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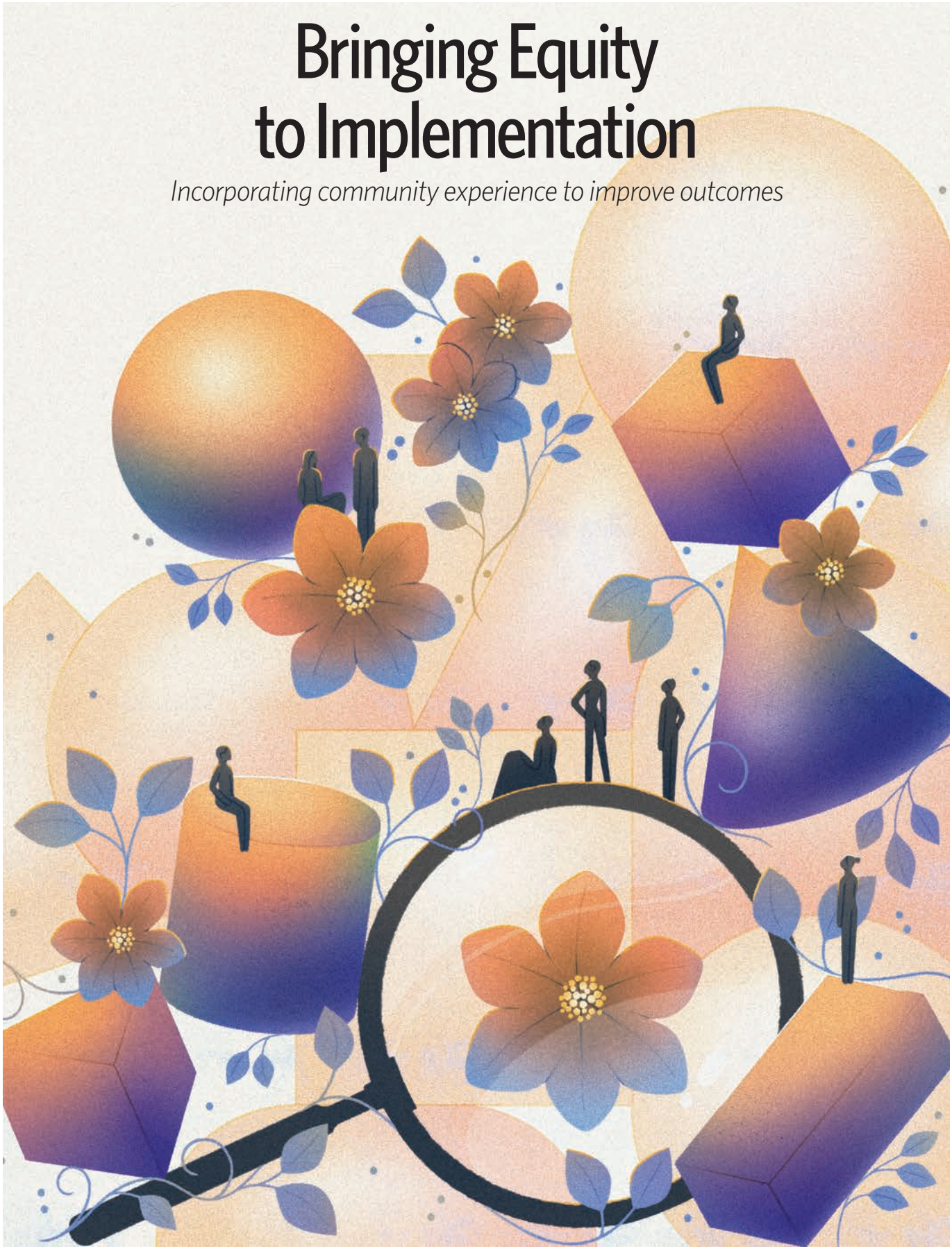
Bringing Equity to Implementation

Incorporating community experience to improve outcomes



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Equity Is Fundamental to Implementation Science

Implementation science has not advanced equitable outcomes routinely, explicitly, or intentionally. Here's how it can.

BY AUDREY LOPER, BEADSIE WOO & ALLISON METZ

In 2014, the keynote speaker at the Maternal and Child Health Epidemiology Conference told the attendees that we needed to stop talking about infant mortality. Since infant mortality was pretty much all anyone was talking about, the audience was stunned into silence.

Instead, the speaker invited us to think about racism as the true cause of infant mortality. His argument: No matter what your evidence base or scaling strategy is, there's no hope of closing the infant-mortality gap, in which Black babies die at three to four times the rate of white babies, without acknowledging and addressing systemic racism and the oppression of Black Americans as the root of this disparity.

This point raises many questions about what to do with the programs we are already implementing: Should we stop implementing *all* of them? Or maybe select different programs? Or change the way we implement them? Or change the way we define success? How could we do any of this without a blueprint to consult?

Access to human services and their effectiveness vary a great deal depending on the population in question. Ease of access, service quality, and care outcomes all hinge on the population being served. In underserved communities, including those that have experienced barriers to access on the basis of race and ethnicity, immigration status, socioeconomics, sexual orientation, gender identity, and ability, access to interventions is often limited. Too often these groups receive services that have been developed and evaluated in contexts that do not represent them.

We imagine that many readers of *Stanford Social Innovation Review* are involved with programs, practices, or policies that aim to meet unmet social needs by using interventions designed to enhance well-being across a wide range of issue areas. We also imagine these readers have seen varying degrees of success in achieving desired outcomes, often for reasons that are unclear. Sometimes we achieve desired results and accept good outcomes without thinking too much about *why* or *how* we got positive results. If those of us responsible for service delivery understood more about which implementation strategies lead to desired outcomes, we could increase the chances of those strategies working every time in similar contexts. This is why many recipes are so precise—it's not just about the ingredients, but about how they're prepared, combined, and baked. And if the context changes—say, we move to a higher altitude—we will need to adapt the ingredients *and* the method so that the recipe works well in the new environment.

In the same way, an off-the-shelf practice model, policy, or other approach that succeeds in one context may not pan out in another. While an intervention needs a strong evidence base to succeed, the program and the manner of implementation also need to fit the culture, values, and daily lives of the community and the people affected by the intervention.

This is where implementation science enters the picture. Implementation science is the study of the factors that lead to uptake, scale, and sustainability of practices, programs, and policies. The purpose of implementation science is to create a bridge between research evidence and the real-world settings of service delivery to improve outcomes for those being served. In its early history, implementation science was focused on the replication and scaling of evidence-based practices.

Over time, the field has evolved, and implementation science is now used much more broadly than its early practitioners originally intended. Likewise, it has struggled to address contextual barriers, with the consequence of perpetuating disparities. One example of this difficulty arises from how the field considers "readiness." Readiness typically refers to an organization or community's ability to implement something but does not consider the extent to which researchers, developers, or funders are ready to support implementation by acknowledging a community's culture, values, and history. This reveals a power divide between implementers and communities, which has implications for how change efforts unfold.

Implementation science has failed to advance strategies that address equity, which represents a huge gap in the field. Implementation science includes both research and practice, and much of implementation research is divorced from the real-world challenges of implementation practice. Despite the field's attention to evidence-based practices, fidelity, replication, and scaling strategies, implementation support practitioners are not seeing equitable access to interventions or equitable outcomes for service recipients. There are several reasons for this disconnect: Community members are not routinely invited to develop or select interventions that are intended for them; power dynamics between funders and community members hamper authentic engagement with residents; and structural racism and other forms of oppression, such as transphobia and ableism, are not explicitly acknowledged as part of the context in which interventions are being implemented.

What Is Equity?

Equity is "the state, quality, or ideal of being just, impartial, and fair." The concept of equity is synonymous with fairness and justice. To be achieved and sustained, equity needs to be thought of as a structural and systemic concept.

How is equity different from equality? Equity involves trying to understand and give people what they need to enjoy full, healthy lives. Equality, in contrast, aims to ensure that everyone gets the same things in order to enjoy full, healthy lives.

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Allison Metz is director of the National Implementation Research Network and research professor at the School of Social Work at the University of North Carolina at Chapel Hill. She uses best practices from implementation science to advance improved and equitable outcomes for children and families engaged in child welfare, early childhood, and human service systems.

Implementation science has the potential to advance equity in both access and service delivery to ensure people and communities get what they need to improve their well-being. However, the research is thin on how to use implementation science to advance equity. Here *equity* must be distinguished from *equality*: Whereas equity is the state, quality, or ideal of being just, impartial, and fair, equality aims to ensure everyone has the same amount of something (food, medicine, opportunity). But equality in this sense falls short of equity: If everyone receives a four-foot ladder to reach a 10-foot platform, those under six feet tall may not be able to climb up to it.[1] To be achieved and sustained, equity needs to be thought of as a structural and systemic concept. It ensures that each of us gets what we need to survive or succeed—access to opportunity, networks, resources, and supports—based on where we are and where we want to go.

We propose a new lens we call *equitable implementation*: an explicit and intentional integration of implementation science and equity that attends to what is being delivered, for whom, and under what conditions; and how delivery should be tailored to best meet the needs of the focus population. Equitable implementation occurs when strong equity components—including explicit attention to the culture, history, values, assets, and needs of the community—are integrated into the principles, strategies, frameworks, and tools of implementation science.

FACETS OF EQUITABLE IMPLEMENTATION

Specifically, we believe there are five crucial elements to equitable implementation.

1. Design and select interventions with implementation in mind.
- Examine community realities from the outset, along with root causes of the needs and barriers an intervention seeks to address, including historical and structural racism.
- Involve the people with the most at stake in the program in selecting programs, policies, and approaches that will be relevant to their communities.

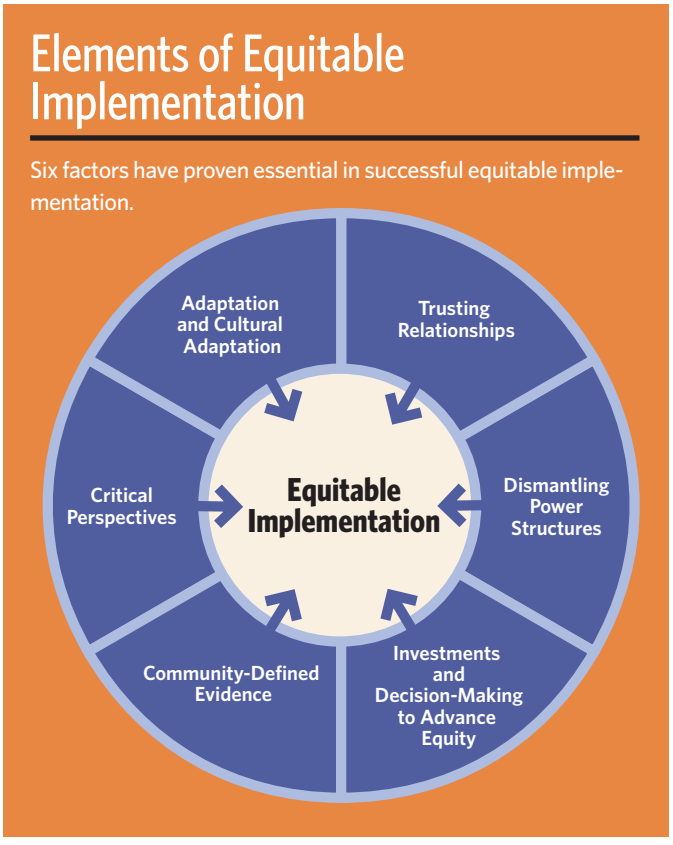
2. Focus on reach and equity from the very beginning of implementation.
- Consider how many people can access and benefit from interventions, which groups will access and benefit from those interventions, and how those groups may require different strategies and adaptations.
- Identify the barriers that groups who have been oppressed on the basis of race and ethnicity, immigration status, socioeconomics, sexual orientation, gender identity, or other characteristics may face in getting access to programs and services and develop explicit strategies to overcome those barriers.

3. Emphasize relationships, engagement, connection, and reciprocity.
- Trust is essential to implementation. But developing trusting relationships takes time, and it requires researchers and funders to show up, listen, trust the community as experts on their lives, recognize and be humble about what they don't know, be honest and transparent about what they can and will do, and follow through on promises.
- Understand what implementation strategies work, for whom, under what conditions, with explicit attention to how historical and structural racism have shaped the implementation context.
- Develop and/or select implementation strategies that explicitly focus on increasing access to services and ensuring equitable outcomes.
- Involve stakeholders in developing the implementation resources needed to sustain the intervention so that equitable outcomes can be realized.

4. Identify and develop adaptations to programs, practices, and policies that respond to needs and strengths of the local community and the groups who can most benefit.
- Assess adaptability of interventions to meet the needs of diverse populations and to fit within the implementation context.
- Cocreate with researchers, developers of interventions, and community members to define the proposed adaptation and accompanying implementation strategy, test assumptions of both the adaptation and implementation strategy, and support continuous improvement of the adaptation and implementation strategy.

5. Develop strategies at the levels of macro, organizational, and local contexts.
- Acknowledge the limitations of existing implementation science strategies, which address contextual factors that exist at the level of organizations or individuals.
- Develop and use implementation strategies that explicitly address issues at the macro (sociopolitical and economic or "outer" context) level, such as structural racism.

The goal of this supplement is to build collective muscle for equitable implementation. The articles that follow provide cases where implementation science was explicitly used to advance equity, and examples of strategies used in and with communities that provide important lessons about equity for the implementation science field. These articles illustrate core elements of equitable implementation used in a variety of programs,



practices, and policies. (See "Elements of Equitable Implementation" on page 4.) They include:

- **Trusting relationships** fuel all implementation efforts. The importance of trust between the Children and Youth Cabinet in Providence, Rhode Island, and its community members is illustrated throughout the stages of their partnership.
- **Dismantling power structures** is critical in equitable implementation. Funders have indisputable power and cannot respond to the needs of communities without acknowledging and redistributing their power and privilege. Engaging youth leaders throughout the development and dissemination of Youth Thrive was central to the success of the initiative.
- **Investments and decision-making to advance equity** shift from the normal practice of funders bringing in resources, and with that, power. Decisions—large and small—are made throughout implementation. Each decision point provides an opportunity to promote equitable implementation, as well as who to involve, whether to move forward, and what changes may be necessary. The partnership between ArchCity Defenders and Amplify Fund illustrates how strategic and funding decisions emerged from community expertise and belief in the knowledge and insights that come from lived experience in a community.
- **Community-defined evidence** supports the notion that credible and useful evidence is not the exclusive purview of randomized controlled trials. Programs developed with evidence drawn from practice and community experience are more likely to succeed because they respond specifically to the community's needs, assets, and history. Both Village of Wisdom and the Bienvenido Program demonstrate the value of generating and using community-defined evidence to develop interventions and accompanying implementation strategies that advance well-being.
- **Adaptation and cultural adaptation** seek to enhance interventions and implementation strategies based on context. The articles on a cardiovascular health initiative in Chicago and a parenting intervention in Travis County, Texas, both illustrate how shifts in evidence-based practices and accompanying implementation strategies improved access and uptake, so that everyone who can benefit from an intervention actually receives the intervention.
- Finally, the **critical perspectives** on implementation science article encourages us all to interrogate how we currently implement interventions and services and to explore why we aren't getting the results we seek. The article offers three calls to action to change common implementation practices in service of equitable outcomes.

These articles show that the elements of equitable implementation are interrelated. It's not possible to share power without trusting relationships. Community-defined evidence and cultural adaptations depend on engaging those most affected by interventions from start to finish. These articles also reveal that this work is hard. Departing from business-as-usual takes time, effort, and a willingness to learn new ways of work. We hope this supplement serves as both a call to action for equitable implementation and proof that it can be done. ●

NOTE

1 Kris Putnam-Walkerly and Elizabeth Russell, "What the Heck Does 'Equity' Mean?" *Stanford Social Innovation Review,* Sept. 15, 2016.

Trust the People

Centering equity in funding relationships requires trust. It also takes time, resources, and a willingness to shift power to the people closest to the problem.

BY BLAKE STRODE & AMY MORRIS

This is a story about a relationship between a legal advocacy organization (ArchCity Defenders) and a philanthropic funder (the Amplify Fund) that is grounded in mutual trust. We came together around a campaign to close a jail and to redirect its resources back into the hands of the community it's harming. Our story is about small moments gone right against a backdrop of problematic relationships and power dynamics between funders and the organizations they purport to support. We've found that it is in the mundane, everyday moments where we most frequently have the capacity to choose: the violence of the status quo, or the transformative possibility of trying something new. We share our practices for funders and grantees pursuing equity in and through their implementation relationships.

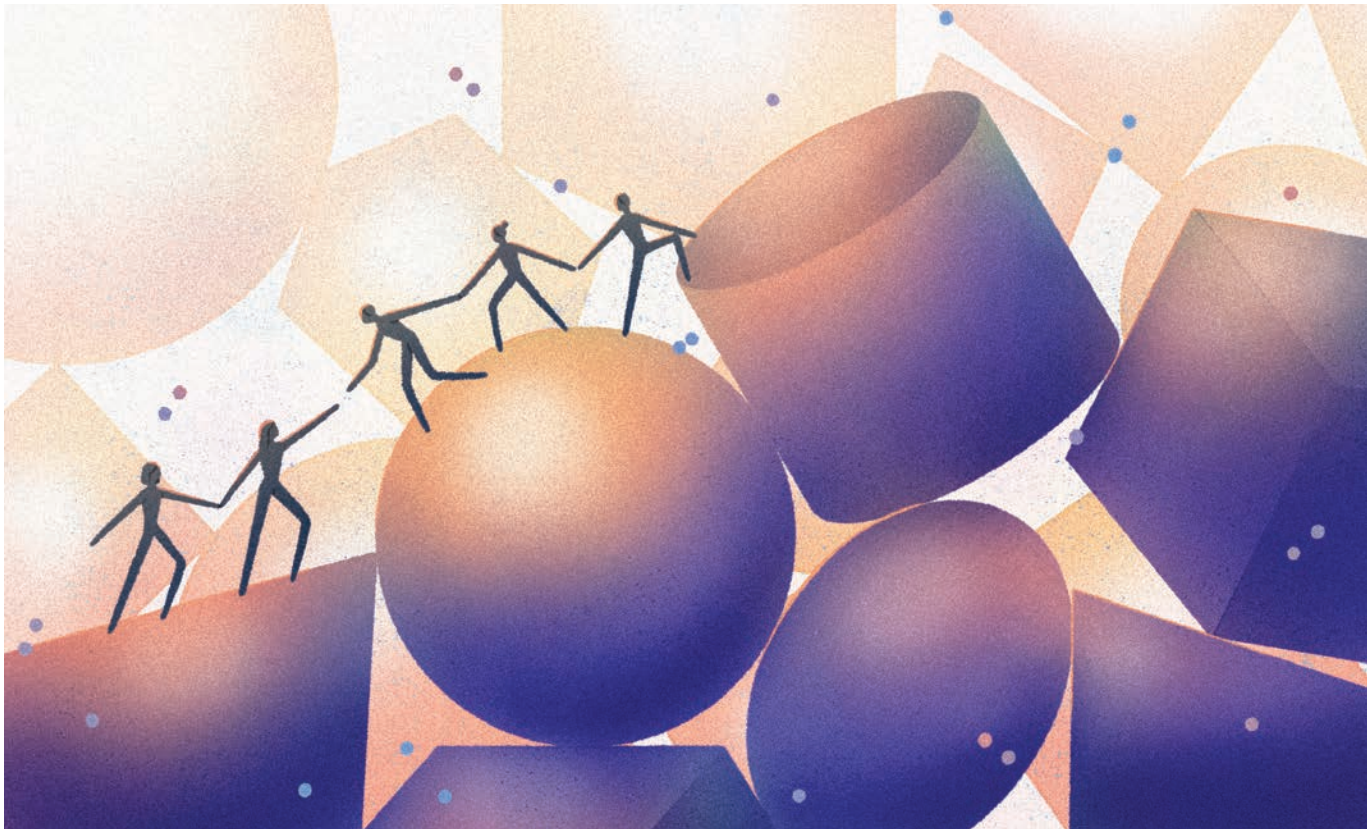
Blake Strode: I am the executive director of ArchCity Defenders (ACD), based in St. Louis, Missouri. ACD engages in direct representation, civil litigation, media and public engagement, and close partnerships with organizers across the St. Louis region. We take a holistic approach, meaning that we provide a range of legal and nonlegal supports to our clients, and we engage in individual and systemic advocacy that is varied and multifaceted. We work with people seeking to rebuild their lives after being targeted and punished by a criminal legal system of police, courts, and jails in communities struggling to overcome decades of neglect, disinvestment, state violence, and exploitation. Our client relationships are the most important part of our work and are a model for the relationships we pursue with colleagues, partner organizations, funders, and the greater St. Louis community.

I come to this work as a proud native son of St. Louis, a queer Black man and a former athlete-turned-litigator-turned-executive director, an attorney by profession and an advocate by vocation. My life was forever changed by the 2014 uprising in Ferguson. Just a few days after Michael Brown Jr. was shot and killed by police, and left lying on the hot August pavement for the world to see, I was set to depart St. Louis for my final year of law school. Like so many others, I watched the uprising in my hometown with a bevy of emotions: fury at the all-too-familiar sight of white supremacy and racist violence; deep distrust of the institutions marshaling to justify and rationalize the injustice; and growing pride in the brave young people calling an entire nation to account. At that moment I knew, contrary to my earlier intentions, that I aspired to return to St. Louis and be a part of the fight for justice.

The uprising was about more than extrajudicial killing. St. Louisans rose up to protest the broader systems of policing and prisons that

Blake Strode is the executive director of ArchCity Defenders, a holistic legal advocacy organization in St. Louis, Missouri, that combats the criminalization of poverty and state violence, particularly in communities of color.

Amy Morris is the director of the Amplify Fund, a pooled grantmaking fund with 12 member foundations, housed at Neighborhood Funders Group. Amplify Fund's core purpose is to support BIPOC and low-income communities to build their power, influence, and direct decision-making authority to determine their own futures.



destroy countless lives, families, and communities, sometimes over infractions as trivial as an unbuckled seat belt, speeding, or a property-upkeep ticket. One of the most infamous sites in this devastating system of wealth-based criminalization is St. Louis' "Medium Security Institution," commonly known as the St. Louis Workhouse. For decades, the Workhouse has held St. Louisans in cages with black mold, routine violence, rodent and insect infestations, mice feces in food, snakes in showers, and terrible medical care, while costing taxpayers $16 million every year. While advocates and organizers, including ACD, have broadly exposed the extent of the devastation in recent years, St. Louisans have long known the Workhouse terrorizes people, most of whom have not even received their day in court. In 2017, ACD met with partners from Action St. Louis, the Bail Project, and Missourians Organizing for Reform and Empowerment (MORE). ACD was already in deep relationship with these partners, having previously worked to organize town halls in communities impacted by policing and mass incarceration to amplify and lend voice to those communities' visions of re-envisioning public safety. Now, we were committing to combat the injustice and to put the public funds wasted on the Workhouse back in the people's hands. The official Close the Workhouse Campaign (CTW) was finally born.

But good ideas need resources. We explored many sources of funding, but it was difficult to find philanthropic support. CTW's goals and political frame directly challenge the kind of power and privilege held by philanthropy, and the campaign's work was not so easy to communicate in palatable terms. Some funders responded that our initiative was insufficiently "measurable" or "practical." Other funders demanded a single accountable party, not just for application and reporting purposes, but also to ensure that all funder expectations would be met. Some funders were willing to fund legal work but not organizing, or fund organizing but not wraparound support for members, or fund bailouts for "non-violent offenders" but not legal advocacy. With their offers of funding, these outside actors were seeking to define not only what change was needed but also how change needed to happen. The need to jump through ever-changing hoops and contort ourselves to satisfy potential funders' prescriptive desires was exhausting and would sap energy from the real work. We needed a different kind of funding relationship.

Amy Morris: I have the privilege of serving as director of the Amplify Fund at Neighborhood Funders Group. Amplify is a pooled grantmaking fund with twin goals: Black people, Indigenous people, and people of color (BIPOC) should have more power to influence decisions about the places where they live, and philanthropy should have a clear model for equitable development centered in racial justice. Amplify emerged to challenge the weakness inherent in many models of philanthropy, with foundations serving as tax havens and without accountability. By creating a pooled fund, Amplify is working to disrupt the traditional role of program officer as benevolent overseer, and move toward getting in relationship, and in line, with work already underway.

In 2017, when the initial funders launched Amplify, I was the only staff member. I showed up in places like St. Louis with a clear theory of change: bring resources to BIPOC leadership, respect their knowledge of local communities and needs, and support their work holistically—not through oversight, reporting, and requirements, but by putting decision-making power in their hands, taking tasks off their plates, and amplifying their work on a national stage. Through a months-long process, we would build relationships, learn about the organizational and movement infrastructure, gather a group of local strategy advisors (LSAs)—local leaders from movement and philanthropy—and work with them to cocreate a grantmaking strategy.

I also showed up in St. Louis as a white woman who had never set foot there before my first trip with Amplify in 2017. I had watched the Ferguson uprising in 2014-15 from my then-home in Brooklyn, New York. Outraged, I showed up for solidarity protests, but didn't grasp how decades of planning and development decisions had made St. Louis one of the most segregated metro regions in the United States, ripe for this sort of uprising.

Those doing the work on the ground in St. Louis did not need, and would not tolerate, another well-meaning white savior. In listening to local leaders, I learned how national philanthropy reacted to the Ferguson uprising from a place of urgency—working in uncoordinated and unaccountable ways that exacerbated negative dynamics between leaders in the region and unknowingly deepened generational, political, and gender divisions between groups. In coming to St. Louis, I learned, once again, the critical challenge in relationship building while holding more power—as a white-led organization with resources—was demonstrating our trustworthiness to local leaders, not the other way around.

We met ArchCity Defenders through our LSAs, many of whom were ACD's close allies. One of them was Kayla Reed, executive director of Action St. Louis, which is also a core partner of the CTW campaign. Our LSAs explained that ACD was an anchor in the region and in the movement ecosystem. However, it took time for us to really connect with ACD. While we built strong relationships with our LSAs early on, we stumbled in building our broader web of connections. Through a mix of ambition, new-project energy, and minimal staffing, we promised presence to ACD when we didn't yet have the bandwidth to build additional relationships.

Fortunately, our relationships with LSAs gave us a second chance. We learned from early mistakes and staffed a St. Louis team member. Our relationship with ACD eventually blossomed after devoting more time and presence. We built trust together, through long and meandering conversations. We learned about ACD through their public-facing work like ACD's and Action St. Louis' podcast Under the Arch. ACD learned about us through the people they already trusted—LSAs who had come to know Amplify. We asked about ACD's clients, and ACD asked about our values and priorities. We also observed how ACD and the LSAs were already building power together and learned our role was to support an ecosystem already alive and breathing.

And yet I hesitated when CTW told us that they needed flexible funding to support divestment from the Workhouse: "Equitable development is our focus, not closing a jail. Right?" My colleague Lorraine Ramirez of Funders for Justice, and Amplify's senior program officer, Melody Baker, helped me check my assumptions: BIPOC communities

A Trust-Building Check (Yourself) List for Funders

For funders, building trust means shifting power to grantees. Shift power and build trust by giving more time, resources, and control than you take. We offer a set of principles and questions that can help you practice power shifting to build trust with grantees. However, shifting power and building trust are practices that live in context. These suggestions are neither sufficient nor exhaustive. They won't guarantee that you are trustworthy, or that grantees trust you. But we think they are a good start.

BUILDING TRUST MEANS GIVING MORE TIME	BUILDING TRUST MEANS GIVING MORE RESOURCES	BUILDING TRUST MEANS GIVING MORE CONTROL
Get to know grantees and their work fully—not just the program you might fund. Ask grantees (and believe them): What is the context in which they sit? What is at the heart of their work? What is (already) making them successful?	**Provide grantees with resources for what they say equity requires. Do not limit your contribution to what you think of as equitable implementation.** Ask grantees (and believe them): What collaborations, projects, programs, campaigns, or back-end supports need funding for this grantee to be successful? What are the resources they say they need?	**Follow local expertise. Prioritize BIPOC leaders.** Ask around (a lot!): Who does the community(ies) already trust? Who can keep us aligned with what the community(ies) need? Pay attention to whose names come up over and over again, from diverse sources.
Get to know yourself and your power before you show up. Check yourself: How might I cause harm by entering this context? How can I mitigate those risks? What learning do I need to do, and do we need to do as an organization, to be the trusting partner we claim to be? Who can help me do this learning among those who are not my potential grantees?	**Fund the ecosystem that supports grantees. Don't create an environment of competition and scarcity.** Ask grantees (and believe them): What other organizations, collaborations, or relationships need funding to sustain this grantee? Who else is critical to this grantee's success? Orient conversations toward the collective, rather than creating competition for resources.	**Maintain clarity of roles. Give grantees power over the decisions they want to make, and make the decisions they don't want to take on.** Ask grantees (and believe them): What decisions do they want to take on? What decisions need their perspective the most? What decisions do they say will be burdensome, and easier made by you?
Learn what is and isn't working. Don't assume your role will (always) be helpful. Ask grantees (and believe them): How is our role as a funder helping/hindering the process so far? What do we need to do (or stop doing) to be a better partner?	**Take on administrative work. Don't overburden grantees.** Check yourself: How can we reduce our administrative requirements? What proposal and reporting mechanisms can we eliminate? Ask grantees (and believe them): What administrative requirements are burdensome? What work are you currently doing that we could take off your plate?	**Rely on grantees' vision—especially when you disagree.** Check yourself: What might I be missing from where I am positioned? How does this make sense from where they are positioned? Ask grantees (and believe them): How can I help support your vision (even when I feel concern)?

building power to influence or decide what the city invests in is equitable development. Strategic Black leaders are telling us that CTW is a key opportunity. Instead of relying on my preexisting vision for equitable investment in St. Louis, I needed to listen, align, and act.

Ultimately, we provided CTW with flexible resources, and—because it is always our practice—minimal proposal and reporting requirements. Then we got out of the way. The CTW coalition used those funds to further cement a robust and nimble campaign that combined bailouts, legal advocacy, public education, and grassroots organizing of impacted people. After two years of official CTW organizing, the campaign reached an incredible milestone: On July 17, 2020, the St. Louis City's Board of Aldermen voted unanimously to close the Workhouse, and to use a participatory budgeting process to reinvest its budget.

Learning from Local Leaders

Amplify's local strategy process

1. Staff traveled (a lot!) to each place. They met with local leaders to listen and learn about the local context.
2. Staff invited local strategy advisors for each place. Amplify made a $25,000 grant to each advisor's organization to support their time and involvement in the strategy process.
3. Staff met with each strategy advisor one-on-one to talk through Amplify's theory of change and learn about local opportunities, needs, and priorities.
4. Advisors convened in each place for a facilitated session to come to consensus about the local grantmaking strategy.
5. Then, advisors cowrote the local strategy paper with support from Amplify staff. (Literally lots of people writing, editing, and commenting in one Google document.)
6. Advisors and staff then presented the completed local strategy for steering committee approval (via modified consensus).

We've seen the power-shifting and power-building that is possible when funders get in line with movement. Through our experience in St. Louis, Amplify's staff has come to see divest-invest campaigns as a pinnacle of equitable development. By trusting people closest to the problems, and adapting our strategies to their needs, we are winning what some people saw as an impossible fight. But the work is far from over.

Blake Strode: At ACD, we have learned that the only way to keep winning is by deepening and spreading our connections. Through our collaborative work together, Kayla Reed of Action St. Louis, Charli Cooksey of WEPOWER, and I had long talked about the importance of cultivating relationships with other young Black leaders in St. Louis. Kayla and Charli are also Black leaders of organizations fighting for racial justice, so we share a desire to expand the region's movement ecosystem. The energy and courage of the Ferguson uprising made new things possible in St. Louis and across the country. But without infrastructure for collective strategy, local leaders struggled to coalesce and focus that energy in alignment with shared purposes. So, we set about designing a shared space to align our strategies and develop our leaders to respond to this challenge. What we have been building is now called leadBlack STL.

At first, we tried to convene ourselves. But our efforts sputtered due to ongoing demands on our time, limited resources, national actors' unhelpful insertions (and withdrawals), moment-to-moment trauma, and gendered and generational dynamics. Yet we kept talking about the need. As Amplify listened and learned through the process of cocreating a Missouri grantmaking strategy with local leaders (LSAs), they reflected back our own desire for a leadership, learning, and strategy-building space. Amplify, along with Deaconess Foundation—a key funding and convening presence in the region—also shared their willingness to provide the resources we needed to get this off the ground.

It was important to all of us, including Amplify, that the process of forming such a space reflect our values: shifting decision-making power toward those most directly affected, and the burden of logistics and coordination toward those with resources. In practice that meant confronting our own conditioning within philanthropic culture. In our experience, funders typically require reports of expenditures, impact statements, or presentations. They typically require final decision-making power. Even funders leading with the language of equity tend to eventually vie for control or punish deviations from the routine of philanthropic relationships. These mundane surveillance patterns, assuming distrust and presuming grantees are the ones who need questioning, are often the difference between equitable implementation and philanthropy as usual.

Taking this approach led to questions like: Who should build the process? Who should write the RFP for a design consultant? Who should interview candidates? Who should select the candidates? Whose input do we need along the way? Once we have a design consultant, whose approval do they need? We struggled through these questions together. Amplify staff members Amy and Melody checked in regularly throughout the request for proposal and hiring process—continuously searching for the right role that would articulate our voice, respect our decision-making, and not add to our workload. With practice, we found a principle to guide us: It was our decision, without limitation, but also with support. We were free to ask for help that took work off our plate. Through consistent practice, one step at a time, we developed a different kind of funding relationship.

After a months-long design process, we are set to launch leadBlack STL in late 2021 as a base for young Black leaders in St. Louis to develop a shared political analysis informed by a lens of systems change and racial justice, and to build the power of Black leaders to create transformative, just, and equitable systems so that Black people can have better lives in the St. Louis region. We are currently seeking more financial support for this effort before launch, and we hope it will help us grow an even stronger relationship ecosystem.

Blake Strode & Amy Morris: At ACD, we are practicing building relationships in alignment with our vision for a liberatory future. At Amplify, we are still improving our ability to build trust, and believe doing so makes us better, more aligned, and our grantmaking strategy more equitable. Together we've learned that trust is built through a series of very small, but very radical, shifts in how we relate to each other over time. We know that trusting relationships are integral to the change we seek. ●

Youth Leadership in Action

Youth and young adults helped develop and implement a new initiative, Youth Thrive, that addresses the challenges they face in foster care.

BY STEVEN D. COHEN, LEONARD BURTON & ELLIOTT HINKLE

"Nothing about us, without us," is a rallying cry that originated in the disability rights movement, but it has been widely adopted by young people who have been in foster care. The stakes are high. "One person frames your life before a court, and a couple of people decide where you live," says Sixto Cancel about his experience with the system. Cancel remembers just how little say he had in his own future and how that made him feel. "Your life goes on a whole [unwanted] trajectory because someone didn't ask you [what you needed]," Cancel says.

Ensuring that young people have a say in their futures—not just as individuals, but collectively regarding decisions about child welfare policy and practice—is a goal of Youth Thrive (YT), an initiative of the Center for the Study of Social Policy (CSSP) focused on youth well-being. CSSP staff wanted to create a bold initiative to address long-entrenched practices in child welfare systems around the country. To do so, CSSP knew it would have to draw on not only current research about adolescent development and systems change, but also the experiences and expertise of young people themselves. Cancel was one among many young people with experience in foster care who helped develop and implement the effort.

How might youth and young adults with experience in foster care play an integral role in an initiative like this? The challenges are considerable. Typically, adults have power and young people do not. Adults in human-services organizations have experience deliberating changes in policies and practices, while young people usually do not. Meetings are commonly held during hours when young people are likely to be in school or at a job, making it difficult for them to participate. Staff members are paid for their time, while youth generally are not. Perhaps most significantly, adults often dismiss the value of listening to young people about what they want and need. Given these constraints, how can organizations ensure that the participation of youth and young adults is more than tokenism?

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Elliott Hinkle is a consultant focused on child welfare, the LGBTQ community, and youth mental health. A young professional with lived expertise in the child welfare system, Elliott is a Youth Thrive trainer and advisor.

Unless identified differently, others quoted in this article are also youth and young adults with experience in foster care who have been involved in developing and implementing Youth Thrive.

LAYING A FOUNDATION

When CSSP Executive Vice President Susan Notkin began to conceptualize Youth Thrive, she was influenced by her previous work with parents whose children had been taken away and placed in foster care. "[The parents] taught me things about what they needed that I hadn't imagined," Notkin says. Notkin brought this mindset to bear on her work with YT. Along with a review and analysis of relevant YT research, Notkin engaged 30 youth who had been in foster care to talk about what had helped them during their time in foster care and what they would have wanted to change.

In launching Youth Thrive, CSSP partnered with youth to carry out two important activities. First, young people with foster care experience co-facilitated meetings with researchers, policy makers, and practitioners. This positioned youth and young adults as real collaborators who could help interpret evidence and draw conclusions about promising directions, not just provide CSSP staff with information. Secondly, when the YT team conducted a search for "exemplary initiatives"—programs that were already doing extraordinary work with young people—youth and young adults took part in selecting which programs would be chosen and then teamed with CSSP staff to make site visits to explore those programs in greater depth.

These site visits were not without complications, especially when it came to recruiting youth in multiple locations, managing transportation logistics, and paying them for their time, according to Francie Zimmerman, a CSSP staff member who helped create YT. Yet the results were worth the effort. "Youth told us things we wouldn't have known, asked questions we wouldn't have asked, and they made connections with youth [in the programs being visited] we wouldn't have been able to make," Zimmerman says. The participants' input also had power. For instance, when a young team member had a negative reaction to one program, it was not selected. As a result, the young people who participated also felt valued, with one participant saying that it felt "cathartic" to have the power to influence decisions about which programs CSSP would pick.

In addition, CSSP "levels the playing field to make sure that young people have the same information as other professionals at the table," says YT developer Kaysie Getty. Several other young people said that they were paid "at a higher rate" than in similar experi-

What is Youth Thrive (YT)?

YT is an initiative focused on youth well-being. It seeks to change the way child welfare systems relate to youth, to better reflect current knowledge about adolescent development and ensure that youth can influence policy and practice. It includes:

- A research-based framework of five protective and promotive factors that all young people need;
- Consultations with seven jurisdictions on using the framework to improve policies, contracting processes, training, and frontline practice;
- Training on applying the framework in day-to-day work with youth that has been provided to more than 3,700 frontline child welfare workers; and
- A self-directed survey that youth use to measure the presence, growth, and strength of their own protective and promotive factors.

ences with other organizations, and that this had the practical benefit of allowing them to take time off from other work when needed. And, as YT developer Ashley Jones says, CSSP "kept asking me for my input," rather than just involving her once or twice. The relationships developed during these repeat interactions would turn out to be important to both the young people and the adults who built YT together.

Youth Thrive's Protective and Promotive Factors

The initiative focuses on five factors that all young people need.

KNOWLEDGE OF ADOLESCENT DEVELOPMENT
Understanding the unique aspects of adolescence and implementing policies and practices that reflect a deep understanding of development.

YOUTH RESILIENCE
Managing stress and functioning well when faced with stressors, challenges, or adversity.

CONCRETE SUPPORT IN TIMES OF NEED
Making sure youth receive quality, equitable, and respectful services that meet their basic needs (e.g., health care, housing, education, nutrition, income), and teaching youth to ask for help and advocate for themselves.

SOCIAL CONNECTIONS
Having healthy, sustained relationships with people, institutions, the community, and a force greater than oneself that promotes a sense of trust, belonging, and that one matters.

COGNITIVE AND SOCIAL-EMOTIONAL COMPETENCE
Acquiring skills and attitudes that are essential to forming an independent, positive identity and having a productive and satisfying adulthood.

GROWING INFLUENCE

After having developed the research-based framework and visited excellent programs to see how they work, CSSP contracted with curriculum-development experts such as Jean Carpenter-Williams to build a training curriculum for frontline staff and supervisors. According to Carpenter-Williams, who is director of training development at the University of Oklahoma's National Resource Center for Youth Services, youth had little involvement with the initial training development. This quickly changed when the training was ready to be tested and YT developer Elliott Hinkle joined in facilitating part of a session. It was "kind of serendipitous," Carpenter-Williams recalls. "Elliott happened to be with me in New Jersey" on another project, she says, and she asked Hinkle to help her. The success of that effort led to conversations about how to bring in youth as co-leaders on a regular basis.

All participants agreed that having youth involved with planning the training improved the overall experience. It created "an opportunity to get adults to step outside their comfort zones," says YT developer April Curtis. Moreover, the young people who co-led the training are a more diverse group than the adults, and thus the training developed a deeper focus on race and racism as well as the challenges faced by youth in foster care who identify as LGBTQ.

This new way of working posed challenges as well. Trainings would have to be flexible, as "every single session we were learning something new," says Hinkle of the continuously evolving process. Hinkle aspired to be "an equal to Jean," they said. Carpenter-Williams, in turn, wanted young trainers to share the workload equally, "as I would expect any other cotrainer to do," she says.

Over time, the young professionals involved in the trainings matured as they built their skill sets. They noted the challenge of having to make real-time decisions about whether or not to share personal experiences with the group to help bring home the training content. They had to weigh the potential benefit of discussing personal experiences with the emotional cost of doing so and the risk of appearing as less professional to some participants or of being heard only for their lived experience and not for the training content. They noted how important it was to be fully in control of this decision and to have the support of their adult partners in maintaining appropriate boundaries.

CSSP leaders are clear that, if they were in a similar situation today, they would involve young people in training development from the very beginning. Youth would work alongside professional curriculum developers, contributing to and reviewing content, and materials would be developed with the expectation that youth and young adults would be co-leaders in delivering trainings. What turned out to be most important was the flexibility to adapt and to have youth play a much larger role in order to make trainings more effective.

TESTING THE LIMITS

Knowledge about adolescent brain development and how the brain responds to trauma isn't just useful information for child welfare workers. It can also help young people understand and navigate their own life experiences. This idea, developed by young people involved with YT, was the genesis of a curriculum called Youth Thrive 4 Youth (YT4Y), that gives young people an opportunity to better understand what they are going through during adolescence and helps to promote healing, health, and well-being.

CSSP contracted with a group of young professionals who had experience with YT to lead the development of YT4Y. Producing a training curriculum was a new challenge for these young professionals. As their work progressed, CSSP was "distant but close," recalls YT4Y developer Victor Sims. "This allowed us to create what we thought Youth Thrive 4 Youth needed to be." Part of being "treated as equals is being able to accept critical feedback," says YT4Y developer Madison Sandoval-Lunn. It was exciting, yet it was also complicated and sometimes messy at times. Hinkle, who observed the pilot on CSSP's behalf, remembers the complexity of being both a peer of the developers and a CSSP representative. This was further complicated by the "dynamic between me as a white, queer young person … having this kind of power" in relationship to the young people of color who worked on YT4Y, Hinkle says.

When CSSP received the draft curriculum from the developers, it proceeded to make changes to both the format and the content. Some of the developers expressed concern about these edits, believing that the original version was important for appealing to the intended audience (young people) and making the material more accessible. These different perspectives led to uncomfortable feelings on both sides.

This experience highlights some of the challenges of power-sharing, especially the importance of shared, clear expectations about what exactly is being delegated and what authority the sponsoring organization is retaining for itself. YT4Y was an exciting new opportunity for both CSSP and the young people who developed the curriculum. In that context, it may have seemed unnecessary to anticipate potential future problems and plan for them from the beginning, but in retrospect it would have been wise to do so.

It also reinforces the importance of relationships. The difficulties encountered in developing YT4Y were manageable because those involved had built and sustained mutually beneficial and gratifying relationships over a long period of time. Similar challenges might have proved far more damaging if this had been the first time these partners had worked together.

REFLECTIONS

Projects like the development of YT4Y reveal inherent power imbalances. When those with more power (in this case, adults) invite those with less power (youth and young adults) to take part in a project, it's all too easy to see youth as "representatives of the community," or "people with lived experience," or some other abstract concept. Such labels obscure the uniqueness of each individual, and make it too easy, even with the best of intentions, to take advantage of people rather than support their engagement as full partners.

Youth thrive when they are valued. They also thrive when they are nurtured and supported, both personally and professionally. Youth and young adults identified some markers of being of value to the project, such as: being compensated fairly; receiving the same information as adult partners; seeing that their recommendations are taken seriously; being engaged repeatedly; and having the opportunity to develop relationships with each other and with their adult partners. The young people interviewed for this article spoke with appreciation about feeling seen and heard. One participant remembers watching a CSSP staff member step in to support a youth who was struggling to respond to a series of very personal questions in a public setting and notes how powerfully that decision conveyed the message that the person mattered more than the information.

Many of the young people involved with YT had prior experience as participants in other projects, where they started to confront the emotional challenges of sharing their personal stories with people they didn't know well. Without this history, CSSP would likely have had to spend more money and take more time preparing youth and young adults to be effective. YT then provided an opportunity to develop skills that would allow them to make a contribution greater than just storytelling. As they accrued experience, with YT and school and other endeavors, those skill sets matured even further. Some have gone on to build careers as consultants in youth development and child welfare, while others moved on to other kinds of work.

Sixto Cancel urges organizations to treat people with lived experience "like the billionaire at the table." If someone provides seed money to get a project going, he says, you would keep them up to date and find opportunities to involve them throughout the project, even after their money was spent. These comments speak to the desire to be integrated into work, rather than just engaged for short-term input. And this in turn reinforces the importance of building relationships in which individuals are seen, heard, and valued. ●

Community Takes the Wheel

A new framework, Evidence2Success, gave the Children and Youth Cabinet a road map to put equity at the center of its work with young people.

BY WINSOME STONE, MATTHEW BILLINGS & REBECCA BOXX

When the Children and Youth Cabinet (CYC) of Rhode Island was founded in 2011, its mission was to gather, analyze, and disseminate data and best practices to support Providence's children and youth. Over time, CYC staff determined that their organization was not sufficiently equipped to deliver what the community told us they wanted: programs designed for communities of color.

Today, CYC is a very different kind of organization—it's an intermediary that invests more than $2 million annually in programs that support behavioral health outcomes in Rhode Island's urban communities. But the journey from a collective-impact coalition to a responsive intermediary that embraces equitable implementation took time. It required changing staffing practices, installing community residents in leadership roles, and restructuring its operating status to become what we call a "nimble" intermediary that pursues programs, funding, and implementation according to what residents say they need, and in a way that is designed to work for them. CYC also had to define and embrace what became the four cornerstones of its approach to equitable implementation: engagement, agency, relevance, and investment.

Longtime Providence residents like Winsome Stone have played a pivotal role in this journey. Winsome is an executive at the Rhode Island Department of Children Youth and Families (DCYF), the state child welfare system. She is also a mother and has lived in the same community for many years. As the implementation field faces hard questions about relevance and design of evidence-based practices and programs for communities of color, the vision and expertise of community members like Winsome are an integral part of the solution.

"We need services that reflect families' own experiences and we need organizations that actually engage with residents," Winsome says. "We can't just say 'equity' over and over and expect results."

CYC now invests more than $2 million annually in a prevention portfolio that includes three evidence-based programs focused on preventing problems for young people before they develop: Familias Unidas, Strong African American Families, and Cognitive Behavioral Intervention for Trauma in Schools (CBITS). Each of these programs has been designed, disseminated, or adapted by people of color for specific communities of color. The workforce delivering

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Matthew Billings is deputy director of the Children and Youth Cabinet of Rhode Island, which brings together residents, public systems, community-based organizations, and funders to achieve shared outcomes.

Rebecca Boxx is director of the Children and Youth Cabinet.

Silvia, a participant in the Familias Unidas program, sits with her two daughters.

PHOTO BY STEPHANIE ALVAREZ EWENS

these programs is composed exclusively of clinicians, artists, and facilitators of color who share the experiences and backgrounds of program participants. This is one of the ways to ensure that equity takes priority and the evidence gathered is relevant to our residents.

ENGAGEMENT: FROM TOKENISM TO MEANINGFUL PARTNERSHIP

CYC became the national pilot partner for Evidence2Success in 2012. Developed by the Annie E. Casey Foundation, Evidence2Success is a five-phase planning and implementation framework for improving the well-being and development of children and youth, as well as reducing racial disparities. The framework relies on the expertise, authority, and decision-making of residents as a way for communities and public partners to work together. The goal is to help public system leaders and community residents gather data on the needs and strengths of local youth, use the data to set priorities to improve well-being for young people, and shift public funding to address those needs with evidence-based programs.

Evidence2Success is guided by principles of evidence, prevention science, authentic community engagement, and racial equity to dismantle barriers for children and families of color, and to improve public systems. As Winsome notes, the phases of Evidence2Success emphasize adapting to community history and context, creating customized ways for residents to participate authentically, establishing clear roles for key constituents, and building trust with the community.

"When I was first asked to participate in Evidence2Success as a representative of DCYF, it felt like they were 'checking boxes' because I'm Black, I live in South Providence, and I'm a mom," Winsome says. "In my experience, a lot of state agencies do that; they want to believe they're focusing on equity but in reality, it's more like tokenism." But Winsome's faith in the program grew over time: "It became clear that there was a place for my voice to be heard, a process that was genuinely inclusive of residents, and a role for me to play as an advocate for families. I was able to use my experience to make sure equity was always up front and ensure that evidence is also relevant to our residents."

When adopting the Evidence2Success framework, CYC needed to redefine old notions of what it meant to engage residents. In initial interview responses to evaluators, residents said that CYC's staff were not connected enough to the racially diverse neighborhoods where the pilot was taking place.[1] It became clear that effectively engaging residents was not just a one-time or even occasional activity, but an ongoing process that required continuous two-way communication, defining and supporting community roles, and power sharing. CYC had to redesign its business model and make sure staff delivering programs shared the culture and experiences of the communities where they were working.

AGENCY: SETTING PRIORITIES AND MAKING DECISIONS

Until recently, equity in implementation has often been an add-on or afterthought with intangible strategies that lacked authenticity. Through experience and adjusting our practices, CYC has learned that activities explicitly designed to drive equity need to happen from the earliest stages of program implementation, establishing that residents involved in the process have tangible agency and power.

"Early on in Evidence2Success, there was a ton of skepticism with residents asking, 'How do we know you're going to deliver for us this time?'" Winsome says. "Throughout this process I saw that residents

were asked what their priorities were for their own families, that programs that are culturally relevant were selected with residents, that the CYC actively secured resources to fund and scale those programs, and that the selected programs have all been implemented with positive results for children, youth, and families. To me, this shows that when you lead with equity, you establish trust with community and that trust is strengthened when you do what you say."

Consensus building and trust quickly became bedrocks of meaningful progress. CYC's commitments to these two goals were first put to the test during joint priority setting—a key part of Evidence2Success that serves to establish what residents want for their children, young people, and families. To begin, CYC led a series of conversations with groups of residents in community settings. Participants looked at answers to a survey taken by more than 5,000 local middle- and high-school students that asked about the students' experiences and welfare in five areas: behavior, education, emotional well-being, positive relationships, and physical health. Participants used these data to determine their top well-being outcomes for children and youth in the community. Although some behavioral health indicators were significantly worse than national averages, they weren't necessarily the top priority of residents, who chose to focus instead on addressing anxiety, depression, delinquency, chronic absenteeism from school, and difficulties in emotional regulation. This revelation was a seismic step in CYC's learning, the shift from "we know what's best for you" to "you know what's best for you."

The next milestone was selecting evidence-based programs to improve the priority outcomes. To prepare for this, a committee that included residents researched dozens of programs, interviewed people in other communities who had implemented the programs, and reached out to program developers to ask questions. The committee asked about developers' backgrounds, whether programs were designed for communities of color, and if they had documented effective results for diverse populations. Using a set of filters that focused heavily on how programs might fit with our local community, the committee recommended a set of 10 programs, from which up to 4 could be selected.

We then held another meeting where residents, representatives of public systems, and community partners came together to select a portfolio of prevention programs that were relevant to their community and experiences. Residents presented each of the programs under consideration and shared the research on how each program might fit the community's needs. During the meeting, a city councilor pointed out that it was unacceptable that a city with a student population that is 60 percent Latinx had few, if any, programs that reflected the experience of its Latinx immigrant population. This led to the selection of Familias Unidas, a program specifically designed by a Latinx team from the University of Miami for immigrant Hispanic youth and their families.

During moments like these, decision-making authority shifted to the community. With residents making their priorities and preferred programs clear, CYC now had an equally clear responsibility to deliver on the commitments it had made to secure investment, implement programs, and share results. At this point, CYC's structure began to shift from a broad volunteer collective impact coalition to an intermediary with dedicated paid staff in order to deliver on those commitments. In addition, CYC created clear ways for residents to get involved with its decision-making bodies and began to bring together community members, including youth, to solicit their guidance and expertise.

RELEVANCE: REDEFINING EXPERTISE AND CONSIDERING CULTURAL FIT

While implementation science prizes traditional academic or professional expertise, few variables in implementation are more important in predicting successful uptake, early success, scaling, and long-term sustainability than alignment with and a deep understanding of the community and local context. In Providence, implementation teams power the successful implementation of evidence-based programs, ensuring that programs actually produce the intended outcomes for children and families. Implementation team members are primarily residents who have special expertise about programs, implementation practice, continuous quality improvement cycles, system-change methods, and community experience and context. CYC convenes a discrete implementation team meeting for each program every month, where participants review qualitative and quantitative data, share relevant context for the results they review, and address problems as they emerge. These meetings guide the changes CYC needs to make to ensure programs are effective and relevant to community members.

Winsome volunteered for the first CBITS implementation team. After she and others noticed at the team's early meetings that young people were not engaging in the group, the team began to design and test what is now a highly effective adaptation of CBITS—bringing

What Sets Evidence2Success Apart?

Winsome Stone reflects on how the new implementation framework made a difference in Providence:

"For me, it's always been a problem that in child welfare we serve a disproportionate number of Black/African American and Latinx families, but we have no programs that are specifically for families of color. Even worse, in Rhode Island we have a large number of Spanish-speaking families but hardly any services for them in Spanish. Evidence2Success was different because from the start we prioritized programs that were designed by developers of color or were specific to communities of color. We ended up selecting programs like Familias Unidas, a program designed for immigrant Latinx families and delivered by Spanish-speaking Latinx facilitators. Almost immediately, I started advocating with DCYF for us to fund Familias Unidas since it would be a fantastic addition to our service array, filling a big gap. It took some time, but the Department has now invested in Familias Unidas for a few years. It has some of the highest enrollment, retention, and satisfaction rates of any of our programs and results for participants are very strong."

The Impact of Evidence2Success

The new program demonstrated increased engagement and attendance and reduced symptoms of post-traumatic stress disorder among participants.

ENGAGEMENT

90% of Latinx youth and caretakers who started Familias Unidas completed the program

RELEVANCE

89% of Black and African American youth in Strong African American Families said the content was relevant to their life experience

OUTCOMES

80% of Cognitive Behavioral Intervention for Trauma in School (CBITS) participants realized a statistically significant reduction in post-traumatic stress disorder symptoms

90% of parent and caregiver participants saw a reduction in their young person's problem behavior

performance artists of color into the groups to increase engagement and relevance. The artists use their art to share stories of their own trauma and act out strategies to better cope with negative feelings. Pairing a mental health clinician of color with a performance artist enables students to feel more comfortable sharing their own traumatic experiences and more willing to use the tools and strategies presented.

"Pretty quickly we learned that these youth didn't feel like the group facilitator, who was older and white, could really relate to their experience and trauma," Winsome says. "Once we ensured group leaders were clinicians of color alongside young adults with lived experience, engagement and outcomes improved significantly." This adaptation in response to what young people told us has increased engagement and attendance in the program and reduced symptoms of post-traumatic stress disorder among participants. (See "The Impact of Evidence2Success" above.)

CYC did a lot of internal work to support communities in their implementation efforts. Each evidence-based program is led by a CYC project manager who also convenes and leads the implementation team. The project managers also coordinate with public partners, collect and analyze program data, manage outcomes, and facilitate training, among other activities. CYC's programmatic workforce is now composed entirely of BIPOC, and we, as leaders of the program, made the commitment two years ago to hire only BIPOC project managers.

INVESTMENT: SUPPORTING LONG-TERM COMMITMENTS

Delivering large-scale results for communities requires ongoing investment from the public systems that serve those communities, yet these systems and the communities they serve often do not share common priorities. When CYC finished its program selection, residents had delivered a mandate not only to implement their recommended programs but to raise and secure investments to expand those programs.

Public education, health, and child welfare offices initially made small financial commitments. CYC focused on building a strategy that would tap diverse sources of funds to improve outcomes for large groups of children, youth, and families. The explicit focus on equity and on culturally specific programs has enabled CYC to grow existing investments and unlock new funding. In fact, CYC received its first sizable award, from the Rhode Island Department of Health, to address behavioral health inequities. CYC educated public officials and leaders in the fields of child welfare, education, and behavioral health about gaps in the services they offered for communities of color and engaged in discussions on how to fill those gaps. As a result, Rhode Island public systems have invested more in services that are designed for and valued by these communities. CYC's evolution into a fiscal intermediary has enabled the organization to take an equity-first approach to implementation and to gain more flexibility to raise funds that will advance the community's strategic priorities.

LOOKING AHEAD

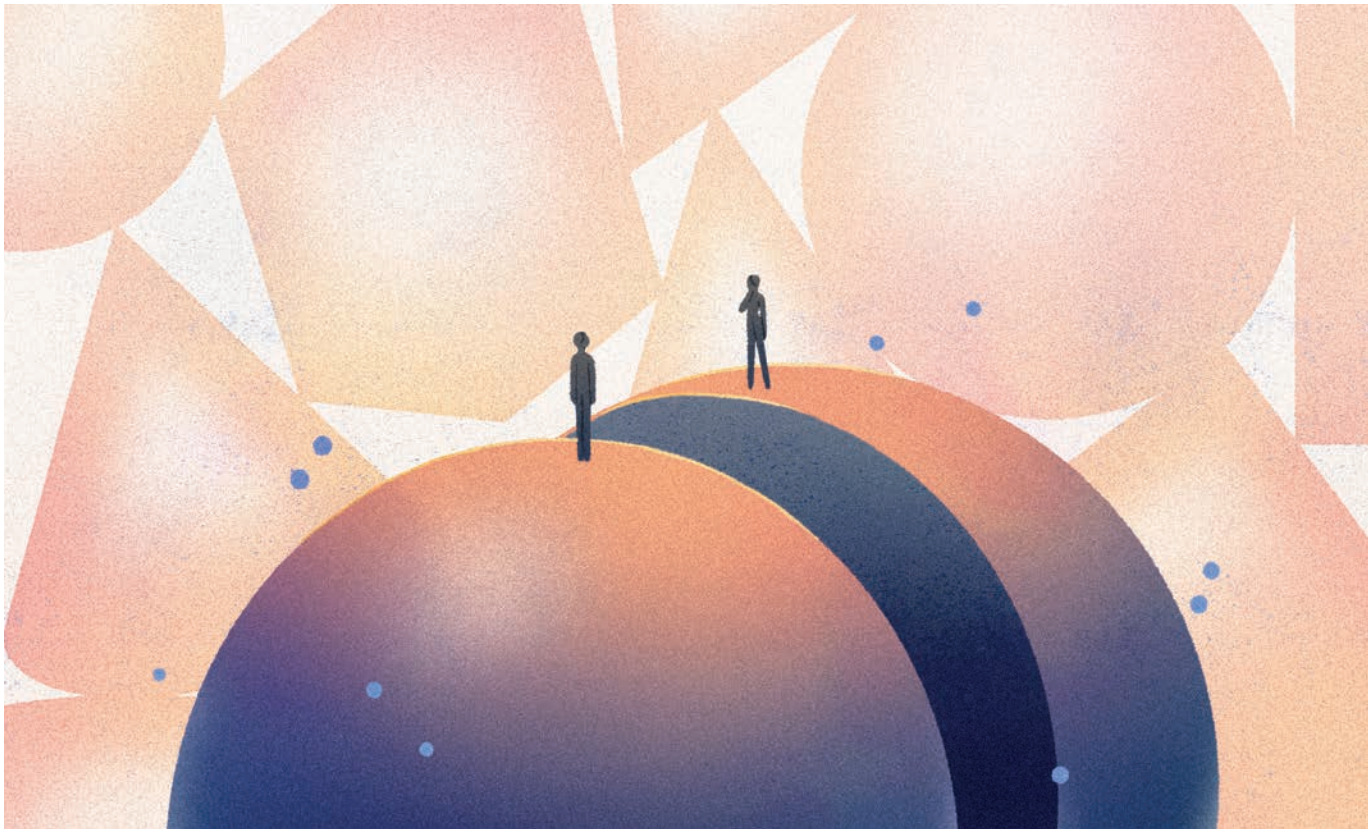
CYC's journey isn't finished inside or outside our organizational walls. While we have successfully diversified our administrative and project management team, we need to build meaningful opportunities and pipelines to join senior leadership, and we need to codify policies and practices that support this goal. We will stay focused on engagement, agency, relevance, and investment in the following ways:

- **Engagement:** CYC's resident advisory board, currently composed exclusively of Latinx residents, provides ongoing consultation on program implementation—facilitating community conversations about behavioral health outcomes—and will be generating research questions to further this body of work. CYC also supports the work of a youth-organizing group that delivers a monthly podcast on a range of relevant topics. In the next year, this youth-led team will discuss behavioral health access and youth trauma, in addition to advising on CYC's initial implementation of Act and Adapt, which is an evidence-based program specifically designed for students of color experiencing acute depression.
- **Agency:** The resident advisory board and the podcast team will make decisions and recommendations to advance our work in the coming year, along with the day-to-day and week-to-week decisions that are made by resident clinicians, artists, and facilitators in implementation team meetings and programmatic settings.
- **Relevance:** CYC will add Act and Adapt to its suite of programs and will continue to expand its BIPOC workforce of facilitators, artists, and clinicians.
- **Investment:** CYC will continue to align all the investments it makes and seeks with residents' chosen priorities and programs, to expand investments in its BIPOC workforce to match the expansion of programs, and increase investments in resident advisory and youth organizing projects through active pursuit of new federal, state, and philanthropic dollars as well as public service-delivery contracts.

While the work in Providence is not yet complete, CYC is on the road to lasting, systemic, equitable change, and has made the critical transition from frameworks to action and results. In doing so, we have been able to redesign our work to break through barriers that have denied communities access to evidence and positive results for far too long. ●

NOTE

1 Sarah M. Chilenski and Alison J. Chrisler, *A Road Map to Quality Implementation of Collective Impact Programming with Fiscal Independence: The Providence Children and Youth Cabinet Story,* The Pennsylvania State University Edna Bennett Pierce Prevention Research Center, 2019.



Equity in Implementation Science Is Long Overdue

Implementation researchers and practitioners must examine how the field can be truly equitable. A systemic approach offers a path forward.

BY ANA A. BAUMANN & PAMELA DENISE LONG

Implementation science is an evolving field that aims to use evidence and rigorously acquired knowledge to close quality and outcome gaps in health and human services. However, we still have work to do as a field to advance equity, particularly for historically underserved populations.

To advance equity, implementation researchers and practitioners must engage in a consistent process of knowledge development, intervention selection, and use of implementation strategies, all focused squarely on equity. We can achieve equity in implementation science only by integrating the voices and wisdom of historically oppressed communities and reflecting on our own behaviors and values as implementation researchers and practitioners.

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Pamela Denise Long is an instructor at Southern Illinois University and doctor of education candidate in organizational leadership and development. Her consulting and facilitated trainings focus on the intersections of leadership, trauma-informed care, and implementation of racial equity by way of anti-racism. Her emphasis is on the outcomes of multigenerational Black Americans.

We must also critically assess the gaps between the intentions and the impact of our work. Equitable implementation requires us to engage in social justice inquiry of our work and pursue fair, restorative, and equitable outcomes. In light of such inquiry, we propose that if we are to truly engage in equity work, all interventions and accompanying implementation strategies must address social determinants of health (SDOH)—the broad range of social, economic, political, and psychosocial factors that directly or indirectly shape health outcomes and contribute to health disparities. Health is not just the absence of disease, but also the presence of the resources and supports that people need to thrive.

THE COLLATERAL EFFECTS OF SOCIAL DISTANCING

The public health response to COVID-19 has made social distancing part of everyday language. When coupled with other interventions such as masking and hand-washing, social distancing has proven to be an effective evidence-based intervention for combatting respiratory virus epidemics. However, social distancing as an intervention has also shown us the negative consequences of implementing interventions with a single target (i.e., the prevention of disease) without examining context. For example, school shutdowns have exacerbated preexisting inequities in education, while limiting developmentally necessary social contact for children and taxing household resources.

Educational attainment and social isolation are social determinants of health. Since the initiation of social distancing, data show an increased risk for depression and traumatic stress responses, the mental health effects of which could extend beyond the COVID-19 pandemic. Social distancing is also affecting business, especially small businesses. Social distancing saves lives, yet exacerbates and compounds inequities in all walks of life, particularly for Black communities.

Half a century ago, British physician Julian Tudor Hart developed a concept he dubbed the inverse care law to describe the notion that public health interventions are the most successful with populations that need it the least, and the least successful with those facing the greatest risks. In our example, social distancing works best for populations that are able to work at home and have the resources to support remote learning. Acknowledging and addressing the collateral consequences of intervention-generated inequalities is only part of what is needed to achieve equity in health-care delivery.

The COVID-19 pandemic has disproportionately affected populations in already vulnerable contexts. Scholars call it a syndemic—a term coined by anthropologist Merrill Singer that describes the relationship between endemic and epidemic conditions, influenced and sustained by a broader set of political, economic, and social factors. Here, we use it to refer to two or more health conditions (e.g., COVID-19 and mental health) co-occurring in a particular environment. A practice of equitable implementation could potentially diminish or even prevent syndemics and other negative outcomes of our work in historically underserved populations.

THREE CALLS TO ACTION

We suggest three calls to action for the implementation science field: equity-focused evidence development, intervention selection and outcomes measurement, and implementation strategies. We also provide critical reflection questions about the equity-focused practices of researchers and implementation support practitioners.

Call to Action #1: *Engage with historically underserved community members and collaborate with other disciplines for evidence development with equity at the forefront.*

As the issues around social distancing have shown us, developing more equitable interventions requires us to reflect critically about the unintended and detrimental consequences of our work as implementation scientists. We need to nurture a greater understanding of the social determinants of health and of the political, social, and historical dynamics of the context in which we are implementing our interventions. Implementation researchers and practitioners must account for the deep and prolonged history of white supremacy, systemic racism, and other forms of discrimination that exact broad social consequences for the populations we engage, and the ways present-day organizations are shaped by cultural and historical dynamics.

To apply a social justice lens to the field of implementation science, we need to recognize that research is inherently entangled with the power relations, perspectives, and identities of academics and the institutions that govern their behavior. We urge implementation researchers and practitioners to routinely examine their evidence—how it was collected, measured, and/or analyzed, by whom, and under what conditions. Without intentional equity-focused evidence development, researchers can perpetuate the erroneous notion that an inquiry can be objective and/or divorced from historical context.

If we are to develop interventions that produce desired outcomes for communities, we need to formulate research questions and topics together with historically underserved populations, so that those with a stake in implementation share in the decision-making. Other researchers, including the authors of this supplement, have written about how to engage and collaborate with communities who face barriers to services and about the need to examine who recruits participants for trials, how recruitment is done, and what value the study has for those populations. By cocreating research, with the assumption that health inequities affect us all, we can better understand and examine the contexts in which we are conducting our studies. The field of implementation science could learn a lot by conducting trials in churches, barbershops, and other gathering places where people feel safe. Accordingly, researchers and practitioners should ask themselves: What processes do you use to include community insights in developing research questions? Who is absent in these conversations and why? Where are you conducting your trials and how does the setting affect the participants who are present—and absent—in your research?

As we engage historically underserved communities to create equitable knowledge development, we also advise implementation scientists to resist the temptation of developing a new and separate jargon for well-known concepts. Scholars in community-based participatory research (CBPR), community-engaged research (CEnR), and Critical Race Theory (CRT) have been exploring these issues for decades. We must expand existing equity-supporting frameworks of analysis in our research and avoid creating an even larger communication gap between our field and others. Consider: Have you reached out to scholars who do equity work? What are your assumptions around equity and which literatures are you reading? Before you modify or create a new framework, design, or measures, have you looked at the wealth of resources put forth by equity and anti-racism scholars?

Call to Action #2: *Pay attention to intervention selection and outcomes measurement by examining their relationship to social determinants of health.*

Evidence development informs intervention selection. Intervention selection and its implementation strategies must be informed by the context and the people who will receive the intervention. Researchers and practitioners increasingly realize that the structural conditions in which people are born, live, and work are powerful determinants of health disparities.

Evaluations of interventions usually track their effects on applicable markers of health, such as a decrease in the spread of COVID-19. Sometimes researchers also track implementation outcomes during the development of treatment (e.g., how feasible and how acceptable is the intervention). While developing an intervention for a specific outcome is valuable in itself, researchers should think beyond proximal outcomes (e.g., the rate of viral infection and death) and measure potential effects on social determinants of health (e.g., the impact of social distancing on small businesses). For instance, an intervention aimed at reducing substance abuse could have other benefits; sobriety could show decreases in rates of incarceration or probation. A study of an evidence-based intervention for parents from GenerationPMTO shows that improving parenting practices not only yields better outcomes for children and improves parent mental health, but also improves household income.

Interventions can also target social determinants of health. For example, studies have shown that housing mobility improves physical and mental health, including obesity and depression; that economic strengthening has positive association with HIV testing and care; that parent interventions coupled with interventions around food security are associated with reduced violence against children. Interventions that target SDOH are perhaps more effective at promoting equity in the long term than interventions addressing only one outcome.

Consider: What type of SDOH outcomes could you also measure as you implement your interventions? How might you prioritize selecting interventions that affect more than just proximal outcomes? And how might you examine the impact of the interventions beyond the main target outcomes?

Call to Action #3: *Develop equitable implementation strategies.*

Just as we advocate for implementation researchers and practitioners to consider SDOH outcomes in the development and measurement of their interventions, we also urge them to adopt implementation strategies that are focused on systems. Implementing systems-level strategies is not a simple task, because identifying and measuring contextual factors is challenging. Context too often tends to be an afterthought of our work, but it drives differences in our studies and sustains inequities. To enhance equity, implementation researchers and practitioners must address the *structural* determinants of health—the socioeconomic, historical, and political contexts—that contribute to the socioeconomic position of those being served. Equity-focused implementation strategies ensure that people from underserved communities are not blamed or deemed to have character deficits. They address the historical mistrust, anger, and fear that these communities rightfully have with traditional systems of care. The previous two calls to action asked implementation science stakeholders to embrace their place as advocates for justice. Justice, in turn, requires implementation researchers and practitioners to address the context that the individual faces.

To achieve equity, we must develop strategies that support communities to be safe, heard, and empowered in traditional service interactions. With justice in mind, we should develop implementation strategies that not only meet immediate needs but also rectify the consequences of inequitable systems. Implementation researchers and practitioners must move beyond programs and practices to institutional and social policy. Only this way can we counteract the relational ruptures and compound inequities of the SDOH with historically underserved populations. We could also benefit from learning the harmful effects of legislation on these populations, including their access to protections and quality service. Laws can reinforce discrimination, protect those with power, and increase the disadvantage of those without social capital. Alternatively, they can create systems for equitable outcomes.

To dismantle racism and enhance equity, we need a seismic shift in the current academic model. We will not be able to make a significant difference with piecemeal studies under current funding mechanisms. We must build a stronger collaborative practice, with thoughtful sharing of resources and deliberate capacity building. The field of implementation science needs to infuse social justice concepts in its work and deliver ongoing anti-bias and anti-racism training to its researchers and practitioners. Implementation scientists can benefit from learning how to examine issues of power (e.g., how our social position affects our research questions and engagement with historically underserved communities), and how to develop and support allyship and collaborative science.

It is time for implementation researchers and practitioners to explore how the field might hold itself accountable regarding equity. We pose the following questions: How do policies impact the reach, implementation, and recruitment of underserved populations in your studies? How could you partner with advocacy groups and policy makers to further equity in your work? How might you develop implementation strategies that affect the contextual issues that contribute to disparities in outcomes? How could you ensure accountability and self-reflection in learning about the historical contexts of underserved communities? How might you embed anti-bias and anti-racism training in your implementation science trainings and strategies?

MINDING THE GAPS

Our current model of evidence-based interventions that target the behavior of individuals in traditional settings has failed so many people. The implementation science field must quickly catch up by developing equity-focused knowledge, intervention selection, and implementation strategies, lest we fall even further behind the burgeoning social consciousness and social justice movements.

With a more mature understanding of the social determinants of health, we must respond to immediate needs while also advocating for and proffering longer-term strategies that address the ways systems have marginalized people. Correcting the impact of historical oppression and systems-level root causes is the only equitable path forward.

Listening to Black Parents

Black children experience racial discrimination in academic environments that actively deplete their self-worth. By accessing the cultural knowledge of Black parents, Village of Wisdom co-designed a liberatory approach to education.

BY WILLIAM JACKSON & KRISTINE ANDREWS

"Oppressed people, whatever their level of formal education, have the ability to understand and interpret the world around them, to see the world for what it is, and move to transform it," said civil rights and human rights activist Ella Baker. She may not be viewed as a pioneer of equitable implementation, but her outsize impact on the civil rights movement was grounded in her ability to listen and support the leadership and wisdom of people most affected by racism.

My name is William Jackson and I'm the founder and a team member of Village of Wisdom, an organization leveraging the collective wisdom of Black families to support advocacy and organizing for racially just schools. Baker's approach was unknown to our team when we founded Village of Wisdom (VOW) in 2014, but the spirit of her approach informs everything we do. Indeed, it wasn't hard to convince us, as the children of Black parents ourselves, that Black parents—a Black child's first teachers—might know best how to facilitate learning for Black children.

VOW's solution was simple at its core: Leverage the cultural wisdom of Black parents to affirm their children's Blackness as an antidote to a world that actively depletes their self-worth through systemic racism and

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interpersonal racial discrimination.[1] Our work was initially informed by strength-based racial socialization research, which traditionally focuses on how Black parents communicate the idea of race to their children.[2] We aimed to create spaces where Black parents shared racially affirming messages they used with their children and how they used those messages to prepare their children to cope with the racism they would experience in school. We drew upon the research of scholars such as Enrique Neblett, Stephanie Coard, and Howard Stevenson.

We initially called the workshops we developed to support Black parents in assisting their children Family Learning Villages. We gave families space to develop their approach to navigate school settings dominated by white teachers and plagued by white supremacy (such as devaluing and erasing the contributions of Black people, prioritizing white teacher comfort over Black student learning and rights, and villainizing Black student language, hair, and clothes). The name we chose for these sessions reflected our team's instinctive beliefs as the children of Black parents who had helped each of us navigate American schools. We knew Black parents had a lot of wisdom to share; we just needed to create a space for them to share insights with and learn from each other. We also provided content to encourage conversation between parents that would amplify racial pride and deepen perspectives on racism and how to undermine it. Realizing the connection between economic oppression and racism, we also established the practice of compensating Black parents for their time and intellectual contributions during these first workshops.

Our communal approach that structurally and financially demonstrated respect for Black parent wisdom struck a sharp contrast with the majority of parent support programs: As psychologist Stephanie Coard has asserted, most parenting programs have been problematically designed by whites looking to fix the parenting of Black people.[3] Unfortunately, the working assumption of most parent training programs seems to be that the Black parents lack the expertise to contribute to conversations about parenting Black children.

Our intentional approach to structure our workshops to promote and compensate Black parent wisdom sharing proved fruitful. Specifically, the Family Learning Villages revealed what parents knew, what they wanted for their children, and what teaching strategies would likely be successful with Black students. (See "Culturally Affirming Strategies" on page 19.) Even more, we learned that when we approach parents with information to explore, Black parents will not only deepen our understanding of the issues facing Black families but also contribute to the work themselves. They saw us and more importantly themselves as coconspirators in the collective struggle for liberation—a future where self-determination for all, especially for Black people, is a reality and a right.

As VOW staff listened to the dreams and frustrations of parents, we noticed that many of them were passionate about the same issues: their children didn't trust their teachers; their children weren't interested in the lessons; and there wasn't enough Black history being taught. We weren't the only people hearing Black parents' complaints—but we were different from others in that we were one of the few groups really listening to parents' concerns as valid critiques.

Through this listening, VOW staff realized that Black parents were experiencing the same processes of dehumanization as their children. Black parents were clearly articulating their realities and acutely identifying the root causes of how schools were failing them and their children. However, due to the white supremacist motivations of schools (e.g., worship of the written word), the genius of Black parents was being overlooked and undervalued. Through my understanding of the world as constructed in the Black homes, baseball parks, and churches where I grew up, I heard the Black parents' voices loud and clear.

In fact there was a lot of research theory that aligned with their wisdom. For instance, Brené Brown's research on vulnerability tells us that if a child can't trust you, they can't learn, love, or create in that environment.[4] Even more, we know that if students are not interested in the instructional content, they cannot sustain the type of learning psychologists Edward L. Deci and Richard M. Ryan cite in their self-determination theory as necessary for tasks requiring sustained effort.[5] Just as important, the need for Black history is well substantiated by a multitude of Black researchers who have outlined the importance of racial identity affirmation for Black children.[6] Our team heard parents clearly say that their children did not deserve to be taught how to cope with racism; their children deserved liberatory learning environments that affirmed their humanity.

With critical insights gleaned from Black parents, VOW team members—especially Taylor Webber-Fields, Amber Majors, and Aya Shabu—pushed me to center the cultural knowledge and experience of Black parents in all of our work. Not only did we decide to center our organizational theory of culturally affirming instruction based on parents' observations, but we also realized we needed to codify Black parents' insights about the tools and strategies needed to build culturally affirming instruction that could help educators and others better use these insights. Therefore, parents became collaborators in developing the grounding framework of our organization: the Black Genius framework. This structure brings together six elements of culturally affirming learning environments that encourage the healthy development of Black children's intellectual curiosity and racial identity. (See "Black Genius Elements," on page 20.) The identification of the Black Genius framework also solidified the evolution of our program model to focus our efforts on transforming schools into more culturally affirming learning environments where Black children experience less discrimination.

FIX THE WATER, NOT THE FISH

Equity consultants and evaluators Donna-Marie Winn and Marvin McKinney offer a useful analogy of fish swimming in dirty water to help elucidate the difference between liberatory, resilience and deficit-based efforts.[7] In a situation where the majority of fish in a body of water are dying, the only rational conclusion is that the water is dirty or poisoned. A deficit approach focuses on fixing the dying fish rather than the water that is killing them. Unfortunately, most interventions and organizations purporting to serve Black children see them as problems to be fixed, and even more often see their families and communities as the source of their issues. Racial socialization research and our first workshops with parents taught us that Black parents were instead critical agents protecting their children from the dirty water that was killing the spirits of their children.

Focusing on learning from and with the community is a core tenet of equitable implementation. Unfortunately, investing in the wisdom of Black parents was a difficult concept to describe and build support for in the philanthropic and social science sectors, where intervention work too often starts from the deficit-based, fish-fixing paradigm. For example, requests for proposals (RFPs) call for responses to, "How will the work improve student performance?" "How will your organization change student behavior?" "How many students will your organization work with this year?" These types of RFP questions discourage equitable implementation strategies and incentivize problematic, deficit-based approaches focused on fixing students and not the water.

As an organization, we began looking for assessments that would elucidate the culture and climate Black students face. We wanted to know how dirty the water was. Only then would we be able to identify the impact of racism and demonstrate how efforts could reduce both the impact and presence of discrimination in schools. We knew that if we wanted to measure the issues that were the most important to change, we would need to assess the water.

The exploratory structure of our Family Learning Villages workshops gave parents a forum to tell us what their children deserved in learning environments. We took the six factors Black parents identified and developed a student-perspective survey so that youth themselves could evaluate whether the instruction they were receiving was culturally affirming. We validated the survey with more than 1,000 students from five different schools. Preliminary statistical results found the items within the survey were measuring the phenomena related to cultural affirmation in the classroom. Student positive reports of cultural affirmation across the six factors were positively correlated with attendance and negatively correlated with suspension rates. Two of the cultural affirmation factors were correlated with overall academic performance. In other words: Exploring the wisdom of Black parents led us to an assessment design that was desperately needed by the field to assess how to create ideal learning environments for Black children.

CULTURALLY AFFIRMING LEARNING STRATEGIES

Coping strategies are obviously necessary as institutional racism is not going to be dispelled by a magic wand. But building resiliency is not a pathway to liberation, nor does it address the inequities that give racist systems their power. An equitable implementation approach allowed us to see that we were called to do more than just work with Black parents to prepare their children to cope with racism and discrimination in school. Our work had to include transforming instruction into being more culturally affirming.

We struggled to balance our potential impact in schools with our original commitment to center Black parents in our work. We needed a way to make the process of identifying a Black-parent informed framework and developing a Black-parent validated instrument more intentional and repeatable. This realization led

Culturally Affirming Strategies

Village of Wisdom has adopted the use of culturally affirming strategies to describe practices originally conceived by Gloria Ladson-Billings—professor, educator, and trailblazer, who authored the term "culturally responsive pedagogy." Ladson-Billings and others have since refined the term and devised different variants of culturally responsive pedagogy. When we use it, we are referring to instruction that reflects the concepts in our Black Genius elements, which ultimately means instruction that affirms the racial identity of Black children and develops their academic interests.

One example of a culturally affirming strategy: High levels of lead are endemic to a disproportionate number of homes in a learner's community. The learner's teacher engages the learner by using this as a jumping-off point to discuss the impact of lead on the health of young children or the science behind lead remediation techniques.

our organization to our most compelling question to date: What if we identified processes that intentionally did what we previously did in a more organic fashion—put parents in spaces to identify and evaluate culturally affirming strategies?

We found our answer in community-based participatory research (CBPR): the act of putting people closest to the phenomena being explored by a research study in control of the study. We endeavored to identify culturally affirming strategies that would be validated by Black parent researchers. We started where we began—with a group of parents in workshops talking to each other about how they were affirming their children in the middle of a double pandemic (i.e., COVID-19 and racism). We identified five parents from this group to be our inaugural group of Black Parent Researchers. Just as before, we compensated these parents throughout the process for their intellectual contributions.

After receiving training on facilitating focus group discussions, the Black Parent Researchers facilitated a series of focus groups for parents, teachers, and students about their dreams for a culturally affirming learning environment. Using both equitable implementation and CBPR practices, we involved those parents in interpreting the meaning of the research findings. We used the emergent findings from the CBPR process to ignite a user-centered design process.

Black Genius Elements

A Liberatory Framework for Whole Learner Development

Interest Awareness: The practice of using a learner's interests to engage them in learning activities, typically allowing the learner to embrace significant challenges and be motivated to persist in learning for long periods of time.

Racial Pride: The practice of using a Black learner's connection to their race and culture to increase the relevance of a learning task. This practice is also important in our current global context dominated by white supremacist thinking to counteract the negative impact this has on Black learners' academic sense of self.

Can-Do Attitude: The practice of creating learning environments that reward learners who extend themselves beyond what they know, creating safe spaces for failure and providing feedback to the learner.

Multicultural Navigation: The practice of creating learning environments that explore various cultures in meaningful ways related to concepts the learner is being asked to master, for the purpose of preparing learners for an increasingly globalized world.

Selective Trust: The practice of identifying and using actions that build learner trust in the instructor for the purpose of increasing the learner's desire to participate in learning activities that require or would benefit from love and creativity.

Social Justice (Genius): The practice of creating learning environments that challenge learners to analyze social injustices, especially those that are relevant to their communities and encouraging learners to devise strategies that either dismantle systems of oppression or create new systems of freedom and justice.

Powered by Black homeschoolers, teachers, and parents, this process identified culturally affirming instructional strategies for teachers and resources for parents. We plan to repeat this process continuously to provide the education field with a myriad of culturally affirming learning strategies validated by Black parents.

OVERCOMING SYSTEMIC CHALLENGES

CBPR approaches are a means to achieving equitable implementation. Our approach has included three key elements of equitable implementation. First, we engage the community in assessing the problem, developing strategies, and validating solutions, with Black parents playing an integral role from the very beginning. Second, we make sure that we are compensating contributions equitably. Third, we pay explicit attention to cultural knowledge, history, and values in designing programs, with the shared wisdom of Black parents being integral in designing our frameworks and tools.

Despite these efforts, equitable implementation has its challenges, many of them systemic. We are seeking resources from an inequitable ecosystem where the preponderance of the funding, frameworks, and measures are driven by deficit frameworks focused on fixing the systematically oppressed, rather than the systems of oppression. In fact, many academic historians, including Ibram Kendi, have detailed that much of the historically foundational research informing America's most common assessments in psychology and education have been corrupted by pseudo-scientific scholarship whose primary purpose was to exclude and dehumanize Black people. Funders like to invest in "impact" by supporting evidence-based programming that sees impact as fixing fish.

Our organization—like most organizations—is swimming in dirty water. These factors make it difficult for Black-led, equity-focused organizations to identify evidence that supports their oftentimes sophisticated equitable implementation approaches. Our hope is that other Black-led organizations will see our model and know that, despite the barriers, their work is essential and the "how" of their work is just as important as they think it is. Equally important, those who wield institutional power need to join the struggle for racial equity by examining how they might adopt an equitable implementation approach and shift the institutional inertia of their organizations toward freedom and liberation. Our hope is that we are all not held captive to how things have always been, but rather that we can move forward to pursue more equitable structures built on visions of a transformed world. ●

NOTES

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6 Enrique Neblett, Jr., et al., "'Say It Loud—I'm Black and I'm Proud': Parents' Messages about Race, Racial Discrimination, and Academic Achievement in African American Boys," *The Journal of Negro Education*, vol. 78, no. 3, 2009.

7 Donna-Marie Winn and Marvin H. McKinney, "The Toxins in the Water Infect the Fish," White House Initiative on Educational Excellence for African Americans (Jackson, MS) on the Leveraging School Community Partnerships and Public and Private Partnerships to Ensure African American Educational Excellence (Invited Panelist), 2014.

Faith-Based Organizations as Leaders of Implementation

Implementation science must recognize faith-based organizations as key leaders of change in underserved immigrant communities.

BY RUBÉN PARRA-CARDONA, OFELIA ZAPATA, MARIA EMERSON, DELIANA GARCIA & REV. JAIRO SANDOVAL-PLIEGO

Despite the accelerated growth of the field of implementation science,[1] critical lessons have yet to be learned about the best implementation approaches to reduce the persistent disparities in mental and physical health that impact diverse populations across the United States.[2] For example, although Latinxs have been essential to the growth of the United States as a nation, low-income Latinx immigrants remain largely excluded from primary systems of care.[3]

Most recently, the COVID-19 pandemic has clearly demonstrated the profound economic inequities and health disparities that Latinxs experience. Specifically, low-income Latinxs are among the ethnic groups most disproportionately affected by COVID-19 infection rates.[4] Throughout the pandemic, Latinx immigrants have remained an active labor force, despite the high risk for infection associated with their traditional lines of work. Our reflections on these challenges suggest that the implementation science field has fallen short of acknowledging the critical importance that faith-based organizations have in the lives of underserved Latinx immigrants and other populations of color, as well as the role that they can play in the implementation of physical and mental health care initiatives.[5]

Why do faith-based organizations play such a central role? For one, diverse populations facing complex challenges and difficulty accessing basic services frequently identify churches as organizations they trust. For example, immigration clinics and other key support services for undocumented immigrants, such as food banks, are often housed in faith-based organizations, which convey a sense of safe harbor to these populations. Churches also have ministries that focus on different areas of service. This facilitates access to various social networks for the implementation of intervention and prevention initiatives.

Furthermore, lay church members trained as mental health providers can convey a unique sense of trust that is critical for implementing initiatives within populations exposed to historical adversity. Lay church members also tend to remain in their congregations for many years and constitute a steady presence, which helps sustain interventions that become part of church ministries.[6]

Finally, during times of crisis, such as the xenophobic and persecutional policies promoted by the Trump administration that caused fear, anxiety, and family separation, many churches were perceived as safe havens by vulnerable Latinx immigrant parents. By contrast, the field of implementation science mostly maintained a passive role during this humanitarian crisis. The field must do better.

FACING ADVERSITY

Low-income Latinx immigrants have been essential in positioning the United States as the dominant world economic power. But the adversity they experience continues to go largely unacknowledged, let alone addressed. Specifically, poor Latinx immigrants are likely to have jobs characterized by low wages, few benefits or protections (such as paid sick days), and strenuous working conditions. They are also commonly exposed to social isolation, language barriers, discrimination, and multiple barriers to access formal health and mental health care services.[7]

Further, research shows that the health of Latinx immigrants suffers from the various forms of discrimination they experience.[8] Latinx children's perceptions of discrimination experienced by their parents are also associated with increased risk for depression and anxiety among Latinx youths.[9] Under the Trump administration, undocumented Latinx immigrants were the target of forced and permanent family separations with extremely harmful, lasting impacts for children and youth.[10]

FLAWED FRAMEWORKS AND STRATEGIES

Most implementation science frameworks and strategies have been developed according to flawed assumptions of inclusion that do not apply to the most vulnerable immigrant populations in the United States. For example, poor foreign-born Latinx immigrant parents who lack documented status are ineligible for basic systems of care, despite their critical contributions to the US economy.

Furthermore, these frameworks and strategies did not originate with core constructs examining dynamics of oppression, such as racial discrimination. As a result, the implementation science field continues to privilege the voices of academics and researchers over those of the individuals most affected by historical oppression.

In our view, the only way to move the field forward and address these issues is by elevating the voices of leaders in underserved communities of color. As these individuals remain in the trenches with diverse populations and are themselves continuously exposed to adversity, they are uniquely positioned to communicate how implementation science can become a science truly informed by social justice.

LEARNING, ADAPTING, AND TAILORING

To explore what this means in practice, we present a case study that describes an alternative approach to promoting the well-being of Latinx

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Deliana Garcia has worked at the local, state, national, and international level to meet the health care needs of migrant and other underserved populations for more than 35 years. She helped develop and coordinates a health data-transfer system utilizing case managers to make available across the United States and international borders the health records that assist migrants to remain in clinical care.

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immigrant populations through the implementation of culturally adapted parenting interventions. There are two types of adaptations that we consider critical for success: the cultural adaptation of evidence-based parenting interventions, and the cultural adaptation of implementation strategies.

Although the adversity experienced by low-income Latinx immigrant parents can negatively affect their parenting practices,[11] evidence-based parenting interventions are scarce in US Latinx immigrant communities.[12] In addition, few evidence-based parenting interventions overtly address the impact of racism and other forms of discrimination experienced by low-income Latinx immigrants. For this reason, our research team, composed of university researchers and community leaders, has sought to culturally adapt parenting interventions for implementation in low-income Latinx immigrant communities.

The core of our proposed model establishes a working alliance among intervention developers, cultural adaptation researchers, and church leaders. (See "Proposed Implementation Model" on page 23.) The model also includes advocacy support for families. We consider advocacy services to be essential in supporting families as they cope with various intense stressors by the environment in which they live. Finally, we identify the business community as having a crucial role in ensuring the long-term sustainment of interventions.

What are the best ways to culturally adapt interventions? Scholars agree that a variety of methods are necessary. In our 15 years of experience adapting parenting interventions for Latinx immigrant families, we have learned that three strategies are essential: learning about the most relevant life and cultural experiences of focus populations prior to conducting adaptations; adapting and tailoring interventions according to the most relevant contextual and cultural experiences of diverse families; and continuously tailoring adapted interventions to ensure high contextual and cultural relevance.

In addition, planning for sustainable interventions is important and should be implemented at the outset of community-based initiatives.[13] In our current work, we are identifying business leaders who are committed to social innovation—there is an emerging expectation in the business world that entrepreneurs become agents of social change in underserved communities.[14] We consider this strategy essential, particularly because we must find and provide innovative models capable of sustaining community-based prevention initiatives beyond temporary funding cycles.

THE VALUE OF CULTURAL ADAPTATION

Our cultural-adaptation work over the past decade has focused on the evidence-based parenting intervention known as Parent Management Training Oregon (GenerationPMTO). The positive impacts of GenerationPMTO have been demonstrated in several studies over the past 40 years.[15] The first cultural adaptation of GenerationPMTO for Latinx immigrant populations, Criando con Amor, Promoviendo Armonía y Superación (Raising Children with Love, Promoting Harmony and Self-Improvement),[16] or CAPAS, followed a rigorous model of cultural adaptation.

In a prevention study of CAPAS with Latinx immigrant families in Michigan with children ages 4 to 12, we demonstrated the importance of overtly addressing immigration-related challenges and biculturalism. Specifically, we compared a version of the CAPAS intervention exclusively focused on parent-training components, with a CAPAS-enhanced intervention in which parenting components were complemented by sessions focused on immigration-related challenges, discrimination, and biculturalism. According to study results, the CAPAS-enhanced intervention was associated with the highest improvements in child mental health outcomes such as reduced anxiety and fewer behavioral problems.[17] Parents expressed satisfaction with the CAPAS-enhanced interven-

tion, as they had become aware of the ways in which immigration-related stressors such as discrimination negatively affected their parenting practices.[18] Most recently, we completed a study with a version of CAPAS for immigrant families with adolescent children that demonstrated similar intervention impacts.[19]

We recently established a collaboration with San José Catholic Church, a major faith-based organization in Texas. As a foundational step, we conferred with church leaders to confirm that the proposed adapted parenting intervention was relevant to the needs expressed by community members. Next, we implemented a qualitative study with 30 parents to learn about their experiences as immigrants and their parenting needs. We then tailored the parenting intervention to their life experiences.

As expected, Latinx parents who participated in the qualitative study expressed a strong interest in attending parenting programs at churches. The sense of urgency to receive support was repeatedly highlighted by parents. "We all feel pressured about parenting," one father told us. "There are many parents with adolescents in this community and they do not know where to go for help. ... We just need a lot of help."

Caregivers also wanted parenting programs to be informed by a clear understanding of the discrimination that affects their lives and parenting practices. One mother described just one among the many examples of racial discrimination she encountered:

> We attended a rally on immigration and a man walked toward us and told me, "You do not know what you are doing. President Trump is right about immigration. It is about cleaning the whole country, the whole United States." My daughter told him, "I am a US citizen and I am also Mexican!" And he said back to us, "Yes, and that is why we need to clean the whole United States!"

Parents provided several painful testimonies about work exploitation, such as this one:

> Our boss would take advantage of us because she knew we had a lot of needs and if the other workers did not like the job, they would just leave. But we were always there and they would never give us protection. One day, I cut my forehead very badly with a glass they left exposed, but she did not do anything for me. I had to go to the emergency room on my own and I had to pay for all my medical expenses.

In addition to quantitative indicators of intervention impact, parents confirmed their personal satisfaction with culturally adapted parenting programs. For example, caregivers consistently reported that the parenting practices learned in group led to stronger involvement with their children to implementing discipline in nonpunitive ways. "The discipline we learned here works really well," one mother said. "Discipline by being firm but without fighting with them, offending them, disrespecting them. Now they are learning rules but also respect."

Similarly, parents consistently emphasized the importance of learning new ways of interacting with their children. As one father said, "I always asked my children stuff by yelling at them. ... Practicing how to give good directions helped me a lot. ... I was the problem because I was always angry. We are basically learning how to be good parents."

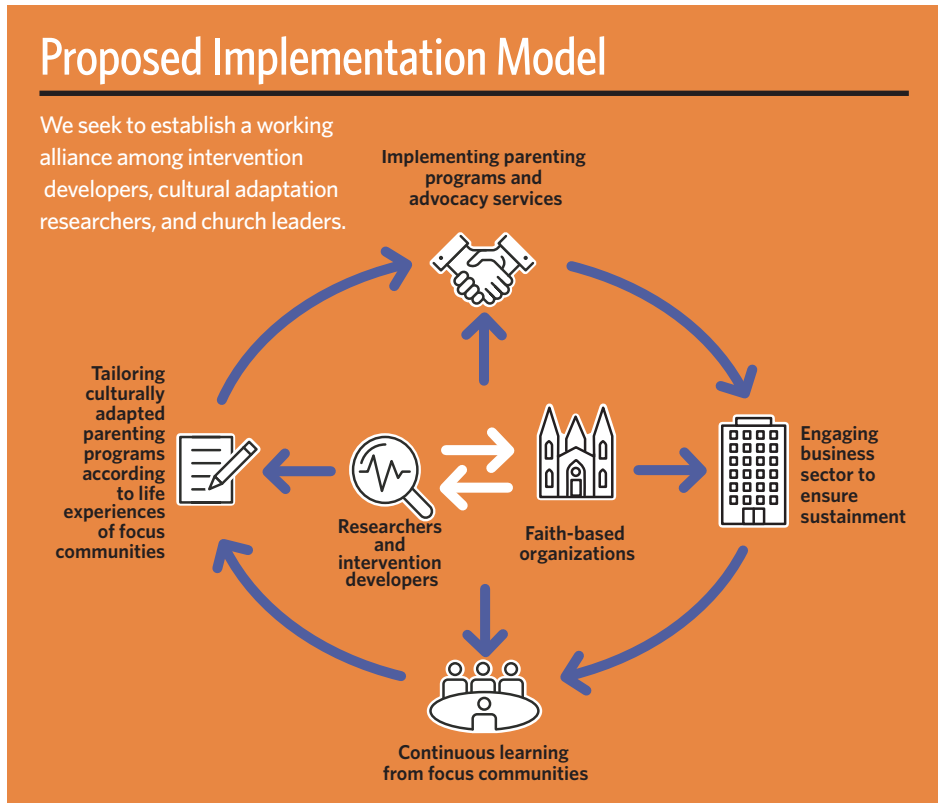
CO-LEADERSHIP GROUNDED IN COMMUNITY

In addition to adapting interventions, it is essential to implement culturally relevant strategies aimed at building trust, co-leadership, and active participation of community members. In our current collaboration, San José Catholic Church is the community leader of this initiative.

San José Catholic Church is the largest faith-based organization serving the Latinx immigrant population in Travis County, Texas. The church is composed of several ministries serving the needs of Latinx immigrant families. In this project, we work closely with the San José Social Justice Ministry, which is led by lay leaders engaged in initiatives focused on promoting the rights of Latinx immigrants. For example, Ofelia Zapata, the president of the ministry, serves on the board of trustees of the local school district where most low-income Latinx families reside.

The social justice ministry implements initiatives that are highly relevant to the local immigrant community. For example, the ministry is actively collaborating with key government agencies, such as law enforcement, to produce personal church IDs for undocumented immigrants. The objective is for immigrants to carry IDs that can be presented to law enforcement officials and demonstrate their affiliation with a highly recognized faith-based organization, in an effort to prevent biased police arrests and harassment.

The ministry also sponsors immigration legal aid programs that offer free-of-charge legal counsel to prepare mixed-immigrant-status families for the possibility of forced family separation by immigration authori-



ties. Prior to the COVID-19 pandemic, the ministry gathered families to talk to immigration attorneys and discuss action plans if parents were deported by immigration authorities (e.g., transferring parental rights to relatives who are US citizens). These meetings would be followed by participation in our focus groups, in which parents discussed their parenting experiences and needs. To this day, our research team talks about the extraordinary resilience of these families in the face of intense adversity.

Why is San José's leadership essential to this parenting support initiative? San José's social justice ministry and its head priest, Father Jairo Sandoval-Pliego, have always demonstrated committed support toward this initiative, including obtaining all necessary authorizations that were required from San José's Pastoral Council. In addition, the social justice ministry has been essential in helping us recruit ministry leaders who are already actively involved in implementing the parenting program. Furthermore, as we disseminate the intervention, the ministry will support these efforts by relying on their extensive network of collaborations with churches committed to serving Latinx immigrant populations in central Texas.

TAKEAWAYS

Our work has taught us a great deal about implementation, and we have found the following strategies especially helpful.

Parents as Interventionists | In the initiatives we have implemented, 83 percent of participating families have completed the parenting programs. We attribute this success partly to parenting groups being cofacilitated by both a clinician with a master's degree and a parent from the community. The composition of the intervention-delivery team is important: Trained clinicians can identify and manage delicate clinical situations that often arise in parenting groups, while parent educators provide for a sense of empathy, safety, and trust that only community members can provide.

Beyond Interventions: Advocacy as a Human Right | Another implementation strategy crucial to our program's success is supporting immigrant families beyond the prevention interventions. We believe this is a matter of social justice, particularly because there is a tendency for researchers and academics to fixate on "research outcomes." We pair each participating family with an advocate whose role is to help families find resources to cope with a variety of contextual stressors, such as finding low-cost immigration legal services, food-assistance programs, and access to health care. In our current project, this work is led by the Migrant Clinicians Network (MCN), whose organizational mission is to reduce health disparities for people who need care but are unable to access it because of contextual challenges. Based on their mission and expertise in assisting families exposed to intense diversity, the MCN constitutes an ideal co-leader in this project.

Establishing Sustainment from the Beginning | Planning for sustainable interventions is a critical strategy that should be implemented at the outset of community-based initiatives. For this reason, we consider the involvement of business leaders who are committed to social innovation to be essential for these types of programs, particularly because it is important to provide innovative models capable of sustaining community-based prevention initiatives beyond temporary funding cycles.

It is unacceptable for the basic needs and human rights of poor Latinx immigrants in the United States to continue to go largely unaddressed, despite their role in undergirding the strongest economy in the world. We see this phenomenon as grounded in historical xenophobia, racism, and dehumanized capitalism. Thus, it is essential to promote conversations in implementation science aimed at finding alternatives to support the lives of underserved immigrant populations.

As the field moves forward, it must recognize and embrace the extraordinary leadership of faith-based organizations committed to serving vulnerable immigrant communities. We hope this article highlights the need to amplify the voices of faith-based community leaders as a counterbalance to those of researchers and academics whose voices have historically dominated the field. These leaders, their organizations, and the families they serve should always be recognized as the primary agents of change in ending legacies of adversity and oppression. ●

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Community-Defined Evidence as a Framework for Equitable Implementation

The Bienvenido Program engages Latinx communities to better understand their mental health concerns and to develop a program that meets their needs.

BY LINDA M. CALLEJAS, GILBERTO PEREZ JR. & FRANCISCO J. LIMON

Over the last 30 years, researchers have called for increased community involvement in developing interventions to broadly improve community health and well-being. Community involvement in the implementation of mental health interventions often focuses on applying strategies to identify a population's behavioral health needs, on engaging hard-to-reach communities in the use of interventions developed and tested in clinical settings, and, in some cases, on soliciting input to modify existing interventions and make them more relevant to members of these communities. Yet, these strategies are researcher-initiated and rely on community members as informants rather than experts in their own right. The current movement toward equitable implementation requires centering community perspectives in implementation research and practice.

In what follows, we present community-defined evidence as a potential framework for equitable implementation. This approach features the local experiences and knowledge of marginalized communities, and includes a keen understanding of the root causes of the health challenges they face. Community-defined evidence depends on active collaboration of local residents in the development and use of culturally responsive, community-focused interventions that address their social and behavioral conditions, as these residents define them. The Bienvenido Program, a mental health promotion program created at the Northeastern Center (NEC), a well-established community mental health center in Ligonier, Indiana, demonstrates the successful application of the community-defined evidence model for program implementation.

DEFINING A NEED

While Latinx families have resided in parts of the rural Midwest for more than a century, recreational vehicle manufacturing jobs attracted significant numbers of Latinx residents to northeast Indiana in the 1990s. Ligonier, a small rural community, saw its Latinx population grow by 522 percent between 1990 and 2003.

To better serve the mental health needs of this community, NEC staff established a collaborative needs assessment process as a first step in program development. To initiate this process, NEC staff and members of the Latinx community worked together to formulate questions to assess local mental health concerns and met several times to train. NEC staff reached out to community leaders at their workplaces and in churches, schools, and businesses, which created opportunities to build rapport and trust. This process incorporated pastors, business owners, teachers, and recreational league managers as cocreators. Responses by Ligonier's Latinx residents to the assessment directly shaped the Bienvenido Program. It revealed that only 6 percent had ever visited a mental health center and that depression, anxiety, and substance abuse were prevalent.

Shortly after its inception in 2003, the Bienvenido Program expanded to five additional Ligonier communities, and outpatient services increased by 124 percent. It effectively became a prime destination for Latinx residents from Northeastern Indiana communities seeking mental health services, drawn to the high number of bilingual therapists that were available to serve them. More recently, the NEC has collaborated with universities and other organizations to expand the program in 13 other states. Its success underscores the need to support equitable implementation efforts that incorporate deliberate engagement and collaboration with community members, grounded in the local experiences and context of participants.

CULTURALLY RELEVANT ELEMENTS

In 2009, coauthor Linda Callejas and University of South Florida researchers included Bienvenido in a nationwide study to examine behavioral health interventions specifically designed for Latinx communities that incorporated intensive engagement and collaboration. Bienvenido developers interviewed for the study, including NEC staff and Ligonier residents, emphasized the importance of three culturally relevant elements to the program: collectivism, cultivation of social support networks, and community integration. By establishing the elements as foundational, Bienvenido incorporates a healing framework that encourages participants to:

- Acknowledge possible trauma and distress resulting from immigration and stigmatized social status;
- Identify positive coping strategies;
- Learn about mental health and navigating available services when needed; and
- Build social support networks and increase participation in local social and political life.

The Bienvenido Program is implemented in weekly one-hour sessions over a nine-week period. Local residents, trained as facilitators, allow discussion to flow freely and encourage participants to share their experiences. NEC staff interviewed Bienvenido developers, trainers, and participants to identify the struggles that participants encountered in their daily lives, including discrimination, isolation, and economic precarity. Participants said that by listening to and sharing their stories about mental health concerns, they learned effective strategies for coping with stressors and learned to access mental health services.

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Gilberto Perez Jr., owns Bienvenido Community Solutions. He offers mental health promotion training, group facilitation training, and connects health disparities research teams and organizations to the Latinx community.

Francisco J. Limon is chief integrated care services officer at Greene County Healthcare. He leads a team of diverse professionals working to integrate mental health with medical care and activate patients' personal agency in their own health care.

Participants also said the program increased their confidence about participating in community meetings, interacting with local elected officials, and speaking to health professionals about their health and potential treatments.

Based on this positive response, the lead program developer worked with local teachers, parents, and immigrant Latinx high school students to adapt the program for adolescents. They added topics on family-school engagement and acculturative stress often experienced by Latinx youth in immigrant families. The Bienvenido Program for Adolescents, established in 2009, incorporated discussions between youth and their parents to encourage bonding between participants and caregivers over mutual interests, shared experience, heritage, and family strengths.

SCALING SUCCESS

As NEC outpatient services to local Latinx residents increased, so did NEC's number of employees. By 2007, the agency had grown its bilingual outpatient staff from one Latinx therapist and one Latinx psychiatrist to a team of seven: four bilingual therapists, a bilingual case manager, a bilingual nurse, and two bilingual administrative assistants.

Two participants in the Bienvenido Program, a father and daughter from Mexico who own a restaurant, prepare food in their kitchen.

The positive response from Bienvenido participants led to requests from local community organizations throughout Indiana for a formal Bienvenido facilitator training program to replicate the approach within their own communities. These efforts were further supported by a partnership with the Indiana Minority Health Coalition to train staff as Bienvenido facilitators in nine partner coalitions across Indiana. The state's Division of Mental Health and Addiction approved funding to train seven mental health centers across Indiana in the Bienvenido curriculum, and Mennonite Church USA asked for help training church leaders across the country.

In 2008, Bienvenido was nominated to an evaluation consultation program sponsored by the Substance Abuse and Mental Health Services Administration, the federal agency that leads public health efforts to advance behavioral health at the national level. The program received support to strengthen its theory of change, clarify program components, and identify measurable outcomes. The following year, the NEC established a partnership with the National Network to Eliminate Disparities in Behavioral Health to train mental health professionals and leaders in 20 community-based organizations around the country.

EQUITABLE IMPLEMENTATION IN ACTION

The Bienvenido Program used a collaborative community process in program development, responding to mental health concerns identified in the needs assessment with considerable input from local residents. Program development was grounded in the perspective that local residents, community leaders, and facilitators possessed cultural knowledge critical to program development, including ideas on where to best launch the program. This input led the NEC to inaugurate its first Bienvenido group at a local literacy center where many Latinx individuals received language and other community services—a trusted space for Bienvenido sessions. Program expansion and sustainability efforts made use of this strategy, which was incorporated into trainings with state and national partners.

The cultivation of Bienvenido facilitators from among the Latinx community was an important strategy that seeded further progress. Their training helped build a local workforce comfortable with cross-cultural perspectives about mental health. Various Bienvenido facilitators have since pursued careers in the field, securing employment at mental health agencies and local health coalitions as patient advocates, life skills trainers, case managers, and interpreters. Their career trajectory effectively established a support network for facilitators entering new professional spaces and advocating for local community needs from within their respective workplaces.

Continued implementation of Bienvenido also established a loose advocacy network of active former participants working together to engage state and local elected officials, asking them to acknowledge the contributions of Latinx community members and support additional programming and services for the community. Facilitators and participants worked together with local Latinx leaders and allies to advocate for immigration reform and against anti-immigrant policies gaining currency statewide at the time. This real-world community of practice broadened the perspective of former participants and encouraged them to focus more broadly on service systems, local policies, and state mental health laws. In this way, the program expanded the potential for widespread community change and improved Latinx access to mental health across the state and beyond.

The expansion of Bienvenido in Indiana and 13 other states and the interest from national organizations demonstrates that the program fills an important need. Its formal evaluation findings are limited, and more reporting is necessary. But Bienvenido's implementation shows the critical importance of community-defined evidence to the development, use, and evaluation of programs that seek to improve the health and well-being of underserved communities of color. ●

PHOTO BY SERGIO ORTIZ

Community-Driven Health Solutions on Chicago's South Side

To reduce mortality for people experiencing cardiovascular health disparities, new innovations in health care must be implemented with strategic partnerships that involve trusted organizations and community members.

BY JUSTIN D. SMITH, PARIS DAVIS & ABEL N. KHO

"Every system is perfectly designed to get the results it gets," physician and health-policy expert Paul Batalden said.[1] This much-repeated quote captures a way to conceptualize equitable implementation that takes into account factors like the history of racial discrimination and access to health care when studying why disparities exist and assessing the needs of a community to eliminate them.

Some very alarming statistics reveal population-level disparities within our social and health-care systems. One prominent example is the 30-year gap in life expectancy between people living in the poor, predominantly African American neighborhoods on Chicago's South Side, as compared to those in the more affluent, predominantly white neighborhoods just nine miles away in Chicago's Loop. (See "Years of Potential Life Lost" on page 28.) This is the largest life expectancy gap in the United States, according to the City Health Dashboard,[2] and is attributable to few economic opportunities and high rates of obesity, diabetes, hypertension, heart disease, and stroke in South Side neighborhoods.[3] The origins and ramifications of this wide difference in life expectancy are deeply, systemically entrenched and must be acknowledged if we are to effectively close the gap.

Although the COVID-19 pandemic has underscored the urgent need to tilt health-care systems toward equitable outcomes,[4] the causes are rooted in centuries of systemic racism, economic exploitation, and other factors. Further, mistrust of the health-care system and of medical research runs deep in communities of color,[5] and for good reason. For example, in the Tuskegee Study, which ran from 1932 to 1972, the US Public Health Service and the Centers for Disease Control and Prevention intentionally withheld treatment from African American men with syphilis in order to study the progression of the disease.

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Paris Davis is executive director of Total Resource Community Development Organization, a Chicago faith-based entity that has provided training and resources for health, housing, utility, and food assistance to more than 20,000 families annually since 1999.

Abel N. Kho is a primary care physician, researcher, and director of Center for Health Information Partnerships (CHIP) and Institute for Augmented Intelligence in Medicine at the Departments of Medicine and Preventive Medicine at Northwestern University's Feinberg School of Medicine.

We wish to thank our many collaborators on this project and the communities with whom we work for their guidance, trust, and partnership. This work was supported by grant HL154297 from the National Heart, Lung, and Blood Institute to Paris Davis, Abel Kho, and Justin Smith. The views expressed are those of the authors and do not necessarily reflect those of the US National Institutes of Health or any other agency of the US Department of Health and Human Services.

A primary way to advance health equity is to focus exclusively on implementing interventions in communities that experience disparities in treatment. Simply including populations with disparities in larger studies with nondisparity groups potentially neglects the need for strategies that address underlying structural causes of the disparities, such as the disinvestment in communities of color that has resulted in scarce and under-resourced health-care systems.[6]

You need both fertile soil and viable seeds for plants to thrive, yet medical research too often focuses on the seeds while neglecting to cultivate the soil. The field of implementation science aims to improve health outcomes by studying how to deliver the best available interventions (i.e., the seeds) in a manner that overcomes barriers and leverages individual, system, and community assets (i.e., the soil).[7] Using implementation science to address health inequities has only recently become an explicit goal—even though a prominent report by the National Academy of Medicine declared equity, which they define as quality care that does not vary simply because of personal characteristics such as gender, ethnicity, geographic location, and socioeconomic status, as a standard back in 2006.[8]

To establish equitable health care, customized awareness, and accessibility and availability of interventions, implementation researchers must bring the voices of community members to the forefront and integrate those voices throughout their work. How researchers engage with the community is critical for the sustained success of any improvement initiative. The key to hearing and listening to the community starts with creating synergy among trusted voices on a particular health-related goal.

Below we detail the key ingredients to achieving equitable implementation of an intervention for hypertension among African American adults living in Chicago. Our three-pronged strategy includes understanding the specific challenges identified by the community that need immediate attention; intentional inclusion of community stakeholders as early as possible in order to prioritize their perspectives; and building and delivering tangible resources for addressing the needs expressed by the community. Doing so will yield enduring solutions and effective strategies required to address awareness of, access to, and capacity for implementation of better interventions in these communities.

PARTNERING WITH THE COMMUNITY

Implementation science has long recognized the critical role of meaningful partnerships with the various persons and entities that are involved in the delivery of new interventions,[9] but it is often underdeveloped and not explicitly leveraged in service of achieving equity. Much of the focus has been on the partnership between academic researchers and more traditional health-care delivery systems, such as safety-net community health centers (CHCs).

Years ago, the three of us began setting the groundwork for a seven-year project focused on hypertension among African American adults, with equitable implementation at the fore. We officially began the project, called Community Intervention to Reduce CardiovascuLar Disease in Chicago (CIRCL-Chicago), in August 2020. In CIRCL-Chicago, our partnership model included working with Pastors for Patient-Centered Outcomes Research (P4P), which is a hub for faith-based communities and leaders interested in research engagement.[10]

Since its inception in 2013, P4P has successfully engaged church congregations and leaders in health-related initiatives.[11] Even for nonreligious individuals, churches in predominantly African American neighborhoods serve as crucial anchors and trusted voices for community

gathering, resources, and support.[12] P4P includes stakeholder input by actively listening, proactively involving, and quickly training members of the community—not as segregated contributors but as members of a collaborative partnership. CIRCL-Chicago takes this partnership model a step further by connecting churches with CHCs in the same neighborhoods to both engage participants in the process and to deliver the intervention. Our approach includes the voices of people who have experience both with hypertension and with the local health-care system.

COMMUNITY-DRIVEN INTERVENTIONS

P4P leads community-driven processes for identifying health priorities to give local churches a voice in how to care for community members. In 2016 and 2018, P4P administered a 10-item community health assessment to 836 residents living in 12 ZIP codes that corresponded to member churches.[13] High blood pressure was the highest-rated health priority both years. This priority is consistent with the high prevalence of hypertension among African Americans both in Chicago and across the United States.[14]

In planning CIRCL-Chicago, we convened diverse stakeholders, including P4P leaders, academic researchers, community-based research organizations, CHCs serving our study community, and representatives from organizations such as the American Heart Association and American Medical Association. We jointly selected an evidence-based, multicomponent intervention for high blood pressure comprised of evidence-based blood pressure-control guidelines, a health system-wide hypertension registry, quarterly blood pressure-control reports, follow-up visits for blood pressure measurement and management by health-care professionals, and promotion of single-pill combination pharmacotherapy.[15]

Developed and tested by the Kaiser Permanente of Northern California's health-care system, this multicomponent intervention is now being adapted to the context of Chicago's South Side neighborhoods in partnership with community members. Prior efforts to translate the Kaiser intervention bundle to CHCs were successful, but less so than the trial by Kaiser Permanente of Northern California that first established its effectiveness.[16] This suggests there is a need for a focused effort to implement the bundle in a way that is both acceptable to community members and feasible to implement.

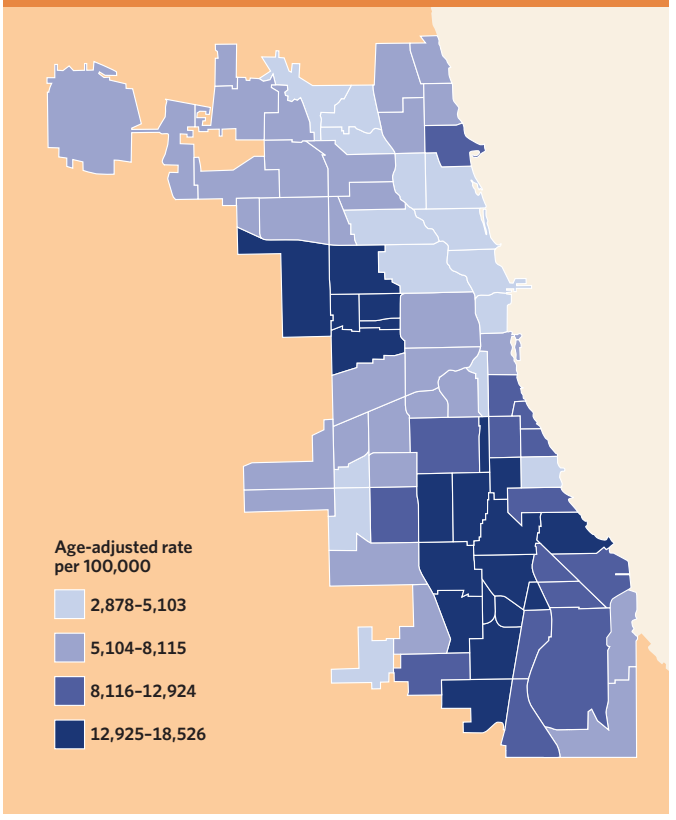
PLOTTING THE COURSE AHEAD

Now six months into the project, CIRCL-Chicago has met with leaders from churches, local CHCs, P4P and members of the community who might participate in the intervention, local and national professional organizations, and academic experts in implementation science, blood pressure control, informatics, and community-engaged research. Based on these meetings, we are following an established process for adapting the intervention[17] to ensure a systematic and comprehensive approach that stays true to the core aspects of the Kaiser bundle responsible for its effectiveness, while making necessary adaptations for the intervention to be successful in the local community.

For example, P4P ensures that the initial program messaging is delivered from a trusted community voice and makes certain that in every face-to-face meeting, familiar faces are there to provide service and answer questions. We plan to enlist such community health workers to take blood pressure measurements instead of using medical assistants. We hope this strategy will help mitigate mistrust of the health-care system that patients may experience and reduces the burden on understaffed CHCs.

Years of Potential Life Lost

A map of Chicago life expectancy shows wide disparities between affluent white neighborhoods and lower-income Black neighborhoods.[2]



We also propose a registry that will provide blood pressure-control reports. The goal of this platform is to enable the sharing of data concerning participants' blood pressure and treatment across care settings such as churches and CHCs to create enhanced opportunities to identify and treat people with hypertension. P4P's practices include free-of-charge follow-up contacts to ensure honest and consistent communication, including virtual meetings to discuss progress and findings.

The CIRCL-Chicago project will first see whether the adapted Kaiser intervention bundle can be delivered in a small number of churches and CHCs. Early testing of the implementation provides critical data to inform the ongoing process of adaptation that is constantly informed by the community. Next, we will begin a community-level trial within the South Side Chicago neighborhoods that experience the greatest disparities in hypertension and cardiovascular health outcomes.[18] Within these neighborhoods are approximately 16 churches that are part of the P4P network and 12 CHCs that are members of two health-center networks, AllianceChicago and Access Community Health Network.

Based on estimates of the prevalence of uncontrolled blood pressure in these neighborhoods, we expect to enroll between 600 and 1,800 participants in the adapted Kaiser intervention bundle, and we will compare our outcomes to participants residing on Chicago's West Side—an area with similar disparities in hypertension rates to the South Side—that are receiving the usual health care in their community.

CIRCL-Chicago seeks to comprehensively evaluate the implementation of the Kaiser intervention bundle.[19] To determine whether the implementation is successful, we will track the proportion of eligible adults in the community that experience blood pressure control (i.e., <130/80 mm Hg) from the intervention. We will also dig deeply into these data to understand the representativeness of the participants that are referred to and receive the Kaiser intervention bundle, and those that experience blood pressure control.[20] CIRCL-Chicago will be implemented in neighborhoods that are predominantly African American, and we will focus on patient age, gender, insurance status, and health-care system variables that could lead to inequity within this population. Any differences that emerge signal the need for deeper exploration to understand the nature and cause of variable impact.

CIRCL-Chicago's community-driven approach shows that neighborhoods like the South Side, and indeed many other communities across the United States, need investment in different implementation strategies and resources than those used to support implementation in other populations. Neglecting this reality has the potential to exacerbate disparities through inequitable implementation.

The premium often placed on generalizable findings in implementation research runs the risk of assuming equality is the answer. But real solutions are only possible with equitable strategies that recognize the contribution of historical and contemporary policies, economics, and health-care access, among other factors—the consequences of which are repeatedly underscored in health disparities. Community-driven, equitable implementation approaches hold the key to unlocking sustainable solutions to eliminate health disparities that are embraced by the community. A key driver of sustaining this intervention hinges on fostering co-leadership, co-ownership, and equal decision-making among all partners and stakeholders. ●

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Equitable Implementation at Work

Equity must be integrated into implementation research and practice. Here are 10 recommendations for putting equitable implementation into action.

BY ALLISON METZ, BEADSIE WOO & AUDREY LOPER

The field of implementation science needs to prioritize evidence-informed interventions that fit the daily lives of the communities in which they will be delivered. Early prevention and intervention efforts have the potential to achieve goals related to service access and outcomes, but without an explicit focus on equity, most fail to do so. Equitable implementation occurs when strong equity components—including explicit attention to the culture, history, values, assets, and needs of the community—are integrated into the principles, strategies, frameworks, and tools of implementation science. While implementation science includes many frameworks, theories, and models, a blueprint for equitable implementation does not yet exist.

This supplement addresses critical aspects of equitable implementation and attempts to define concrete strategies for advancing equity in implementation and in efforts to scale it. The core elements for equitable implementation include building trusting relationships, dismantling power structures, making investments and decisions that advance equity, developing community-defined evidence, making cultural adaptations, and reflecting critically about how current implementation science theories, models, and frameworks do (or do not) advance equity. (See "Elements of Equitable Implementation" on page 4.) Case

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examples described in this supplement demonstrate how specific activities across these core implementation elements can address cultural, systemic, and structural norms that have embedded specific barriers against Black, Indigenous, and other communities of color.

We wanted two types of articles for this supplement: case examples from the field of implementation science that explicitly focus on equity, and case examples from community-driven implementation efforts to inform implementation science in the future. We required that community members serve as co-authors with implementation scientists and funders. The range of perspectives and experiences shared in these articles provides us with an important vantage point for exploring equitable implementation. In response to questions about the process of writing for this supplement, several authors stressed the necessary challenge of balancing the different stakeholder perspectives and voices to write concise and compelling articles.

We attempt to summarize what we've learned about equitable implementation over the course of working on this supplement and in our own research. Here are 10 recommendations we have for putting equitable implementation into action.

BUILD TRUSTING RELATIONSHIPS

Implementation relies on collaborative learning, risk-taking, and openness to failure. At the center of this dynamic is vulnerability and trust. Trust engenders faith that partners can rely on each other to deliver on agreements and to understand—and even anticipate—each others' interests and needs.[1] A recommendation for building trusting relationships is:

1. Take the time to build trust through small, frequent interactions. Trust is not built through sweeping gestures, but through everyday interactions where people feel seen and heard. Trust requires long-term commitment, clear and comprehensive communication, and time. As described in the article about the partnership between ArchCity Defenders and Amplify Fund, implementation moves at the speed of trust, and that can take longer than we think. Funders need to provide the time and resources to build trust between themselves, other leaders, and community members and to support trust-building among stakeholders in the community.

DISMANTLE POWER STRUCTURES

Power differentials exist in implementation efforts where specific individuals or groups have greater authority, agency, or influence over others. Implementation strategies should be chosen to address power differentials and position community members at the center of decision-making and implementation activities. Recommendations for dismantling power structures include:

2. Shed the solo leader model of implementation. Implementation science should promote collaborative leadership rather than rely on the charisma and energy of a single individual or organization. When leaders engage with community members and diverse stakeholder groups in meaningful activities that are ongoing, they develop a shared understanding of problems and potential solutions, develop strategies that address community needs and assets, and create a sense of mutual accountability for building the system of supports needed to sustain change and advance equitable outcomes.[2]

3. Distribute information and decision-making authority to those whose lives are most affected by the implementation. Empowering community members to make decisions about what is implemented and what strategies are used to carry out the work is critical for implementation to be relevant, successful, and sustainable. By recognizing the knowledge and experience that community stakeholders have and using that expertise to make decisions, public officials, funders, and practitioners create an environment of mutual comfort and respect. The central role that young people play in the development of Youth Thrive illustrates how an organization deliberately changed its work in order to ensure that nothing about young people was done without them having a collaborative role in shaping and delivering the curriculum.

INVEST AND MAKE DECISIONS TO ADVANCE EQUITY

Successful implementation is the product of dozens of shared decisions. In all implementation efforts, opportunities exist for critical decision-making that can either increase or decrease the likelihood that implementation will result in equitable outcomes. Recommendations include:

4. Engage in deliberate and transparent decision-making. Implementation decisions should be conscious, reflective, well thought through, and paced in a way that unintended consequences can be assessed. By taking the time to reflect, we can make course corrections for decisions that yield any unexpected results. Decision-making should also be transparently communicated with stakeholders at all levels of implementation.

5. Engage community members in interpreting and using data to support implementation. As described in this supplement, the success and sustainability of implementation are related to the alignment with and deep understanding of the needs of a community as defined by the community members themselves. The Children and Youth Cabinet in Rhode Island developed a resident advisory board and offered community members regular data review sessions. At these sessions, community members shared relevant context for findings and applied their experience to quality improvement.

DEVELOP COMMUNITY-DEFINED EVIDENCE

Equitable implementation starts with how the evidence we seek to implement is developed. Research evidence often demonstrates different levels of effectiveness for different groups of people when replicated or scaled widely, leading to inequitable outcomes. As interventions are developed, it is critical to consider diversity in all its forms—including geographical, racial and ethnic, socioeconomic, cultural, and access—and to do this through the involvement of local communities. A recommendation for developing community-defined evidence is:

6. Co-design interventions with community members. This ensures interventions are relevant, desired by communities, and feasible to implement. Village of Wisdom created workshops by and for Black parents to share their parenting insights. These workshops became the foundation for developing culturally affirming instruction and for formulating tools and strategies that could create environments to encourage the intellectual curiosity and racial identity of Black children. By using the experiences and knowledge of Black parents to develop learning environments that nurture well-being, Village of Wisdom asserts the value of growing up Black and parenting Black children. To develop the Bienvenido Program, staff recruited leaders across the community as cocreators of a mental health needs

assessment and the knowledge developed from it. The program was designed in response to Latinx residents' experiences and the challenges they face in accessing mental health services. In both of these examples, community members' experiences and perspectives were used to develop interventions that were aligned with community needs as *they* described them.

MAKE ADAPTATIONS

In order to reduce disparities in outcomes and advance equitable implementation, interventions and services must reach specific groups of people and demonstrate effectiveness in improving outcomes for them.[3] Adaptations, especially cultural adaptations, must be made for both interventions and for implementation strategies to ensure the reach and relevance needed for equitable implementation. Recommendations for making adaptations include:

7. Seek locally based service delivery platforms. Implementation often relies on traditional institutions (e.g., hospitals) and systems of care (e.g., public health departments) that may limit or even impede access for specific groups of people. Two articles in this supplement discuss the importance of local, faith-based groups for supporting implementation—the parenting program in Travis County, Texas, and the cardiovascular health initiative in Chicago. Both case examples elevate the importance of adapting service delivery mechanisms to trusted community organizations to increase access for and uptake by local residents.

8. Address issues of social justice. Specific groups of people face significant stressors and barriers to care that are rooted in systemic and structural racism. Authors in this supplement emphasize the importance of adaptations that address issues related to these stressors. As noted in the article on culturally adapting a parenting intervention, parents may not be able to access and benefit from a parenting program if they are dealing with immigration policies and fear of deportation. In this case, adaptations to the program would need to include immigration counseling to support equitable implementation.

CRITICAL PERSPECTIVES ON IMPLEMENTATION SCIENCE

While implementation science is undergirded by theories, models, and frameworks, notably missing in the field are critical perspectives. The article on critical perspectives seeks to address this gap by discussing the methods used in implementation science and how they might perpetuate or exacerbate inequities. The authors also raise the importance of context and how it is addressed in implementation research and practice.

In the field of implementation science, context includes three levels: macro, organizational, and local.[4] Macro context refers to socio-political and economic forces that either facilitate or hinder implementation efforts. Organizational context refers to organizational culture and climate that influence the behavior of staff. Local context refers to the community activities and relationships that influence implementation and behavior. Implementation strategies at the local or organizational level are limited in their impact on systemic and structural issues. In several articles of the supplement, authors advocate for doing more than describing the macro context. Implementation science needs to develop strategies that can address macro issues that foster or perpetuate disparities in outcomes. Recommendations include:

9. Develop implementation strategies that address the contextual factors that contribute to disparities in outcomes. Advocacy and policy implementation strategies focused on the macro context are more likely to advance equity than implementation strategies at organizational or local levels. Articles in this supplement describe the importance of building the capacity of community leaders to create advocacy networks for policies and funding that will help to sustain local programming. The example from ArchCity Defenders and Amplify Fund describes the critical role of funders in supporting changes to the social, political, and economic environments that grantees operate within to advance equity and promote sustainability. To cite another example, training community members to facilitate local programs and deliver interventions (as demonstrated in the Bienvenido Program and the cardiovascular health project in Chicago) ensures that implementation is tailored to the culture, history, and values of the local community; that interventions are delivered by trusted individuals; and that communities will be able to sustain the interventions.

10. Seek long-term outcomes that advance equity. The selection of interventions should include an assessment of the interventions' likely influence on outcomes beyond near-term changes. Selecting programs that have the potential of a spillover effect in outcomes is a mechanism for equitable implementation. As described in a case example in this supplement, participants in the Bienvenido Program developed confidence and knowledge about participating in community meetings and engaging with locally elected officials and pursued careers in the mental health field. In the critical perspectives article, authors explained that some parenting programs demonstrate evidence for outcomes beyond strengthening parenting practices, such as reduction in substance abuse or increases in employment and stable housing.

The purpose of implementation science is to integrate research and practice in ways that will improve outcomes for people and communities. However, implementation frameworks, theories, and models have not explicitly focused on how implementation can and should advance equity. The recommendations that emerged across the diverse case examples in this supplement provide a starting point for changing and improving the methods and strategies used in implementation to ensure that equity is at the center of the work. As Ana A. Baumann and Pamela Denise Long argue in "Equity in Implementation Science Is Long Overdue," implementation scientists must engage in critical reflection on the gaps between the intentions and the results of their work. We hope this supplement sparks reflection in funders, researchers, and practitioners involved in supporting implementation efforts with the hope of making people's lives better and inspires their resolve and courage to shift toward learning from those who have the greatest stake in successful and equitable outcomes. ●

NOTES

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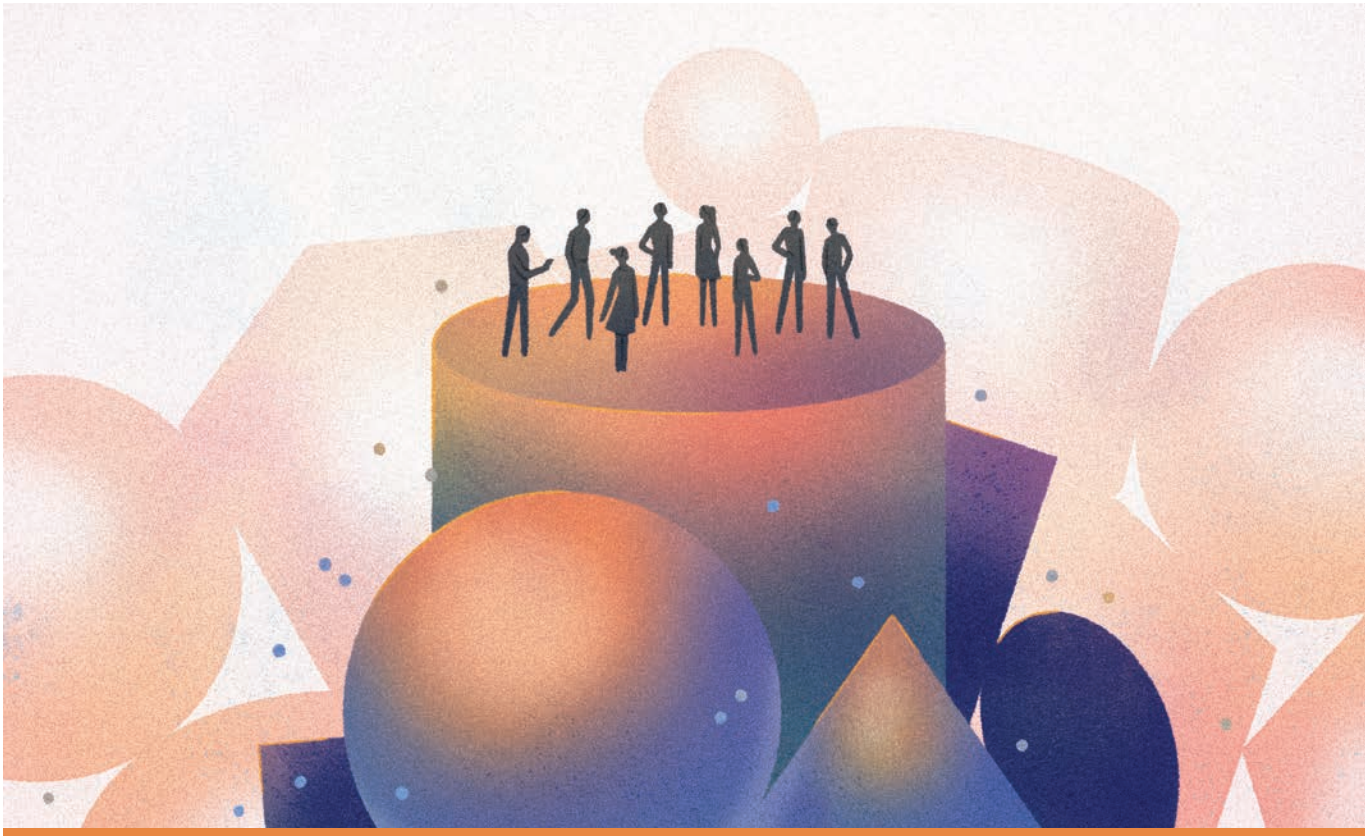

10 Recommendations to Advance Equitable Implementation

1. Take the time to build trust through small, frequent interactions.
2. Shed the solo leader model.
3. Distribute information and authority to those most affected.
4. Engage in deliberate and transparent decision-making.
5. Engage community members in interpreting and using data.
6. Design interventions with community members.
7. Seek locally based platforms for service delivery.
8. Address issues of social justice.
9. Develop strategies that address context.
10. Seek long-term outcomes that advance equity.