You are invited

15 July, 11 AM to 12:30 PM ET

Community First

Practical Strategies for Inclusive Implementation Science

with Dr. Sarit Golub, Hunter College

Thank you for joining us today.

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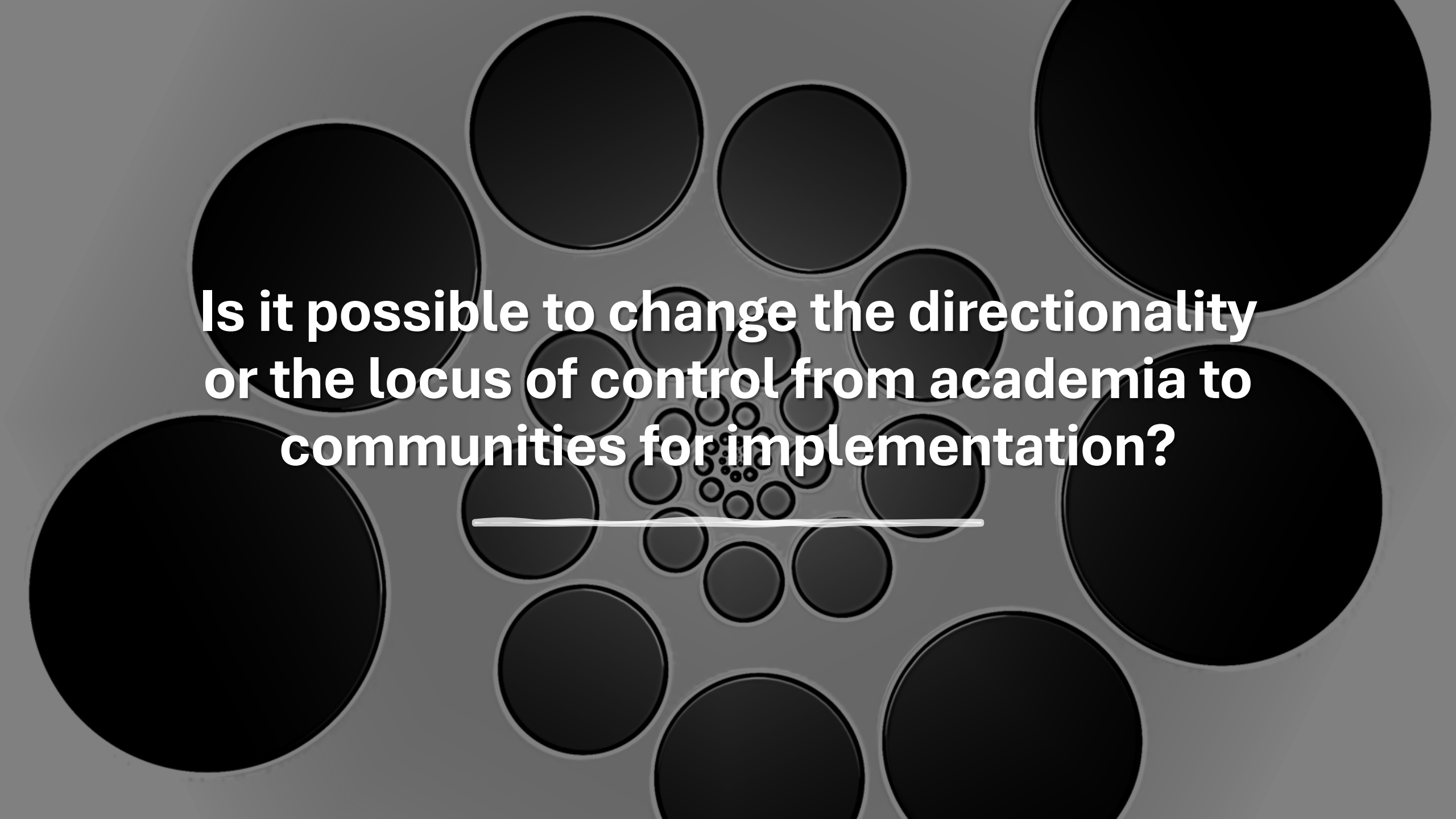
Thank you for all the thoughtful commentary and questions that you provided during registration.


We should not simply implement interventions into inequitable systems without addressing the systems themselves.


If communities are essential to the production of knowledge, what would implementation science look like if communities were leading it?


Is it possible to change the directionality or the locus of control from academia to communities for implementation?

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Practical Strategies for Inclusive Implementation Science

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Thank you for joining us today.

Community First: Practical Strategies for Inclusive Implementation Science

Sarit A. Golub, PhD, MPH

Hunter College and Graduate Center, City University of New York
Hunter Alliance for Research & Translation (HART)
Einstein-Rockefeller-CUNY CFAR

TCA Webinar | July 15, 2026

HART Hunter Alliance for Research & Translation
HUNTER The City University of New York
CFAR Einstein-Rockefeller-CUNY Center for AIDS Research
THE GRADUATE CENTER CITY UNIVERSITY OF NEW YORK

Community is and has been the driver of **advocacy**, **organizing**, and **power** that got us our existing HIV service infrastructure and research portfolio

This service delivery infrastructure and the research enterprise are **still resistant to community control** (of research questions, of implementation, of dissemination)

What do we mean by community?

Please enter answers & comments in the chat...

JIAS Volume 27,

JOURNAL OF THE INTERNATIONAL AIDS SOCIETY

Implementation resear response: Taking stock the way forward

Guest Editors: Elvin H. Geng, Eleanor Maqongo N

Supplemer

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Implementation Science to Optimize HIV Prevention and Treatment

When beginning your next investigator-initiated ap
Institutes, Centers, and Offices (ICOs). This is not a

Apply through an appropriate NIH Parent Funding
Topics.

Topic Description

TARY JOURNALS

Science

SCIENCEINSIDER | FUNDING

Exclusive: NIH ponders overhauling HIV budget to capitalize on prevention breakthrough

Scientists warn $1 billion push for "implementation science" spurred by promise of lenacapavir will hurt research on new treatments and vaccines

MEDPAGE TODAY®

Perspectives > Second Opinions

HIV Will End With System Redesign, Not When We Discover Another Drug

— We need to make prevention accessible, treatment immediate, and long-term engagement effortless

by Scott A. Phillips, DBA, JM, MS, and Joseph Santiago, MA

July 6, 2026 · 3 min read Add MedPage Today on Google

Opportunity & Challenge

- Reactance/backsliding against community involvement
- Proliferation of top-down implementation science
- Front-line implementers are being asked to do more with less
- Government support is being stripped at all levels
- A bandwagon is not a strategy

Key Questions

Who is this "we"?

- How can we **best take advantage** (and leverage) this opportunity?
- What are the **principles and goals** that we want to emphasize?
- How can we ensure that **community voices** are heard (and listened to)?

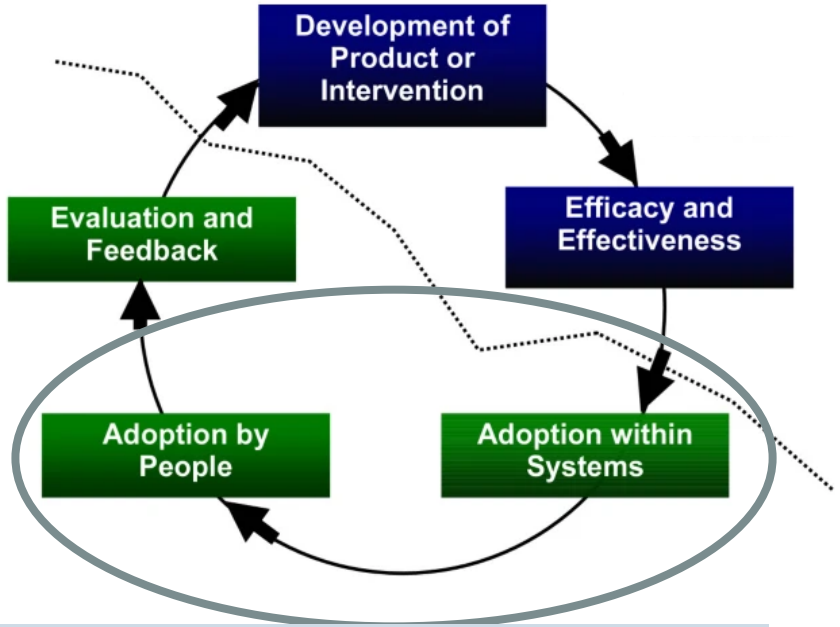
Some of your questions…

- How can we ensure meaningful and full participation of affected communities in implementation science?
- What does community engagement in implementation science look like?
- How are health equity or social equity considerations incorporated?
- How would communities *like* academic institutions to partner with them on implementation strategies?
- What best practices can implementation science show us about program evaluation and design?
- How is implementation science different from a slick marketing campaign?

Implementation Research & Science

Implementation research studies the "dynamic, contextual processes that influence **how individuals, populations and health systems change** in order to adopt new interventions."[1]

Figure from Allotey et al., 2008



How does this process happen?

[1]Allotey P, Reidpath DD, Ghalib H, Pagnoni F, Skelly WC. Efficacious, effective, and embedded interventions: implementation research in infectious disease control. BMC Public Health. 2008 Oct 1;8:343.

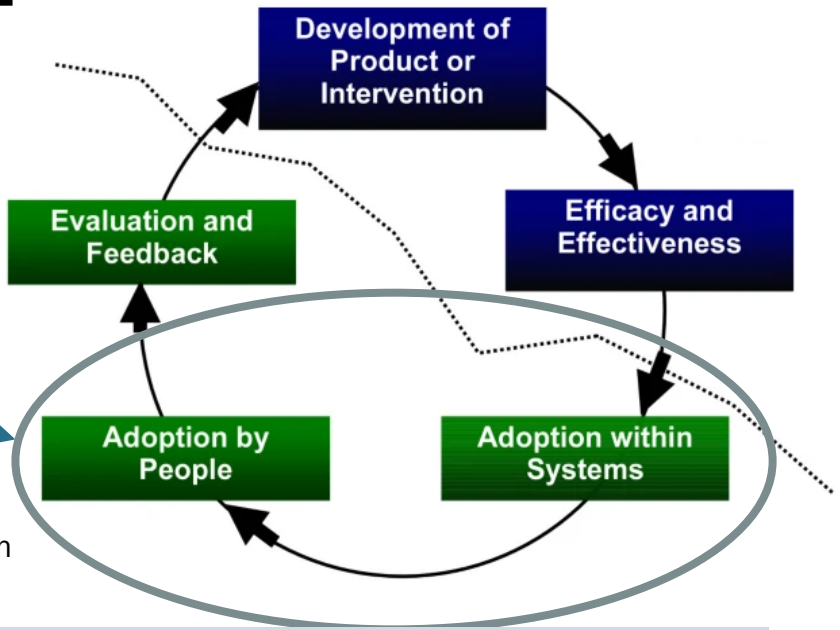
Implementation Research & Science

Implementation research studies the "dynamic, contextual processes that influence **how individuals, populations and health systems change** in order to adopt new interventions."

Implementation science is the "**application and integration** of research evidence into practice and policy."[2]

How can we apply research findings and tools to **make this process better**?

Figure from Allotey et al., 2008



[2]Glasgow RE, Eckstein ET, El Zarrad MK. Implementation Science Perspectives and Opportunities for HIV/AIDS Research Integrating Science, Practice, and Policy. *JAIDS Journal of Acquired Immune Deficiency Syndromes.* 2013 *Jun* 63: S26.

Implementation Research & Science

Optimizing the impact of effective prevention and treatment interventions will require **research** about adoption within systems and by people.

Optimizing the impact of effective interventions will also require **applying what we already know** – from decades of HIV research – and **using it in implementation settings** to actively **enhance** adoption within systems and by people.

We need to do a better job of building on what we know to make our (implementation) science better

What do we know?

*Sarit's very selective and biased list

What do we know?*

1. **Existing delivery models are not reaching new users.**

*Sarit's very selective and biased list

What do we know?*

1. Existing delivery models are not reaching new users.

2. Incomplete information → mistrust.

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What do we know?*

1. Existing delivery models are not reaching new users.

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3. Preferences are dynamic and impacted by social and cultural context.

*Sarit's very selective and biased list

What do we know?*

1. Existing delivery models are not reaching new users.
2. Incomplete information → mistrust.
3. Preferences are dynamic and impacted by social and cultural context.
4. Users want flexibility and low-burden interventions.

*Sarit's very selective and biased list

What do we know?*

5. Users need holistic support.

*Sarit's very selective and biased list

What do we know?*

5. Users need holistic support.

6. Normalization, universalization, and integration is stigma reduction

*Sarit's very selective and biased list

What do we know?*

5. Users need holistic support.

6. Normalization, universalization, and integration is stigma reduction

7. Programs succeed when they have clear and transparent protocols

What research can be most impactful?

How do we integrate implementation science into clinical trials?

#1

Applying an implementation mindset to “mainstream” clinical trials

Implementation mindset for clinical trials

- Inclusion/exclusion criteria
- Staffing and workflow
- Settings and delivery systems
- Operationalizing and specifying supports
- Learning from study hiccups and failures
- Opportunities for robust user (patient and provider) experience data

What else?

#2

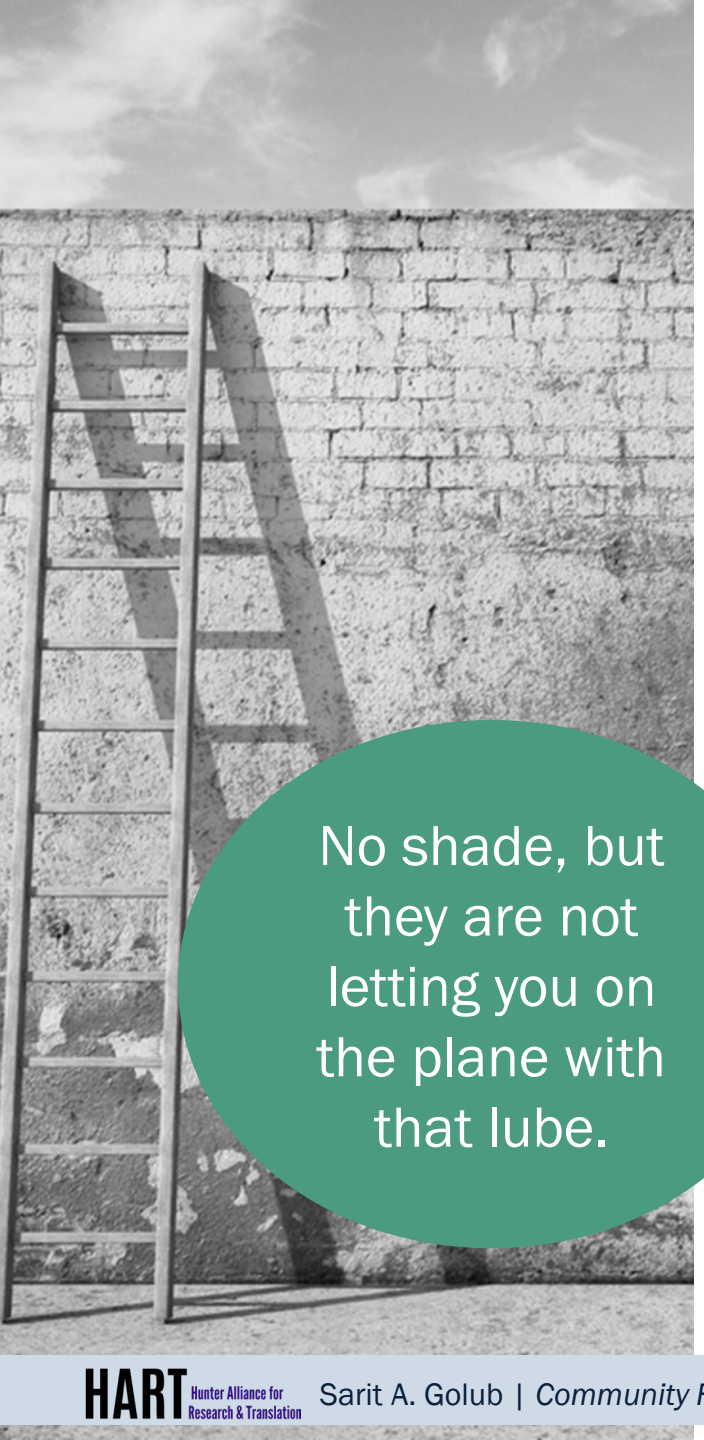
Addressing or mitigating known acceptability and feasibility barriers

Mitigating accessibility and feasibility barriers

Expand telehealth

Offer evening and weekend hours

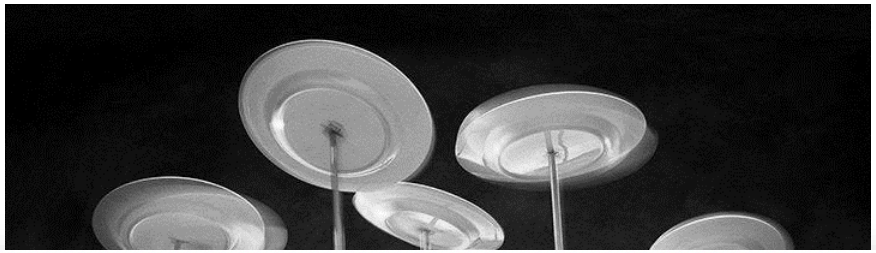
Reduce mixed messages about care delivery



No shade, but they are not letting you on the plane with that lube.

Mitigating accessibility and feasibility barriers

Match new (and existing) products to people's real lives and daily constraints



Journal of Adolescent Health 66 (2020) 281–287

ELSEVIER

JOURNAL OF ADOLESCENT HEALTH

www.jahonline.org

Original article

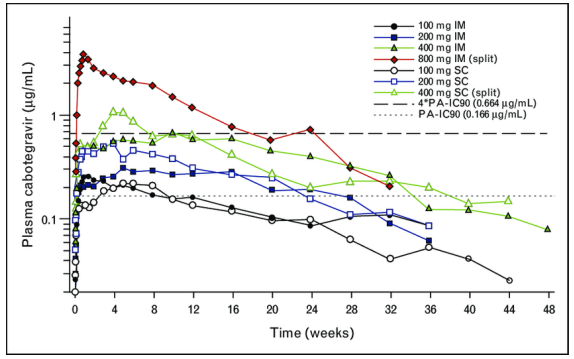
Perspectives and Recommendations From Lesbian, Gay, Bisexual, Transgender, and Queer/Questioning Youth of Color Regarding Engagement in Biomedical HIV Prevention

Sarit A. Golub, Ph.D., M.P.H. [a,b,*], Kathrine Meyers, Dr.P.H., M.S., M.P.P. [c], and Chibuzo Enemchukwu, M.D. [a]

Mitigating accessibility and feasibility barriers

ISRs and nodules

Strict windows, misses doses, oral bridging



PK tail and DDIs

Injection experience and recovery

What else?

We measure fidelity, reach, adoption, and sustainability. Why don't we measure community decision-making power outcomes?

#3

Operationalizing and leveraging community strengths

Leveraging community strength

- Defining strength-based concepts and resources
- Identifying sources of strength that can be utilized as facilitators for implementation
- Working both for and with community partners
- Conceptualizing what people want as the goal rather than the obstacle

What else?

Is it possible to change the directionality or the locus of control from academia to communities for implementation?

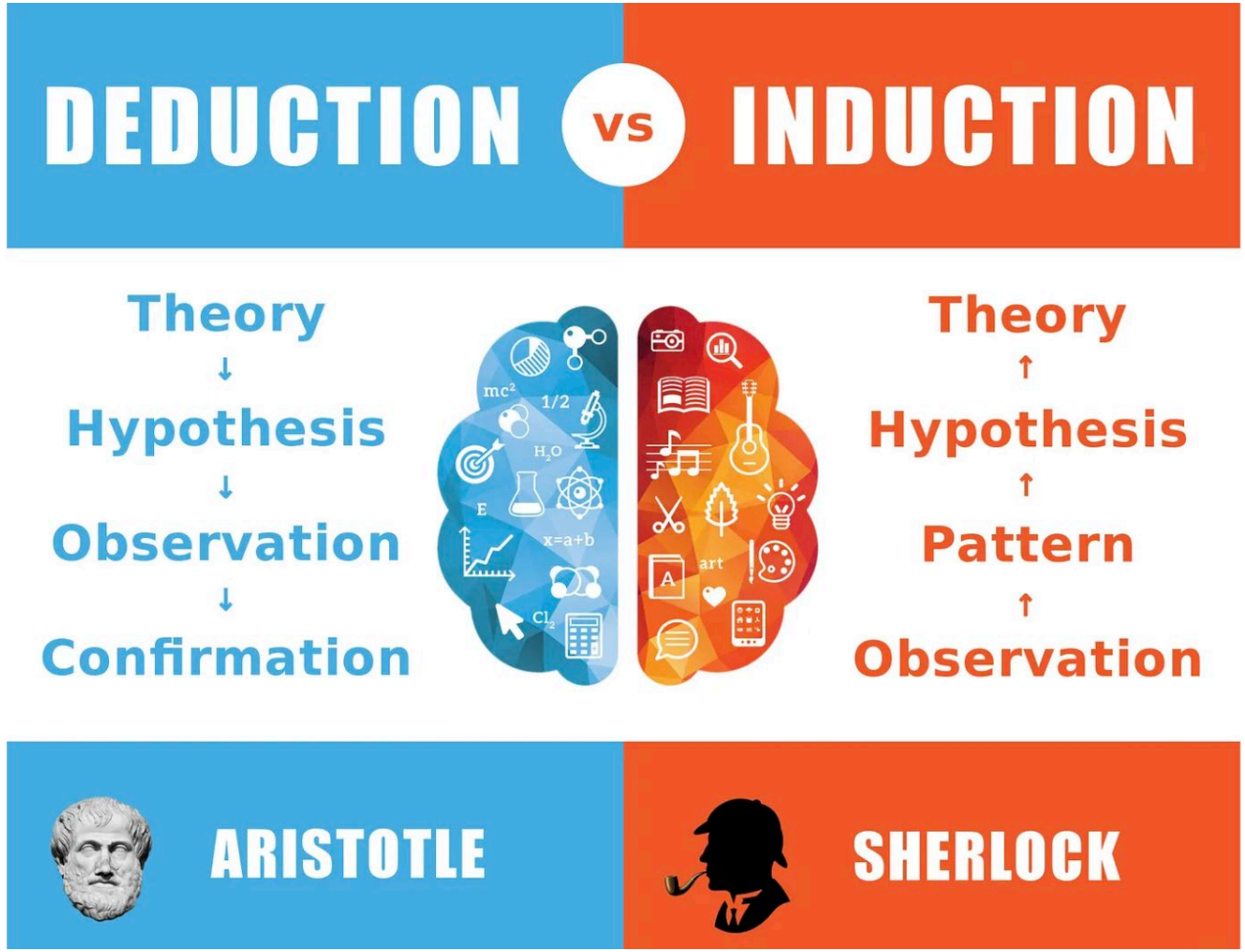
#4

Developing an Inductive implementation science

Rationale for an Inductive Approach

- The vast majority of application and implementation is happening ***outside*** research projects and collaborations.
- Even our most well-intentioned and well-designed research-driven partnerships do not always reflect **real-world conditions**.
- There is tremendous potential to **leverage** implementation **research** and implementation **science** to learn from what is happening on the ground and improve the quality and success of implementation efforts **at a larger scale**.

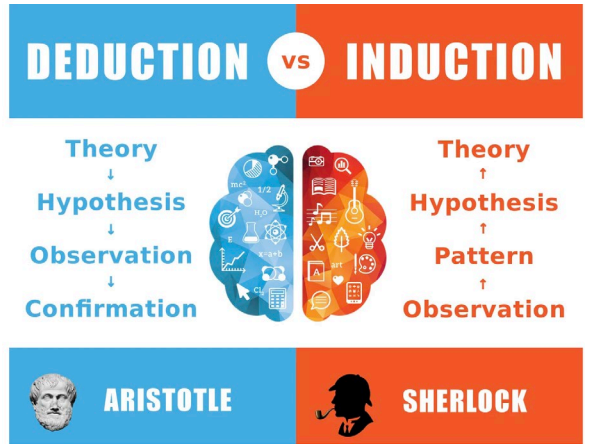
What is Inductive Implementation Science?



What is Inductive Implementation Science?

Inductive implementation science* is research that learns from the experience and expertise of implementers and uses this knowledge to build scientific theory and frameworks, rather than testing researcher-driven frameworks in community settings.

*Sarit's current (working) definition…



Inductive implementation science

- Inverts the role of “expert” and redistributes power accordingly
- Shifts the priorities of researchers to be amplifiers and synthesizers of knowledge, rather than generators
- Elevates and disseminates innovative work on the ground
- Makes implementation science more accessible and relevant to the people that stand to benefit from

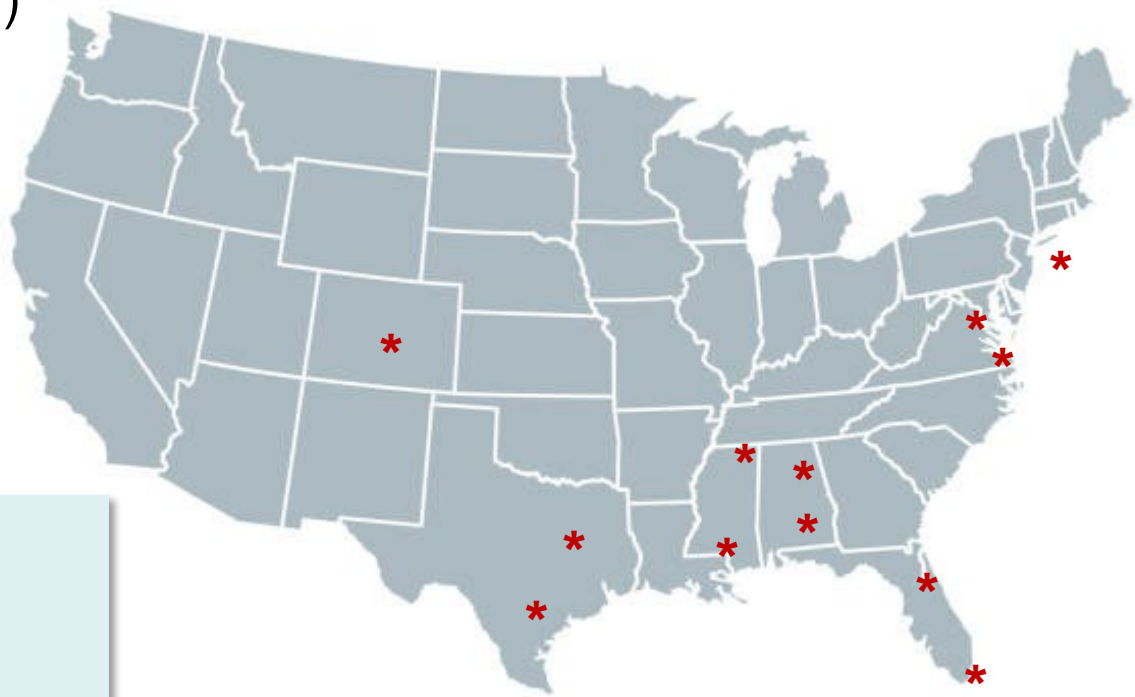
Examples of Inductive IS Research

- Specifying existing implementation strategies
- Using quasi-experimental designs to evaluate impact
- Synthesizing lessons, challenges, and opportunities
- Disseminating specific knowledge to stimulate generalizable research

Data Collection on PrEP Implementation

12 program models in EHE jurisdictions across the country

- BPHC-funded community health centers (5)
- LGBTQIA+ community clinics (2)
- Public Health Departments (2)
- HIV-focused CBOs (2)
- Academic Medical Center (1)



✓ Organizational Interviews
✓ Site visits/tours/patient simulations
✓ Interviews with 4 – 12 staff per program

BLUPrInt
EVIDENCE-BASED SOLUTIONS FOR EQUITABLE HIV PREVENTION

IMPLEMENTATION SCIENCE

OPEN

Increasing the Accessibility and Relevance of Implementation Science for Front-Line Implementers

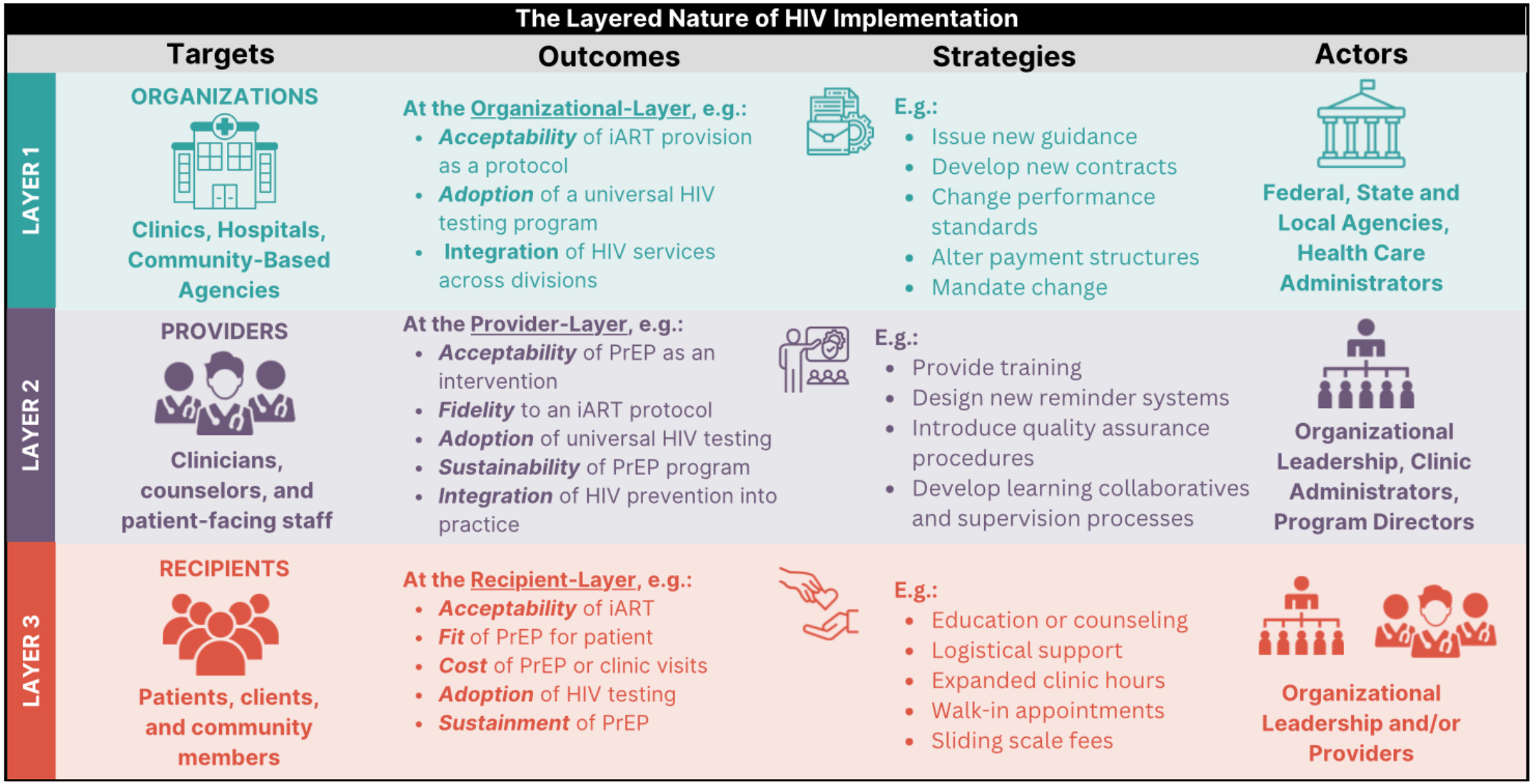
Sarit A. Golub, PhD, MPH,[a,b,c] Carly Wolfer, MA,[a] and Cody A. Chastain, MD[d]

IMPLEMENTATION SCIENCE

OPEN

Developing a Practice-Driven Taxonomy of Implementation Strategies for HIV Prevention

Sarit A. Golub, PhD, MPH,[a,b] Carly Wolfer, MA,[a] Alexa Beacham, BA,[a] Benjamin V. Lane, MPH,[c] Cody A. Chastain, MD,[d] and Kathrine A. Meyers, DrPH[c]



Golub, S. A., Wolfer, C., & Chastain, C. A. (2025). **Increasing the accessibility and relevance of implementation science for front-line implementers**. *JAIDS Journal of Acquired Immune Deficiency Syndromes*, 98 (4): 372-376.

www.hivbluprint.org

BLUPrInt
EVIDENCE-BASED SOLUTIONS FOR EQUITABLE HIV PREVENTION

HOME | PREP PROGRAM BUILDER | REAL WORLD STRATEGIES | RESOURCES | OUR RESEARCH

Agencies and clinics across the country are working on ways to expand access to PrEP – especially as new options (like injectable PrEP) become available.We understand that developing and sustaining a PrEP program is difficult –practitioners need clear, evidence-based tools and resources that they can use to educate patients, train staff, develop protocols, and promote buy-in from diverse stakeholders.

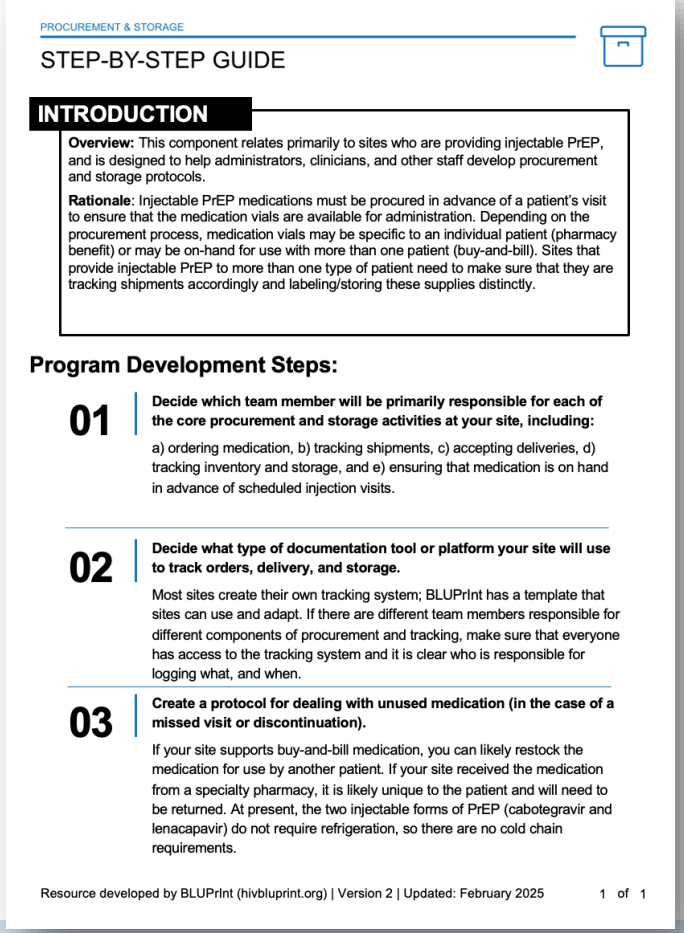
YOU DON'T HAVE TIME TO RE-INVENT THE WHEEL

BLUPrInt provides evidence-based solutions to support equitable, effective, and high-quality HIV prevention programs. Our team has compiled information and resources from providers, clinics, and programs across the country. We have developed customizable materials designed to

BLUPrInt PrEP Program Builder

https://hivbluprint.org/prep-program-builder

Step-by-Step Guides



PROCUREMENT & STORAGE

STEP-BY-STEP GUIDE

INTRODUCTION

Overview: This component relates primarily to sites who are providing injectable PrEP, and is designed to help administrators, clinicians, and other staff develop procurement and storage protocols.

Rationale: Injectable PrEP medications must be procured in advance of a patient's visit to ensure that the medication vials are available for administration. Depending on the procurement process, medication vials may be specific to an individual patient (pharmacy benefit) or may be on-hand for use with more than one patient (buy-and-bill). Sites that provide injectable PrEP to more than one type of patient need to make sure that they are tracking shipments accordingly and labeling/storing these supplies distinctly.

Program Development Steps:

01 **Decide which team member will be primarily responsible for each of the core procurement and storage activities at your site, including:**

a) ordering medication, b) tracking shipments, c) accepting deliveries, d) tracking inventory and storage, and e) ensuring that medication is on hand in advance of scheduled injection visits.

02 **Decide what type of documentation tool or platform your site will use to track orders, delivery, and storage.**

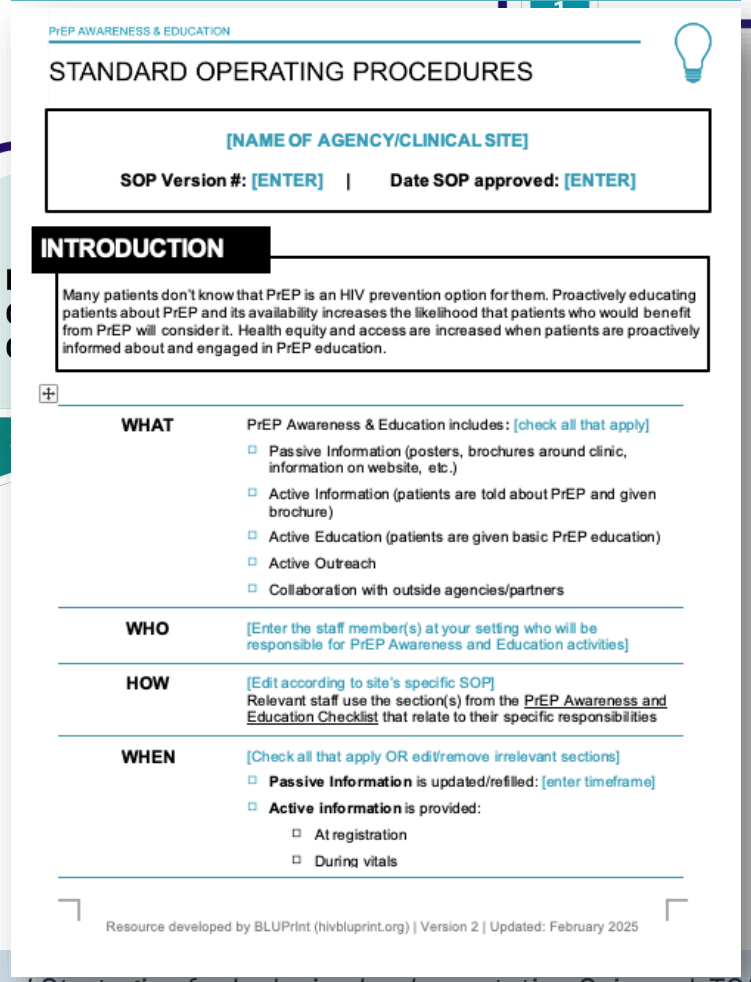
Most sites create their own tracking system; BLUPrInt has a template that sites can use and adapt. If there are different team members responsible for different components of procurement and tracking, make sure that everyone has access to the tracking system and it is clear who is responsible for logging what, and when.

03 **Create a protocol for dealing with unused medication (in the case of a missed visit or discontinuation).**

If your site supports buy-and-bill medication, you can likely restock the medication for use by another patient. If your site received the medication from a specialty pharmacy, it is likely unique to the patient and will need to be returned. At present, the two injectable forms of PrEP (cabotegravir and lenacapavir) do not require refrigeration, so there are no cold chain requirements.

Resource developed by BLUPrInt (hivbluprint.org) | Version 2 | Updated: February 2025 1 of 1

SOP Templates



PrEP AWARENESS & EDUCATION

STANDARD OPERATING PROCEDURES

[NAME OF AGENCY/CLINICAL SITE]

SOP Version #: [ENTER] | **Date SOP approved:** [ENTER]

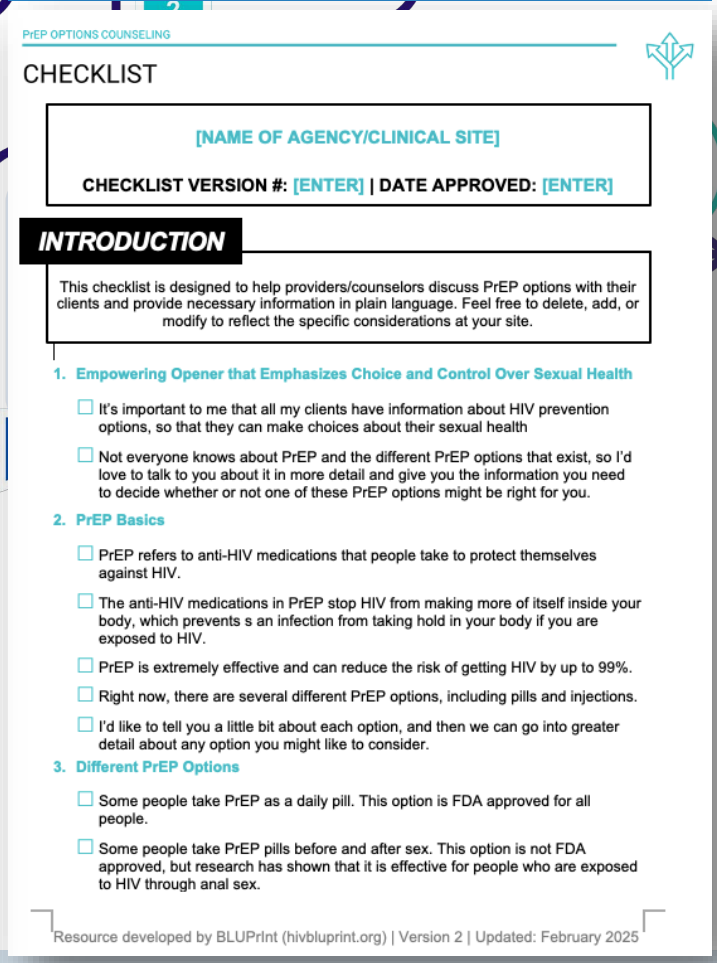
INTRODUCTION

Many patients don't know that PrEP is an HIV prevention option for them. Proactively educating patients about PrEP and its availability increases the likelihood that patients who would benefit from PrEP will consider it. Health equity and access are increased when patients are proactively informed about and engaged in PrEP education.

WHAT	PrEP Awareness & Education includes: [check all that apply] ☐ Passive Information (posters, brochures around clinic, information on website, etc.) ☐ Active Information (patients are told about PrEP and given brochure) ☐ Active Education (patients are given basic PrEP education) ☐ Active Outreach ☐ Collaboration with outside agencies/partners
WHO	[Enter the staff member(s) at your setting who will be responsible for PrEP Awareness and Education activities]
HOW	[Edit according to site's specific SOP] Relevant staff use the section(s) from the PrEP Awareness and Education Checklist that relate to their specific responsibilities
WHEN	[Check all that apply OR edit/remove irrelevant sections] ☐ **Passive Information** is updated/refilled: [enter timeframe] ☐ **Active information** is provided: ☐ At registration ☐ During vitals

Resource developed by BLUPrInt (hivbluprint.org) | Version 2 | Updated: February 2025

Checklists/Job Aids



PrEP OPTIONS COUNSELING

CHECKLIST

[NAME OF AGENCY/CLINICAL SITE]

CHECKLIST VERSION #: [ENTER] | **DATE APPROVED:** [ENTER]

INTRODUCTION

This checklist is designed to help providers/counselors discuss PrEP options with their clients and provide necessary information in plain language. Feel free to delete, add, or modify to reflect the specific considerations at your site.

1. **Empowering Opener that Emphasizes Choice and Control Over Sexual Health**
   - ☐ It's important to me that all my clients have information about HIV prevention options, so that they can make choices about their sexual health
   - ☐ Not everyone knows about PrEP and the different PrEP options that exist, so I'd love to talk to you about it in more detail and give you the information you need to decide whether or not one of these PrEP options might be right for you.
2. **PrEP Basics**
   - ☐ PrEP refers to anti-HIV medications that people take to protect themselves against HIV.
   - ☐ The anti-HIV medications in PrEP stop HIV from making more of itself inside your body, which prevents s an infection from taking hold in your body if you are exposed to HIV.
   - ☐ PrEP is extremely effective and can reduce the risk of getting HIV by up to 99%.
   - ☐ Right now, there are several different PrEP options, including pills and injections.
   - ☐ I'd like to tell you a little bit about each option, and then we can go into greater detail about any option you might like to consider.
3. **Different PrEP Options**
   - ☐ Some people take PrEP as a daily pill. This option is FDA approved for all people.
   - ☐ Some people take PrEP pills before and after sex. This option is not FDA approved, but research has shown that it is effective for people who are exposed to HIV through anal sex.

Resource developed by BLUPrInt (hivbluprint.org) | Version 2 | Updated: February 2025

BLUPrInt Resources

https://hivbluprint.org/resources

PATIENT EDUCATION MATERIALS

STAFF TRAINING & JOB AIDS

SEXUAL HISTORY TAKING (GOALS)

INJECTABLE PrEP

LESSONS FOR LENACAPAVIR

STAKEHOLDER BUY-IN

ESPAÑOL

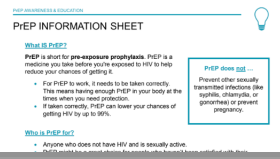
¡HOLA!

INCREASE ACCESS TO PREP BY EXPANDING OPTIONS FOR YOUR PATIENTS

PATIENT EDUCATION | STAFF TRAINING | INJECTABLE PREP | SEXUAL HISTORY | PROGRAM DEVELOPMENT | BUY-IN | ESPAÑOL

Patient education materials, job aids, and resources specific to implementation of injectable PrEP*

*Unless otherwise noted all materials are for both cabotegravir and lenacapavir


PrEP INFORMATION SHEET

What IS PrEP?

PrEP is short for **pre-exposure prophylaxis**. PrEP is a medicine you take before you're exposed to HIV to help reduce your chances of getting it.

- For PrEP to work, it needs to be taken correctly. This means having enough PrEP in your body at the times when you need protection.
- If taken correctly, PrEP can lower your chances of getting HIV by up to 99%.

PrEP does not ...

Prevent other sexually transmitted infections (like syphilis, chlamydia, or gonorrhea) or prevent pregnancy.

Who is PrEP for?

- Anyone who does not have HIV and is sexually active.

PrEP Education Handout

This editable 2-page FAQ summarizes basic PrEP information for patients.

Do you have any suggestions or resources that can be used by community advocates as a teaching tool?

Three shameless plugs…

1. **Best Practices in Community-Academic Partnership**
2. **Introduction to Implementation Science for Community Practice**
3. **Implementation Science Incubator Project**

Einstein-Rockefeller-CUNY Center for AIDS Research

ERC-CFAR | Behavioral & Implementation Science Core (BISC)

Use this form to request information

Key Questions

- How can we **best take advantage** (and leverage) this opportunity?
- What are the **principles and goals** that we want to emphasize?
- How can we ensure that **community voices** are heard (and listened to)?

Some of your questions…

- How can we ensure meaningful and full participation of affected communities in implementation science?
- What does community engagement in implementation science look like?
- How are health equity or social equity considerations incorporated?
- How would communities *like* academic institutions to partner with them on implementation strategies?
- What best practices can implementation science show us about program evaluation and design?
- How is implementation science different from a slick marketing campaign?

Let’s discuss…

Thank you

Sarit A. Golub, PhD, MPH

Hunter Alliance for Research & Translation (HART)
Hunter College & Graduate Center of the City University of New York
sgolub@hunter.cuny.edu | 212.396.6304 | www.cunyhart.org

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