

Harnessing Implementation Science to Accelerate Accessibility of Evidence-Based Prevention Interventions in Rural Communities

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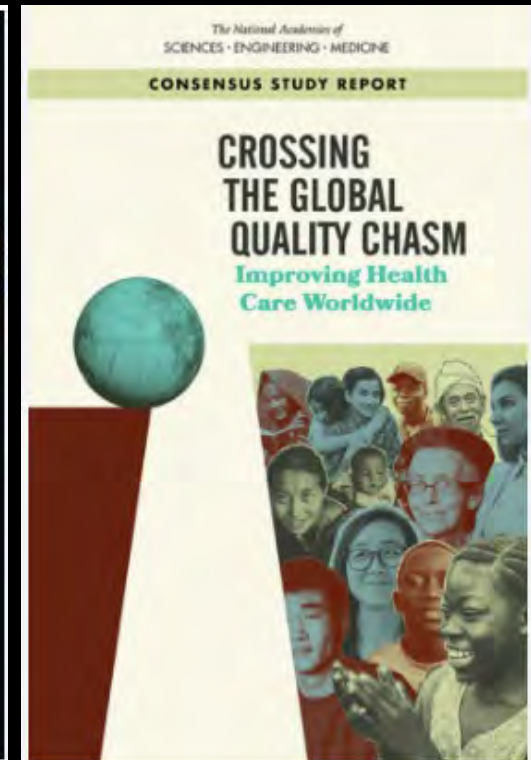
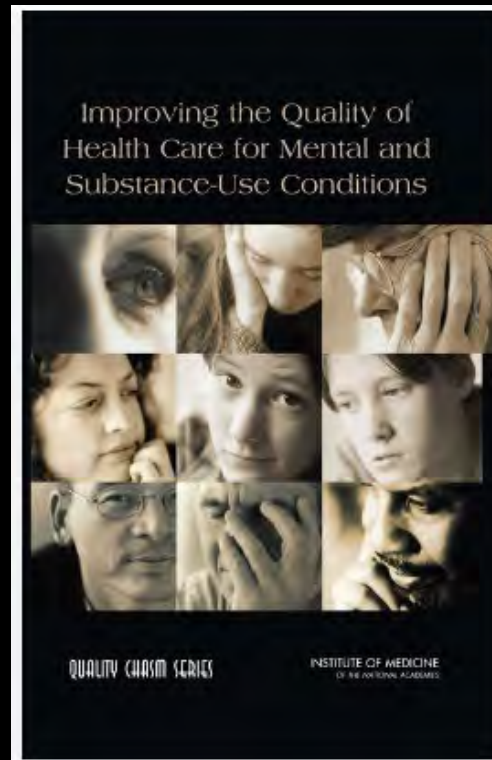
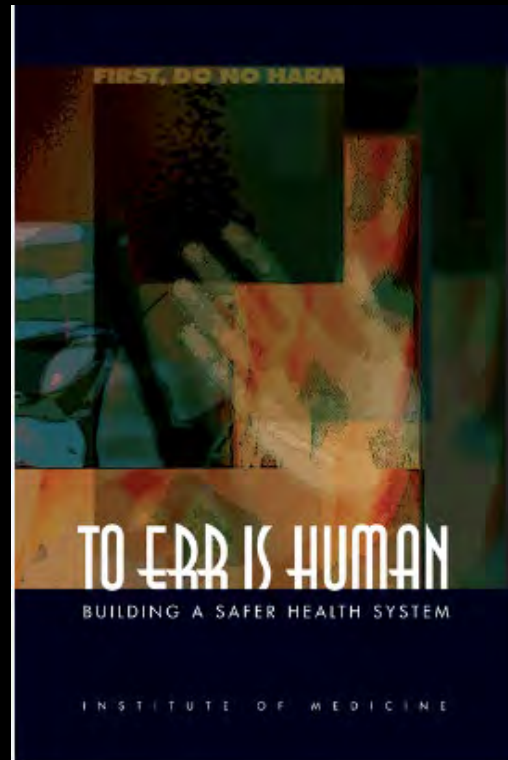
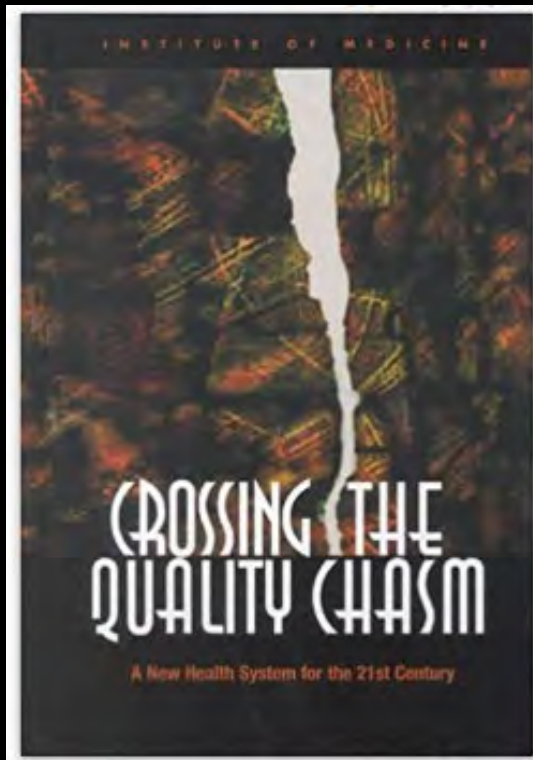
Evaluation, Prevention, and Policy Studies Seminar Series

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Plan for Today



Gaps Persist in the Quality of Care



If you build it ...



Leaky Pipeline to Implementation

Negative Results



Expert Opinion

Inconsistent Indexing

Lack of Numbers

**Focus on
Developing and
Testing Practice
Interventions**



**Controlled Trials
Lemons = Seeds +
*Implementation Strategies***

**Real World Implementation
Lemons = seeds + ???**



Changing Healthcare Practice

Problem

Solution

Effort

Available





Yet to Realize the Potential Public Health Impact of Evidence-Based Treatments

Millions of dollars have been spent to develop and test over 1200 evidence-based treatments.

Training initiatives and efforts have not resulted in widescale practice change.

Largely attributed to implementation and integration failures.

Embedding an Evidence-Based Practice in Routine Care

Intervention Strategies

Efficacious
Interventions
The “What”



HOW???

???



Clinical Outcomes

Function
Symptomology
Satisfaction
The “how well”



ISLAGIATT



What is Implementation Science?

Implementation science is ensuring that evidence-based practices have an impact on population health

The scientific study of methods to promote uptake of research findings in real-world practice settings to improve quality of care (Eccles & Mittman, 2006)

A new lane for science

A recent *Science* editorial on the social and political headwinds that have blunted, obfuscated, and confused public behavior in the United States' COVID-19 response cautioned both politicians who appoint themselves scientists and scientists—including virologists and epidemiologists—to stay in their lanes. The warning raises an important question: Should science add another lane?

Despite the remarkable development of safe and effective vaccines, only about two-thirds of Americans have received their first dose. Even nonmedical actions (social distancing and masking) supported by rigorous evidence are met with widespread indifference, resistance, and rage. Unfortunately, this number is the rule rather than the exception. Broadly, Americans receive about 55% of clinical interventions known to benefit their health.

To address this failing, science needs to add another lane—one called implementation research. Implementation scientists move beyond medication and device development and study how to facilitate their use by clinics, front-line health care providers, patients, communities, and policy-makers. Public health failures that could have been avoided, as well as successes attributable to this science, illustrate the importance of this work. The use of beta-blockers af-

messages are most effective? Who are the best opinion leaders? How can health systems overcome delays in identifying mildly ill outpatients eligible for monoclonal antibodies? Data are emerging about how to equip vaccine champions with the resources necessary to train others, build coalitions, and optimize organizations to administer vaccines as widely as possible. But more must be done, especially given the current politicized pandemic response and frayed social fabric.

Society needs a lane of science that studies rapid uptake of proven interventions. Questions pursued in implementation research require cross-disciplinary collaborations among scientists who understand communication, marketing, anthropology, economics, and social psychology—disciplines that have not historically interacted with one another.

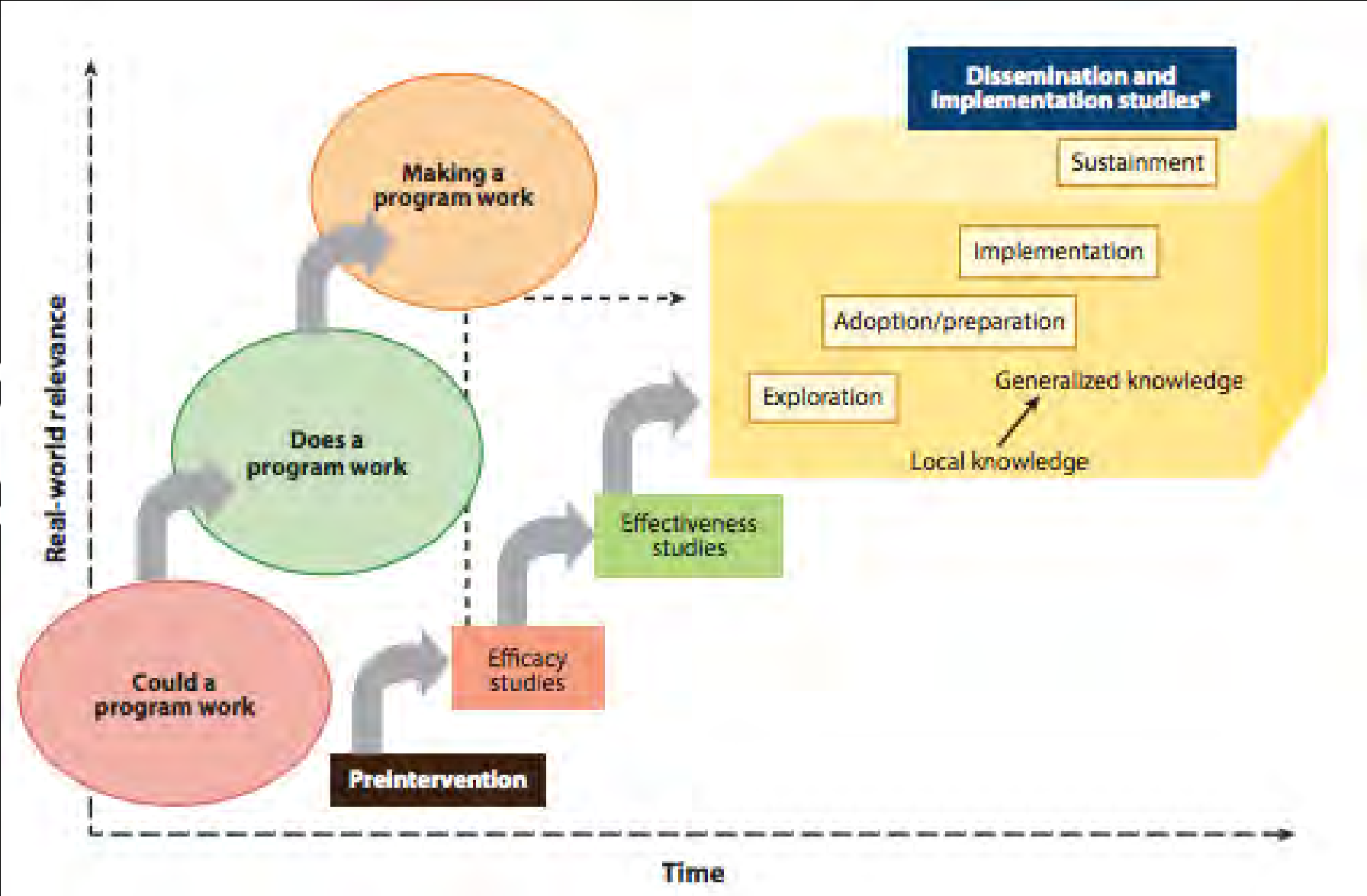
Three steps would contribute to a better pandemic response now and in the years ahead. The US National Institutes of Health (NIH) should create an Office of Implementation Research with funding that institutes must compete for, modeled on the Office of AIDS Research. The office would study emerging interventions and address obstacles to their use. Insights would guide health delivery, making learning-while-doing a standard. The office should support innovations

“COVID-19 has shown the world that ‘knowing what to do’ does not ensure ‘doing what we know.’”

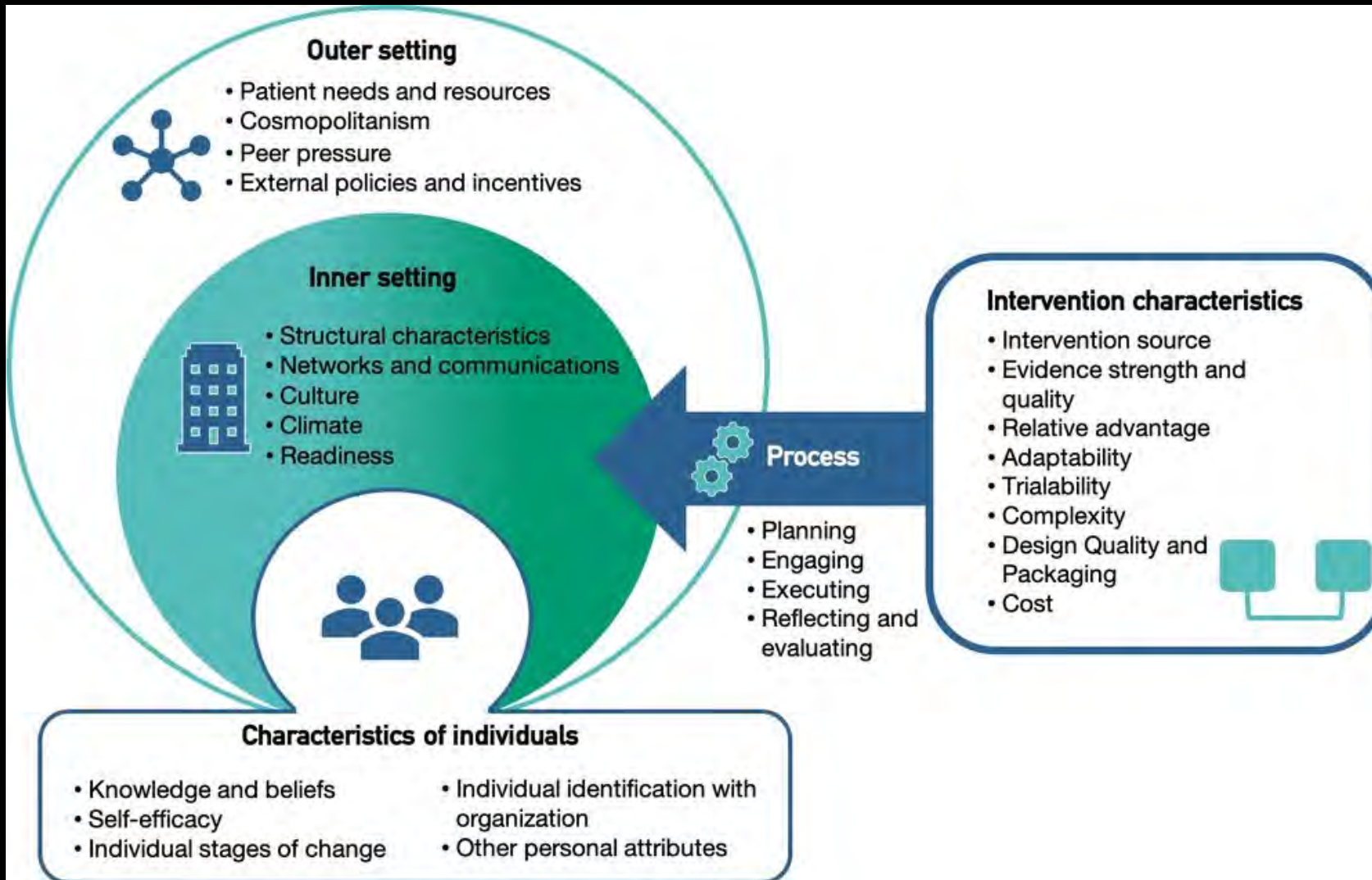
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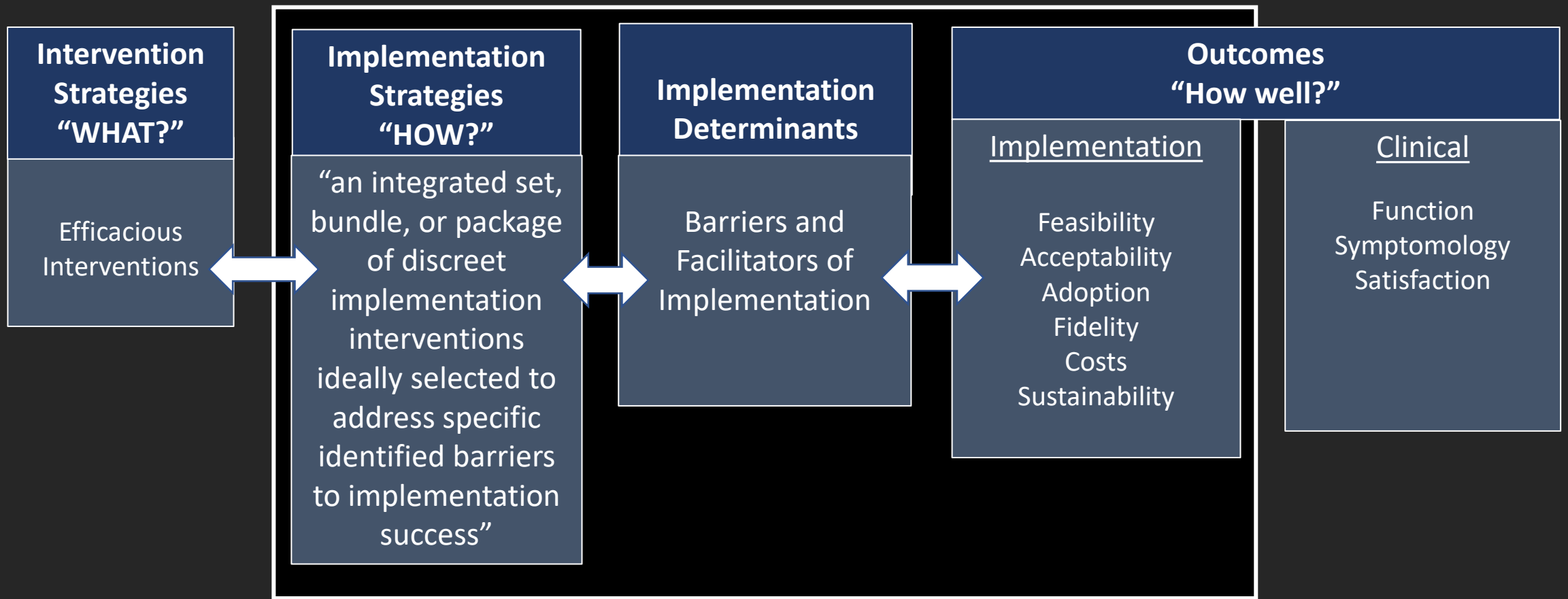
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Where does implementation research fit?



Implementation Determinants Frameworks





Embedding an Evidence-Based Practice in Routine Care

Rising Together

Health Disparities in Rural Youth

- 4 million adolescents living in rural areas experience higher rates of depression, anxiety, suicide, and mental health impairment as compared to urban youth
- Rates of suicide among rural youth nearly double than urban youth
- Families in rural areas less likely to access mental health care, and when they do, unlikely to receive timely care
- Pervasive mental health workforce shortages with two-thirds of the federally designated Mental Health Professional Shortage Areas in rural areas

High Potential of Task-Shifting Not Yet Realized

- Evidence that lay members can deliver preventative EBI competently with positive impact on adolescent mental health in international contexts
- Meet the demand for expanding the mental health workforce in rural areas
- Youth mentoring programs are often viewed as more favorable and less stigmatizing than professional mental health care. However, experience high turnover.
- Task-shifting efforts fail to sustain without an ongoing support for lay providers.

McQuillin SD, Hagler MA, Werntz A, Rhodes JE. Paraprofessional Youth Mentoring: A Framework for Integrating Youth Mentoring with Helping Institutions and Professions. *Am J Community Psychol.* 2022 Mar;69(1–2):201–220; Bolton P, Bass JK, Zangana GAS, Kamal T, Murray SM, Kaysen D, Lejuez CW, Lindgren K, Pagoto S, Murray LK, Van Wyk SS, Ahmed AMA, Mohammad Amin NM, Rosenblum M. A randomized controlled trial of mental health interventions for survivors of systematic violence in Kurdistan, Northern Iraq. *BMC Psychiatry.* 2014 Dec;14(1):360. Murray LK, Skavenski S, Kane JC, Mayeya J, Dorsey S, Cohen JA, Michalopoulos LTM, Imasiku M, Bolton PA. Effectiveness of Trauma-Focused Cognitive Behavioral Therapy Among Trauma-Affected Children in Lusaka, Zambia: A Randomized Clinical Trial. *JAMA Pediatr.* 2015 Aug 1;169(8):761; Rahman A, Malik A, Sikander S, Roberts C, Creed F. Cognitive behaviour therapy-based intervention by community health workers for mothers with depression and their infants in rural Pakistan: a cluster-randomised controlled trial. *The Lancet.* 2008 Sept;372(9642):902–909.

The Rising Together Project Team



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Goal

Increase access and sustainability of effective, contextually-informed, low-cost mental health services for rural youth by task-shifting EBP delivery to mentors and EBP implementation support to mentoring organizations.

The “What”: An Evidence-Based Prevention Program Interpersonal Therapy – Adolescent Skills Training (IPT-AST)

- 10-week group-based evidence-based prevention program with 4-6 youth
- Aims to prevent depression and support emotional well-being by helping adolescents develop skills to foster healthy relationships.
- Youth learn ways to get along well with others, handle problems in relationships, and feel more connected to friends and family through small group activities.
- Meets a community-identified need to improve interpersonal relationships

The “HOW”: Just-In-Time Training for Evidence-Based Programs

- ✓ **Task-Shifting** EBP to Mentors *and* EBP Supervision to Local Supervisors
- ✓ **Just-in-Time Training (JITT)** provides only the training necessary at the time that it's necessary
 - ✓ Self-directed, on-demand, online training modules accessed each week of IPT-AST delivery (e.g., videos, decision trees)
- ✓ **Weekly group supervision** using evidence-based supervision strategies
- ✓ **Apprenticeship model** of program delivery: program co-led by more experienced mentor and novice mentor
- ✓ **JITT for local supervisors** to provide evidence-based supervision strategies to promote high fidelity IPT-AST delivery

Supervision as an Implementation Strategy



Supervision is a Key Implementation Strategy

Primary goal of clinical supervision is to ensure competent delivery of care through providing onsite, responsive support and professional development for supervisee providers



EBI Expert Supervision is Cost-Prohibitive in Low Resource Rural Settings & Lacks Relational Advantages of shared proximity

How does this work with this person in this context in this program with this issue?

Do I have to do this? Is it worth it? Am I doing it right? Is it working?

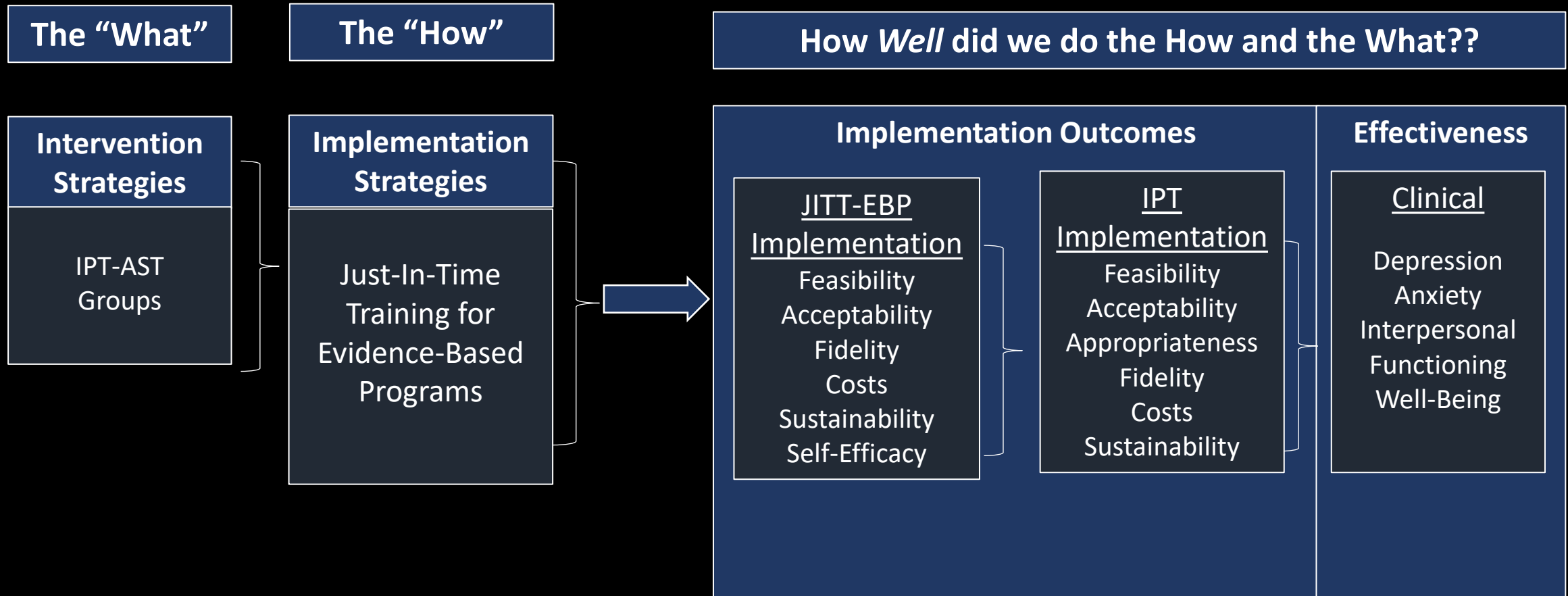


High Potential of Task-Shifting Supervision

- Promote, scale, and sustain EBI delivery by investing in local workforce
- Supervisory support has been the most significant predictor of lay provider competence, EBI fidelity, and behavioral change
- Existing EBI supervision models
 - Are not designed for lay providers who may not have had the same educational opportunities or foundational clinical competencies as mental health providers
 - Have not integrated local expert/end user input in the design, limiting effectiveness

Adaptation of Clinical Supervision Strategies

- Evidence-Based Clinical Supervision for Community Providers
- Includes 'gold standard' supervision strategies grounded in theory and evidence
 - Experiential Learning
 - Performance-Based Feedback
 - Strong supervisory alliance
- Improve competency and motivation of mentors
- Development of a JITT platform of modules



Embedding an Evidence-Based Program in Rural Area

Next Steps

Pilot Hybrid type 2 randomized effectiveness and implementation trial funded by NIMH

- Optimize the JITT platform for IPT-AST mentor training and a novel adapted evidence-based clinical supervision for community providers' model
- Evaluate Implementation Outcomes of JITT-EBP as compared to implementation as usual
- Evaluate youth clinical and psychosocial outcomes of JITT-EBP-implemented IPT-AST compared to implementation as usual

Assess the evidence-based clinical supervision for community providers' model funded by grant-in-aid

Questions? Comments?

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