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The intervention from the designer's perspective and the interviewee's role

When we think about what made that pilot study successful, part of it is that these smaller – these smaller media outlets don't have a lot of resources. And so they may be especially willing to take on stories that come from other sources, because they wouldn't have the resources to generate them themselves. And so, one of the kind of categories of media that fits that description are minority serving media. So you have radio stations and local newspapers that are really, generally smaller operations, but they reach a large number of people in particular populations, in particular communities. Our center has always been interested in health disparities, so it made a lot of sense to us to see if we could use these minority serving media to really enrich the health information environment in minority communities. And we did a little background research to see whether or not people were working with these media outlets. And at least with black newspapers, there wasn't a lot of activity going on, we were sort of surprised that there hadn't been any systematic attempts to partner with these minority serving media outlets. So we created the Ozioma News Service, and the news service created these customized stories for each community. And we tested it in a longitudinal intervention trial, a community randomized trial. Twelve communities got the intervention, twelve did not. And we were able to significantly increase coverage about cancer stories in the newspapers that got the Ozioma stories. So that was Ozioma One.

When we were trying to figure out what worked about Ozioma One, we noticed through our analyses that the more customized, the more localized a story was to a community, if it had local headlines, if it had more local data, those characteristics predicted which of our stories a newspaper would run. So – and that's not surprising. So the more localized, the more customized, the more it got picked up. So that led us to the second generation of Ozioma, Ozioma Two, where we asked the question, could we enhance the localization and get an even better result? Could we get even more coverage of these health topics in black newspapers if we localize stories more? And that led us to a partnership with the American Cancer Society because we felt to get more localized stories; we actually needed someone on the ground in each of those communities. And the American Cancer Society had that, they have volunteers in their local offices. And we identified some of those volunteers, we trained them to be sort of cub reporters and gave them those skills and gave them those tools, and then for every story that we came out with, they would localize it for their community. They'd go talk to somebody and get a quote. They'd get a picture, they'd get some sort of a local angle, a person who was affected. And then we would put that in with our data localization, and what we have found so far, about halfway

through the project, is that's dramatically more effective than just localizing with data. So all of this, I think, suggests that we can enrich the information environment in minority communities through these minority serving media, and that we can do that even more effectively the more localized it is, and by engaging people on the ground we get more of that.

Then comes Ozioma Online. And Ozioma Online is a tool that allows anyone, not just a news specialist or a trained journalist, to access information about their community and use that information to create their own sorts of information, for whatever their constituency might be. So it could be a local journalist, it could be a local health agency, but giving them access in an easy to use, sort of – through an easy to use interface to a wealth of data about their community, where they can customize their searches by race/ethnicity, by geography, and get information that would be meaningful to the people in their community.

So Ozioma Online does all or most of the things that the two Ozioma projects did, but it's available online. What's interesting about Ozioma Online is, at least so far, there's sort of two parts of it. There are the data that you can access and obtain, and then there's another part of Ozioma Online that actually helps you construct a story, a customized story. And what we're seeing and hearing is that there's more demand for the browsing the data and finding the data for my community, there's more demand for that function than there is for the help me make a story function. Which is interesting because the Ozioma News Service is, in effect, creating the story, it's the part that people aren't as interested in in Ozioma Online, but they're clearly interested in it in the Ozioma News Service. So again, a lesson about having different audiences or different users wanting to use this service in different ways.

We never thought of Ozioma as a dissemination study, but I think it is a dissemination study in the sense that we have made available a service, we have sort of refined and fine tuned that service over time, and we get to observe how organizations, newspapers in this case, use that service. What is the uptake? Who uses it, who doesn't use it? What do they use it for, what don't they? And in that sense, that's very much dissemination research in my view.

So I've been involved in Ozioma since its inception and as sort of a high level consultant, co-investigator, I suppose. The project's been very well run by Doug Luke and then later by Charlene Caburnay, and they've done a terrific job with it. I've tried to chime in along the way.

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