TERMS AND DEFINITIONS LIST

Provide definitions for as many as 20 of the most important abbreviations or key terms, limited to 20 words maximum; insert below Literature Cited section

1. **Community settings** – organizations outside of clinical healthcare or public health that influence the everyday lives of individuals, including faith-based organizations, educational settings, social service organizations, workplaces, city planning and transportation, and other community-based organizations (e.g., recreational clubs)
2. **Context** – social, organizational, and external factors that influence the success of implementation, including characteristics of the individuals making up an organization; an organization's culture, climate, readiness for change, financial constraints; and political influences
3. **Evidence-based program or policy (EBPP)** – an intervention, set of activities, or a set of rules or guidelines adopted by an organization that evaluations have shown to be effective at addressing a particular outcome, e.g., fruit and vegetable consumption
4. **Health equity** – a process, i.e., removing economic and social obstacles to health such as poverty or discrimination, and a goal, i.e., when everyone has a fair and just opportunity to be as healthy as possible (17).
5. **Implementation research** – scientific inquiry of the processes and factors that influence the integration of evidence-based programs and policies in real-world settings
6. **Implementation strategies** – techniques, activities, and processes that facilitate the integration of programs and policies into practice, e.g., trainings for teachers, building coalitions, develop or identify new funding streams
7. **Inter-organizational change** – a modification in the relationship between an organization and one or more other organizations (111) e.g., a research team and a faith-based organization
8. **Operational organizational change** – a modification in the means by which the activities of an organization are carried out, e.g., programmatic changes to the schedule of a school day to accommodate physical activity opportunities organizations (111)
9. **Structural organizational change** – Some modification in the way the organization is structured (e.g., governance, management, accountability mechanisms, departments and committees
10. **Transformational organizational change** – Change occurs in both means (e.g., planning and evaluation, teams) and ends of the organization (e.g., mandate). organizations (111)

RELATED RESOURCES LIST

Up to 10 references, not listed in Literature Cited, to materials (websites, articles, animations) that may be of interest to readers; insert below the Literature Cited section

1. The Practical Playbook, developed by Duke University Medical School's Community and Family Medicine Department, the de Beaumont Foundation, and CDC. The book (Michener JL, Bradley DW, Castrucci BC, Thomas CW, Hunter EL. 2019. The Practical Playbook II: Building Multisector Partnerships That Work. Oxford University Press) and website (https://www.practicalplaybook.org/) provide resources for practitioners interested in engaging in multisector partnerships.
2. Koorts, H., Eakin, E., Estabrooks, P. et al. Implementation and scale up of population physical activity interventions for clinical and community settings: the PRACTIS guide. Int J Behav Nutr Phys Act 15, 51 (2018). https://doi.org/10.1186/s12966-018-0678-0
3. Brownson RC, Colditz GA, Proctor EK. 2017. Dissemination and implementation research in health: Translating science to practice, second edition. New York: Oxford University Press.
4. Centers for Disease Control and Prevention Workplace Health Model https://www.cdc.gov/workplacehealthpromotion/model/index.html
5. https://dissemination-implementation.org/
6. Poland B, Krupa G, McCall D. 2009. Settings for health promotion: an analytic framework to guide intervention design and implementation. *Health promotion practice* 10:505-16
7. https://www.countyhealthrankings.org/take-action-to-improve-health/action-center/work-together
8. April Oh, Anna Gaysynsky, Cheryl L Knott, Nora L Nock, Deborah O Erwin, Cynthia A Vinson, Customer discovery as a tool for moving behavioral interventions into the marketplace: insights from the NCI SPRINT program, Translational Behavioral Medicine, Volume 9, Issue 6, December 2019, Pages 1139–1150, https://doi.org/10.1093/tbm/ibz103

BOX 1.

Faith Based Organizations: Opportunities for partnerships, empowering FBO leaders, and identifying shared values (Dr. Elva Arredondo)

Faith in Action was an evidence-based intervention that increased physical activity among church going Latinas. Following the completion of the trial, qualitative interviews (n=58) with FBO leaders, community members, implementers (e.g., community health workers), community partners, organizational leaders, denominational leaders, and physical activity advocates were conducted to inform implementation strategies to scale up Faith in Action (1). Data suggest several promising implementation strategies to scale up Faith in Action: 1) health behavior change training for pastors and staff; 2) tailored/targeted messaging; and 3) developing local and national community collaborations.

- **Target the health practices of church leaders.** Interventions and implementation strategies that provide FBO leaders with strategies to improve their own health, practical skills on motivating members to be active (14), and methods to make the FBO an environment that encourages health, can be an effective strategy given that FBOs can support a culture of overeating and unhealthy behaviors (29).
- **Target/tailor the health messages to the culture of the FBO.** Health programs that align closely with the mission of the church are likely to be accepted by the FBO leaders and parishioners (127). For example, some FBOs place a greater prominence on values that promote social justice and equity compared to others. As such, health promotion programs that promote the health of underserved communities may align well with FBOs whose mission is to promote equity.
- **Partner with organizations who can fund health programs in FBOs.** Aligning a health program with the goals of an organization that can fund them may be a strategy that can provide the resources to support health programs in FBOs. For example, many hospitals may be able to justify funding a health program in nearby community settings that can demonstrate a reduction of chronic diseases and ER visits.

BOX 2. Using a systems level approach to address childhood obesity: the Texas Childhood Obesity Research Demonstration (TX CORD) study

The Texas Childhood Obesity Research Demonstration (TX CORD) study examined the efficacy and feasibility of implementing both primary and secondary prevention approaches predominantly outside of clinical settings to tackle child obesity in low-income, diverse families with children aged 2 to 12 (59). Primary prevention approaches included programs with eating and activity strategies that establish healthy norms and social support, and are implemented in early care and education (ECE) settings (120), elementary schools, and well-child visits at the primary care provider clinic. In contrast, secondary prevention approaches focused on children who already have overweight and obesity, and need more aggressive behavioral strategies and guidance. Secondary prevention programs focused on individual families (8; 22) and included at least 26 hours of contact delivered in community settings, such as the YMCA (95).

Lessons learned from this approach included:

- For primary prevention, the programs at the ECE level were easier to implement and more likely to show effects compared to the elementary school programs, which were not as consistently implemented. It may be that the preschool environment, without the pressure of academic testing, can more easily incorporate health-related programs, or that parents of preschool children are more receptive to health messages.
- For secondary prevention, dose was significantly associated with outcomes. It is important for programs to maximize dose by making intervention components flexible and easily accessible to families with many competing priorities, especially those with fewer resources.
- Coordination of the TX CORD components was a challenge, since there was no clear institution or person in the community that could serve as a backbone organization for this type of intervention once the research study was completed.
- This systems-level approach was more effective with low-income children with more moderate levels of obesity; more intensive, individual-level approaches are necessary for children with more severe obesity.