IMPLEMENTATION SCIENCE

INTEGRATING EVIDENCE INTO RESEARCH, PRACTICE, AND POLICY

Vision Statement: To achieve the rapid integration of scientific evidence, practice, and policy, with the ultimate goal to improve the effect of research on cancer outcomes and promote health across individual, organizational, and community levels.

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Priorities and Mission	Provocative Goals	Short-term Objectives CY 2013	Measurable by 2015
BUILD: Build the Field of Implementation Science (IS) Stimulate an increasing number of competitive grant submissions on cancer implementation science that contribute to the development of innovative methods and study designs. Build science to integrate new knowledge across clinical and public health research, practice and policy. Promote science that is rigorous, transparent and relevant in the real world. Foster rapid learning strategies to improve individual and population health.	Change the research paradigm (shift from efficacy to systems and pragmatic approaches).	 Continue to plan and support the NIH D&I PAR, meeting and related initiatives (e.g., EHR campaign) to increase attention to and support of IS by NIH leaders, external researchers, and the public. Support, engage, and collaborate with PCORI, AHRQ, and others to expand IS aspects of comparative effectiveness research. Complete comprehensive portfolio analysis to understand D&I funding patterns to communicate to scientific field. 	Increase number of cancer-relevant IS grant submissions to DIRH review group by 33%; (and international by 40%) and number of funded grants by 20% (including funded international by 25%) Assess the impact and number of citations on web statistics reported: R2R, P.L.A.N.E.T., RTIPs, IS websites. Focus on growth and reporting of P.L.A.N.E.T., RTIPs, R2R, etc. Increase the number of a) funding announcements which incorporate D&I and b) accepted cancer-relevant IS publications from our grantees Increase harmonized use of pragmatic IS measures.
PARTNER: Establish Robust Partnerships Build partnerships for the development, dissemination, and implementation of evidence-based measures, initiatives, and programs.	Assist partners to improve health outcomes, succeed in reducing health disparities, and implement sustainable changes.	Create or expand at least one partnership in each of the following 3 areas: Partnering w/in DCCPS Partnering w/NIH&HHS Partnering outside HHS/Government Support CPCRN to successfully implement My Own Health Record (MOHR) trials.	Establish and maintain eight new partnerships involving DCCPS branches and/or other institutes/organizations to support innovative IS initiatives.
TRAIN: Develop Ongoing Training Networks Develop a robust and supportive network of trained, trans-disciplinary implementation scientists.	Establish a strong, supportive, evolving, IS community.	Develop at least 3 training opportunities/resources on IS and its relation to NCI/NIH activities for INTERNAL audiences: (1) DCCPS Program Directors (PDs), (2) DCCPS Fellows, (3) NCI/NIH PDs. Provide at least 3 training opportunities/resources on IS for the following EXTERNAL research audiences: (1) new investigators, (2) experienced investigators, (3) international researchers, (4) students. Provide at least 3 training opportunities/resources on translation and evidence-based practice for the following EXTERNAL practice audiences: (1) public health professionals, (2) policy/decision makers, (3) clinicians, (4) students.	Increase number of internal NIH/NCI staff that attend/use our trainings/resources on IS by 25% Increase the number of external researchers who attend/use our IS trainings/resources by 25%. Increase the number of practitioners who attend/use our trainings/resources by 15%.

Implementation Science Team Website (http://cancercontrol.cancer.gov/IS/about.html)