



Request for Proposals (RFP)

Californians Linking Action with Science for Prevention of Breast Cancer (CLASP-BC): Phase 1 Convener

California Breast Cancer Research Program *Preventing Breast Cancer: Community, Population, and Environmental Approaches*

Deadline to apply:
July 21, 2021

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About the California Breast Cancer Research Program and the Preventing Breast Cancer Initiative

The **California Breast Cancer Research Program (CBCRP)** was established pursuant to passage by the California Legislature of the 1993 Breast Cancer Act (i.e., *AB 2055 (B. Friedman) [Chapter 661, Statutes of 1993]* and *AB 478 (B. Friedman) [AB 478, Statutes of 1993]*). The program is responsible for administering funding for breast cancer research in the State of California.

The mission of CBCRP is to eliminate breast cancer by leading innovation in research, communication, and collaboration in the California scientific and lay communities.

- CBCRP is the largest state-funded breast cancer research effort in the nation and is administered by the University of California, Office of the President.
- CBCRP is funded through the tobacco tax, voluntary tax check-off on personal income tax forms, and individual contributions.
- The tax check-off, included on the personal income tax form since 1993, has drawn over \$11 million for breast cancer research.
- Ninety-five percent of our revenue goes directly to funding research and education efforts.
- CBCRP supports innovative breast cancer research and new approaches that other agencies may be reluctant to support.
- Since 1994, CBCRP has awarded over \$280 million in 1,042 grants to 143 institutions across the state. With continued investment, CBCRP will work to find better ways to prevent, treat and cure breast cancer.

PBC Priority Areas

CBCRP's Program Initiatives integrate expertise and experience from a range of stakeholders to identify compelling research questions and fund research projects that help find solutions to reduce suffering from breast cancer and move science closer to eliminating the disease. The Program Initiatives engage scientists, advocates, people impacted by breast cancer, and the broad community in a dialogue to frame research priorities and fund meaningful research.

In 2004, CBCRP launched its Special Research Initiatives (SRI), devoting 30% of research funds to research to environmental causes of breast cancer and the unequal burden of the disease. Under this initiative, CBCRP funded 26 awards totaling over \$20.5 million. In 2010, CBCRP launched its second round of Program Initiatives, the California Breast Cancer Prevention Initiatives (CBCPI), adding population-level prevention interventions as a target area and devoting 50% of its funds to these priority areas. To date, CBCRP has funded 22 awards under CBCPI, totaling over \$19 million.

In 2015, CBCRP's Council decided to build on the existing Program Initiatives by devoting 50% of CBCRP research funds between 2017 and 2021 to a third round of Program Initiatives. This new effort is titled Preventing Breast Cancer (PBC): Community, Population, and Environmental Approaches. Approximately \$20 million is being dedicated to directed, coordinated, and collaborative research to pursue the most compelling and promising approaches to:

- Identify and eliminate environmental contributors to breast cancer.

- Identify and eliminate fundamental causes of health disparities with a focus on breast cancer in California.
- Develop and test population-level prevention interventions that incorporate approaches to address the needs of the underserved and/or populations experiencing disparities in the burden of breast cancer.

In June 2020, CBCRP's Council approved the first four concept proposals to stimulate compelling and innovative research in all three focus areas of PBC. A series of funding opportunities is being released reflecting these concepts, and CBCRP will be considering additional concept proposals in the future.

Californians Linking Action with Science for Prevention of Breast Cancer (CLASP-BC)

Available Funding

This initiative aims to advance the primary prevention of breast cancer by developing, disseminating, implementing, and evaluating high-impact population-based primary prevention interventions with a focus on California's culturally, ethnically, and racially diverse and medically underserved communities. This will build on the CBCRP-sponsored [Paths to Prevention: the California Breast Cancer Primary Prevention Plan](#) by leveraging existing community cancer and chronic disease prevention efforts and focusing on identified risk factors for breast cancer. This work will be carried out in two phases. Phase 1 will focus on: 1) Understanding the breast cancer concerns and prevention priorities of community leaders, researchers, practitioners, and policy experts across California; 2) Engaging community and opinion leaders, research, practice, and policy specialists in regional California meetings to identify opportunities for working together in breast cancer prevention coalitions based on shared concerns and priorities; and 3) Helping build community-partnered participatory research and dissemination and implementation research capacity and research engagement within these coalitions. Phase 2 will fund the implementation of strategies generated in Phase 1.

CBCRP is sponsoring a **Request for Proposals (RFP) for a Convener to carry out Phase 1 of CLASP-BC**. Information on Phase 2 is included in this RFP to give Phase 1 Convener applicants context for this work. CBCRP intends to fund one Phase 1 Convener award, with a maximum direct cost budget of \$800,000 and a duration of 18 months.

Completed responses to this RFP are due by July 21, 2021, 12 pm PDT. The award start date is December 1, 2021.

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Background/Justification

Breast cancer is the most common cancer in women and the largest cause of cancer deaths among women worldwide: there were an estimated 2.26 million new cases and 684,996 deaths in 2020.¹ A woman in the USA has a 13% chance of being diagnosed with breast cancer at some point in her lifetime and a 2.6% chance of dying from breast cancer.² Addressing breast cancer is a multi-front effort across the cancer control continuum, from prevention to treatment to survivorship. Great strides have been made in therapies and standards of care, leading to decreased mortality in developed countries. However, breast cancer incidence has remained essentially unchanged for the last three decades^{2,3} indicating that a fresh approach to preventing breast cancer across the broader population is needed.⁴ Underserved communities, marginalized communities, and communities of color have been disproportionately affected by breast cancer and face compounded challenge due to lack of access to healthcare, income challenges, and other intersecting factors.



Figure 1. The focus of this RFP is on breast cancer prevention, an aspect of the breast cancer continuum that has been underdeveloped and is needed to stem the tide of breast cancer in the state.

Given the lack of progress in breast cancer prevention, the time is right to apply current scientific knowledge about breast cancer to its primary prevention at the population level, including those populations that have historically underserved. To turn the tide of breast cancer in the state, CBCRP funded Breast Cancer Prevention Partners to develop *Paths to Prevention: the California Breast Cancer Primary Prevention Plan* (www.bcpp.org/resource/california-breast-cancer-primary-prevention-plan), a comprehensive policy agenda for breast cancer prevention that aims to be both effective and practical.^{5,6} The approach touched on all levels of the health impact pyramid, from education at the top to the bottom rungs of changing the context and socioeconomic factors, where the population impact is greatest.⁷ The agenda also considered risk factors at all stages of the lifespan. An overarching goal and specific intervention goals for 23 risk and protective factors are identified in the plan, along with specific intervention strategies that could be used to reach these goals. **The purpose of Californians Linking Action with Science for Prevention of Breast Cancer (CLASP-BC) is to translate these strategies into evidence-informed interventions (EIIs) that are disseminated and implemented across California.**

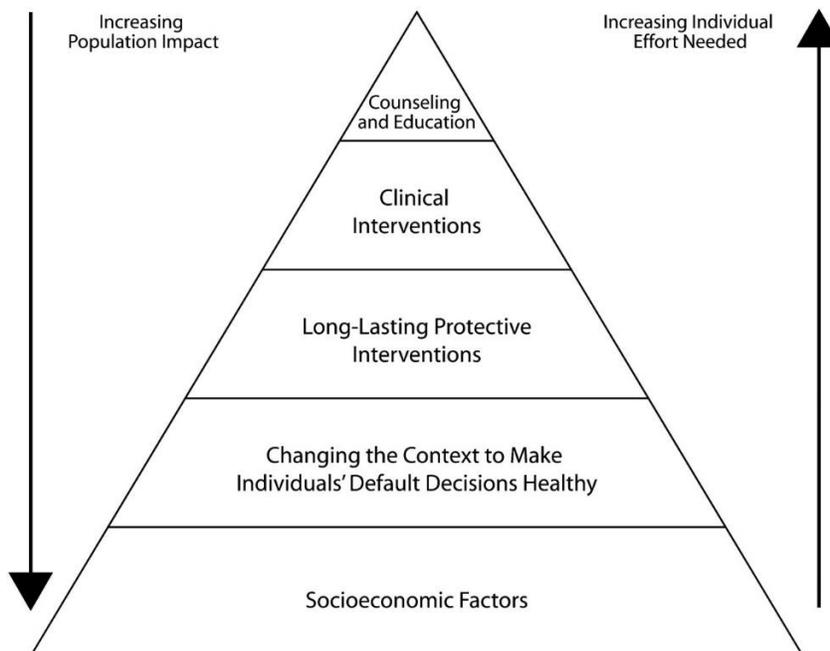
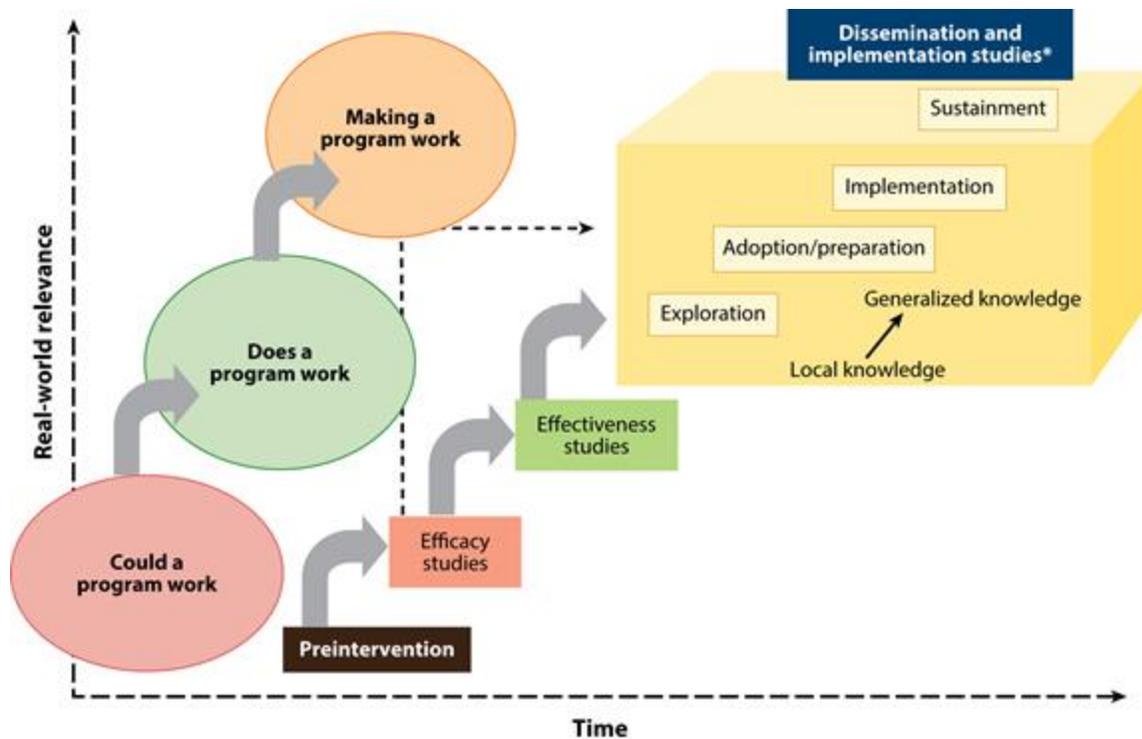


Figure 2. The Health Impact Pyramid.⁷ Interventions with the most impact are those that address socioeconomic factors and change the socio-political environment to make the easy choice the healthy choice. Interventions focused on individual education and counseling have the least impact on the population.



*These dissemination and implementation stages include systematic monitoring, evaluation, and adaptation as required.

Figure 3. This RFP focuses on dissemination and implementation, pictured in the yellow box in this diagram.⁸

CLASP-BC is part of CBCRP's Program Initiative strategic priority to disseminate and implement high-impact, population-based prevention approaches by funding large scale, evidence-informed interventions (EIIs), through multi-jurisdictional actions, with the intent to decrease the risk of breast cancer and other chronic diseases (sharing common risk factors), particularly among racial/ethnic minorities and medically underserved populations in California.

A comprehensive strategy to breast cancer prevention assumes that through multi-sector (government, community-based non-governmental organizations [NGOs], academia, and the private sector) and multi-jurisdictional approaches, working together will be more effective than when each organization, sector, or jurisdiction works on its own. Working together means that partners share each other's skills, knowledge, and resources, as well as the risks and rewards, to more quickly and effectively reach breast cancer and chronic disease prevention goals and objectives.

CLASP-BC is informed by a previous project conducted by the Canadian Partnership Against Cancer (CPAC) through its Coalitions Linking Action and Science for Prevention (CLASP-Canada).^{9,10} CLASP-Canada was implemented in two phases. Phase 1 engaged research, practice, and policy experts across Canada to identify key cancer prevention priorities⁹ and provided regional networking meetings and assistance to help applicants prepare proposals for Phase 2.¹⁰ In Phase 2, coalitions representing two or more provinces were funded for three years to implement and rigorously evaluate their EIIs to improve the health of Canadian communities by integrating cancer prevention with strategies to prevent other chronic diseases that share common risk factors.

Californians Linking Action with Science for Prevention of Breast Cancer (CLASP-BC) is designed to support the dissemination, implementation, and evaluation of EII strategies from *Paths to Prevention* by leveraging existing cancer and chronic disease prevention efforts, focusing on identified risk factors for breast cancer. Like CLASP-Canada, CLASP-BC will be implemented in two phases. Phase 1 will focus on: 1) Understanding the breast cancer concerns and prevention priorities of community leaders from California's culturally/ethnically/racially diverse and medically underserved communities, researchers, practitioners, and policy experts; 2) Engaging community and opinion leaders, community and breast cancer advocates, research, practice, and policy specialists in regional California meetings to identify opportunities for working together in breast cancer prevention coalitions based on shared concerns and priorities; and 3) Helping (e.g., with technical assistance and training programs) build community-partnered participatory research (CPPR) and dissemination and implementation research capacity and research engagement within these coalitions.¹¹

Following the implementation and evaluation of Phase 1, Phase 2 will include the following elements: 1) Dissemination and implementation research grant support for interested and eligible coalitions demonstrating in their funding applications collaborative, evidence-informed breast cancer prevention approaches from the *Paths to Prevention* across two or more California jurisdictions (e.g., cities, counties); 2) Quarterly calls and annual in-person meetings for successful applicants to share knowledge gained and exchange ideas for how to meet the challenges and take advantage of the opportunities to sustain the breast cancer prevention approaches beyond the funding period; and 3) Integrating the lessons learned from science with the lessons learned from practice and policy to reduce the risk of developing breast cancer.¹²

EIIs to prevent breast cancer can target a range of different potential risk factors. Each of these EIIs should be adapted, disseminated, implemented and evaluated in a manner that addresses historical discrimination and oppression based on race, ethnicity, gender identity and orientation, sexual orientation, immigration status, disability, or other factors that may affect breast cancer risk, including the intersection of these factors acting in tandem to affect breast cancer risk. Interventions can be informed by research-based evidence, practice-based evidence, or both. Local governments, community-based organizations, public health and social service agencies are conducting work that yields new insights or lessons learned, and these real-world lessons should be incorporated along with those from academic research. Objective criteria should be used to evaluate practice-based evidence, though the standard of evidence and criteria used may differ from research-based evidence.¹³

Successful Coalition and Partnership Building

Much of the literature on coalition and partnership building calls for the development of a common vision and mission, a clear understanding of the roles of different players, and what resources they each bring to the table. It appears that the positive relationships and the building of common vision within partnerships is what often makes a difference in how successful they become.¹⁴ Coalitions and partnerships benefit from the knowledge and experience of communities as well as the expertise of academics to create relevant research questions. The answers from partnerships doing this work have potential to be useful to both current community needs and addressing gaps in academic knowledge. Health equity coalitions provide us with important lessons in the building of CLASP-BC partnerships. Given the intersectionality factors of some of the populations with whom researchers

need to collaborate, different types of organizations need to coalesce in order to resolve common issues and community health problems.

One of the most important challenges faced today in social movements for change is how interactions and intersection of race, class, gender, sexuality, disability, and power come together.¹⁵ Community-partnered coalitions can be effective to the extent that they are grounded in shared or overlapping interests, where groups identify a common ground and work together towards achieving these goals. However, for coalitions and partnerships today to be successful, there is also a need for capacity building at the academic and community level. Academics are challenged by competing demands of research, teaching, service within the organization. Academics often have had little training in effective partnership building, community-partnered research methods require more time than ‘traditional’ methods, and are not always well understood in the tenure process. These themes are described in more detail below. Communities are challenged by many competing needs. When coupled with the diversity of populations where gender, race, sexuality and socioeconomic status can be marginalizing, communities may struggle to find an Academic partner that is a fit for their organizations. Partnerships that are grounded in the community strengthen our communities by fostering the participation of key individuals and community leaders, engaging in equal partnership with them in problem solving, and addressing issues.¹⁶

Community-based partnerships and coalitions that represent a variety of communities also allow for the opportunity for researchers and academics to learn about specific barriers faced by various populations and regions. The demands of academia incentivize academic researchers to prioritize expediency, efficient scientific designs and publication over the qualities required for true collaboration with communities such as relationship- and trust-building, equitable service delivery, social change, advocacy, negotiation and recognition of the power imbalances between team members. Negotiating this balance is not a skill taught in research training and failure can lead to worsened academic-community relations. To successfully build relationships that foster collaboration and shared lived experience requires time listening to and understanding the needs and barriers of communities and how their environment may pose unique risks for increased breast cancer rates and opportunities to reduce risk. A critical component is the process of asset mapping and identifying the strengths specific to communities. The information and experiences that can be learned through community partnerships can be invaluable towards identifying and implementing breast cancer prevention strategies.

Establishing strong community-based coalition partnerships that are responsive to community needs is necessary to achieve community health improvements. When done so, communities are able to work together, achieving societal agreement on their priorities and objectives.¹⁷

Opportunities for Breast Cancer Prevention Interventions

To provide the basis for community-level interventions, guidelines are published by many governmental and non-governmental agencies. These resources use an evidence-informed process and consensus with different standards of evidence. For example, the Guide to Community Preventive Services (Community Guide) is a systematic review that summarizes what is known about the effectiveness and cost-effectiveness of population-based interventions designed to promote health, prevent disease, injury, disability and premature death.¹⁸ Related efforts such as the National Cancer Institute’s Research-tested Interventions Programs (RTIPs) provide cancer control

practitioners access to over 200 programs that have been evaluated, have shown positive outcomes, and are published in peer-reviewed journals.¹⁹ A unique focus of RTIPs is that programs are rated across the RE-AIM framework to assess the potential for implementation and long-term impact. Other guidelines such as What Works for Health rely on a wider range of standards of evidence, including expert opinion.²⁰

In the Community Guide, evidence reviews and recommendations are available for several topics relevant for this project, including strategies for promoting physical activity and reducing excessive alcohol use. In What Works for Health, breastfeeding promotion programs have been shown to increase initiation, duration, and exclusivity of breastfeeding which in turn lowers the risk of breast cancer.

Similarly, *Paths to Prevention* was developed by Breast Cancer Prevention Partners with funding from the California Breast Cancer Research Program. With a strong foundation of science and input from many stakeholders, including academics, government regulators, non-profit organizations and impacted communities, *Paths to Prevention* has developed a policy agenda and action plan, to reduce the incidence of breast cancer in the state. Over the multi-year project, Breast Cancer Prevention Partners held a series of webinar-based study groups to:

- explore the strength of the science behind known and suspected risk factors for breast cancer;
- explore potential interventions to address these risk factors;
- identify strengths, weaknesses and gaps in scientific research; and
- work with the broad array of stakeholders to disseminate and implement the plan.

The process was guided by a multi-stakeholder advisory committee that includes some of California's leading breast cancer, public health, social and environmental justice and disease prevention experts. The project culminated with the creation of *Paths to Prevention*, which will serve as a road map for legislators, local and state regulators, community. The Plan outlines a series of 16 overarching goals along with specific interventions that would support the accomplishment of these goals.

Lessons Learned from the Canadian CLASP Experience

CLASP-BC is based on the model of CLASP-Canada with increased focus on equity and inclusion to reflect the rich diversity of California's communities. From 2009 to 2014, the Canadian Partnership Against Cancer (CPAC) funded 12 Pan-Canadian Coalitions Linking Action and Science for Prevention (CLASP-Canada) projects. While many of CPAC's funded CLASP-Canada projects focused on interventions to reduce alcohol consumption and tobacco use, promote healthy weights and reduce obesity, reduce environmental exposures, and promote postnatal breastfeeding, two CLASP projects specifically focused on policy approaches addressing some of these breast cancer risk factors in adults. The lessons learned from Healthy Canada by Design (focused on promoting increased physical activity and reducing environmental pollution) and POWER-Up (focused on postnatal breastfeeding and nutrition policy approaches to reduce obesity) are described below. Additional examples of policy approaches to cancer prevention and public health can be found in CPAC's Prevention Policy Directory.²¹

Healthy Canada by Design and “POWER Up!” both influenced municipal and provincial/territorial policies through two key mechanisms: facilitating cross-disciplinary collaboration and through the development of policy tools. In the case of Healthy Canada by Design, public health, land use planning, and transportation engineering experts were brought together within municipal and provincial/territorial governments to share technical knowledge and experience and ultimately integrate a health and cancer prevention lens within land use and transportation planning policies. This was done through formal and sustainable mechanisms that broke down existing silos between disciplines, such as planning staff seconded to public health units, public health sitting on land use advisory committees, changes to planning policy review cycles to include Medical Officers of Health.^{22, 23} In addition to these dissemination and implementation strategies, Healthy Canada by Design also supported smaller “hybrid” evaluation studies where tools and resources developed largely for larger urban contexts were adapted and re-evaluated in rural and remote communities with more limited resources to address cancer and chronic disease prevention priorities.

Both Healthy Canada by Design and “POWER Up!” were able to influence the creation of healthy public policies for physical activity and food environments by developing policy tools that were evidence-based yet designed for easy and seamless uptake by policymakers. These tools, such as health impact surveys and model policies, were built to integrate a health promotion and cancer prevention lens directly into municipal planning practice and policymaking; but were also developed to meet broader needs to ensure uptake and sustainable use beyond project funding.

CBCRP’s CLASP-BC initiative is focused on engaging communities across the state (e.g., 58 California counties, 482 municipalities) prioritizing those communities with the highest percentage of racially and ethnically diverse and medically underserved populations that bear the greatest burden (e.g., access to care, socioeconomic hardship) of breast cancer after its diagnosis. The lessons learned from CPAC’s CLASP-Canada investments can help inform CLASP-BC, and the new and innovative elements of this initiative will lead to California being the first state in the U.S. making such a substantial commitment to, and investment in, integrating the lessons learned from science with the lessons learned from practice and policy to reduce the risk of developing breast cancer.

Specific Aims

The purpose of CLASP-BC is to link the lessons learned from science (“knowledge to action”) with the lessons learned from practice and policy (“action to knowledge”).²⁴ In doing so, it will broaden the reach and deepen and expand the impact of evidence-informed interventions (EIIs) on breast cancer and chronic disease prevention initiatives across California, focused on common risk factors. The goals of this funding initiative will be achieved over two proposed funding phases. The focus areas of Phase 1 are coalition building, coalition capacity building through community engagement, cooperative and collaborative community-partnered participatory research (CPPR), and training in CPPR and dissemination and implementation research. The specific aims of phase 1 are as follows:

- 1) Engage community leaders from ethnically, racially, and culturally diverse and medically underserved California communities to understand their breast cancer prevention priorities in relation to other community health priorities.
- 2) Engage community leaders and research, practice, and policy specialists to understand their breast cancer prevention priorities in relation to the dissemination and implementation of evidence informed interventions.

- 3) Support CBCRP in providing training and technical assistance to research teams in conducting successful CPPR/D&I research.

Project Guidelines

The Convener for CLASP-BC Phase 1 will carry out these specific aims in collaboration with CBCRP. Phase 1 will be organized around three primary activities:

1. **Concept Mapping.** The Convener will organize a state-wide Concept Mapping²⁵ activity focused on identifying community, research, practice, and policy priorities for breast cancer prevention that align with other broader public health priorities (e.g. increasing physical activity, reducing exposure to environmental pollutants). The Convener will invite interested parties to participate in the Concept Mapping activity.
2. **Regional Meetings.** The results of the Concept Mapping analyses will be the basis for multiple one-day regional meetings across California, organized by the Convener, where participant constituencies that share similar breast cancer prevention priorities will be invited to attend. The Convener will use the concept mapping results to help conceptually organize the regional one-day meetings of potential applicants and co-funding organizations.
3. **CPPR/D&I Training Workshop.** In addition, two-day proposal preparation workshops will be organized by the Convener and designed by CBCRP (see Appendix A) for existing or emerging coalitions interested in potential Phase 2 funding. These meetings will provide CPPR and D&I research tools and guidance as well as coalition exercises to help potential applicants develop more responsive and competitive proposals for Phase 2 funding.

All community, research, practice, and policy participants in the Concept Mapping exercise will be invited to indicate whether or not they are interested in participating in regional one-day concept mapping results review and coalition engagement meetings. In addition, potential co-funding organizations for Phase 2 that have been identified by CBCRP will be invited to attend these one-day meetings.

All potential Phase 2 applicants (including the lead research, practice, policy and community experts of each coalition team) will be invited to attend the 2-day proposal development workshop described below.

Community Engagement

In order to design meetings to engage diverse constituencies, it is important to ensure that the meetings are accessible to all participants. This includes but is not limited to: offering translation and translated materials, and simultaneous interpretation at meetings (as needed) when applicable; facilitating a safe space for sharing, ensuring the event and venue are accessible, and centrally located for the various members, with sufficient parking or access to public transportation and access to childcare where applicable. Increasing the accessibility of meetings creates a space for diverse individuals to gather and share their lived experiences and stories. It is expected that participants involved in outreach, engagement, evaluation and/or dissemination of the activities of this program include, but are not necessarily limited to: practitioners, public health specialists, community health workers, citizen scientists, patient advocates, patients and their families, social service agency leaders, policy makers, opinion leaders, business leaders, civic leaders, researchers, cancer centers, cancer registries (e.g., SEER), local hospitals, local clinics, local public health agencies, governmental and

non-governmental organizations, community based organizations, academic units, regional municipalities, jurisdictions and district offices, coalitions, and interested citizens who can form part of data gathering, strategies and solutions proposed. The Convener is encouraged to work collaboratively with community members to establish ground rules and to shape the community approach so that community members have input into what the process looks like.

For the purposes of CLASP-BC, the definitions of community representatives and patient advocates, as well as research, practice, and policy experts, are as follows:

- Community Representatives and Patient Advocates – These are individuals who live and work in the engaged communities and/or are leaders in community-based organizations providing vital social, economic and health service support in the engaged communities. As such, these coalition partners are vital in contributing their knowledge and expertise as community leaders.
- Research Experts – Individuals with an advanced degree (e.g., Masters or Doctorate) who have actively participated in and contributed to the research enterprise as evidenced by peer-reviewed research grants and/or publications. Researchers who have such a demonstrated research background may or may not be affiliated with an academic institution (e.g., Academic Cancer Centers) but could serve in an NGO, government, or other organizations with research as part of their mission.
- Practice Experts – Individuals who manage and/or provide programming and/or services that influence directly or indirectly (e.g., built environment) population health. Practitioners in the funding agreement applications could represent NGOs, government, or other organizations with demonstrated knowledge and skill in the topic under consideration for the funding application.
- Policy Experts – Individuals who work on making or influencing policy decisions in or outside of government (e.g., an NGO) that influence directly or indirectly population health. Policy can include legislative or executive decisions that work through taxation, regulation, and related policy instruments that impact populations.

CPPR/D&I Research Training

The convener will organize and carry out a two-day CLASP-BC CPPR/D&I training workshop. See Appendix A for a draft agenda that should be further refined based on input gathered from the concept mapping data prior to, and the evaluation data collected during, the aforementioned one-day regional engagement meetings.

Dissemination Plans

The concept mapping findings and the outcomes of the regional coalition building and CPPR/D&I workshops among potential applicants should be submitted for peer-reviewed publication. Media and social media presentations of the concept mapping findings by region should be developed and disseminated to increase interest and possible engagement in Phase 2 coalitions. The Convener should share the findings from the concept mapping and regional meetings with potential co-funding agencies that are unable to attend all or any of the regional engagement meetings for Phase 2.

Budget

CBCRP intends to fund one Convener for Phase 1. The duration of the Phase 1 Convener contract is 18 months. The maximum allowable direct costs for the convener are \$800,000.

Indirect (F&A) costs are paid at the appropriate federally approved F&A rate for all institutions except for University of California campuses, which receive a maximum of 30% F&A (26% for off-campus projects).

Below is an approximate breakdown of the costs associated with each of the primary work streams that will be part of the Phase 1 Convener's work:

- Concept Mapping and Results Presentation - \$100,000
- Hold multiple potential CLASP-BC applicant and co-funding organization one-day multi-sector engagement meetings by regions across California - \$200,000
- Hold multiple 2-day multi-sector coalition CPPR/D&I research training workshops - \$400,000
- Disseminate findings from one-day engagement and two-day orientation and training meetings across the state via social media, policy briefs, presentations and peer-reviewed publications - \$100,000

We anticipate that a successful Phase 1 Convener applicant may have the following items in their budget proposal:

- Key personnel with expertise in meeting planning and facilitation, community engagement, public health, dissemination and implementation research, breast cancer research, and other related areas
- Subcontract with a vendor for concept mapping
- Travel and housing for the Convener team workshop participants
- Meeting space and catering
- Remote meeting costs
- Postage, printing, materials development
- Honoraria for workshop presenters
- Advertising and community outreach

Timeline and Milestones

The deadline for completion of this project is 18 months from the award start date. Below is a proposed timeline:

- Months 1-5: Conduct Concept Mapping
- Months 6-9: Based on the concept mapping analyses, hold multiple regional one-day meetings across California sharing the concept mapping results, introducing the request for CPPR/dissemination and implementation research grants during Phase 2 of the CLASP-BC initiative, and fostering multi-sector coalition formation among potential Phase 2 applicant organizations.

- Months 10-14: Based on the number of potential applicant coalitions emerging from the one-day orientation meetings, hold multiple two-day CPPR/D&I research training meetings for interested Phase 2 funding applicant coalitions.
- Months 15-18: Coordinate meetings with potential California co-funding organizations to review the evaluations of one-day and two-day meetings and support CBCRP in exploring their interest and willingness to invest in the Phase 2 CLASP-BC funding initiative.

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How We Evaluate RFPs

CBCRP uses a two-tier evaluation process: peer review and programmatic review. It is a combination of (i) the peer review rating, (ii) the programmatic rating, and (iii) available funding that determines a decision to recommend funding.

Peer Review

All applications are evaluated by a peer-review committee of individuals from outside of California. The committee is composed of scientists from relevant disciplines and breast cancer advocates and other community representatives.

- **Approach:** Does the proposed convener plan demonstrate a clear understanding of the scope of the initiative including specific steps/activities and experts to address each of the aims of the project? Are the design and methods well-developed, integrated and appropriate to the aims of the project? Will the approach yield the desired outcomes that reflect the goals and objectives of the RFP? Has(ve) the investigator(s) sufficiently described how each aim will be achieved?
- **Feasibility:** Has(ve) the investigator(s) identified a project team with expertise and demonstrated leadership in coordination and facilitation of similar strategic planning and outreach efforts? Does the team have demonstrated experience and ability to convene and facilitate diverse groups in the successful completion of similar initiatives? Does the team have scientific experience, including in breast cancer and prevention science? Does the team have community engagement experience? Has(ve) the investigator(s) demonstrated the capacity of resources and staff to undertake the project within the timeframe?
- **Impact:** Does the investigator or team have experience engaging with and disseminating to audiences relevant to this initiative? Will the investigator or team be able to lead a process that leads to an impactful Phase 2? What is the potential for the project, if successful, to change our understanding of and advance the primary prevention of breast cancer?

Programmatic Review

This review is conducted by the California Breast Cancer Research Council and involves reviewing and scoring applications with sufficient scores from the peer review process based on the criteria listed below. The individuals on the Council performing this review include advocates, clinicians, and scientists from a variety of disciplines. In performing the Programmatic Review, the advisory Council evaluates **only a portion of the application materials** (exact forms are underlined). Pay careful attention to the instructions for each form. The Programmatic criteria include:

- **Responsiveness.** How responsive are the project and PI to the stated intent of the initiative? Compare the PI's statements on the Program Responsiveness form and the content of the Lay and Scientific Abstracts to the PBC topic area.

- **Quality of the lay abstract.** Does the Lay Abstract clearly explain in non-technical terms the research background, questions, hypotheses, and goals of the project? Is the relevance to the research initiative understandable?
- **Addressing the needs of the underserved.** Do the project and the PI's statements on the Program Responsiveness form demonstrate how this research will engage with and address the needs of the underserved (including those that are underserved due to factors related to race, ethnicity, socioeconomic status, geographic location, sexual orientation, physical or cognitive abilities, age, occupation and/or other factors)?

Application Instructions

Application materials will be available through RGPO's [SmartSimple application and grant management system](#) by May 4, 2021. Please review the [SmartSimple Application Instructions](#) for the technical instructions for accessing and completing your application. The supplemental programmatic instructions below provide guidance for the content of your application.

Application Components

Section 1: Title Page

- **Project Title:** Enter a title that describes the project in lay-friendly language. (Max 100 characters)
- **Project Duration:** Selected duration must be a whole number. For an 18-month award, enter a project duration 2 years.
- **Proposed Project Start Date:** Enter a project start date of December 1, 2021
- **Proposed Project End Date:** Enter a project end date of May 31, 2023 for an 18-month award.

Section 2: Applicant/PI

A required field entitled “ORCID ID” is editable on the Profile page. ORCID provides a persistent digital identifier that distinguishes you from every other researcher and, through integration in key research workflows such as manuscript and grant submission, supports automated linkages between you and your professional activities ensuring that your work is recognized. If you have not already obtained an ORCID ID number, you may do so at <http://orcid.org/> Once you have done so, please enter your 16-digit identifier in the space provided on your profile page in the following format: XXXX-XXXX-XXXX-XXXX.

Section 3: Project Information

Please use the following guidelines to differentiate between Lay and Scientific Abstracts:

Lay Abstract (Max 2400 characters): This item is evaluated mainly in the programmatic review. **The text is also entered in the appropriate box in the “abstracts” page of the Proposal Sections.** Do not use symbols or other special text, as these will not transfer to the “abstracts” box.

The **Lay Abstract** must include the following sections:

- A **non-technical introduction** to the research topics
- The **question(s) or central hypotheses** of the research in lay terms
- The **general methodology** in lay terms
- **Innovative elements and potential impact** of the project in lay terms

The abstract should be written using a style and language comprehensible to the general public. Avoid the use of acronyms and technical terms. The scientific level should be comparable to either a local newspaper or magazine article. Avoid the use of technical terms and jargon not a part of general usage. Place much less emphasis on the technical aspects of the background, approach, and methodology.

Scientific Abstract (Max 2400 characters): This item is evaluated mainly in the peer review. Do not use symbols or other special text, as these will not transfer to the “abstracts” box.

The Scientific Abstract should include:

- A short introductory paragraph indicating the **background** and overall topic(s) addressed by the research project
- The **central hypothesis** or **questions to be addressed** in the project
- A listing of the **objectives or specific aims** in the research plan
- The major research **methods and approaches** used to address the specific aims
- A brief statement of the **impact** that the project will have on breast cancer

Provide the critical information that will integrate the research topic, its relevance to breast cancer, the specific aims, the methodology, and the direction of the research in a manner that will allow a scientist to extract the maximum level of information. Make the abstract understandable without a need to reference the detailed research plan.

Applicants must respond to the following categories and discussion points using the online fields provided:

- **Specific aims** (Max 2400 characters/approx. 350 words). List the proposed aims of the project.
- **CBCRP Research Priorities.** Select “Etiology and Prevention” as the CBCRP priority issue that the research addresses.
- **CSO Research Type(s) and Sub-Type(s).** Select “3.0 Prevention” as the CSO Type and “3.6 Resources and Infrastructure Related to Prevention” as the Sub-Type that best represent your project.
- **Subject Area(s).** See SmartSimple submission instructions for more details.
- **Focus Areas(s).** See SmartSimple submission instructions for more details.
- **Research Demographics.** Leave this table blank since this research project will not involve human subjects.
- **Milestones.** Add significant milestones that are described in your research plan to this table along with anticipated completion dates and arrange them in chronological order.

Section 4: Project Contacts

Project Personnel. Provide contact information and effort for Key Personnel and Other Significant Contributors on your project including the Applicant Principal Investigator, Co-Investigator, Advocate, Collaborator, Consultant, and support personnel, as necessary. Upload biosketches for each of your Key Personnel members in this section, as shown in the SmartSimple instructions. A 10% minimum effort (1.2 months per year) is required for the Applicant PI.

Section 5: Budget

This section contains several sub-tabs: Institution Contacts, Budget Summary, Budget Details, and Subcontract Budget Details. Complete the information in the Institutional Contacts, Budget Summary, Budget Detail and, if applicable, Subcontract Budget Details tab as described in the SmartSimple Application Instructions.

The **project duration is 18 months and the direct costs budget cap is \$800,000.**

Note: The amount of a subcontracted partner’s F&A costs can be added to the direct costs cap. Thus, the direct costs portion of the grant to the recipient institution may exceed the award type cap by the amount of the F&A costs to the subcontracted partner’s institution.

Additional budget guidelines:

- **Equipment** purchases are not allowed.
- **Other Project Expenses:** Include other project costs such as supplies here.
- **Travel:** A minimum of \$400 must be budgeted in year 1 for travel to the **CBCRP symposium.**
- **Indirect (F&A) costs.** Non-UC institutions are entitled to full F&A of the Modified Total Direct Cost base (MTDC); UC institutional F&A is capped at 30% MTDC*, or 26% MTDC for off-campus investigators (not retroactive to prior grants).

**Allowable expenditures in the MTDC base calculation include salaries, fringe benefits, materials and supplies, services, travel, and up to the first \$25,000 of each subgrant or subcontract (regardless of the period covered by the subgrant or subcontract). Equipment, capital expenditures, charges for patient care and tuition remission, rental costs, scholarships, and fellowships as well as the portion of each subgrant and subcontract in excess of \$25,000 shall be excluded from the modified total direct cost base calculation*

Additional budget guidelines can be found in Appendix D of the SmartSimple Instructions.

Section 6: Assurances

Enter assurance information. If available, enter your institutional Federal Wide Assurance (FWA) code or equivalent for Human Subjects, an IACUC Animal Welfare Assurance code for Vertebrate Animals, and equivalent for Biohazard and DEA Controlled Substance approvals.

Section 7: Documentation

Complete and upload all required items. All uploads must be in PDF format. Listed below are the forms and templates you download from SmartSimple, enter text, convert to PDF, and, unless instructed otherwise, re-upload to your application in this section.

Upload Item (Template/Form)	Page limit	Required or optional	Peer Review?	Programmatic Review?
Research Plan	7 (+ 3 for references)	Required	Yes	No
Program Responsiveness	2	Required	Yes	Yes
Biosketches (All Personnel listed on Key Personnel form)	5 (each biosketch)	Required (upload to Project Personnel section)	Yes	Yes (PI only)
Facilities	1 per institution	Required	Yes	No
Appendix list and uploads	30	Optional	Yes	No

Detailed Description of Proposal Templates

Research Plan (required)

This section is the **most important for the peer review**. Note carefully the page limits, format requirements, and suggested format. **Limit the text to seven pages, with an additional three pages for references.**

Format issues: Begin this section of the application using the download template. Subsequent pages of the Research Plan and References should include the principal investigator's name (last, first, middle initial) placed in the upper right corner of each continuation page.

The Research Plan and all continuation pages must conform to the following four format requirements:

1. The height of the letters must not be smaller than 11 point; Times New Roman or Arial are the suggested fonts.
2. Type density, including characters and spaces, must be no more than 15 characters per inch (cpi).
3. No more than 6 lines of type within a vertical inch;
4. Page margins, in all directions, must be 0.75 inches.

Use the appendix to supplement information in the Research Plan, not as a way to circumvent the page limit. Supporting materials (such as questionnaires, consent forms, interview questions, letters of collaboration) that are directly relevant to the proposal may be included in the Appendix. **The research plan must be self-contained and understandable without having to refer extensively to supporting materials.**

Suggested outline:

1. **Preliminary Work.** Describe the qualifications for the PI and his/her team in the areas of expertise listed in the Evaluation criteria. Provide details about work conducted by the PI and key staff that is similar and relevant to this initiative. Elaborate on PI and staff experience facilitating processes that include a wide variety of collaborators, particularly researchers, public health practitioners, community leaders and members, and policymakers. Provide a summary of previous work on breast cancer, public health, and prevention.
2. **Initiative Plan.** Provide an overview of your understanding of the initiative and research questions, and your plan to carry out the activities detailed in the Specific Aims and Project Guidelines sections above. Discuss in detail how you would conduct concept mapping, organize meetings and workshops, facilitate collaboration, and provide the groundwork for a successful Phase 2. Discuss potential obstacles in your approach and which methods will be used to overcome them.
3. **Community Involvement and Communication.** Provide a detailed description of how you will engage diverse communities and other stakeholders to understand their priorities and incorporate their input into Phase 1.

Program Responsiveness (required)

This item is evaluated in the peer review and programmatic review. **Limit the text to two pages.** The CBCRP Council (who conducts the programmatic review) will NOT see your Research Plan. The information on this template allows the CBCRP Research Council to rate the application for adherence to the objectives of the PBC research area as outlined in the specific RFP.

Provide a clear, brief summary for the CBCRP Council of how your proposed approach addresses the specific RFP topic area through coalition building, community input, and training to lay the groundwork to implement prevention strategies. Please pay special attention to describing how your approach will address the needs of the underserved (including those that are underserved due to factors related to race, ethnicity, socioeconomic status, geographic location, sexual orientation, physical or cognitive abilities, age, occupation and/or other factors).

Biographical Sketch (required)

This item is evaluated in the peer review and the programmatic review. **Use the NIH form (version 2015 or later) for each key person and attach it in the Project Personnel section. Limit the length of each biosketch to no more than five (5) pages.**

Facilities (required)

This item is evaluated in the peer review. **Limit the text to one page per institution.** Follow the instructions on the template.

Appendix (optional)

Follow the instructions and items list on the template. **The appendix may not be more than 30 pages in length.**

Note that the *research plan must be self-contained* and understandable without having to refer to the appendix. Only those materials necessary to facilitate the evaluation of the research plan or renewal report may be included; the appendix is not to be used to circumvent page limitations of the application.

Other CBCRP Application Policies and Guidelines

Eligibility and Award Limits

- 1. Any individual or organization in California may submit an application.** The research must be conducted primarily in California. We welcome investigators from community organizations, public or privately-owned corporations and other businesses, volunteer health organizations, health maintenance organizations, hospitals, laboratories, research institutions, colleges, and universities. **Applicants at California-based Nonprofit Institutions:** CBCRP will accept applicants from PIs at non-profit organizations or institutions, provided that the organization can manage the grant and demonstrate financial health. The organization must also meet our liability insurance requirements. If the application is recommended for funding, the University will collect additional information, such as tax ID numbers and financial reports, to review the organization during the pre-funding process to ensure all financial management and project management eligibility criteria can be met.
- 2. We encourage researchers new to breast cancer to apply.** Applicants who have limited experience in breast cancer research should collaborate with established breast cancer researchers.
- 3. Multiple applications and grant limits for PIs.** A PI may submit more than one application, but each must have unique specific aims. For Cycle 27 applicants are limited to a maximum of two (2) grants either as PI or co-PI, and these must be in different award types. The Program Initiative grants are not included in this limit. A PI may have more than one Program Initiative grant in a year.
- 4. University of California Campus Employees:** In accord with University of California policy, investigators who are University employees and who receive any part of their salary through the University must submit grant proposals through their campus contracts and grants office (“Policy on the Requirement to Submit Proposals and to Receive Awards for Grants and Contracts through the University,” Office of the President, December 15, 1994). Exceptions must be approved by the UC campus where the investigator is employed.

Policy on Applications from PIs with Delinquent Grant Reports

PIs with current RGPO grant support will not be eligible to apply for additional funding unless the required scientific and fiscal reports on their existing grants are up-to-date. This means that **Progress/Final Scientific Reports or Fiscal Reports that are more than one month overdue may subject an application to disqualification** unless the issue is either, (i) addressed by the PI and Institution within one month of notification, or (ii) the PI and Institution have received written permission from CBCRP to allow an extension of any report deadlines.

Confidentiality

CBCRP maintains confidentiality for all submitted applications with respect to the identity of applicants and applicant organizations, all contents of every application, and the outcome of reviews. For those applications that are funded CBCRP makes public, (i) the title, principal investigator(s), the name of the organization, and award amount in a “Compendium of Awards” for each funding cycle, (ii) the costs (both direct and indirect) in CBCRP’s annual report, (iii) the project abstract and progress report abstracts on the CBCRP website. If the Program receives a request for additional information on a funded grant, the principal investigator and institution will be notified prior to the

Program's response to the request. Any sensitive or proprietary intellectual property in a grant will be edited and approved by the PI(s) and institution prior to release of the requested information.

No information will be released without prior approval from the PI for any application that is not funded.

Award Decisions

Applicants will be notified of their funding status by November 1, 2021. The written application critique from the review committee, the merit score average, component scores, and programmatic evaluation are provided at a later time. Some applications could be placed on a 'waiting list' for possible later funding.

Appeals of Funding Decisions

An appeal regarding the funding decision of a grant application may be made only on the basis of an alleged error in, or deviation from, a stated procedure (e.g., undeclared reviewer conflict of interest or mishandling of an application). The **period open for the appeal process is within 30 days of receipt of the application evaluation** from the Program office. **Before submitting appeals, applicants are encouraged to talk about their concerns informally with the appropriate program officer or the CBCRP program director.**

Final decisions on application funding appeals will be made by the Vice President for Research & Innovation, University of California, Office of the President. Applicants who disagree with the scientific review evaluation are invited to submit revised applications in a subsequent grant cycle with a detailed response to the review.

The full appeals policy can be found in the online the University of California, Office of the President, "RGPO Grant Administration Manual – Section 5: Dispute Resolution":

https://www.ucop.edu/research-grants-program/files/documents/srp_forms/srp_gam.pdf

Pre-funding Requirements

Following notification by CBCRP of an offer of funding, the PI and applicant organization must accept and satisfy normal funding requirements in a timely manner. Common pre-funding items include:

1. Supply approved indirect (F&A) rate agreements as of the grant's start date and any derived budget calculations.
2. Supply any missing application forms or materials, including detailed budgets and justifications for any subcontract(s).
3. IRB applications or approvals pertaining to the award.
4. Resolution of any scientific overlap issues with other grants or pending applications.
5. Resolution of any Review Committee and Program recommendations, including specific aims, award budget, or duration.
6. Modify the title and lay abstract, if requested.

Publications Acknowledgement

All scientific publications and other products from a RGPO-funded research project must acknowledge the funding support from UC Office of the President, with reference to the specific CBCRP funding program and the assigned grant ID number.

Open Access Policy

As a recipient of a California Breast Cancer Research Program (CBCRP) grant award, you will be required to make all resulting research findings publicly available in accordance with the terms of the *Open Access Policy* of the Research Grants Program Office (RGPO) of the University of California, Office of the President (UCOP). This policy, which went into effect on April 22, 2014, is available here: <https://www.ucop.edu/research-grants-program/grant-administration/rgpo-open-access-policy.html>.

Grant Management Procedures and Policies

All CBCRP grant recipients must abide by other pre- and post-award requirements pertaining to Cost Share, Indirect Cost Rates, Monitoring & Payment of Subcontracts, Conflict of Interest, Disclosure of Violations, Return of Interest, Equipment and Residual Supplies, Records Retention, Open Access, and Reporting. Details concerning the requirements for grant recipients are available in a separate publication, the University of California, Office of the President, “***RGPO Grant Administration Manual***.” The latest version of the Manual and programmatic updates can be obtained from the Program’s office or viewed on our website: http://www.ucop.edu/research-grants-program/files/documents/srp_forms/srp_gam.pdf

Contact Information

Technical support and questions about application instructions and forms should be addressed to the Research Grant Programs Office Contracts and Grants Unit:

RGPOGrants@ucop.edu

For scientific or research inquiries, please contact:

Nicholas J. Anthis, DPhil

Environmental Health & Health Policy Program Officer, CBCRP

nicholas.anthis@ucop.edu

(510) 987-0358

The California Breast Cancer Research Program is part of the Research Grants Program Office of the University of California, Office of the President.

Appendix A: Draft Agenda for Two-Day Training Workshop

The convener will organize and carry out a two-day CPPR/D&I training workshop designed by CBCRP. This draft agenda should be further refined based on input gathered from concept mapping and the evaluation data collected during the one-day regional engagement meetings.

Topic & Learning Objectives	Recommended Readings
<p>The California Plan to Prevent Breast Cancer</p> <p><i>Learning Objectives:</i></p> <ul style="list-style-type: none"> • Understand Concepts of Population Primary Prevention • Understand the complexity of breast cancer causation and methods to reduce incidence 	<ul style="list-style-type: none"> • Hiatt RA, Porco TC, Liu F, Balke K, Balmain, Barlow J, Diez-Roux, Kushi L, Moasser M A multi-level model of postmenopausal breast cancer incidence. <i>Cancer Epidemiology Biomarkers and Prevention</i> • Buermeyer N, Engel C, Nudelman J, Rasanayagam S. Paths to Prevention: the California Breast Cancer Primary Prevention Plan. 2020. https://www.bcpp.org/resource/california-breast-cancer-primary-prevention-plan/ • Rose, G. Sick Individuals and Sick Populations. <i>Int. J. Epidemiol.</i> 1985, 14, 32–38. • Frieden TR. A Framework for Public Health Action: The Health Impact Pyramid. <i>American Journal of Public Health.</i> 2010;100(4):590-595.
<p>Introduction to Implementation Science</p> <p><i>Learning Objectives</i></p> <ul style="list-style-type: none"> • Understand broad objectives of the field • Define and understand key terminology • Understand types of research questions • Identify what is (and is not) implementation science 	<ul style="list-style-type: none"> • Glasgow RE, Vinson C, Chambers D, Khoury MJ, Kaplan RM, Hunter C. National Institutes of Health approaches to dissemination and implementation science: Current and future directions. <i>AJPH.</i> 2012;102(7):1274-1281 • Peters DH, Adam T, Alonge O, Agyepong IA, Tran N. Implementation research: what it is and how to do it. <i>BMJ.</i> 2013;347:f6753. • Brownson RC, Colditz GA, Proctor EK (Eds). <i>Dissemination and Implementation Research in Health: Translating Science to Practice.</i> 2nd Edition. New York: Oxford University Press; 2018
<p>Finding Your Research Question and Framing Your Questions</p> <p><i>Learning Objectives</i></p> <ul style="list-style-type: none"> • Learn the elements of effective research questions • Understand the key components of specific aims in implementation science 	<ul style="list-style-type: none"> • Brownson RC, Colditz GA, Dobbins M, et al. Concocting that Magic Elixir: Successful Grant Application Writing in Dissemination and Implementation Research. <i>Clinical and Translational Science.</i> 2015;8(6):710-6. • Proctor EK, Powell BJ, Baumann AA, Hamilton AM, Santens RL. Writing implementation research grant proposals: ten key ingredients. <i>Implement Sci.</i> 2012;7:96

Topic & Learning Objectives	Recommended Readings
<p>Small group activity Defining the problem, crafting the research question and identifying aims</p>	
<p>Engaging Your Community and Forming Your Coalition</p> <p><i>Learning Objectives</i></p> <ul style="list-style-type: none"> • Learn the concentric circles of community engagement • Learn how to use best practices and tools to develop coalitions 	<ul style="list-style-type: none"> • Jones L Meade B, Norris K. Begin Your Partnership: The Process of Engagement. <i>Ethn Dis.</i> 2009 Autumn; 19(4 Suppl 6): S6–8-16 • Andrews J, Newman S, Cox M, Meadows O. Are We Ready? A Toolkit for Academic-Community Partnerships in preparation for Community-Based Participatory Research. <i>Medical University of South Carolina, South Carolina Clinical & Translational Research Center for Community Health; Partnerships (SCTR/CCHP)</i>
<p>Small group activity</p>	
<p>Theories, Frameworks, and Models</p> <p><i>Learning Objectives</i></p> <ul style="list-style-type: none"> • Understand the importance and role of theories, frameworks, and models • Understand how these theories, frameworks, and models inform study components 	<ul style="list-style-type: none"> • Nilsen P. Making sense of implementation theories, models and frameworks. <i>Implementation Science.</i> 2015;10:53. • Tabak RG, Khoong EC, Chambers DA, Brownson RC. Bridging research and practice: Models for dissemination and implementation research. <i>American Journal of Preventive Medicine.</i>2012;43(3):337-50.
<p>CPPR in Practice</p> <p><i>Learning Objectives</i></p> <ul style="list-style-type: none"> • Understand the benefits and challenges of CPPR for both the community and academic partners • Be able to identify benefits and challenges of participating in CPPR for their own partnership • Learn methods to mitigate barriers 	<ul style="list-style-type: none"> • Duran B, Oetzel J, Magarati M, Parker M, Zhou C. Toward Health Equity: A National Study of Promising Practices in Community-Based Participatory Research. Progress in community ..., 2019

Topic & Learning Objectives	Recommended Readings
<p>Study Designs in Dissemination and Implementation Research</p> <p><i>Learning Objectives</i></p> <ul style="list-style-type: none"> • Learn about study design options for implementation science • Understand basic measures, outcomes, and analyses in implementation science 	<ul style="list-style-type: none"> • Chaudoir et al. Measuring factors affecting implementation of health innovations: A systematic review of structural, organizational, provider, patient and innovation level measures. <i>Implement Sci</i>, 2013;8(22). • Curran GM, et al. Effectiveness-implementation hybrid designs: combining elements of clinical effectiveness and implementation research to enhance public health impact. <i>Med Care</i>. 2012;50(3):217-26 • Brown CH, Curran G, Palinkas LA, et al. An Overview of Research and Evaluation Designs for Dissemination and Implementation. <i>Annual Review of Public Health</i> 2017;38:1-22.
<p>Measurement, Epidemiology, and Evaluation</p> <p><i>Learning Objectives</i></p> <ul style="list-style-type: none"> • Understand the importance of measurement and evaluation issues • Consider measurement issues in designing studies • Learn about resources for selecting implementation science measures 	<ul style="list-style-type: none"> • Oakley A, Strange V, Bonell C, Allen E, Stephenson J. Process evaluation in randomised controlled trials of complex interventions. <i>BMJ</i>. 2006;332(7538):413-6. • Rabin BA, Lewis CC, Norton WE, et al. Measurement resources for dissemination and implementation research in health. <i>Implement Sci</i>.11:42 • Stetler CB, Legro MW, et al. The role of formative evaluation in implementation research and the QUERI experience. <i>J Gen Intern Med</i>. 2006;21 Suppl 2:S1-8. • Proctor et al. Outcomes for implementation research: Conceptual distinctions, measurement challenges, and research agenda. <i>Adm Policy Ment Health</i>, 2011;38(2). • Palinkas LA, Aarons GA, Horwitz S, et al. Mixed method designs in implementation research. <i>Adm Policy Ment Health</i>. 2011;38(1), 44-53.
<p>Small group activity Choosing a study design, defining outcomes and measures</p>	
<p>Tools and Technical Assistance</p>	
<p>Conclusion</p>	