FLORIDA STATE UNIVERSITY
COLLEGE OF MEDICINE

Research Workshop Series # 7
Dissemination of Research Findings
Workshop Overview

- Importance of dissemination
- Understanding the audience
- Writing an abstract
- Poster and oral presentations
- Publications
- Defining the role of authors and contributors
- Developing a dissemination strategy
Why is Research Dissemination Important?

- Promotes awareness of research and evidence-based practices
- Maximizes the impact of health outcomes
- Helps bridge gap between health research and action
Dissemination of Research

Examples include:

• **Poster Presentations**
  - Academic and Scientific Conferences
  - Research fairs (e.g. FSU CoM annual research fair)

• **Oral Presentations**
  - Academic and Scientific Conferences
  - Professional presentations (e.g. Grand Rounds)

• **Publications**
  - Peer-reviewed journals
  - Non-peer reviewed platforms (newspaper or magazine)
Audiences for Research Dissemination

• Patients
• Community/ Consumers
• Health Care Providers
• Policymakers and Regulators
• Industry
• Investigators
• Funders
Writing an Abstract

Three types of abstracts:

Descriptive:
• Pre-research activities

Informative:
• Post-research activities

Critical:
• A comprehensive evaluation of study and comparison to similar work
Writing an Abstract

Qualities of a superior abstract:

• Brief: Usually 150-250 words
• Structured: Includes intro-body-conclusion format
• Includes purpose/objectives, methods, results, & conclusions
• Follows a logical flow
• Summarizes the paper or study
Writing an Abstract

Do Not:

• Repeat the title
• Refer to content beyond the study
• Include references, figures, or tables (included in paper)
• Use abbreviations or acronyms without first defining them
Poster Presentations

A professional poster will:

• Provide a visual, organized summary of research

• Include objectives, methods/design, & results

• Meet guidelines for the specific event

• Match the audience knowledge base and interests

• Focus your message clearly and logically

• Be readable from about 4 - 6 feet away
Statins and the Elderly: Variation among experts in the absence of evidence.

Michael Penfold M2, LaVon Edgerton, Paul Katz MD
Department of Geriatrics, College of Medicine, Florida State University, Tallahassee, Florida

Supported by the Charles R. Mathews Geriatrics Education and Research Scholarship

Background
In the United States, diseases of the heart are the most common cause of morbidity and mortality. Of every 4 deaths, one of the major risk factors in the development of heart disease is high cholesterol. "Statins" collectively describe a class of drugs that lower cholesterol through the inhibition of HMG-CoA reductase. The success of statins in the prevention of cardiovascular disease has led the United States Preventive Services Task Force (USPSTF) and the American College of Cardiology/American Heart Association (ACC/AHA) to create recommendations on their use in patients under 75, however, for those age 75 and older, these guidelines do not contain any recommendation. This leaves clinicians caring for adults 75 and older to determine for themselves whether or not they should prescribe or terminate statin therapy to this population.

Research Aims
Determine clinical considerations that physicians use to evaluate when initiating, continuing, or terminating statin therapy in those over age 85 given this demographics unique challenges with polypharmacy, comorbid illness, and life expectancy.

Methods
Experts in the field of geriatrics (7), cardiology (1), and family medicine (1) were selected based on their extensive scholarship and clinical expertise to receive a web-based questionnaire.

Physicians began answering general questions on the use of statins in 85-year-old patients. They then began evaluating four progressively complex medical cases to determine the effects of specific health modifiable risk factors on physicians willingness to begin statin, continue, or halt statin therapy.

The questionnaire consisted of 66 questions addressing prescribing and terminating statins in 85-year-old patients. Physicians were asked to use a Likert scale to rate the importance of factors related to treatment decisions including body mass index, diabetes, high cholesterol, life expectancy, cognitive status, polypharmacy, and previous cardiovascular disease within the next 10 years. The study included 32 participants; 24 physicians and 8 residents.

Results
Lifestyle was the most important factor when determining the initiation or termination of statin therapy.

<table>
<thead>
<tr>
<th>Statin Therapy</th>
<th>Proportion of Physicians</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>3.35%</td>
</tr>
<tr>
<td>No</td>
<td>52.9%</td>
</tr>
<tr>
<td>Treatment</td>
<td>4.9%</td>
</tr>
<tr>
<td>Non-Treatment</td>
<td>3.35%</td>
</tr>
</tbody>
</table>

When given four clinical cases, with patients of varying health:

- Respondents were unwilling to begin statin therapy (for primary prevention) in any patient over 85 years of age regardless of overall health status or cognitive function.
- Respondents were willing to prescribe statins to an 85 year old for secondary prevention.

Discussion
Cardiovascular disease is the leading cause of death and patients age 85 and older are at a significantly increased risk. Respondents reported that life expectancy was the most important variable when evaluating initiating and terminating statins in patients 85 years and older.

Given the average additional life expectancy of an 85 year old male and female, 6 and 7 years respectively, there is a significant window in which cardiovascular disease may be reduced through statin therapy.

Yet, respondents overwhelmingly stated they would not initiate statins in patients 85 years and older when presented with four clinical scenarios.

Respondents identified cognitive status as the second most important considerations when terminating statins. However, when presented with a clinical scenario involving a demented patients they were unlikely to terminate the medication.

This leads to a more general observation that regards of health status respondents were unlikely to initiate or terminate statins in 85 year old patients.

The absence of any specific recommendations in this population may leave physicians without enough knowledge or confidence to manage these patients. This is evident through the lack of evidence.

Future Directions
In the absence of USPSTF guidelines and recommendations from the ACC/AHA physicians have no current specific guidelines for the usage of statins drugs for primary prevention in the elderly.

As the number of people prescribed statins increases in the population ages, researchers must devise clear guidelines for the implementation and discontinuation of statins in the geriatric population.
OBJECTIVES & METHODS

This study describes epidemiological patterns in older Americans’ experiences with diabetes, comorbid chronic conditions, and sexuality. We use data from the National Social, Health, and Life Project (NSHAP) to compute contingency tables of prevalence estimates illustrating variations in relationship satisfaction among older adults with and without diabetes.

RESEARCH QUESTIONS

1. How does overall relationship satisfaction vary among older adults with and without diabetes?

2. How does relationship satisfaction vary across these groups in physical and emotional domains?

3. What role might interrelated socio-demographic characteristics play in these patterns?

Table 1. Relationship Characteristics by Diabetes Status (n = 1,930)

<table>
<thead>
<tr>
<th>Diabetes Status</th>
<th>Married</th>
<th>Cohabitating</th>
<th>Dating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes only</td>
<td>16</td>
<td>84.2%</td>
<td>2</td>
</tr>
<tr>
<td>Diabetes and other</td>
<td>333</td>
<td>89.8%</td>
<td>10</td>
</tr>
<tr>
<td>Other conditions only</td>
<td>1,152</td>
<td>89.2%</td>
<td>37</td>
</tr>
<tr>
<td>No chronic conditions</td>
<td>223</td>
<td>89.9%</td>
<td>8</td>
</tr>
</tbody>
</table>

Table 2. Overall Relationship Happiness by Diabetes Status (n = 1,930)

<table>
<thead>
<tr>
<th>Diabetes Status</th>
<th>Not Happy</th>
<th>Somewhat Happy</th>
<th>Moderately Happy</th>
<th>Extremely Happy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes only</td>
<td>2</td>
<td>10.6%</td>
<td>2</td>
<td>10.5%</td>
</tr>
<tr>
<td>Diabetes and other</td>
<td>38</td>
<td>10.3%</td>
<td>40</td>
<td>10.8%</td>
</tr>
<tr>
<td>Other conditions only</td>
<td>144</td>
<td>11.2%</td>
<td>141</td>
<td>10.9%</td>
</tr>
<tr>
<td>No chronic conditions</td>
<td>24</td>
<td>9.6%</td>
<td>30</td>
<td>12.1%</td>
</tr>
</tbody>
</table>

KEY STUDY FINDINGS

Older NSHAP participants with diabetes are very similar to those without diabetes with respect to relationship satisfaction. This pattern was consistent for overall happiness with relationships as well as physical and emotional satisfaction.

However, among people with diabetes we observed sex differences in overall happiness that were magnified for physical and emotional satisfaction. We also saw strong gender disparities that may intersect with race and education.
Built Environment & Obesity: A Participatory Needs Assessment

Alexa Rivera, MS2; Javier I. Rosado, PhD; Tatiana Fernandez, MS

The Florida State University College of Medicine

Background

The extent of the U.S. childhood obesity epidemic has been well documented. Overall, the prevalence of obesity among youth ages 2-19 is 17%; however, the prevalence among Latino youth is greater (21.3%) (Ogden et al., 2015). Latino children from migrant farm-working families are at even greater risk, with obesity percentages ranging as high as 27% (Rosado et al., 2013).

<table>
<thead>
<tr>
<th>U.S. Youth</th>
<th>Obesity in Youth</th>
<th>U.S. Latino Youth</th>
<th>U.S. Migrant Latino Youth</th>
</tr>
</thead>
<tbody>
<tr>
<td>17%</td>
<td>21.9%</td>
<td>27%</td>
<td></td>
</tr>
</tbody>
</table>

Many obesity programs have proven to be successful in helping to improve BMI and eating/exercise habits; however, many of these positive effects only last a short time. The lack of long-term success is due to multiple factors, including the social and built environment (Montesi et al., 2016). Traditional obesity interventions focus on biological and behavioral factors; however, information on these other environmental factors is also important for informing obesity programs and policy, which may potentially improve long-term outcomes.

Methods

Photovoice methodology was used to collect information regarding the social and environmental obstacles that parents perceive contribute to childhood obesity. Photovoice is a process by which people can identify, represent, and enhance their community through a specific photographic technique (Wang, 1997). Participants were given a camera to take pictures of their community and then attended a focus group to discuss photos taken.

Sample

Participants were recruited during a 2 week period. Subjects were parents of children participating in a childhood obesity program facilitated at the pediatric department of a community health center serving a predominantly Spanish-speaking, migrant farm-working population located within a rural area of Southwest Florida. A total of 15 parents agreed to participate.

<table>
<thead>
<tr>
<th>Parent Characteristic</th>
<th>n</th>
<th>% or M(SD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male/father</td>
<td>2</td>
<td>15.4</td>
</tr>
<tr>
<td>Female/mother</td>
<td>11</td>
<td>85.0</td>
</tr>
<tr>
<td>Age (years)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parent</td>
<td>40.46 (6.96)</td>
<td></td>
</tr>
<tr>
<td>Employment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Farm worker family</td>
<td>11</td>
<td>92.0</td>
</tr>
<tr>
<td>Migrant family</td>
<td>9</td>
<td>75.0</td>
</tr>
<tr>
<td>Ethnicity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hispanic</td>
<td>13</td>
<td>100</td>
</tr>
</tbody>
</table>

Purpose of Study

1. To identify social and environmental factors that contribute to childhood obesity from the perspective of a Latino migrant farm-working population residing in a rural area of Southwest Florida.

2. To identify potential solutions for the environmental factors that contribute to childhood obesity.

Results

There were several emergent themes from the Photovoice data; they can be organized into three broad categories: social environment factors, built environment factors, and macroenvironmental factors. Here we focused on several examples and photos reported below for the built environment category:

Environmental Safety Hazards

- Environmental safety hazard: Perceived risks of reduced safety related to vacant migrant/seasonal housing units
- Environmental safety hazard: Absence of barriers around water; dangers of stagnant water

Presence of unwarranted animals/insects (snakes, alligators, mosquitoes)

Limited recreational facilities/activities: Lack of awareness of facilities with public access

Lack of neighborhood planning: Absence of sidewalks

References

Barriers and Facilitators to Conducting Adolescent Health Risk Assessments in Primary Care

Jessica De Leon, PhD, Katie Eddleton, MPH, Michelle Vinson, MS RD LD/N, Jevetta Stanford, EdD, Michael Muszynski, MD, & Betsy Shemken, PhD

Florida State University College of Medicine, University of Florida College of Medicine, University of Florida College of Medicine-Jacksonville

Background

- Most morbidity and mortality results from preventable risk factors, unhealthy behaviors that occur in adolescence contribute to adult chronic disease, negatively impacting health and health care costs.
- Clinical guidelines recommend adolescents have annual preventive health visits that include health risk assessments (HRAs) to identify health risks and provide counseling and referrals.
- Despite the role HRAs and preventive services can play in adolescent health, the delivery of such services does not meet recommended clinical guidelines. This study used qualitative research methods to explore barriers and facilitators to the administration of adolescent health risk assessments in primary care to increase their administration, quality, and effectiveness.

Methods

Nine semi-structured focus groups were conducted with healthcare providers and staff from September 2011 to February 2012. All focus groups were moderated by researchers trained in qualitative methods, and were audio-recorded and transcribed verbatim. Inductive content analysis was assisted with qualitative analysis software (Atlas.ti) to uncover themes surrounding current and general barriers and facilitators to HRAs, counseling, and referral. A purposive sample of diverse primary care settings, as well as participants representing a variety of clinic personnel, were recruited to provide a broad view of the challenges of conducting HRAs.

Results

<table>
<thead>
<tr>
<th>Barriers</th>
<th>Language</th>
<th>Literacy and Language</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time Constraints</td>
<td>literacy and adult literacy</td>
<td></td>
</tr>
<tr>
<td>Access</td>
<td>adult literacy and health literacy</td>
<td></td>
</tr>
<tr>
<td>Health Issues</td>
<td>adult literacy and health literacy</td>
<td></td>
</tr>
<tr>
<td>Confidentiality and Communication</td>
<td>adult literacy and health literacy</td>
<td></td>
</tr>
<tr>
<td>Disclosure</td>
<td>adult literacy and health literacy</td>
<td></td>
</tr>
<tr>
<td>Health Issues</td>
<td>Adult literacy and health literacy</td>
<td></td>
</tr>
<tr>
<td>Time Constraints</td>
<td>Adult literacy and health literacy</td>
<td></td>
</tr>
<tr>
<td>Access</td>
<td>Adult literacy and health literacy</td>
<td></td>
</tr>
<tr>
<td>Disclosure</td>
<td>Adult literacy and health literacy</td>
<td></td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>Barriers</th>
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<td>Adult literacy and health literacy</td>
</tr>
<tr>
<td>Access</td>
<td>Adult literacy and health literacy</td>
</tr>
<tr>
<td>Disclosure</td>
<td>Adult literacy and health literacy</td>
</tr>
</tbody>
</table>

Barriers

- **Patient:** Small clinic size or physical space that limits privacy
- **Clinic Layout:** Small clinic size or physical space that limits privacy
- **Staffing:** Small clinic size or physical space that limits privacy
- **Environment:** Small clinic size or physical space that limits privacy

Facilitators

- **Staffing:** Small clinic size or physical space that limits privacy
- **Environment:** Small clinic size or physical space that limits privacy

**Process**

- **Confidentiality and Communication:** Small clinic size or physical space that limits privacy
- **Environment:** Small clinic size or physical space that limits privacy

**CONCLUSIONS**

- Barriers and facilitators to conducting preventive health risk assessments are intertwined and bi-directional.
- The role of HRAs in primary care can be expanded and enhanced by addressing barriers and the need for facilitator guidance and support.
- Qualitative research with healthcare providers and patients can inform research on techniques to conduct effective intervention studies in community-based clinical settings.

This study was supported in part by a State of Florida New Florida Initiative Award.

The UF CTSA is funded in part by the National Institutes of Health Clinical and Translational Science Award programs, grants UL1 TR000155, KL2 TR000155, and TL1 TR000166.
Health IMPACTS for Florida: Utilizing Community-Based Participatory Research Principles to Strengthen a PBRN

Maryum Khan, MPH¹, Jessica De Leon, PhD², Katie Eddleton, MPH³, Elizabeth Shenkman, PhD¹, and the Health IMPACTS for Florida Research Collaborative

¹University of Florida Clinical and Translational Science Institute and ²Florida State University College of Medicine

Setting and Participants

Health IMPACTS statewide PBRN based on the partnership of University of Florida (UF) and the Florida State University (FSU).

- 22 clinics: Community health centers, private practices, academic clinics, hospitals, school-based clinics, residency programs and federally qualified health centers
- 137 providers: specialties include pediatrics, family medicine, adolescent medicine and sports medicine

Cities represented in Health IMPACTS are Gainesville, Jacksonville, Orlando and Tallahassee. Community stakeholders include academic faculty, community organization leaders and practice directors

Evaluation

- Health IMPACTS successfully recruited 41 practices that were involved in at least one study
- Each practice reported weekly feedback of their participation experiences via in-person CRA visits
- These were recorded as fidelity monitoring for all sites, and used for collaborative quality improvement
- A research summit was held to disseminate findings and lessons learned, and to gather information from providers on their research experiences, topic areas/research questions for future studies, provider incentives to promote continued and expanded participation, and feedback from subjects and parents
- Final study summaries were disseminated to all participating practices after study completion
- Practices that completed at least one study expressed interest in participating in future Health IMPACTS research opportunities

Discussion

- CBPR principles are crucial to the vitality of the Health IMPACTS PBRN
- Successful recruitment of practices and study participation to completion varied on several factors, such as interest in the research topics, perceived benefits of study involvement, staff support, clinic needs and characteristics, information technology capabilities, study fit with patient populations and disruption of work flow
- Health IMPACTS will continue to draw upon CBPR tenets to enrich its network, stakeholder relationships and synergistic collaborative model

References


Funding

The study was supported in part by NIH awards ULRR029890, MLR RR029899 and UL1RR029880
Implementation of an iPad-based Concussion Assessment Tool within a Practice-based Research Network (PBRN): Preliminary Results, Challenges, and Strategies for Success

Michelle Vinson, MS RD LD/N, Jessica De Leon, PhD¹, Aliyah Snyder, MS³, Jevetta Stanford, EdD³, Russell Bauer, PhD², and the Health IMPACTS for Florida Research Collaborative

Florida State University College of Medicine, ¹University of Florida College of Public Health and Health Professions, ²University of Florida College of Medicine and Translational Science Institute

Background

- Traumatic brain injury is one of the most significant public health problems in the United States, and it is the leading cause of death among young people.
- Approximately 1.7 million brain injuries occur each year.
- Estimated costs of mild traumatic brain injury approach $17 billion annually.
- Increased understanding of the effects and consequences of concussion and mild traumatic brain injury (mTBI) has led to the development of position papers, systematic assessment tools and protocols for evaluating the neurological behaviors and cognitive effects of these injuries, focused mostly on adult populations.
- Although, organized surveillance and management protocols are readily in place within professional and collegiate sports, they are not widely used by youth sports, and none of the recent international symptom or concussion in sports has focused specifically on pediatric concussions.
- Several other states now have legislation that is designed to protect child and adolescent health by requiring that concussed kids be medically cleared before returning to play.
- These laws create a practice gap, as many medical and healthcare practitioners who will be called upon to evaluate concussions in young patients are not trained in recognizing or managing the signs and symptoms of mTBI.
- This study served as a pilot study for the Health IMPACTS Research Collaborative, including research sites in Gainesville, Orlando, Jacksonville, Tallahassee.

Study Aims

1. To develop a viable community-based network that fosters basic and clinical research in the injury prevention and management for underserved Florida children and youth.
2. To provide an evidence-based concussion assessment/mangement program to assess the relationship between injury factors and injury acceptability, severity, and recovery for children/youth participating in organized sports activities in Florida communities.
3. To teach community physicians, residents and medical students about concussion risk management, and to apply evidence-based principles and procedures for recognition, assessment, and management of concussion in mTBI in children and youth. To measure the effects of training by using knowledge-based pre-and posttests for all participating practitioners.
4. To provide education modules for parents, coaches, primary healthcare providers, and the general public that are designed to reduce long-term consequences of mTBI.

health IMPACTS FOR FLORIDA
A UF-FSU Collaboration Integrating Medical Practice and Community-based Translational Science

Methods

**PROVIDER TRAINING PROTOCOL**

1. 20-item pretest: assessed initial provider concussion knowledge
2. Webinar on Concussion Management (ACSM): focused on concussion education, evaluation, and medical management
4. Sport Concussion Assessment Tool 2 (SCAT2) and Balance Scale Error Scoring System (BESS) Demonstration Videos: produced by the Matthew A. Cline, Sport-Related Traumatic Brain Injury Research Center
5. 20-item posttest to assess efficacy; 80% required to administer SCAT2

**INCLUSION CRITERIA**

Children and teens ages 9-18, who participate in sports programs and present for a non-acute medical visit

**EXCLUSION CRITERIA**

Concussion diagnosis in the past 3 months

SCAT2 data collected via iPad app at baseline and post-incentive.

**Preliminary Results**

**PROVIDER TRAINING:** 69 providers completed concussion training protocol

**SCAT2 SUBJECTS:** N=766 baseline assessments, N=1 incidence assessment

**CHALLENGES**

- Time constraints and practice workflow concerns
- Who will consent subjects?
- How to fit a “2-8 minute assessment within patient visit?”

- Multiple study-related education requirements for providers
- CME training on human subjects in research
- Provide training protocol

**FUTURE RESEARCH**

An expanded consortium of sports-related injury research can be used to improve outcomes for all children.

**Funding**

This study was supported in part by a State of Florida New Frontiers Initiative Award, and by NINDS U19NS083930-01A1.
Background of the Study

- Southern states have historically ranked as the unhealthiest states in the United States.
- The lowest health ranking states are primarily among southern U.S. states, including Mississippi (No. 50), Louisiana (No. 49), Alabama (No. 48), and Arkansas (No. 47) (America Health Rankings, 2012).

Study Objectives

This study seeks to:

1. Test the explanatory power of the domains (health behavior, clinical care, social and economic environment, and physical environment) of the population health model
2. To determine which of the domains has significant impact on health status.

Study Methods

- Grounded on the theoretical framework of the population health model
- County health data were obtained from the County Health Rankings and Roadmaps website
- Counties were evaluated for a three-year period, 2010, 2011, and 2012.
- Premature death, which is Years of Potential Life Lost (YPLL) before the age of 75, serves as the output variable.
- The input variables are 4 health factors (health behavior, socioeconomic status, physical environment, and clinical care).

Population Health Model

![Population Health Model Diagram]

Results

- N=2615
- Explanatory variables in the population health model serve as unbiased estimators of the health status of a population, with the exception of the physical environment domain.
- Three of the four domains in the population health model were shown to have a significant impact on county premature death rates.
- The physical environment domain was not a significant determinant of premature death rates.
- The social and economic environment domain was shown to have had the most influence on premature death rates.

### Table 1: MLR Summary Model

<table>
<thead>
<tr>
<th>Model</th>
<th>R-Square Value</th>
<th>Change Statistics</th>
<th>Durbin-Watson</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td><strong>F Change</strong></td>
<td><strong>P-Value</strong></td>
</tr>
<tr>
<td>1</td>
<td>0.531</td>
<td>739.890</td>
<td>0.000</td>
</tr>
</tbody>
</table>

### Table 2: Coefficients Table (MLR)

<table>
<thead>
<tr>
<th>MLR Model</th>
<th>Regression Coefficients B*</th>
<th>Sig.</th>
<th>Tolerance</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 (constant)</td>
<td>-0.012</td>
<td>0.009</td>
<td>625</td>
</tr>
<tr>
<td>Health Behaviors</td>
<td>6.69</td>
<td>0.000</td>
<td>615</td>
</tr>
<tr>
<td>Clinical Care</td>
<td>1.39</td>
<td>0.020</td>
<td>815</td>
</tr>
<tr>
<td>Social Economic</td>
<td>1.04</td>
<td>0.000</td>
<td>630</td>
</tr>
<tr>
<td>Physical Environment</td>
<td>-1.21</td>
<td>0.378</td>
<td>997</td>
</tr>
</tbody>
</table>

Conclusion

- Results suggest that the social and economic environment domain had the most influence mortality thus it is considered the most significant predictor of county health status.
- The impact of contributing health factors, such as social and economic factors, should be carefully studied on a continuum to identify which factors contribute the most and which are modifiable.
- Prompts for further investigation into regional disparities within the United States. More exploration is needed of the demographic make-up of these southern counties, such as race/ethnicity, age, and gender.
- Identifying health disparities among these groups can provide pathways for public health professionals to develop and implement health programs and policies that cater to population sub-groups.
- Public health funding and resource allocation should be directed towards regions with lower health status, such as in the south.

Policy Implications

- Population health policies aimed at reducing mortality require an understanding of the socioeconomic context within which modifiable variables exist.
- Policies can be strengthened by accounting for regional variations and emphasizing the importance of creating a focus on region-specific preventive care.
- Measures within the physical environment domain on the County Health Rankings website have been modified to adequately show the role it plays in population health status.
Oral Presentations

• Allows for a more in-depth discussion of your research
• Follow protocol format
• Enable the audience to ask questions and provide feedback
• Can use PowerPoint or Prezi as a visual guide
• Keep presentation clear and concise
• Allow time for Q&A
• Engage audience
• Typically competitive selection only
Types of Publications

• Short communications
  – Research letters, brief reports
  – Perspective, opinion, and commentary

• Reviews
  – Narrative review, meta-analysis

• Traditional manuscript
  – Original Research
  – Full articles with complete details
  – Peer-reviewed
  – Clinical Case Studies

• White papers
  – Not research specific
  – Discussion of a complex issue or problem
Publication Considerations

- Research possible journals
- Be mindful of audience
- Follow submission guidelines
- Discuss authorship early in research process
  - Authorship guidelines determined by journals
- Can’t submit same article/manuscript to more than one journal at a time
- May be required to provide documentation of IRB approval or QI determination
Article/Journal Impact

**Impact Factor**
- Measure of a journal’s impact on the body of scholarly literature
- Derived from the average number of times a published article was cited during the course of 2 years

**Article Impact**
- Assess an article’s impact and popularity in social media and the web
## Journal Audience and Mission

<table>
<thead>
<tr>
<th>Journal</th>
<th>Audience</th>
<th>Mission</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>JAMA Internal Medicine</em></td>
<td>Practicing internist and subspecialties</td>
<td>Promote art &amp; science of medicine</td>
</tr>
<tr>
<td><em>Annals of Internal Medicine</em></td>
<td>Physicians, health care professionals, &amp; researchers worldwide</td>
<td>Medical education, research methodology</td>
</tr>
<tr>
<td><em>Journal of Internal Medicine</em></td>
<td>Broad field of general and IM &amp; subspecialties</td>
<td>Clinical work, features original articles &amp; reviews</td>
</tr>
<tr>
<td><em>Internal Medicine Alert</em></td>
<td>IM</td>
<td>New findings in diagnosis and treatments, theoretical and clinical</td>
</tr>
</tbody>
</table>
Understanding the Culture of Publishing

• Don’t take reviewer comments personally
• Publishing acceptance rates vary
  ○ Could be as low as 3%
• Do not get discouraged
• Revise and resubmit is the norm
• Reviewer comments provided
• Usually 3 reviewers will evaluate your article
Manuscript Submission Process

1. Submission
2. Send for peer review
   - Yes: Proceed to Assess peer review
   - No: Reject
3. Assess peer review
   - Yes: "Revise and reconsider"
   - No: Reject
4. Assigned to editor
   - Work with author to revise
   - Work with author to revise
5. Assigned to copyeditor
6. Publish!!!
Defining Authorship

4 criteria (ICMJE):

1) Author must have contributed significantly to concept/design OR acquisition, analysis, or interpretation of data

2) Actively participate in drafting the manuscript or engaged in critical review

3) Approve final version of manuscript that is published

4) Take accountability for all aspects of the work

**Those who do not meet full criteria can be acknowledged**
Defining Contributors

• Non-author activities:
  – Acquisition of funding
  – General supervision of a research group or general administrative support
  – Writing assistance (i.e. editing)

• Contributors can be acknowledged
Steps in Developing a Dissemination Strategy

1. Review past dissemination efforts
2. Devise dissemination objectives
3. Determine audiences
4. Develop messages
5. Decide on dissemination approaches
6. Determine dissemination channels
7. Review available resources
8. Consider timing
9. Evaluate efforts
Citation Management

**Advantages:**
- Useful for managing & organizing several literature sources
- Allows you to build your own library for your research topic
- Simplifies creating a bibliography (auto-generate)
- Allows sharing references with peers
- Provides recommendations for sources
- Ability to change citation formats to fit journal submission requirements
Citation Management

Endnote

• Reference Management Tool supported by FSU College of Medicine

• Keep track of & organize articles, books, and other references for your publication

• Format references by style required by the publisher

• Set up an EndNote account
Questions & Discussion