

# Evidence Integration Triangle

## Implementation Science Team

Division of Cancer Control and Population Sciences  
National Cancer Institute

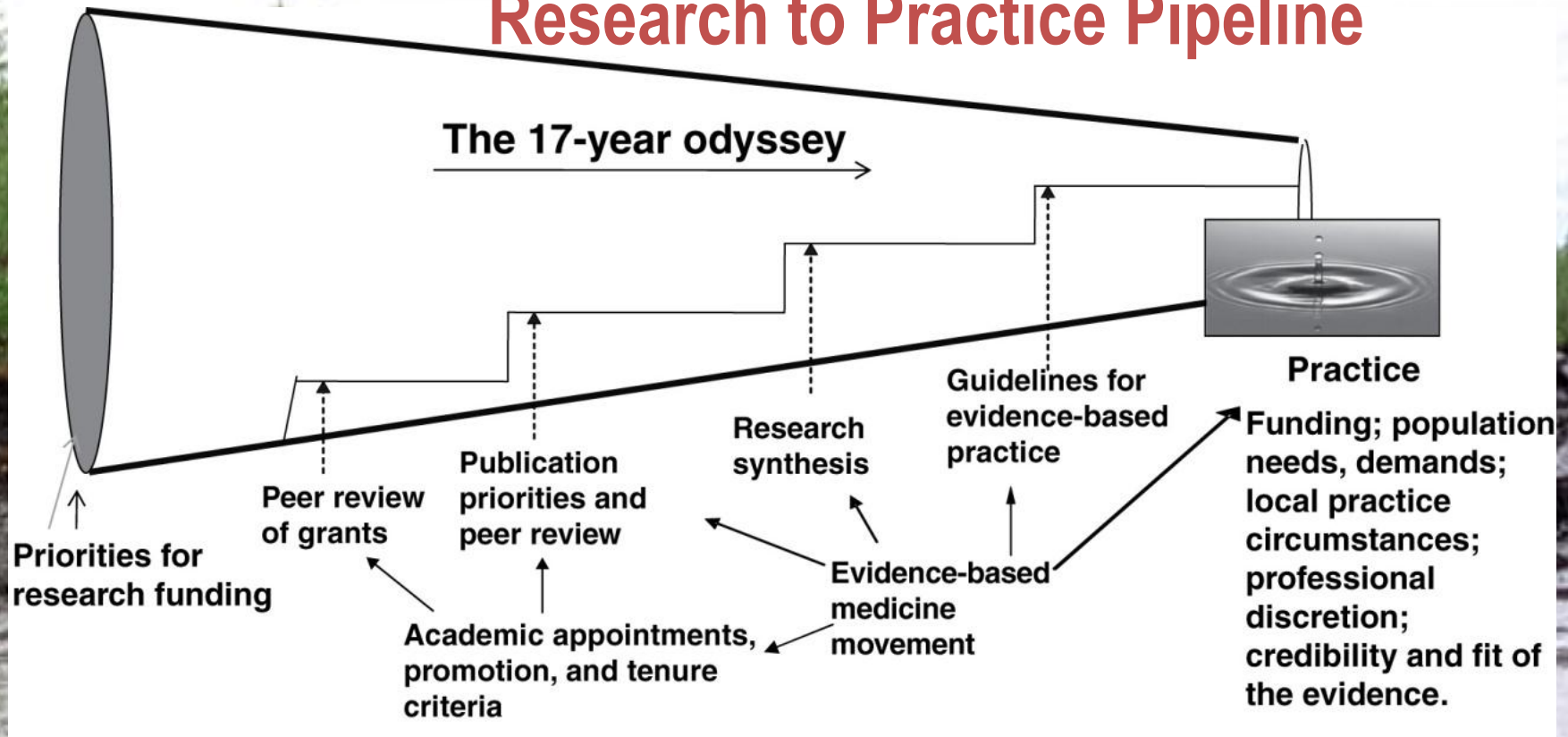
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# Rationale – Square Peg, Round Hole

- Majority of research tested programs do not translate into real world settings
- Those that do, often take an inordinately long period of time to do so



# Research to Practice Pipeline



Green, LW et al. 2009. Annual Rev. Public Health. 30: 151-174

Balas EA, Boren SA. 2000. Managing clinical knowledge for health care improvement. In: Yearbook of Medical Informatics.

# Evidence Integration Triangle

## **Intervention Program/Policy**

*(Prevention or Treatment)*

(e.g. design; key components; principles;  
external validity)

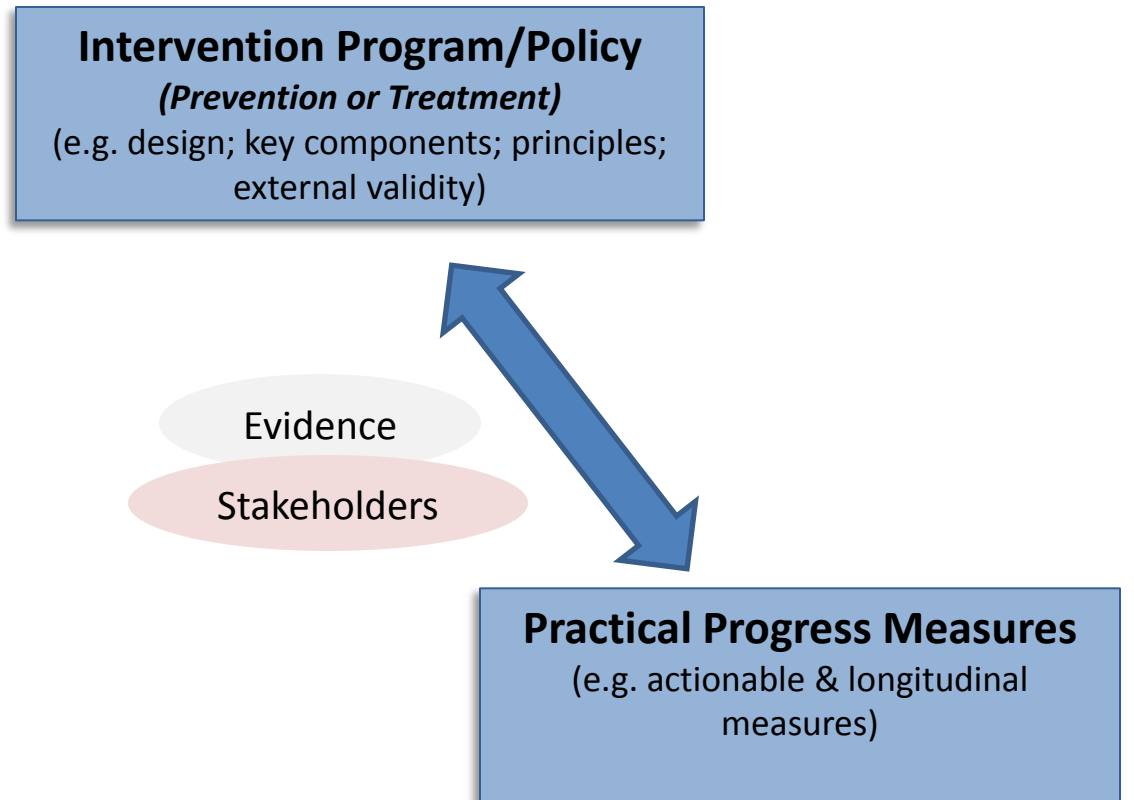
Evidence

Stakeholders

## **Multi-Level Context**

- Intrapersonal/Biological
- Interpersonal
- Organizational
- Policy
- Community/Economic
- Social/Environment

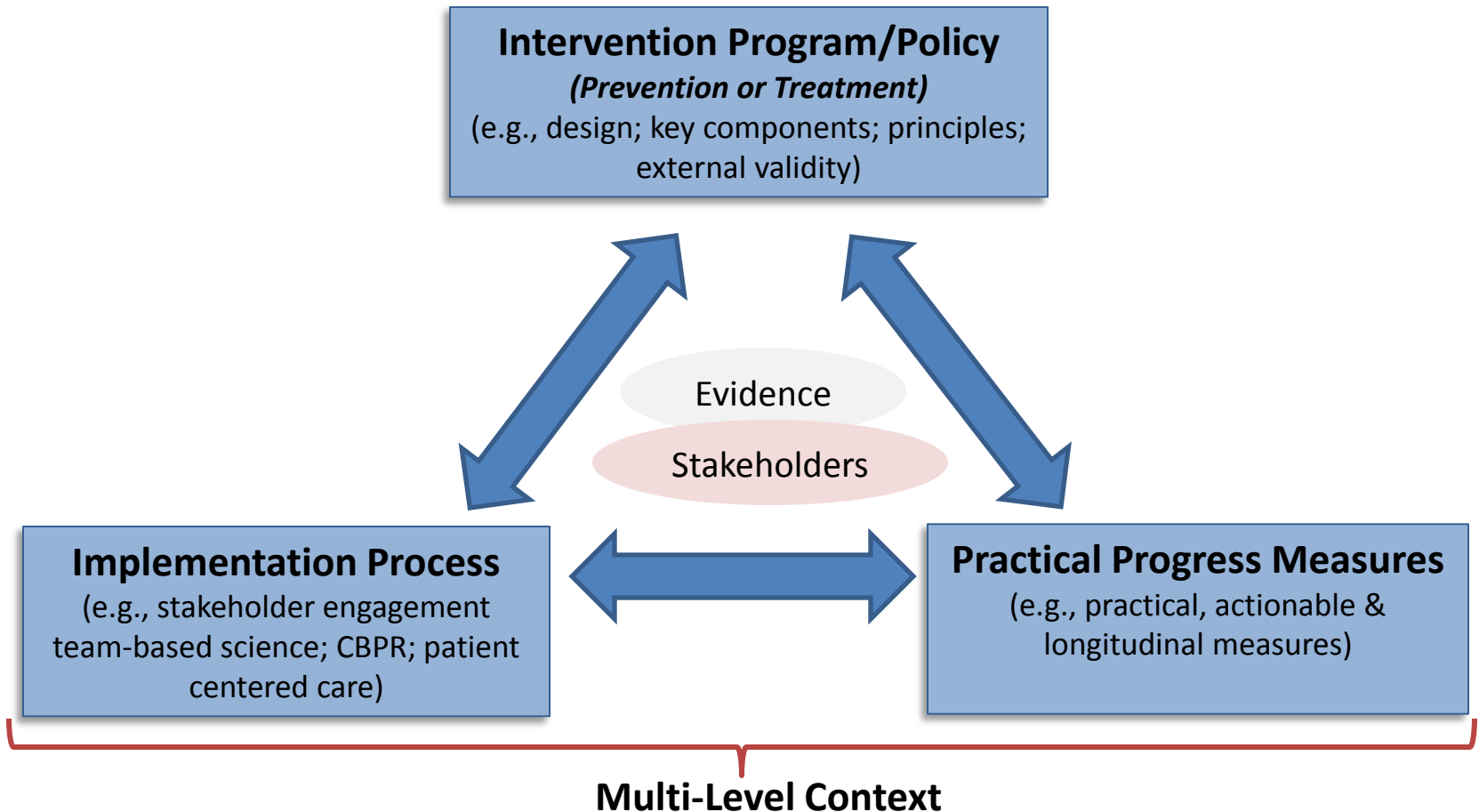
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## Intervention Program/Policy – The “What”

- Identify key components or theoretical principles
- Need for detailed implementation guides, lessons learned manuals
- Need to focus and report on both internal and external validity (need to add relevance to rigor)
- Current focus mostly on treatment, more is needed on prevention, and even more on policy

***"If we want more evidence-based practice, we need more practice-based evidence."***

## Practical Measures of Progress – the “So What”

### Measures need to be:

- Brief and practical
- Collected longitudinally to assess progress
- Reliable and valid
- Sensitive to change
- Have national norms, easily understood and ACTIONABLE
- Culturally appropriate across groups
- Reflect multiple stakeholder perspectives



Society of Behavioral Medicine Health Policy Statement on Public Health Need for Patient Reported Measures. [http://www.sbm.org/policy/patient-reported\\_measures.pdf](http://www.sbm.org/policy/patient-reported_measures.pdf)



## Implementation Process – The “How”

- Partnership and Community Based Participatory Research (CBPR) approaches<sup>1</sup>
- Patient-centered Care Approach
- Team science in action<sup>2,3</sup>
- Iterative, self-correcting

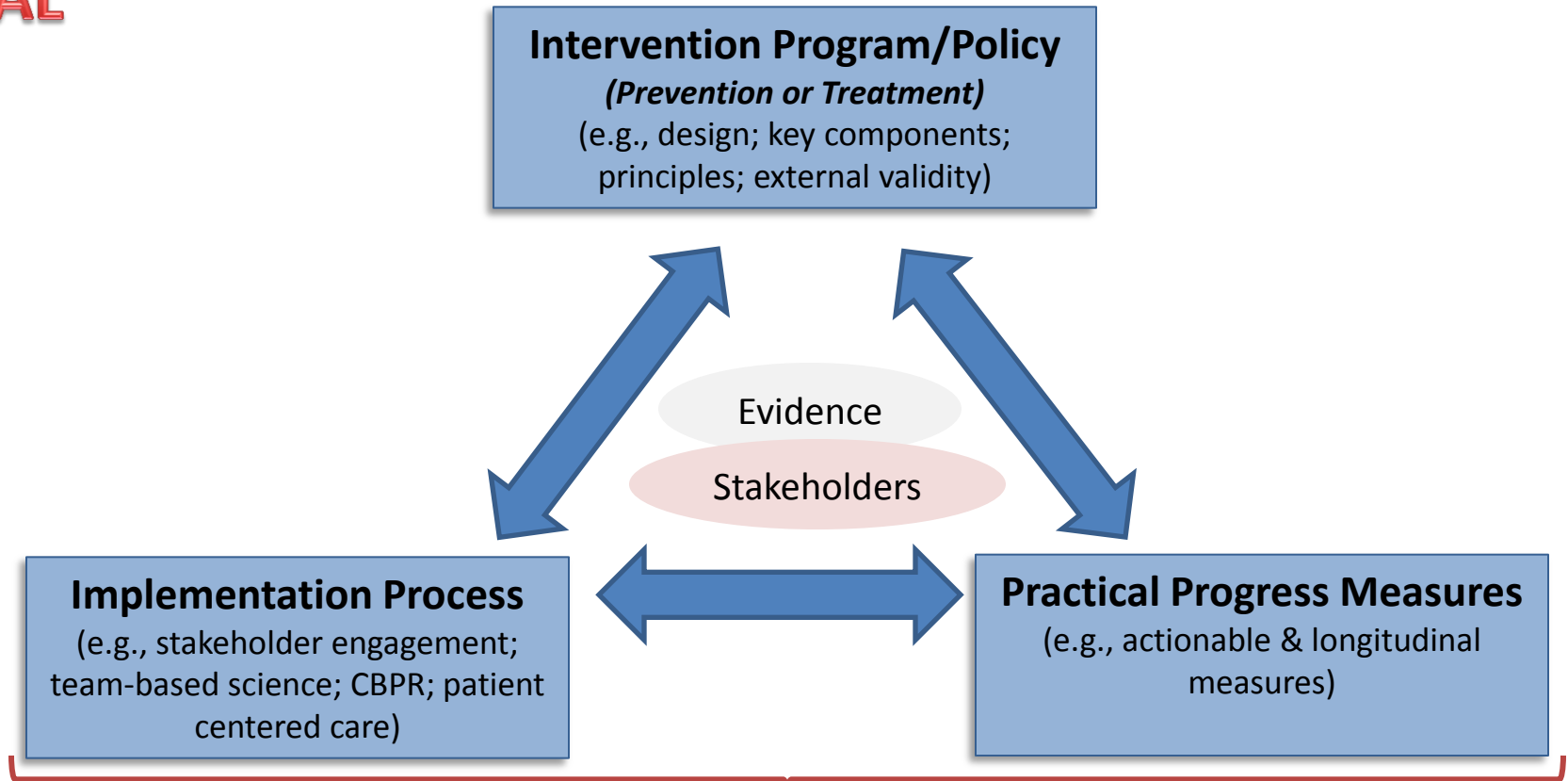
<sup>1</sup> Guidelines and Categories for Classifying Participatory Research Projects in Health:  
<http://lgreen.net/guidelines.html>

<sup>2</sup> Gray, D. O. (2008). In C. L. S. Coryn & M. Scriven (Eds.), *Reforming the evaluation of research. New Directions for Evaluation*, 118, 73–87.

<sup>3</sup> Mâsse, LC, et al. *Am J Prev Med*. 2008; 35 (2S): S151-S160.

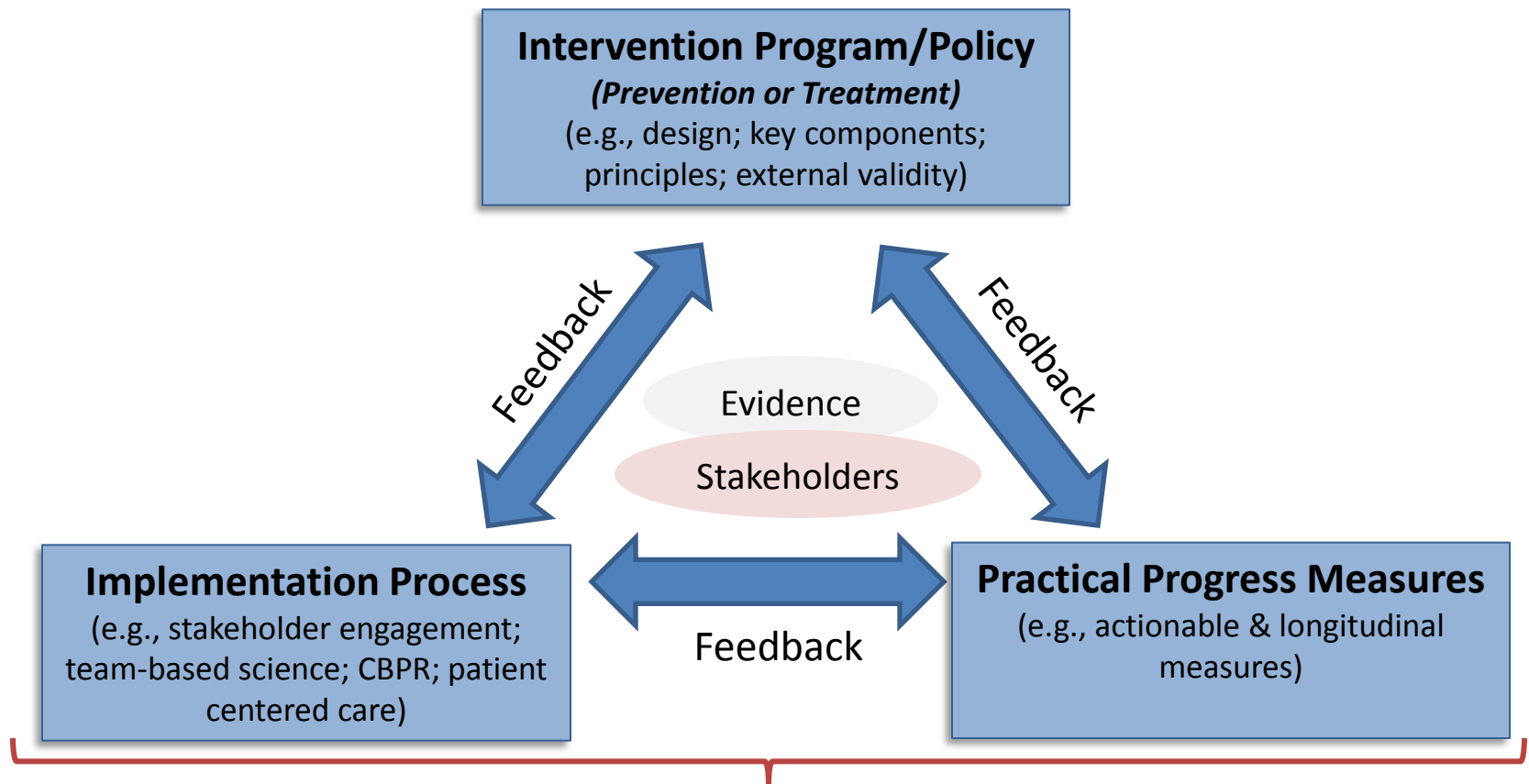
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**CURRENT  
IDEAL**



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# Conclusions

- The evidence-based movement was a good start, but only gets us so far
- To make greater progress, two other elements also need attention:
  - Practical MEASURES to track PROGRESS, and
  - Implementation PROCESSES that use partnership principles
  - The 3 legs of the ‘EIT’ are each necessary but not sufficient by themselves