Title Slide: Implementation Science (IS) Team: New Name, New Direction, & New Website
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Slide 1: Implementation Science Team Vision
To achieve the rapid integration of scientific evidence, practice, and policy, with the ultimate goal of improving the impact of research on cancer outcomes and promoting health across individual, organizational and community levels.

Slide 2: Implementation Science Team Mission
The mission of the Implementation Science (IS) Team is to build and advance the field of Implementation Science by:
- Integrating new knowledge across clinical and public health research, practice and policy;
- Stimulating an increasing number of competitive grant submissions on cancer implementation science that contribute to the development of innovative IS methods and study designs;
- Developing a robust and supportive network of trained, interdisciplinary implementation scientists;

The mission of the Implementation Science (IS) Team is to build and advance the field of Implementation Science by:
- Promoting science that is rigorous, transparent and relevant in the real world;
- Fostering rapid learning strategies for improving individual and population health; and
- Building partnerships for the development, dissemination and implementation of evidence-based measures, initiatives and programs.

Slide 4: Implementation Science Team Priority Areas
1. **BUILD:**
   - Build the Science of Implementation Science (IS)
2. **PARTNER:**
   - Establish Robust Partnerships
3. **TRAIN:**
   - Develop Ongoing Training Networks

Slide 5: Build
**Goal:** Change the Research Paradigm (shift from efficacy to systems approaches)
**Short Term Objectives:**
- Publish ≥5 articles in leading journals and present at ≥10 major national meetings on new IS concepts
• Continue to be a key planner and supporter of NIH D&I Meeting and related initiatives to increase attention to and support of IS by NIH leaders, researchers, and the public

**Long Term (2015) Objectives:**

- Increase # of cancer-relevant IS submissions by 33%
- Increase # of funded cancer-relevant grants proposals to D&I PAR (and other mechanisms) by 25%
- Increase # of accepted cancer-relevant abstracts for presentation at D&I conference by 25%

[Image] Implementation Science Team factsheet.  [End Image]


**Slide 6:** The Major Trans-NIH D&I Funding Announcement

- R01 - PAR 10-038 ($500k per annum up to five years)
- R03 - PAR 10-039 ($50K per annum up to two years)
- R21 - PAR 10-040 ($275K up to two years)
- Participating Institutes: NIMH, NCI, NIDA, NIAAA, NIAID*, NHLBI, NINR, NIDDK*, NINDS*, NICD, NIDCR, & Office of Behavioral & Social Sciences Research
- Starting October 2010, new standing review committee, Dissemination and Implementation Health Research
- Three submission dates per year: **February, June, October**

* New Participating Institutes

[Image] Cartoon: Men hiking through mountains at a fountain of money. "By God Gentlemen, I believe we've found it-the Fountain of Funding"
[End Image]

**Slide 7:** Annual D&I Science Conference: March 19-20, 2012 (Bethesda MD)

- Annual meetings held since 2007 - “State of the D&I Science” Venue
  - Participation increased from 350 registrants in 2007 to over 1200 in 2011
  - Past themes have included: “Building Capacity” and “Methods and Measures”.
    - This year’s theme: “Research at the Crossroads”
- Abstracts for 2012 conference due: **November 10, 2011**
- Meeting to be held in Bethesda on March 19-20, 2012

There is no fee to register for this conference.

**Slide 8:** Partner

**GOAL:** Assist other projects to be more likely to improve health outcomes, succeed in reducing health disparities, and be sustainable

**Short Term Objectives:**

- Be a key contributor on two trans-HHS efforts related to IS
- Support Cancer Prevention Control Research Network (CPCRN) to make identified contributions to local communities in 5 states
- Have at least one trans-NIH meeting or funding initiative on Comparative Effectiveness Research -Translation (CER-T) linking primary care and public health approved (e.g. a PAR or RFA)

**Long Term (2015) Objectives:**
- Establish and maintain 1 new national partnership per year involving multiple Division of Cancer Control and Population Sciences branches and other institutes to support innovative IS initiatives (w/ HRSA, VA, CMS, and ACS) as well as continued partnership with CDC

[Image] Four outlines of people in a rectangle with lines connecting each and the word “Collaborate” at the center.
[End Image]

**Slide 9:** Cancer Prevention & Control Research Network
Accelerate the adoption of evidence-based cancer prevention and control in communities
- Enhancing large-scale efforts and deepening understanding
- Infrastructure for applying relevant research to local cancer prevention and control needs.
- Subgroup of the CDC’s Prevention Research Centers (PRCs) – 10 centers

[http://www.cpcrn.org](http://www.cpcrn.org)

[Image] Map of the US indicating where CPCRN institutions are: University of Washington; University of California-Los Angelos; University of Colorado; Texas A&M; University of Texas; Washington University; Emory University; University of South Carolina; Unniversity of North Carolina-Chapel Hill; Harvard University/Boston University [End Image]

[Image] CPCRN logo [End Image]

**Slide 10:** Train
**Goal:** Establish a strong, supportive, evolving, virtual IS community

**Short Term Objectives:**
- Have two successful years of the NIH Summer Training Institute for D&I Research in Health
- Continue NIH D&I Annual technical assistance workshop; and improve evaluation ratings
- Provide training and networking for an increased # of researchers, public health practitioners, and community members via Research to Reality (R2R), Cancer Control P.L.A.N.E.T., IS Team website and other vehicles
- Organize and evaluate pilot mentorship program for 6 mentee-mentor pairs on evidence-based public health

**Long Term (2015) Objectives:**
- Train at least 140 promising new investigators and 40 established cancer-relevant investigators in IS
- Train 1,000 public health practitioners in IS knowledge and skills

Slide 11: Training Institute for D&I Research in Health
Organizers:
- Office of Behavioral and Social Sciences Research (OBSSR)
  - National Cancer Institute (NCI)
  - National Institute of Mental Health (NIMH)
  - U.S. Department of Veterans Affairs (VA)
- First Annual Training Institute – August 2011 (Chapel Hill, NC)
  - 35 participants
  - Training Materials available online.
Applications for 2012 Institute coming soon!

[Image] Training Institute in Dissemination and Implementation Research in Health website homepage screenshot [End Image]

Slide 12: Research to Reality (R2R): A Virtual Community of Practice
A dialogue between practitioners and researchers on how to move evidence-based programs into practice
  - Over 600 members
- Site Features:
  - Monthly cyber-seminars
  - Discussion forums
  - Featured partners
  - An events calendar
  - Community profiles
  - Mentorship Program
https://ResearchtoReality.cancer.gov
[Image] Research to Reality website homepage screenshot [End Image]

Slide 13: No Title
[Image] Implementation Science Team website homepage screenshot:

Slide 14: No Title

Slide 15: Evidence Integration Triangle
Intervention (Program/Policy) (e.g. design; key components; principles guidebook; internal and external validity) has a bi-directional connection to "Practical Progress Measures (e.g. actionable & longitudinal measures)". "Practical Progress Measures" has bi-directional connection to "Participatory Implementation Process" (e.g. stakeholder engagement; team-
based science; CBPR; patient centered care). "Implementation Process" has a bi-directional connection to "Intervention (Program/Policy)". Each bi-directional arrow displays the word "Feedback" above it. This completes the circular connection from "Intervention (Program/Policy)" to "Practical Progress Measures" to "Implementation Process" back to "Intervention (Program/Policy)". Two ovals with the words, "Evidence and Stakeholders" are in the middle of the triangle. A circle encompasses the whole triangle and lists the six Multi-level contexts: (1) Intrapersonal/biological; (2) Interpersonal/Family; (3) Organizational; (4) Policy; (5) Community/Economic; (6) Social/Environment/History.

Slide 16: Coming Soon!
- Incorporation of external validity measures and RE-AIM tools on Research-tested Intervention Programs website (Spring 2012)
- RSS Feeds and Social Media outlets on R2R Patient-reported Outcomes for Electronic Health Records


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<th>Title</th>
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