

Bridging Evidence and Practice in Underserved Communities

Key Insights from Implementation Science Literature

1. Purpose and problem statement

Health equity is widely recognized as fundamental to health systems, public health agencies, and community-based organizations. Most organizations serving underserved communities explicitly state equity as central to their mission. However, recent literature reveals a persistent gap between equity as an aspirational value and equity as operational practice.

While research increasingly documents health inequities, fewer studies specify how organizations can translate equity commitments into routine operational practice. Implementation strategies are often non-specific and accountability mechanisms are often absent. Organizations frequently cite equity as important but struggle to measure equity outcomes from their interventions.

This gap matters. Evidence shows that when equity goals are made explicit—through defined metrics, intentional strategies, and continuous evaluation—organizations are better positioned to identify disparities and adapt interventions accordingly. Implementation science offers methods and frameworks to make equity operational by clarifying how, when, and under what conditions evidence-based interventions can be effectively implemented in underserved settings.

2. Key findings: What the evidence shows

This literature scan identified four recurring insights across recent reviews, implementation studies, and policy analyses.

a. The measurement–action gap

Across studies of health departments and Federally Qualified Health Centers (FQHCs), equity is consistently described as central to organizational mission. However, standardized metrics for measuring equity outcomes are often absent or inconsistently applied. Definitions of equity-related outcomes vary by community context, population served, and intervention type, limiting comparability and cross-site learning.

Data infrastructure challenges, including outdated systems, incomplete demographic data, and limited interoperability, further hinder the ability to track disparities over time. As a result, organizations may be unable to assess whether equity-oriented interventions produce meaningful change. Framework-based analyses emphasize that equity measurement is most effective when equity goals are defined at the outset and embedded into evaluation plans rather than added retrospectively (Bouckley et al., 2025; Alonge et al., 2024).

b. Training without operational specificity

The literature consistently emphasizes training as essential for advancing equity. However, the specific elements of effective equity training remain unclear. Generic cultural competency training is widely viewed as insufficient, particularly when it is disconnected from organizational decision-making, workflows, and accountability structures.

Evidence suggests a disconnect between high-level conceptual frameworks and practical guidance for frontline staff. Training efforts are more effective when they are grounded in local context and developed with meaningful input from community members, rather than delivered as one-size-fits-all modules (Ramanadhan et al., 2024; Aschbrenner et al., 2023).

c. Structural and financial barriers

Structural and financial constraints repeatedly emerge as barriers to translating equity goals into practice. Fee-for-service payment models prioritize treatment over prevention, limiting incentives for upstream interventions that address social determinants of health. As one study quotes a staff member who bluntly states: "You don't get paid for addressing health equity. It's not a billable service."

Resource constraints are particularly acute in FQHCs and other safety-net settings, where equity-focused initiatives compete with immediate clinical and operational demands. Multiple studies emphasize the need for payment reform and sustained funding mechanisms that support prevention, community engagement, and equity-related infrastructure rather than short-term programmatic outputs (Baumann et al., 2023; Bouckley et al., 2025).

d. Community engagement as essential, not optional

Meaningful community engagement is consistently identified as a prerequisite for successful equity implementation. Evidence indicates that engagement limited to advisory roles is insufficient. Instead, effective strategies involve power-sharing across data collection, interpretation, and use, with communities playing an active role in shaping interventions.

Trust-building emerges as a critical factor for sustainable implementation, particularly in communities with histories of marginalization. Participatory implementation science approaches demonstrate that co-design and shared decision-making improve both relevance and uptake of evidence-based practices. As one framework emphasizes, communities need "voice and teeth"—both the ability to provide input and mechanisms to hold implementers accountable (Ramanadhan et al., 2024; Alonge, 2024).

3. Critical implementation considerations

Making equity explicit

Equity strategies are most effective when explicitly named in policies, funding priorities, staffing roles, and accountability structures. Implicit or values-only approaches risk reproducing existing inequities by leaving decision-making processes unchanged.

Alignment across system levels

Successful equity implementation requires alignment across policy, organizational leadership, and frontline practice. When strategies are coordinated across system levels, they reinforce one another and reduce fragmentation that can undermine equity goals.

Addressing root causes

Evidence highlights the limitations of interventions focused solely on access to care. Addressing social determinants of health, such as housing, income stability, transportation, and food access, is essential for sustained equity gains. Structural determinants, including racism and discrimination, must also be acknowledged as implementation barriers rather than treated as external contextual factors.

Data as foundation

Disaggregated data are critical for identifying inequities and monitoring progress. Several studies emphasize the importance of community involvement in data governance, including data ownership and use for advocacy and policy change. Investment in interoperable systems and standardized data collection is a recurring recommendation across the literature.

4. Implications for practice and policy

For healthcare organizations

- **Immediate:** Conduct equity audits using established frameworks (e.g., Health Equity Implementation Framework, Patient-Centered Equity Design).
- **Short-term:** Integrate explicit equity metrics into quality improvement and performance monitoring systems; designate staff roles with equity-focused responsibilities.
- **Long-term:** Invest in data infrastructure to support disaggregated reporting and establish participatory governance structures that include community representatives.

For policymakers

- Mandate equity measurement as part of accreditation and reporting standards.
- Pilot alternative payment models that incentivize prevention and equity outcomes.
- Fund infrastructure development, including data systems and workforce capacity, rather than programs alone.
- Require meaningful community engagement as a condition of funding.

For researchers

- Conduct retrospective equity analyses of existing programs to identify differential impacts across populations.
- Co-design studies with communities from inception to dissemination.

- Develop and validate practical, context-sensitive equity training curricula.
- Document implementation strategies that successfully address power imbalances.

For funders

- Allocate dedicated funding for equity work rather than as an add-on.
- Support staffing, training, and infrastructure in addition to programmatic interventions.
- Provide longer funding timelines that reflect the realities of systems change.

5. Conclusion: From aspirational to actionable

The evidence base for advancing health equity continues to grow; the central challenge lies in operationalization. Bridging research evidence and practice in underserved communities requires explicit commitment, adequate resources, meaningful community partnership, and clear accountability mechanisms.

In increasingly polarized political environments where equity initiatives may face resistance or erasure, grounding equity efforts in transparent metrics, robust evidence, and community-driven priorities becomes even more critical. No single organization can address the root causes of inequities alone. Multisectoral collaboration, supported by implementation science frameworks, offers a pathway to move from equity as a stated value to equity as a sustained practice.

Selected references

- Alonge, O. (2024). How to leverage implementation research for equity in global health. *Global Health Research and Policy*, 9:43.
- Aschbrenner, K.A., et al. (2023). Leveraging an implementation science partnership network to understand how Federally Qualified Health Centers operationalize and address health equity. *Translational Behavioral Medicine*, 14:23-33.
- Baumann, A.A., et al. (2023). Advancing healthcare equity through dissemination and implementation science. *Health Services Research*, 58(Suppl. 3):327-344.
- Bouckley, T., et al. (2025). Addressing health equity during design and implementation of health system reform initiatives: A scoping review and framework. *International Journal for Equity in Health*, 24:68.
- May, C.R., et al. (2025). Translational framework for implementation evaluation and research: A critical approach to patient-centred equity design. *Implementation Science Communications*, 6:115.
- Ramanadhan, S., et al. (2024). Using participatory implementation science to advance health equity. *Annual Review of Public Health*, 45:47-67.