ISCCE Pilot Program: Implementation Research on Health Equity in Community Settings Request for Applications

A. Key Dates and Contact for Questions

James Daly, Project Manager, jdaly@hsph.harvard.edu

Applications Open: June 15, 2021
Orientation Webinar: 9 a.m. June 21, 2021 [All potential applicants are strongly encouraged to attend]
Webinar zoom link; No registration required
Join by telephone: +1 929 436 2866
Meeting ID: 957 4536 3247
Password: 587245
Letter of Intent Due: July 15, 2021, 5 pm. See Appendix A for details. Send to James Daly, Project Manager, jdaly@hsph.harvard.edu
Invitations Made for Full Proposals: August 6, 2021
Full Proposals Due: September 7, 2021. See Appendix A for details.
Award Decisions: October 1, 2021
Award Start Date: All funds will be awarded by October 15, 2021

B. Participating Organizations

Harvard TH Chan School of Public Health
Harvard Medical School
All Harvard-Affiliated Institutions and Hospitals

C. Background

The Implementation Science Center for Cancer Control Equity (**ISCCCE)** is one of seven National Cancer Institute-funded Implementation Science Centers in Cancer Control (ISC3s). ISCCCE is designed to conduct a program of research in high-priority areas of cancer control implementation science that will advance equity, as well as methods and measurement within implementation science. ISCCCE provides infrastructure to support equity-focused implementation science research in cancer prevention and control.

ISCCCE supports pilot studies that focus on ways to expedite integration of evidence-based interventions (EBIs) into real world practice, as well as methods and measurement studies that move the field forward.A key ISCCCE partner is the Mass League of Community Health Centers, which is the primary care association representing the Commonwealth's 52 community health centers (CHCs). Together we have created an implementation laboratory (i-Lab) that includes the 31 CHCs that share a common population management platform, the Data Visualization and Reporting System (DRVS), which provides an efficient way to assess patient-facing implementation outcomes. The i-Lab provides support for implementation activities within the CHCs. ISCCCE is also committed to creating knowledge about clinic-community partnerships that support social care and efforts to address social determinants of health. ISCCCE has an evaluation and data management unit and a methods unit that support its pilot research. ISCCCE has utilized four over-arching themes to improve its impact on health equity, including: (1) articulate and integrate CHC definitions of and perspectives on health equity; (2) develop and evaluate strategies to improve equity-focused and effective use of staff time to address cancer prevention and control; (3) prioritize research on outer context that may influence implementation outcomes; and (4) understand the role of CHC-community partnerships in achieving health equity.

Competitively selected pilot teams will spend 12 months conducting their projects designed to better understand the implementation context, to improve implementation measures and methods, and/or improve the implementation process to promote equitable implementation of cancer prevention and control

interventions for vulnerable patients in community settings. All projects should have a long-term goal of improving equitable implementation of EBIs for key stakeholders, including patients, families, providers and/or organizations. ISCCCE mentors will work with each team to provide guidance and support throughout the funding period. Teams will have access to subject matter experts in areas such as: Implementation Theories, Models and Frameworks, Implementation Strategies, Mixed Methods Research, and Participatory Research Approaches. In addition, teams will also have facilitated access to ISCCCE community partners, as well as to other NCI-funded Implementation Science Centers. Pilot teams will be required to participate in regular cross-sharing meetings with other funded pilots and ISCCCE scientific leaders to discuss study execution, progress, challenges, process outcomes and early results as well as opportunities for engagement of community partners and dissemination of lessons learned for public and academic audiences.

A list of ongoing ISCCCE pilots, including project summaries and lead investigators can be found on the current pilot studies page of the ISCCCE website. More information on the i-Lab (see The Kraft Center for Community Health at Massachusetts General Hospital) and other ISCCCE collaborators can be found here. More information on the ISC3 program is available on the NCI website.

D. Award Structure

Funding for this grant program comes from our P50 Implementation Science Center grant, as well as generous support from Harvard Catalyst. All funded grants will have access to Harvard Catalyst core resources, as well as significant resources within ISCCCE, including data analytic and evaluation support, methodologic support, and a team that supports implementation activities in the CHCs. Study teams will also have access to CHC (e.g. inner setting) and community level (outer setting) data through the ISCCCE data ecosystem for analyses. Implementation studies do not need to provide support for CHC participation (e.g. site level stipends), as ISCCCE will support their efforts through other funds. Studies that involve primary data collection from community stakeholders (e.g. surveys, qualitative interviews, and focus groups) should include compensation for their time in the budget, ideally at $50/hour.

Budget: These awards provide up to $75k direct costs for 1 year to support the planning of a new clinical, community, or policy implementation science research project. Pilot grants should address cancer prevention and control related topics; preference will be given to topics identified in collaboration with our community partners (see Section H, Priority Topics). We anticipate that all topics will focus on and/or contribute to our understanding of how to improve health equity. These projects could include observational designs of current implementation of an EBI in community health centers or other community settings, or testing implementation strategies for delivering EBIs via quasi-experimental or RCT designs. The expectation is that community partners will be active members in these projects. ISCCCE staff will help investigators develop these relationships.

ISCCCE grants are typically used to fund developmental or early stage work and should describe a concrete plan for further steps beyond the pilot grant (e.g., how the pilot work will lead to an R01 award). Projects do not have to involve an intervention, but should produce some “public good” (e.g., toolkits, a streamlined clinical workflow, enhanced capacity). Under the Cancer Moonshot Initiative that provides ISCCCE funding, data/tools and papers from all pilots must be open access (guidance will be provided).

E. Anticipated Funding

We anticipate that 2 to 3 studies will be funded from this RFA.

F. Applicant Eligibility

- Any researcher who holds a Harvard University appointment as professor, assistant professor, associate professor, lecturer, instructor, research scientist, or research associate
- Post-docs are not eligible to be PI, but can serve as co-Investigators
- Co-Investigators may be from other institutions or non-faculty level
- We highly encourage investigators from underrepresented groups
- We highly encourage inclusion of trainees on the study team
- We encourage collaborations with other NCI-funded Implementation Science Centers in Cancer Control (ISC3) (the ISCCCE team will help facilitate)
- Applicants may be the PI on only one LOI/proposal

G. Application and Review Process
All projects that are invited to submit a full proposal will be asked to have a consultation with members of the ISCCCE team. Proposals that will utilize CHC partners will be connected with potential partners by ISCCCE. All applications will be reviewed by a team of experienced scientific reviewers and our community partners. Final funding decisions will be made by the ISCCCE leadership team. Awardees must submit all JIT materials (e.g., IRB approval) and meet all compliance requirements prior to receiving funds.

H. Priority Topics
ISCCCE works closely with MA League leadership, as well as CHC clinical leaders and staff. We also host quarterly meetings of the Implementation Learning Community (ILC), in which we explore CHCs interests and priorities. Through these various venues, the following priorities have emerged:

Implementation Topics

- *Workforce Issues:* Sustainability of the community health workforce, and in particular structural factors that may improve retention and reduce turn-over. The role of implementation activities on retention, and strategies to reduce the impact of staff turn-over on implementation studies. Reimbursement and policy approaches to sustainability of the community health worker workforce. Different workforce models for delivery of cancer prevention and early detection.
- *Screening, Referral and Treatment for Cancer Risk Factors*
    - Enhancing use and sustainability of strategies to reduce disparities in cancer screening.
    - Increasing referral for and uptake of referrals for smoking cessation and lung cancer screening.
    - Improving evidence-based cancer prevention and control in co-morbid populations (e.g. behavioral health, diabetes, other chronic diseases).
    - Strategies to increase follow-up after abnormal cancer screening.
    - Evaluation and sustainability of strategies to task-shift cancer prevention and early detection efforts to ancillary providers
    - Investigate different delivery strategies for cancer preventive care
- *Social Care*: Racial justice approaches to health care and training for the healthcare workforce. Leveraging community health workers to address social drivers of health that impact cancer risk and outcomes; sustainable strategies for addressing nutrition insecurity.
- *Community-Clinic linkages:* Identification & implementation of best practices for addressing cancer prevention and screening through community partnerships both in and outside of MA.
- *Policy Implementation:* Strategies to inform or enhance evidence-based policy implementation related to cancer prevention and control.

Useful Resources:

- Consolidated Framework for Implementation Research (CFIR) (https://cfirguide.org/)
- Promoting Action on Research Implementation in Health Services (PARIHS): Kitson A, Harvey G, McCormack B. Enabling the implementation of evidence based practice: a conceptual framework. Qual Health Care. 1998;7(3):149–58; Bergström, A., Ehrenberg, A., Eldh, A. et al. The use of the PARIHS framework in implementation research and practice—a citation analysis of the literature. Implementation Sci 15, 68 (2020). https://implementationscience.biomedcentral.com/articles/10.1186/s13012-020-01003-0#citeas
- Nilsen and Bernhardsson (2019). A Scoping Review of Determinant Frameworks https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6432749/)
- EPIS Framework https://episframework.com/
- Nilsen and Bernhardsson (2019). A Scoping Review of Determinant Frameworks https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6432749/)
- Beidas, Marcus, Wolk, et al. (2016). A Prospective Examination of Clinician and Supervisor Turnover Within the Context of Implementation of Evidence-Based Practices in a Publicly-Funded Mental Health System. Adm Policy Ment Health (2016) 43:640–649

Appendix A. Submission Requirements
Letter of Intent Requirements - 1 page maximum (up to 550 words)

1. Focus of research (implementation study or methods study)
2. Descriptive title of proposed research
3. Overall study design, and aim(s)/hypothesis
4. Description of how the research will fill a gap in cancer control implementation science
5. Research location
6. How health equity is being addressed
7. PI name, position, contact information, and general demographic information
8. Other key personnel names, position, contact information, and general demographic information

Full Proposal Requirements

1. *Cover Letter:* PHS 398 form- include grants administrator contact information. Note that grants administrator **does not need** to review and signoff on this form. “Official Signing for Applicant Organization” is not required.

2. *Biosketch:* Please provide a standard NIH Biosketch for all key personnel.

3. *Budget and budget justification.*

4. *Research Plan* - maximum of 5 single-spaced pages, not including references. Use Arial 11 point font size or larger; minimum 0.5 inch for all margins for all pages.

    A. Specific Aims: State concisely the specific aim(s) and any hypothesis or research questions to be answered. The aims must be reasonable to achieve during the one-year budget period.

    B. Research Strategy:

        i. *Significance*: Explain the importance of the problem, how it addresses equity and community needs, and how it will drive the field forward. Identify the evidence-based approach to be utilized (for implementation pilots) and methodologic gaps to be addressed (methods pilots).

        ii. *Innovation*: Explain how the application will challenge and shift current research, community-level interventions or clinical practice paradigms, and will apply novel approaches to address health equity. Describe any novel theoretical concepts, strategies, or methods to be developed or used.

        iii. *Approach*:
            - Describe the overall strategy, methodology, and analyses to be used to accomplish the specific aims of the project. Describe how the data will be collected, analyzed, and interpreted.
            - Explain how your approach will utilize the ISCCCE infrastructure.
              Explain how your approach will engage with the relevant community partners in collaborative, equitable ways.
            - Discuss potential problems, alternative strategies, and benchmarks for success anticipated to achieve the aims.
            - Describe any strategies that will be used to establish feasibility, and address the management of any high-risk aspects of the proposed work.
            - Describe any resource sharing plan, as appropriate.

        iv. *Public Goods:* Identify public goods that will be developed as result of the project (e.g. toolkit, new measures, enhanced capacity).

        v. *Next Stage Funding*: Identify potential funding sources for the next stage of this project, including anticipated date of submission.

5. *Bibliography and References Cited*: Provide a bibliography of any references cited in the Research Plan.

Appendix B. Requirements for Pilot Award Recipients

- Acknowledge ISCCCE support on all publications and presentations related to Pilot and Methods Studies (P50CA244433).
- Follow ISCCCE publication policies and procedures, which include inclusion of community partners in scholarly products and compliance with NIH and Moonshot public policies: https://www.cancer.gov/research/keyinitiatives/moonshot-cancer-initiative/funding/public-access-policy
    - Immediate open-access for publications. Center will cover expenses related to these publications.
    - Public Data Sharing from projects (typically aggregate data).
- Every study should produce some form of “public good”.
- Awardees will be expected to participate in ISCCCE related activities (e.g., quarterly Implementation Learning Community, retreats, update presentations, reporting requirements, Annual ISC3 meeting, center evaluation efforts, dissemination activities). ISCCCE is part of a well-funded network of Implementation Centers that provides significant access to resources for IS research.