



Russell Glasgow: Love the point about cultural adaptation not stopping at the planning stage, but continuing in iterative fashion throughout the life of a program

Brad Morse he/him/his: In the RCT portion of your work, do feel that it is important to wait list community members or make the control something of value for the community you are working in? Should we talk about control conditions with our community partners?

Bethany Kwan: In Dr. Wynne Norton's talk on the PRECIS-2-PS (adapted to provider settings), she talked about aligning with real world personnel (skills, resources, training) in pragmatic research implementing EBPs. Can you discuss how pragmatic it is to adapt and implement complex interventions like CBT in real world settings?

Marie Masotya: Thanks for sharing your process in applying the deep structure changes to the intervention!! Really great to see how you did this!

Rachel Steinberg: How do you know which adaptation framework is the best fit?

Jess Indresano (they/them): Thanks so much for sharing!

Roman Ayele: Thank you for a great presentation.

Marie Masotya: How did you get participation in your focus groups to identify the adaptations needed?

Qing Li: Thanks for the great talk and example. What was the nativity (U.S.-born and foreign-born) difference in study participants? How were the needs for immigrant Latinx women addressed in the papers in 2014 and 2019?

Russell Glasgow: There is some ongoing work sponsored by NCI on a similar issue to help identify and enhance to integration of theories and models of health equity and implementation science. Dr. Vinson may want to add more?

Bethany Kwan: <https://dissemination-implementation.org/content/select.aspx> This section of the D&I models website can be helpful for selection

Rachel Steinberg: Thank you Noy! This was so helpful!

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