Meera Kumanan ([00:00](#)):

From The Impact Center at UNC's Frank Porter Graham Child Development Institute. I'm Meera Kumanan, and this is "Implementation Science at Work." In this episode, we will explore a community engaged implementation science with best practices and success stories from implementation specialists, community driven leaders, and others working within the community. Today, we will hear from a partnership between a UNC based CBPR researcher and a pastor in Eastern North Carolina, an implementation support specialist from The Impact Center, and a trio from Eastern North Carolina, who are in the field and support the implementation of Triple P.

First, welcome to Will Aldrich from The Impact Center who offers implementation support to ensure that programs are scaled up optimally. Will, can you tell us a little bit more about your role?

Will Aldridge ([00:52](#)):

I provide leadership for the implementation capacity for Triple P projects. We're one of several projects that's a part of the impact center at FPG, which does a lot of implementation science and practice work.

MK ([01:07](#)):

You mentioned implementation practice. To our listeners, could you explain the difference between implementation research and practice and how they all tie into the field of implementation science?

WA ([01:18](#)):

Yeah. Implementation practice is a really evolving part of the broader implementation science field, not unlike other fields that have developed practice components. I think there's both been a recognition as implementation research has developed that we've got to make use of it. And it's really ironic I think particularly in implementation research, because the whole purpose of that work is really to bring science into practice. So implementation practice is really about using what we know from research studies, from case studies, and actively putting that in the hands of leaders, managers, funders, policymakers, so that they can transform their structures, their organizations, their systems, as well as a lot of their practices: how long they fund things, the type of leadership that they provide ,how they support frontline practitioners all in the effort to really make sure that the benefits of a program or a practice can get to children and families and create the kind of impacts that we know can happen from the research trials.

MK ([02:36](#)):

Within implementation practice, what does community engagement look like and why is it so important to the field?

WA ([02:44](#)):

We really know from practice that unless the people for whom these programs and practices were designed and that will be receiving them, unless they are involved, we are much less likely to get kind of impact that we're looking for. In particular, we really have got to listen to family voices, to youth voices and selecting programs and adapting them for local contexts, for designing the types of implementation strategies that are needed in their local communities. That means where to put the programs, how to roll them out, how they need to be involved and others need to be involved to make them more accessible, usable, and so that they can see themselves in these programs and practices and in the

service systems that are providing them. When we do that, we are finding out time and again, that it's leading to more impact, broader impact, and more sustainable impact

MK ():

When it comes to involving the community and hearing community voices like will mentioned one great example of how this was successfully done is a partnership between Dr. Lori Carter-Edwards and Pastor James D Gailliard who have held a successful research partnership and leveraged faith-based spaces to improve health in Eastern North Carolina.

Welcome! As I learned more about your partnership and work, I reminded that authentic community engagement is not only possible, but it's the only real way to sustainable success. And I really do look up to your approach. Can you tell me more about your partnership, how it's been grounded in community engagement and how that has built a larger relationship between the research and faith based communities in North Carolina?

Pastor Gailliard ():

You know, we've been working together for so long and I think just to start the conversation and let me just say, you know, Meera, I appreciate the conversation, because, you know, the abilities to create these trusted partnerships, whether it's with academia, research, rural communities, faith communities - I really operate from the lens of the faith community as a senior pastor – but I think the principles can be replicated in other environments as well.

Lori Carter-Edwards ():

Pastor Gailliard and I had been working together for probably about almost three years, but we have worked very closely together to do the work that we do in Eastern North Carolina. He is not only my community partner, but my friend, and we do work literally together.

MK ():

What do you think makes your relationships such a success? What is that magic ingredient?

LC ():

Our relationship has worked because he knows that my agenda is his agenda, not my agenda. We have an agenda together to try to push things forward. And that's where the success has been.

MK ():

What does success look like? And what does success look like early on in your partnership?

LC ():

I want to take a quick step back and just explain to those of you that the Pastor and I have just completed a pilot project where we were the only community based project funded through the UNC Gillings School of Global Public Health Gillings Innovations labs grants. They had the most grant submitted during COVID, over 40 grants submitted through the school. We were one of the seven grants that was accepted and it was built on what Pastor mentioned about the relationship that had been built prior to that. The relationship was so strong and I asked before I applied for the funding, could we have a co-PI-ship with my community partner? I was told by the review committee, yes.

MK ([06:37](#)):

What they both described was the need to have a strong, foundational relationship before they even began working on these projects, especially when a crisis like the pandemic hit, the relational infrastructure already existed for them to mobilize quickly and meet their community's needs. And they described their constant give and take and how it's only possible because they've acknowledged the shared agenda.

PG ([07:01](#)):

So I may not be an expert on COVID, but I'm certainly an expert in rural faith communities. And so you need both areas of expertise in order to get across the finish line. And I think what's been helpful for Lori and I is that we have really approached this work as co-laborers, you know, and so there's been moments where she's had to pull back and there's moments where we've had to pull back. There's times where we can share context, and then she can say, well, we need to massage that a little bit because this content needs to get communicated a little bit less diluted than that. And there are times when we're saying to her, well, hold up, we don't want to kind of share it from that perspective. Let us share it from this lens.

LC ([07:41](#)):

I love that shared approach.

MK ([07:43](#)):

That distinction and explicit focus on striking the right balance between content and context really gets to the heart of why community engagement is so important in implementation practice. And I think Will said it best:

WA ([07:58](#)):

We like to say "all implementation is local."

MK ([08:01](#)):

And it brings us to one of the driving questions of implementation practice:

WA ([08:06](#)):

How do we really, you know, engineer a local process. And that's a term I use intentionally – engineering. We have a set of partners, we have a set of tools, and we have a task that we've got to try to achieve. And we have to figure out hopefully using implementation best practices and research and guidance, but we have to figure out how to build that boat to get across the river together, out of these parts, that's where the art and the practice really comes into implementation science in general and where implementation practice in particular finds its charge. It's call to action.

MK ([08:54](#)):

It sounds like we need to approach community engagement with real humility, partnering with communities so that they can be entirely self-sustainable. So, as implementation researchers or practitioners, what is the mindset we should be approaching this work with? How do we ensure that it is shared power and that we are real partners achieving authentic community buy-in that is mutually beneficial?

PG (09:20):

I think that if organizations are really serious about bringing community engagement into the fold, I think you have to get community partners to the table quickly. And I mean, and this is an expression you've heard me say a lot of times before, you have to get us to the table before you set the table. So if you bring me to a set table or prepared table, I don't think you're serious about community engagement. I think you think that we're struggling, we'll barely make it without your help and support. So you're doing us a favor by bringing in whatever you're going to bring in. And then you're going to basically leave us in whatever state we were already in, while you take away everything you needed for the benefit of what you were trying to accomplish. And so I do think there should be a conversation here about how quickly stakeholders are brought to the table and asking themselves who's not at the table. Like who's not represented at the table.

LC (10:14):

What pastor mentioned about being at the table is a paradigm shift. And so what's really important about what you've mentioned, Pastor, is this approach cannot just be a pedantic approach that basically is okay, let me give them what they want so that I can get what I need.

PG (10:33):

Try to be more relational and less transactional.

MK (10:37):

Right, and that relational aspect is such an intimate thing. It hinges entirely on a deep trust that I think can only come out of an authenticity on everyone's parts.

PG (10:47):

This is difficult work in the sense that it requires vulnerability. It requires a level of trust.

LC (10:53):

And the speed of trust, it may take a long time to build the trust, but you can lose it overnight.

MK (11:00):

I'm going back to this because I really loved that analogy of the set table. So how does one set a table with the stakeholders and the community partners?

PG (11:09):

Inviting me to the table, inviting stakeholders to the table is saying, tell me what your goal is. Tell me what you want to see accomplished out of this.

MK (11:18):

Are there existing frameworks on how to exactly do that?

LC (11:22):

The Give Get Grid, which is by Sutherland and colleagues, tries to capture the interest of the community partner, like what they are willing to bring to the table and what they're expecting from the academic

partnership. And then the academic partners, what the academic partners are willing to give and what the academic partners want to get. And doing that exercise with your partners opens a myriad of opportunities for discussions, for planning. And what you'll often find that they will have joint interests and joint expectations that can then be the low-hanging fruit for moving forward even if you're engaging in an implementation practice or implementation research. So think about tools. Think about community engagement. Think about adaptive leadership.

MK ([12:13](#)):

You've really talked about the importance of forming that foundational relationship and what to do once you've made that initial encounter. But what are some of the steps implementation practitioners or new researchers can take in actually identifying and making the first contact with communities?

LC ([12:31](#)):

The first one is, is that you must work with someone within the institution that you're representing, who already has a relationship with the community that you're serving. If you're starting out, you never go into the community and then start shopping around to see who's going to meet with you. Talk with someone who's more senior, who's been in the community, and you may not choose to partner with who they're partnering with, but they know the community and you are basically using them or working with them to try to understand before you go into any community. So that's the first thing. And they basically can be the champion. They are the academic liaison to the gatekeeper within the community. That's one of the first things that you do. The second thing within that is you get to know who the champions are and you only work through that champion.

MK ([13:27](#)):

As we talked, I really appreciated their candidate advice, especially to people like me, at the start of our implementation science careers. They talked about ways we can affect change and thoughtfully engage with communities while being mindful of our position within existing systems in academia and funding.

LC ([13:44](#)):

For those of you who are just starting off, we understand that you may have to meet certain needs for your promotion. If you're in an academic setting and tenure, we know that this may mean that you have to get certain things funded to meet certain milestones. But if you don't start by building the relationships, all of it will be for naught, and you will not build solid relationships. And then it will just be project driven rather than relationship driven. And so, you'll never ever really answer the right questions because it's not been about building relationships.

PG ([14:19](#)):

You know, identify spaces. And I, you know, people have to go through the ranks and go through all the steps you have to do to be everything you want to be. But I think identifying the things that really matter, identifying where we want to try to make a difference and bring about catalytic change and at least begin querying, begin researching, begin becoming knowledgeable of the community.

LC ([14:44](#)):

People don't think about this work the same way, because this is harder to measure. So it's not as valued as other places, but if you value it enough, you end up seeing the fruits of the labor by higher recruitment rates, by more funded grants, because the work makes sense because you've involved

everyone by greater impact because you've involved the people in the process for clean data collection so that you can actually move the agenda forward with people interpreting the data as they should be interpreted because you've involved everyone in the process. So when you build the relationships, the funding begets new funding because the relationship is strong.

MK ([15:26](#)):

These candid discussions about the realities of funding show us that these mutually beneficial relationships where everyone is committed with the same agenda is not only between the community partner and the researcher or practitioner, but every stakeholder involved, including the funders. Community engagement and implementation practice really should be at every single level. And to talk more about that collaborative concerted effort to change the structures within implementation practice is back to Will:

WA ([15:58](#)):

Part of what we have to do. And I think we all have to be accountable for, as partners involved in this work is talking to funders about how funding rolls out. Have the ability to really call that out, really point out where the process can be improved, where power needs to be shifted or reconsidered, and ultimately when the partners are all committed to the same vision of improvement of better outcomes and reduced disparities, then you know, that is something that can really hold those partners together, despite these tough conversations that often need to be had. And my experience is that, you know, when multiple partners are having those conversations or identifying those pressure points where power may not be working, and it may take a little bit of time, but that's where change can actually be made.

MK ([16:59](#)):

Once that funding is secured, we have to decide where we direct those resources to. And that brings me to think about it from an equity perspective. Sometimes in implementation practice, we focus our efforts on the larger organizations, those that have the funds to support the work. And we sometimes leave out those that may not be as well resourced. How do we be sure not to reinforce structures that already marginalized certain communities?

PG ([17:26](#)):

You know, you make a great point about smaller churches or community-based organizations that may not quite have the capacity yet, right? But they they're doing the work. You know, one of the things that I would say for when you see organizations like this, if you're in research or academia, you see a really good potential partner. It could be that what the academic side brings to the table is to say to them, "Listen, we would love to work with you. A few things are missing here. Let's help develop your capacity."

MK ([17:57](#)):

This brings us back to the earlier discussion that implementation practice is not only scaling a program immediately, but it also requires capacity building, building up that infrastructure within the community so that we can take on the next challenge, whether that be in terms of forming relationships or working with the smaller organizations to get them to the stage that they can then adopt the program.

Thank you both for joining us. Any last words of advice to those who may be beginning community engagement work on where they can get started and the mindset that they should be adopting?

PG (18:33):

As you enter into this work, ask yourself what resources, what information, what networks are we leading the community with? I want to see the communities protected. I want to see them empowered, but I want to see them well-resourced.

LC (18:52):

In terms of words of wisdom, for those of you who are new in this approach, work with people who actually have experience in community engagement and identify tools for engaging.

PG (19:05):

We are a richer church in terms of the exposures that our leadership got to a broader understanding of research and a broader exposure of implementation science. Our community is richer because of the research that has come to bear. Our ability to create infrastructure for the future. One of the things we talk about is that this is really preparation for the next public health issue, for the next crisis. Or it's preparation to say, we have this built infrastructure, let's go attack childhood obesity. Let's go attack maternal morbidity. Let's go attack whatever crisis we have in the world's communities around health, because we're building in these networks and systems. So we're richer because of what was left: the networks, the information and the resources. And I would ask that the academicians keep that focus.

MK (20:02):

We've heard how to engage the community so that we work alongside our community partners in setting the table as Pastor referenced. Now we look to see how these practices are being applied to Triple P.

Triple P is an international evidence-based Positive Parenting Program scaling up in North Carolina. Back to, Will: What does program implementation regarding triple P in North Carolina look like?

WA (20:29):

When we are building out or supporting the development of the system in North Carolina for Triple P or working with key partners and other states, we're really making sure that the Triple P system of interventions, because remember, it's not just a single program or practice, it is a tiered system of multiple variants of programs and practices. We're really making sure that that what specific communities need and how they build that local system of Triple P interventions that they have, that they're able to identify what program variants their community members need based on data, based on the involvement of community members and the cultural values, and the preferences that exist. And that can vary not just from state to state, but within a state as well, whether we're talking about rural and urban contexts or the other factors that really make up the community within a particular region of the state.

MK (21:43):

So what is your and other implementation specialist role with the community when you begin this work of scaling up Triple P at that specific community location.

WA (21:55):

We might work with them to think critically about what the active ingredients are and what particular Triple P intervention needs to remain constant and where there is room to adapt that intervention for

individual family needs and preferences, or for community needs and preferences. That way they can really figure out how to ensure that the program is experienced and is observed and looked at in a way that families in that local community feel included, feel that they belong, and that they can see themselves in how that particular Triple B program is being delivered.

MK (22:39):

We've listened to seasoned community-based researchers, practitioners, and leaders, but what does this look like on the ground? For those of us who are scaling up programs and policies, we spend time talking with three program implementers in Eastern North Carolina.

Joining us to talk about community engagement and capacity building within implementation practice, especially in rural settings, are Qua'Tavia White, Triple P lead coordinator, Molly Brown, implementation specialist, and Dominique Campbell, data specialist, all working with the Albemarle Regional Health Services.

Could you provide some background on the Albemarle region?

Qua'Tavia White (23:20):

The Albemarle region consists of 12 counties in northeastern North Carolina. We have about 22,000 families with children in the area. Each county ranges from about 250 families up to 4,000 families. Within our 12 county region, we really just divided ourselves into five hubs and we grouped those counties based off of preexisting coalitions or some of the regional health departments.

Molly Brown (23:46):

Each hub really knows their community. And within our 12 counties, there are actually a lot of similarities, but also differences. They work together and then they create these great things that really benefit their community.

MK (24:03):

Your site functions almost as a backbone to these different hubs. Can you talk a little bit more about the organization of these hubs and your role?

QW (24:11):

Yes, ours is the backbone for the hubs by bringing them all together in our community leadership team meetings. In those meetings, they're able to provide success stories or uplift other things that are happening across the region. And to inform the Triple P leadership team and coordinators to help guide the direction of the program.

MK (24:31):

Community engagement requires access to community members and spaces, and therefore relies heavily on the interconnectedness and social networks to build capacity. Albemarle is a rural region and thus comes with its own unique set of challenges to community engagement work. What are some of those challenges and how have you overcome them in the past?

MB (24:53):

I think there are a lot of strengths to being rural, but we also encounter some weaknesses. For example, distance and traveling and transportation. So for some of our families, it is very difficult to get to the

agency or the location that they need to be. And we might also have a provider or a center that covers several counties. We are very different than a city. I think most of the people who live here enjoy that, but we also encounter some pockets where internet or cell phone service is just not very reliable.

QW ([25:37](#)):

For a lot of the families in our area, there's a lack of access to many basic needs. We don't have any homeless shelters. There's a ton of food disparities.

MB ([25:49](#)):

It's very hard to understand that if you've just been in the city environment, how different it is here, but the families need, you know, just as much.

MK ([26:00](#)):

Being more remote does not only impact our approach towards families, but also impacts implementation from the workforce perspective. What are some challenges from the provider end, especially in turnover within rural regions, and how do you begin to combat that?

QW ([26:17](#)):

So we definitely see a lot of turnovers, not only in our providers, but families as well. They're moving out of the region. A lot of our providers do wear many hats because of the lack of workforce.

MB ([26:28](#)):

One of the consistent things that we've done for our providers is reminded them of self-care. So I think that that's an additional layer that maybe before we weren't always talking about. It's now become part of the norm.

MK ([26:45](#)):

Workforce recruitment is also a key component of community capacity building as Qua'Tavia describes.

QW ([26:52](#)):

When it comes to recruiting providers, we try our best to keep up or to train providers that have shown commitment to their personal agencies. That way, in turn, hopefully they will stay with the agency longer and provide Triple P longer.

MK ([27:07](#)):

I can imagine that these strategies, both for community and provider engagement, along with the challenges you mentioned became all the more palpable during the pandemic. At a time when many services were unable to provide for these families, how did you continue to be there for them?

MB ([27:23](#)):

We were spoiled before! We were used to large health fairs or community events, and then everything shut down. So then we started thinking, well, where are the parents? And where can we find community boards or still let them know that Triple P is a resource.

Dominique Campbell ([27:43](#)):

We also was able to go to some of those places where parents actually are able to go. And some of them were able to go to libraries. We were able to distribute our material and to let them know that not only do we have providers, you know, face to face or online, but we also have Triple P online.

QW ():

Our vaccine clinics as well. As health department staff, we were assisting with the clinics through paperwork and other needs. And we would take our materials and do outreach from car-to-car, having online seminars through zoom, we were able to kind of help them recruit through flyers and use of QR codes.

MK ():

The common thread running through all of their answers was at the essence of community engagement, meeting people where they are.

QW ():

Meet people where they are.

Really just got to meet people and families where they were.

MB ():

Exclamation point exclamation point!

MK ():

Part of meeting people where they are is so that we can progress through the spectrum of community engagement to ownership, first developed by Rosa Gonzalez of Facilitating Power. This model recognizes that closing gaps in equity and catalyzing systems change requires direct participation and ownership by the impacted community in developing and implementing solutions. The ultimate goal is for 100% of decisions to be community led.

How have you seen the progression through the spectrum in your site and where do you hope to see it moving forward?

QW ():

The past year, we really focused on building up that ownership of the program with our providers and partnering agency leaders. Looking forward, I would like to see that increase across our providers and for them to really take ownership of engaging the community. We've seen a few successes across the region. One of our hubs, they've been meeting about every month to every six weeks to really do some peer support. The ideal evolved from them actually taking Triple P to the community. And now they're planning a community event centered around raising the community, using Triple P.

MB ():

And with that particular hub, the standard was kind of to meet four times a year. They meet once a month. They didn't want, you know, to go that long without seeing each other. And they found that whatever it was, whatever challenge, they can mention it. And then everyone could kind of chime in and share, "Hey, did you think about this?" Or, you know, "how do we feel about this" and it's very action oriented. So it's really been nice to see that unity and energy. So to watch this hub say, "no, we want to meet more." "Yes. We want to plan an event." They would find a way - they're that concerned about

their community, their families. They want to make a difference. They're very passionate. They truly care.

MK (30:37):
Back to Will: When we take a step back and look at implementation practice as a whole, how it does the field and The Impact Center work to progress through that spectrum from community engagement to ownership.

WA (30:51):
This is a way that implementation practice itself is really trying to push itself. We're trying to play hand in that and what we do at The Impact Center at FPG because even as we try to move science to practice, my observation is more often than not, we're still asking community to either come to us as the field of scientific work or meet us somewhere along that pathway, whether that's halfway or a quarter of the way. So what we're really starting to think about is how do we really come fully to the community?

MK (31:34):
Once again, meeting people where they are,

WA (31:37):
If this is really going to work and particularly if it's going to sustain, it really has to be owned by the community.

MK (31:45):
It sounds like we need to approach community engagement with real humility, partnering with communities so that they can be entirely self-sustainable. Would you say that that is an appropriate mindset to enter the field with?

MB (31:58):
That's the ultimate goal. We want everything from grassroots, all the way up to our county commissioners and our judges. We want every layer involved understanding what Triple P is and how it makes the community better.

QW (32:16):
Once we had one success of this in our region, we share this with other providers and they will duplicate it.

MK (32:23):
Do you have any advice to those entering this field and beginning the work of community engagement and capacity building? What do you think are some of the most important components of this type of work?

MB (32:33):
Relationships and partnerships.

DB (32:39):

Go into every situation as a partner and not so much as "come follow me," but more as "we're going to go alongside each other, and we're going to deal with this issue together and we're going to come up with a solution together."

QW:

We said before, meet people where they are. Not only families, but providers as well. If you can find an area that they want to excel in, just assist them in that area. Once they see those success, they can be duplicate it across the board.

MB ([33:04](#)):

Know your community. We have had the time through this pandemic to get to know our communities, like we didn't even know before.

MK ([33:14](#)):

We saw how Triple P is being rolled out, adopted, and scaled up within this region and the Albemarle team especially emphasized its renewed focus on equity. But what does this look like on a broader scale? This field has always been committed to reducing health disparities, but in the past year, I think we've had more concrete conversations and a renewed commitment towards promoting equity in everything that we do.

Will, could you talk a little bit more about the conversations surrounding equity that have taken place in the field of implementation science in the past year or so?

WA ([33:49](#)):

What is the role of equity, not just in this project work or at the institutional level, but I think at the larger field level? What is the role of equity and inclusion in prevention science and implementation science? Because I see that both of those fields, while in prevention science, I think the questions of racial equity and inclusion have always been there. They've always been discussed and recognized. Again, that's different than structuring things in a different way, right, as a scientific enterprise. And implementation science, I think both are happening at the same time. It's a younger field. It hasn't been around, you know, more than 20 years or so. And that may be overstating it a bit, but both fields are really trying to look at large scale change in large scale outcomes: public health impact. And when we're talking and thinking about public health impact, there's really a recognition that we cannot just focus on just population level outcomes.

WA ([35:00](#)):

Population level outcomes, if we're changing them, that's great, but it can also hide inequities and disparities. We really have to unpack, not just overall are things getting better, but at the same time, our inequities in particularly disparities in outcomes, reducing. Both implementation science, I would say, particularly implementation science, but also prevention science, really do work at the systems level. Both of them are looking at policy. They're looking at system structures and teaming structures and leadership structures and community and how community works. And so since we're already in there, trying to work with those elements, if you will, to try and generate stronger outcomes. We can, and we must take the responsibility to look at the inequities that might be present in those policies and those system elements. And by doing that, we can really get much better and more consistent at again, not just achieving population level impacts and benefits, but simultaneously reducing disparities and outcomes and reducing system inequities as well.

Meera ([36:19](#)):

What does that mean for the future of implementation practice? What are we changing and how are we tracking those changes so that we can be better and help reduce these disparities rather than contributing to them?

WA ([36:31](#)):

We can commit to this. We can articulate that commitment. We can say that commitment out loud and publicly, but what do we need to do to change the structures and the practices, whether that's at the Institute level, whether that's at our project team level. And then how are we going to know that's happened?

For us and in our project work, we are looking at how this shows up in things like our practice model, how this shows up in the resources that we are bringing to our partners, to our funders. We are looking at this and the type of data we collect and how we're using data. Are we collecting information on race and ethnicity? Are we identifying where there might be disparities and then looking structurally back mapping at, you know, what might be contributing to these disparities? We're looking at the diversity in our teaming structures, but we're also looking not just in who's involved, but how are they involved?

WA ([37:36](#)):

How are we sharing power as well in the makeup of our project teams, our work group teams? And that type of data, that type of evidence, should be starting to come in in the next year or two, if we're doing that well. My hope is that we're already starting to see the benefits of, you know, the ability to have these conversations. I see that in our work at FPG, I see that in our work and our project teams and our work group teams. Having those conversations in a very different way, building trust with each other, and really setting a common vision that everybody is involved in contributing to - not just the leaders, not just the funders; but folks, I believe, are hopefully starting to see their fingerprints on the blueprints for the future. Particularly at our project team level and our work group level.

MK ([38:36](#)):

Throughout this episode, we've seen how moving forward in implementation practice, whether that be in forming partnerships, in adopting and scaling up programs, or even driving equity within the field of implementation science requires community engagement – authentic community buy-in and foundational relationships that we heard from all of our guests today.

To learn more about community engaged implementation science or implementation practice at work, visit impact.fpg.unc.edu. This episode was produced and edited by Meera Kumanan, original music by Robin Jenkins, artwork by Julie Chin. Special thanks for concept and creation to Sandra Diehl, Meera Kumanan, Will Aldridge, Devon Minch, and Capri McDonald. Technical advice from Katherine Neer and funding from the Duke Endowment and the North Carolina Division of Social Services.