**Dissemination of Findings: How to Share Results**

Once the evaluation is completed, it is important to share the results and/or evaluation procedures with a variety of stakeholders. This process is called **dissemination.** The Centers for Disease Control and Prevention (CDC) defines this process called “dissemination” as “the process of communicating evaluation procedures or lessons learned to relevant audiences in a timely, unbiased, and consistent manner,” with the ultimate goal of achieving "full disclosure and impartial reporting."

**Why Disseminate?**

Disseminating evaluation results can help you to:

1. Ensure audiences understand the issues addressed by the program
2. Increase understanding and awareness about the types of support needed for successful implementation
3. Inform program improvements
4. Help to secure additional or ongoing funding
5. Create positive publicity
6. Influence and encourage changes in policies and/or practices, both within program and elsewhere.

**How and What to Disseminate**

The products developed for dissemination will vary depending on a variety of factors. The following are key questions to keep in mind when planning dissemination efforts:

**EXHIBIT 5: KEY QUESTIONS FOR DISSEMINATION**

- Who is/are the intended audience(s)?
- What does the audience need to know, and what are their specific interests?
- What does the evaluation team hope to gain by disseminating this information or these results?
- How will the evaluation team communicate about the program, while ongoing and upon its completion?

Once these questions have been answered, the types of **products** (e.g., articles, oral presentations, blogs, briefs, etc.) and **mechanisms** (e.g., conferences, mass media, journals, websites, etc.) can be determined. Potential audiences, products and mechanisms are listed below.
**Target Audience**

- Funders/donors
- Program stakeholders & staff (e.g., state and local health department staff and administration/ farmers’ market representatives)
- Organizations implementing similar programs
- Participants in program
- General public
- Policymakers
- Academic Institutions

**Dissemination Products**

- Formal evaluation reports
- Press release or issue briefs
- Promotional products such as brochures, posters, billboards, flyers, or videos
- Presentation (slide or poster)
- Peer-reviewed article
- Data collection tools
- Success stories/Lessons Learned

**Dissemination Mechanisms**

- Email
- Website
- Conference
- Local or national media sources
- Journal or other publication
- Special event or meeting
- Targeted location (e.g., Farmers’ Market, cooking demonstration table/booth)

**Consider Your Audience**

It is important to match the style, tone, education level, timing, format, and mechanism of each dissemination effort to the needs of the target audience. For example:

- To reach the public, oral presentations, videos, and displays may be more memorable, effective, and therefore preferred. Slide presentations, news releases or press conferences, radio and television coverage, and public meetings help to educate and encourage discussion among attendees.
• To reach **stakeholders or program staff**, e-mail listservs and web-based resources may prove the most beneficial. Display of promotional materials at farmers’ markets and in-person meetings are important for reaching program staff and key stakeholders.²

• To reach **conference/workshop participants, policymakers, and funders/donors**, consider use of print formats such as brochures, one-page descriptions, newsletters, executive summaries, or technical reports.

The following example, adapted from CDC’s Framework, may help guide plans for reaching the various target audiences.³

**EXHIBIT 6: SAMPLE DISSEMINATION APPROACH AND RECOMMENDATIONS⁴**

<table>
<thead>
<tr>
<th>Sample Dissemination Approach</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Audience:</strong> State and local health department staff/health department administration.</td>
</tr>
<tr>
<td><strong>Purpose of evaluation:</strong> Demonstrate impact of program on target populations’ knowledge and consumption of fresh fruits and vegetables.</td>
</tr>
<tr>
<td><strong>Evaluation findings:</strong> Farmers’ market incentive coupons were distributed to low-income residents of three targeted neighborhoods. In a survey of neighborhood residents, xx% or respondents were familiar with the incentive program and xx% had used the incentive coupons.</td>
</tr>
<tr>
<td><strong>Recommendation:</strong> We recommend increasing funding in order to expand the program to reach new neighborhoods and farmers’ markets.</td>
</tr>
</tbody>
</table>

**When to Disseminate**

Dissemination of information can and should occur throughout all phases of program implementation to improve quality and assess progress at each state of the logical model. Special opportunities for dissemination may present at the time of special events or critical junctures for your organization such as a new achievement, recognition or an award, or as part of a fundraising campaign. Alternatively, dissemination efforts may be timed to coincide with events that relate to the issues addressed by program, i.e., start or end of the annual farmers’ market season.⁷ VII Findings of the overall evaluation should be disseminated at the end of the evaluation.

**Checklist for Effective Dissemination⁸**

The following checklist developed by CDC may prove useful as you plan your dissemination and develop dissemination products.
Effective Dissemination Checklist

- Identify strategies to increase the likelihood that evaluation findings will be used.
- Identify strategies to reduce the likelihood that information will be misinterpreted.
- Provide continuous feedback to the program.
- Prepare stakeholders for the eventual use of evaluation findings.
- Identify training and technical assistance needs.
- Use evaluation findings to support annual and long-range planning.
- Use evaluation findings to promote your program.
- Use evaluation findings to enhance the public image of your program.
- Schedule follow-up meetings to facilitate the transfer of evaluation conclusions.
- Disseminate procedures used and lessons learned to stakeholders.
- Consider interim reports to key audiences.
- Tailor evaluation reports to audience(s).
- Revisit the purpose(s) of the evaluation when preparing recommendations.
- Present clear and succinct findings in a timely manner.
- Avoid jargon when preparing or presenting information to stakeholders.
- Disseminate evaluation findings in several ways.
Dissemination Materials

The following list provides examples of oral, poster, promotional and paper products developed to disseminate the approach to and results of Abt Associates’ evaluation of New York City Health Bucks program.

Poster Presentations:

- **Formative Activities in Support of an Evaluation of the New York City Health Bucks Program.**
  Poster presentation at the Annual Meeting of the American Dietetic Association, Boston, MA, November 2010 and at the American Public Health Association Annual Meeting, Denver, Colorado, November 2010.

Papers and Panel Presentations:

- **Evaluation of a Farmers' Market Incentive Program: The New York City Health Bucks Initiative.**


- **Enhancing the Quality of Evaluation through Collaboration among Funders, Programs, and Evaluators.** Panel presentation at the Evaluation 2010 Conference of the American Evaluation Association, San Antonio, TX, November 2010.

Other Dissemination Products:

- The **New York City Department of Mental Health and Hygiene** has created press releases to share information about the Health Bucks program. See *Appendix E* to see the press release from 2010.

- **CDC** has developed a one-page information sheet to discuss the evaluation and its results (see *Appendix E*). More information sheets to come in the near future.
References


ii Ibid.

iii Ibid.


v Centers for Disease Control and Prevention. Office of the Director, Office of Strategy and Innovation, & National Center for Infectious Diseases, Division of Bacterial and Mycotic Diseases. Introduction to program evaluation for public health programs: Evaluating appropriate antibiotic use programs. Atlanta, GA: Centers for Disease Control and Prevention, 2006.

vi Centers for Disease Control and Prevention. Office of the Director, Office of Strategy and Innovation, & National Center for Infectious Diseases, Division of Bacterial and Mycotic Diseases. Introduction to program evaluation for public health programs: Evaluating appropriate antibiotic use programs. Atlanta, GA: Centers for Disease Control and Prevention, 2006.


viii Centers for Disease Control and Prevention. Office of the Director, Office of Strategy and Innovation, & National Center for Infectious Diseases, Division of Bacterial and Mycotic Diseases. Introduction to program evaluation for public health programs: Evaluating appropriate antibiotic use programs. Atlanta, GA: Centers for Disease Control and Prevention, 2006.
FOR IMMEDIATE RELEASE
Press Release # 055-10
Wednesday, November 17, 2010

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Food Stamp Users Received more than $200,000 in Coupons for Fresh Produce through the City’s Health Bucks Program at Farmers’ Markets this Season

60 New York City farmers’ markets now accept Health Bucks – Up from 29 in 2006

November 17, 2010 – The Health Department and Human Resources Administration have distributed more than $200,000 in free coupons for fresh produce over the past four months, enabling food stamp users to eat healthfully while stretching the value of their federal nutrition subsidies. The produce coupons, known as Health Bucks, increase the value of food stamp benefits by 40% when redeemed at participating farmers’ markets in New York City. Whenever a customer spends $5 in food stamp benefits at a participating market, the customer receives a $2 Health Buck redeemable for fresh fruit and vegetables.
The City has distributed Health Bucks through 60 farmers’ markets during the current season, which runs from July through mid-November. That number is up from 49 markets last year – and from 29 in 2006, the Health Bucks program’s second year. The initiative targets neighborhoods where produce consumption is low and where obesity, diabetes and other diet-related illnesses are widespread.

“The Health Bucks program is one of New York City’s many efforts to make everyday environments conducive to good health,” said Dr. Thomas Farley, New York City Health Commissioner. “We know that fruits and vegetables are an important part of a healthy diet. By making them more accessible, programs like this can help low-income families avoid cancer, high blood pressure and stroke. We’re pleased to see that other jurisdictions across the country are following our lead and implementing similar fresh produce coupon programs for their residents.”

Data suggest that Health Bucks can significantly increase food stamp sales at participating farmers’ markets. In an analysis of Greenmarkets – farmers’ markets operated by the non-profit group GrowNYC – the Health Department found that markets accepting Health Bucks did roughly twice as much food stamp business as those not involved in the program. The 13 Greenmarkets that offered Health Bucks to their food stamp customers racked up $166,000 in food stamp sales during the 2009 season – $100,000 more than the 11 Greenmarkets that did not participate.

“These numbers are proof that purchasing fresh fruits and vegetables has become easier for food stamp recipients at farmers’ markets throughout New York City,” said HRA Commissioner Robert Doar. “This cooperative effort with the Health Department, the New York State Department of Agriculture and Markets, and community organizations throughout the city is just one of HRA’s many initiatives to improve benefits for low-income New Yorkers.”

While providing financial incentives, the Health Department also sponsors free cooking and healthy meal planning workshops at 15 markets dubbed “Stellar Farmers’ Markets” to help consumers learn how to stretch food dollars and prepare healthy meals from seasonal produce. Supported by the United States Department of Agriculture, the Stellar Farmers’ Markets reach an average of 35,000 New Yorkers during the market season. A list of markets that host workshops is available at ny.gov, keyword “Stellar Farmers’ Markets.”

The Health Department also collaborates with local community organizations to ensure that the neediest New Yorkers benefit from the farmers’ markets in their areas. At the Corona Greenmarket in Queens, the Health Department and a partner organization, Public Health Solutions, link people in the federal Women, Infants and Children program (WIC) to farmers’ markets through the Farmers Market Nutrition Program.

**About Health Bucks**

New York City’s Health Bucks program started in 2005 as a pilot program in the Bronx. It expanded in 2006 to all three Health Department District Public Health Office areas – the South Bronx, East and Central Harlem, and North and Central Brooklyn – neighborhoods with high rates of poverty and chronic illness. Markets in Queens and Staten Island have also joined the initiative this year. The Health Department administers the Health Bucks program with the Human Resources Administration.
administers the Health Bucks program with the Human Resources Administration and the Farmers Market Federation of New York and various markets and partner organizations. For more information, or a list of participating farmers’ markets, visit nyc.gov and search for the keyword “Health Bucks.” Most farmers’ markets across the city are open from July through mid-November.

About the Food Stamp Program

More than 1.7 million New York City residents participate in the federal food stamp program, known formally as the Supplemental Nutrition Assistance Program (SNAP). The City’s efforts to improve access to the program include shortening the application and simplifying the application process; translating program information into various languages (Spanish, Russian, Korean, Mandarin, Haitian, Creole and Arabic); automatically enrolling recipients of Supplemental Security Income (SSI) into the program; working with community-based organizations to facilitate electronic applications; allowing employed people to apply by telephone to avoid lost work time; and allowing SSI recipients and eligible seniors to recertify by mail.

With support from the Center for Disease Control’s Communities Putting Prevention to Work Program, the Health Department funded 29 farmers’ markets to promote acceptance and use of food stamps. New York City and the State Department of Agriculture and Markets have been working together over the past decade to increase the number of farmers’ markets with electronic benefit terminals to accept food stamps. In 2006, only 15 of the 29 farmers’ markets accepting Health Bucks had electronic benefit terminals. This farmers’ market season, 60 farmers’ markets both accept Health Bucks and accept food stamps electronically. With the support of the City Council, Greenmarket has also expanded the ability of their markets to accept food stamps. This year, 40 of the 51 Greenmarkets in the city have terminals to perform electronic food stamp transactions.

Farmers’ Markets Participating in the Health Bucks Program, 2010 (PDF)

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Background

What are farmers’ markets?
Farmers’ markets are recurring gatherings of farmers selling their food products, including fruits and vegetables, directly to consumers. They provide a direct connection between consumers and the people who grow their food. Farmers’ markets are one way to increase access to fruits and vegetables.

How are incentives used at farmers’ markets?
Food and nutrition assistance programs, such as SNAP (Supplemental Nutrition Assistance Program), Women, Infants, and Children Nutrition Program (WIC), Senior Farmers’ Market Nutrition Program (SFMNP), and the WIC Farmers’ Market Nutrition Program (FMNP), have begun to extend benefits to include farmers’ market purchases for fruits and vegetables through the use of coupons or electronic benefit transfer (EBT) debit cards. Farmers’ market coupons allow low-income families and families living in underserved communities to overcome the barriers of cost and availability of fresh fruits and vegetables.

What is the New York City Health Bucks program?
The Health Bucks program was developed by the New York City Department of Health and Mental Hygiene. Health Bucks are $2 coupons good for purchasing fresh fruits and vegetables at local farmers’ markets in underserved neighborhoods. As an added incentive for SNAP participants, individuals using their EBT card at participating farmers’ markets receive one $2 Health Buck for every $5 spent.

How can I do this in my own state or community?
The Center of Excellence for Training and Research Translation (Center TRT) has collected and posted on their Web site a variety of materials to help replicate this program in your own state or community. The main components for replicating the program include—

• Identifying which markets can participate in the program based on need and interest.
• Determining how incentives will be distributed (e.g., at point of purchase, as an incentive for EBT, by community sites, etc.).
• Developing a tracking system by which coupons can be tracked and their use monitored.
• Determining how coupons will be redeemed by farmers.
• Developing a mechanism to reimburse farmers for coupons redeemed.
• Developing a mechanism to promote the incentive to ensure high use and redemption rates.

How do we know this program works?
CDC has contracted with Abt Associates, Inc. to conduct an evaluation of the NYC Health Bucks program. Evaluation results will be available by fall 2011.

For more information: Jan Jernigan, jjernigan1@cdc.gov or Gayle Payne, gpayne@cdc.gov, CDC’s Division of Nutrition, Physical Activity, and Obesity

Evaluation results and evaluation toolkit coming in fall 2011!