

Supplementary material 4 - Implementation process examples & selected illustrative papers (Gooley et al)

Theme 1: Foster trusting relationships			
Subtheme	Implementation processes	Example(s)	Selected illustrative papers
Create a physically and emotionally safe environment	Alleviate minority tax on individuals	# Allow individuals from minority groups to opt out of equity training	Argueza et al., 2024
	Create more inclusive physical environment	# Use culturally appropriate spaces, e.g. sweat lodges, roundhouses # Use arts-based and social justice venues instead of more formal settings such as conference facilities # Enable casual dress	Kurzawa et al., 2022; Phipps & Masuda, 2018
	Engage end users/community in a more casual setting	# Host group events that combine dining and training # Hold social events to engage and educate target population	Goodkind et al., 2020; Walker et al., 2020
	Establish peer support process for service providers	# Service providers offer each other peer support	Dadari et al., 2021
	Provide care in a way that is respectful	# Care providers should show respect and interest, and respond to clients' experiences	Gerlach et al., 2018
	Provide safe spaces to gather and/or have sensitive or confidential conversations	# Provide a safe and confidential space to support or encourage difficult conversations # Discuss sensitive topics in a private location # Provide safe spaces for peer-to-peer gatherings # Create opportunities for families to come together in culturally safe spaces	Barnett et al., 2020; Kurzawa et al., 2022
Engage and build trust	Build rapport through shared experiences	# Highlight shared characteristics/experiences between individuals to establish connections and trust	Barnett et al., 2023
	Engage community through shared interests	# Use sport clinics to engage young people	Bates & O'Quinn, 2024
	Facilitate development of social networks amongst end users and/or community	# Mentor-Mentee relationships # Peer support groups # Role models facilitate building of social networks and social capital # Organise formal meetings with other program participants to share experiences # Connect people going through the same experience	Bates & O'Quinn, 2024; Walker et al., 2020
	Promote collective action	# Recognise the collective power of multiple teams working on a single project # Engage in activities which promote collective action # Highlight common goals	Watson-Thompson et al., 2020

	Spend time in and with the community to better understand them	# Spend extensive amount of time in communities to learn from each unique community # Visit communities, speak to multiple different community members (community health workers, village chief, women and their families) and observe their living conditions # Visit and observe each site before implementation to understand specific circumstances # Physically locate project office in the community	Abraczinskas & Zarrett, 2020; Blanchard et al., 2021
	Take time to build relationships	# Take time to build rapport/relationships before having sensitive conversations # Multi-year planning and engagement phase # Leverage existing long-term relationships with community # Initial project time focused on developing trust and rapport # Build relationships over time and in line with sociocultural conventions in building trust # Develop relationships prior to implementation – e.g. volunteer at events and speak with relevant staff	Liu et al., 2021; Rieder et al., 2018
	Anticipate and actively repair deficits in trust	# Recognise situations/ communities in which there may be deficits in trust and actively work to address this	Glassgow et al., 2023
	Use processes to build trust and relationships within groups	# Host weekly social-emotional support groups # Regular activities which encourages sharing # Icebreaker activities that help members get to know one another # Provide unstructured time during meetings to allow relationships to develop	Ali et al., 2021; Bates & O'Quinn, 2024
Sustain trust	Communicate regularly and/or proactively with target audience	# Program offered social events, daily text message reminders, weekly text messages # Scheduled, regular communication plan via e-mail, webinars, and in-person events # Regular updates on end users to practitioners # Option for interactive text message reminders # Targeted messages across social media such as WhatsApp groups # "High-touch approach" establishes rapport and trust # Weekly check-ins with the caregiver to support implementation of their service navigation plan	Dadari et al., 2021; Glasgow et al., 2023
	Enable continuity of care	# Give each patient/family has a primary contact point within the organisation # Ensure the same care providing team is kept the same for stability and enable a trustful relationship	Barboza et al., 2022

	Actively maintain long term engagement/relationships	# Actively build a collaborating community which encourages "buy in" and more likely to be self-perpetuating # Maintain communication lines with community collaborators # Building sustained relationships with individuals can be challenging and attention is required throughout the length of the program.	Ali et al., 2021; Folayan et al., 2022
	Offer opportunities for participants to remain engaged with program	# Offer opportunities for participants who have been part of programs to serve as volunteers and mentors	Bates & O'Quinn, 2024
	Provide services and support in a timely way	# Provide a timely response to end users who contact practitioners with questions or need assistance	Glassgow et al., 2023

Theme 2: Dismantle top-down approaches and redistribute power			
Subtheme	Implementation processes	Example(s)	Selected illustrative papers
Embed co-creation	Co-develop (and other synonyms)	# Co-design with community # Co-develop with advisors and research group # Community involvement in development and promotion of the campaign # Co-produce website including design considerations and content # Youth-adult developed curriculum # Co-design cultural awareness campaigns # Key partners and community support tool selection for intervention use # Work with community partners to develop a shared vision # Co-develop intervention strategies with community partners # Connect scientists directly with community to facilitate participatory, translational work	Enlow et al., 2024; Williford et al., 2023; Woods-Jaeger et al., 2024
	Co-ideate with community and/or end users	# Group brainstorm project ideas # Community group identify possible opportunities for change # Using collected data, group propose specific actions to address needs	Dardess et al., 2024; Thapa et al., 2021
Empower community and end users	Emphasise the value attributed to community/end users/Lived Experience Experts	# Consistently communicate the value of stakeholder input # Clearly communicate that every participant is valued for their expertise	Ali et al., 2021
	Embed community leadership	# Ensure that community plays a leadership role - e.g. neighbourhood leadership council, co-leaders, leadership positions # Community conceptualise, lead and execute initiatives # Offer specific leadership opportunities # Invite community-created project proposals	Gorecki et al., 2024; Zimmermann et al., 2023
	Include community as researchers	# Member-check analysis themes, which are then endorsed by community # Community writes abstracts for conference and develop presentations # Include community as primary research team members and on the Data Safety Monitoring Board # Community members co-present at academic forums # Co-authors	Petteway & González, 2022; Williford et al., 2023

	Involve community in decision making	# Current participants sit on the interview panel for new entrants into program # Community members are part of groups that make funding and other decisions # Community involved in decision-making through facilitated group discussions and consensus-building activities # Community identifies and determines issues which will be addressed	Bates & O'Quinn, 2024; Gorecki et al., 2024
	Consult with community members and leadership	# Consult with community leaders (e.g. Indigenous Elders) # Visit community and meet with community health workers, village chief or other leaders, and/or other key community members	Phipps & Masuda, 2018
	Provision of non-government support outside of usual government-funded systems	# Support organisation intentionally remains independent of government	Soffer-Elnekave et al., 2020
Improve accessibility to information and services	Allow self-referral	# Allow community members to directly make appointment with service provider	Glassgow et al., 2023
	Remove unnecessary gatekeeping	# Provide goods in an easily accessible location; do not require "permission" # Provide loose eligibility criteria but also defer to clinician discretion as to who is eligible for services # Increase scope of providers in areas which otherwise lack certain services	Brewster et al., 2023; Schmitt et al., 2021
	Share data beyond researchers	# Research data is shared with advisory group	Weiss et al., 2023
	Use plain language	# Translate technical language into plain language	Ali et al., 2021
Strengthen connections	Breakdown hierarchical communication lines	# Open communication between grantee and grantor # Ensure racially diverse voices are heard at the leadership level	Gorecki et al., 2024
	Establish collaborative partnerships and networks	# Collaborations between disciplines or institutions to develop new models of care # Provide services in areas that are not reached by other agencies # Central pooling and management of services # Research networks # Peer support networks # Engage in thoughtful planning - when, how, ensure there are benefits for all partners # Multi sector and/or multi-disciplinary partners # Academic institutions act as coordinating partners	Cotton et al., 2019; Phipps & Masuda, 2018; Watson-Thompson et al., 2020

	Establish formal agreements between organisations	Examples include: # Formal legal review and contracts # Memorandums of agreement # Established agreements with community partners	Folayan et al., 2022; Watson-Thompson et al., 2020
	Share knowledge through equity-focused working groups	# Special interest equity research group # Community of practice across equity, diversity and inclusion institutions # Group of like-minded professionals which discusses equity-focused practices	Phipps & Masuda, 2018; Ward et al., 2022
	Develop collaborative models of leadership	# Shared leadership model between organisations and/or individuals # Shared governance # Young people power sharing with adults	DeCamp et al., 2021; Kurzawa et al., 2022
	Collaborate with community organisations and services	# Collaborations with the public health department and community-based organizations # Regular meetings with community organisations to discuss operational issues of program # Organise events with community partners to facilitate relationship building with community # Find a trusted community organisation to serve as program convener # Work with community based cross-disciplinary providers to provide community insights # Leverage existing relationships of the community partner to improve engagement in program, deliver programming and implementation # Work with care providers based in the community # Develop program to coincide with already scheduled community gatherings # Work with existing services provided by involved stakeholders # Identify community partners to contribute to intervention development	Lundgren et al., 2020; Parker et al., 2020; Rieder et al., 2018
Diversify source of funding	Disperse funding burden across multiple sources	# Shared funding with partner organisations	Dudovitz et al., 2018
	Obtain in-kind support	# Volunteers # Obtain in-kind support through institutional relationships	Bruce et al., 2022
	Seek alternative (non-grant) sources of funding	# Fee-for-service model # Fundraising campaign # Funding partnerships with commercial organisations - e.g. community organisation and professional soccer club # Financial gifts from local businesses, foundations etc	Bates & O'Quinn, 2024; Soffer-Elnekave et al., 2020

Theme 3: Invest with intention			
Subtheme	Implementation processes	Example(s)	Selected illustrative papers
Build capacity of individuals within organisations and communities	Assess and support capacity of partner(s)	# Formal capacity assessment of the program partners, as part of the change process # Provide support and training to build administrative skills capacity # Establish a dedicated office that provides individualised coaching and other support # Assess and address individual needs for development # Technical assistance and guidance for program rollout to community organisations/implementers	Cotton et al., 2019; DeCamp et al., 2021
	Build knowledge and skills of end users and communities	# Provide leadership opportunities and development # Open specific training (e.g. leadership) to the broader community # Host special interest programs (e.g. sporting) which also teach life and social skills # Practical advice to navigate health system # Clinic-based parent education and social support # Training for local community leaders to encourage their support # Presentations from experts with speciality knowledge to community advisory group # Offer training opportunities such as entrepreneur training, leadership training, career readiness (e.g. resume writing), research training, advocacy training, developing understanding of sociocultural concepts such as othering and acculturative stress, relational skills to promote school success such as communication and conflict resolution skills, trauma informed approach, disease specific information, healthy behaviours, emotional regulation	Allen et al., 2023; Edberg et al., 2022; Miller et al., 2022

	Build knowledge and skills of practitioners	# Support accreditation preparation - e.g. mock assessments and interviews # Provide training when introducing new tools # Provide relevant background information for a specific program - e.g. past successes, barriers to enrolment and engagement # Program specific training - how to deliver programs, how to use end-user program tools appropriately # Make individualised training available for staff # Incorporate equity-related topics into clinical simulation and training # Train staff in diverse groups, even if not directly involved with the delivery of the program e.g. train clinicians and non-clinicians (e.g. reception staff); health care providers and lay health workers; paid staff and volunteers # Role playing - practice presenting information to patients and responding to different clinical situations # Relevant technical training such as how to conduct ethical research (consent, documentation) to lay health workers # If multiple institutions are involved, encourage them to attend together to promote cross learning # Incorporate break out groups to encourage discussion # Share case studies # Written guidelines # Draw on staff's lived experience to develop training	Bakkabulindi et al., 2023; Burnham et al., 2022; Schmitt et al., 2022
	Deliver equity-specific education to practitioners-in-training	# Culturally centred learning about First Peoples, led by community and on location for medical students # Regular tutorials focusing on diversity, equity and inclusion for medical residents and students # Specific equity focused career paths # Equity- related case studies for medical students # Incorporate equity -related topics into simulation and training for medical students # Supervision of physicians-in-training to conduct relevant screening and assessment # Specialised education for healthcare practitioners-in-training that focuses on specific cultures and populations - e.g. multi-day program that is held onsite at a location of cultural significance	Al-Busaidi et al., 2018; Dardess et al., 2024; Ward et al., 2022
	Ensure ready access to relevant education	# Record webinar training and make it publicly available # Make webinars available free of charge	Burnham et al., 2022
	Offer supervision to practitioners	# Group and individual supervision provided to the team of practitioners	Glassgow et al., 2023

	Provide "train the trainer" education opportunities	# Provide training to community organisations, who then train local community members and/or their own staff	Burnham et al., 2022
	Provide equity-related education to staff and volunteers	# Educate on topics such as trauma-informed care, motivational interviewing, implicit bias, unconscious bias, critical analysis of oppressive power relations, medical racism, neurobiology of toxic stress, abuse prevention, trauma-sensitive instruction, disability inclusion, social justice, social identities, debiasing, trauma training, Adverse Childhood Experiences (ACEs), structural racism and microaggressions, racism in healthcare, race equity, relationship and communication skills, cultural humility, changing mindsets and behaviours, moving from bystander to upstander and collective action # Training to accommodate and assess sources of inequities-e.g. disabilities # Quality improvement training # Education on how to guide conversations about social justice # Improve practical skills such as assess needs of clients and carry out home visits, provision of health education, advocacy, data management and how to identify the need for a specific program or process for a given patient # Identify strategies on how to deliver the curriculum with fidelity # Offer training to local providers about particular issues faced by migrants and other ethnic minorities # Production of a specific, equity-centred module # Co-design cultural awareness campaigns within organisations such as hospitals # Tailor workshops dependent on institution's needs and/or cultural relevance # Incorporate equity stories into routine clinical/staff meetings	Hartford et al., 2023; Kurzawa et al., 2022; Weiss et al., 2023
Enable access to tangible goods and services	Provide access to goods and/or services	# Weekend meal provision (not just weekday school meals) # Broad eligibility criteria in distribution of free meals # Access to wellness resources or centres # Provision of toy libraries and educational resources # Provision of trained community nurses in communities # Provision of physical activity equipment # Provision of menstrual products in school bathrooms # Digital hardware needed to access digital services	L. Jacobs et al., 2023; McLoughlin et al., 2020; Schmitt et al., 2021
	Provide services free-of-charge	# Provide all services provided free of charge to end user, sometimes regardless of income	Garcia et al., 2023

	Provision of cash to end users in need	# Provide cash to individuals and households in need	Besnier et al., 2024
Fund with purpose	Fund community-based organisations	# Fund to implement or support the program according with community needs # Fund community-based organisations which espouse particular values relevant to equity (e.g. commitment to diversity)	Cotton et al., 2019
	Fund specific equity initiatives	# Specifically fund equity-related initiatives	Kurzawa et al., 2022
	Offer incentives for work well done	# Performance based incentives - e.g. for each referral made # Non-monetary rewards for community leaders as recognition for good work done # Payment for institutions who meet specified indicator targets # Non-monetary rewards (e.g. books) for institutions who participate in the program and/or complete a specific task	Ali et al., 2021; Thapa et al., 2021
	Provide additional funding to support implementation	# Fund positions which explicitly support community connection and engagement # Fund additional research and infrastructure # Fund development and implementation of program plans # Fund support staff to attend training # Allocate sufficient organisational resources to building racial equity	Bravo et al., 2020; Gorecki et al., 2024
	Provide finance according to needs-based criteria	# Develop a formula for determining centrally-provided, needs-based regional funding	C. Jacobs et al., 2023
	Remunerate or reimburse Lived experience experts	# Pay stipend or compensation - e.g. on a “per session participated” basis # Regular payment to overcome financial barriers to participation # Employ as a Lived Experience Expert # Cover out-of-pocket costs are reimbursed such as public transport # Provide scholarships to offset costs to end user # Cover incidental costs such as meals, parking, transport, childcare	Bates & O’Quinn, 2024; Petteway & González, 2022

Invest in implementation	Draw on theories, models, frameworks, guidelines, tools and resources that promote equitable systems and decision-making processes	# Use relevant theories, models and frameworks such as Socio-Ecological Model, “health in all policies” (HiAP), Clinical– Community Integration Framework, Empower Action Model (EAM), Boot Camp Translation (BCT), Māori health framework Te Whare Tapa Wha, Youth Development (YD) theory, Self-Determination Theory # Draw on care models such as Patient- and family-centred care (PFCC), Trauma informed care, shared decision-making (SDM), Patient engagement theory/frameworks # Employ research methods such as participatory action research	Al-Busaidi et al., 2018; McLoughlin et al., 2020
	Embed Quality Improvement (QI) procedures	# Build equity into QI standards # Provide QI support if required by community partners # Use QI to actively monitor equity initiatives # Build QI into interventions and monitor equity # Monitor innovative interventions with QI capacity building # Use data audits to identify those particularly in need # Ensure sufficient funding to support QI initiatives which promote equity # Changes under the guidance of a QI team/ initiative # Provide implementing team with relevant QI training # Use QI methods such as usability testing # Use QI as a mechanism to build equity into new interventions	Beck et al., 2019; Chandler et al., 2024; Gorecki et al., 2024
	Provide specialised support for equity initiatives within an organisation	# Work with an equity consultant to critically examine concepts such as structural racism and cultural humility # Provide organisational equity consultation services	Argueza et al., 2024
	Provide supportive implementation tools and resources	# Develop and provide tools which support intervention implementation such as printed posters, laminated treatment diagrams, clinical templates, screening/survey tools, electronic health record templates for screening and referrals # Specialty support for Community Health Workers and service integration # A tool to support doctors-in-training to consider equity in their clinical practice # A tool to support medical educators teach about health equity	Ali et al., 2021; Argueza et al., 2024

Theme 4: Respect and value community- defined evidence			
Subtheme	Implementation processes	Example(s)	Selected illustrative papers
Inform action using community-defined evidence	Obtain community permission to conduct intervention	# Meet community representatives to gain permission to conduct research	Blanchard et al., 2021
	Evaluate programs and/or progress using end user feedback	# Conduct interviews to gather reflections of participants in the advisory process # Survey of end users to determine characteristics and how did they hear about the service # Interview with end users to obtain feedback about the implemented tool # Pre and post intervention survey # End-user surveys # Seek feedback on concept, such as what is needed for it to be successful # Conduct surveys of service users	Ali et al., 2021; Kemp et al., 2024
	Identify priorities and needs based on community input	# Convene interested people and through discussions, determine a priority health issue. # Work with local services to address local priorities # Community members identify community needs # Use process mapping to identify service needs # Integrate epidemiological data and community input to identify potential pilot communities/regions # Community forums to identify community priorities to address # Use qualitative research techniques such as photovoice to identify community priorities # Facilitation techniques to brainstorm and/or reach group consensus - such as voting, ranking	Ali et al., 2021; Cotton et al., 2019; Enlow et al., 2024
Seek community-defined evidence	Include advisors with lived experience	# Advisory board includes people with Lived Experience Experts # Lived Experience Experts involved in initial assessment and planning activities # Lived Experience Experts provide input on programs for specific populations # Lived Experience Experts consult on research projects # Lived Experience Experts provide input into Diversity, Equity and Inclusion policies and how this impacts services	Kurzawa et al., 2022; Watson-Thompson et al., 2020

	Obtain input from specific groups and populations	# Purposive sampling of population to ensure diversity and/or appropriately targeted audience. # Seek feedback on research plans from study staff and other interested parties # Centralise and elevate youth voice and ideas # Create a forum for diverse community members to share community health care needs with healthcare provider # Attend local community groups to hear from minority populations regarding health care experiences # Outreach to historically marginalized communities # Obtain input from target community # Family council includes diverse group of caregivers # Include relevant minority voices at each stage of the process # Ensure relevant minority populations are heard	Bates & O'Quinn, 2024; Dardess et al., 2024
	Seek advice from community and end users	# End users meet with leaders and staff # External community members partner with organisation to share cross disciplinary expertise # Staff and youth preferences taken into account when decision making # Gather and integrate caregiver feedback into intervention design, conduct and dissemination # Community consultation # Use crowdsourcing techniques to gather community input # Convene roundtables to obtain feedback from communities # Small group discussions with end users # Engage with interested community members # Focus groups with community members in disadvantaged circumstances	Abraczinskas & Zarrett, 2020; Dardess et al., 2024; Schmitt et al., 2021
Support community-defined evidence	Build on existing community focus	# Leverage existing community focus areas	Longhi et al., 2019
	Develop a community action plan	# Identify goals with a community action plan	Cotton et al., 2019
	Select partners/collaborators in partnership with community	# Advisory board identify relevant community partners # Community members identify relevant convening agencies	Enlow et al., 2024
	Utilise facilitator to ensure all voices are heard	# Engage a facilitator to encourage safe and open conversations # Facilitator ensures everyone's voice is heard	Ali et al., 2021

Theme 5: Tailor according to context			
Subtheme	Implementation processes	Example(s)	Selected illustrative papers
Deliver person-centred practices	Actively transfer care between providers	# Warm hand off between care providers	Brinster et al., 2023
	Complete an assessment and discharge plan at the close of service provision for end users	# At the conclusion of healthcare navigation service for individual end user, a closing assessment and discharge plan is completed	Waid et al., 2022
	Conduct and deliver services in end user's language of choice	# Translate educational materials and other resources/tools # Provide bilingual therapists and/or multilingual services # Make interpreting services available, including third party/trained medical interpreter # Conduct all activities in primary language of choice	Garcia et al., 2023; Liu et al., 2021
	Embed Community Health Workers* in services (* plus other synonyms)	# Community health workers with similar cultural identity and/or lived experience support end users and/or contribute to their care - for example: *Help fill in forms *Provide education such as health promotion to their community * Identify possible clients * Support navigation and care coordination of social and/or health services * Support skill acquisition * Accompany patients to appointments *Provide follow up care after health care practitioner appointments *Conduct home assessments *Act as a bridge between community and health services *Attend technical meetings	Bakkabulindi et al., 2023; Basnet et al., 2024; Kurzawa et al., 2022
	Enable gender concordant care	# Train additional women to be health care workers in countries where healthcare workers are more likely to be men	Dadari et al., 2021
	Involve the end user/family in care planning	# Share decision making with family # Practitioners and family (may include child) work together to determine care plan # Care plan is purposely formulated to align with family's preferences # Family-led care plan	Brinster et al., 2023; Glassgow et al., 2023

	Promote and provide empathetic care	# Encourage care providers to reflect on their own experiences to increase understanding of the population they are serving # Determine and/or present recommendations in a way which seeks to minimise stress on families	Barnett et al., 2020; Brinster et al., 2023
	Provide additional support beyond standard offerings	# Provide extra educational sessions to account for inconsistent attendance # Additional education is offered to cover particularly important topics # Extend the traditional one- or two-session intervention to three sessions	Kaar et al., 2023
	Provide additional support to the end user as an extension of care provision	# Monitor and follow-up care recommendations # Follow up to ensure that resources provided to end user were received # Regular calls to end users to check in and provide feedback # Additional services provided if follow up is required # Follow up after initial consultation to check in # Follow up with end user over an extended time to provide additional support or intervention as required # Serve as an ongoing resource and support for the end user	Glassgow et al., 2023; Liu et al., 2021; Walker et al., 2020
	Provide care that is sensitive to end user's cultural background and/or lived experience	# Provide services which are culturally relevant/specific # Offer option to request service providers who reflect their cultural identity # Offer services of Community Health Workers who have similar cultural identity and/or lived experience # Make culturally appropriate changes to the existing program such as provision of refreshments # Teach health practitioners words in other languages, for example body parts # Embed community values in services such as mutual aid, extended family responsibility # If providing food, ensure it is culturally appropriate # Embed ethical guidelines specific to target population (E.g. Indigenous community)	Al-Busaidi et al., 2018; Parker et al., 2020

	Provide flexible care that can be tailored according to end user needs	# Program tailored to each individual or individual family's needs # Individualise assessment process, recommendations and follow up procedures # Tailor delivery of program according to individual circumstances # Listen to the end user when conducting needs assessment # Keep agenda for the appointment open	Barboza et al., 2018; Glassgow et al., 2023
	Refer end users to other services responsibly	# Only refer to services that the end user can actually access (e.g. covered by their insurance)	Brinster et al., 2023
	Support care navigation	# Provide appointment reminders # Facilitate referrals to other services # Support seamless care between different health care settings # Provide care coordination services # Offer tool that support care navigation # Clinic staff provide care navigation support	Brinster et al., 2023; Gerlach et al., 2018; Glassgow et al., 2023; Waid et al., 2022
Improve reach and access	Communicate key information clearly and effectively	# Provide clear and up to date information to target audience # Strategically time text message reminders # Provide options such as verbal information in case of low literacy	McLoughlin et al., 2020; Walker et al., 2020
	Engage community through provision of other goods and services	# Provide health and service information in conjunction with other vital goods and/or services	Cotton et al., 2019
	Identify champions or advocates to influence community	# Engage a local champion who understands the value of the program and is trusted by community # Invite community influencers to events to generate discussion through their own networks # Ensure target groups receive messages from the appropriate advocates - e.g. religious leaders, village chiefs	Cotton et al., 2019

	Identify those in need and actively provide them with service support	# Identify high risk patients based on past history and offer them specific services to address their needs # Active searching for eligible patients in patient list # Proactive outreach to ensure adequate medication supplies before onset of known exacerbation period (e.g. allergy season) # Identify high needs patients based on epidemiological features # Identify eligible patients when they are receiving other services # Expand feeder/referral services # Target areas that have the highest rate of disparities # Map eligible patient needs and link them to a health service # Pilot program in communities most in need	Beck et al., 2019; Soffer-Elnekave et al., 2020; Zimmermann et al., 2023
	Offer different (and sometimes multiple) modes of communication	# Use a combination of communication strategies (e.g. mass and individual) and/or types (e.g. text message reminders, electronic newsletters, different social media platforms, meetings, special interest groups, community organisations, conference) # Offer digital health tools for people unable to attend service in person # Multiple ways to communicate key messages - e.g. text messages, mentor/mentee relationship	Allen et al., 2023; Dadari et al., 2021
	Provide services in a location and/or time that is suitable for end users	# Offer mobile clinics and transit teams # Locate services/meetings at transit hubs - e.g. airports, bus stations - or other locations easily accessible by public transport # Offer home visit or another location of the client's choice # Offer community-based outreach program # Choose location where the target population is already located - e.g. children and schools # Choose locations where the end user feels comfortable # Embed services within neighbourhood /community agencies or at a provider that is already familiar to the community # Negotiate access to populations in restricted areas # Outreach in faith-based settings # Facilitate attendance/engagement by scheduling outside of normal business hours - e.g. weekends, after business hours, during lunch breaks	Blanco et al., 2023; Cotton et al., 2019; Dadari et al., 2021; Enlow et al., 2024

Tailor according to community context and needs	Tailor programs in collaboration with local partners	# Identify local partners who can help to adopt and scale up existing evidence-based programs	Petteway & González, 2022
	Be flexible with program delivery - tailor to context, situation and/or resources available	# Adjust program duration according to needs of audience # Flex to each local site's needs and circumstances, whilst still adhering to the main principles # Tailor an existing program for a population with differing needs and/or different ethnicity/race/culture - for example immigrants with different barriers to care, history of trauma, linguistic needs. # Tailor programs to be responsive to existing programs/resources	Petteway & González, 2022; Woods-Jaeger et al., 2024
	Develop and/or provide context- or program -specific tools and resources	Examples of tools and resources: # culturally appropriate tools # summary of critical information # relevant templates added to electronic health record # a decision support system for clinical decision making # tools to support intervention implementation such as printed blank forms, laminated treatment flow diagrams # ensure that clinical tools facilitate appropriate care - e.g. prompts to note if a translator is needed # engaging resources to use with target audience to augment teaching and education # app development # patient education tool # internal policy reviewing tool # free educational healthy behaviour programs and materials # printed resources	Blanchard et al., 2021; Bravo et al., 2020; Burnham et al., 2022; Kemp et al., 2024
	Tailor communication to community needs and/or preferences	# Ensure literacy levels of education material is appropriate for the target population # Based on community feedback, choose features such as more pictures and less words # Provide translated resources if needed	Bravo et al., 2020
	Work with a third-party partner who can facilitate collaboration with community	# Work with a trusted, third-party convening organisation to facilitate partnerships within the community	Dudovitz et al., 2018

	Be reflective and make changes as needed	# Hold dedicated discussions to encourage reflections on what went well and what could be improved on # Make program changes if critical issues are found # Make continuous iterative changes based on staff feedback and data collected, # Make changes to advisory group if representation from key interested parties are missing # Listen and act on feedback from community to make improvement to processes # Address any process shortcomings in collaboration with relevant partners # Hold meetings which specifically review data which can lead to programmatic changes # Actively seek community feedback and act on it # Evaluate programs and ensure the next iteration addresses issues # Seek feedback (anonymous if necessary) # Use a formal iterative process methodology such as PDSA (Plan Do Study Act) # Utilise pilot projects # Be prepared to revisit topics if necessary # If options are not acceptable to community members, find additional options for consideration # Designate formal role to review data and implement change # Hold regular meetings with key interested parties to reflect on progress and obtain feedback	Bates & O'Quinn, 2024; Enlow et al., 2024; L. Jacobs et al., 2023; Zimmermann et al., 2023
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Theme 6: Broaden perspectives beyond practice norms			
Subtheme	Implementation processes	Example(s)	Selected illustrative papers
Adopt a systems approach	Establish an Equity committee which oversees equity - related efforts	# Formation of formal equity committees which oversees equity related efforts	Kurzawa et al., 2022
	Incorporate input from multiple ecological levels	# Include participants from upstream ecological level # Seek feedback from diverse ecological levels # Ensure program is consistent with feedback from different ecological levels	Schmitt et al., 2021
	Leverage cross-disciplinary collaborations	# Health care and education provider partner together to develop or deliver program # Share reports and intelligence from cross disciplinary providers # Streamline referral pathway across disciplines # Provide education for cross-disciplinary groups # Formal collaborations with cross-disciplinary partners # Cross-disciplinary teams operationalise organisational equity diversity inclusion goals # Enable cross-departmental policy collaborations in government	Barboza et al., 2018; L. Jacobs et al., 2023
	Minimise duplicated work	# Be prepared to use existing clinical assessments rather than repeating them - this can free up resources	Brinster et al., 2023
	Broaden target population	# Make services available to populations outside of primary purpose/target population	Longhi et al., 2019
	Seek advice from multiple different sources	# Form multiple subcommittees/advisory groups/councils (etc) # Multiple advisory boards function as a coalition of partners # Use data and input from multiple sources to make informed decisions - e.g. organisational data, organisational equity initiatives and community feedback # Gather input from different groups to make a decision	Watson-Thompson et al., 2020; Zimmermann et al., 2023
	Understand environmental upstream determinants	# Explore upstream drivers of the issue, for example, policies and institutions	Phipps & Masuda, 2018

	Use multi-pronged interventions	# Project includes multiple components, e.g. service provision and community engagement through sport # Multi-ecological level interventions	Bates & O'Quinn, 2024; Walker et al., 2020
Build equity into routine	Appraise organisational processes from an equity point of view	# Test updated processes for equity with hypothetical patient journeys # Appraise existing clinical guidelines for equity outcomes	Kemp et al., 2024
	Ensure diverse representation on committees	# Committee members represent: - community diversity - multidisciplinary diversity (E.g. administrators, clinical and non-clinical staff) - people with lived experience (e.g. young people, carers, previous participants) - funders - community organisation representatives - policy makers - combinations of the above	Ali et al., 2021; DeCamp et al., 2021
	Highlight and discuss equity in organisational meetings	# Ensure common understanding of appropriate terminology which can be used in meetings and other forums (e.g. structural racism, health equity) # Formal healthcare training includes small group discussion about racism in health care # Regular hospital "grand rounds" focused on equity # Present case studies which highlight suboptimal processes or poor outcomes due to inequities # Intentionally invite speakers who add diversity to educational symposia # Offer visiting Professorship focused on health equity	Hartford et al., 2023; Ward et al., 2022
	Raise and discuss sensitive issues	# Create collaborative environments in which sensitive but important conversations between professionals can be had # Hold open conversations about sensitive issues # Raise difficult issues such as racism within hospitals	Burnham et al., 2022; Dardess et al., 2024
Employ a whole-of-person approach	Actively address end user's "social determinants of health"	# Assess social care needs such as housing, food security, benefit eligibility # Support access to social care e.g. refer people with mental healthcare needs to social worker # Health care providers routinely screen for social needs or provide social care such as food assistance # Refer end users to relevant community services # Paediatric health providers promote school readiness support	Beck et al., 2019; Glassgow et al., 2023

	Engage with key allies of the target audience	# Involve fathers in programs that traditionally pertain only to mothers	Dadari et al., 2021
	Expand service provision to include child's carer(s)	# Schedule clinical appointments for carer and child at the same time, at the same clinic and with same clinician	Glasgow et al., 2023
	Offer a "one-stop-shop" approach to care provision	# Multiple care disciplines provided at the same location # Facilitate immediate follow up referrals on-site through multi-disciplinary clinics # Legal advice provided at health care service	Bates & O'Quinn, 2024
Pursue change at community and policy levels	Advocate for policy change	# Engage with key people who can enact change # Advocate for additional resource provision	Woods-Jaeger et al., 2024
	Align with existing policy	# Align program plans with existing policy where possible	Barboza et al., 2018
	Communicate to broader community	# Increase public awareness # Provide education to media regarding key health issues prone to false information (e.g. vaccination) # Advertise on public transport, through social media, community services and gathering places # Provide health information and health services at a community event # Production of library materials, website and city-wide activities # Community campaign to encourage disease awareness	Longhi et al., 2019; Schmitt et al., 2021
	Enact changes to upstream policy	# Legal protection for minors # Needs based financing and decentralised planning # Increase health care provision in areas that are lacking (e.g. rural areas) # Adopt of child health-focused policies # Remove of service user fees	Fosse et al., 2019; C. Jacobs et al., 2023
	Establish a formal organisational mechanism to identify and manage equity-related complaints	# Have an organisational procedure for reporting race-related complaints # Enable a formal mechanism to report adverse events arising secondary to an equity issue # Review all organisational complaints for equity issues	Hartford et al., 2023; Kurzawa et al., 2022
	Provide services using the principles of proportionate universalism	# Health service redesign towards proportionate universalism # Offer additional services to target population	Kemp et al., 2024

Use data to facilitate equity	Collect data relevant to equity	# Actively collect data to measure disparities and improve future outreach or addressing gaps in services - e.g. digital access # Collect data such as ethnicity, preferred language, need for translation, social determinants of health such as housing situation, education level etc # Collect and analyse data in order to assess health equity improves accountability # Seek advice on best data to collect from cross disciplinary colleagues # Collaborate across departments within an organisation to improve and streamline data collection # Acknowledge that gathering the data needed can be complicated, sensitive and uncomfortable, however there is value in doing it # Provide training on collecting the right data # Utilise different data sources such as peer-to-peer health workers conduct interviews in addition to clinicians # Collect services-related data such as screening, program attendance, behavioural determinants # Work with communities to ensure that all relevant data is collected and no one is missed # Collect data in language relevant to the community and translate with care # Enact targeted data collection to fill in existing data gaps # Systematic data collection by conducting on the ground, door-to-door data health registrations	Bakkabulindi et al., 2023; Blanchard et al., 2021; Brewster et al., 2023; Brown et al., 2023; Ward et al., 2022
	Develop, use or facilitate specialised data management systems	# Develop specific or purpose built registries/dashboards/information management system/databases to collect or monitor data # Use a web based tool # Convert to a streamlined system such as all electronic health records, rather than hybrid system # Engage a statistician and data analysts to provide expert support # Ensure comprehensive training on how to use new data management system # Data analysts meet with relevant organisational contacts to ensure the system meets the needs # Ensure easy access to the database for staff # Seek feedback on data management tool to improve it # Develop specific data indicators that can track inequities	Bakkabulindi et al., 2023; Bravo et al., 2020; Hartford et al., 2023

	Employ novel data collection methods and sources	# Photovoice # Geospatial information # X-ray Mapping # Satellite imagery # Phone apps	Dadari et al., 2021; Petteway & González, 2022
	Map and assess existing services	# Map services to assess utilisation, accessibility, gaps (both in services and geographically) # Map available professional services to determine needs	Cotton et al., 2019; Gorecki et al., 2024
	Monitor data for long term outcomes	# Embed ongoing data monitoring ensure the intended outcomes continue	Brown et al., 2023
	Use data to facilitate equity outcomes	# Use framework to measure and track equity outcomes # Use data to visualise equity such as data mapping # Use data to demonstrate disparities to partners and other interested parties # Combine data from electronic health records with geocoding # Collaborations between Quality Improvement and equity experts facilitate robust evaluations of interventions and facilitate accountability # Conduct systematic evaluation of health outcomes by race/ethnicity # Conduct data linkage and audits # Conduct operational research to understand barriers to accessing health services # Engage in regular data sharing to track progress - e.g. regular reports to staff, organisation-specific data to partners # Use indicators of disadvantage in targeted populations # Aggregate individual needs data to identify service gaps at systems level # Using scheduling data, identify patients who require specific health screening as part of clinic's appointment planning process # Use epidemiology to determine the geographical areas most in need	Bakkabulindi et al., 2023; Beck et al., 2019; Knutson & Butler, 2022

Theme 7: Use strengths- and values-based approaches			
Subtheme	Implementation processes	Example(s)	Selected illustrative papers
Communicate using strengths- and/or values-based approaches	Articulate/operationalise explicit organisational values to guide work	# Develop guiding documents for the organisation e.g. anti-racism or anti-oppression statements # Provide terminology lists and key definitions # Embed values in organisational goals and deliverables # Articulate a vision and mission # Guide the focus of the work with organisational values linked to actions and decisions # Develop and update organisation policies relating to personnel discrimination, recognition of special cultural or faith based days # Develop racial equity work plans # Link staff performance objectives to racial equity # Ensure the hiring committee is racially diverse # Articulate values in public commitments/statements # Explicitly name equity as an organisational and/or leadership priority	Cotton et al., 2019; Kemp et al., 2024; Kurzawa et al., 2022
	Avoid using language that highlights a stigmatising situation	# Ensure that specific words used in a given program are appropriate for the target population. # Consider the implication of the wording - eg. instead of saying "free" food in a food bank, say something like "pay as much as you can" as it has more positive connotations	Kaar et al., 2023
	Challenge social norms at a community level	# Produce education materials which encourage stereotypes to be questioned # Mass communications which are intended to generate critical mass change # Promote outreach and community engagement - eg. host community events to reduce stigma about particular medical conditions # Highlight adverse impacts of stereotypes in social media posts and community forums	Lundgren et al., 2020; Woods-Jaeger et al., 2024

	Communicate in a strength-based/empathetic way	# Depict diversity in populations through pictures # Evoke empowerment and equity in social media posts # Emphasise racial equity, racial achievement, racial pride # Emphasise pursuit of justice and human dignity as important drivers of action # Educate about positive history relating to minority communities	Stewart et al., 2021; Woods-Jaeger et al., 2024
	Communicate in a way reflective of relevant community	# Exemplar characters in educational materials clearly belong to the target population # Education resources written by someone with same cultural background as the target population	Williford et al., 2023
Embed inclusive and/or strength-based processes	Acknowledge traditional owners of land, where appropriate	# Acknowledge the traditional owners of the land on which the meeting is being held	Phipps & Masuda, 2018
	Recognise and acknowledge culturally significant days	# Organisation recognises specific days of recognition - e.g. Black History Month # Topical presentations and seminars on relevant days of recognition	Kurzawa et al., 2022; Ward et al., 2022
	Support a diverse workforce at an organisational level	# Dedicated organisational role to support racially diverse workplaces # External consultants hired to support diversity work # Specific strategies to promote job opportunities to racialised population	Kurzawa et al., 2022
	Demonstrate an inclusive attitude to participants	# Explicitly welcome all participants regardless of - for example - gender identity # Cater to all needs such as religious dietary requirements # Use inclusive language	McLoughlin et al., 2020; Weiss et al., 2023
	Embed strength-based approach in day-to-day practice	# Strength-based dialogues between practitioners and end users # Teach strength-based skills # Use strength-based techniques to build capacity	Brinster et al., 2023; Woods-Jaeger et al., 2024
	Proactively support participation and engagement in activities	# Invite a trusted community member to provide support # Provide translation of proceedings at gatherings	Brumbaugh et al., 2024

	Reflect community diversity within organisation	# Choose leaders who reflect community characteristics # Recruit culturally and linguistically diverse staff so that they can communicate with community in appropriate language and meet cultural needs # Ensure there is cultural diversity on hospital committees, including amongst patient representatives # Promote diverse staff selection	Cotton et al., 2019; Liu et al., 2021; Woods-Jaeger et al., 2024
	Use evidence and/or frameworks that are sensitive to cultural context	# Adopt evidence-based strategies specific to target population # Draw on existing target population specific frameworks eg. Māori health framework Te Whare Tapa Wha	Al-Busaidi et al., 2018
Minimise opportunity for bias, stigma and discrimination	Combat dissent with early evidence of success	# Run a pilot program to demonstrate early viability of a concept to combat opposition to it	Schmitt et al., 2021
	Minimise stigmatising environmental cues	# Even if available free of charge, offer a choice of goods similar to a paid service - for example in a foodbank, ready-made meal options should cater for different dietary requirements or offer a broad range of goods	Gorecki et al., 2024
	Standardise practices across populations to minimise bias or sense of judgement	# Delivered program universally, regardless of (perceived) need # Use standard ways to systematically identify patients in need /screen for further care - do not rely on perceived need # Use routine and specific clinical enquiry processes to gather sensitive information	Glassgow et al., 2023; Shaw et al., 2021

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