Disseminating Health Literacy Tools to Pharmacies: The Utility of Rogers' *Diffusion of Innovations* Theory

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Background

- The Agency for Healthcare Research and Quality (AHRQ) supported the development of four health literacy tools for pharmacies.
- AHRQ funded this contract, in part, to disseminate the health literacy tools to pharmacies to ultimately facilitate pharmacists' and pharmacies' adoption and implementation of the tools into everyday practice.

Objectives

- To understand how to use and adapt Rogers' *Diffusion of Innovations* theory approach to dissemination and implementation in pharmacy.
- To describe a tailored approach used to disseminate health literacy tools to pharmacies guided by Rogers' *Diffusion of Innovations* theory.

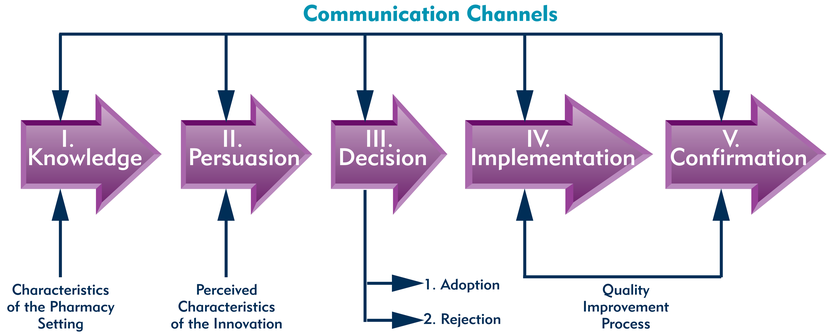
Diffusion of Innovations

- Developed by Everett M. Rogers in 1962; now in it's 5th edition (2003)
- Innovativeness and adopter categories
  - Innovators
  - Early adopters
  - Early majority
  - Late majority
  - Laggards
- Innovation-decision process

Disclosure

- The information upon which this poster is based were performed under Contract HHSA290200600011/TO#5 entitled "Assessing Organizational Responses to AHRQ's Health Literacy Pharmacy Tools," funded by the Agency for Healthcare Research and Quality, Department of Health and Human Services.
- The content of this presentation does not necessarily reflect the views or policies of the Department of Health and Human Services, nor does the mention of trade names, commercial products, or organizations imply endorsement by the U.S. Government. The author [presenter] assumes full responsibility for the accuracy and completeness of the ideas presented.

Innovation-Decision Process Adapted to Pharmacy



- Characteristics of the Pharmacy Setting
  - Type of pharmacy (e.g., chain, independent, 340B)
  - Culture (e.g., patient-centered)
  - Staff and staffing (e.g., pharmacy interns, residents)
  - Prescription volume
  - Association with pharmacy school (e.g., rotation site)
- Perceived characteristics of the Innovation/Tool
  - Relative advantage
  - Compatibility with pharmacy
  - Complexity
  - Trialability
  - Observability

Mass Distribution

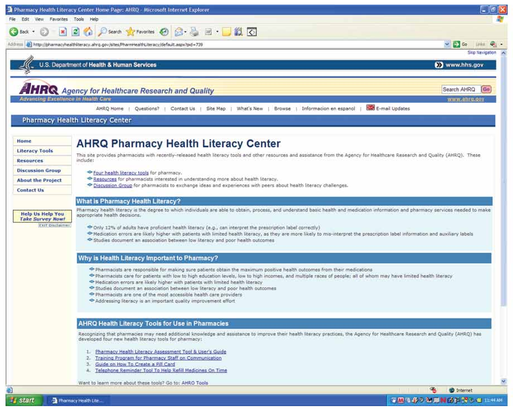
- Aim: To create *awareness* (knowledge) among pharmacies of the availability of the health literacy tools for pharmacy.
- Approach:
  - Chain drug store newsletter announcement that reaches 38,000 pharmacies.
  - Announcement in a pharmacy trade journal that reaches 140,000 pharmacists.

Targeted Dissemination

- Aim: To create and/or increase *awareness* and *persuade* audience to use the tools.
- Approach:
  - Mass mailing to 300 chain pharmacy's VPs of pharmacy affairs (i.e., decision-makers).
  - Direct dissemination to pharmacy faculty group that focuses on underserved curriculum who are interested in health literacy and likely to be "innovators".

Dissemination of Comprehensive Information and Support to Implement Tools

- Aim: To create *awareness*, *persuade* pharmacists to *decide* and *implement* the tools.
- Approach:
  - *Pharmacy Health Literacy Center website* at http://pharmacyhealthliteracy.ahrq.gov
    - Provides pharmacists the information necessary to consider adopting the tools and resources to encourage implementation.
    - Information and literature on health literacy.
    - Copies of the health literacy tools.
      - Resources to support use of the tools.
      - Technical assistance for pharmacies using the tools.
    - Discussion board for pharmacists to exchange ideas and experiences with peers.



Assessing Dissemination Efforts

The outcomes of the dissemination effort will be measured from:

- Circulation size of distribution mechanisms (e.g., newsletter).
- Website tracking statistics on visitor, traffic, and site usage.
- Survey of website visitors.

A report on the distribution outcomes will answer the following:

1. What messages, tools and other resources were disseminated?
2. What distribution mechanisms were used to disseminate the health literacy tools messages, and what was the circulation size?
3. How many pharmacies and pharmacists were reached?
4. By which distribution mechanisms did pharmacists and pharmacies become aware of the tools?
5. How many individuals visited the project's health literacy website?
6. What were the distribution outcomes for each of distribution effort?

Discussion

- Rogers' *Diffusion of Innovations* theory was instructive for designing a tailored approach to disseminating health literacy tools to pharmacists and pharmacies.
- The outcomes of the distribution efforts will be informative for further adapting and refining the designed approach for future dissemination efforts to pharmacists and pharmacies.
- The findings from this tailored dissemination approach with pharmacists will be helpful for future quality improvement efforts targeting pharmacists and pharmacies.

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