

GMaP Region 4 Implementation Webinar

PRESENTED BY GMAP REGION 4

GMaP is a program funded by the NCI's Center to Reduce
Cancer Health Disparities

GMaP Region 4

CT • IA • IL • IN • MA • MI • MN • NJ • NY • OH • PA • RI • WI



TEMPLE HEALTH

Welcome FY19 GMaP Regions!!



The **Geographic Management Program (GMaP)**: A 2009 NCI strategy to build regional networks of health disparities researchers through partnerships, collaborative research, integration of biospecimen and community research and training, fostered by a solid regional infrastructure.

Region 4 GMaP

administratively led by Fox Chase Cancer Center (now part of Temple Health). Currently comprised of more than 40 NCI-funded institutions located in 13 states. More than 800 members.

Our Region 4 Team



- ▶ Dr. Linda Fleisher PhD, MPH
 - ▶ Co-Director
 - ▶ Associate Research Professor
 - ▶ Health Communications & Health Disparities



- ▶ Dr. Susan G. Fisher, MS, PhD
 - ▶ Co-Director
 - ▶ Associate Director for Population Science
 - ▶ Associate Director for Cancer Health Disparities & Community Engagement



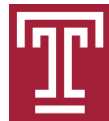
- ▶ Carrie Norbeck, MPH, CHES
 - ▶ Regional Coordinating Director



- ▶ Cassidy Kenny
 - ▶ Research Coordinator

GMaP Region 4

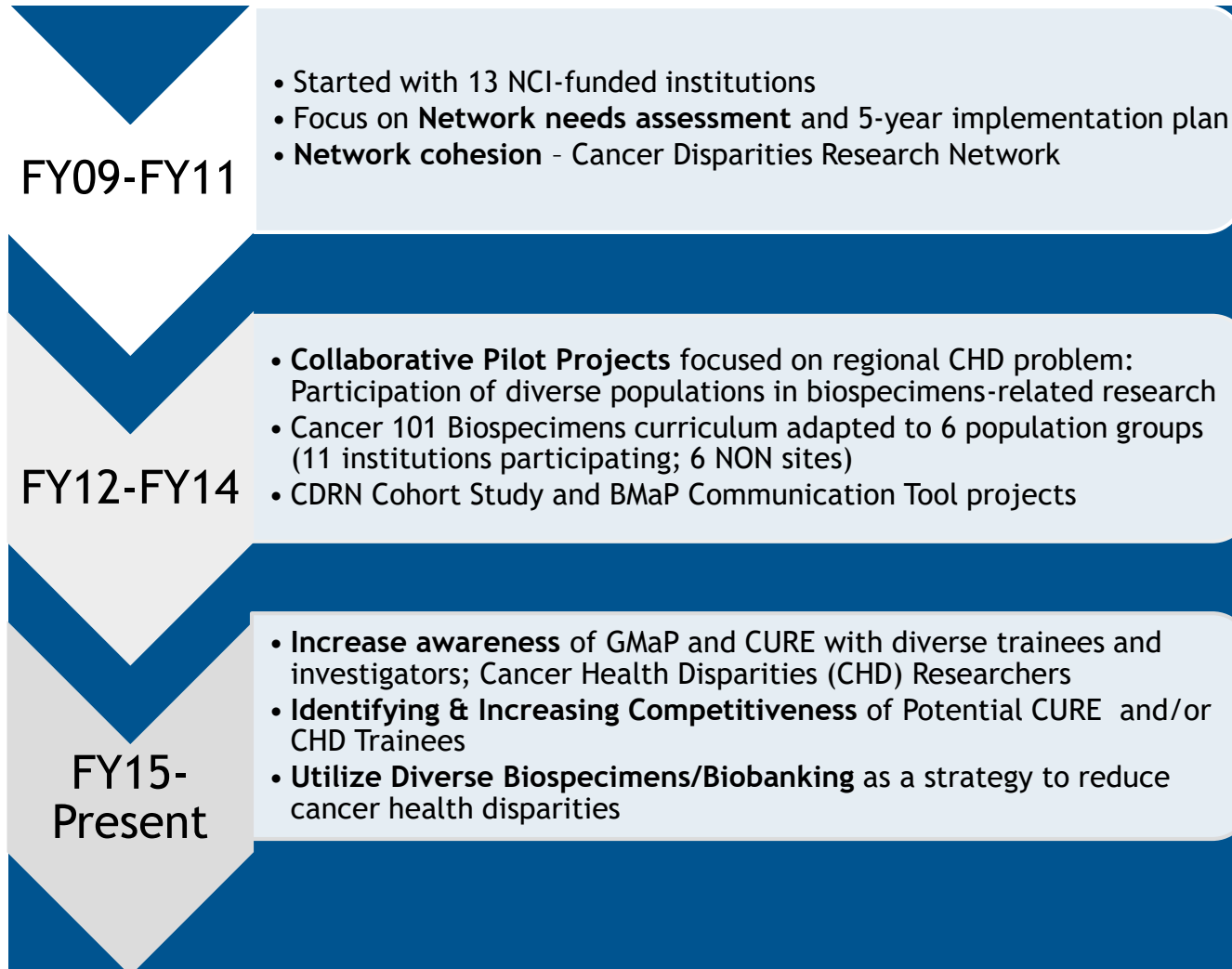
CT • IA • IL • IN • MA • MI • MN • NJ • NY • OH • PA • RI • WI



FOX CHASE
CANCER CENTER

TEMPLE HEALTH

Past & Present: The Goals of GMaP Region 4



Career Development Support



Travel Awards

- Offered Fall/Spring
- Competitive
- Priority to those applying for CURE within 1-2 years
- Early Stage Investigators
- Post-event report



Expert Grant Reviews

- Available on request
- Timeline - begin 12 weeks prior to submission
- Partial/Full review
- Honorarium to reviewers
- Provide review comments plus phone call to discuss



Pilot Awards

- Offered periodically
- Small grants for developmental activities
- 1 Year duration
- Early stage investigators
- Competitive with expert review

Communications


Oct 23, 2019 E-blast from GMAP Region 4

[View this email in your browser](#)

GMAP Region 4

CT • IA • IL • IN • MA • MI • MN • NJ • NY • OH • PA • RI • WI

Are you attending APHA in Philadelphia Nov. 3-6th? Any other Fall conferences? Please complete this [short survey](#) to share your contact information. GMAP will be in attendance and available for career chats!

 Forward this CDRN E-blast to a colleague!



GMAP Region 4 has a new website! Check it out at

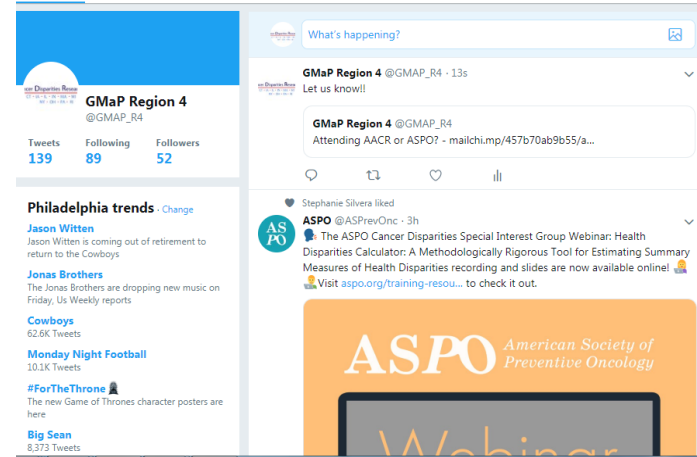
[https://www.foxchase.org/gmap_r4!](https://www.foxchase.org/gmap_r4)

Have you applied for a CURE award this Fall?

If you applied for a CURE (Diversity) F31, K01, K08, or R21 level award through NCI's Center to Reduce Cancer Health Disparities this Fall, we'd like to know. GMAP works with investigators throughout the application process to ensure your best chance for success! Please complete this [short survey](#) with your Fall CURE application plans or information.

Have you applied for a CURE award this Fall?

If you applied for a CURE (Diversity) F31, K01, K08, or R21 level award through NCI's Center to Reduce Cancer Health Disparities this Fall, we'd like to know. GMAP works with investigators throughout the application process to ensure your best chance for success! Please



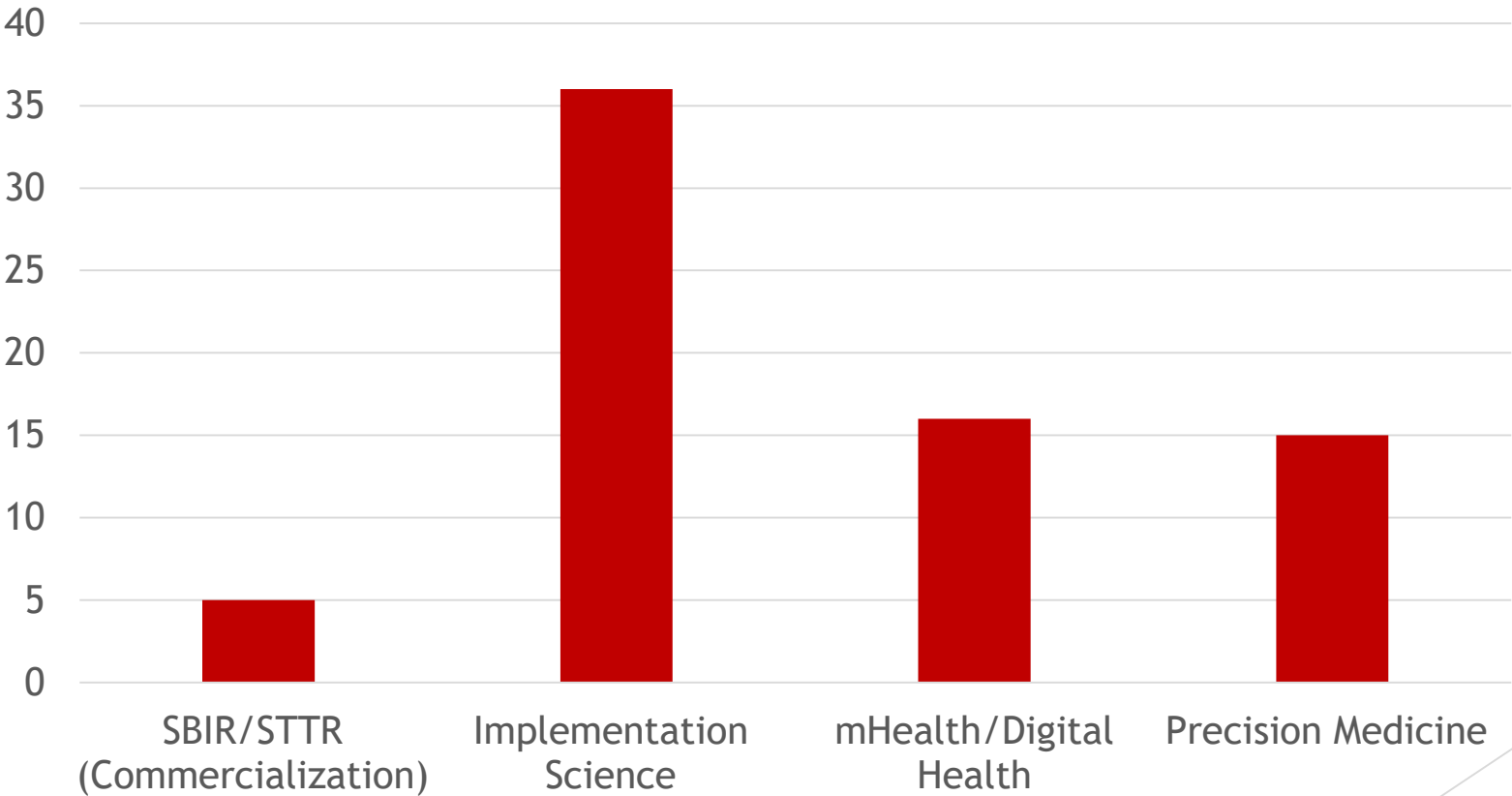
VISIT US AT: www.foxchase.org/gmap_r4

GMAP Region 4

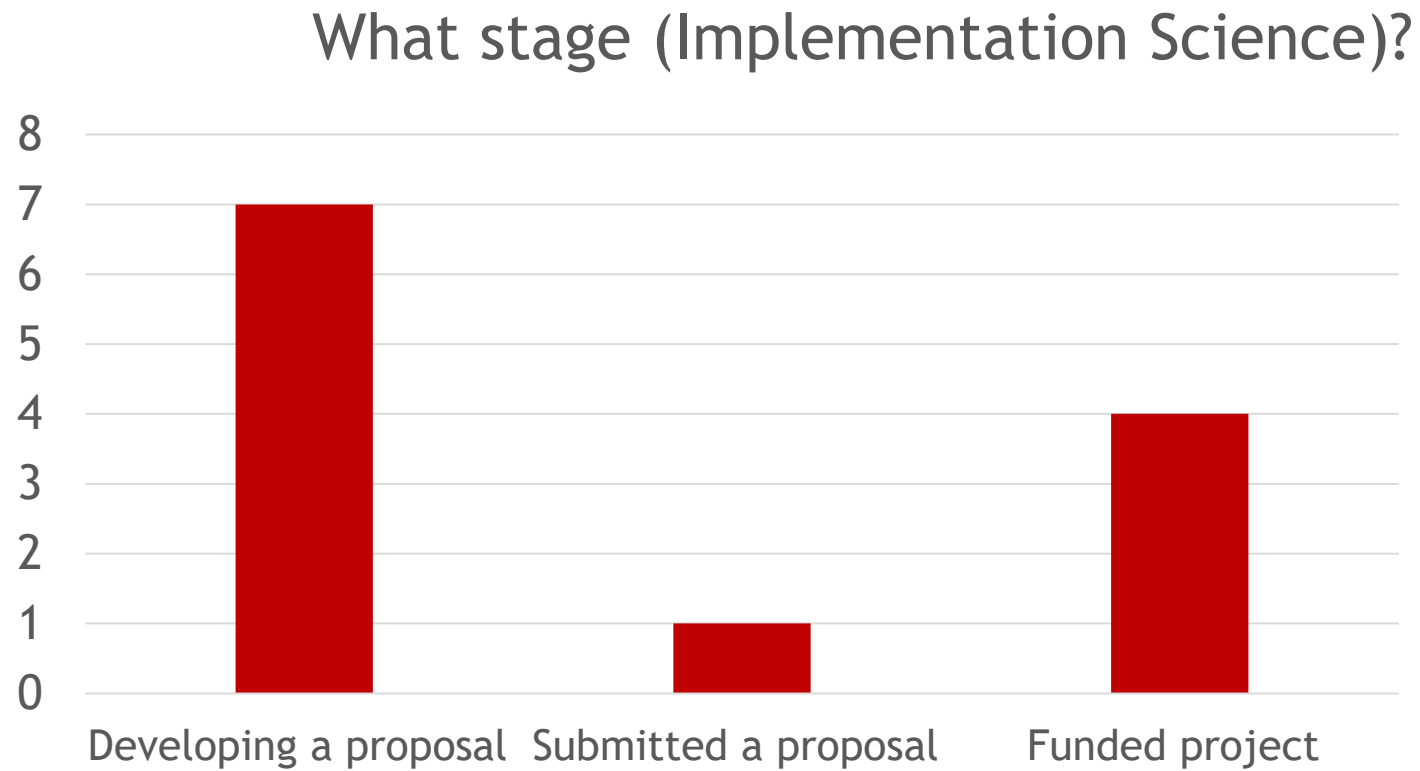
CT • IA • IL • IN • MA • MI • MN • NJ • NY • OH • PA • RI • WI

GMaP Region 4 Membership Survey Responses - Fall 2019

Research Areas of Interest N=44



GMaP Region 4 Membership Survey Responses



Featuring:

Gila Neta, PhD, MPP

- ▶ Program Officer, National Cancer Institute, Division of Cancer Control and Population Sciences

Rachel Shelton, ScD, MPH

- ▶ Assistant Professor, Columbia University, Mailman School of Public Health, Department of Sociomedical Sciences
- ▶ Associate Director of Community Engagement Core Resource, Columbia's Irving Institute for Clinical and Translational Research
- ▶ Associate Director of Research, Lerner Center for Health Promotion

Shawna Hudson, PhD

- ▶ Professor and Research Division Chief, Department of Family Medicine and Community Health
- ▶ Director, Center of Advancing Research and Evaluation or Patient-Centered Care (CARE_PC), Rutgers Robert Wood Johnson Medical School
- ▶ Co-Director of Community Engagement, NJ Alliance for Clinical and Translational Science (NJ ACTS)

GMaP Region 4

CT • IA • IL • IN • MA • MI • MN • NJ • NY • OH • PA • RI • WI

Polling Questions

- ▶ Which GMaP Region are you in?
- ▶ Which best describes you?
 - ▶ I am just getting interested in Implementation Science
 - ▶ I have participated in Implementation Science mentored trainings and am beginning to develop some concepts and proposals
 - ▶ I have had one or two grants focused on Implementation Science
 - ▶ I am a seasoned Implementation Science researcher



A brief orientation to implementation science at the National Cancer Institute

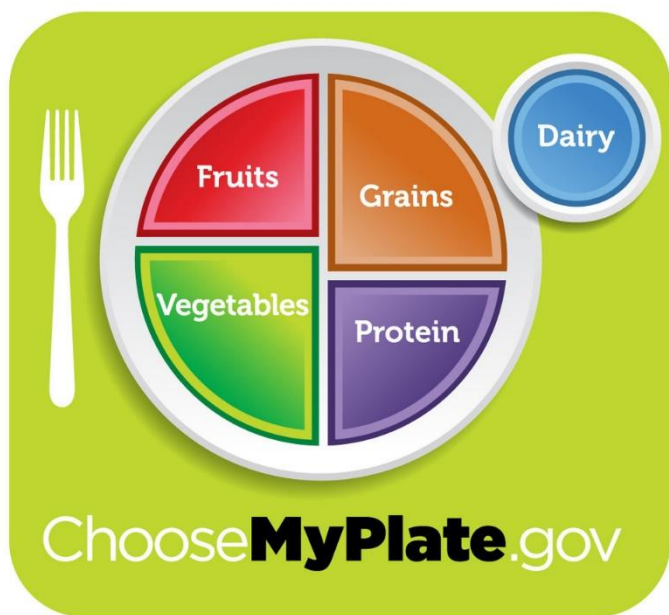
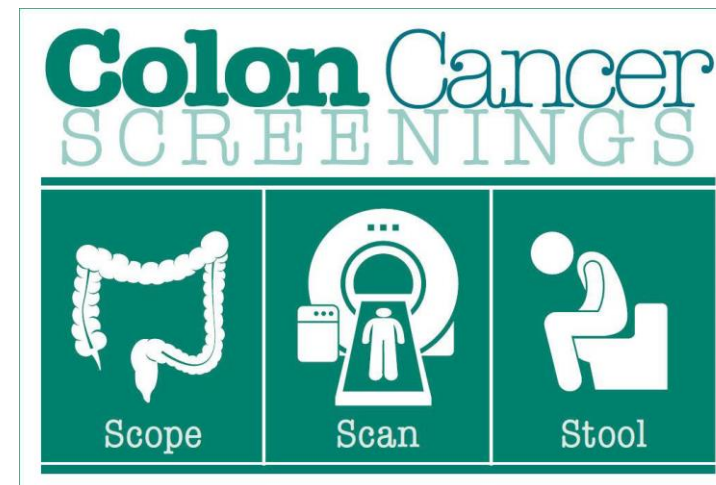
*Gila Neta, PhD, MPP
Division of Cancer Control and Population Sciences*

GMaP Region 4 Implementation Webinar

Definitions

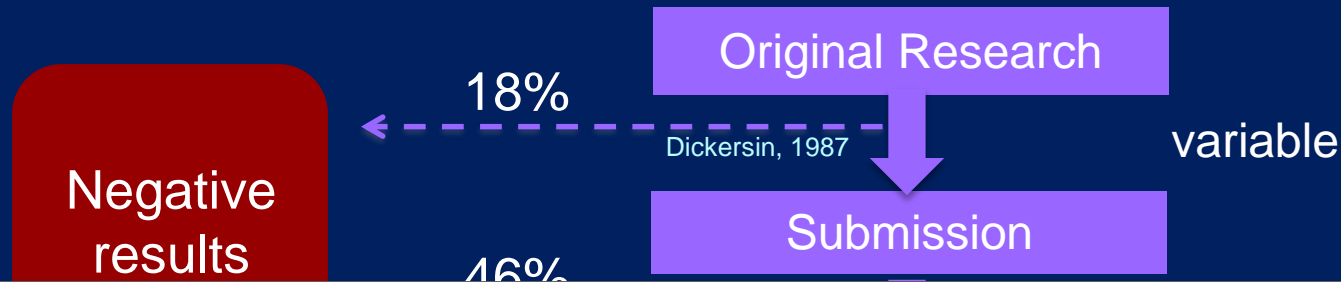
- **Implementation practice:** *Using* interventions in health care and public health settings (i.e., the act of implementing something)
- **Implementation science:** *Studying the use* of interventions in health care and public health settings
 - “scientific study of methods to promote the systematic uptake of research findings and other evidence-based practices into routine practice” (Eccles & Mittman 2006)
 - “study of the use of strategies to adopt and integrate evidence-based interventions into clinical and community settings” (Glasgow 2012)

Effective Interventions

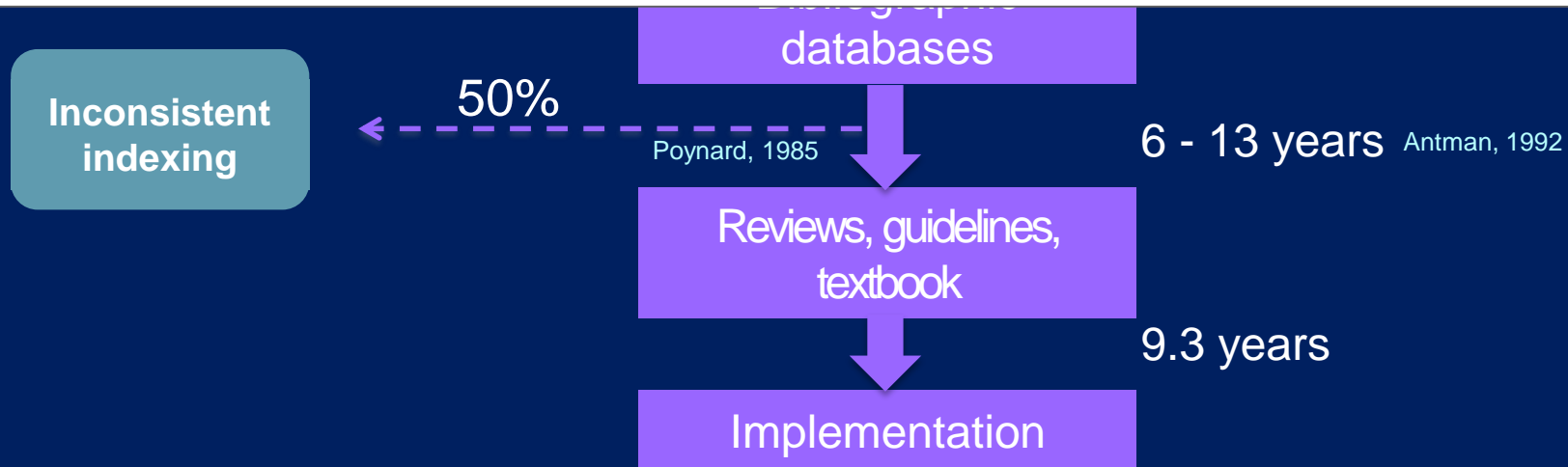


"PUBLICATION PATHWAY"

Balas & Boren, 2000



It takes 17 years to turn 14 percent of original research to the benefit of patient care



Beyond the Evidence for Effectiveness...

Evidence is only as good as how and whether...

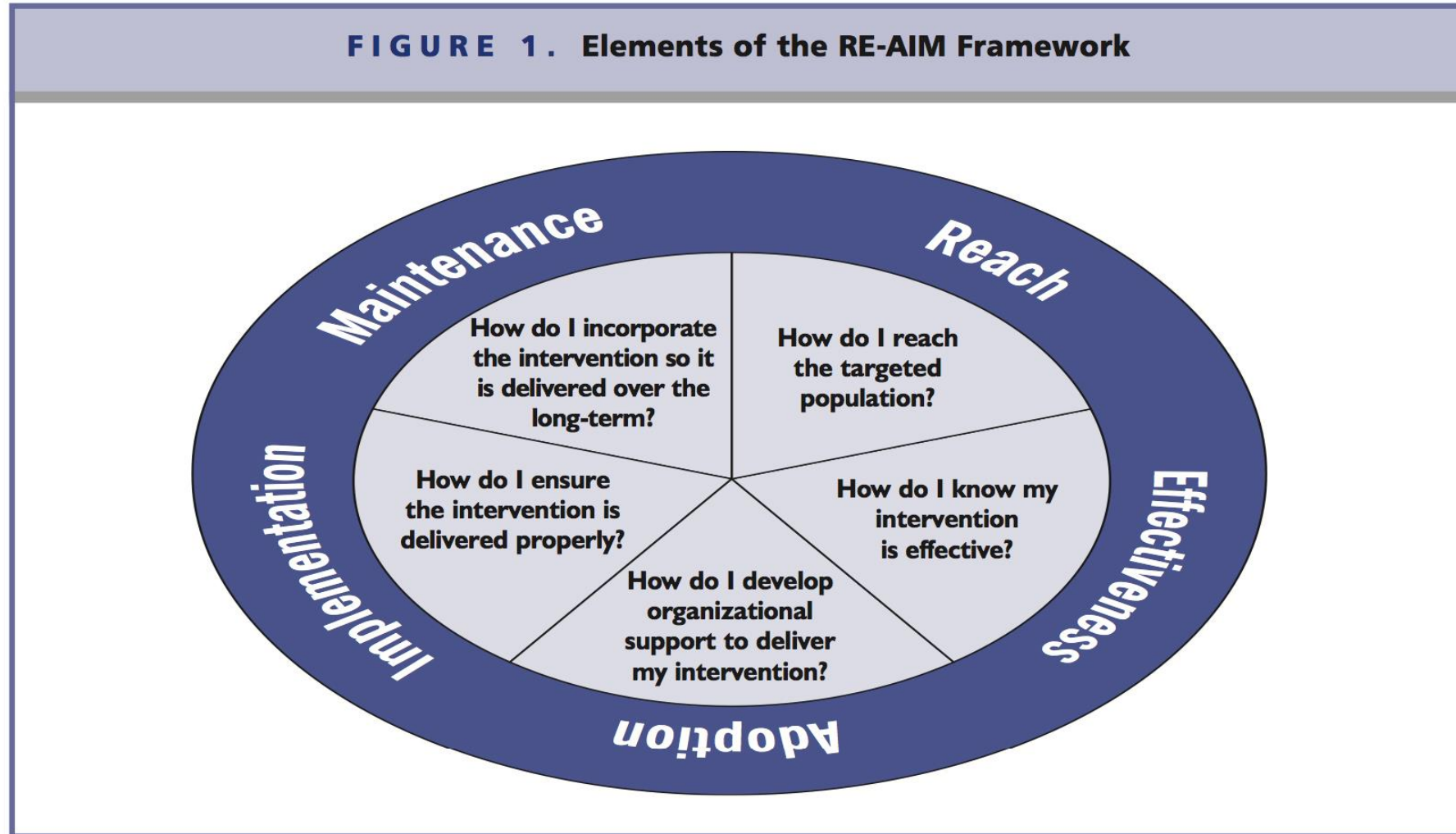
- It is adopted?
- Practitioners and communities are trained to use it?
- Trained practitioners and communities choose to use it?
- Eligible populations/patients benefit from it?

If we assume 50% threshold for each step...

(even w/perfect access/adherence/dosage/maintenance)

Impact: $.5 * .5 * .5 * .5 = 6\%$ benefit

Beyond Effectiveness



Glasgow, RE-AIM

Definitions (from NCI)

Implementation Science intends to bridge the gap between research, practice, and policy by building a knowledge base about how health information, effective interventions, and new clinical practices, guidelines and policies are communicated and integrated for public health and health care service use.

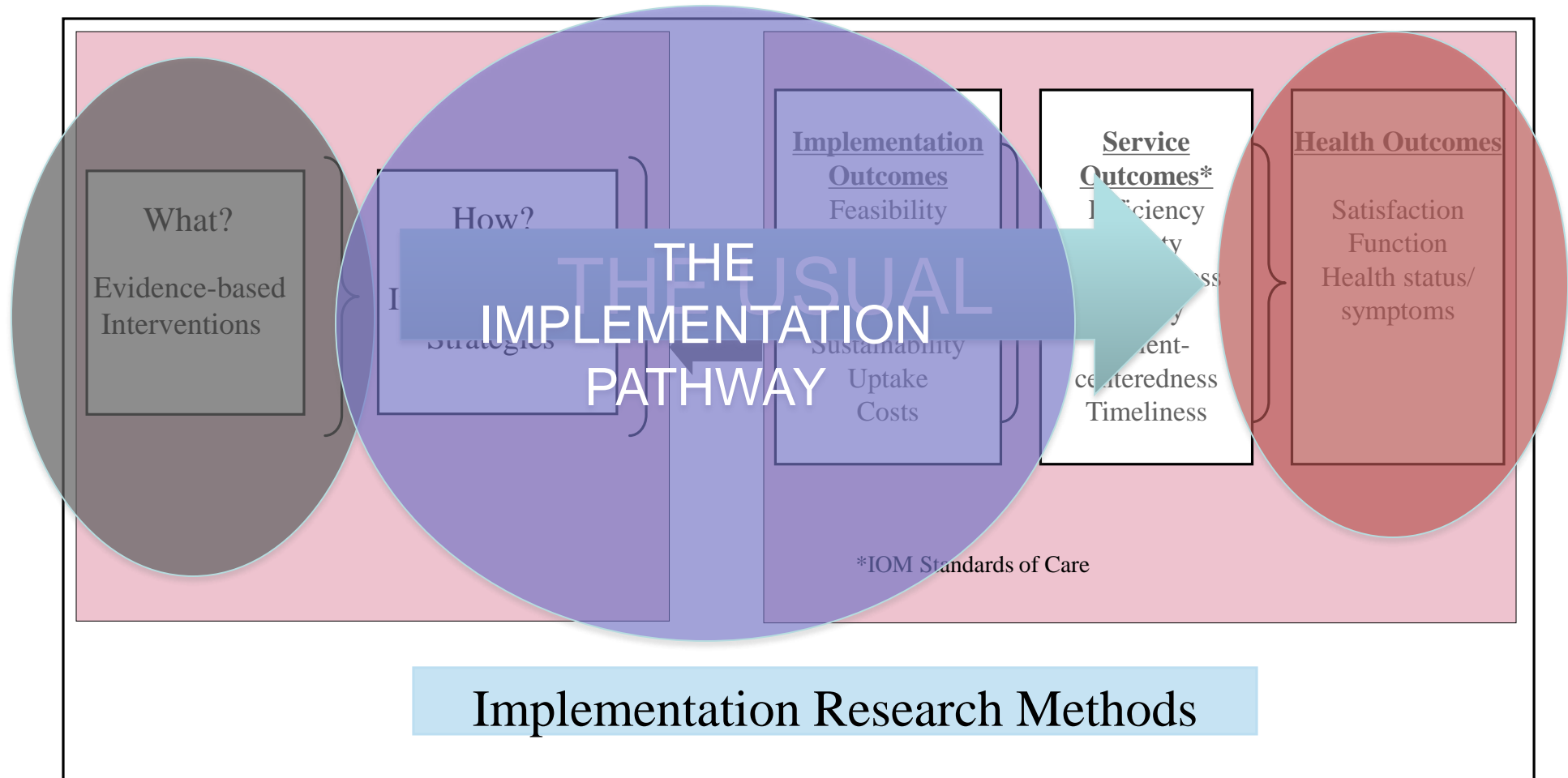
- **Dissemination research** is the scientific study of targeted distribution of information and intervention materials to a specific public health or clinical practice audience. The intent is to understand how best to communicate and integrate knowledge and the associated evidence-based interventions.
- **Implementation research** is the scientific study of the use of strategies to adopt and integrate evidence-based health interventions into clinical and community settings to improve individual outcomes and population health.

Source: PAR-19-274

Dissemination Research

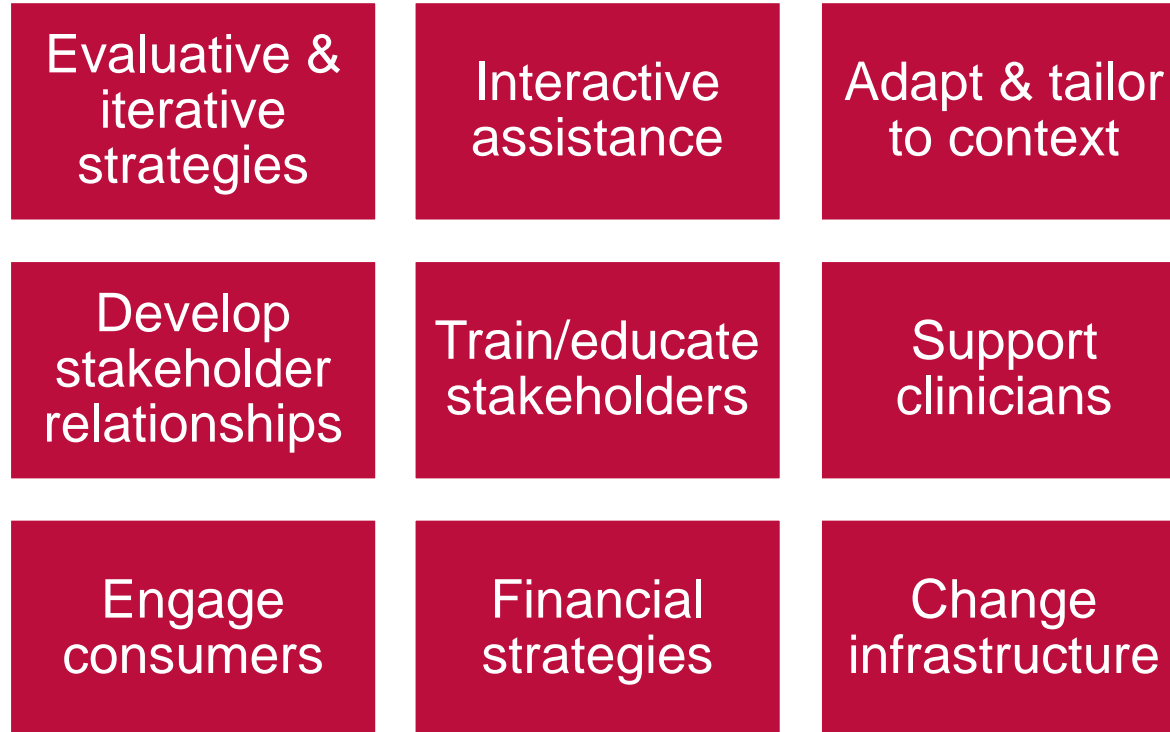
- How, when, by whom, and under what circumstances evidence spreads
 - Creation
 - Packaging
 - Transmission
 - Reception
- ➔ Turning information into action

Implementation Research



Proctor et al 2009 *Admin. & Pol. in Mental Health & Mental Health Services Research*

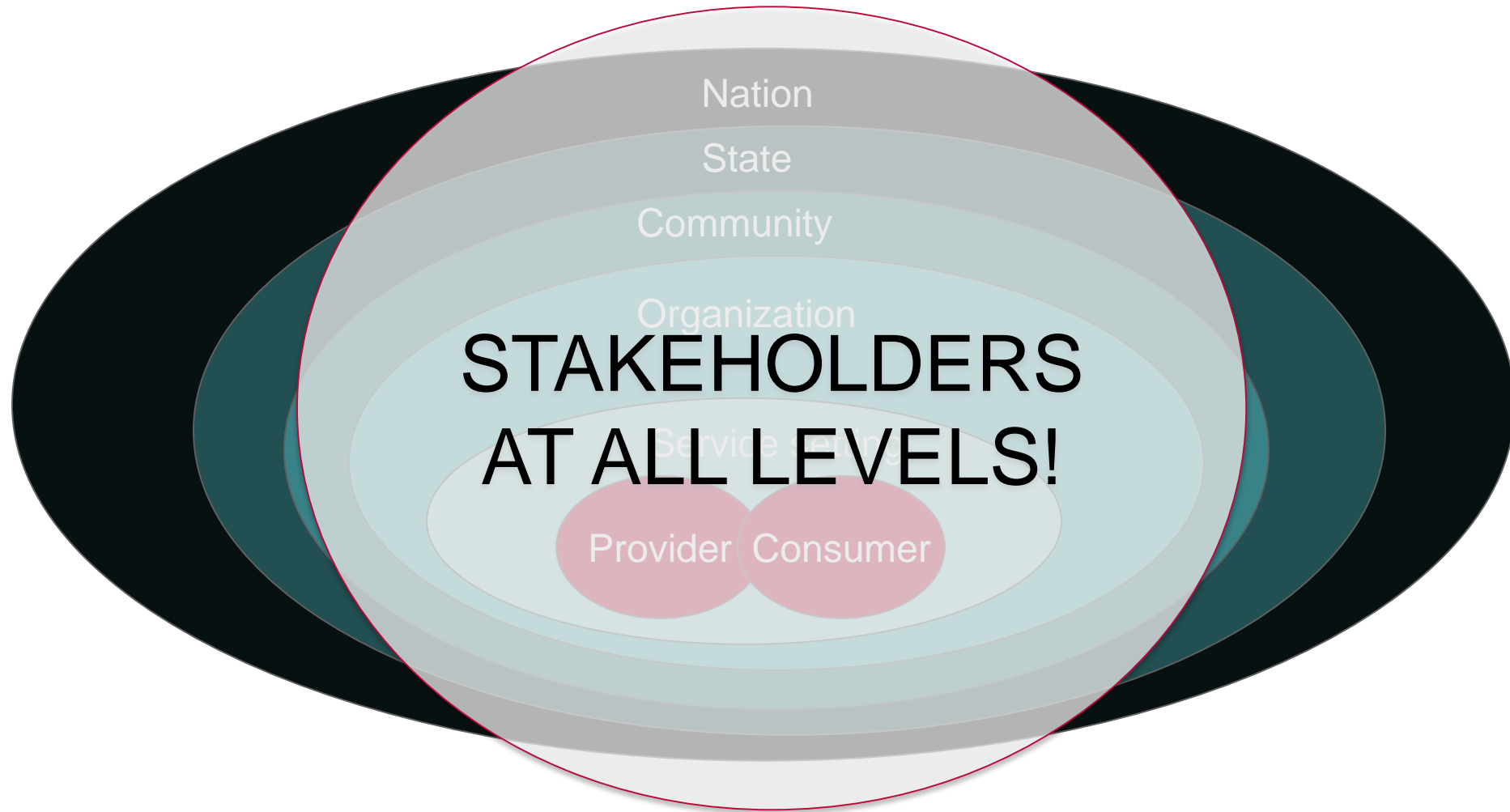
Implementation Strategies



- What barriers are you trying to overcome?
- What resources are you able to leverage?
- Who are your stakeholders?

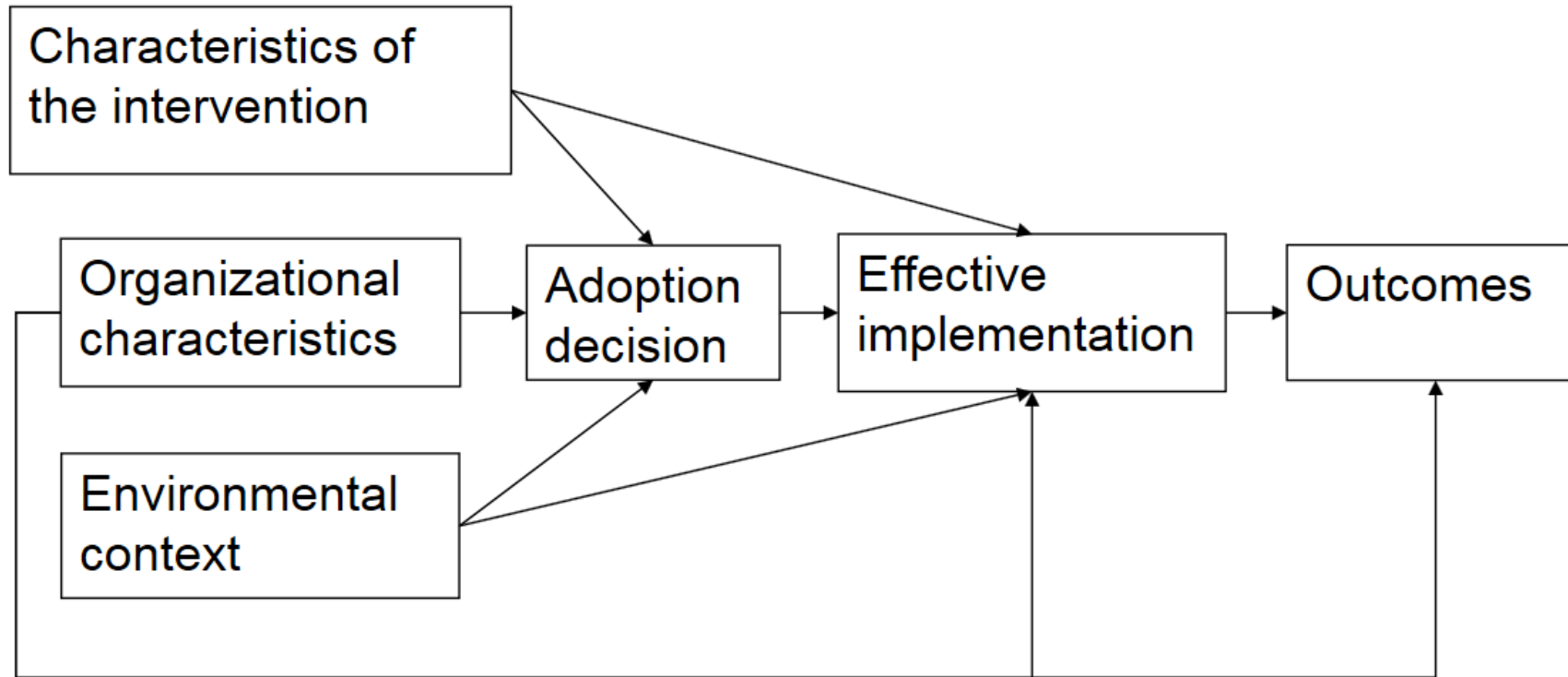
Powell, et al., 2015.

Context Dependent & Multi-level Factors



...As you scale up decision-making from practice to program to policy, does evidence exist to guide implementation?

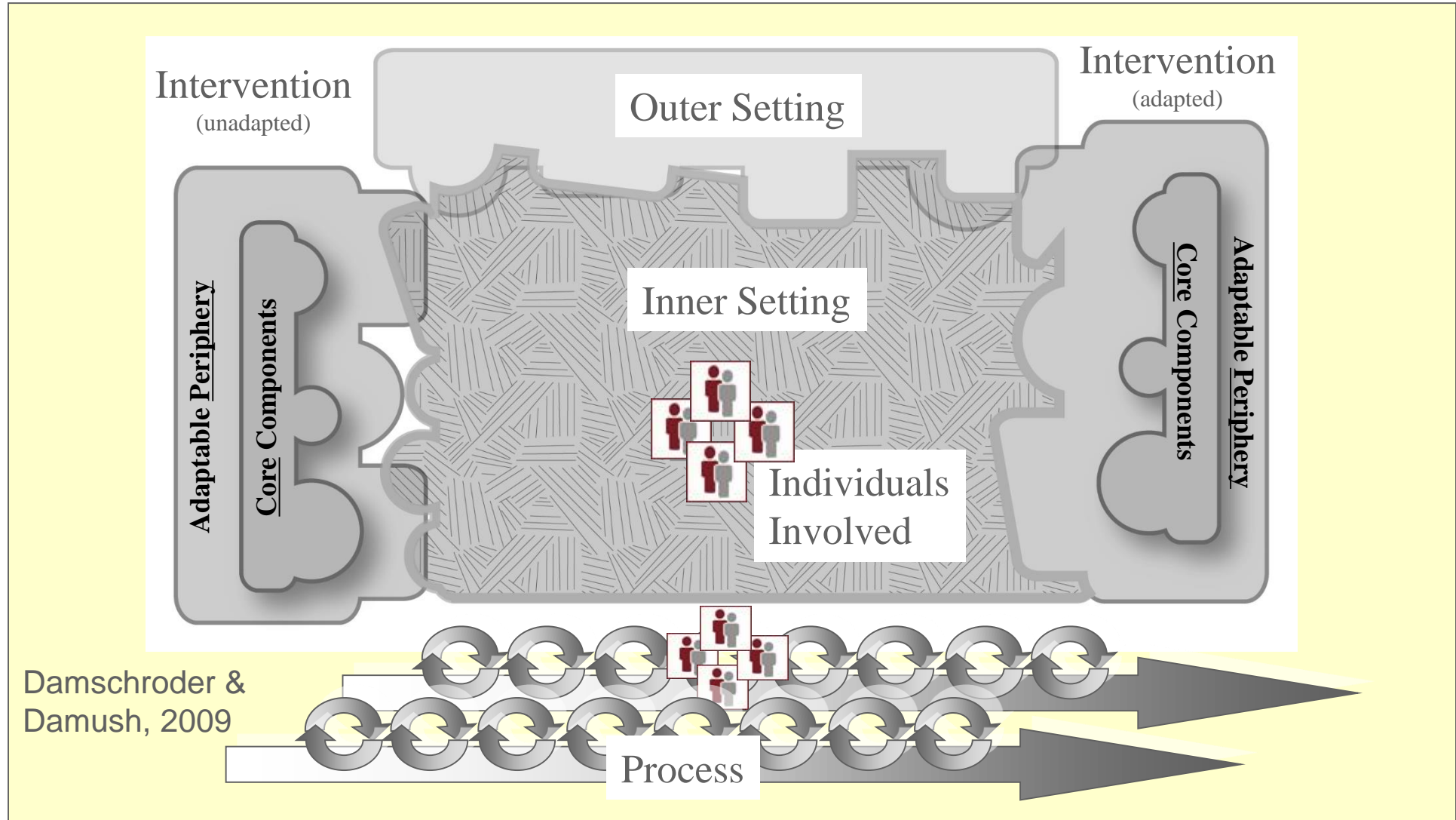
Rogers' Diffusion of Innovations Theory



CIPRS: Stetler & Damschroder Theoretical Frameworks

Krein SL, Olmsted RN, Hofer TP, et al. *Am. J. Infect. Control* 2006;34(8):507-12.

Consolidated Framework for Implementation Research (CFIR)



Challenging Traditional Assumptions → Need for Adaptation

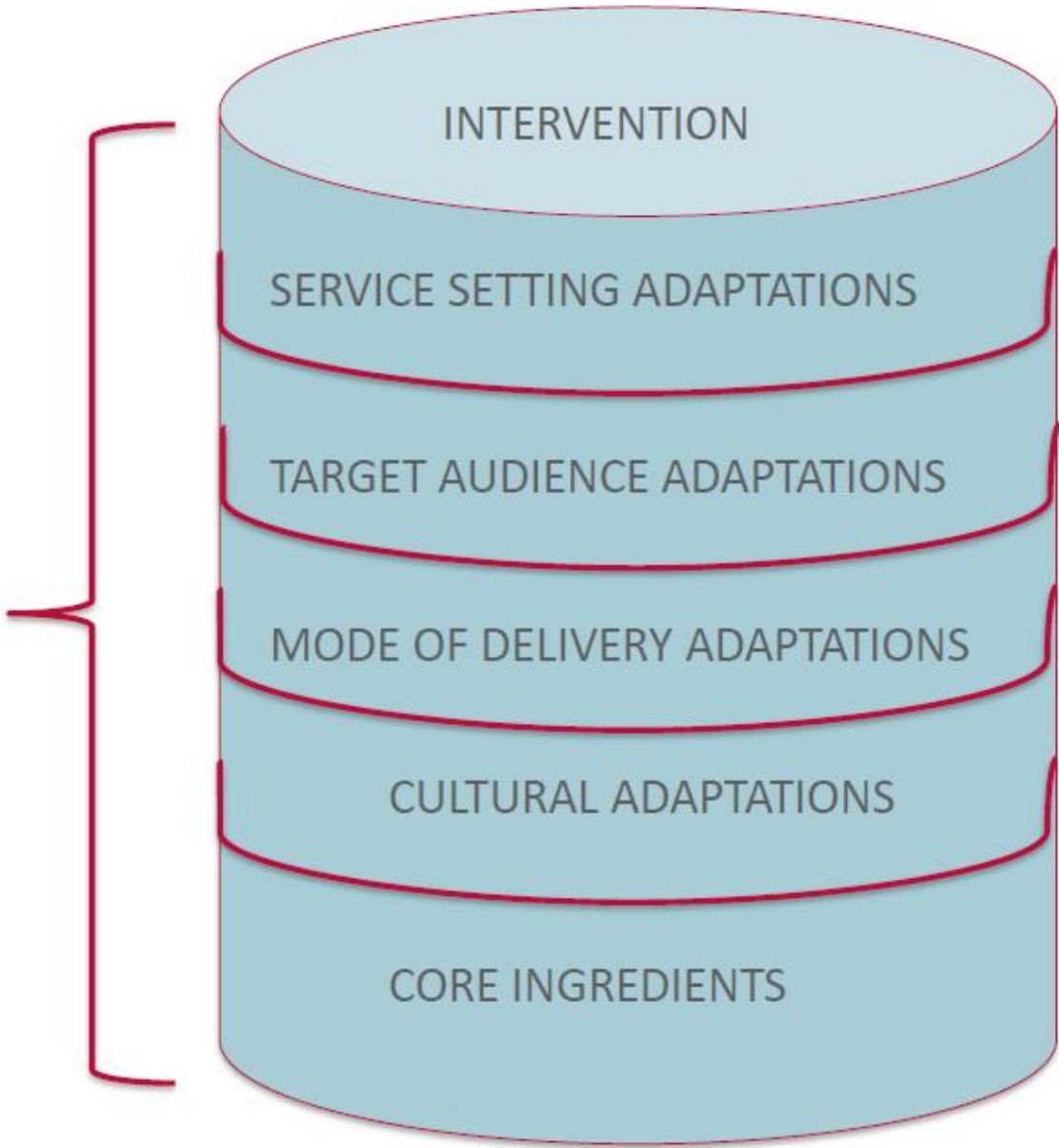
Traditional Assumptions:

- Evidence and evidence-based practices are static
- System is static
- Implementation proceeds one practice or test at a time
- Consumers/Patients are homogeneous
- Choosing to not implement is irrational

➤ Voltage drop

➤ Program drift

Sources
Of
Intervention
Adaptation



Funding Opportunities

R01, Dissemination and Implementation Research in Health (PAR-19-274, Clinical Trial Optional)

This funding opportunity provides research project grants to support discrete, specified research projects led by an investigator in a topic area representing his or her specific interests and competencies. Because the nature and scope of the proposed research will vary from application to application, it is anticipated that the size and duration of each award will also vary. Applications may not exceed 5 years.

R21, Dissemination and Implementation Research in Health (PAR-19-275, Clinical Trial Optional)

This funding opportunity provides grants that are intended to encourage exploratory or developmental research projects by supporting the development of pilot projects or feasibility studies to support creative, novel, and high-risk/high-payoff research. Applicants may request a project period of up to 2 years and the combined budget for direct costs may not exceed \$275,000.

R03, Dissemination and Implementation Research in Health (PAR-19-276, Clinical Trial Not Allowed)

This funding opportunity provides small research grants to support the initiation of studies that are generally for preliminary short-term projects. Applicants for an R03 award may request a project period of up to 2 years and a budget for direct costs of up to \$50,000 per year. While the grant is nonrenewable, there is less competition for these start-up research project funds.

Successful Grant Applications



Reference excerpts from successfully funded research grant applications to help prepare applications for NCI funding.

[SAMPLE GRANT APPLICATIONS](#)

Funding Inquiry Staff Contact



[Gila Neta, PhD, MPP](#)

Program Officer

netagil@mail.nih.gov

Examples of Funded Grants

R21: Effective Training Models for Implementing Health-Promoting Practices Afterschool

Principal Investigator(s)



Rebekka Mairghread Lee, ScD
Harvard School of Public Health*

FOA**

PAR 13-054

Award Number

R21#CA201567-01A1

[VIEW FUNDED GRANT](#)

R21: Increasing Colorectal Cancer Screening Rates in Community Health Centers

Principal Investigator(s)



Bryan Weiner, PhD
University of North Carolina at
Chapel Hill*

FOA**

PAR 10-040

Award Number

R21#CA161657

[VIEW FUNDED GRANT](#)

R01: Using Technology to Scale-Up an Occupational Sun Protection Policy Program

Principal Investigator(s)



David B. Buller, PhD
Klein Buendel Inc.*

FOA**

PAR 16-238

Award Number

R01#CA210259-01A1

[VIEW FUNDED GRANT](#)

R01: Implementing Universal Lynch Syndrome Screening across Multiple Healthcare Systems: Identifying Strategies to Facilitate and Maintain Programs in Different Organizational Contexts

Principal Investigator(s)



Alanna Rahm, Ph.D.
Geisinger Clinic*

FOA**

PAR 16-238

Award Number

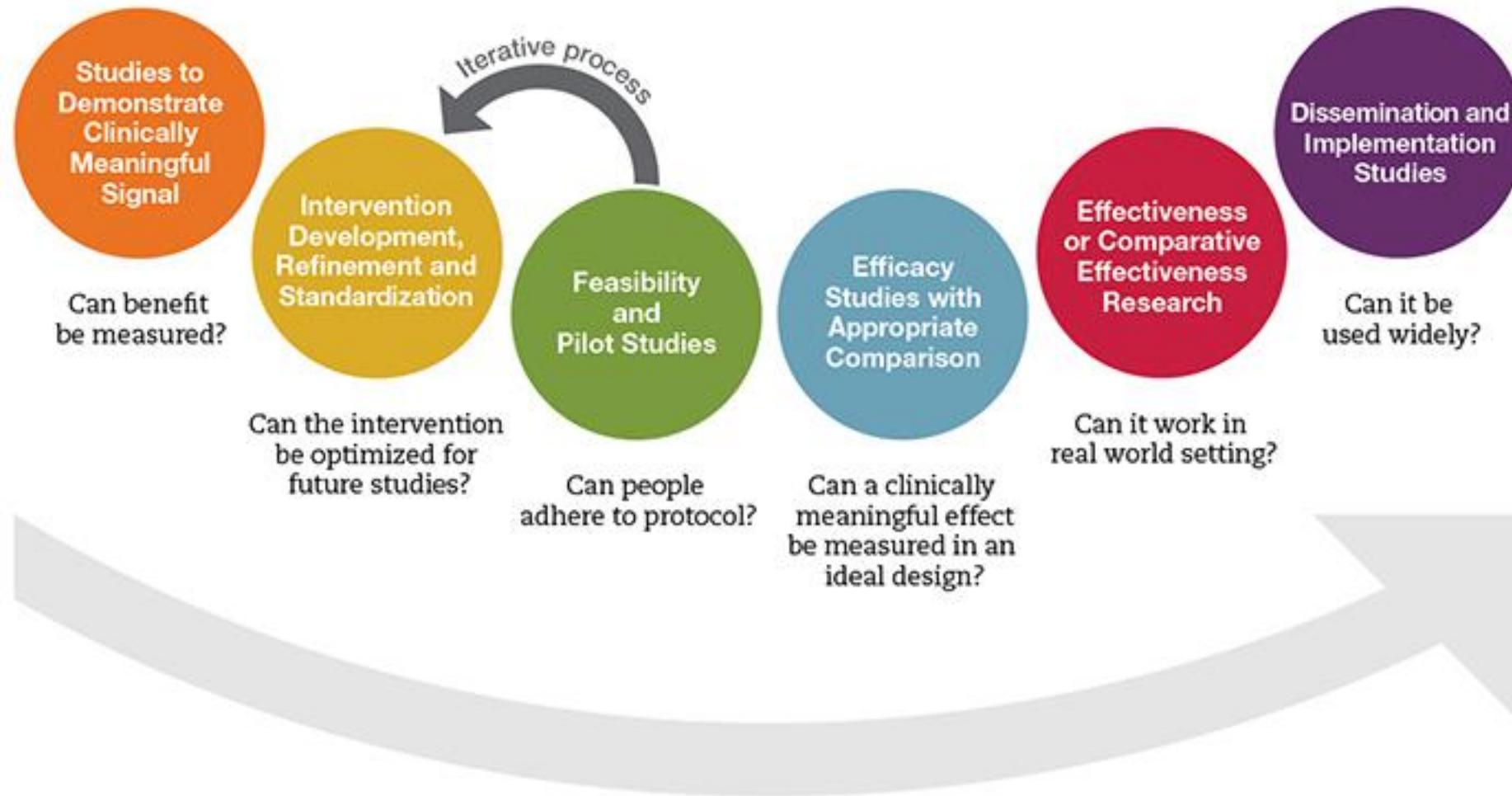
R01#CA211723-01A1

[VIEW FUNDED GRANT](#)

Selected Research Questions

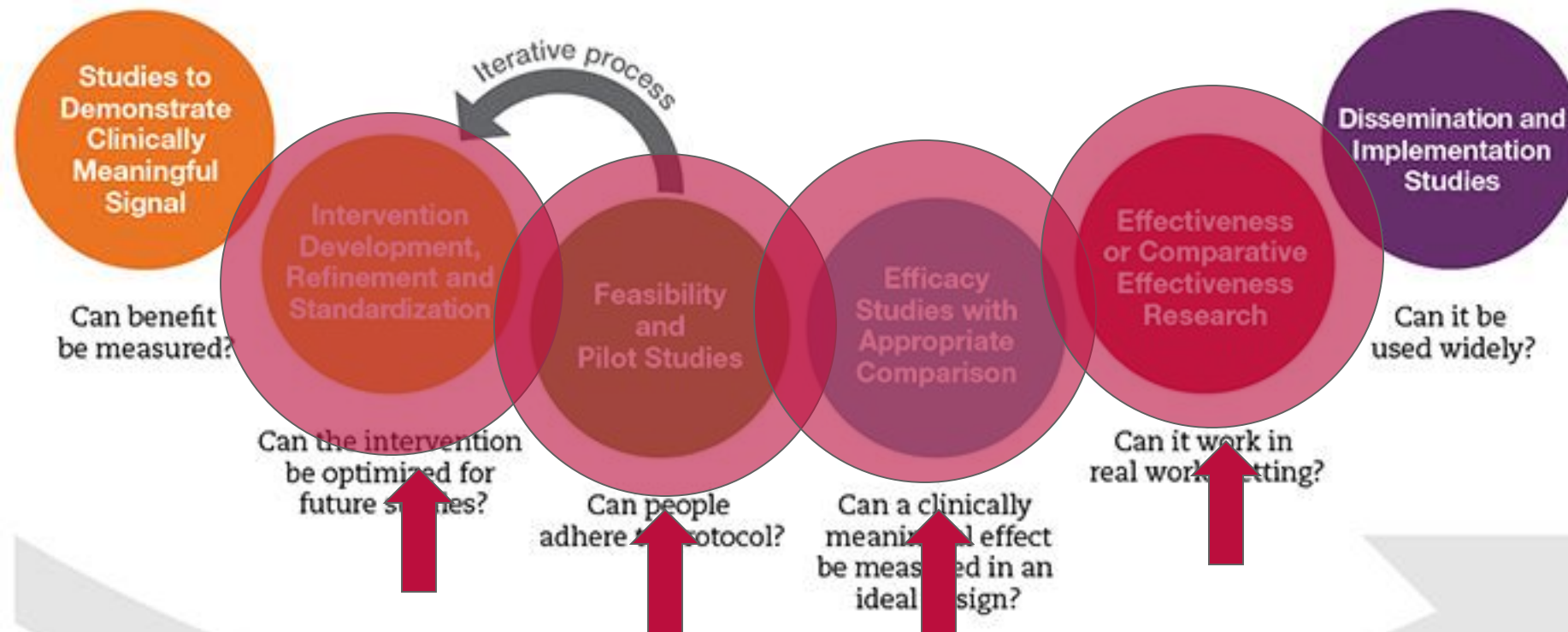
- What **factors influence the creation, packaging, transmission and reception** of valid health research knowledge?
- How can an evidence-based practice be **adapted** to fit within specific contexts or settings?
- Which **strategies** best support uptake and sustainability, and how do these strategies work?
- How do you **scale up and sustain** effective interventions across systems, states and communities
- How do you **de-implement** practices that are not evidence-based, or are harmful or wasteful?

Considering Implementation Science Earlier



<https://nccih.nih.gov/grants/mindbody/framework>

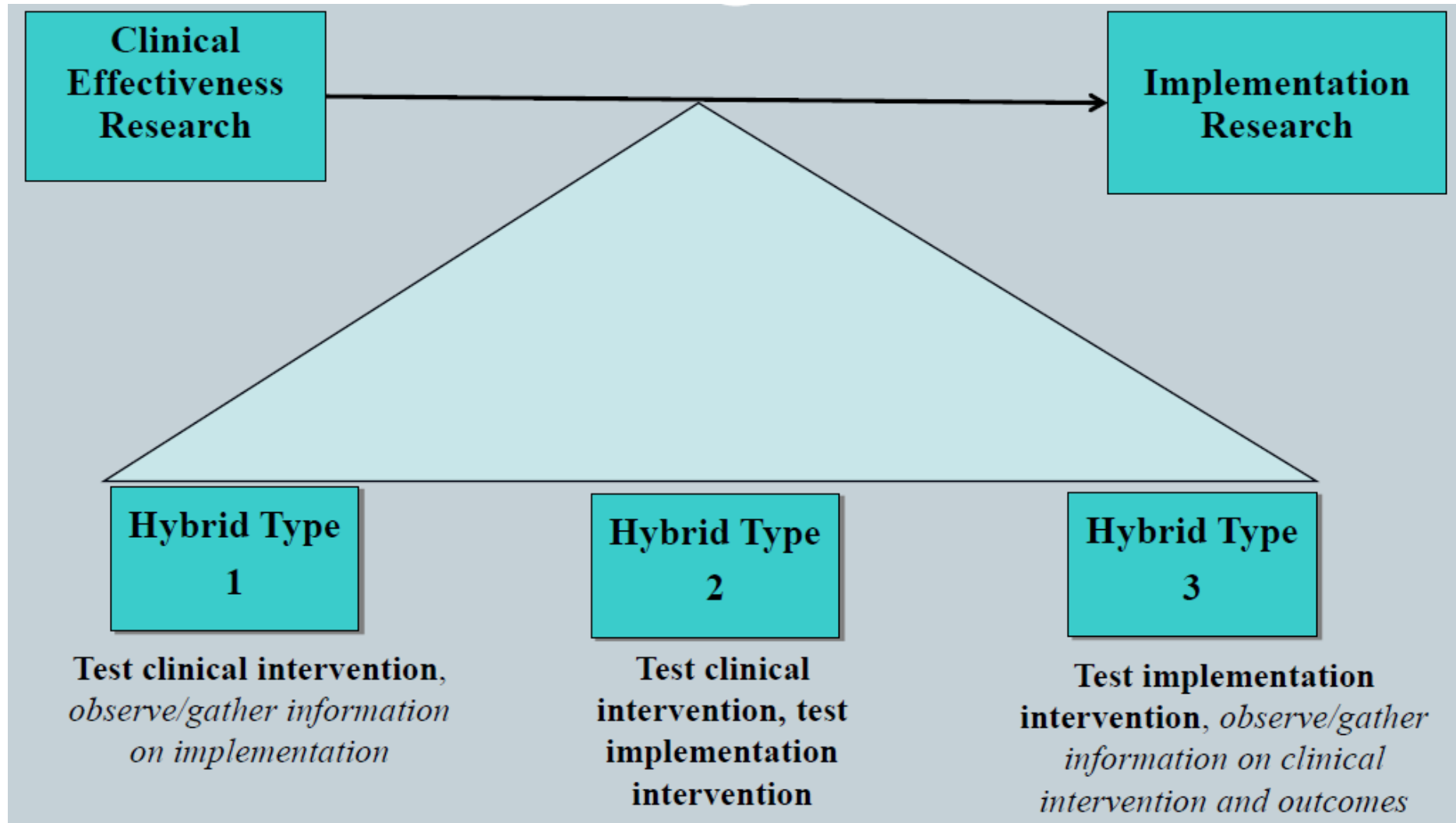
Considering Implementation Science Earlier



Designing for Implementation

- Who's going to deliver it?
- Fit with ultimate patient population
- Building in tests of training, support, adherence, mediators and moderators to high quality delivery
- Hybrid designs

Hybrid Designs: 1, 2, 3



BUDGET PROPOSAL

LEADING THE NATION'S PROGRESS

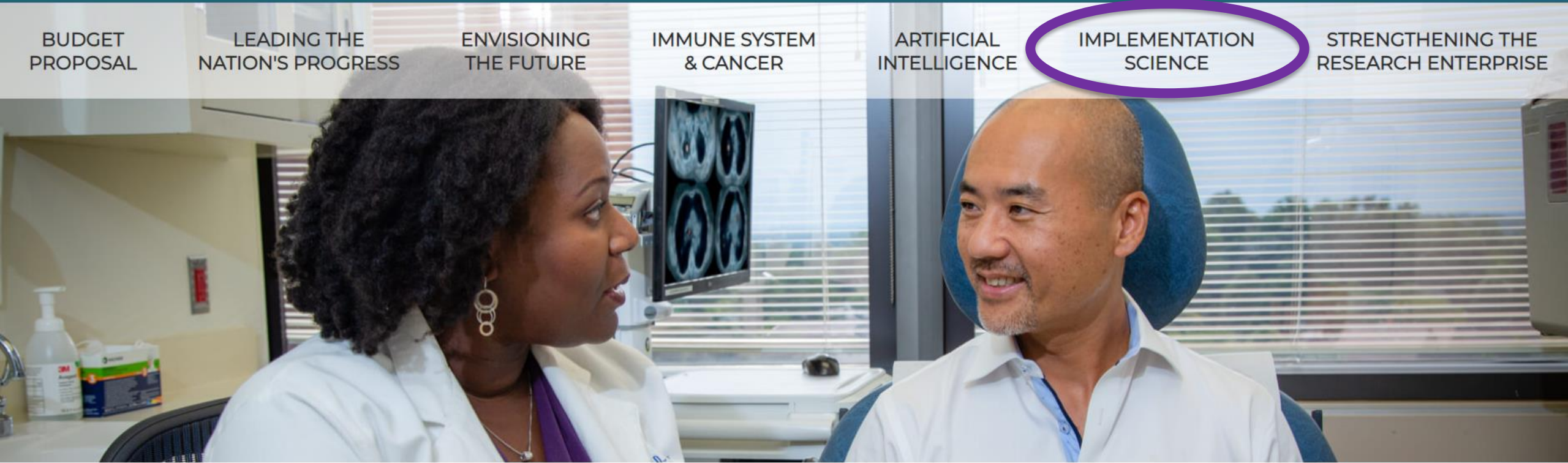
ENVISIONING THE FUTURE

IMMUNE SYSTEM & CANCER

ARTIFICIAL INTELLIGENCE

IMPLEMENTATION SCIENCE

STRENGTHENING THE RESEARCH ENTERPRISE



NCI Annual Plan & Budget Proposal for Fiscal Year 2021



Implementation Science Consortium in Cancer (ISCC)

[Home](#) / [Initiatives](#) / Implementation Science Consortium in Cancer



The objectives of ISCC are to:

- Foster communication among investigators engaged in implementation science projects across the cancer continuum;
- Promote collaborative research projects to fill implementation science gaps that would extend beyond a single study; and
- Identify and develop solutions to common theoretical, methodological or empirical challenges in implementation science in cancer.

Implementation Science

[IS Home](#)

[Funding Opportunities](#) ▾

[Training & Education](#) ▾

[Research & Practice Tools](#) ▾

[About IS](#) ▾

Improving the impact of cancer control and population science on the health and health care of the population, and fostering the rapid integration of research, practice, and policy.



IN THE SPOTLIGHT

[Advanced Topics Webinar](#)

[Meet Dr. Chambers](#)

[Training Programs](#)

[Stay Connected](#)

Training Institute for Dissemination and Implementation Research in Cancer (TIDIRC) OpenAccess

Home / Training & Education / Training in Cancer / Training Institute for Dissemination and Implementation Research in Cancer (TIDIRC) OpenAccess



TIDIRC OpenAccess makes the online training materials used in the TIDIRC Facilitated Course open to the public. The free, online materials provide an overview to dissemination and implementation (D&I) research. Each module serves as an introduction to fundamental terms, concepts, and principles of D&I with examples of their application.

The course includes six modules:

- [Module 1: Introduction to Dissemination & Implementation Science](#)
- [Module 2: Fidelity & Adaptation of Interventions in Implementation Science](#)
- [Module 3: Implementation Science Models, Theories, & Frameworks](#)
- [Module 4: Implementation Science Measures](#)
- [Module 5: Study Designs in Implementation Science](#)
- [Module 6: Implementation Strategies](#)

Webinars

Home / Training & Education / Webinars

Register for upcoming webinars and view archived sessions from the Implementation Science Webinars series and Research to Reality.



Implementation Science Webinars

Listen in as leaders in the field discuss advanced dissemination and implementation research topics and answer questions from the community.



Research to Reality (R2R) Cyber Seminars

Research to Reality (R2R) Cyber Seminars bring together cancer control practitioners and researchers to discuss moving evidence-based programs into practice.





[get informed](#)

[get funded](#)

[get published](#)

[get connected](#)

[get resources](#)

[about](#)

about the exchange

The Implementation Science Exchange is a free, online source for those interested in resources to help design, acquire funding for, execute and disseminate Implementation Science research projects.

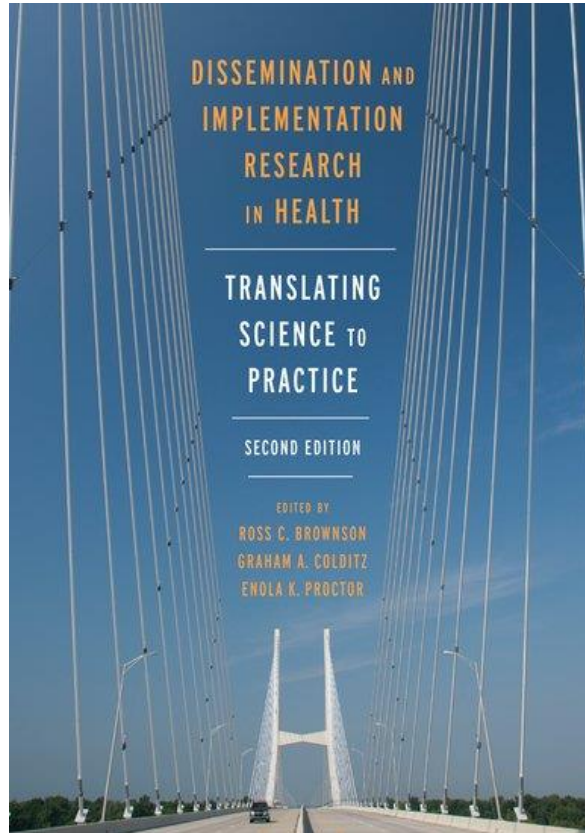
We find (or create) resources, tools, websites, guides, toolkits and sample grant applications to help support researchers in the field of Implementation Science, particularly those new to research or new to the field itself.

Get in touch

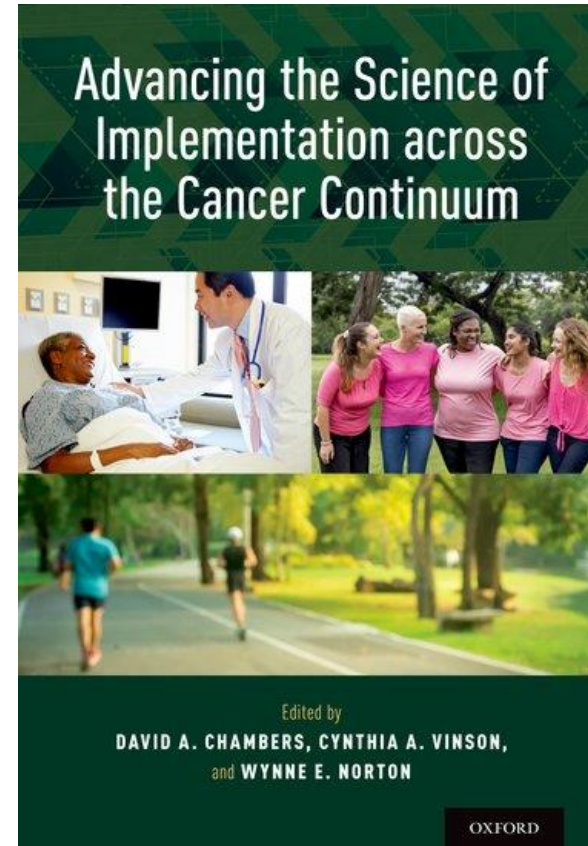
We would love to hear from you! Please contact us if you have comments or suggestions for the site. We're always looking for additional resources that might be of interest to our community.

impsciexchange@unc.edu

Textbooks



December 2017



October 2018



**NATIONAL
CANCER
INSTITUTE**

www.cancer.gov

www.cancer.gov/espanol

Developing a Career in Implementation Science

Rachel C. Shelton, ScD, MPH

 COLUMBIA UNIVERSITY | MAILMAN SCHOOL
of PUBLIC HEALTH
SOCIOMEDICAL
SCIENCES

Health Equity

“ Health equity means that everyone has a *fair and just opportunity* to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care. ”



“If we want more Evidence-Based Practice, we need more Practice-Based Evidence.”

Larry W. Green

US-PSTF, CDC, HHS

Implementation science is about **moving the needle** and ensuring that evidence-based practice has an **impact** on population health and health inequities



The scientific study **of methods/strategies** to promote adoption and use of evidence-based interventions and practices in real-world clinical and public health settings **to improve quality of care**

The National Witness Project



RTIPs (NCI): National Witness Project



Research-tested Intervention Programs (RTIPs)

RTIPs - Moving Science into Programs for People

[RTIPs Home](#) [RTIPs Archive](#) [Frequently Asked Questions](#) [Fact Sheet](#) [Contact Us](#)

[Cancer Control P.L.A.N.E.T. Home](#)

The Witness Project

On This Page

- [The Need](#)
- [The Program](#)
- [Community Preventive Services Task Force Finding](#)
- [Time Required](#)
- [Intended Audience](#)
- [Suitable Settings](#)
- [Required Resources](#)
- [About the Study](#)
- [Publications](#)

Highlights

Program Title The Witness Project

Purpose Community-based program designed to increase breast cancer screening and promote the practice of mammography among underserved African American women. (1999)

Program Focus Awareness building and Behavior Modification

Population Focus Medically Underserved

Topic Breast Cancer Screening

Age Adults (40-65 years), Older Adults (65+ years), Young Adults (19-39 years)

Gender Female

Race/Ethnicity Black, not of Hispanic or Latino origin

Setting Community, Religious establishments, Rural, Suburban, Urban/Inner City

Origination United States

Funded by NCI (Grant number(s): CA66800)

NCI R03 Grant- Research Question (1)- 2010-2013

What are the characteristics and capacity of LHAs in community settings?

Original Article

Advancing Understanding of the Characteristics and Capacity of African American Women Who Serve as Lay Health Advisors in Community-Based Settings

Rachel C. Shelton, ScD, MPH¹, Sheba King Dunston, EdD, MPH, CHES¹, Nicole Leoce, MS¹, Lina Jandorf, MA², Hayley S. Thompson, PhD³, and Deborah O. Erwin, PhD⁴



Health Education & Behavior
2017, Vol. 44(1) 153–164
© 2016 Society for Public
Health Education
Reprints and permissions:
sagepub.com/journalsPermissions.nav
DOI: 10.1177/1090198116646365
journals.sagepub.com/home/heb
SAGE



NCI R03 Grant- Research Question (2)

What are the individual, social, and organizational factors that predict activity level and retention African American LHAs?

Shelton *et al.* *Implementation Science* (2016) 11:41
DOI 10.1186/s13012-016-0403-9

Implementation Science

RESEARCH

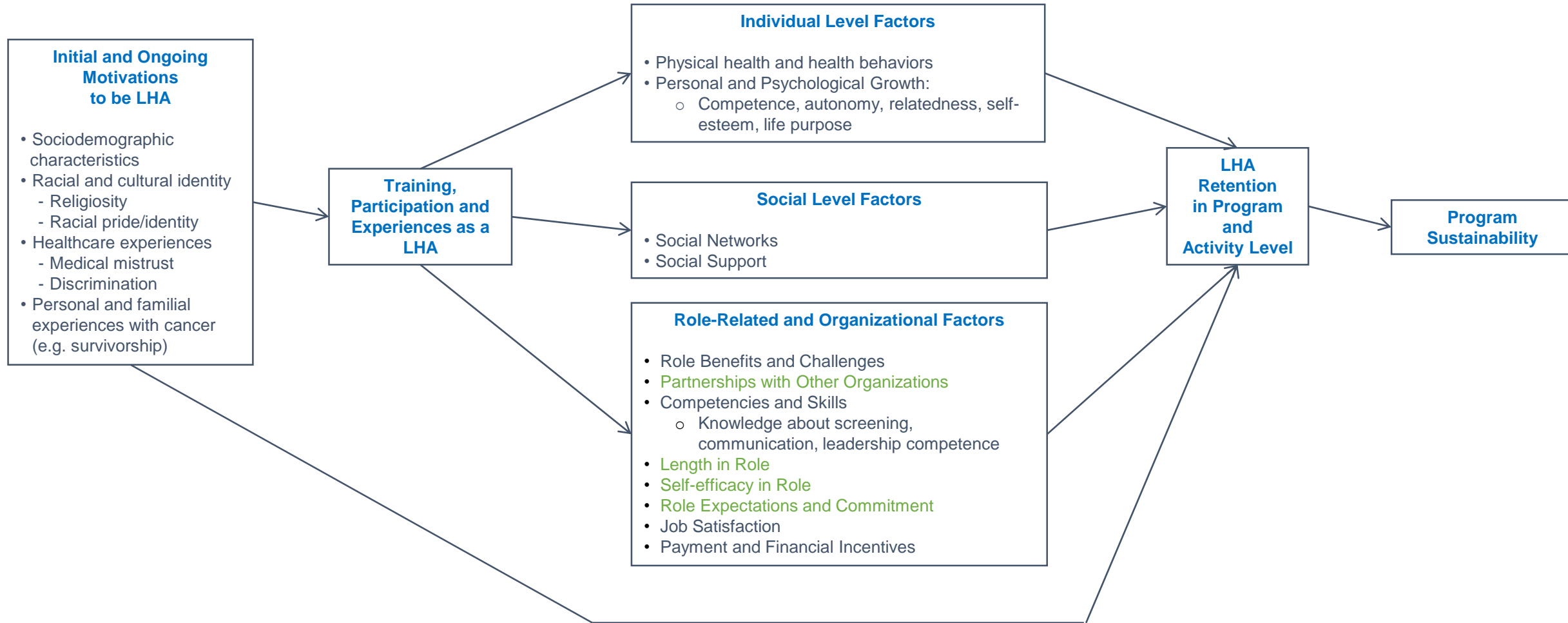
Open Access



Predictors of activity level and retention among African American lay health advisors (LHAs) from The National Witness Project: Implications for the implementation and sustainability of community-based LHA programs from a longitudinal study

Rachel C. Shelton^{1*}, Sheba King Dunston^{1,2}, Nicole Leoce³, Lina Jandorf⁴, Hayley S. Thompson⁵, Danielle M. Crookes⁶ and Deborah O. Erwin⁷

Examining Factors that Predict LHA Retention and Activity



NCI R03 Grant: Research Question

What multi-level and contextual factors influence the sustainability of LHA Programs in low-resource community settings?

TBM

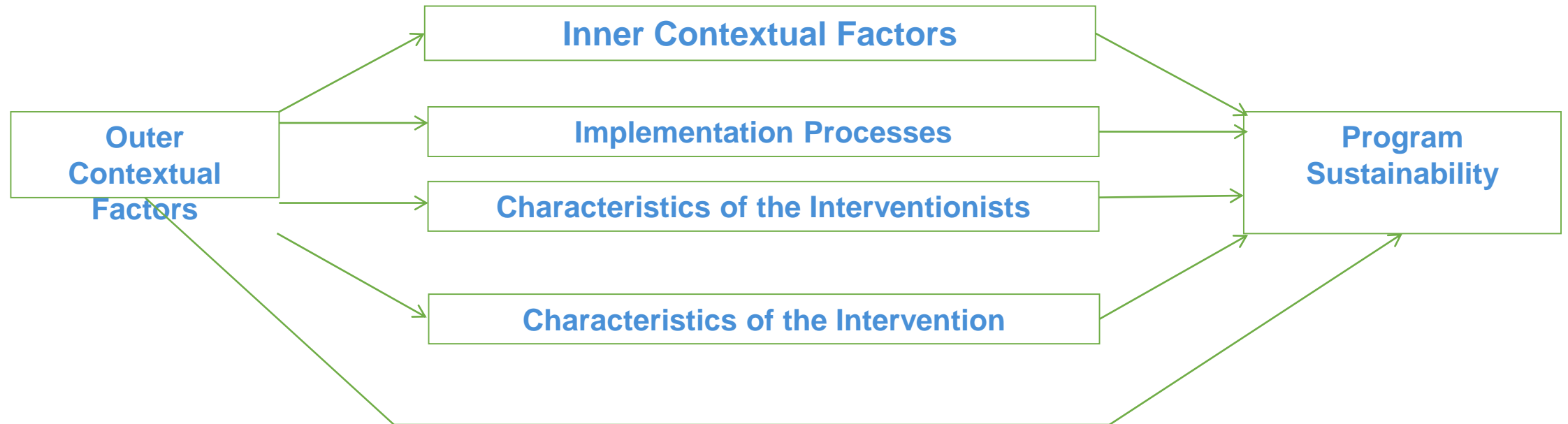
ORIGINAL RESEARCH



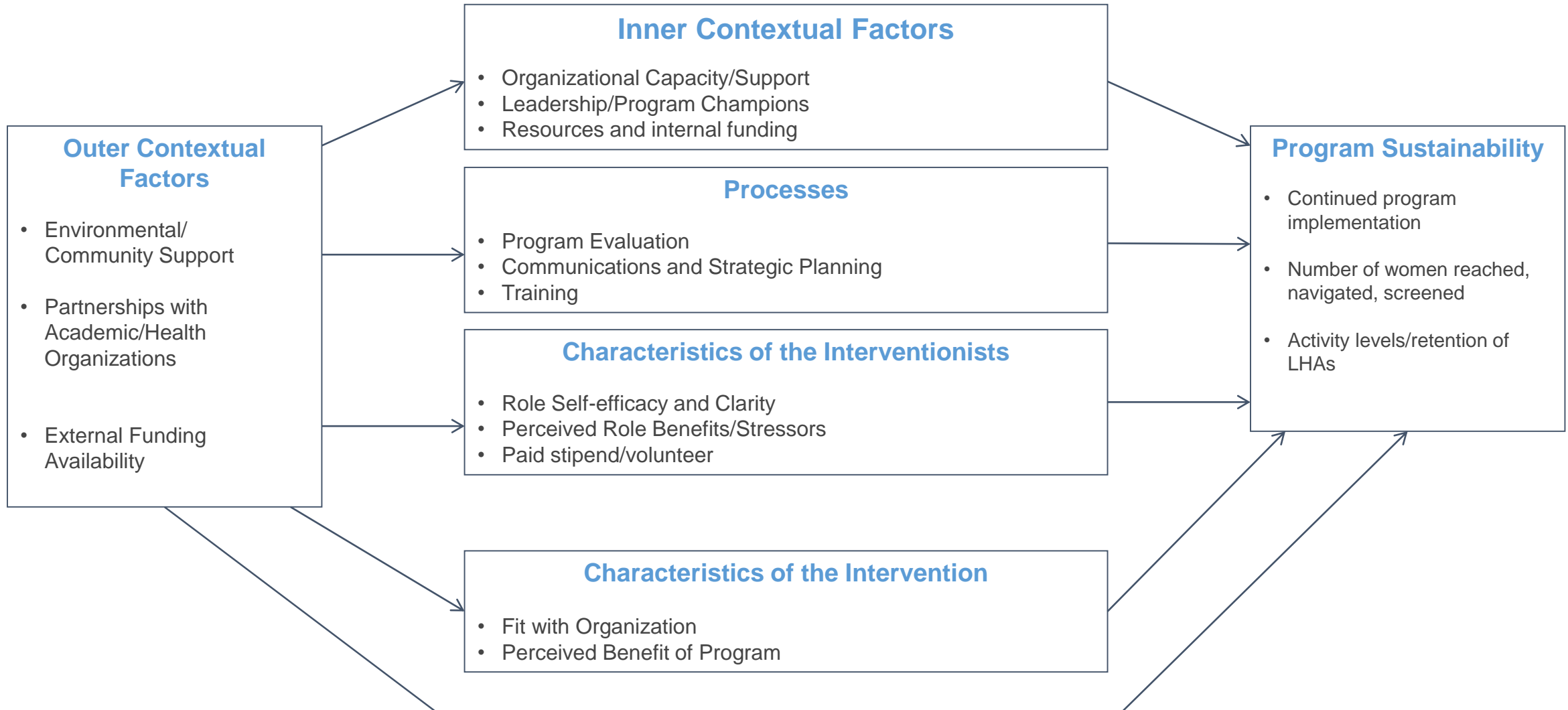
Advancing understanding of the sustainability of lay health advisor (LHA) programs for African-American women in community settings

Rachel C. Shelton, ScD, MPH,¹ Thana-Ashley Charles, MPH,¹ Sheba King Dunston, EdD, MPH,^{1,2}
Lina Jandorf, MA,³ Deborah O. Erwin, PhD⁴

Qualitative Investigation: Levels of Influence on Sustainability



LHA Sustainability Framework



Pilot Award: Columbia University

De-implementation: *The systematic, structured removal/replacement of low-value practices that no longer are (or never were) supported by evidence, because they are unnecessary, costly, or do not improve outcomes*

IS Implementation Science

[Home](#) [About](#) [Articles](#) [Collections](#) [Submission Guidelines](#)

Commentary | [Open Access](#) | Published: 09 January 2020

Unpacking the complexities of de-implementing inappropriate health interventions

[Wynne E. Norton](#)  & [David A. Chambers](#)

[Implementation Science](#) 15, Article number: 2 (2020) | [Cite this article](#)

767 Accesses | 68 Altmetric | [Metrics](#)

Results: Lay Health Advisors Mammography recommendations

Most LHAs report recommending annual mammography screening starting at age 40

80%

Report their site recommends initiating mammography screening at age 40

91%

Report their site recommends annual mammography screening

	American Cancer Society 2015	US Preventive Task Force 2016
Age to Start Mammograms	45	50
Age to Stop Mammograms	When life expectancy <10 years	74
Interval	Annual 45-54; 1-2 years 55+	2 years
Breast Self Exam	No statement	No statement
Clinical Breast Exam	Not recommended	No statement

Research Scholar Grant from American Cancer Society



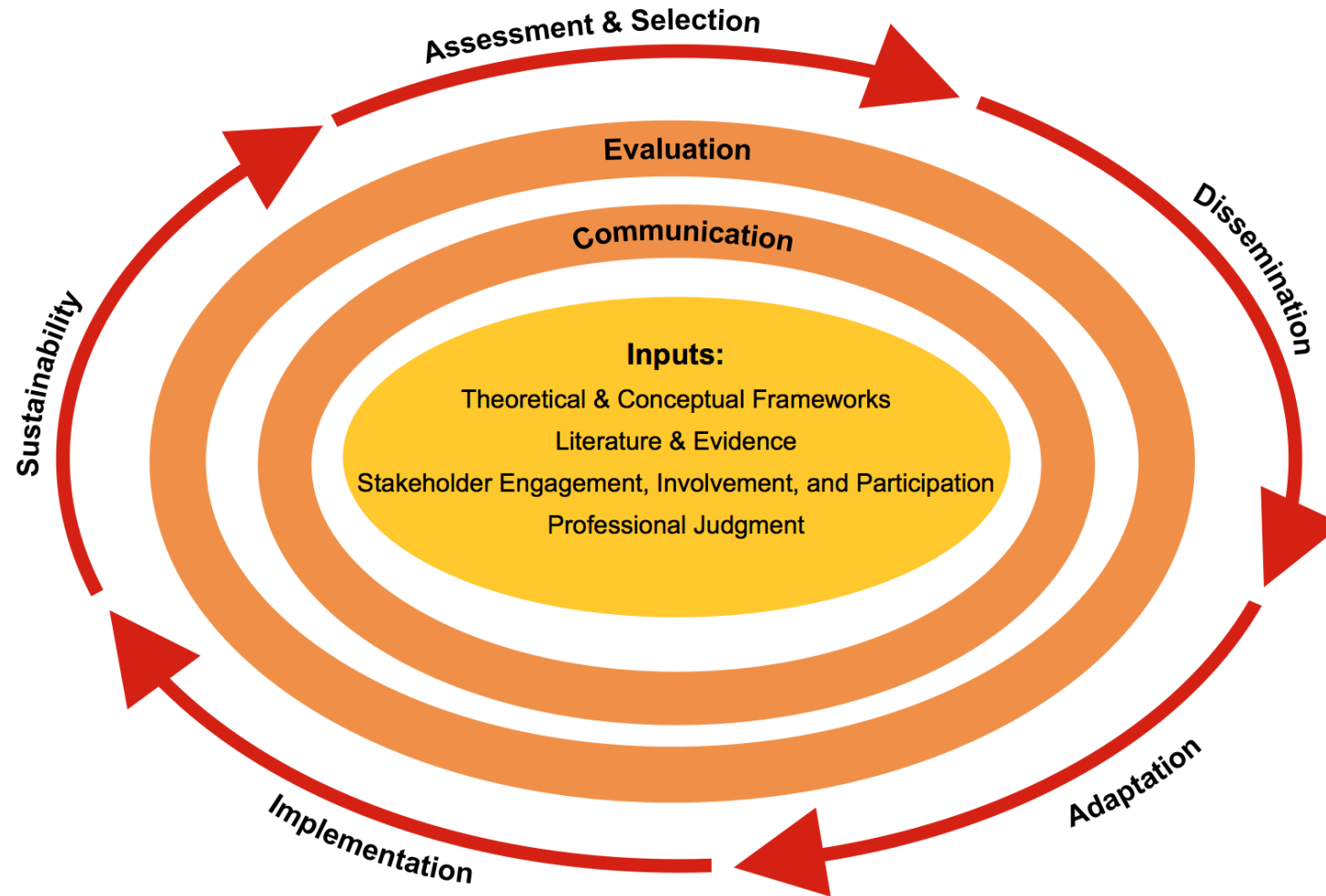
Mixed-methods prospective national study examining predictors of sustainability over 4 years (2018-2022):

- 270 LHAs/leaders
- 20 sites

Specific Aims:

1. What factors and strategies that promote or impede NWP program sustainability? (qualitative; case study)
2. Which factors predict the sustainability and impact of the NWP program nationally? (prospective survey annually)
3. How has NWP adapted to meet new cancer screening guidelines and identify barriers and facilitators to de-implementation (e.g. adaptation of program to reflect updated breast/cervical cancer screening guidelines)?

Domains of Dissemination and Implementation (D&I) Research



Annu. Rev. Public Health 2018. 39:18.1–18.22

The *Annual Review of Public Health* is online at publhealth.annualreviews.org

<https://doi.org/10.1146/annurev-publhealth-040617-014731>

Copyright © 2018 Rachel C. Shelton et al. This work is licensed under a Creative Commons Attribution 4.0 International License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited. See credit lines of images or other third-party material in this article for license information

This article is part of a symposium on Implementation Science and Public Health. For a list of other articles in this symposium, see <http://www.annualreviews.org/toc/publhealth/39/1>

Annual Review of Public Health

The Sustainability of Evidence-Based Interventions and Practices in Public Health and Health Care

Rachel C. Shelton,¹ Brittany Rhoades Cooper,² and Shannon Wiltsey Stirman³



Home

Articles

Authors

Sub

Home » American Journal of Public Health (AJPH) » February 2019

Sustaining Evidence-Based Interventions and Policies: Recent Innovations and Future Directions in Implementation Science

Rachel C. Shelton ScD, MPH, and Matthew Lee MPH

Conceptualizing Sustainability

- **Sustainability:** *the continued use of program components at sufficient intensity for the sustained achievement of desirable program goals and population outcomes (Scheirer & Dearing, 2011)*
- **Components of Sustainability:** *(Shelton, 2018)*
 - Continuation of program components/core elements of intervention; adaptation
 - Continuation of health benefits/health outcomes
 - Capacity-building and maintaining community-level partnerships
 - Institutionalization?

Static

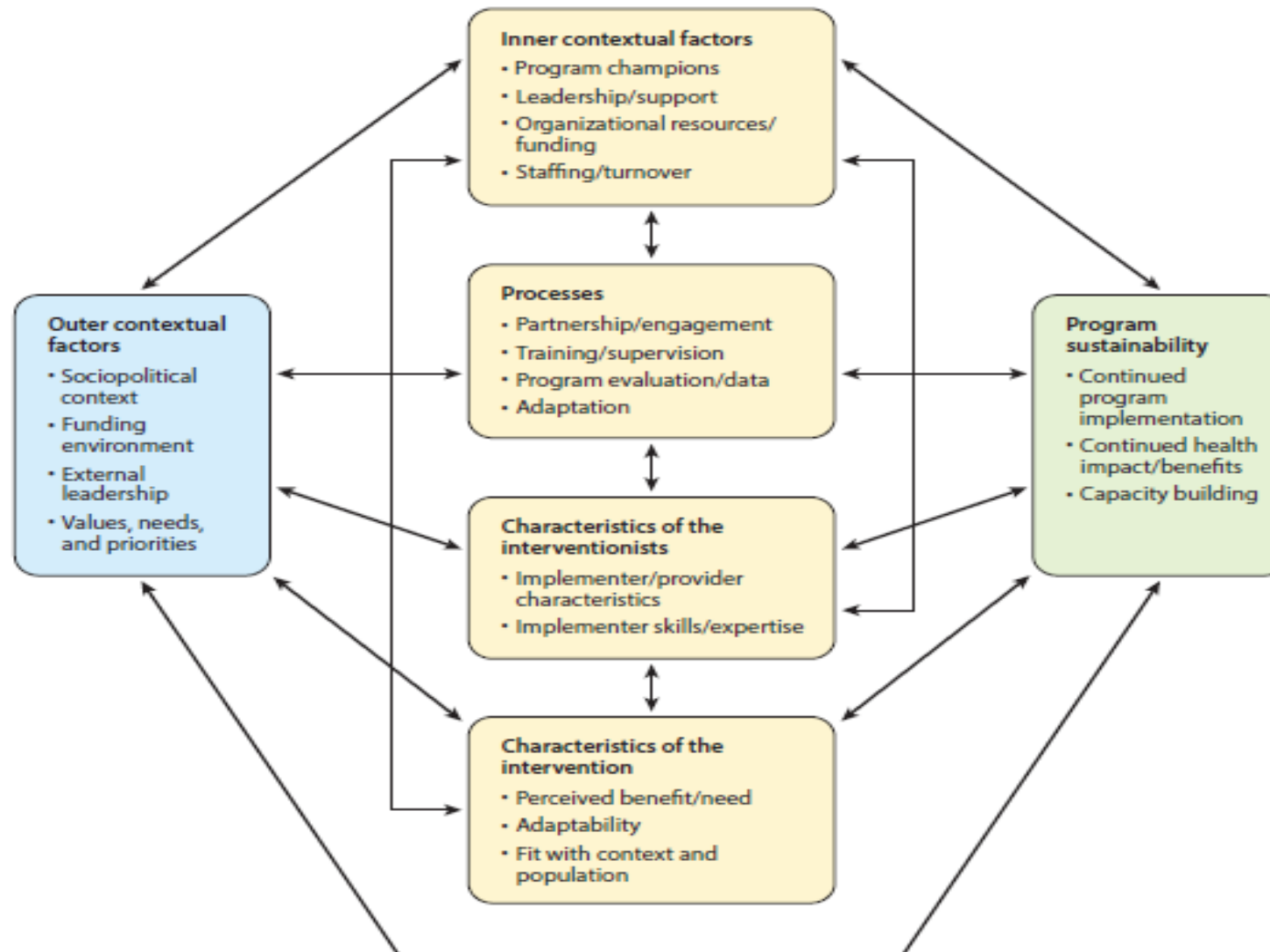


Dynamic

Scheirer MA, Dearing JW. 2011. An agenda for research on the sustainability of public health programs. *Am. J. Public Health* 101:2059

Shelton, R. C., Cooper, B. R., & Stirman, S. W. (2018). The Sustainability of Evidence-Based Interventions and Practices in Public Health and Health Care. *Annual Review of Public Health*, 39(1), null. doi:10.1146/annurev-publhealth-040617-014731

Integrated Sustainability Framework





School



Clinical



Community



Coalitions



Whole system



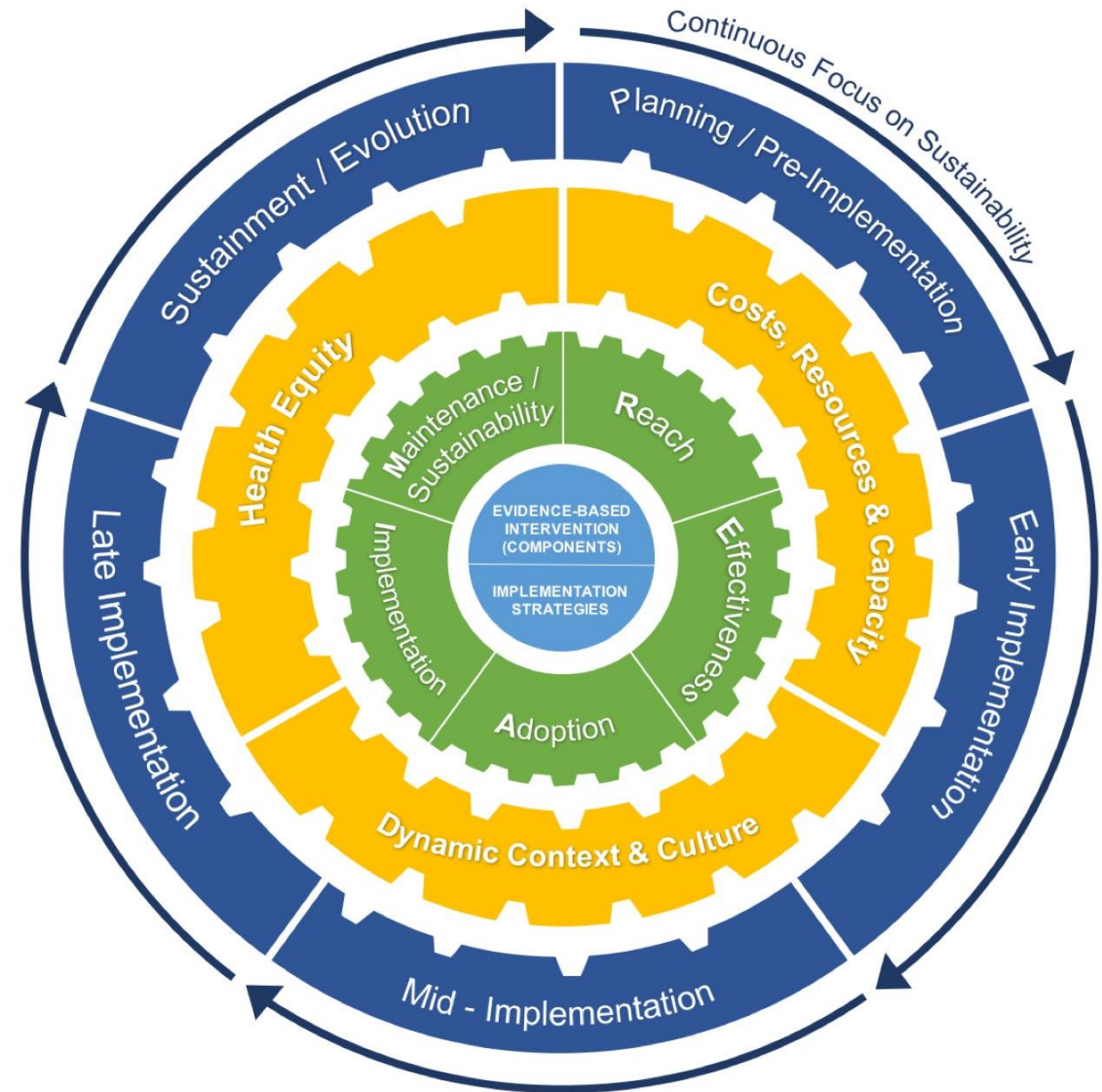
Global

An Extension of RE-AIM to Enhance Sustainment: Addressing Dynamic Context and Promoting Health Equity over Time

Rachel C. Shelton^{1*}, David A. Chambers², Russell E. Glasgow³

Figure 1. An Extension of RE-AIM to Enhance Sustainment (Frontiers Public Health 2020)

Cross-cutting issues and iterative application of RE-AIM to guide adaptations and evaluability of EBIs/implementation strategies, addressing dynamic context and promoting equity across the life cycle of an EBI



Training Institute for Dissemination and Implementation Research in Cancer (TIDIRC) OpenAccess

[Home](#) / [Training & Education](#) / [Training in Cancer](#) / Training Institute for Dissemination and Implementation Research in Cancer (TIDIRC) OpenAccess



2020 TIDIRH AUSTRALIA COURSE

DISSEMINATION & IMPLEMENTATION

BRIDGE THE 'KNOW-DO' GAP



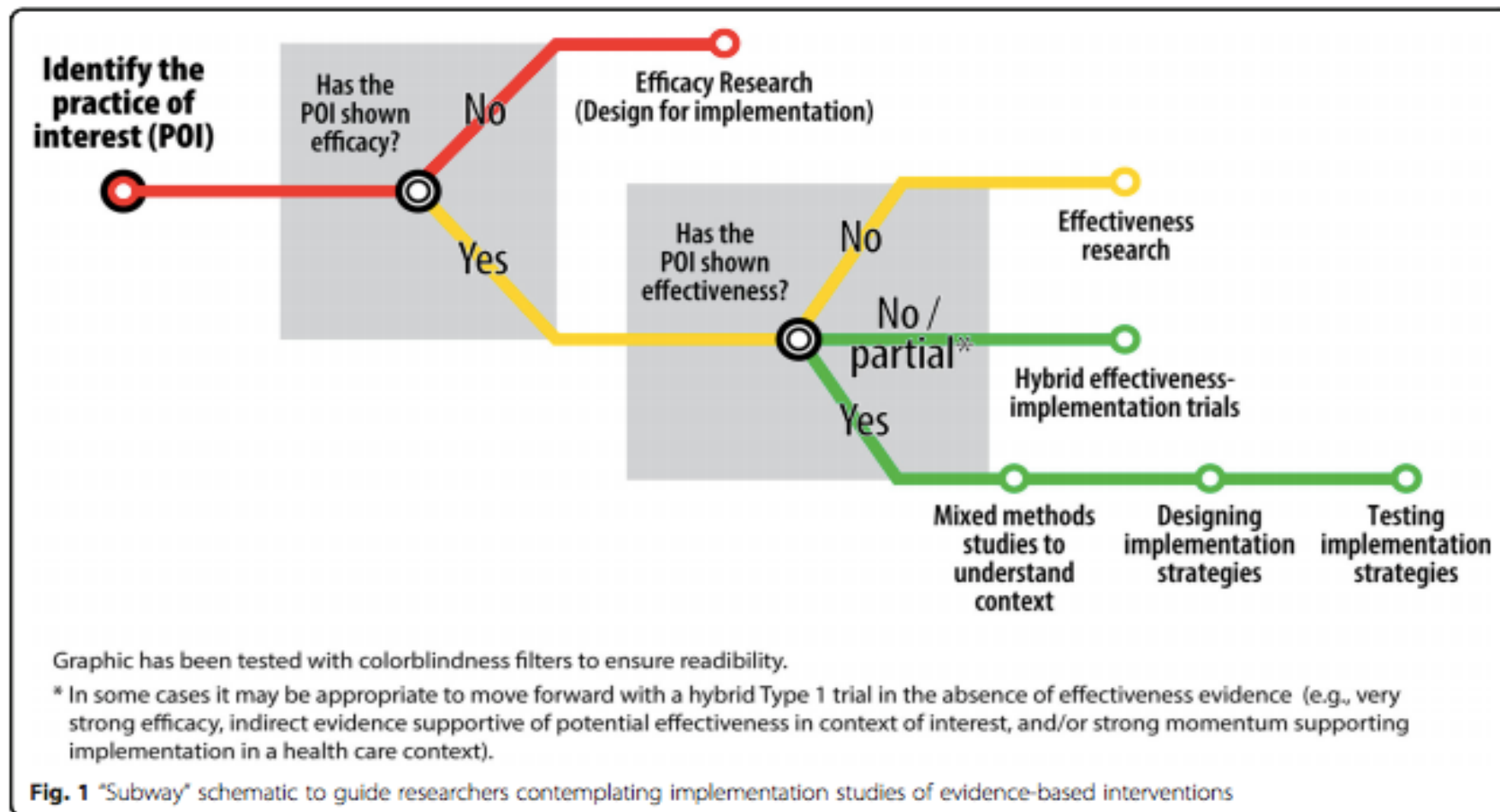
IRVING INSTITUTE FOR CLINICAL AND TRANSLATIONAL RESEARCH

Scoping implementation science for the beginner: locating yourself on the "subway line" of translational research

Meghan B. Lane-Fall [✉](#), [Geoffrey M. Curran](#) & [Rinad S. Beidas](#)

BMC Medical Research Methodology **19**, Article number: 133 (2019) | [Cite this article](#)

2354 Accesses | 2 Citations | 68 Altmetric | [Metrics](#)

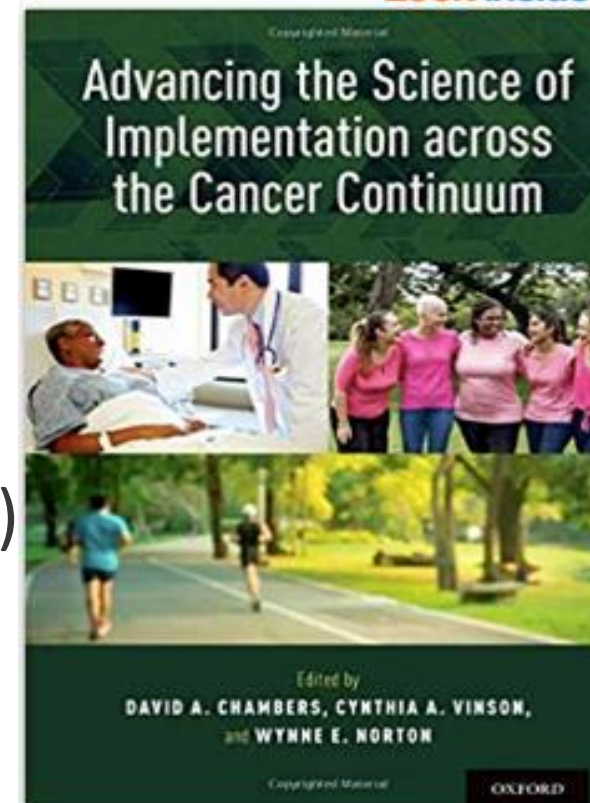
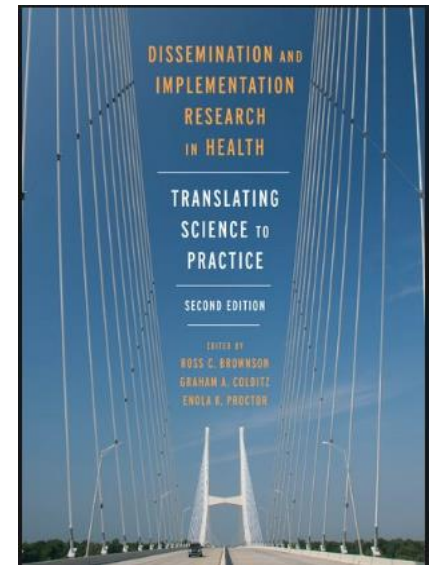


Areas of Interest in Field: Future D&I

- Tension between fidelity and adaptation
- Sustainability and scale-up
- De-implementation or de-adoption
- Selection of implementation strategies
- Mechanisms and Measures
- Meaningful participatory implementation science
- Policy D&I
- Health equity and context

Resources

- NIH Annual D&I Conference (December; DC)
- Consortium for Implementation Science newsletter and listserv
- Research to Reality and D&I/NCI webinars/fireside chats
- Brownson D&I Research in Health textbook (2nd ed, 2018)
- D&I across Cancer Continuum Textbook





Implementation Science

[IS Home](#) [Funding Opportunities](#) ▾ [Initiatives](#) ▾ [Training & Education](#) ▾ [Research & Practice Tools](#) ▾ [About](#)

Examples of Funded Grants

A behavioral design approach to improving a Chagas disease vector control campaign in Peru | [BMC Public Health](#) | [Full Text](#)

[Home](#) / [Funding Opportunities](#) / [Examples of Funded Grants](#)

W Implementation Science Resource Hub

IMPLEMENTATION SCIENCE TRAINING

Classroom, web-based, and workshop learning opportunities at the UW

FIND OUT MORE >>



My Insights as a Dissemination and Implementation (D&I) Science Reviewer and Researcher

Shawna V. Hudson, Ph.D.

Professor and Research Division Chief
Department of Family Medicine and Community Health
Rutgers Robert Wood Johnson Medical School

Professor of Health Education, Society & Policy
Rutgers School of Public Health

Director of Community Engagement, NJ Alliance for Clinical and Translational Science

Member
Rutgers Cancer Institute of New Jersey
Institute for Health, Health Care Policy and Aging Research

June 29, 2020

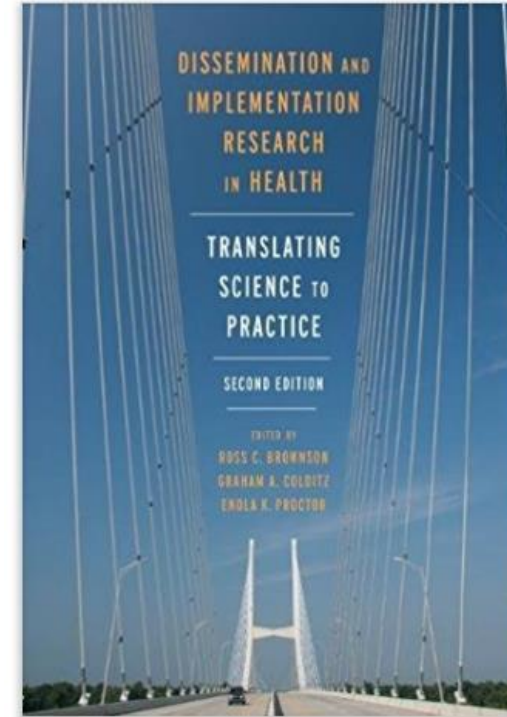
Shawna V. Hudson, PhD

- Professor of Family Medicine and Community Health, Research Division Chief
- Medical Sociologist and Mixed Methods Researcher
- Dissemination and Implementation Research in Health Study Section [DIRH]
 - Standing Committee Member 2015-2019
- Patient-Centered Outcomes Research Institute (PCORI) Dissemination & Implementation Merit Reviewer 2018
- NJ ACTS Community Engagement Core Director
- GMAP Region 4 Stakeholder (K01, R01 PI)
- Program of Research:
 - Cancer survivorship
 - Cancer prevention and control
 - Vulnerable Populations



Is it D, I or D&I?

KNOW YOUR SCIENCE



Dissemination and Implementation Research

- **Dissemination** is “the targeted distribution of information and intervention materials to a specific public health or clinical practice audience.”
 - how, when, by whom, and under what circumstances evidence spreads throughout the agencies, organizations, front line workers and consumers of public health and clinical services
- **Implementation** is “the use of strategies to adopt and integrate evidence-based health interventions into clinical and community settings to improve individual outcomes and benefit population health.”
 - Seeks to understand the behavior of healthcare professionals and support staff, healthcare organizations, healthcare consumers and family members, and policymakers in context as key influences on the adoption, implementation and sustainability of evidence-based interventions and guidelines (e.g., USPSTF or Community Guide)

NIH PAR 19-274: Dissemination and Implementation Research in Health (R01)

Dissemination and Implementation Research

- Studies typically involve both interdisciplinary cooperation and trans-disciplinary collaboration,
- Utilize theories, empirical findings, and methods from a variety of fields not traditionally associated with health research.
 - Information science, clinical decision-making, organizational and management theory, economics, individual and systems-level behavioral change, public health, business and public administration, statistics, anthropology, learning theory, engineering, and marketing
- Includes significant and ongoing collaboration with stakeholders from multiple public health and/or clinical practice settings as well as consumers of services and their families/social networks
- **Encouraged:** team science, community engaged research, action research, citizen science, and related frameworks that engage stakeholders and end users throughout the research process

Types of D&I Research Questions

- Questions about factors influencing adoption, implementation, and sustainability of evidence based programs, policies, practices
 - Testing of models or frameworks; relationships between constructs; predictors of implementation outcomes; measurement studies
- Questions related to the development and evaluation of strategies (or groups of strategies) to increase adoption, implementation, and sustainability
- Questions related to scale-up
- Questions related to sustainability

Studies should build knowledge both on the overall effectiveness of the strategies as well as "how and why" they work



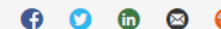
Are you proposing D&I research, to contribute to D&I science or both?

KNOW YOUR SCOPE



Preventing Chronic Disease

CDC


 PREVENTING CHRONIC DISEASE
 PUBLIC HEALTH RESEARCH, PRACTICE, AND POLICY

Dissemination and Implementation Science for Public Health Professionals: An Overview and Call to Action

ESSAY — Volume 15 — December 20, 2018 51

 Paul A. Estabrooks, PhD¹; Ross C. Brownson, PhD^{2,3}; Nicolaas P. Pronk, PhD^{4,5} (view author affiliations)

 Suggested citation for this article: Estabrooks PA, Brownson RC, Pronk NR. Dissemination and Implementation Science for Public Health Professionals: An Overview and Call to Action. *Prev Chronic Dis* 2018;15:180525. DOI: <http://dx.doi.org/10.5888/pcd15.180525>

A Selective Review of the Origins of Dissemination and Implementation Science

Preventing Chronic Disease has a mission to enhance communication between researchers, public health professionals, and policy makers to integrate research and practice experience with a goal of improved population health. As a result, those involved in dissemination and implementation (DI) science — a growing field of study that examines the process by which scientific evidence is adopted, implemented, and sustained in typical community or clinical settings — have submitted and published their rigorous and relevant work in the journal with a high degree of success. Over the previous 2 years, the journal also added a new article type — Implementation Evaluation — to facilitate submission of articles that examine the implementation of evidence-based public health interventions in community and clinical settings. In an effort to continue the focus on DI, we wrote this commentary with the following objectives: 1) to provide a brief DI description, 2) to demonstrate the shared systems-based focus of DI science and public health practice, and 3) to highlight pathways to move public health-focused DI science forward. We reflect on our own learnings and by doing so hope to motivate more public health researchers and practitioners to engage in DI research.

DI research emerged — by name — over the past 25 years (1), but its roots can be traced to a much earlier time (2–4). A review of current DI research areas likely would not have seemed out of place in the 1930s through the 1960s. Some examples include the need for clinically relevant and community-relevant research (5), engaging systems and communities as partners in the co-creation of evidence (6), and examining the characteristics of interventions to determine which are more likely to be taken to scale and sustained (7). These topics can be

On This Page

A Selective Review of the Origins of Dissemination and Implementation Science

Current Dissemination and Implementation Theoretical, Process, and Outcome Models

The Natural Overlap of Public Health and Dissemination and Implementation Science: Systems-Based Approaches

A Call to Action for Public Health Practice and Dissemination and Implementation Science

Acknowledgments

Author Information

References

Table

3 Pathways through D&I Review

CHOOSE YOUR PATH



Choosing your review...

- Have you chosen a program announcement that specifies need for a D&I approach or component?
- Are you using D&I methods to inform your approach but not in response to a D&I specific PAR?
- Is your science in response to the D&I PAR-19-274, 275 or 276?



Option 1. Look for a PAR with D&I interest

6/14/2017

PAR-17-217: U.S. Tobacco Control Policies to Reduce Health Disparities (R01)

Department of Health and Human Services

Part 1. Overview Information

Participating Organization(s)

National Institutes of Health (<http://www.nih.gov>)

Components of Participating Organizations

National Cancer Institute (<http://www.nci.nih.gov/>)

Funding Opportunity Title

U.S. Tobacco Control Policies to Reduce Health Disparities (R01)

Activity Code

[R01 \(\[http://grants.nih.gov/grants/funding/ac_search_results.htm?text_curr=R01&Search.x=0&Search.v=0&Search.Type=Activit\]\(http://grants.nih.gov/grants/funding/ac_search_results.htm?text_curr=R01&Search.x=0&Search.v=0&Search.Type=Activit\)\)](http://grants.nih.gov/grants/funding/ac_search_results.htm?text_curr=R01&Search.x=0&Search.v=0&Search.Type=Activit)

Announcement Type

New

Related Notices

None

Funding Opportunity Announcement (FOA) Number

PAR-17-217

Companion Funding Opportunity

[PAR-17-218 \(<https://grants.nih.gov/grants/guide/pa-files/PAR-17-218>\)](https://grants.nih.gov/grants/guide/pa-files/PAR-17-218) (<https://grants.nih.gov/grants/guide/pa-files/PAR-17-218>) (https://grants.nih.gov/grants/funding/ac_search_results.htm?text_curr=R21&Search.x=0&Search.v=0&Search.Type=Activit)

Number of Applications

See [Section III.3. Additional Information on Eligibility](#).

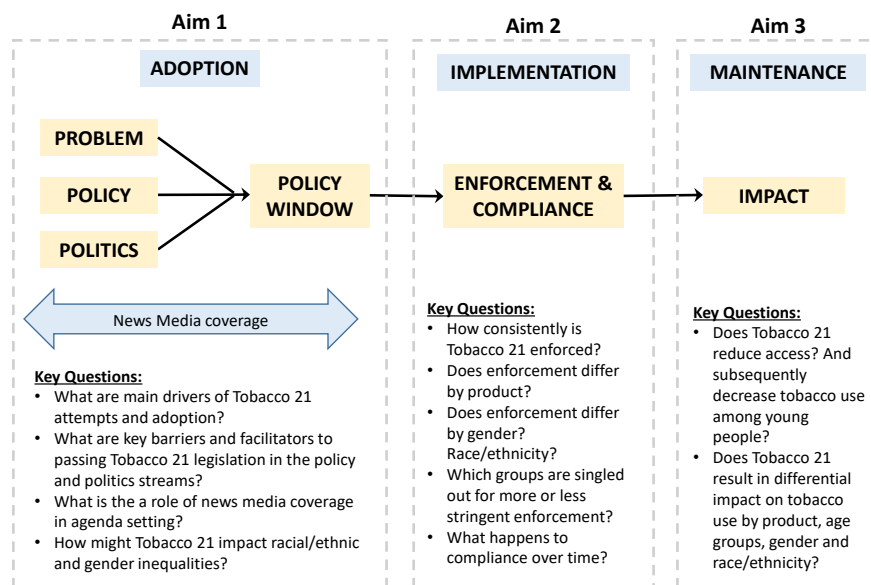
Specific Research Objective and Scope of this FOA

The central charge of the FOA is to understand how to improve the effectiveness of existing tobacco control policy strategies to reduce health disparities in tobacco use, as well as studying new policy approaches to reducing health disparities in tobacco use.

Research topics of interest include, but are not limited to the following:

1. Comprehensive smoke-free policies (e.g. how to increase adoption and implementation of comprehensive smoke-free policies in workplaces, homes, vehicles etc.);
2. Policies related to coverage for tobacco dependence treatment (e.g. state, local and/or federal policies affect access to, affordability, and use of cessation services among vulnerable populations, and the impact of surcharges on tobacco users);
3. Overarching policy environment (e.g. studies that examine the dynamic interplay of different tobacco control policies on tobacco use, how tobacco control policies may work together to reduce tobacco use among both youth and adults, focusing on how to accelerate progress in communities that have experienced slower declines in tobacco use, etc.); and
4. Dissemination and implementation of research findings.

Tobacco 21 Study Design



Home > RePORTER > Project Information

MyRePORTER Login | Register | RePORTER Manual System Health: GREEN

Project Information 5R01CA231139-02

Project 1 of 2

DESCRIPTION DETAILS RESULTS HISTORY SUBPROJECTS SIMILAR PROJECTS NEARBY PROJECTS BETA LINKS NEWS AND MORE

Project Number: 5R01CA231139-02 Contact PI / Project Leader: DELNEVO, CRISTINE D
 Title: ADOPTION, DIFFUSION, AND IMPLEMENTATION OF TOBACCO 21 POLICIES TO ADDRESS HEALTH DISPARITIES Awardee Organization: RBHS-SCHOOL OF PUBLIC HEALTH

Abstract Text:

ABSTRACT Raising the minimum age of legal access (MLA) to tobacco products to 21 decreases access and would likely prevent or delay initiation of tobacco use by adolescents and young adults. However, modern tobacco behavior use among young people is increasingly complex and is characterized by decreased cigarette use, increased use of non-cigarette tobacco product use and, poly tobacco use. In addition, tobacco use patterns and tobacco sales to minors vary based on race/ethnicity. While there has been recent and rapid diffusion of Tobacco 21 policies, little data exist on the process, content, or outcomes of Tobacco 21 laws. The existing evidence for increasing the MLA to 21 holds promise to further reduce tobacco use among young people but the extent to which such policies will be effective for all tobacco products as well as all racial/ethnic groups is largely unknown. Using the Multiple Streams Framework and the Reach, Effectiveness, Adoption, Implementation and Maintenance (RE-AIM) Framework as our conceptual frames we operationalize and assess health policy factors that impact Tobacco 21 Adoption, Implementation and Maintenance. This project uses a mixed methods approach to understand the implementation and impact of policies that raise the MLA to 21, seeking to expand the evidence base with a focus on racial/ethnic groups in the context of a diverse tobacco environment. Specifically, we will: (1) carry out a comparative case study of 15 states using document analysis of Tobacco 21 bills, news media content analysis, and key informant interviews to identify factors that may contribute to the adoption or rejection of Tobacco 21 legislation; (2) conduct a repeated cross sectional tobacco product purchase study to examine implementation of a statewide Tobacco 21 law in New Jersey; and, (3) describe the impact of Tobacco 21 laws by modeling tobacco use behavior among 13 to 25 year olds in states with and without Tobacco 21 laws using data from the National Survey on Drug Use and Health. The relevance of the proposed research to public health is its ability to improve existing and future Tobacco 21 policies and reduce tobacco use disparities.

Public Health Relevance Statement:

PROJECT NARRATIVE The purpose of this research project is to better understand the implementation and impact of policies to raise the legal age of tobacco sales to 21, with a focus on racial/ethnic groups in the context of a diverse tobacco environment. The relevance of the proposed research to public health is its ability to improve existing and future Tobacco 21 policies and reduce tobacco use disparities.

NIH Spending Category:

Basic Behavioral and Social Science; Behavioral and Social Science; Cancer; Clinical Research; Lung; Lung Cancer; Prevention; Tobacco; Tobacco Smoke and Health

Project Terms:

Address; Adolescent and Young Adult; Adopted; Adoption; Adult; Affect; Age; base; Behavior; Case Study; Characteristics; Cigar; Cigarette; cigarette smoking; Cities; comparative; Complex; Data; Data Analyses; design; Diffusion; Disease; Drug usage; Effectiveness; Electronic cigarette; Elements; Environment; ethnic diversity; Ethnic group; Ethnic Origin; evidence base; Female; Future; Goals; Health; health disparity; Health Policy; improved; informant; Institute of Medicine (U.S.); Interview; Laws; Lead; Legal; Local Government; Maintenance; man; Methods; Minor; Modeling; models and simulation; Modernization; Movement; Neighborhoods; New Jersey; news; Outcome; Pattern; Policies; polytobacco use; Prevalence; prevent; Process; Public Health; Race; racial and ethnic; racial diversity; recruit; reduce tobacco use; Regulation; Reporting; Research; Research Project Grants; response; Sales; Sampling; Smoke; Smokeless Tobacco; Smoker; Smoking; social; State Government; Statutes and Laws; Stream; success; Surveys; Time; Tobacco; Tobacco Industry; tobacco products; Tobacco use; tool; Variant; young adult; Youth

R01CA231139 Delnevo (MPI) Hudson (MPI)
Specific Aims (07/01/2011 – 06/30/2023)

Aim 1. Identify factors that may contribute to the adoption or rejection of Tobacco 21 legislation via a comparative case study. .

Aim 2. Conduct a repeated cross sectional tobacco product purchase study to examine Tobacco 21 implementation.

Aim 3. Describe the effects of Tobacco 21 laws.

Option 2. Look for study section with D&I expertise

Home > Study Sections > DABP > HDM

Dissemination and Implementation Research in Health Study Section – **DIRH**



Dr. Wenjuan Wang
Scientific Review Officer

✉ wenjuan.wang2@nih.gov

☎ 301-480-8667

The Dissemination and Implementation Research in Health (DIRH) Study Section reviews applications that focus on the dissemination and implementation of knowledge from scientific discovery to transform healthcare delivery, improve health outcomes and manage acute and chronic illness.

Studies focus on how health information, interventions and scientifically based clinical practices are adopted in public health and healthcare in a variety of settings. Research approaches may include qualitative methods, quantitative and mixed-method approaches; experimental and quasi-experimental designs. The study section does not review applications in basic science, development or testing of biomarkers, or translational science from a biological perspective.

The List of Reviewers lists all present, whether standing members or temporary, to provide the full scope of expertise present on that date. Lists are posted 30 days before the meeting and are tentative, pending any last minute changes.

Review Dates

- > [List of Reviewers on 06/10/2020](#)
- > [List of Reviewers on 02/19/2020](#)
- > [List of Reviewers on 10/23/2019](#)

Membership Panel

The membership panel is a list of chartered members only.

- > [View Membership Panel](#)

<https://public.csr.nih.gov/StudySections/DABP/HDM/DIRH>

Option 2. Look for study section with D&I expertise

Shared Interests and Overlaps

Health Services Organization and Delivery (HSOD): Applications focused on the organization, delivery, utilization and outcomes of health services, including availability, access and acceptability, quality of care and financing of health care, are reviewed in HSOD. Applications focusing on the dissemination and integration of evidence-based health interventions to improve health services outcomes, including acceptability, quality of care and cost-effectiveness, are reviewed in DIRH.

Community Level Health Promotion (CLHP): Applications that test the efficacy and effectiveness of community-level interventions that focus on preventing or moderating health risks and/or adherence to disease treatments are reviewed in CLHP. Applications which focus on the dissemination, as well as the integration of evidence-based, community-level health interventions, are reviewed in DIRH.

Health Disparities and Equity Promotion (HDEP): Intervention studies that primarily focus on mechanisms and processes underlying health disparities are reviewed in HDEP. Applications focusing on the dissemination, adoption, and integration of evidence-based interventions that address health disparities, are reviewed in DIRH.

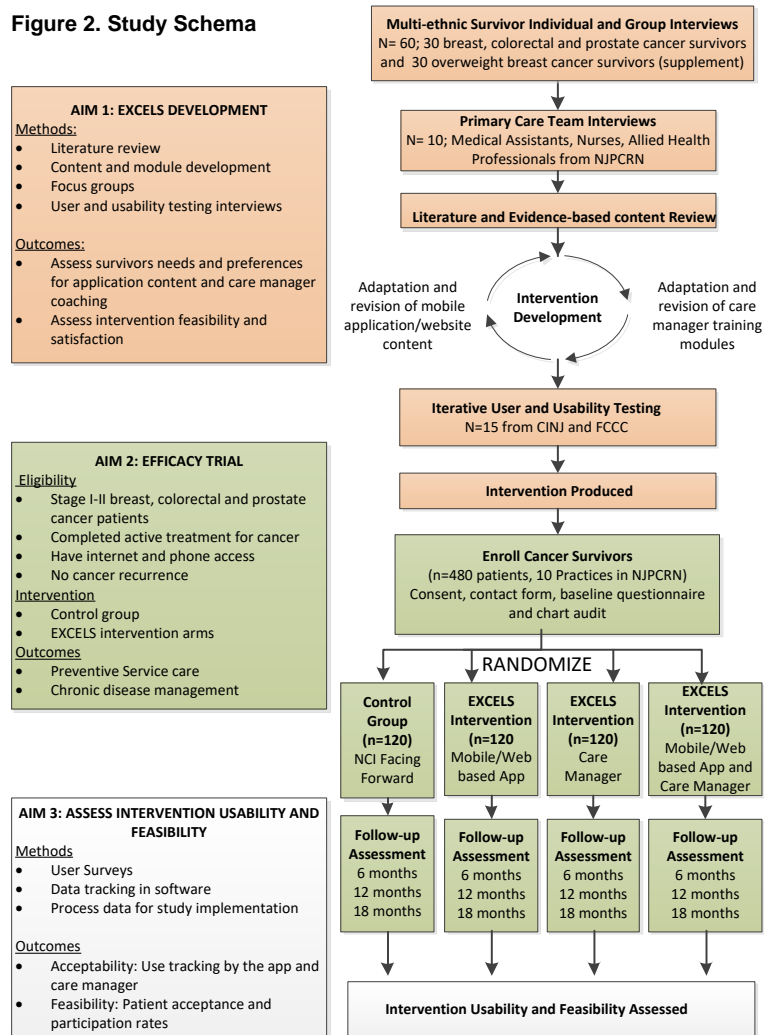
Nursing and Related Clinical Sciences (NRCS): Applications focusing on treatment modalities, supportive strategies and related patient and/or caregiver outcomes of care may be assigned to NRCS if in institutional or specialty care settings, or CMPC if in community, primary care or home-based settings. Applications focusing on patient and/or caregiver outcomes of care specifically related to the adoption and integration of evidence-based health interventions are reviewed in DIRH.

Biomedical Computing and Health Informatics (BCHI): Applications focusing on the development and testing of mobile applications or platforms ("Apps"), and other clinical informatics methods are reviewed in BCHI. Applications that assess the dissemination and/or the adoption and integration of evidence-based mobile health (mHealth) applications or clinical decision support tools are reviewed in DIRH.

<https://public.csr.nih.gov/StudySections/DABP/HDM/DIRH>

EXCELS Study Design

Figure 2. Study Schema



AIM 1: EXCELS DEVELOPMENT

Methods:

- Literature review
- Content and module development
- Focus groups
- User and usability testing interviews

Outcomes:

- Assess survivors needs and preferences for application content and care manager coaching
- Assess intervention feasibility and satisfaction

AIM 2: EFFICACY TRIAL

Eligibility

- Stage I-II breast, colorectal and prostate cancer patients
- Completed active treatment for cancer
- Have internet and phone access
- No cancer recurrence

Intervention

- Control group
- EXCELS intervention arms

Outcomes

- Preventive Service care
- Chronic disease management

AIM 3: ASSESS INTERVENTION USABILITY AND FEASIBILITY

Methods

- User Surveys
- Data tracking in software
- Process data for study implementation

Outcomes

- Acceptability: Use tracking by the app and care manager
- Feasibility: Patient acceptance and participation rates

Home > RePORTER > Project Information

MyRePORTER Login | Register | RePORTER Manual | System Health: GREEN

Project Information

5R01CA176838-05

PREVIOUS Project 2 of 2

DESCRIPTION DETAILS RESULTS HISTORY SUBPROJECTS CLINICAL STUDIES SIMILAR PROJECTS NEARBY PROJECTS BETA LINKS NEWS AND MORE

Project Number: 5R01CA176838-05 Former Number: 5R01CA176838-04 Contact PI / Project Leader: HUDSON, SHAWNNA V.
 Title: EXTENDED CANCER EDUCATION FOR LONGER-TERM SURVIVORS (EXCELS) IN PRIMARY CARE Awardee Organization: RBHS-ROBERT WOOD JOHNSON MEDICAL SCHOOL

Abstract Text:

There are 13.7 million cancer survivors in the United States. By 2050 the rate of growth for cancer survivors is expected to outpace the rate of growth for incident cancer cases. Approximately 70 percent of cancer survivors have co-morbid conditions that require a comprehensive approach to their medical care. Yet, cancer survivors do not receive recommended follow-up care at appropriate levels, with regard to both needed preventive care and chronic disease management. Survivors may benefit from psychosocial tools and support to help them cope with care transitions, to appropriately monitor their health, and to help them manage their interactions with members of the healthcare provider team. Unfortunately, there is currently a lack of psychosocial tools designed specifically to help survivors proactively manage their healthcare from the termination of treatment into extended survivorship. To fill this void, we draw on the social and behavioral science evidence base in social interaction and health communication to develop and test a highly innovative, self-management intervention: Extended Cancer Education for Longer-term Survivors (EXCELS). Based on health communication best practices, as well as on smart technology for ready access to patients, the EXCELS intervention will consist of (1) enhanced education and decision support materials delivered via mobile web and smart phone application and (2) health coaching engagement. The plan for intervention development involves three steps: first, during the formative phase, we will use qualitative methods (i.e., focus groups with survivors, depth interviews with primary care healthcare team members, user testing) to inform the design and iterative development of EXCELS. Second, we will pilot the intervention using a randomized controlled trial study design. Specifically, we will enroll 480 cancer survivors (breast, prostate, colorectal) who have completed active cancer treatment at least 2 years ago. The comprehensive EXCELS intervention consists of an ongoing 12 month intervention that entails (1) enhanced education and self-care support materials delivered via mobile web/smart phone application and (2) health coaching calls. A 2X2 factorial design will be used to test "proof of concept" or efficacy for the fully implemented EXCELS intervention compared with usual care so that the combined intervention - as well as each individual component - will be tested. The primary outcomes are use of preventive health services and tracking of cancer recurrence and late effects with patient coping as a secondary outcome. Outcomes will be assessed at baseline and at 6, 12, and 18 months by telephone interviews and chart audit by blinded research staff. Finally, a process evaluation of intervention implementation, as well as pilot data from this study, will be used to refine the intervention for testing in a larger implementation and dissemination research study.

Public Health Relevance Statement:

Results of our proposed research will uniquely fill a growing but largely unmet need to enhance extended follow-up care for cancer survivors seen in the primary care setting following active treatment. This research should inform the design of programs to enhance patient activation and engagement in their follow up care and thereby improve cancer surveillance and chronic disease prevention and management.

NIH Spending Category:

Behavioral and Social Science; Cancer; Clinical Research; Clinical Trials and Supportive Activities; Health Disparities; Health Services; Minority Health; Prevention; Rehabilitation

Project Terms:

active method; Address; Aftercare; base; Behavioral Sciences; behavioral/social science; Blinded; Breast; cancer care; Cancer Control Research; cancer education; Cancer Patient; cancer prevention; cancer recurrence; Cancer Survivor; Cancer Survivorship; cancer therapy; Caring; Case Manager; Cellular Phone; Chronic Disease; Chronically Ill; Collaborations; Colorectal; Complex; Computer software; Control Groups; coping; Data; design; Development; Disease Management; disorder prevention; dissemination research; Education; Enrollment; Ensure; Ethnography; Evaluation; evidence base; experience; Focus Groups; follow-up; Goals; group intervention; Growth; Health; Health behavior; Health Communication; Health Personnel; Healthcare; implementation research; improved; Individual; innovation; Institute of Medicine (U.S.); Interdisciplinary Study; Internet; Intervention; Interview; Late Effects; Malignant Neoplasms; Mediator of activation protein; Medical; Medical Care Team; member; mobile computing; Monitor; Monitoring for Recurrence; Multimedia; New Jersey; novel; oncology; Online Systems; Outcome; Participant; Patient Care; Patients; Phase; Physicians; Population; Premature aging syndrome; Preventive; Preventive care; Preventive Health Services; Preventive healthcare; Preventive service; primary care setting; Primary Health Care; primary outcome; Process; Program Appropriateness; programs; Prostate; Provider; psychosocial; Qualitative Methods; Randomized Controlled Trials; Recruitment Activity; Recurrence; Regimen; Reporting; Research; Research Design; Research Personnel; research study; Risk; Screening for cancer; secondary outcome; Self Care; Self Management; social; Social Interaction; Social Sciences; Survivors; survivorship; Technology; Telephone Interviews; Testing; theories; therapy development; tool; Translations; treatment as usual; United States; uptake; usability; Work

**R01CA176838 Hudson (PI)
Specific Aims (09/30/2013 – 08/31/2020)**

- Aim 1. Develop the EXCELS Intervention to Facilitate Engaged Self-management of Cancer Follow-up for Cancer Survivors. .
- Aim 2. Evaluate the Efficacy of EXCELS Intervention in a Randomized Controlled Trial. .
- Aim 3. Assess/Refine Intervention Usability and Acceptability for Primary Care Patients.

Option 3. Apply to the D&I PAR

1/17/2020

PAR-19-274: Dissemination and Implementation Research in Health (R01 Clinical Trial Optional)

Department of Health and Human Services

Part 1. Overview Information

Participating Organization(s)

National Institutes of Health (<http://www.nih.gov/>)

Components of Participating Organizations

National Cancer Institute (<http://www.nci.nih.gov/>)
 National Heart, Lung, and Blood Institute (<http://www.nhlbi.nih.gov/>)
 National Human Genome Research Institute (<http://www.nhgri.nih.gov/>)
 National Institute on Aging (<http://www.nia.nih.gov/>)
 National Institute on Alcohol Abuse and Alcoholism (<http://www.niaaa.nih.gov/>)
 National Institute of Allergy and Infectious Diseases (<http://www.niaid.nih.gov/>)
 National Institute of Arthritis and Musculoskeletal and Skin Diseases (<http://www.niams.nih.gov/>)
 Eunice Kennedy Shriver National Institute of Child Health and Human Development (<http://www.nichd.nih.gov/>)
 National Institute on Deafness and Other Communication Disorders (<http://www.nidcd.nih.gov/>)
 National Institute of Dental and Craniofacial Research (<http://www.nidcr.nih.gov/>)
 National Institute on Drug Abuse (<http://www.nida.nih.gov/>)
 National Institute of Environmental Health Sciences (<http://www.niehs.nih.gov/>)
 National Institute of Mental Health (<http://www.nimh.nih.gov/>)
 National Institute of Neurological Disorders and Stroke (<http://www.ninds.nih.gov/>)
 National Institute of Nursing Research (<http://www.ninr.nih.gov/>)
 National Institute on Minority Health and Health Disparities (<http://www.nimhd.nih.gov/>)
 National Center for Complementary and Integrative Health (<http://www.nccam.nih.gov/>)

All applications to this funding opportunity announcement should fall within the mission of the following NIH Offices may co-fund applications assigned to those Institutes/Centers.

Division of Program Coordination, Planning and Strategic Initiatives, Office of Disease Prevention (<http://prevention.nih.gov/default.aspx>)
 Office of Behavioral and Social Sciences Research (<http://obsr.od.nih.gov/>)
 Office of Research on Women's Health (<http://orwh.od.nih.gov/>)

Funding Opportunity Title

Dissemination and Implementation Research in Health (R01 Optional)

Activity Code

R01 (http://grants.nih.gov/grants/funding/ac_search_results.htm?text_curr=R01&Search.x=0&Search.y=0&Search_Type=Activity) Research Project Grant

Key characteristics of dissemination and implementation (D&I) research that applicants should consider including in their applications (where applicable) include but are not limited to:

- Understand how effective interventions work, particularly multi-level or multi-component interventions, to inform how those interventions can optimally be delivered when implemented in various settings.
- Understand the relevance of health interventions, where applicable, to meet the needs of underserved populations and/or low-resource settings.
- Incorporate theories, models, and/or frameworks appropriate for D&I to inform study hypotheses, measures, and outcomes.
- Consider extant literature on barriers to and facilitators of the dissemination and implementation of practices to improve health.
- Incorporate the identification of mediators, moderators, and mechanisms of action that explain the impact of dissemination or implementation strategies on relevant outcomes.
- Consider and characterize the multi-level context and environment in which the proposed research will be conducted.
- Consider the use of qualitative and/or mixed methods approaches.

Be ready to contribute findings to D&I Science

Significance

Specific to this FOA: What is the estimated public health benefit of the research? Do the existing data, public health and patient needs justify dissemination and implementation? **If the aims of the proposed project are achieved, how will dissemination and implementation knowledge be advanced?** How broad a reach (to the population that will benefit from the knowledge/intervention) will be achieved and how equitable will reach and outcomes likely be through the knowledge/service delivery contexts selected? Has consideration been given to the resource requirements and costs of the intervention? Will potential adopters and organizations be able to determine the applicability of the results to their setting?

Innovation

Specific to this FOA: **Does the proposed dissemination or implementation research contribute new and innovative concepts, outcomes, measures, and/or design approaches to the field? Does the study proposed promise to speed the translation of research into practice and/or produce novel and robust findings?**

Investigator(s)

Specific to this FOA: Are the investigators part of stakeholder teams or have strong links and engagement of stakeholders necessary to accomplish the project aims? **Is there clear evidence of dissemination and implementation research expertise as part of the team?**

Be ready to contribute findings to D&I Science

Approach

Specific to this FOA: Does the applicant demonstrate an understanding of dissemination and implementation research principles? Has the applicant justified the study design on the basis of the current state-of-the-art and or contextual factors relevant to dissemination and/or implementation? Is the dissemination or implementation approach appropriate to the problem and population using research methods that are relevant, rigorous and practical? Are the procedures to assess and analyze the dissemination or implementation strategies appropriate? Are the measurements and analysis plan linked to the study aims, and does the analysis incorporate the best available data to track dissemination or implementation process and impact, including cost-effectiveness? Where applicable, does the proposed plan for analysis take into account hierarchical relationships among multiple levels of outcomes (e.g. patient, provider, system)? How appropriate are the plans to sustain effective dissemination and implementation approaches once the research-funding period has ended?

If the project involves human subjects and/or NIH-defined clinical research, are the plans to address

- 1) the protection of human subjects from research risks, and
- 2) inclusion (or exclusion) of individuals on the basis of sex/gender, race, and ethnicity, as well as the inclusion or exclusion of individuals of all ages (including children and older adults), justified in terms of the scientific goals and research strategy proposed? If clinical, community or public health settings are involved, are stakeholders sufficiently engaged throughout the phases of the proposed study?

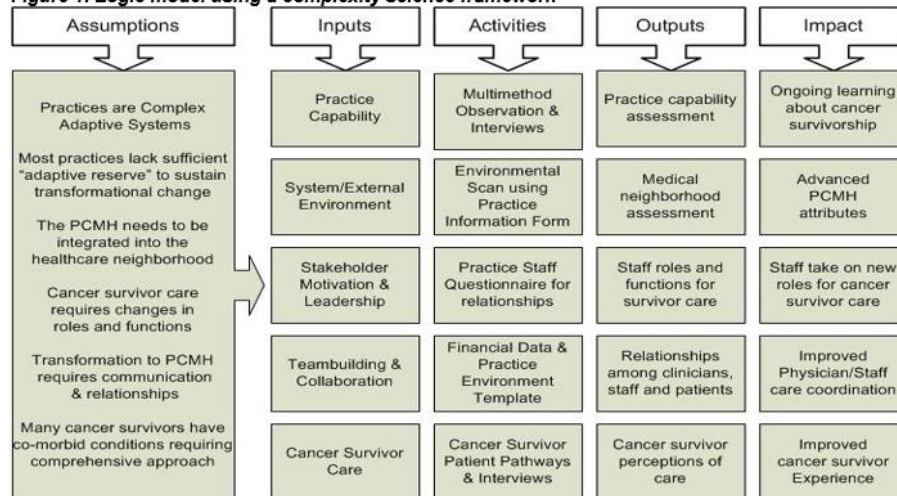
Environment

Specific to this FOA: Are the applicants positioned to influence large or influential networks capable of taking the results of the proposed study to scale to achieve public health impact? Do the proposed approaches take advantage of unique features of the intervention delivery environment or employ useful, collaborative arrangements? Is there evidence of institutional support to sustain dissemination or implementation strategies once the research funding ends?

PCMH Study Design

- Observational study of 14 primary care practices purposefully selected as exemplars
- Ongoing data analysis, both within each case and between cases

Figure 1. Logic model using a complexity science framework



Home > RePORTER > Project Information

RePORTER Login | Register | RePORTER Manual | System Health: GREEN

Project Information
5R01CA176545-03

Project 14 of 32

DESCRIPTION | DETAILS | RESULTS | HISTORY | SUBPROJECTS | SIMILAR PROJECTS | NEARBY PROJECTS **14 | LINKS | NEWS AND MORE

Project Number: 5R01CA176545-03
Title: PCMH IMPLEMENTATION STRATEGIES: IMPLICATIONS FOR CANCER SURVIVOR CARE
Contact PI / Project Leader: CRABTREE, BENJAMIN F
Awardee Organization: RBHS-ROBERT WOOD JOHNSON MEDICAL SCHOOL

Abstract Text:
DESCRIPTION: Successes in diagnosis and treatment of cancer have resulted in dramatic increases in the number of long-term cancer survivors. In fact, the past 20 years has seen dramatic shifts in patients receiving care in primary care practices like cancer survivors with complex, co-morbid conditions. Instead of most visits being for acute or single chronic conditions, the majority of visits are now for patients with complex conditions and needs. To meet the needs of complex patients like cancer survivors, primary care practices must radically reconfigure. The Patient-Centered Medical Home (PCMH) is purported to enhance quality and safety in primary care and is often part of health system reform efforts. While much is written about the PCMH, it is not clear that a PCMH enhances quality for complex patients like cancer survivors. In fact, PCMH attributes critical for meeting the needs of cancer survivors are the most challenging to implement: reorienting to a population perspective, developing collaborative teams, integrating healthcare neighborhoods and community resources, and changing roles/identities of clinicians and staff. Complexity science (CS) provides a theoretical basis for understanding how primary care practices implement innovations like the PCMH. As complex adaptive systems, practices self-organize according to dominant goals and co-evolve to take on configurations consistent with those goals. If a goal of achieving NCQA recognition dominates, practices self-organize to maximize this goal. Likewise, if caring for individuals, families, and communities dominates, practices self-organize to maximize this goal. In both cases, the result may be a PCMH, but CS suggests they might evolve to have very different capacities to care for cancer survivors. To identify and describe how PCMHs successfully implement the challenging attributes needed for cancer survivor care, we use a CS framework to conduct comparative case studies of practices that used different PCMH implementation strategies: some focused on NCQA Level 3 PCMH recognition and others focused on caring for individuals, families, and communities. We examine innovative primary care practices using a mixed- methods comparative case study design with practices selected from a national list of innovative practices. An initial sample of 10 practices (5 seeking level 3 NCQA recognition and 5 seeking to meet needs of individuals, families, and communities) will be selected for comparative purposes, with 10 replicative cases selected to confirm/disconfirm hypotheses. Data include validated surveys, costs of implementing and sustaining innovations, and ethnographic observations and interviews of practice members and patients. Results could have a profound impact on cancer survivor care and PCMH implementation strategies used throughout the US.

Public Health Relevance Statement:
PUBLIC HEALTH RELEVANCE: Successes in diagnosis and treatment of cancer have resulted in dramatic increases in the number of long-term cancer survivors, with much of their complex care needs becoming the responsibility of primary care. The Patient-Centered Medical Home (PCMH) is a promising model that many hopes will significantly improve the delivery of primary care; however, the ability of a PCMH to deliver the complex care required for cancer survivors is not known. The purpose of this project is to identify and describe innovative primary care practices that have implemented some of the most challenging attributes required to care for cancer survivors, and the intervention strategies/environmental contexts that facilitated adoption of these attributes, in order to provide guidance to states, health plans, and policymakers on PCMH implementation strategies.

NIH Spending Category:
Behavioral and Social Science; Cancer; Clinical Research; Health Services; Prevention

Project Terms:
Acute; Adopted; Adverse effects; base; Biological Response Modifier Therapy; Cancer Survivor; cancer therapy; caring; Case Study; chemotherapy; Chronic; Chronic Disease; Communities; comparative; Complex; cost; Counseling; Data; Diagnosis; Disease Management; Ethnography; Family; follow-up; Future; Goals; Health; Health behavior; Health system; Healthcare; Home environment; hormone therapy; improved; Individual; innovation; Intervention; Interview; Long-Term Care; Medical; meetings; member; Mental Health Services; Methods; model design; Modeling; Neighborhoods; patient oriented; Patient-Centered Care; Patients; Phase; Population; primary care setting; Primary Health Care; Process; Quality of Care; Radiation; Research Design; Resources; Role; Safety; Sampling; Science; State Health Plans; success; Surveys; System; Theory of Change; Time; United States; Vision; Visit; Writing

R01 CA176545 Crabtree (PI)
Specific Aims (09/01/2014 – 12/31/2018)

Aim 1. Compare cancer survivor care in practices that evolved to acquire NCQA level 3 recognition with those that evolved to meet needs of individuals, families and communities.

Aim 2. Examine care innovations practices use to meet the complex needs of cancer survivors.

Aim 3. Identify and describe environmental attributes that enable innovation in primary care practices so they can transform into a PCMH while meeting the complex needs of cancer survivors.

Contributions to D&I Science

Home > RePORTER > Project Information

MyRePORTER

Login | Register | RePORTER Manual | System Health: GREEN

Project Information?

5R01CA176545-02

[Back to Query Form](#) [Back to Search Results](#) [Print Version](#)

[PREVIOUS](#) Project 2 of 2

DESCRIPTION	DETAILS	RESULTS	HISTORY	SUBPROJECTS	SIMILAR PROJECTS	NEARBY PROJECTS <small>BETA</small>	LINKS <small>EX</small>	NEWS AND MORE <small>EX</small>
Project Number: 5R01CA176545-02 Title: PCMH IMPLEMENTATION STRATEGIES: IMPLICATIONS FOR CANCER SURVIVOR CARE		Contact PI / Project Leader: CRABTREE, BENJAMIN F Awardee Organization: RBHS-ROBERT WOOD JOHNSON MEDICAL SCHOOL						
ABOUT RePORTER RESULTS Publications: Publications missing? Principal Investigators click here Click on the column header to sort the results								
		= PubMed = PubMed Central = Google Scholar EXPORT						
Title (Link to full-text in PubMed Central)	Journal (Link to PubMed abstract)	Authors	Similar Publications	Cited By				
Cancer Survivorship Care Roles for Primary Care Physicians.	Annals of family medicine. 2020 May; 18 (3) :202-209	Crabtree, Benjamin F; Miller, William L; Howard, Jenna; Rubinstein, Ellen B; Tsui, Jennifer; Hudson, Shawna V; O'Malley, Denalee; Ferrante, Jeanne M; Stange, Kurt C						
Understanding primary care-oncology relationships within a changing healthcare environment.	BMC family practice. 2019 11 28; 20 (1) :164	Tsui, Jennifer; Howard, Jenna; O'Malley, Denalee; Miller, William L; Hudson, Shawna V; Rubinstein, Ellen B; Ferrante, Jeanne M; Bator, Alicja; Crabtree, Benjamin F						
Shifting Implementation Science Theory to Empower Primary Care Practices.	Annals of family medicine. 2019 05; 17 (3) :250-256	Miller, William L; Rubinstein, Ellen B; Howard, Jenna; Crabtree, Benjamin F						
A mixed-methods analysis of the capacity of the Patient-Centered Medical Home to implement care coordination services for cancer survivors.	Translational behavioral medicine. 2018 05 23; 8 (3) :319-327	Tsui, Jennifer; Hudson, Shawna V; Rubinstein, Ellen B; Howard, Jenna; Hicks, Elisabeth; Kieber-Emmons, Autumn; Bator, Alicja; Lee, Heather S; Ferrante, Jeanne; Crabtree, Benjamin F						
Cancer Survivorship Care in Advanced Primary Care Practices: A Qualitative Study of Challenges and Opportunities.	JAMA internal medicine. 2017 12 01; 177 (12) :1726-1732	Rubinstein, Ellen B; Miller, William L; Hudson, Shawna V; Howard, Jenna; O'Malley, Denalee; Tsui, Jennifer; Lee, Heather Sophia; Bator, Alicja; Crabtree, Benjamin F						
Learning the landscape: implementation challenges of primary care innovators around cancer survivorship care.	Journal of cancer survivorship : research and practice. 2017 02; 11 (1) :13-23	O'Malley, Denalee; Hudson, Shawna V; Nekhlyudov, Larissa; Howard, Jenna; Rubinstein, Ellen; Lee, Heather S; Overholser, Linda S; Shaw, Amy; Givens, Sarah; Burton, Jay S; Grunfeld, Eva; Parry, Carly; Crabtree, Benjamin F						
Integrating primary care providers in the care of cancer survivors: gaps in evidence and future opportunities.	The Lancet Oncology. 2017 01; 18 (1) :e30-e38	Nekhlyudov, Larissa; O'malley, Denalee M; Hudson, Shawna V						

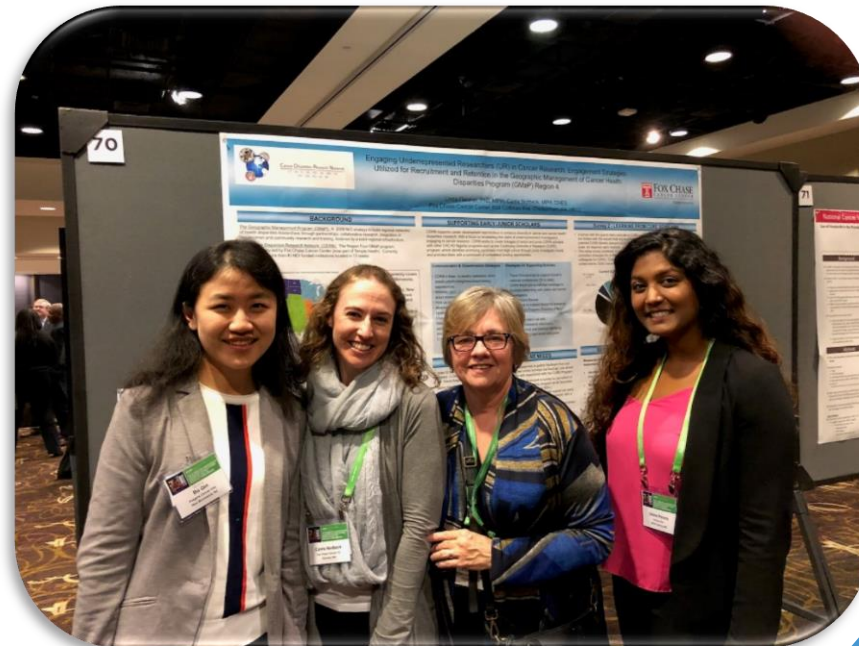
Closing advice for navigating D&I Review

- Know your science
 - Is it D?
 - Is it I?
 - Is it D&I?
- Know your scope
 - Are you proposing D&I research?
 - Are you proposing to contribute to D&I science?
- Choose your pathway
 - Have you chosen a program announcement that specifies need for a D&I approach or component?
 - Are you using D&I methods to inform your approach but not in response to a D&I specific PAR?
 - Is your science in response to the D&I PAR-19-274, 275 or 276?



Thank you for participating in GMaP Region 4 Implementation Science Webinar!

- ▶ To join GMaP or learn more, visit us at: www.foxchase.org/gmap_r4
- ▶ We would love your feedback!
 - ▶ Please look for an email with a short survey from our Regional Coordinating Director, Carrie Norbeck



GMaP Region 4

CT • IA • IL • IN • MA • MI • MN • NJ • NY • OH • PA • RI • WI