University of Pittsburgh
Prevention Research Center

Summary of Capacity Needs Assessment

September 26, 2025

PREVENTION
RESEARCH CENTERS

Contents

Introduction

Failure to equitably implement evidence-based healthcare interventions and practices (EBIs) has perpetuated health and health care disparities in the US.[1,2] There is a need to build capacity for equity-focused dissemination and implementation science (D&I) methods that explicitly address racial disparities and consider the needs, cultures, and historical contexts of populations and communities.[1-10] Often, when health systems do use D&I approaches, they suffer from a lack of "precision" when selecting from among nearly 100 implementation strategies to change adoption, implementation or sustainment of EBIs.[11-17] Thus, researchers and clinical delivery systems alike need to focus beyond whole-population barriers to consider underserved communities, to ensure that the right strategy is chosen, for the right EBI, at the right time.[11,12,15,18] There is thus a pressing need to merge the fields of health equity and precision implementation science to address health and health care disparities in the US. Correspondingly, there is a pressing need to build capacity for enhanced D&I approaches that are precise and address health equity to improve EBI implementation for all populations.

In 2024, the University of Pittsburgh received funding from the CDC to create the Prevention Research Center (Pitt PRC) to address this urgent public health need. One of the main goals of the Pitt PRC is to develop infrastructure, shared methods, and pragmatic tools to build capacity and science around precision implementation for health equity. Our diverse, interdisciplinary team of D&I thought leaders has developed and applied pragmatic community-based participatory research (CBPR) and D&I methods to improve implementation of many EBIs, such as cancer screening, opioid safety, HIV prevention, pain management in sickle cell disease, and hepatitis C treatment, across many community and healthcare settings.[18-42] However, there is an absence of empirical data to guide precision implementation for equity. The Pitt PRC will address this problem, applying our collective D&I and health equity expertise to develop cross-cutting, person-centered, equity-focused, tailored precision D&I methods and tools, test these tools in a Core Research Project, and share resources across the PRC Network. This report is part of the capacity building work of the Pitt PRC.

Needs Assessment

As part of the CDC funding for the Pitt PRC, the Center conducted a needs assessment with multiple interest holders including the Center's External Advisory Board (EAB), Pittsburgh PRC faculty and staff, members of the Pittsburgh Dissemination and Implementation Science Collaborative (Pitt DISC), members of the Clinical Translational Science Institute (CTSI), the Pitt PRC's Community Advisory Board (CAB), and partners across the wider PRC Network to identify training needs and match the Center's resources to these needs. This needs assessment will be repeated annually during the life of the Center.

The Center developed a needs assessment survey that included questions about 1) areas of expertise/assets; 2) educational, mentoring, and training needs, 3) learning preferences (e.g., asynchronous vs. live, in-person vs. online), and 4) communication preferences. These questions were put into an online survey and emailed to respondents on June 30th, 2025. The Center left the needs assessment open for responses until September 12th, 2025. Following the survey, we will conduct informal follow-up discussions about Pitt PRC's knowledge, capacities, and strengths with the EAB, CAB, and site and regional partners to further refine our capacity-building and communication plans.

Results - All respondents

Below we present the results of the needs assessment overall, and by various partner groups. Respondents were asked multiple questions about experience with implementation science, including whether they wanted to participate in informal discussions about these results (about three quarters said "Yes"). Overall, respondents answered they had a moderate level of experience with implementation science methods.

Table 1. Implementation science experience of all respondents (N=62)*

Define an implementation problem	Conceptualize implementation problems using implementation frameworks	Assess and prioritize implementation determinants	Select and tailor implementation strategies	Design an implementation study	Evaluate the implementation process	Sustain the implementation process
3.82	3.35	3.31	3.24	2.84	3.24	2.75

*Note: Scale = 1 (beginner) to 5 (expert)

The survey also asked questions about respondents' experience with diabetes and Diabetes Self-Management Education and Support (DSMES), which is the content focus of the Pitt PRC. Overall, respondents had a lower level of expertise with diabetes care.

Table 2. Diabetes experience of all respondents (N=62)*

DSMES	Caring for people with diabetes	Lifestyle change	Implementing diabetes care
1.87	2.24	2.71	2.13

*Note: Scale = 1 (beginner) to 5 (expert)

Respondents were asked the extent to which they had received any D&I mentoring or training. Almost two thirds received D&I training, nearly three quarters had received D&I mentoring. Almost all are involved in D&I work.

Table 3. Percent of all respondents (N=62) with D&I training and mentoring experience

Completed D&I training	Received D&I mentoring	Served as a D&I mentor	Involved in D&I-related activities with work
61%	73%	31%	96%

The survey asked a series of questions about preferences for training—including modalities, interactivity, and specific training offerings. About half the group had preferences for either synchronous or asynchronous trainings. More respondents (about two thirds) preferred interactive trainings over didactic trainings. Regarding other modes of training and consultation, the most preferred options were online synchronous (37%) and asynchronous (29%) events.

Table 4. Training preferences of all respondents (N=62)

Overall	
Synchronous	58%
Asynchronous	48%
Interactive	63%
Didactic	36%
Training Modes	
Lectures	6%
Group Mentoring	9%
1-day bootcamps	20%
1-on-1 mentoring	13%
Training Formats	
In-person	11%
Virtual Training	15%
Expert Consultation	15%
Self-directed learning	6%
Training Types	
Online asynchronous events	29%
Online synchronous events	37%
In-person events	24%

Respondents were asked about which resources, from a specified list, would be most useful (Figure 1) and what additional training (Figure 2) they would like to receive. Respondents could check multiple resources and trainings they believed would be useful. By far, the most useful resource was practical D&I tools (41% of respondents endorsed), followed by hands on D&I consultation (29%) and on-demand resources (27%).

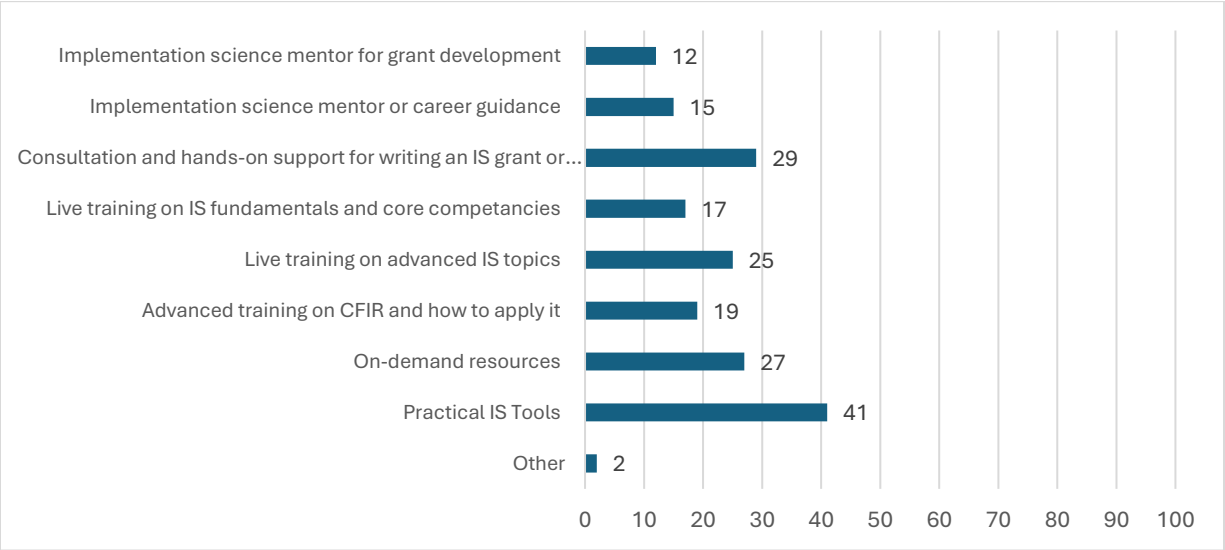

Figure 1. Resources that would be most useful (% endorsed)

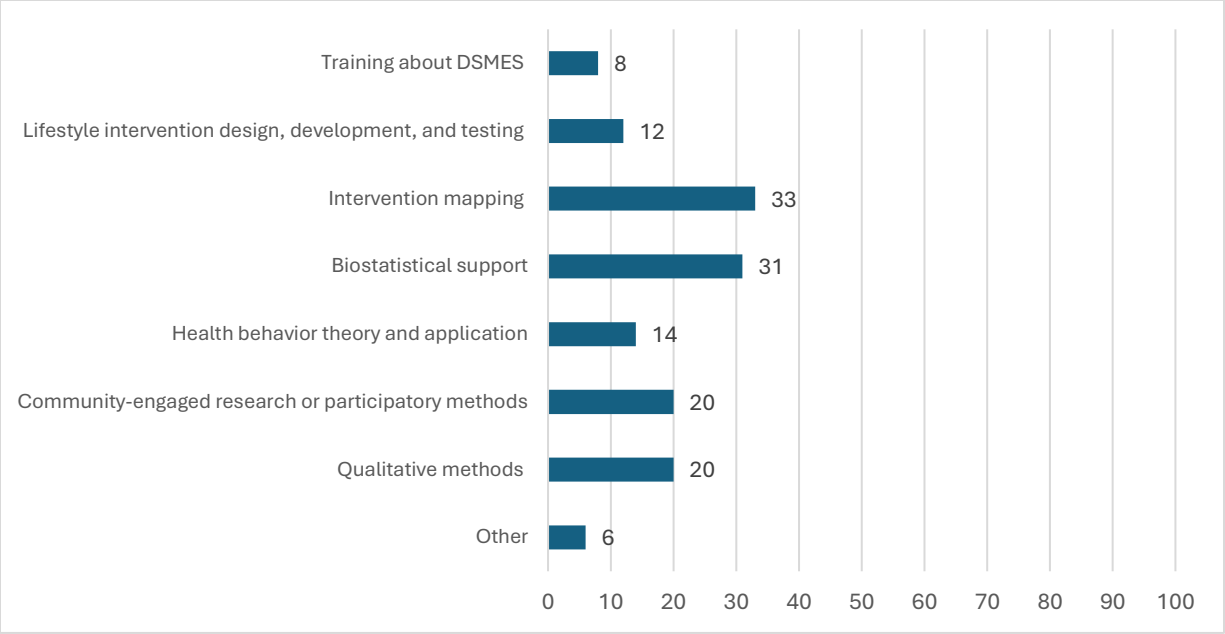

Figure 2. Additional trainings preferred (% endorsed)

The most commonly endorsed preference for additional training was for Intervention Mapping, an approach that engages interest holders in a systematic process for developing new interventions, and statistical support.

Results – External Advisory Board (EAB)

Below we present the results of the needs assessment from the External Advisory Board. The Pitt PRC EAB is composed of interdisciplinary clinicians, health care leaders, investigators, and community partners interested in the services and products of the Center.

Respondents were asked multiple questions about experience with implementation science, including whether they wanted to participate in informal discussions about these results (80% said "Yes"). Overall, respondents answered they had a moderate level of experience with implementation science methods.

Table 5. Implementation science experience of EAB respondents (N=10)*

Define an implementation problem	Conceptualize implementation problems using implementation frameworks	Assess and prioritize implementation determinants	Select and tailor implementation strategies	Design an implementation study	Evaluate the implementation process	Sustain the implementation process
4.00	3.60	3.50	3.00	2.90	3.10	2.70

*Note: Scale = 1 (beginner) to 5 (expert)

The survey also asked questions about respondents' experience with diabetes and Diabetes Self-Management Education and Support (DSMES), which is the content focus of the Pitt PRC. Overall, respondents had a moderate level of expertise with diabetes care.

Table 6. Diabetes experience of EAB respondents (N=10)*

DSMES	Caring for people with diabetes	Lifestyles change	Implementing diabetes care
3.10	3.10	3.70	3.40

*Note: Scale = 1 (beginner) to 5 (expert)

Respondents were asked the extent to which they had received any D&I mentoring or training. Less than half received D&I training, all but one had received D&I mentoring. All EAB members are involved in D&I work.

Table 7. Percent of EAB respondents (N=10) with D&I training and mentoring experience

Completed D&I training	Received D&I mentoring	Served as a D&I mentor	Involved in D&I-related activities with work
40%	90%	40%	100%

The survey asked a series of questions about preferences for training—including modalities, interactivity, and specific training offerings. More than half the group had preferences for synchronous trainings. Most respondents (80%) preferred interactive

trainings over didactic trainings. Regarding other modes of training and consultation, the most preferred options were online synchronous (90%) and asynchronous (60%) events.

Table 8. Training preferences of EAB respondents (N=10)

Overall	
Synchronous	60%
Asynchronous	40%
Interactive	80%
Didactic	20%
Training Modes	
Lectures	20%
Group Mentoring	20%
1-day bootcamps	40%
1-on-1 mentoring	20%
Training Formats	
In-person	10%
Virtual Training	20%
Expert Consultation	20%
Self-directed learning	20%
Training Types	
Online asynchronous events	60%
Online synchronous events	90%
In-person events	40%

Respondents were asked about which resources, from a specified list, would be most useful (Figure 3) and what additional training (Figure 4) they would like to receive. Respondents could check multiple resources and trainings they believed would be useful. By far, the most useful resource was practical D&I tools (100% of respondents endorsed), followed by hands on D&I consultation (70%) and on-demand resources (60%).

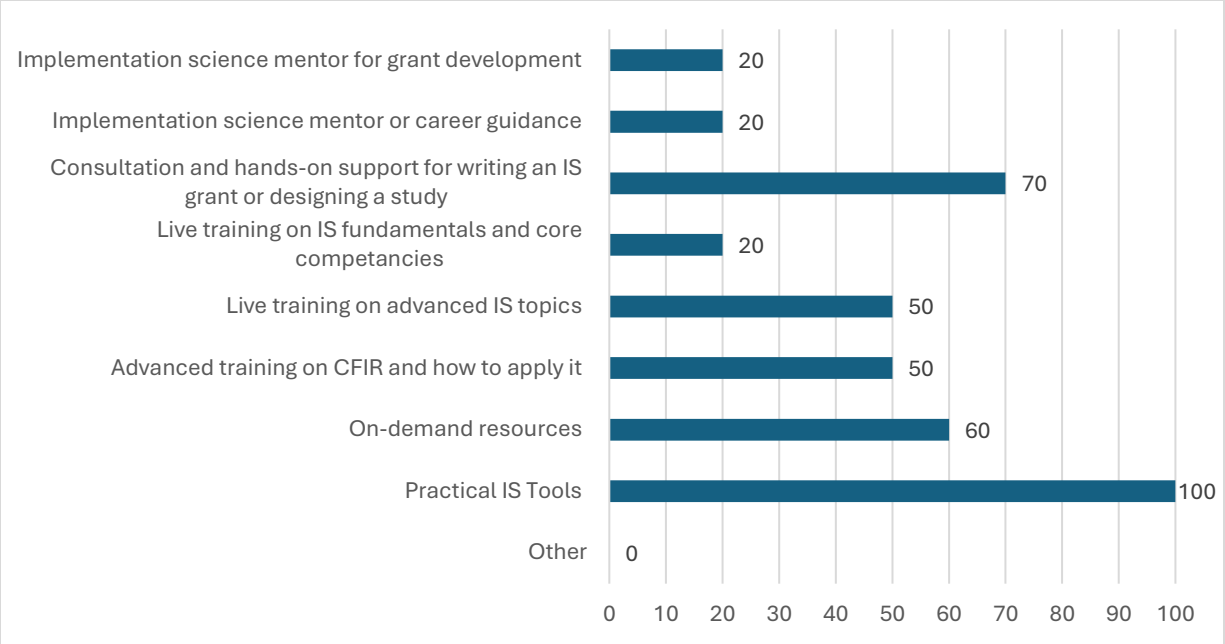

Figure 3. Resources that would be most useful (% endorsed)

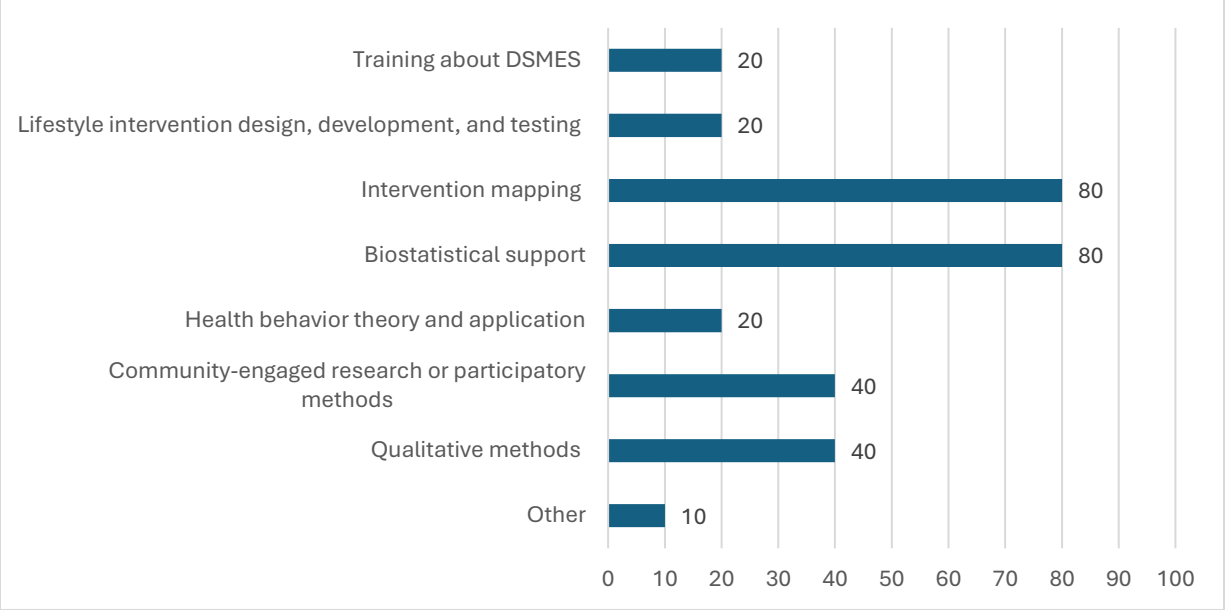

Figure 4. Additional trainings preferred (% endorsed)

The most commonly endorsed preference for additional training was for Intervention Mapping, an approach that engages interest holders in a systematic process for developing new interventions, and statistical support.

Results – Community Advisory Board (CAB)

Below we present the results of the needs assessment from the Community Advisory Board. The Pitt PRC's CAB is a group of individuals with lived experience with diabetes (either personally or through their experience with a loved one). They were asked a different set of questions than the other interest holders, focused on their interest in participating in the Pitt PRC, and how and from whom, they like to receive health information.

Respondents were asked what benefit they hoped to receive from their participation. Most respondents endorsed all the possible benefits specified.

Table 9. Hoped for benefits from participation of CAB respondents (N=6)

Information about how to manage diabetes & DSMES	Knowledge about diabetes	Support for effort and time	Contribute your personal experiences	Influence research direction	Information about how to manage diabetes & DSMES
83%	83%	83%	100%	83%	83%

The survey also asked questions about respondents' preference for how they would like to receive health information from a set of prespecified options. Newsletters were the most endorsed channel to receive health information of the options presented.

Table 10. Preferences for receiving health information of CAB respondents (N=6)

Text Message	Social Media Posts	Newsletter (monthly or quarterly)	Main-stream Media	Listserv emails
50%	50%	83%	33%	50%

Respondents were asked which people they preferred to receive health information from. CAB members had a clear preference to hear health information from highly trained individuals—i.e., medical researchers and local healthcare professionals (both 100% endorsed).

Table 11. Preferences from whom to receive health information of CAB respondents (N=6)

Newscasters	Social Media Influencers	Medical Researchers	Family members or friends	Local healthcare professionals
0%	0%	100%	50%	100%

100% of CAB respondents endorsed participation in a follow up discussion of needs assessment results.

Results – Pittsburgh Prevention Research Center (Pitt PRC)

Below we present the results of the needs assessment from the Pitt PRC faculty and staff. Respondents were asked multiple questions about experience with implementation science, including whether they wanted to participate in informal discussions about these results (77% said "Yes"). Overall, respondents answered they had a moderate to high level of experience with implementation science methods.

Table 12. Implementation science experience of Pitt PRC respondents (N=17)*

Define an implementation problem	Conceptualize implementation problems using implementation frameworks	Assess and prioritize implementation determinants	Select and tailor implementation strategies	Design an implementation study	Evaluate the implementation process	Sustain the implementation process
4.22	3.78	3.94	3.94	3.11	3.67	3.39

*Note: Scale = 1 (beginner) to 5 (expert)

The survey also asked questions about respondents' experience with diabetes and Diabetes Self-Management Education and Support (DSMES), which is the content focus of the Pitt PRC. Overall, respondents had a low level of expertise with diabetes care. Despite this result, the team does have some leading experts in the field.

Table 13. Diabetes experience of Pitt PRC respondents (N=17)*

DSMES	Caring for people with diabetes	Lifestyles change	Implementing diabetes care
1.67	2.11	2.44	1.89

*Note: Scale = 1 (beginner) to 5 (expert)

Respondents were asked the extent to which they had received any D&I mentoring or training. Two thirds received D&I training and mentoring. Most faculty and staff are involved in D&I work.

Table 14. Percent of Pitt PRC respondents (N=17) with D&I training and mentoring experience

Completed D&I training	Received D&I mentoring	Served as a D&I mentor	Involved in D&I-related activities with work
67%	65%	35%	94%

The survey asked a series of questions about preferences for training—including modalities, interactivity, and specific training offerings. More than half the group had preferences for synchronous and didactic trainings. Regarding other modes of training and consultation, the most preferred options were online synchronous (82%), online asynchronous (71%), and in-person (71%) events.

Table 15. Training preferences of Pitt PRC respondents (N=17)

Overall	
Synchronous	53%
Asynchronous	47%
Interactive	47%
Didactic	53%
Training Modes	
Lectures	6%
Group Mentoring	12%
1-day bootcamps	59%
1-on-1 mentoring	24%
Training Formats	
In-person	35%
Virtual Training	29%
Expert Consultation	29%
Self-directed learning	6%
Training Types	
Online asynchronous events	71%
Online synchronous events	82%
In-person events	71%

Respondents were asked about which resources, from a specified list, would be most useful (Figure 5) and what additional training (Figure 6) they would like to receive. Respondents could check multiple resources and trainings they believed would be useful. By far, the most useful resource was practical D&I tools (71% of respondents endorsed), followed by hands on live training on advanced topics (47%) and on-demand resources (47%).

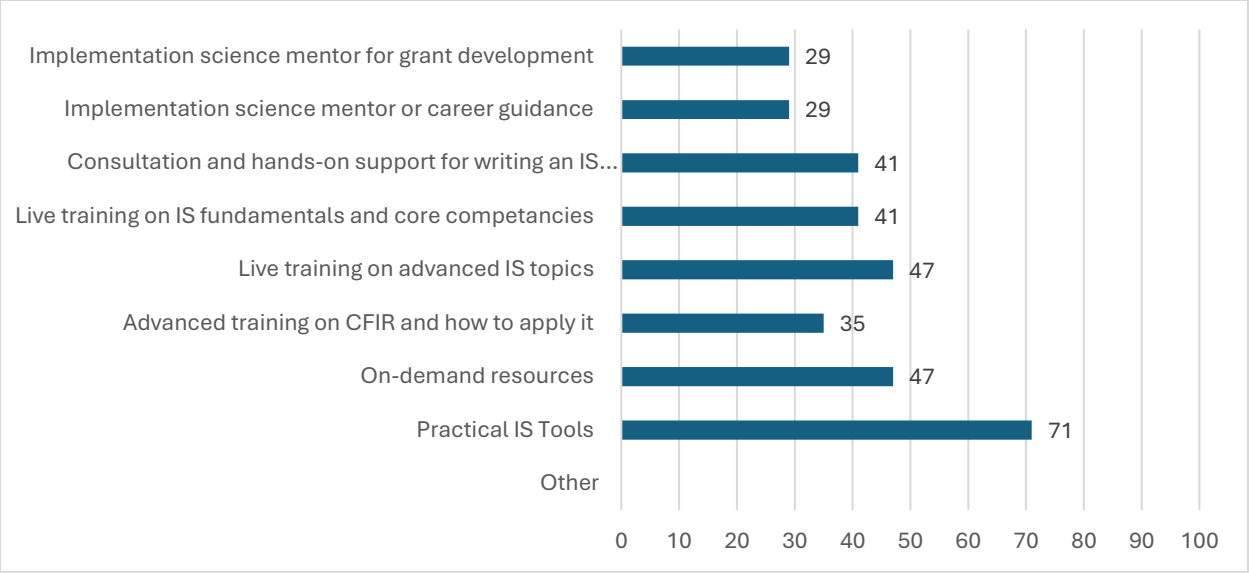

Figure 5. Resources that would be most useful (% endorsed)

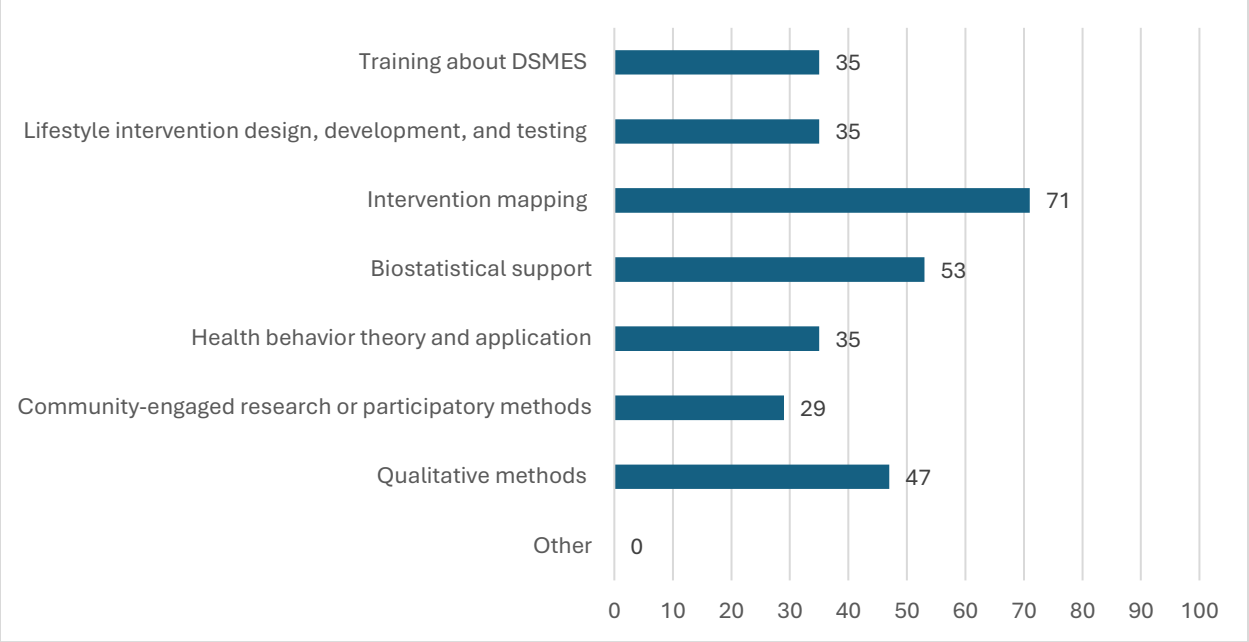

Figure 6. Additional trainings preferred (% endorsed)

The most commonly endorsed preference for additional training was for Intervention Mapping, an approach that engages interest holders in a systematic process for developing new interventions, and statistical support.

Figure 7. Preferences for receiving Implementation Science information (% endorsed)

This group were asked a set of questions about how they preferred to receive implementation science information. The most endorsed option was seminars, webinars, or in-person workshops (71%), followed by summary reports from projects or QI efforts (65%).

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