH research transfer team. Although reviewers are asked to provide reviews within 6 weeks, it usually takes longer than this. Authors then have the opportunity to edit their work in the light of reviewer comments. Sometimes substantial structural editing of the document can be undertaken at this stage. This can be time consuming.

Once the final document has been approved by the program leader and development committee, internal copy editing, design and layout and printing processes should take no more than a month. Printing costs vary according to the length of the report and the size of the print run. A research report of 30 pages, with a print run of 500, costs approximately $3500 with a colour cover. A research report of 100 pages, with a print run of 500, costs approximately $5000.

Local Language Materials

Interpreters should be properly paid in accordance with standard interpreter rates with a daily minimum of $40.00 for up to 2 hours of work. Experience has shown that local language materials are best developed with skilled interpreters working with local groups in their own language. The development process for local language materials is complex and active: it involves much more than simply translating existing materials. Interpreters for many NT Aboriginal language groups can be accessed through the Aboriginal Interpreter Service, Ph: (08) 89244300. The service requires that the requesting organisation also pays travel and travel allowance costs for interpreters.

Flip Charts

Drawings and diagrams for flip charts can be produced in-house. A full colour and laminated flip chart of 20 pages costs approximately $1400 for a production run of approximately only 30.

Community Meetings

Successful research meetings about research may require the payment of local language translators. Travel and TA costs for key participants need to be taken into account. Depending on participants, a community meeting can cost up to $5000.

Videos

Video production work can be undertaken in-house through the MSHR multimedia unit. If a video is being considered as a way of communicating research findings to user groups, it is essential that detailed discussion with multimedia staff begins early in the planning process. The time and costs involved in high quality video production are frequently underestimated by researchers, particularly if the video is to be culturally appropriate. Experience has shown that a 10 minute video produced in-house, but filmed in a remote community, can take as long as 6 months and costs up to $5000. This cost includes travel associated with pre-production research, location and filming expenses and post-production expenses. Extra copies of the release print on VHS are NOT included. If the video is to be promoted in academic institutions and BRACS, it is possible that more than 100 copies of the master may be necessary. Copy costs are approximately $20 per video.

Official publication launch

Planning for successful launches of publications with associated media coverage is managed by the CRCATH research transfer function, and can take several weeks. Costs are usually borne by the transfer function.

CRCATH Occasional Papers

Occasional paper covers are standardized and preprinted. A 30 page occasional paper with a print run of 500 costs approximately $2500.

Workshops

A paid external facilitator can charge up to $1500 per day, and payment for planning and consultation time may also be necessary. Other costs include venue and audio-visual equipment hire, and travel and TA for participants. A one-day workshop can cost up to $20000, and can take several weeks to prepare.

Conference Presentations

Presentations on CRCATH research at relevant professional conferences may be funded by the CRCATH Education and Training function. (Refer Application for Studies Assistance guidelines on CRCATH website.) Funding priority is given to researchers who are presenting a paper or poster on their work at the conference.

Roadshow Briefings

Research projects with findings which have the potential to contribute significally to important funding and policy decisions may sometimes require a carefully designed regional or national tour to discuss/present to key stakeholders. Costs vary according to the location and number of key stakeholders.

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Writing for health policy makers, planners and managers

Introduction by CRCATH

The Cooperative Research Centre is committed to doing research that is used, so that it will contribute to improving Aboriginal health. The potential 'users' of research vary according to the research question and the type of research. The CRCATH has identified several key and distinct research-user groups in the Aboriginal health arena. The most appropriate information formats for each group varies.

The following guidelines were written by the Canadian Health Services Research Foundation. We have reproduced them as a practical guide to writing about research when the primary identified potential users of the research are health policy makers, planners and managers.

These guidelines make certain assumptions about health policy makers, planners and managers:

- They are routinely subject to information overload and extreme time demands, and have limited time for reading long and complex reports;

- They may only have a general working knowledge of the research issue or topic;

- They are more interested in possible policy implications of research than the scientific detail of the research.

The guidelines propose a highly focused approach to writing about research for this user group. Implicit in the guidelines is a challenge to the researcher to 'think beyond the project' to the systems and policies around the issue examined in the research.

NB: The CRCATH, while it endorses the promotion of Plain English usage, would use different terms from the ones used in this paper to describe potential audiences.

Canadian Health Services Research Foundation Guidelines 1:3:25

Every report prepared for the foundation has the same guidelines: start with one page of main messages; follow that with a three-page executive summary; present your findings in no more than 25 pages of writing, in language a bright, educated, but not research-trained person would understand.

Main Messages

The one in the foundation's 1:3:25 rule is one page of main message bullets. They are the heart of your report, the lessons decision makers can take from your research. Don't confuse them with a summary of findings: you have to go one step further and tell your audience what you think the findings mean for them. The messages, per se, may not even appear in the text. They are what can be inferred from your report. This is your chance, based on your research, to tell decision makers what implications your work has for theirs.

How to formulate them? Set aside your text and focus on expressing clear conclusions based on what you've learned. Consider your audience — who are they, and what do they most need to know about what you've learned? Summon up that bright, educated reader and answer this question for him or her: So what does this really mean?

Say your study is on how to set budgets in a regional health system. You've found a tendency to keep money flowing on traditional lines. That's the problem. The actual main message you write may be that it's wiser to focus on reallocating other resources — people, space, equipment — to health promotion than to take cash away from acute care.

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A study on the impact of increasing use of homecare might show that hip-implant patients regain mobility faster out of hospital than as inpatients. The key message would be to encourage early discharge. Spell it out.

Your study has found that job security is the biggest factor driving nurses to work in the U.S. Your main message might be that governments should make 10-year commitments to funding levels for nursing services.

Writing main messages can be difficult for researchers to do, trained as they are to be detached and to collect evidence, rather than judge it, but it has to be done if research is to be of real use to decision makers. And remember — if you don't do it, you're leaving your work to be interpreted by someone else, who won't likely have your insight.

This is not to say that you have to come up with definitive recommendations from research that just doesn't offer them. Be as concrete as you can and then, if you're really not ready to draw more conclusions, don't just fall back on "more research is needed." Use your main messages to define the questions that still need to be asked.

Executive Summary

The three in 1:3:25 is the executive summary. These are your findings condensed to serve the needs of the busy decision maker, who wants to know quickly whether the report will be useful.

Start by outlining what issues you were looking at, using language and examples a local hospital administrator or ministry official will understand; sum up the answers you found. An executive summary is not an academic abstract; it's much more like a newspaper story, where the most interesting stuff goes at the top, followed by the background and context and less important information further down. This is not the place for more than a line or two about your approach, methods and other technical details. Concentrate on getting the essence of your research across succinctly but not cryptically.

The Report

The foundation allots 25 pages for the complete report of your work (double-spaced with 12-point type and 2.5 cm margins). This may be a length you're more comfortable with, but don't lapse into academic style just because you have more room. Don't hesitate to use anecdotes or stories to get your point across. To make sure your writing suits the busy decision maker, intelligent and interested, but not an academic, take the time to show it to your decision-maker partners. What do they find most useful and interesting? How do they find your language and style? As a guide, the foundation has set seven categories that must be covered in the report, in the order given:

Context: outline the policy issue or managerial problem your research addresses. State the research question clearly. Highlight earlier research and the contribution current research may make. Anecdotes can work well here.

Implications: State what your findings mean for decision makers. Note what different types of audiences may be interested in your work, and if the research has different messages for those different audiences, separate and label them. Notes on how broadly the information can be generalized should go here. This is where the essence of your key messages is found.

Approach: Outline your methods, including the design of the study, the sources of data and details on the sample, the response rate and analysis techniques. Describe how you worked with decision makers on the project, and outline your plans for dissemination. Highly technical material can be an appendix; here you should focus on explaining why these details matter, how they might affect the study results and conclusions and why you chose one approach over another.

Results: Summarize your results to show how they support the conclusions you have presented, highlighting themes and messages. Use graphs and tables if they will improve understanding. Results that don't relate directly to the conclusions should be moved to an appendix. Additional Resources: Not for other researchers — although they may find it useful — this is the place to give information on publications, web sites and other useful sources of information for decision makers.

> Writing a research summary for decision makers is not the same as writing an article for an academic journal. It has a different objective, and it takes a different approach.

Further Research: Outline gaps in knowledge; frame questions on management and policy issues you've identified and suggest studies to answer them.

References and Bibliography: References in the report should use consecutive superscript numbering and be presented as endnotes, not in the body of the text or the foot of the page. The bibliography should highlight those items most useful for decision makers and researchers wanting to do more reading and also include useful reading beyond that used in the report, including some easy-to-read pieces to give decision makers background. The references and bibliography count as part of the report's 25 pages, unless they are fully annotated, in which case they can be put into an appendix.