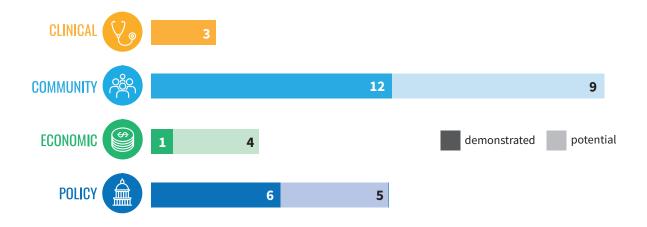
In partnership with the Implementation Research Institute, the Translational Science Benefits Model project developed six impact case studies demonstrating how implementation science can improve health services and change communities. The case studies showcase the impact of IRI fellows' and alums' work, and the impact of the IRI itself as a mentored network.



Together, the IRI projects identified 40 TSBM benefits, 22 demonstrated and 18 potential (expected to be realized in the future).













PI: BETH McGINTY, PHD

Evidence-based interventions to support recovery and prevent overdose are severely under-implemented, in large part due to the stigma around addiction. The Johns Hopkins Center for Mental Health and Addiction Policy launched the Stigma Lab research portfolio to test the effects of different communications strategies on addiction stigma. Their research has been used by Johns Hopkins Health System, the state of West Virginia, the National Institute on Drug Abuse, the United Nations, and the Biden campaign to plan and implement addiction stigma communications.

Disseminating Evidence about Adverse Childhood Experiences (ACEs)

PI: JONATHAN PURTLE, DRPH, MPH, MSc

Adverse childhood experiences are risk factors for mental health problems in childhood and adulthood. Understanding how to package and communicate evidence about ACEs is important to build public and policymaker support. Dr. Purtle and his team framed messages and dissemination materials about ACEs in different ways and tested policymakers' engagement with the materials and support for evidence-based ACE policies. Nearly 50 legislative offices requested additional consultation, and the dissemination materials directly informed several legislators' advocacy efforts.















Providing Integrated Support to Prevent and Treat Parental Substance Use

PI: LISA SALDANA, PHD

More children entering the child welfare system have parents living with an opioid and/or methamphetamine use disorder, yet programs to support these parents are limited. Dr. Saldana and her investigative team developed the Families Actively Improving Relationships (FAIR) program to integrate substance use and mental health treatment with case management to address housing, employment, and parenting skills into a single intervention. FAIR has been rated as a promising intervention by the California Evidence Based Clearinghouse and featured as an example program by the federal Children's Bureau.









Preventing Youth Suicide and Injury by Implementing a Secure Firearm Storage **Program in Pediatric Primary Care**

PI: RINAD BEIDAS, PhD

Firearms are the second leading cause of death for youth in the United States, and an estimated 4.6 million children live in homes with at least one firearm stored unlocked and loaded. When a team of experts from the University of Pennsylvania, Henry Ford Health System, Baylor Scott & White Health, and Kaiser Permanente Colorado discovered that firearm safety interventions were not being implemented, they gathered input from pediatricians, parents, and the firearm community to identify ways to increase the delivery of safe firearm counseling. The adapted program will be implemented in two large U.S. health systems, and several states are also considering legislation requiring training for clinicians in counseling families on safe firearm storage.

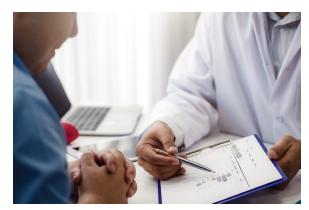




Increasing Access to Preventive Telehealth Services for Women Veterans

PI: ERIN FINLEY, PHD, MPH

Women Veterans are the fastest-growing segment of users in the Veterans Health Administration (VA), yet living in a rural area, negative opinions of VA care, mental health issues, discrimination based on sexual and/or gender minority identities, and harassment on VA grounds can also keep women from regularly using VA care. EMPOWER 2.0 builds on research about women veterans' health care preferences by expanding access to telehealth, evidencebased, preventive lifestyle and mental health services for women Veterans in rural and urban-isolation areas.







Improving the Physical Health of Adults with Serious Mental Illness (SMI)

PI: LEOPOLDO CABASSA, PhD

People with serious mental illness die 13 to 30 years earlier than the general population, largely due to preventable medical conditions. Racial and ethnic minorities with SMI also face barriers to accessing and receiving high quality medical care, language barriers, mistrust of the health care system, stigma toward mental illness, racism, and discrimination. To address these challenges, Dr. Cabassa gathered a multidisciplinary team to create Bridges to Better Health and Wellness, which connects Hispanics with SMI who are at risk for cardiovascular disease to primary care services, and Peer-Led Group Healthy Lifestyle Balance, which delivers healthy lifestyle interventions through supportive housing agencies.







