Title Slide: Interventions across the Cancer Control Continuum: State of the Art and Future Directions in Multilevel

A Great Meeting…..BUT:
so 'It does NOT stay in Vegas'

Q and A Session 3- and Overall

Russ Glasgow, NCI Moderator
and YOUR TABLE (briefly and succinctly)

Mulitlevel Interventions in Health Care
March 4-5, 2011, Las Vegas NV

Slide 2: Discussion Questions

- Did we resolve the **Level- Mechanism** conundrum?
- Did we underemphasize **Policy** influences- leveraging where the power is (from Field theory and analyses of power)
- Have we adequately address the **Consumer- Citizen-Patient** level issues- especially as citizens use HIT, PHRs, and social media; as they impact other levels?
- How and what can we learn from **International colleagues** about MLI?
- How do we define "and'; and **alignment**?

Slide 3: Discussion Questions

- How do we prepare to study **unanticipated, unpredictable outcomes**?
- Should we devote greater attention **to health communication science, advertising and framing issues, health literacy and numeracy issues**?
- How can we learn more from important major MLI implementation **successes- and failures**?
- What specifically can we recommend re: integrating **time and planning for sustainability**?
- What do we need to do to **overcome the dominance of** old, tired, limited, linear, reductionistic models of science that have not worked?
- How do we encourage discussion of MLI that are **not discussed as such**?

Slide 4: Call Outs: What can you do to advance the state of MLI?

- What can **journals** do: **Brian M**?
- What can the NCI do?
- What can and will **YOU** do? (Ask not what NCI can do for you…but….….
- What should be done about MLI conceptualizations of **genomics for public health impact: Muin K**?
- What can the **VA** (**Becky and Martin** and ?) and **HMOs** (**Tom V and Borsika R** and ?) do?
- What can **your organization** do….by next Tuesday?
- **YOUR TABLE**- let's hear (once) from each table

Slide 5: Opportunities for Integrating Across Levels

The next four slides build a work model or Integrating Across levels.

[image]

 There are four core areas with an arrow on the left hand side going from bottom to top called "Breadth of Impact". On the right hand side is an arrow going down from top to bottom called "Malleability in Short Timeframe".

 The four core areas, going from top to bottom, are:

1. **Cultural, Historical, Social-Environmental Factors** (Fundamental "distal" Determinants)
2. **Health Care System** Priorities, Resources, Guidelines, etc. and **Patient-Provider Encounters** Shared Decision-making
3. **Individual Level:** *Malleable Factors:* Self-efficacy, activation, problem-solving, etc. and *"Trait" Factors:* Preferences, illness Representations, emotions
4. **Sub-personal/Biological** Genomics

[End image]

Slide 6: Opportunities for Integrating Across Levels

[image]

 The following are added to the sides of the core areas. On the left side is **Social-Community Context:** Work, built environment, environmental exposures, family, friends. On the right side is **Ubiquitous Media and Technology:** Work, built environment, environmental exposures, family, friends .

[End image]

Slide 7: Opportunities for Integrating Across Levels

[image]

Bidirectional lines have been added between each core area. Bidirectional have been added from "Social-Community Context", on the left side, to each of the four core areas. Finally, bidirectional have been added from "Ubiquitous Media and Technology", on the right side, to each of the four core areas.

[End image]

Slide 8: Opportunities for Integrating Across Levels

The final model is described below.

[image]

Showing the influence of "Breadth of Impact" and "Malleability in Short Timeframe" on "Integrating Levels".

At the top:

(1) Cultural, Historical, Social-Environmental Factors, (Fundamental "distal" Determinants) is connected to (2) Health Care System, Priorities, Resources, Guidelines, etc. and Patient-Provider Encounters, Shared Decision-making via a bidirectional connection called "Incentives, coverage".
(2)   Health Care System, Priorities, Resources, Guidelines, etc. and Patient-Provider Encounters, Shared Decision-making is connected to (3) 'Individual Level, Malleable Factors: Self-efficacy, activation, problem-solving, etc. and "Trait" Factors: Preferences, illness Representations, emotions' via a bidirectional connection called "Tracking monitor Progress and Action Plans".

At the bottom:
(3) 'Individual Level, Malleable Factors: Self-efficacy, activation, problem-solving, etc. and "Trait" Factors: Preferences, illness Representations, emotions' is connected to (4) 'Sub-personal/Biological Genomics' via a bidirectional connection called 'Genetic Counseling'.

On the left side of the hierarchy is called "Breadth of Impact". There is a box called 'Social-Community Context , Work, built environment, environmental exposures, family, friends'. This is connected to the different 4 areas described in the above hierarchy (1 through 4).

- (1) Cultural, Historical, Social-Environmental Factors via a bidirectional connection called 'Community Building Infrastructure' and ' Regulations, resources on food, tobacco, transportation'
- (2) Health Care System via a bidirectional connection called 'Feedback Monitoring'.
- Individual Level via a bidirectional connection called 'Community programs' and ' Social Norms
  (3) Transportation Programs'.
- (4) Sub-personal/Biological via a bidirectional connection (no name is used).

On the left side of this hierarchy is " Malleability in Short Timeframe " is a box called 'Ubiquitous Media and Technology, Work, built environment, environmental exposures, family, friends' . This is connected to the different 4 areas described in the above hierarchy (1 through 4).

- (1) Cultural, Historical, Social-Environmental Factors via a bidirectional connection called ' Monopolies vs. Open Access '
- (2) Health Care System via a bidirectional connection called ' Interoperable EMRs and PHRs' and ' Public Reporting'
- (3) Individual Level via a bidirectional connection called ' mHealth (mobile) devices' and ' Personal Health Records (PHR) '
- (4) Sub-personal/Biological via a bidirectional connection called ' Personal Health Records (PHR); Social Media '

[End image]

Slide 9: Challenges
- The future is multiple (LEVELS, conditions, behaviors, interactive modalities)
- The future is complex (and we ignore complexity at our peril)[1]
- "All models (and designs) are wrong"[2]   – tolerance, respect, and creativity are needed
- We may need to UN-learn much of what we have been taught to answer the tough questions

[1]Glasgow RE, Emmons KM. *Annual Review of Public Health* , 2007

[2]StermanJD. *Syst Dynam Rev* 2002;18:501-531

Slide 10: No Title

"The significant problems we face cannot be solved by the same level of thinking that created them."

A. Einstein

Slide 11: No Title

[image]

Don Quixote sitting on a horse with pike and shield on back, stylized from Picasso print, with windmills in background and Sancho Panza on a donkey in front of him

[End image]

Slide 12: The End

[End Presentation]