Implementation Science (IS) Team: New Name, New Direction, & New Website

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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.
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.
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
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%
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*, NIDCD, 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

http://cancercontrol.cancer.gov/funding_apply.html#is
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”


Meeting to be held in Bethesda on March 19-20, 2012

Registration and Call for Abstracts:

There is no fee to register for this conference.
**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
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
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
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!

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
Reach Effectiveness Adoption Implementation Maintenance (RE-AIM)

WELCOME!

This site provides an explanation of and resources for those wanting to apply the RE-AIM framework. The RE-AIM framework is designed to enhance the quality, speed, and public health impact of efforts to translate research into practice in five steps:

- **Reach**: your intended target population
- **Effectiveness**: or efficacy
- **Adoption**: by target settings or institutions
- **Implementation**: consistency of delivery of intervention
- **Maintenance**: of intervention affects in individuals and settings over time

Among the RE-AIM website features are:

- Tools and resources to facilitate implementation
- A comprehensive list of RE-AIM publications and presentations organized alphabetically by year

Please send comments and suggestions or your own RE-AIM related work for inclusion on the site to Mike Sanchez.

About RE-AIM

- What is RE-AIM?
- Applying the RE-AIM Framework
- FAQ

Resources

- Publications
- Presentations

Tools

- Self-rating Screener and Feedback
- RE-AIM Planning Tool and Adapation
- Calculations
- Checklists
- Figures and Tables
- Measures
- Links
- RE-AIM Framework Constructs Checklist
- Visual Displays
Evidence Integration Triangle (EIT)

Intervention Program/Policy
(Prevention or Treatment)
(e.g., key components; principles; guidebook; internal & external validity)

Feedback

Evidence

Stakeholders

Feedback

Participatory Implementation Process
(e.g., stakeholder engagement; CBPR; team-based science; patient centered)

Feedback

Practical Progress Measures
(e.g., actionable & longitudinal measures)

Feedback

Multi-Level Context

- Intrapersonal/Biological
- Interpersonal/Family
- Organizational

- Policy
- Community/Economic
- Social/Environment/History
• 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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