



ISCCCE
IMPLEMENTATION SCIENCE CENTER
FOR CANCER CONTROL EQUITY

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

A. Key Dates and Contact for Questions

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Applications Open: May 16, 2022

Orientation Webinar: 11 a.m. May 26, 2022 [All potential applicants are strongly encouraged to attend]

Webinar [zoom link](#); No registration required

Join by telephone: +1 301 715 8592

Meeting ID: 920 1918 7734

Letter of Intent Due: June 16, 2022, 5 pm. See Appendix A for details. Send to James Daly, Project Manager, jdaly@hsph.harvard.edu

Invitations Made for Full Proposals: July 1, 2022

Full Proposals Due: August 8, 2022. See Appendix A for details.

Award Decisions: September 1, 2022

Complete NCI pre-approval process

Award Start Date: October 1, 2022

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) understand the influence of outer context on implementation process and 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 [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. However, given the ongoing strain on healthcare systems from the COVID-19 pandemic, pilots should be designed to be low-burden for CHC participation.

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 publications 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 may apply with a mentor as an MPI team
- 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 if there is interest)
- 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 under the overarching themes of centering equity and being low-burden for CHCs. Note that this list is not meant to be inclusive, and other ideas are welcome.

Improving Uptake of Evidence-Based Cancer Control Services

- Improve understanding of how to move beyond deferred care to patient self-management of care with CHC support (e.g. learning from the FIT, Cologuard, and COVID home tests experience to inform implementation of other self-testing strategies like HPV self-sampling)
- Identify and test implementation strategies for integrating cancer screenings with other care services (e.g. dental and primary care working together on HPV screening)
- Identify and test implementation strategies that improve coordination of bundled care/addressing multiple screening or health needs (e.g. address multiple cancer screening needs in a single outreach)
- Improving evidence-based cancer prevention and control in co-morbid populations (e.g. behavioral health, diabetes, other chronic diseases)
- Evaluation and sustainability of strategies to task-shift cancer prevention/early detection efforts to ancillary providers
- Evaluate implementation of strategies to automate patient outreach (e.g. use of text messages or other outreach technology)
- Strategies to increase follow-up after abnormal cancer screening
- Explore and/or pilot-test models for reverse engineering of referral partner presence (e.g. hospital-based patient navigators or outreach staff serve on-site at CHC)
- Address deferred care with one-stop-shop gap closure clinics
- Evaluate implementation strategies for increasing engagement with tobacco treatment service

Methods

- Evaluate strategies for improving data capture and quality of data related to cancer screening and outcomes

Community-Clinic linkages:

- Identify & implement best practices for addressing cancer prevention and screening through community partnerships both in and outside of MA
- Identify models for community partnerships that have been successful to address social needs during COVID that could be harnessed for cancer prevention

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
- Kerkhoff, A.D., Farrand, E., Marquez, C. *et al.* Addressing health disparities through implementation science—a need to integrate an equity lens from the outset. *Implementation Sci* **17**, 13 (2022). <https://doi.org/10.1186/s13012-022-01189-5>

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.