Ozioma

Lessons learned and recommendations to the field

1. Increased localization and customization of an intervention at the individual or community level can lead to higher adoption and implementation rates.

2. Different audiences or users might want to use an intervention in different ways.

3. Interventions often emerge as a result of an iterative refinement process that occurs as a result of ongoing testing. Taking an adaptive and iterative approach to development of an intervention can increase the effectiveness and eventual widespread use of the product. I would say Ozioma has been constantly evolving. It's been a really dynamic project and I think that's worked to our advantage. So we've tried to watch closely what the newspapers are interested in and respond accordingly. We have adapted the approach so that we can make it even more localized than we were able to initially. We have created an online version that extends its reach to more people. So Ozioma isn't one thing, Ozioma has been this evolving thing. And if we're having this conversation a year from now, I'm convinced Ozioma will be something beyond what we have considered yet. And that's pretty real world. I mean, that's how it works. You pay attention to feedback from users and how the environment is changing and what new opportunities are there, and you adapt. And so we've been able to do that well I think.

4. Generalizability can be assessed by appropriate stratified sampling approaches that lead to a diverse sample.

5. Possible reasons for the sparse uptake of effective interventions that they are not being developed with the end user in mind (i.e., they are not designed for dissemination) and that they are not being tested in practice relevant context.

6. When you create a product, an intervention with a particular audience in mind there is more likely to be demand and as a consequence of demand actual use of that intervention. One of the keys to making any intervention effective is understanding the needs and the interests of the target audience. And in the case of Ozioma, that target audience has been black newspapers. And so it was very important that we understood how those organizations operated, what are their goals, who is it that they're serving, what sorts of information are they trying to present to their audiences? And so what are the demands? What are the needs of a newspaper?

7. There's also a wealth of experience from different disciplines that generates the solution that we come to. So our team includes, not just health communication experts and health behavior experts, but also journalists who understand that industry, and also, frankly, public relations people who understand how information and ideas can be packaged for easy consumption for uptake. And so by bringing all those groups together, I think we had a better idea of the kind of solution that would meet the needs we identified for the black newspapers.

8. I think one of the keys to the success of Ozioma has been that we're very reliable. So one of our stories comes out on a certain day, every other week, and it's always been like that. We don't miss weeks, we don't skip weeks. So they come to, we believe, rely on us as a source of information. And related to that is that we work really hard to assure a high level of quality of the stories. For them to keep coming back and using our stories, they have to believe, not just that it's there and it's available, but that it has some value, it's quality work. And so controlling those, sort of the regularity of our service and the quality of the product, has been really important.

9. Ozioma is heavily branded. So Ozioma has a visual identity that's very constant, it has a perspective or an approach, "Good News," right that we're going to focus on "good news." It has a consistency in delivery that it comes out at regular intervals. I think all of those things are attributes of effective products and services, whether they're health interventions or anything else. And that's been important to us. And it helps, we think, the – it helps the journalists, or the black newspapers think about us in a certain way, find us if they need to online, so we have this sort of name and this service means something to them, not just – it isn't just a research project somewhere, and I think that has value.

10. We ought to have a user review panel that can look at those and decide which ones are really worth investing in, which ones would there be demand for in the marketplace of practice, that would suggest that we ought to focus a lot of attention on A and B. C, D, E, F, G through Z, nah, not so much, let those go. But let's really try to make A and B work.

11. We need a process for taking A and B, the most promising, evidence-based, but also having user demand programs with both of those and making those ready for use. And I think that's a different skill set than we, as researchers, typically bring to the table. So that may involve people with expertise in marketing and packaging, in education or delivery. And we need teams of people who can actually do that, can take a proven project – a proven product for which there's demand and make it ready for the market.

12. And then the third thing I think we need is what I would call field agents. You need someone whose job it is to help make proven programs, to help get proven programs in to practice. Somebody that an organization can call, somebody that can train an organization, somebody that can troubleshoot and ask questions. If we are relying on researchers who developed the initial version of a program to do that, that's going to fail. We need somebody whose job it is to do nothing but that, support interventions getting into practice.