

APPENDIX

<u>Appendix Contents</u>	<u>Page #</u>
Appendix 1: Partnership Case Studies	121
Appendix 2: Dissemination Planning and Tracking Tool	122
Appendix 3: Glossary	126
Appendix 4: Additional Resources	131
Appendix 5: Acknowledgements	132

APPENDIX 1: PARTNERSHIP CASE STUDIES

- ❖ Asphalt Paving Partnership **(See Section 1.3: Involve Partners, Section 5.1: Identify Research-Based Solutions and Research Needs, and 7.2: Focus on a New Issue)**
 - Asphalt Paving Partnership Success Story
(<http://www.cpwr.com/sites/default/files/research/AsphaltPavingPartnershipSuccessStory.pdf>)
 - CPWR Asphalt Paving Partnership Case Study Summary
(<http://www.cpwr.com/sites/default/files/research/AsphaltCaseStudy.pdf>)
- ❖ Massachusetts Floor Finishing Task Force **(See Section 1.3: Involve Partners, and 4.6: Recognize and Address Conflict)**
- ❖ Masonry r2p **(See Section 5.1: Identify Research-Based Solutions and Research Needs)**
- ❖ SafeBuild Alliance **(See Section 7.1: Planning for Sustainability)**

APPENDIX 2: DISSEMINATION PLANNING AND TRACKING TOOL

Dissemination Planning and Tracking Tool (Developed by the OSHA-NIOSH-CPWR r2p Working Group)

Step 1: Dissemination Overview

A. The solution(s) for dissemination

List the solution(s) that are the focus of your dissemination effort

B. Dissemination Goal

What is the health and safety outcome you are trying to achieve or move towards? For example: a reduction in injury or illness rates.

C. Key Message or Finding

What is the key message of this dissemination effort? In other words: What do people or organizations need to DO or KNOW that will help work towards achieving the dissemination goal? State it simply.

D. Target Audience

*Many different types of individuals or groups may benefit from or be instrumental **intermediaries** for disseminating a solution. Identify the target audiences for your dissemination effort. The following are types of audiences to consider. Check those that are the highest priority.*

- | | |
|---|--|
| <input type="checkbox"/> Employers | <input type="checkbox"/> Insurance companies (individually) |
| <input type="checkbox"/> Workers (union) | <input type="checkbox"/> State-based insurance providers |
| <input type="checkbox"/> Workers (non-union) | <input type="checkbox"/> Construction professionals associations (e.g., architects, engineers) |
| <input type="checkbox"/> Trade associations | <input type="checkbox"/> Safety and health professional associations |
| <input type="checkbox"/> Labor unions | <input type="checkbox"/> Consensus standard groups |
| <input type="checkbox"/> Joint labor-management apprenticeship programs | <input type="checkbox"/> Safety and health professionals (individually) |
| <input type="checkbox"/> Community colleges/other training providers | <input type="checkbox"/> Federal OSHA |
| <input type="checkbox"/> Commercial training organizations | <input type="checkbox"/> State OSHA |
| <input type="checkbox"/> National non-profit organizations | <input type="checkbox"/> Other federal government agency - CPSC |
| <input type="checkbox"/> Regional non-profit organizations | <input type="checkbox"/> Local government agency (e.g., local building inspectors, licensing and permitting offices) |
| <input type="checkbox"/> Local non-profit organizations (community-based organizations) | <input type="checkbox"/> Research foundations |
| <input type="checkbox"/> Equipment manufacturers | <input type="checkbox"/> Other research institutions |
| <input type="checkbox"/> Material suppliers | <input type="checkbox"/> Academic institutions/researchers in academia |
| <input type="checkbox"/> Tool and equipment rental firms | <input type="checkbox"/> Trainers/Educators |
| <input type="checkbox"/> Owners (individually—public and private sectors) | <input type="checkbox"/> Policymakers |
| <input type="checkbox"/> Insurance associations | |

☐ Public interest groups

Step 2: Key Audiences Detail – For each of the key audiences identified in Step 1, complete the following.

Audience # _____

A. Organizations of Interest

Thinking about the key audience, what specific organizations and/or contact people at those organizations, are part of that audience group that you need to reach? Remember to think across all construction sectors or trades that might be affected.

Organization Name & Contact Info	Contact Person	What Type of Change do You Hope to Achieve? [Awareness, Knowledge, Attitudes, Behavior (work methods/tools), Policy]
1.		
2.		
3.		
4.		
5.		

B. Strategies & Methods

For each key audience, what strategies and methods do you think will be the most effective to reach the individuals and organizations? Examples of types of strategies and outputs are listed below. For each strategy/method you select, sketch an outline of your action plan in the table below. Complete this table for each method selected.

Examples of Strategies

- ☐ Education/training
- ☐ Communication outreach/marketing
- ☐ Policy development
- ☐ Technology transfer
- ☐ Coalition-building

Examples of Outputs

- ☐ Press release
- ☐ Education materials
- ☐ Training materials
- ☐ Promotional/marketing materials
- ☐ Web postings/pages/links
- ☐ Mailings
- ☐ New/social media engagement

Solution List individually if the audience, strategy, outputs and timeline will be different.	Target Audience (s) <i>Who are you trying to reach?</i>	Strategy <i>How will you reach the target audience? (e.g., education, communication, etc.)</i>	Output <i>What will you produce or use implement your strategy? (e.g. training program, articles, etc.)</i>	Resources Required <i>Who/what is necessary for you to implement the type of strategy & output(s) you selected?</i>	Timeline <i>List MAJOR outputs as milestones with a target date</i>

Step 3: Evaluation

Communication and behavior change theories can provide a useful framework for planning and evaluating dissemination efforts. Different theories are appropriate for different topics (key messages), types of efforts (societal level vs. individual level), and audiences. Your partnership may find it beneficial to consult with a social or behavioral scientist or a communication or r2p expert to help you think about applying theory to the planning and evaluation of your dissemination effort. At a minimum, the additional resources listed below can be a useful primer on theory and dissemination planning to get you started.

Think back to the dissemination goal you articulated in Step 1A, the change objective you determined in Step 2A, and the outputs you listed in Step 2B. How will you measure the success at achieving your goal? Your change objectives? The completion and impacts of your outputs?

Some measures could be:

- A change in policy
- Documented adoption of a practice on a small or large scale
- Creation of a voluntary or binding standard
- Change in exposures
- Change in injury/illness rates

- Reach of your outputs
- # orders for products or outputs
- # responses/conversation generated through new media use
- # requests for additional information, web hits, downloads

Additional Resources

- ➡ National Cancer Institute [2005]. Theory at a Glance A Guide for Health Promotion Practice (Second Edition). DHHS, NIH, NCI <http://www.cancer.gov/cancertopics/cancerlibrary/theory.pdf>
- ➡ National Cancer Institute. Making Health Communication Programs Work <http://www.cancer.gov/cancertopics/cancerlibrary/pinkbook/page1>

APPENDIX 3: GLOSSARY

ACTIVE LISTENING:

- ❖ A method of communication where the listener attempts to attentively listen, understand the meaning of the message, and be mindful of the intent of the speaker. It often requires the listener to feed back what they hear to the speaker by re-stating or paraphrasing what they have heard in their own words to confirm the understanding of both parties.

CHAMPION:

- ❖ Often a respected leader in their field, a partner or other stakeholder, who is firmly committed to the partnership and its goals. A champion uses his/her credibility and influence to convince colleagues to support the partnership and its efforts which helps to create buy-in and momentum for the work.

CPWR:

- ❖ CPWR-The Center for Construction Research and Training. CPWR is an organization dedicated to reducing occupational injuries, illnesses, and fatalities in the construction industry. Through its research, training, and service programs, CPWR serves the industry in cooperation with key federal and construction industry partners nationwide.

DISSEMINATION:

- ❖ The targeted distribution of information and intervention materials to a specific public health or clinical practice audience. The intent is to spread knowledge and the associated research-based interventions. (*Source: National Institutes of Health*)

END USER:

- ❖ The people ultimately intended to use and benefit from a particular solution that is being disseminated, such as contractors or workers. A product may first pass through several intermediaries, such as manufacturers, suppliers, and distributors before reaching the end user.

EVALUATION:

- ❖ The systematic assessment of the quality, value, success, or progress of a project, intervention, or dissemination effort. (See also *process evaluation* and *outcome evaluation*)

EXTERNAL EVALUATION:

- ❖ Evaluation conducted by someone outside the partnership, often professional evaluators or researchers, to assess the quality, standards, performance, progress, and/or outcomes of the partnership and its efforts.

FACILITATION:

- ❖ The art of helping a group, often of diverse people, identify common ground, build consensus, and come together to achieve their goals and objectives.

FACILITATOR:

- ❖ An individual who enables groups and organizations to work more effectively together; to collaborate and achieve synergy. In the purest form, the facilitator is a completely neutral party who does not take part in decision-making. Facilitators ensure that all partners are engaged and

have a voice, build trust amongst partners, and allow the group to take the lead in decision-making and dictating partner responsibilities. Other models of facilitation include that of the *facilitative leader*. Facilitators are often individuals who come into the partnership already well-respected and trusted by other partners.

FACILITATIVE LEADERSHIP:

- ❖ A blended model of facilitation where the facilitator and leader roles are intertwined and the facilitator has expertise in both the content and facilitation skills as well as the added benefit of understanding dynamics between partner organizations. A person acting as a facilitative leader must be careful to balance their personal input and biases with those of the other partners to ensure that they do not overly influence decisions and the direction of the partnership.

FACILITATIVE LEADER:

- ❖ An individual who both leads the group and facilitates their discussions and processes. A good facilitative leader will bring expertise and knowledge of the issue and affected industry to the table, as well as the ability to withhold input and opinions as needed in order to assist the other partners in working together effectively.

FORMING:

- ❖ An early stage of partnership development in which partners are just trying to get to know each other and individual or organizational roles and responsibilities are not yet clear.

FREEWHEELING:

- ❖ A facilitation method where everyone is invited to contribute ideas spontaneously. One advantage of this method is that it encourages creativity as people build on each other's ideas; a disadvantage is that quiet partners may not speak up.

GOALS:

- ❖ The purpose or intentions toward which your endeavor is directed. They tend to be generic actions or outcomes that your partnership will strive to achieve, meaning they are general, not inherently measureable.

GRADIENTS OF AGREEMENT:

- ❖ A decision-making strategy that allows a group to gauge each individual's level of support or opposition. Partners vote using a scale with clearly defined points to indicate where they stand on a proposal.

INTERNAL EVALUATION:

- ❖ Evaluation conducted by the partnership or an individual or group within the partnership to assess the quality, standards, performance, progress, and/or outcomes of the partnership and its efforts.

INTERVENTIONS:

- ❖ Any strategies, products, or programs created and used to address a health and safety problem. Used interchangeably with *solutions*.

LEADER:

- ❖ The leader is a highly influential member of the partnership who helps to spearhead group efforts and guide decision-making using his/her knowledge and ability to provide direction.

MISSION STATEMENT:

- ❖ A statement that broadly and succinctly defines the partnership's purpose – the “who, what, how, and why” of the partnership. Mission statements are concise and outcome-oriented.

NIOSH:

- ❖ National Institute for Occupational Safety and Health. As part of the Center for Disease Control (CDC), NIOSH is responsible for conducting research and making recommendations for the prevention of work-related illnesses and injuries.

NORMING:

- ❖ A stage of group development in which partners are engaged and value each other's contributions, and the group has started to figure out how to work together. Partners are willing to change their preconceived ideas and are open to and interested in what each has to contribute in this stage; partnership morale is high and the group is able to function productively.

OBJECTIVES:

- ❖ Specific milestones, usually concrete, tangible, measurable, and short-term actions that support the attainment of a goal. Objectives should be SMART – Specific, Measurable, Attainable/Achievable, Relevant, and Timely.

OSHA:

- ❖ Occupational Safety and Health Administration. OSHA is the main federal agency charged with the enforcement of safety and health legislation.

OUTCOME EVALUATION:

- ❖ An assessment of the impact of a partnership's efforts on the intended audience.

PARTNERSHIP AGREEMENT:

- ❖ An agreement made by all partners that defines the purpose and vision of the partnership, along with the roles and responsibilities of everyone involved. It should include documentation of the partnership's vision, mission, partner roles, decision-making processes, or other important arrangements the partnership deems important to include.

PARTNERSHIP EVALUATION:

- ❖ An assessment of how well a partnership is functioning. This type of evaluation focuses on the processes of the partnership and the extent to which it is adhering with its own agreements and values.

PERFORMING:

- ❖ A stage of group development in which the partnership shows cohesion and interdependence, whether working independently, in subgroups, or as an entire partnership. Not all partnerships reach this stage.

PRACTICE TO RESEARCH (P2R):

- ❖ A part of the research to practice (r2p) process in which research gaps are identified by and research is responsive to the safety and health concerns and priorities of workers, employers, and other key stakeholders in the field.

PROCESS EVALUATION:

- ❖ An assessment of a partnership's success in conducting and implementing planned r2p activities.

R2P EVALUATION:

- ❖ Evaluation that focuses on a partnership's research and dissemination activities which can be divided into two sub-types: process evaluation and outcome evaluation.

R2P PARTNERSHIP:

- ❖ A collaborative effort among stakeholders to identify and solve safety and health problems by promoting the use of available research-based solutions or identifying new research needs. Such partnerships can be organized around solving a specific problem or improving the safety and health practices of a construction industry sector.

RESEARCH TO PRACTICE (R2P):

- ❖ A process focused on the transfer of knowledge and interventions into effective safety and health practices or products that are adopted into the workplace. A way of conducting research that is relevant to stakeholders and ensures that the results of that research are shared with them. Related terms include dissemination, diffusion, implementation, knowledge transfer, research translation, and *practice to research (p2r)*.

RESEARCH-BASED SOLUTIONS:

- ❖ Interventions, technologies, equipment, trainings, programs, and other approaches that promote safety and health that previous research has shown to be efficient or effective. Related terms include evidence-based practices, best practices, or research-based interventions.

ROOT CAUSE ANALYSIS:

- ❖ Typically done as part of an accident or near-miss investigation, a root cause analysis requires one to track back through the series of events or actions leading up to the accident until the underlying or root cause is identified. Such an analysis may provide the partnership and the researcher with insight into the type of solutions that will best address a hazard.

ROUND ROBIN:

- ❖ A facilitation method in which partners take turns presenting their ideas. One advantage of this method is that all participants get an equal chance to speak up and quiet partners are more likely to contribute, while a disadvantage is that it stifles spontaneity and sometimes members forget their idea by the time their turn arrives.

SLIP METHOD:

- ❖ A facilitation method in which everyone puts ideas on a slip of paper (or sticky note) and passes it in to the facilitator. One advantage to this method is that some people may be more candid

and creative with anonymity preserved; a disadvantage is not hearing other member's ideas, which can trigger additional creative discussion.

SOLUTIONS:

- ❖ Any strategies, products, or programs created and used to address a safety and health problem. Used interchangeably with *interventions*.

STAKEHOLDERS:

- ❖ Individuals or groups that have an interest in or are affected by the operations and actions of the partnership or the issue in which they are engaged.

STORMING:

- ❖ A stage of group development in which partners experience conflict and competition. Partnership rules, structure, and authority may be questioned. Patience, tolerance and the ability to listen will help partnerships push through this phase.

TARGET POPULATION:

- ❖ End users or audience for a particular research-based solution that a partnership tries to reach, change, or affect in its dissemination efforts.

VISION STATEMENT:

- ❖ The ideal future that a partnership will work to achieve over time that provides both guidance and inspiration; it encompasses how things would look if the issue(s) or problem(s) that brought the partners together were completely addressed. A vision statement should be clear, concise, and easy to communicate; often just a few words or a short phrase.

APPENDIX 4: ADDITIONAL RESOURCES

- American Evaluation Association Website – Find an evaluator by state tool (http://www.eval.org/find_an_evaluator/evaluator_search.asp)
- American Evaluation Association e-library (<http://comm.eval.org/eval/resources/librarydocumentlist/?LibraryKey=1eff4fd7-afa0-42e1-b275-f65881b7489>)
- Building Collaborative Partnerships, North Central Educational Laboratory, Learning Point Associates (<http://www.ncrel.org/sdrs/areas/issues/envrnmnt/css/ppt/chap1.htm>)
- CDC Evaluation Guides (http://www.cdc.gov/dhdsp/programs/nhdsp_program/evaluation_guides/index.htm)
- Characteristics of Effective Partners in Community-Based Participatory Research (<http://depts.washington.edu/ccph/cbpr/u2/u21.php>)
- CPWR r2p and Partnership Research (<http://www.cpwr.com/research/r2p-bridging-gap-between-research-and-practice>)
- Community Toolbox – Chapter 36 – Evaluation (http://ctb.ku.edu/en/tablecontents/chapter_1036.aspx)
- Community Toolbox, Evaluating Community Programs and Initiatives, Chapter 36, Section 4: Choosing Evaluators (http://ctb.ku.edu/en/tablecontents/sub_section_main_1351.aspx)
- Evaluation Brief: Selecting an Evaluation Consultant - <http://www.cdc.gov/healthyyouth/evaluation/pdf/brief1.pdf>
- Evaluation Toolkit by the Pell Institute (<http://toolkit.pellinstitute.org>)
- Facilitator's Toolkit, Office of Quality Management (<http://www.uspto.gov/web/offices/com/oqm-old/Facilitation.pdf>)
- Facilitator's Guide to Participatory Decision-Making (Kaner, S., Lind, L., Toldi, C., Fisk, S., & Berger, D. (2007). *Facilitator's Guide to Participatory Decision-Making* (2nd ed.). San Francisco: Jossey-Bass.)
- Four Levels of Engagement in Partnering - the CDC's Partnership Development Toolkit (pp. 3-4) (http://www.cdc.gov/cancer/nbccedp/pdf/toolkit/NBCCEDP_Toolkit.pdf)
- Making Decisions and Communicating Effectively (<http://www.cbprcurriculum.info/>)
- OSHA Alliance Program (<https://www.osha.gov/dcsp/alliances/whatis.html>)
- PARTNER (Program to Analyze, Record, and Track Networks to Enhance Relationships) tool, Robert Wood Johnson Foundation (<http://www.partnertool.net/>)
- The Partnership Handbook, Minister of Public Works and Government Services Canada (<http://publications.gc.ca/collections/Collection/MP43-373-1-2000E.pdf>)
- Partnership Toolkit, Comprehensive Cancer Control, Centers for Disease Control (<http://www.healthysms.com/msdhsite/index.cfm/43,2766,292,410,pdf/PartnershipToolsforPrograms.pdf>)
- Planning a Program Evaluation from the University of Wisconsin Cooperative Extension

- <http://learningstore.uwex.edu/assets/pdfs/G3658-1.PDF>
- Pocket Guide to Building Partnerships, World Health Organization
(http://www.stoptb.org/assets/documents/countries/partnerships/building_partnerships_guide.pdf)
- A Short Guide to Partnerships, David Wilcox
(<http://www.partnerships.org.uk/part/partguide1.doc>)
- Writing Smart Objectives (<http://www.cdc.gov/healthyyouth/evaluation/pdf/brief3b.pdf>)

APPENDIX 5: ACKNOWLEDGEMENTS

We are very grateful for the help of all who contributed their efforts and insights into the development of this toolkit. We would like to thank those from the Asphalt Paving Partnership, the Masonry r2p Partnership, the SafeBuild Alliance, the Massachusetts Floor Finishing Safety Task Force, the Electrical Transmission and Distribution Partnership, the Latino Fall Prevention Partnerships, and the OSHA•NIOSH•CPWR Interagency r2p Working Group who participated in interviews and conversations sharing their experiences. Many of these individuals additionally provided guidance on the content and direction of the toolkit through a series of early meetings and conference calls. These include: Barbara Rahke, Brett Phillips, Donald Elisburg, Howard Marks, Javier Garcia Hernandez, Marcy Goldstein Gelb, Matt Aquiline, Matt Gillen, Mike Kassman, and Suzanne Teran.

Many thanks to Beth Malinowski for work on early drafts of the toolkit sections, and to Mellissa Bixler and Celia Voyles for their many efforts in the editing and production of this document. Finally, our thanks to Robin Baker for her ongoing guidance and direction.

Eileen Betit, Jessica Bunting, Charlotte Chang, Kelsie Scruggs