

FULL-LENGTH ARTICLES

Doing Dissemination Differently: Building Community-Centered Dissemination Capacity Through a Community of Practice Model

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Traditional research dissemination as practiced by most researchers has limitations: it is often one-sided, considered as an after-thought, reaches a limited set of audiences (often those in the research community) and usually is conducted without sufficient intentional planning to reach the people closest to the problem and those who hold the potential to shift systems and policies to advance health equity. However, doing dissemination differently is challenging, as many researchers lack the time, resources, or knowledge to adapt modes and practices that have been shown to advance the impact of research into community and policy audiences. One promising way to shift mindsets and build capacity around dissemination to make it more community-centered, action-oriented, and equity-focused is through participation in a community of practice, a learning community that is intentionally built to engage a wide spectrum of professional and community participants. From 2023 to 2025, the authors (affiliated with a large National Institutes of Health-funded research center) designed and implemented three Communities of Practice (CoPs) on “Community-Centered Dissemination”, reaching 88 participants from academic research, health care, and community settings. In this article, we discuss the process of setting up the Community of Practice, the topics addressed, and evaluation data demonstrating the specific actions and activities that the participants indicated they would do as a direct result of their participation in the CoP. Developing a CoP is an actionable strategy that institutions or networks of researchers can take to shift norms and build capacity around dissemination to increase the dissemination of research to community audiences.

Dissemination of research findings and products as practiced by most researchers has major limitations. For instance, it is often passive or one-sided—that is, focusing on sharing information out, rather than engaging in participatory feedback (Brownson et al., 2006). Further, dissemination is often an after-thought, begun at the end of a research study with relatively limited time and resource investment, rather than intentional and planned from the early stages with a strategic dissemination plan (Brownson et al., 2013). For example, a 2025 study assessing dissemination and evaluation capacity among community-based organizations found that none had a dissemination plan in place, and that lack of resources for dissemination was

a major barrier (Balis et al., 2025). Consequently, much scientific and health research knowledge reaches a limited set of audiences, predominantly fellow researchers (Brownson et al., 2018). While communicating research results in order to build the scientific base and advancing knowledge for academic audiences is an important goal, too often research dissemination does not intentionally aim to reach audiences within community settings or those who have the capacity and power to shift systems and policies to advance health equity. These might include community organizers, advocacy organizations, policymakers and others with decision-making authority within institutions (Ashcraft et al., 2020). As a result, traditional research dissemination often falls short as a vehicle to advance health equity – since the research, however well-intentioned or community-engaged, may not actually reach audiences who can implement policy and practice change.

However, doing dissemination differently—adapting modes and practices that have been shown to advance the impact of research into practice (Contandriopoulos et al., 2010; Lavis et al., 2003; Mitton et al., 2007)—is challenging, as many researchers lack the time, knowledge, resources, or capacity to do so. Such practices include developing proactive dissemination plans; building relationships with research end-users and other credible messengers or “knowledge brokers”; and ensuring the research is relevant, timely, and accessible. This type of designing for dissemination (see, e.g., Brownson et al., 2013; Kwan et al., 2022) requires a significant shift in how research teams think about and implement dissemination practices, including creating a dissemination plan, engaging with community partners to brainstorm dissemination strategy, building new relationships, and experimenting with various strategies and formats to reach target audiences across community, practice, and policy settings (see, e.g., Gollust et al., 2025). This also requires dedicated budgets for dissemination activities, which many researchers do not plan for at the grant submission stage, and so do not have available. Without knowledge of how to develop dissemination plans and to budget proactively for costly and time-intensive activities (such as community meetings, podcasts, infographics, one-on-one meetings with decision-makers), innovative dissemination practices will continue to fall short. While community-engaged and participatory researchers often have established partnerships that could be involved in dissemination, even research teams that apply community-based strategies in the research design and analysis may not always engage these partners around dissemination, and their reach to community audiences is variable (Chen et al., 2010). Shifting researchers’ approaches to dissemination requires changing their capacity to do dissemination differently.

One promising way to build researchers’ capacity to make dissemination more impactful and community-centered, action-oriented, and equity-focused is to participate in a Community of Practice (CoP). By learning together with peers bringing broad and diverse community and academic experiences, who are all aiming to learn new skills, a CoP provides learning,

capacity-building, tools, and support for action-oriented dissemination. In the late 1990s, Wenger and colleagues developed the idea of a community of practice in order to intentionally engage diverse individuals for collaborative learning (Wenger, 1998; Wenger et al., 2002). With a CoP, participants co-create learning spaces to gain new knowledge and practice experiences. Communities of Practice have been applied in various settings – from education, to management, to healthcare (Cox, 2005; Jiménez-Zarco et al., 2015; Ranmuthugala et al., 2011). The key principles of CoPs are that they foster bidirectional learning, build relationships, incorporate both didactic as well as peer-led learning, and provide opportunities for reflection (Wenger-Trayner et al., 2023). CoPs can be structured and organized in different ways to reflect the group or culture the CoP involves, but the key principles should remain constant.

From 2023 to 2025, the authors (affiliated with a large National Institutes of Health-funded research center) designed and implemented three CoPs about “Community-Centered Dissemination.” Each CoP was designed as monthly meetings over six months, reaching a total of 88 participants from academic research, healthcare, and community settings. The purpose of the CoP, as shared with all participants, was “to re-imagine traditional research dissemination to be more community-centered and action-oriented.” The long-term goal of the CoP was to identify ways to communicate research so as to contribute toward the policy, systems, and public narrative changes needed to advance health equity. The premise was that by participating in the CoP, all participants would obtain skill-based content about community-centered dissemination planning, but also gain the opportunity for shared learning, reflection, and support from all participants. The monthly 90-minute sessions were facilitated by one academic researcher (the lead author of this article) and four of the sessions were co-facilitated by community members (including journalists, community organizers, arts-based practitioners, and others).

The purpose of this manuscript is to describe the process of developing the Community-Centered Dissemination Community of Practice, present evaluation data, and reflect on the importance of building purposeful networks in advancing dissemination for participatory research teams. Our hope is that this model can be adapted to other research teams, institutions, and networks to support greater community-centered and participatory research dissemination.

Methods

Creating the community of practice

This CoP was developed as part of the Community Engagement (CE) Core of the Center for Chronic Disease Reduction and Engagement Across Minnesota (C2DREAM), an NIH-funded center. The CE Core offered 17 CoPs between 2022 and 2025 on topics related to community-based participatory research, land acknowledgements, community-engagement, and

power and community organizing, among others. The team responsible for creating these CoPs developed a detailed toolkit for how to develop a CoP, including how to design the objectives and audiences, how to market and conduct outreach to recruit participants, how to consider questions of meeting modality and timing, and how to create an evaluation. Examples of process documents, emails, forms and the evaluation tool are included. This toolkit has been published and is available open access (Graff et al., 2024). Herein, we provide an abbreviated description of how the Community-Centered Dissemination CoP was designed and implemented, although this other referenced resource offers additional detail for readers.

The Community-Centered Dissemination CoP was first offered from January to June 2023 (using a hybrid modality, combining in-person and Zoom attendance), and because of high demand and interest, was repeated two more times: from January to June 2024 (also using a hybrid modality) and from January to June 2025 (online only via Zoom). The CoP consisted of six sessions. While the facilitators and guest speakers changed across the years of delivery depending on their availability, the six topics remained constant (see [Table 1](#)). The co-facilitators were purposefully drawn from academic and community settings, so that most weeks consisted of both community and academic voices leading the didactic components. The facilitator(s) intentionally made space in each session to go slowly, build trust, use accessible language, and made sure to pause, go back, or pace the sessions as needed by participants. The main facilitator, with 10+ years of teaching and small group facilitation experience, intentionally created a space that was not pedagogical but was designed for relationship-building and co-learning, distinguishing the CoP from a traditional workshop or training.

The first session engaged participants in their initial thoughts on and experience with traditional research dissemination and engaged in discussion on how it could be done differently. This session also laid out the principles and expectations of a CoP: that everyone offers their expertise and perspectives, that the CoP can be considered a container for co-learning, that all participants should expect and accept a lack of closure from session to session, and that the goal is for consistent engagement across weeks to facilitate mutual co-learning and trust-building among the participants. This session also sought to reframe dissemination, responding to concerns that the word “dissemination” sounds overly academic, seems excessively one-directional and has a deficit model built in (i.e., that research experts have knowledge that the audience lacks). Instead, the first session introduced the idea of research dissemination as something everyone does, within and outside of academia, by relabeling dissemination as “communication with a plan”.

The second session focused on news media outlets as audiences for research dissemination. The session emphasized the importance of building relationships with journalists, understanding how journalists identify and implement story ideas, and being a resource for journalists to cover health

Table 1. Session Details for Community-Centered Dissemination Community of Practice

Session #	Session Title	Brief Description	Facilitator(s)
1	Dissemination Done Differently: What is traditional research dissemination? How can it be done differently?	Overview of the assumptions of typical research dissemination and why it should be done differently to advance health equity.	Lead of the CoP, solo
2	Telling Structural Stories: What does the news media value in coverage? What new stories could be told?	This session presents information about how the traditional news media tend to present public health issues, with a focus on health equity. It discusses opportunities to partner with journalists to tell different types of stories that illuminate the systemic and structural sources of health inequity and offer solutions based on policy and practice change, as opposed to individual-level changes.	Invited journalists - including local journalists from non-profit newsrooms with a focus on health equity and community-centered reporting, as well as a journalist covering health equity from a large newsroom of a high-circulation newspaper
3	New Venues, New Formats: Beyond the academic journal article	This session provides examples of alternative and innovative methods for sharing research results in ways that will better inform, engage, and create the possibility for action and change. We highlight a few innovative dissemination options as case studies.	Invited researchers and community partners discussing innovative community dissemination, including community meetings and dissemination events (e.g., churches, health fairs) and a theatrical production built around a research study on diabetes and homelessness
4	Putting it into Practice: Planning for your goals	This session introduces participants to our Community-Centered Dissemination Toolkit as a structured way to consider the goals, audiences, formats and messages for communication of research.	Structured as a Q & A with participation from a guest community member discussing their strategy for a previous project (year 1) and with participants talking through their own projects (year 2 and 3)
5	Framing Matters: Words have impact	This session invites participants into a conversation about how framing and word choice can alter one's intended impact, and how shifting policy and practice change also hinges on broader narrative change.	Guest presenter from a communications director at a non-profit organization that does community organizing around social justice issues (year 1 and year 2), a health communication researcher presenting community-engaged projects on framing effects (year 3)
6	Where Do We Go From Here? Moving toward narrative change	This concluding session assesses what changes are needed in research and/or community engagement to better realize the equity-promoting impact from our collective investment in research, and invites participants to share what action steps they will take as a result of participating.	Lead of the CoP, solo

equity related stories. The third session provided models of innovative community-centered dissemination processes, including using community meetings, faith-based venues, and arts-based approaches (i.e., a theatrical production built around a research study about diabetes and homelessness) (Sekar et al., 2025). The fourth session walked participants through a Community-Centered Dissemination (CCD) Toolkit developed by coauthors and others, to help them create a community-centered dissemination plan (Program in Health Disparities Research, 2021). The CCD Toolkit focuses on helping participants articulate their dissemination goals and identify

audiences and formats that would help them achieve those goals. This session allowed participants to practice key elements of the dissemination planning toolkit. The fifth session focused on messaging and how the format and mode of communication can shift audiences' attitudes, beliefs, and behaviors, drawing from research in health communication. This session also introduced the role of communication within models of community organizing, helping participants see how communication about research can contribute toward broader narrative and policy change (Dorfman et al., 2025). Finally, the last session engaged participants in reflection and helped them articulate their intentions to shift their behaviors toward greater adoption of community-centered dissemination principles in the future.

Recruitment of participants and implementation of the CoP

We sought a diversity of participants (across various roles in research and community partners) involved in the CoP, and so recruited participants with this goal in mind. We sent out an interest form through department, program, and center newsletters across the C2DREAM network, including through the Center, the Program in Health Disparities Research, the Office of Public Engagement, the Division of Family Medicine and Community Health, and email listservs hosted by partners. The CoP was framed as a discussion series around the topic of re-imagining traditional research dissemination to be more community-centered and action-oriented. The series was free and open to anyone interested in the topic. We provided context in the information circulated and in the opening session that grounded the series with the understanding that we are all experts in our experiences and perspectives, so the CoP is a “container” for co-learning where we all put in and take out of the container. We encouraged participation across every session to build a cohort of learning.

To facilitate community-building and sharing of resources between sessions, we created a dedicated invite-only website for participants in the CoP. All readings and references shared during the CoP sessions were provided via the website (see Appendix 1 for a list of all resources shared). Across all three years, slides were shared following each session, only for participants, per participant preferences, as they often included participatory elements (e.g., wordclouds, collective idea generation). In the first and second year, notes were also shared following each session, but in the third year, recordings of each session were made available on the dedicated website so participants who missed sessions could get caught up. Upon request, participants also opted in to share their contact information with each other following the completion of the CoP, to maintain their connections with one another. Staff continue to maintain the website and directory, so participants still have access to the resources and community.

Evaluation plan

Following the sixth session of each CoP, all participants were invited to complete an online survey, and received two reminder emails in the following two weeks. The first section of the evaluation included items designed to improve our own internal processes, such as whether the length of sessions, time of day, and modality (Zoom vs. hybrid) was acceptable. Participants also noted which of the six sessions they attended and rated how useful they found each to be. These data were used to improve the content and delivery from year to year, but are not reported here. The next section of the survey asked participants to answer, on a 5-point Likert scale from Strongly Disagree to Strongly Agree, their agreement with four items about the principles of the CoP, such as “The Community of Practice was bidirectional and offered opportunities for me to both teach and learn.” The next section, adapted from the Quality of Patient-Centered Outcomes Research Partnerships Instrument adapted for CoPs (Fortuna et al., 2021), asked participants to evaluate, using the same Likert scale, their agreement with items about their perceptions that the CoP provided space for them to learn in an equitable environment, such as “I felt listened to” and “I felt comfortable engaging with the members of the Community of Practice.” The text of all items is available in the tables in the Results section, below.

The next section of the evaluation focused on how participants intended to use the information learned at the CoP and offered open fields for respondents to explain with specific examples their intentions to apply the lessons learned as well as specific ways they anticipated what they experienced in the CoP would deepen their community engagement work. We analyzed all responses to the open fields through a basic inductive thematic analysis, by examining the content of responses and identifying themes that emerged from the data (Bradley et al., 2007). We report these thematic categories and example quotations below. The last section of the evaluation form included demographic questions. The University of Minnesota Institutional Review Board determined the project was not considered human subjects research. To assess longer-term outcomes, we also solicited stories from participants who engaged in the series in the first year (in 2023), and we provide those vignettes below to complement the short-term evaluation data.

Results

Participation and engagement in the CoP

[Table 2](#) shows descriptive information about the participants who registered for the CoP series, across the three years that the CoP was offered. The majority (70.5%) were affiliated with academic institutions, and 15.9% were affiliated with healthcare delivery institutions while 13.6% were community members or had community organization affiliations. There was a distribution of participation across roles, with most identifying as

Table 2. Descriptive Characteristics about Community-Centered Dissemination Participants, 2023-2025

Characteristics of Registered Participants (N=88)	
	N (%)
Year of Participation	
2023	22 (25)
2024	36 (40.9)
2025	30 (34.1)
Affiliation	
Academic institution	62 (70.5)
Healthcare institution	14 (15.9)
Community-based affiliation	12 (13.6)
Role	
Faculty	30 (34.1)
Staff	27 (30.7)
Community	13 (14.8)
Postdoctoral fellow	9 (10.2)
Student	9 (10.2)
Characteristics of Evaluation Respondents (N=28)	
Year of Participation	
2023	4 (14.2)
2024	12 (42.9)
2025	12 (42.9)
Gender Identity	
Man	6 (21.4)
Woman	22 (78.6)
Hispanic, Latino, Latina, or Spanish origin	
Yes	6 (21.4)
No	22 (78.6)
Race	
American Indian or Alaska Native	1 (3.6)
Asian	2 (7.1)
Black or African American	3 (10.7)
White	19 (67.9)
Prefer not to answer	1 (3.6)
Write in option	2 (7.1)

faculty (34.1%) followed closely by non-faculty staff (30.7%). The remaining registered participants identified as community members (14.8%), postdoctoral fellows (10.2%) or students (10.2%).

The organizers of the CoP observed varying engagement in the CoP. In each of the three series, there was a small core of participants who attended all six sessions, although others came in and out. The second series offered in 2024 had the highest registered participants (at 36) and also had the most participation from week to week, both in person and online. The third series, offered during the first six months of 2025, had the most disengagement from the beginning to the end of the series, with a fairly dramatic drop off from the 30 participants who registered to the number who completed the last three sessions (only between 4-8 each week). The organizers attribute this drop-off to external events, with declining funding for health equity-related research resulting in some job loss during this period among the participants. Considered overall, though, the organizers observed a high level of engagement in the sessions, with participants routinely participating, offering their ideas for one another, and contributing to the co-learning experience. These observations are supported by the evaluation data collected across each of the three CoPs.

Table 3. Summary of Evaluation Data Across Three Communities of Practice (N=28 respondents)

	Mean (1-5 scale)	% Agree or Strongly Agree (4 or 5)
The Community of Practice...		
Was bidirectional and offered opportunities for me to both contribute and learn	4.54	96.4%
Offered me a space to deepen knowledge	4.54	96.4%
Offered opportunities to build my capacity for doing community engagement work	4.32	82.1%
Provided me a space to collaboratively work with others on the topic	4.07	67.9%
Overall evaluation		
I felt listened to	4.68	100%
I felt accepted by all members of the Community of Practice	4.54	100%
I felt comfortable engaging with the members of the Community of Practice	4.46	100%
I felt my views were incorporated into the Community of Practice	4.43	85.7%
I had a clear understanding of the purpose of the Community of Practice	4.5	92.9%

Evaluation outcomes

Of the 88 participants across the three CoPs, 28 participants completed the evaluation survey, for a response rate of 32%. While this response rate is fairly low, it is consistent with the other CoPs that were created and delivered by the CE Core over these years. (Across 10 CoPs that were conducted between November 2022 and March 2025, the response rate for 186 registered participants completing the evaluation survey was 36.0%). [Table 2](#) shows the characteristics of respondents who completed the evaluation survey. While only 4 completed the evaluation after the first offering, 12 completed the evaluation in each of the subsequent years. Most survey respondents identified as women (78.6%), and were not Hispanic, Latino, Latina or of Spanish origin (78.6%). About 68% identified as White, with a small number of participants (fewer than 3 in each category) identifying as other racial groups or American Indian.

Respondents rated the CoP extremely highly on the principles the CoP sought to promote – including promoting bidirectional learning/teaching (96.4%), offering a space for deepening knowledge (96.4%), and building participants' capacity (82.1%) ([Table 3](#)). The CoP scored somewhat lower as a space to collaboratively work with others (67.9%), likely because almost all participants entered the CoP engaged in separate research project activities, rather than coming in as existing collaborators. The CoP scored very highly on items designed to evaluate whether the CoP fostered an equitable and inclusive experience, with 100% of participants indicating that they felt listened to and accepted. The vast majority also perceived their views were incorporated (85.7%) and that they understood the purpose of the CoP (92.9%). Thus, the CoP was effective in establishing the general norms and principles it was designed to promote.

Table 4. Impact and Actions as a Result of the Community of Practice (N=28 respondents)

	N (%)
Put into practice what I learned	23 (82.1)
Share what I have learned with others	21 (75)
Create or expand activities/programs/research I'm involved with	17 (61)
No current plans to use this information	1 (3.6)
This information was not useful to me	0 (0)
Other - specific examples (e.g., Use it to design future efforts; share information with consulting clients)	2 (7.1)

Note: Responses were not mutually exclusive as respondents could select more than one.

Moving into whether the CoP actually fostered changes in dissemination practices, [Table 4](#) provides a quantitative assessment of participants' intentions to act based on the information shared during the CoP. Only a single participant said they did not intend to use the information (from the 2025 session) and no one across any years noted that the information was not useful. Among those who indicated that they intended to take action in response to their participation in the CoP, 82.1% said they would put into practice what they learned, 75% would share what they learned with others, and 61% noted they would create or expand the programs or research with which they are currently involved.

Respondents shared additional comments in the open field, including examples of specific intentions to use the information or deepen their community engagement practices. [Table 5](#) describes the major themes from the qualitative analysis related to their intentions to use the information learned and how it would deepen their community engagement practices. Participants noted specific ways that they would shift their dissemination practices, such as to reach new audiences and in more accessible formats. They also noted that they would be more intentional in their use of a dissemination plan from the beginning of the research, with one participant even stating that they will be meeting to develop their dissemination plan with community partners for a new grant from the outset, writing "That wouldn't have happened without this CoP." Respondents also noted that they had a better sense of the norms and practices of dissemination across different types of roles in research teams, perspectives they would not have gained without the CoP. Respondents indicated that they would involve community partners more actively in the dissemination process.

Respondents also provided specific examples of how the CoP would shape their community engagement processes. For instance, they noted that they will involve community partners even earlier in the process and with a more intentional focus on dissemination. Others commented that they gained skills for community engagement, such as to "effectively and inclusively share research findings in the community". They also noted that the focus on identifying target audiences would stick with them; as one respondent summed up, "It will help get the message to the right people and hopefully make the information more relevant to begin with."

Table 5. Thematic Analysis of Qualitative Fields from Evaluation: Intentions to Use Information and Deepen Community Engagement Practices

Impact and Action Theme	Description of theme	Example quotation [Role, if shared]
Intentions to use information		
Expand dissemination work	Participants shared specific examples of how they are going to share their results, whether connecting with journalists, publishing, or sharing with partners.	<p>"I am going to start by pushing to share the findings of research at its current stage that is accessible to the people it matters to." [Community]</p> <p>"Helping researchers prepare to share research findings, processes to community advisory council" [Community]</p> <p>"[I] hope to follow up on the information about connecting with journalists" [Academic]</p> <p>"I often mention to my colleagues in consultancy what I learn and how I use it." [Community]</p>
Improve dissemination plans for past or future work	Participants expressed how they will use the information they learned to improve their work in the dissemination phase, such as being more intentional with their dissemination planning.	<p>"I definitely would be more intentional re: building dissemination plans" [Not shared]</p> <p>"We just learned that we will receive a large 5-year grant, and we will be meeting this summer to develop our dissemination plan with partners, laying out intentional, collaborative planning from the beginning. That wouldn't have happened without this CoP." [Not shared]</p> <p>"Putting more thought into dissemination earlier" [Not shared]</p>
Understand the landscape of community-centered dissemination	Participants expressed being able to better understand what similar professionals in the field are doing.	<p>"I have a clearer sense of other professionals doing similar work across the University." [Academic]</p> <p>"By understanding what others are doing in similar areas" (edited for clarity) [Academic]</p>
Involvement of community partners in dissemination	Participants shared how they plan on involving community members during the dissemination process.	<p>"Developing more relationships with community partners to expand perspectives on how dissemination can be approached effectively" [Not shared]</p> <p>"This depends on my next role, but I expect to have dissemination needs, even if it's not research (e.g. a program(s) or intervention) and to have heightened focus on building and budgeting as possible from the beginning and tapping community members/ involvement (however community may be defined)." [Not shared]</p>
Ways that participation in the CoP will deepen work in community engagement		
Provided guidance on community-focused approach	Participants shared how they will be more intentional with the involvement of community partners in their work.	<p>"I will make community-based dissemination central to my work." [Not shared]</p> <p>"It provided me with strategies and some structure to approach community engagement, especially as it relates to dissemination." [Not shared]</p> <p>"Starting early, with community vs. calling in community when I think it's appropriate." [Academic]</p> <p>"I loved the focus on active collaboration throughout every stage of the research study and of messaging with a plan. We will engage our partners earlier, more often, and more intentionally in our dissemination planning. This will affect our long-term planning and how we engage with community partners and community members." [Academic]</p>
Skill and professional development	Participants expressed how they improved on skills needed for community engagement work.	<p>"It has enhanced my understanding and skills to effectively and inclusively share research findings in the community." [Not shared]</p> <p>"Reflection on how to work more collaboratively on dissemination" [Not shared]</p> <p>"Participating in this program will allow me to be more intentional with my work in regard to community engagement. I will have a better understanding of forming partnerships that are rooted in purpose and allow for the views of the community to be best represented, as well as shared in a way that is impactful and hopefully generate ideas for interventions that are sustainable." [Academic]</p>
Focus on communication and relevance of audience	Participants shared how they will try effective approaches to communicate messages to the appropriate audience.	<p>"It will help get the message to the right people and hopefully make the information more relevant to begin with." [Academic]</p>

Two participants from the 2023 cohort provided additional information about how their participation in the CoP shaped their approach to community-centered dissemination over time. One participant (an Assistant

Professor) provided a reflection on how participation has shifted their approaches: “The CoP helped me recognize that research questions and dissemination goals are not the same, and that dissemination should be an intentional, audience-centered process rather than an afterthought. Using the Community Dissemination Toolkit, I began approaching dissemination as “communication with a plan,” identifying target audiences early and tailoring strategies to increase understanding and motivate action. For example, in one study, we initially developed an in-person game to share findings at a dissemination event, but when engagement was limited, we pivoted to a simpler, more accessible infographic that we shared with participants via text message. In a related follow-up effort, we presented findings in small group sessions with local policymakers and wrote an op-ed summarizing our recommendations. This work contributed to increased attention to the issue and ultimately helped inform city council decisions to allocate additional funding. Overall, the CoP shifted my approach to dissemination toward being more proactive, strategic, and equity-focused—centering community audiences, leveraging multiple communication channels, and considering how dissemination can shape narratives and support policy and systems change. I have since incorporated this framework into multiple grant proposals as part of my dissemination planning.”

The other participant, who identifies as a community partner in research (and a co-author on this manuscript) noted that they also resonated with the idea of “changing the idea of dissemination into communication with a plan” and developing the plan “with the communities that are directly impacted by our research topic (diabetes and people experiencing homelessness).” As a result of the community of practice, they “created two videos and hosted an information event and video viewing event at a University-affiliated center for care-holders of our work” that they invited community members to attend. This individual noted that the “mindset shift” of the CoP was the most salient long-term impact, along with expanding their network through the other participants.

Discussion

Engaging in participatory, community-centered dissemination is critically important for ensuring that the results of research actually reach community, policy, and practice settings. However, for too many researchers, dissemination for action is an afterthought; if done at all, it is often relegated to the final months of a project or after a project has completed. Done in this way, dissemination has a low chance of actually reaching the community members, policymakers, and other affected or interested parties who might be able to act on the evidence (Brownson et al., 2006). Thus, researchers need new models to increase their knowledge and capacity to do dissemination differently.

We found that engaging researchers and community partners in a Community of Practice around community-centered dissemination has promise in shifting participants’ understanding and building their capacity.

The six-session community of practice, while time-intensive, offered participants a different way of learning than a simple webinar or toolkit can provide. It allowed for co-learning and reflection, which can enhance participants' investment in the activity more than a one-time lesson. Evaluation data demonstrated that participants fully experienced the intended equitable principles of the CoP, including that it facilitated inclusion and opportunities for bi-directional learning. They also reported very high intentions to use the information learned and incorporate it into their dissemination and community-engagement practices, such as by implementing proactive dissemination plans more routinely and involving community partners early in the process of dissemination.

Overall, based on the evaluation data as well as the collected stories of impact, we believe that a CoP model provides an opportunity to build capacity that is distinct from other trainings or approaches to incorporating community engagement. For instance, community engagement studios can be used to incorporate community feedback in a dissemination plan (see, e.g., Joosten et al., 2015). However, these are only short-term opportunities and thus they are unlikely to infuse the spirit of community-centered dissemination throughout the life of a project and into the participants' future work, which was the goal of the CoP. Second, numerous workshops and training opportunities about dissemination exist (see, e.g., Davis & D'Lima, 2020). Trainings can increase knowledge and skills among participants, but as a recent review revealed, most are short term workshops, designed for researchers (not community partners), and many are aimed at individuals seeking a qualification or degree (Davis & D'Lima, 2020), which limits training to a select group of participants with a particular topic or disciplinary expertise. In contrast, our CoP was designed to expand individuals' networks, engage community members and researchers as equal participants, and sought to shift perceptions about dissemination as a whole, not for one particular project or degree objective. Both of the stories described above emphasized some of the relational and mindset shifts gained from the CoP, differentiating the CoP model from more traditional didactic training.

Applications to practice for other organizations and settings

Our experience suggests that a CoP model can be useful to foster innovation and intended practice change to encourage proactive research dissemination planning and community-centered practice. Research organizations (e.g., research centers or universities or training programs), formal research networks (e.g., funder collaboratives), or informal networks of researchers (e.g., peers organized around a particular topic area) should consider implementing more communities of practice around dissemination. This requires resources and enhanced investment in CoP models. By providing toolkits and other didactic materials alongside the opportunity for practice and reflection, CoPs can build capacity and support changes in behaviors. Networks or organizations wishing to implement CoPs can

leverage existing toolkits for models of how to set up a CoP (see, e.g., Graff et al., 2021). In addition, while several published toolkits and dissemination planning templates exist and should be shared for greater uptake (Cunningham-Erves et al., 2020, 2021; Gollust et al., 2025; Mayo-Gamble et al., 2022), doing so within the context of an organized community can provide the additional key structure and support. We encourage the use of a CoP model to support researchers to learn about, plan for, and exchange ideas for innovative community-oriented research dissemination models and practices. At the same time, institutions and funders should also reinforce these individual changes with other supports at the institutional level, including incentives (e.g., promotion and tenure criteria, dissemination-specific funds) to encourage dissemination in outlets beyond the typical academic journal article.

Limitations

There are a few limitations of the CoP experience worth noting. First, the CoP model we implemented was time and resource-intensive, involving full-time coordination staff and dedicated facilitators to plan, implement, and evaluate the CoPs. Networks and organizations might try adapting shorter versions or lower cost models to support researchers who want to innovate in their dissemination activities who may lack the same time and resources. Second, although 88 people registered for the CoPs, fewer participated actively in every session, and even fewer (just 32%) completed the evaluation survey. Thus, we cannot be sure that our evaluation results generalize to all participants' experiences. Third, while we recruited participation broadly and intentionally in an effort to maximize diversity of perspectives, ultimately relatively few participants were community partners versus those having academic affiliations, and the majority of participants were female and White; a different mix of participants might have produced different dynamics and experiences. Finally, we did not measure participants' pre-participation perceptions, so we were not able to measure change following their participation in the CoP. Further, we do not have longer term data on the effectiveness of the CoP beyond the two anecdotes reported above.

Conclusions

Dissemination should be considered a foundational component of participatory and community-engaged research. Planning for the communication of research results in accessible ways back to the community and to audiences poised to act on the research should become normative, a routine part of the research process and something planned from a project's inception through to its final stages. Our team's experience with a Community of Practice model suggests that building a container for bidirectional learning about dissemination can help facilitate participants thinking differently—and acting differently—which holds high potential to bring accessible research evidence to often overlooked audiences.

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Appendix 1: Resources and Materials Shared Throughout the Series

Journal Articles and Book Chapters for Further Learning

Brownson, R. C., Eyster, A. A., Harris, J. K., Moore, J. B., & Tabak, R. G. (2018). Getting the Word Out: New Approaches for Disseminating Public Health Science. *Journal of Public Health Management and Practice*, 24(2), 102–111. <https://doi.org/10.1097/PHH.0000000000000673>

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Iton, A., Ross, R. K., & Tamber, P. S. (2022). Building Community Power To Dismantle Policy-Based Structural Inequity In Population Health: Article describes how to build community power to dismantle policy-based structural inequity. *Health Affairs*, 41(12), 1763–1771. <https://doi.org/10.1377/hlthaff.2022.00540>

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Schwabish, J. A. (Ed.). (2020). *Elevate the debate: a multilayered approach to communicating your research*. John Wiley & Sons.

Toolkits and Guides for Further Learning

Community-Centered Dissemination Toolkit. From University of Minnesota Medical School Program in Health Disparities Research (PHDR) and Clinical Translation Science Institute's Community Engagement to Advance Research and Community Health (CEARCH). Available at: <https://med.umn.edu/healthdisparities/community-engagement/dissemination-toolkit>.

Dissemination and Implementation Framework and Toolkit from Patient Center Outcomes Research Institute (PCORI). Available at: <https://www.pcori.org/implementation-evidence/putting-evidence-work/dissemination-and-implementation-framework-and-toolkit>.

Navigating the Translation and Dissemination of PHSSR Findings: A Decision Guide for Researchers from [Lisa Simpson](#) and [Shoshanna Sofaer](#) for AcademyHealth. Available at: <https://academyhealth.org/publications/2013-09/navigating-translation-and-dissemination-phssr-findings-decision-guide>

Materials Shared by Guest Speakers or Participants

Dawes, D. E. (2020). *The political determinants of health*. Johns Hopkins University Press.

Evans, M. (2022, March 25). The way we lose Black men never makes sense. Losing my father to COVID is another example. *Los Angeles Times*. Available at: <https://www.latimes.com/california/story/2022-03-25/the-way-we-lose-black-men-in-america-never-makes-sense-losing-my-father-to-covid-19-doesnt-help>

Tips for Communicating About Health Disparities from the Collaborative on Media & Messaging for Health and Social Policy (COMM). Available at: <https://commhsp.org/tips-for-communicating-about-health-disparities/>

Mulrooney Eldred, S. (2024, April 16). A hunger for knowledge about dementia in Minnesota's African immigrant communities. *Saban Journal*. <https://sahanjournal.com/health/dementia-education-minnesota-african-immigrants-caregivers/>

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