**SUPPLEMENTAL MATERIAL**

This supplemental table describes the codebook used in the literature review.

**Table S1.**

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| **Coding Category** | **Code** | **Definition (if necessary)** |
| Is there Dissemination and Implementation research in the paper? | YesNo  | Dissemination research: the scientific study of targeted distribution of information and intervention materials to a specific public health or clinical practice audience. The intent is to understand how best to spread and sustain knowledge and the associated evidence-based interventions.Implementation research: the scientific study of the use of strategies to adopt and integrate evidence-based health interventions into clinical and community settings in order to improve patient outcomes and benefit population health.If “NO” do not abstract further |
| What translational research phase does D & I funded research projects/articles focus on? | T2T3T4 | T2: efficacy studies and results in efficacy knowledge about interventions that work under optimal conditionsT3: effectiveness, dissemination, and implementation research and leads to applied knowledge about interventions that work in real-world settings.T4: outcomes assessment at the population level and results in public health knowledge at the population level  |
| Family history collection is a focus of the paper | Yes/No |  |
| Type of genetic technology studied Part 1 | GermlineSomaticCell-free DNAMultipleNot ReportedNot Applicable |   |
| Type of genetic technology studied Part 2 | Single-geneGene panelWhole genome sequencing Whole exome sequencingSNP genotypingRNA sequencingProteomicsMetabolomicsMicrobiomeTandem Mass SpectrometryMultipleNot ReportedNot Applicable |   |
| Function of genetic technology studied | Risk assessmentTherapeuticDiagnosticPrognosticPreventivePopulation screeningCombination | Therapeutic: identification of a subgroup who is more or less likely to respond to a given treatment, based on underlying genome or the make-up of the tumor; includes any genomic test used in treatment decision-making |
| Health application of genetic test studied | Cancer screeningCancer treatmentDiet/NutritionObesityPhysical ActivitySun SafetyTobaccoPalliative CareSurvivorshipSurveillanceCardiovascular diseaseNewborn ScreeningPharmacogenomicsPrenatal testingUndiagnosed diseasesGeneral clinical sequencingInterpretation of variantsMultipleOther |   |
| What are the stated objectives of the articles? | DisseminationScale-upAdoptionImplementationSustainabilityCombinationMethods Theory/framework/model testingDe-implementationHybrid Effectiveness/implementationOther | Dissemination research: The scientific study of targeted distribution of information and intervention materials to a specific public health or clinical practice audience. The intent is to understand how best to spread and sustain knowledge and the associated evidence-based interventions. Includes preferences for how to receive results from testing; includes communication about trainingScale-up: systematic study of processes and factors that lead to widespread use of an evidence based interventionAdoption: the decision of an organization or community to commit to and initiate an evidence-based intervention.Implementation research: seeks to understand the processes and factors that are associated with successful integration of evidence-based interventions within a particular “real-world” setting by assessing whether the fidelity of the original intervention are applied in the real-world setting, and is also concerned with the adaptation of the implemented intervention to the local context; includes preferences for partaking in test/counseling; includes trainingSustainability: examines the factors leading to long-term continuity of an intervention or innovation by incorporating the existing resources of the implementing Combination: more than one objectiveMethods: methods developmentTheory/framework/model testing: development or validation of a theory/framework or modelDe-implementation: studies how to stop practices that are not evidence-basedHybrid effectiveness: An effectiveness-implementation hybrid design is one that takes a dual focus a priori in assessing clinical effectiveness and implementation |
| Are indicators of sustainability of intervention, program, or policy measured in D&I funded research/articles (i.e. continued use, training of program by staff, change in organizational policy, inclusion as standard practice)? | YesNo NA | NA: when sustainability is not an indicator in the study |
| If yes, what indicators are measured? | Capacity buildingMaintenanceCost analysisOther | Capacity Building: activities that build durable resources and enables the recipient setting or community to continue the delivery of an evidence-based intervention after the external support from the support from the donor agency is terminatedMaintenance: ability of the recipient setting or community to continuously deliver the health benefits achieved when the intervention was first implementedCost analysis: an economic evaluation technique that involves the systematic collection, categorization, and analysis of program or intervention costs, and cost of illness  |
| What setting was used in the study (i.e. intervention implementation; if no intervention, then study assessment)? (check all that apply) | ClinicalPublic HealthOther | Other: includes unknown/unclear |
| What formal D&I frameworks, models, and theories were used? | Reach, effectiveness, adoption, implementation, maintenance (RE-AIM)Promoting Action on Research Implementation in Health Services (PARIHS) Diffusion of InnovationTheories of Organizational ChangeSystems/Network TheoriesQuality Improvement frameworksConsolidated Framework for Implementation Research (CFIR)Greenhalgh’s Model of Diffusion in Service Organizations CombinationNone | RE-AIM: described here: *R.E. Glasgow, T.M. Vogt, S.M. Boles. Evaluating the public health impact of health promotion interventions: the RE-AIM framework. Am. J. Public Health, 89 (1999): 1322–1327*PARIHS: described here: *Kitson A, Harvey G, McCormack B: Enabling the implementation of evidence-based practice: a conceptual framework. Quality in Health Care. 1998, 7 (3): 149-158.*Diffusion of Innovation: described here: *E.M. Rogers. Diffusion of innovations. The Free Press, New York (1962).*Theories of Organizational Change: *Butterfoss, F. D., Kegler, M. C., & Francisco, V. T. Theories of Organizational Change. Health Behavior, 335.*Systems/Network Theories: applies one of many systems or network theoriesQuality Improvement frameworks: applies one of many quality improvement frameworksCFIR: described here: *Damschroder, L. J., Aron, D. C., Keith, R. E., Kirsh, S. R., Alexander, J. A., & Lowery, J. C. (2009). Fostering implementation of health services research findings into practice: a consolidated framework for advancing implementation science. Implementation science, 4(1), 1.*Greenhalgh’s Model of Diffuson in Service Organizations: described here: *Greenhalgh, T., Robert, G., Macfarlane, F., Bate, P., & Kyriakidou, O. (2004). Diffusion of innovations in service organizations: systematic review and recommendations. Milbank Quarterly, 82(4), 581-629.* |
| How is the underlying theory or theories used throughout the in the study (check all that apply)? | Only stated but not used in design, measurement, or formative researchFor intervention designFor formative research (e.g. exploratory, qualitative research)Measured variables (e.g. primary or secondary outcomes)Other NA | Other: other use or unclear how theory is used throughout the study |
| Which methods are applied to the study?  | QualitativeQuantitativeComparative effectiveness Cost, cost-effectiveness, or economic analysis CombinationOther | Qualitative: research providing detailed narrative descriptions and explanations of phenomena investigated Quantitative: research based on traditional scientific methods, which generates numerical data and usually seeks to establish causal relationships between two or more variables, using statistical methods to test the strength and significance of the relationshipsComparative Effectiveness: health care research that compares the results of usual care for managing a disease to the results of other approaches; usually compares two or more types of treatmentCost, cost-effectiveness, or economic analysis: methods for assessing the gains in health relative to the costs of different health interventionsCombination: more than one method appliedOther: unclear or other methods were applied |
| Which collaborative processes are applied to D & I funded research/the study? | Community Based Participatory Research (CBPR)Stakeholder engagement/partnershipsTeam science approachDesigning for disseminationPatient engagementNoneCombinationOther | CBPR: an applied collaborative approach that enables community residents to more actively participate in research Stakeholder engagement/partnerships: process by which a study involves people who may be affected by study findings or can influence the implementation of findings into practice Team science approach: Initiatives that are designed to promote collaborative and often cross-disciplinary approaches to answering research questions Designing for dissemination: a set of processes that are considered and activities that are undertaken throughout the planning, development, and evaluation of an intervention to increase its dissemination and implementation potentialPatient engagement: supports active involvement of patients and their families in the design of new care models and in decision-making about individual options for treatment |
| Sample size | Number | number of total sample size in study |
| Country  | Text field | country in which study population originated |
| What percent of the study population is white?  | % White | leave blank if not reported or applicable |
| What percent of the study population is black? | % Black | leave blank if not reported or applicable |
| What percent of the study population is Asian?  | % Asian | leave blank if not reported or applicable |
| What percent of the study population is Hispanic? | % Hispanic | leave blank if not reported or applicable |
| Which study designs are used in D & I funded research/which study design was used in the study? | Randomized Control Trial (Individual)Controlled clinical trial (group or individual level)Group Randomized Trial (Group)CohortCase-controlPre/postInterrupted time seriesNatural historySimulationStepped wedge/multiple base lineQuasi-experimentalCross-over designCross-sectionalOtherCombination | RCT: a controlled clinical trial that randomly (by chance) assigns participants to two or more groups. Controlled clinical trial: an experimental study design where the method of allocating study subjects to intervention or control groups is open to individuals responsible for recruiting subjects or providing the intervention. Group randomized trial: a controlled clinical trial that randomly (by chance) assigns groups or sites to two or more groups.Cohort: an observational study design where groups are assembled according to whether or not exposure to the intervention has occurred. Exposure to the intervention is not under the control of the investigators.Case-control: a retrospective study design where the investigators gather ‘cases’ of people who already have the outcome of interest and ‘controls’ who do not. Both groups are then questioned or their records examined about whether they received the intervention exposure of interest.Pre/post: the same group is pretested, given an intervention, and tested immediately after the intervention.Interrupted time series: a time series consists of multiple observations over time. Interrupted time series analysis requires knowing the specific point in the series when an intervention occurred.Natural history: a natural history study collects health information over time in order to understand how the medical condition or disease develops and how to treat it.Simulation: a technique which attempts to provide an abstract model of a particular system.Stepped Wedge/Multiple base line: randomized trial designs involve sequential roll-out of an intervention to participants (individuals or clusters) over a number of time periods.Quasi-experimental designs: intervention study in which researchers do not assign participants to particular groups because randomization is impractical. Cross-over design: case-control, two groups cross at a specific time point and cases become controls (controls become cases)Cross-sectional: single time point of data collections |
| Implementation science outcomes reported in the study(see: *Proctor, E. K., Landsverk, J., Aarons, G., Chambers, D., Glisson, C., & Mittman, B. (2009). Implementation research in mental health services: An emerging science with conceptual, methodological, and training challenges. Administration and Policy in Mental Health and Mental Health Services Research, 36(1), 24-34.*) | Feasibility Fidelity AcceptabilitySustainability Uptake Costs Efficiency Safety Effectiveness Equity Patient-centerednessTimeliness SatisfactionMultipleOther | Feasibility : extent to which an innovation can be successfully used or carried out within a given settingFidelity: extent to which an innovation/treatment is delivered as intended Acceptability: perception among implementation stakeholders that the innovation (e.g., genetic test) is agreeable Sustainability: extent to which a newly implemented innovation is maintained or institutionalized within a settings ongoing operationsUptake: proportion of settings/individual who take up an innovationCosts: includes staff, time, resources such as staff training/expertise, equipment required) reported in the application and study designEfficiency: efficiency of innovation delivery Safety: safety of test Effectiveness: effectiveness of innovation within its settingEquity: equity of implementation across settings and patient groupsPatient-centeredness: the extent to which the innovation meets a patient’s individual needs and preferencesTimeliness: how quickly the innovation is delivered and results are receivedSatisfaction: broader than acceptability, refers to general service experience MultipleOther |
| If "Cost"==yes, what type of cost? | Non-monetary (i.e. infrastructure, training personnel)Monetary (i.e. researchers considered implementation/replication cost of the intervention)None given (i.e. courtesy note)Other  |  Non-monetary: infrastructure, training personnelMonetary: researchers considered implementation/replication cost of the interventionNone given: courtesy note |
| What is the unit of analysis for the study (check all that apply)? | Study siteIndividualMultipleUnclear | Study site (w/o accounting for clustering) |
| Keywords: |   | Pick 3 key words for each abstract |
| Keywords: |   | Pick 3 key words for each abstract |
| Keywords: |   | Pick 3 key words for each abstract |
| IF EXCLUDE, WHY? |   |   |