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 <u>integration</u> of scientific evidence, practice, and policy, with the ultimate goal of improving the <u>impact of research</u> on cancer outcomes and promoting health <u>across</u> individual, organizational and community <u>levels</u>.

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 <u>across clinical and public health</u> research, practice and policy;
- Stimulating an increasing number of competitive grant submissions on cancer implementation science that contribute to the development of <u>innovative IS methods and study designs</u>;
- Developing a <u>robust and supportive network</u> of trained, interdisciplinary implementation scientists;

Slide 3:Implementation Science Team Mission Cont.

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
1. **TRAIN:**
   – Develop Ongoing Training Networks

Slide 5: Build

Goal: *Change the Research Paradigm (shift from efficacy to systems approaches)*
<u>Short Term Objectives:</u>

- 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]
[Image] Dissemination and Implementation Annual Meeting website homepage: http://conferences.thehillgroup.com/obssr/di2012/index.html [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*, 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

[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
- Registration and Call for Abstracts: http://conferences.thehillgroup.com/obssr/di2012/index.html

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

[Image] Map of the US indicating where CPCRN institutions are: University of Washingon; 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

[Image] Cancer Control P.L.A.N.E.T., Research to Reality, and Training Institute website homepage screenshots [End Image]

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!
http://conferences.thehillgroup.com/OBSSRinstitutes/TIDIRH2011/index.html

[Image] Training Institute in Dissemination and Implementation Researh 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

- Launched February, 2011 (NCI) – STEP 2 of Cancer Control P.L.A.N.E.T.
  - 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:
http://cancercontrol.cancer.gov/IS/index.html [End Image]

Slide 14: No Title

[Image] RE-AIM website homepage: http://cancercontrol.cancer.gov/IS/reaim/index.html [End Image]

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!
- Redesign of Cancer Control P.L.A.N.E.T. homepage (2012)
- 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

Slide 16:Contact Us - http://cancercontrol.cancer.gov/IS/index.html

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