

Translating Research into Improved Outcomes – Closing the Discovery-Delivery Gap

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Natcher Auditorium – May 9, 2005



WE HAVE BEEN TALKING ABOUT DISSEMINATION FOR A VERY LONG TIME

- When the NCI was first authorized in 1937, Congress mandated that "NCI promote the useful application of research results."
- "The Cancer Control section of the National Cancer Act of 1971 is designed to ensure more rapid and effective communication of research results to medical practitioners and, as appropriate, to the general public..."
- In 1976, Don Fredrickson, then Director of NIH, addressed "the need to accelerate the transfer of new technology across the interface between the biomedical community and the health care community."

Carcinogenesis as a Multi-stage Process*

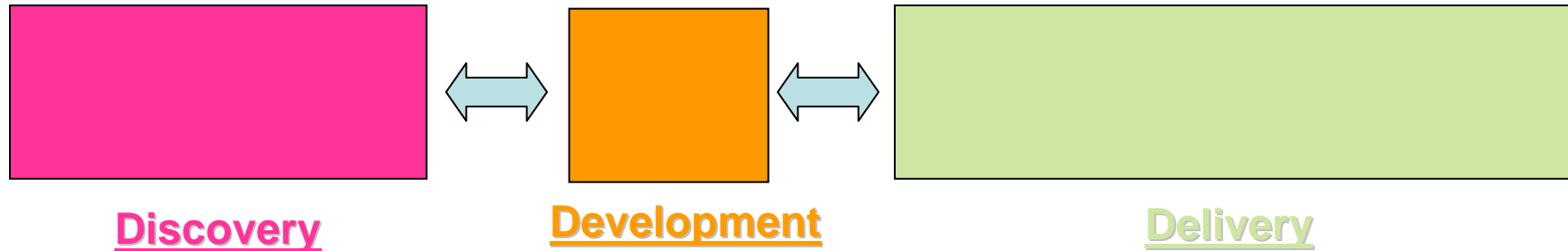


Cancer Communication as a Multi-Stage Process

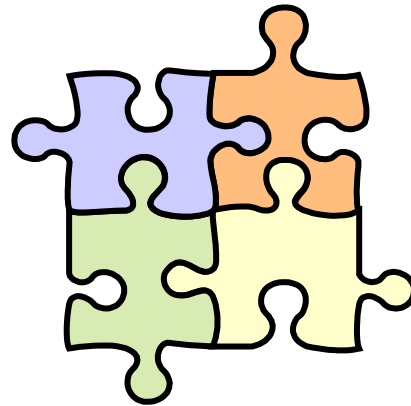


*Adapted from Shields PG, Harris CG. Principles of Carcinogenesis: Chemical. In: Devita VT, Hellman S, Rosenberg SA Cancer Principles & Practice of Oncology J.B. Lippencott Co. Philadelphia :1993.

THE DISCOVERY-DELIVERY CONTINUUM



How do we model partnership across the continuum?



How do we increase investment in the development to delivery process?

Bridging the Gap: A Synergistic Model

Getting Evidence-Based Cancer Control Interventions Into Practice

GOAL: To increase the adoption, reach and impact of evidence-based cancer control

Science Push
Documenting,
improving,
and communicating
the intervention for
wide population use



Delivery Capacity
Building the capacity
of relevant systems to
deliver the
intervention



Market Pull/
Demand
Building a market
and demand for the
intervention

Increase the number of systems providing evidence-based cancer control
Increase the number of practitioners providing evidence-based cancer control
Increase the number of individuals receiving evidence-based cancer control

ULTIMATE GOAL:
Improve population health
and well being

“Getting a new idea adopted, even when it has obvious advantages, is often very difficult.” -- Everett Rogers, *Diffusion of Innovations*

Translating *Research* into Improved *Outcomes* (*TRIO*)

- Use and communicate cancer and behavioral surveillance data to identify needs, track progress and motivate action.
- Collaboratively develop tools for accessing, and promoting adoption of, evidence-based cancer control interventions.



- Support regional and local partnerships to develop models for identifying infrastructure barriers, expanding capacity and integrating science into comprehensive cancer control planning and implementation.

Follow 5 steps to develop a comprehensive cancer control plan or program ← OR → Find information by cancer control topic

[Learn why these steps are important](#)

Step 1 Assess program priorities

[State Cancer Profiles](#) (CDC, NCI)

- Statistics for prioritizing cancer control efforts in the nation, states, and counties

Step 2 Identify potential partners

[Program Partners in Cancer Control](#)

[Research Partners in Cancer Control](#)

- Contact information for ACS, CDC and NCI program partners and research partners by state and region

Step 3 Determine effectiveness of different intervention approaches

[Guide to Community Preventive Services](#) (Federally sponsored)

- Recommendations for population-based intervention approaches

[Guide to Clinical Preventive Services](#) (AHRQ)

- Task force recommendations on screening, counseling, and medication regimens

[Additional Research Evidence Reviews](#)

Step 4 Find research-tested programs and products

[Research-tested Intervention Programs](#) (NCI, SAMHSA)

- Summary statements, ratings, and products from cancer prevention and control programs tested in research

Step 5 Plan and evaluate your program

[Guidance for Comprehensive Cancer Control Planning](#) (CDC)

[State Plans for Comprehensive Cancer Control](#)

[Put Prevention Into Practice](#) (AHRQ)

- Guidance for linking research and practice

- [Breast cancer](#)
- [Cervical cancer](#)
- [Diet / Nutrition](#)
- [Informed Decision Making](#)
- [Physical activity](#)
- [Sun safety](#)
- [Tobacco control](#)

Coming in early 2005

- Colorectal cancer

PLANET Sponsors



Note: This web site is best viewed in [Internet Explorer](#) (version 5.0 or higher) or [Netscape](#) (version 7.0 or higher) at a [screen resolution](#) of 1024 by 768 or more.

We welcome your feedback on the Cancer Control PLANET and its satellite Web sites. To submit feedback, please [contact us](#). Thank you for helping to improve this site for the cancer control community.

cancercontrolplanet.cancer.gov

cancerplanet.cancer.gov

ccplanet.cancer.gov

Quick Profiles

Area

Cancer

Comparison Tables



[Rate/Trend Comparisons](#)

set higher priority for cancer control when rates are high or rising
[learn more...](#)

- [by State/County](#) prioritize cancer sites
- [by Cancer](#) prioritize states or counties in a state



[Death Rates](#)

for states or for counties in a state
[learn more...](#)



[Incidence Rates](#)

for states with high quality cancer registries
[learn more...](#)

Interactive Graphs and Maps



[5-Year Rate Changes](#)

in cancer mortality or incidence for all major cancer sites by user selectable criteria
[learn more...](#)



[Historical Trends](#)

compare trends in cancer mortality and incidence by user selectable criteria
[learn more...](#)



[Latest Rates, Percents, and Counts](#)

explore relationships across geography of mortality, incidence, demographics, or risk factors
[learn more...](#)

Support Data



[Screening and Risk Factors](#)

prevalence percents by state from behavioral surveys
[learn more...](#)



[Peer Counties](#)

identify counties that are comparable based on a user specified criteria
[learn more...](#)



[Age Distribution](#)

male and female population sizes by age groups by user selectable criteria
[learn more...](#)

[Cancer Control PLANET Home](#)

New Releases

- [2000 USCS Incidence Data](#)
- 2001 SEER Incidence Data (also released in the [Cancer Statistics Review](#))
- [2001 Mortality Data](#)

Help & About

- [About this Site](#)
- [Quick Reference Guides](#)
- [Tutorials](#)
- [Interpret Rankings](#)

- [Data Use Restrictions](#)
- [Low Vision/Accessibility](#)

• **Note:** This Web site is best viewed in [Internet Explorer](#) (version 5.0 or higher) or [Netscape](#) (version 7.0 or higher) at a [screen resolution](#) of 1024 by 768 or more.

Links

- [State Registry Contacts](#)
- [US Cancer Statistics: 2000 Incidence](#)
- [Resources for Cancer Control:](#)

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[Learn why these steps are important](#)

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- [Cervical cancer](#)
- [Diet / Nutrition](#)
- [Informed Decision Making](#)
- [Physical activity](#)
- [Sun safety](#)
- [Tobacco control](#)

Coming in early 2005

- Colorectal cancer

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We welcome your feedback on the Cancer Control PLANET and its satellite Web sites. To submit feedback, please [contact us](#). Thank you for helping to improve this site for the cancer control community.

Use this Web site to:

- Find research-tested intervention programs and products.
- Review summary information and usefulness/integrity scores for each program.
- Order or download materials to adapt for use in your own program.
- **NEW RESOURCE:** Obtain readability scores for products distributed to the public.

Program topics now available:

- [Breast cancer screening promotion](#)
 - Community-based interventions
 - Physician-based curriculums
- [Cervical cancer screening promotion](#)
 - Community outreach programs
 - Direct mail interventions
- [Colorectal cancer screening promotion](#)
 - Physician-based intervention programs
- [Diet / Nutrition](#)
 - Community-based social support interventions
 - Small group education interventions
 - Fruit and vegetable behavior change programs
- [Informed Decision Making](#)
 - Patient decision-making programs
- [Physical activity](#)
 - Physical health enhancement programs
- [Sun safety](#)
 - Sun protection awareness programs
- [Tobacco control](#)
 - Smoking prevention programs
 - Smoking cessation programs
 - Smoke-free environmental campaigns



New programs featured:

- Colorectal cancer screening promotion
 - Physician-Oriented Intervention on Follow-Up in Colorectal Cancer Screening (Post date: March 2005)
- Breast cancer screening promotion
 - Maximizing Mammography Participation (Post date: February 2005)

★ New programs are released periodically. Please check for updates.

We welcome your feedback on the Research-tested Intervention Programs Web site. To submit feedback or a program for review, please [contact us](#). Thank you for helping to improve this site for the cancer control community.

If you use tobacco and are trying to quit, please visit [Smokefree.gov](#).
 Looking for general information about cancer? Please visit [Cancer.gov](#) or call the Cancer Information Service at 1-800-4-CANCER.

Breast Cancer Screening Promotion Intervention Programs

[Refine Your Search](#)

Page 1 of 2 [1 2] [Next](#) [Last](#)

Program Title & Description (7 programs listed)	Behavioral Focus	Population Focus
<p>1. Title: Breast Cancer Screening Among Non-adherent Women Delivery Channel: <i>Individual-directed Intervention</i> Purpose: Designed to address barriers to mammography screening and to identify strategies for motivating women to have regular mammograms. Outcomes Evaluation Published: 2000</p>	Motivation	Underscreened Women
<p>2. Title: Empowering Physicians to Improve Breast Cancer Screening Delivery Channel: <i>Multi-Strategy Intervention</i> Purpose: Physician-based educational curriculum designed to increase physicians' efforts to encourage women to receive regular mammograms. Outcomes Evaluation Published: 2000</p>	Awareness building	Primary Care Physicians
<p>3. Title: Friend to Friend Delivery Channel: <i>Social Network Intervention</i> Purpose: Community-based intervention designed to increase mammography utilization among low-income women residing in public housing. Outcomes Evaluation Published: 1998</p>	Awareness building	Underserved
<p>4. Title: Increasing Breast and Cervical Cancer Screening Among Filipino American Women Delivery Channel: <i>Small Group Education</i> Purpose: Designed to increase breast and cervical cancer screening among Filipino women. Outcomes Evaluation Published: 2003</p>	Awareness building	Underserved
<p>5. Title: Reducing Barriers to the Use of Breast Cancer Screening Delivery Channel: <i>Individual-directed Intervention</i> Purpose: The physician intervention aims to increase the breast cancer screening practices of community-based physicians. Outcomes Evaluation Published: 2001</p>	Awareness building	Primary Care Physicians
<p>6. Title: Targeted Mailing: Increasing Mammogram Screening Among the Elderly Delivery Channel: <i>Individual-directed Intervention</i> Purpose: Designed to increase awareness about low-cost mammography screening options including the Medicare benefit for diverse racial/ethnic groups of elderly women. Outcomes Evaluation Published: 2001</p>	Awareness building	Medicare Beneficiaries

Page 1 of 2 [1 2] [Next](#) [Last](#)



Breast Cancer Screening Promotion Intervention Programs

Refine Your Search: Categories represent settings in which research was conducted and populations included in the research. Results will match any **one or more** of your selections.

Age

- Children (0-10 years)
- Adolescents (11-18 years)
- Young Adults (19-39 years)
- Adults (40-65 years)
- Older Adults (65+ years)
- Any Ages

Race/Ethnicity

- Alaskan Native
- American Indian
- Asian
- Black, not of Hispanic origin
- Hispanic
- Pacific Islander
- White, not of Hispanic origin
- Any Races/Ethnicities

Setting

- Community
- Religious establishments
- Rural
- Suburban
- Urban/Inner City
- School-based
- Clinical
- Workplace
- Home-based
- Any Settings

(No selection = All records)

Age OR Race/Ethnicity OR Setting



Breast Cancer Screening Promotion Intervention Programs

[Refine Your Search](#)

Page 2 of 2 [First](#) [Previous](#) [1 2]

Program Title & Description (7 programs listed)

Behavioral Focus

Population Focus

7. Title: [The Forsyth County Cancer Screening Project \(FoCaS\)](#) ←

Delivery Channel: *Multi-Strategy Intervention*

Purpose: Designed to improve the beliefs, attitudes, and behaviors regarding breast and cervical screening among low-income, predominately African-American, women age 40 and older.

Outcomes Evaluation Published: 1996

Awareness building

Underserved

Page 2 of 2 [First](#) [Previous](#) [1 2]



Research-tested Intervention Programs

RTIPs- Moving Science into Programs for People

The Forsyth County Cancer

- [The Need](#)
- [The Program](#)
- [Time Required](#)
- [Intended Audience](#)
- [Suitable Settings](#)
- [Required Resources](#)
- [About the Study](#)
- [Program Scores](#)
 - [Dissemination Capability](#)
 - [Cultural Appropriateness](#)
 - [Age Appropriateness](#)
 - [Gender Appropriateness](#)
 - [Integrity](#)
 - [Utility](#)
- [Related Publications](#)

http://cancercontrol.cancer.gov/rtips/adaptation_guidelines.pdf - Microsoft Intern...

Save a Copy Print Review & Comment Sign

Select Text 70%

**Research-tested
Intervention Programs** (RTIPs) SAMHSA

RTIPs- Moving Science into Programs for People

Guidelines for Choosing and Adapting Programs

With the permission of the developer, the National Cancer Institute (NCI) makes this RTIPs program and its products available for your use. As with all RTIPs programs, it has been reviewed and found to have sufficient information on relevance and effectiveness for you to make an informed choice about its use in your setting. It is important to understand that this program's effectiveness was evaluated within a research study, which is a highly controlled situation. It is expected that you may need to adapt the program for your own audience and setting. This fact sheet tells you how to do this.

The NCI's Cancer Information Service Partners Program (<http://cis.nci.nih.gov/community/community.html>) can help you find appropriate cancer control research staff in your area should you need help with any stage of the adaptation process.

Adaptation Guidelines

8.5 x 11 in 1 of 2

The Need

Breast and cervical cancer account for one-third of new cancer cases and 18% of cancer deaths among women in the United States. Older, low-income and minority women are the most impacted by these cancers because they are less likely to be screened, which is believed to result in more late-stage cancers and lower survival rates. Underutilization of screening has been attributed to several factors including limited access and referral to preventive and therapeutic services, fear and fatalistic views of breast cancer along with distrust of the medical community, and the fact that physicians may be less likely to recommend

Program Scores (1.0 = low, 5.0 = high)

Dissemination Capability	3.0
Cultural Appropriateness	5.0
Age Appropriateness	5.0
Gender Appropriateness	5.0
Integrity	3.3
Utility	3.3



Rating Guide - Microsoft Internet Explorer

Integrity

Integrity reflects the overall confidence reviewers can place in the findings of a program's evaluation. Confidence is derived from positive assessments of the quality of implementation, the design of the evaluation study, and how well the evaluation was carried out. This criterion requires the reviewers to summatively rate the merits of the science that went into the evaluation.

- 1 - no confidence
- 2 - weak, at best some confidence in results
- 3 - mixed, some weak, some strong characteristics
- 4 - strong, fairly good confidence in results
- 5 - high confidence in results, findings fully defensible

[Close This Window](#)

Related Publications

[Paskett ED, Tatum C, Wilson A, Dignan M, Velez R. Use of a P Mammography. Journal of Cancer Education \(1996\) 11\(4\): 216](#)

[The National Cancer Institute Cancer Screening Consortium for among Underserved Women. Archives of Family Medicine \(19](#)

[Paskett ED, Tatum CM, White Mack D, Hoen H, Case LD, Velez R. Screening Tests among Low-Income Minority Women. Cancer](#)

[Paskett ED, Tatum CM, D'Agostino R, Rushing J, Velez R, Michielutte R. Breast and Cervical Cancer Screening: Results of the Forsyth County Biomarkers & Prevention \(1999\) 8: 453-459.](#)

[Michielutte R, Shelton B, Paskett ED, Tatum CM, Velez R. Use of a Screening Program. Health Education Research \(2000\) 15\(5\):](#)

[Paskett ED, Case LD, Tatum C, Velez R, Wilson A. Religiosity and Cancer Screening. Journal of Religion & Health \(1999\) 38\(1\): 39-51.](#)

The Forsyth County Cancer Screening Project (FoCaS)

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 - [Utility](#)
- [Related Publications](#)

Products



[Preview, download, or order free materials on CD-Rom where available](#)



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The Forsyth County Cancer Screening Project (FoCaS): Products

ATTENTION: Program materials used in this research project may be downloaded and saved from this site. The material may be used "as is" or may be modified and adapted for your context. Program Adaptation Guidelines are provided below.

Program Adaptation Guidelines

RTIPs Program Adaptation Guidelines are made available by the National Cancer Institute (NCI) implementing a program found on the RTIPs Web site. While use of the Guidelines is not mandatory, adapting program materials found on this Web site. The Guidelines provide tips on how to ensure community's setting when adapting materials that were designed and tested within a controlled research setting.

You may either download each item individually by clicking on the links below, or skip the process by ordering a copy of all the products in the program by using the Order button on the right:

FoCaS Outreach Plan

An overview of the cancer screening project.

Inreach Flyers (6 items)

Examples of inreach flyers.

[Average Readability Score: 5.5](#)

Church Program Materials (7 items)

Examples of materials used in a church setting.

[Average Readability Score: 5.3](#)

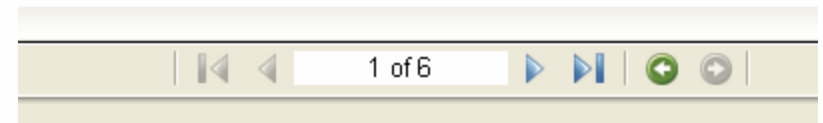
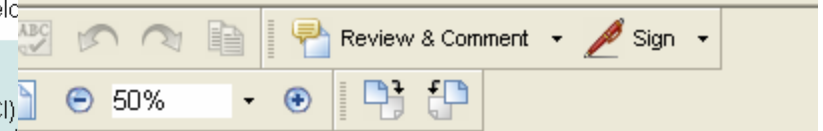
Class and Community Brochures (6 items)

Examples of brochures for use in the community.

[Average Readability Score: 5.7](#)

[Preview](#)

File type: [PDF](#)



using a 56K modem.

TRANSLATION

Evidence-based
Knowledge

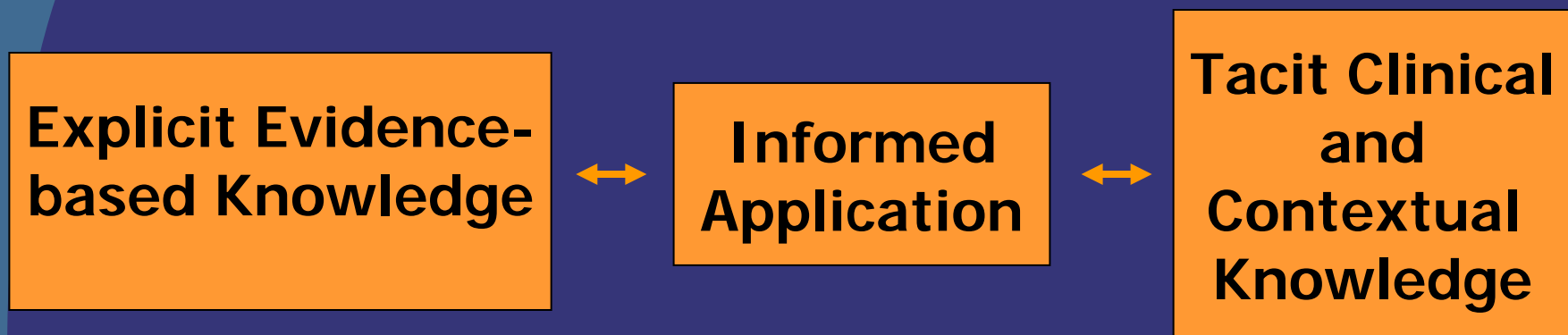


Clinical
Practice

“The transfer of evidenced-based knowledge into routine or representative practice”

Glasgow, R SBM (2005) *26th Annual SBM Meeting, Symposium #22: Disseminating Behavioral Medicine Research: Making the Translational Leap.*

INTEGRATION



“The informed combination of evidence-based knowledge and local contextual knowledge into community applications.”


Glasgow, R SBM (2005) *26th Annual SBM Meeting, Symposium #22: Disseminating Behavioral Medicine Research: Making the Translational Leap.*

- Browser






File Edit View Favorites Tools Window Help

Back Forward Reload Home Print

Address



CLINICIANS LINKING INFORMATION TO PATIENTS

> Cancer Information & Handouts

Physician Data Query (PDQ®) - Information on a wide variety of cancer topics with versions for patients and health professionals

[Breast Cancer Screening](#)
[Colorectal Cancer Screening](#)
[Prostate Cancer Screening](#)

> Referral Resources

Community Resource Locator - a searchable listing of local community organizations, religious groups and medical facilities providing cancer control services

Zip code:

> Clinical Guidelines for Prevention and Screening

US Preventive Services Task Force Guidelines Summary - the latest evidence-based guidelines with a synopsis of alternative recommendations and rationale

[PDA Download of USPSTF Guidelines](#)

> Clinical Practice Tools

Quality Care Web Service - automated advisories for individual patients based on their medical history

[Set up automatic connections](#) through Electronic Medical Records systems

[Input patient data](#) through a secure web form.

About...

[CLIP Sponsors](#)
[About CLIP](#)
[What is Evidence-based Medicine?](#)
[Contact Us](#)

Feature

Timely topic of interest with a lead-in paragraph and/or graphic It would say enough to let people know the subject, and maybe pique their interest, and link to [the rest of the story](#)

Link directly to <http://cancer.gov/cancerinfo/pdq/>

Link to USPSTF Cancer Summary page (pages 3 & 4)

Top handouts from PDQ?

Graphic

Go directly to local area on Resources Results page (page 6)

Link to Resources Explanation page (page 5)



Cancer Care Resources for Zip Code: 20912

All cancer sites, all service types.

Do you want to change search parameters?

Zip Code: Expand search area

Type of Cancer: ▾

Type of Service: ▾

We found the following resources in your area:


- > Medical facilities (hospitals, hospice, clinics, etc.) 42
- > Physicians specializing in cancer care 122
- > Community organizations with volunteer opportunities 24
- > Public and private programs providing assistance 18
- > Advocacy groups 12
- > Caregiver/family support 3
- > Medication assistance 15
- > Information and research 72

About...

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Quality Care Web Service

Supporting evidence-based decisions at the point of care.

Developer Support

- [Usage Statistics](#)
today: 2368 inquiries
this week: 10,452 inquiries
- Compatible EMR Systems**
ABC Corp. - MedView
FutureMed - EMR Plus
FactsFirst - MS 2000
- [Supporting Systems: Current and Planned](#)
- White Paper:**
[Interacting with Quality Care Web Services](#)
- Technical Specs:**
[Data Definition and Protocol](#)

- > What is Quality Care Web Service?**
The Quality Care Web Service supports clinicians by making recommendations for cancer screening based on specific information about a patient, such as age, previous screening, etc. The more complete the information the more specific the recommendation. No personally identifying information is required.
Recommendations are based on [guidelines from AHRQ](#).
- > Who can use it and what does it cost?**
The web service is designed to communicate with internet-connected electronic medical record systems. There is no cost for use of the service.
Developers should refer to the technical information listed on the left.
- > What if I don't use electronic medical records?**
The Quality Care Web Service supports manual input through a web form at <http://qualitycare.org>. Alternatively, you can submit a text file adhering to a [specific format](#) at that site.

About...

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Research Diffusion & Dissemination

"Knowing is not enough, we must apply. Willing is not enough, we must do!" Goethe

➤ About Research Diffusion & Dissemination

- Mission and Goals
- Overview and Definitions
- Collaborations
- Staff list

➤ Current Research

- Active Research Grant Portfolio

➤ Funding Opportunities

- Apply for Grants
- Requests for Applications/Program Announcements
- Career Development
- Minority Research and Training
- Application Forms

➤ Information and Resources

- Cancer Control PLANET
- Conferences and Presentations
- Bibliography of Diffusion & Dissemination Publications

➤ Research Findings

- Evidence Reviews Funded by NCI
- Matrix of Evidence Reviews Across the Cancer Control Continuum

What's New

- ➔ Administrative Supplements for Disseminating Evidence-Based Intervention Research Products, NOT-05-016. Expiration Date: May 30, 2005.
- ➔ Matrix of Evidence Reviews Across the Cancer Control Continuum
- ➔ Practice-based Research Networks (PBRNs) and the Translation of Research Into Practice (PAR-04-041)

Key Initiatives

- ➔ Cancer Control PLANET
- ➔ Diffusion and Dissemination of Evidence-based Cancer Control Interventions
- ➔ Designing for Dissemination Conference
- ➔ Diffusion and Dissemination Supplements

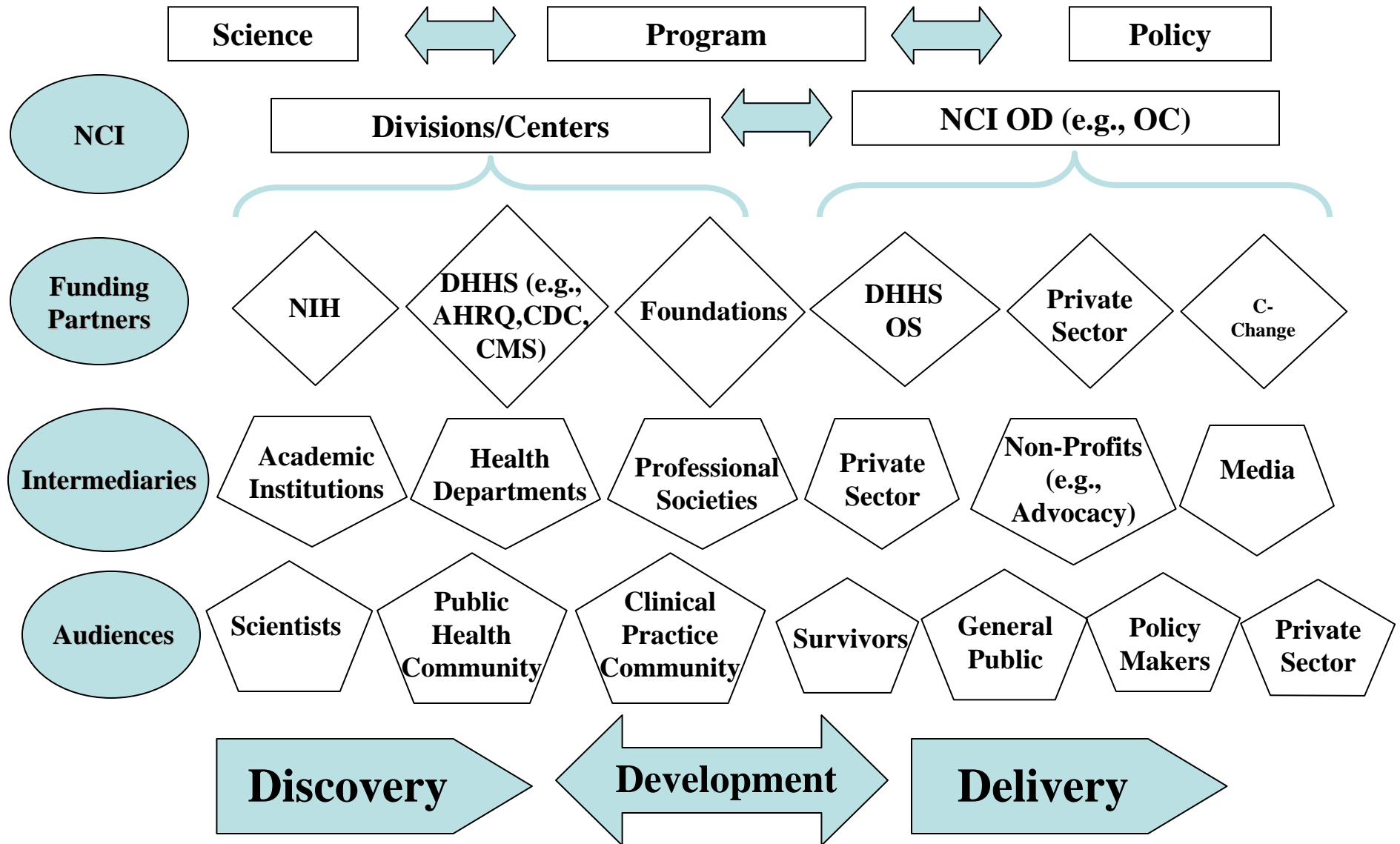


Shortcuts

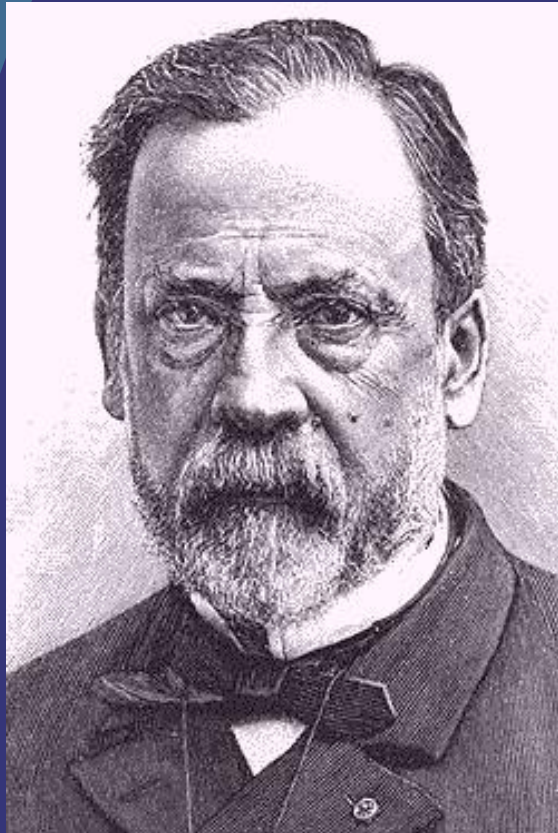
- ➔ The Nation's Investment in Cancer Research: Plans and Priorities
- ➔ Cancer Progress Report - 2003 Update
- ➔ Weekly NCI Cancer Bulletin

<http://cancercontrol.cancer.gov/d4d/>

Proposed Framework For NCI Dissemination Activities



**Our goal is to turn
knowledge into applications
that benefit people.**



***“To him who devotes his life
to science, nothing can give
more happiness than
increasing the
number of discoveries, but
his cup of joy is full when
the results of his studies
immediately find
practical applications.”
~Louis Pasteur***