



**Community Health Systems Lab  
Improving Healthcare Delivery with Science**

Plan 2019-2024

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## Introduction

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Integrate Health (IH) improves health outcomes through the delivery of high-quality healthcare in Togo, West Africa. Since 2004, IH has provided effective services to thousands of individuals living with HIV/AIDS and has strengthened public sector healthcare delivery throughout northern Togo. Based on this success, IH launched an expansion in 2015, in partnership with the Government of Togo, to increase access and improve quality of healthcare in some of the poorest performing health centers in northern Togo. Initial results from this pilot expansion have demonstrated considerable improvements in health outcomes, especially for children under five, as well as increased patient access and usage of quality services. Based on this preliminary success, IH is working with the Government of Togo to replicate this integrated, community-based, health systems strengthening (ICBHSS) approach in additional health facilities while developing evidence to inform national strategy. IH and national partners plan to scale the ICBHSS approach throughout Togo, improving healthcare provision to the nearly six million people in Togo who currently lack access and thereby significantly improving health outcomes and reducing preventable morbidity and mortality. IH's scale strategy is founded on a partnership agreement with the Togolese Ministry of Health aimed at translating evidence-based guidelines into practice. IH's multi-disciplinary team captures high-quality data and metrics and then uses that information to inform care delivery and program design, while generating knowledge and lessons learned to accelerate change within and beyond our work. Patients, such as those living in the remote rural communities of northern Togo, cannot wait for years of research to be completed before healthcare services are improved, and often this research is not done in comparable settings. Governments, like that of Togo, need rigorous evidence upon which to design and implement national health strategies effectively to improve health outcomes and strengthen health delivery systems for all Togolese, while additionally attracting the funding necessary to invest effectively and efficiently in nationwide improvements.

### *The Need: Addressing the Know-Do Gap through Implementation and Dissemination Research*

The current state of global health inequity results in millions of preventable deaths due to gaps in access and quality of health services. Addressing the gap between known, efficacious treatment and what is actually done in practice, the Know-Do Gap, has been the long-term focus of IH's work in Togo since 2004. In practice, this requires IH to not only utilize data for assessing the implementation and outcomes of intervention, but more importantly to understand why—why was an intervention effective, or conversely why did it not have the outcomes anticipated, and finally how can we do better.

IH's research efforts are centered around the multi-disciplinary scientific field of implementation science in order to close the gap between evidence-based health approaches and implementation in real-world settings. Implementation Science is defined as the study of methods to promote the integration of research findings and evidence into healthcare policy and practice. Implementation science generates knowledge concerning the complex nature of IH's work—why and how interventions work effectively—which will enable IH to optimize its implementation of evidence-based interventions to ultimately inform and strengthen the national health system.

IH uses implementation and dissemination science to achieve three objectives.

- **Improve healthcare delivery across the know-do gap.** IH implements evidence-based interventions to serve communities without adequate access, thereby addressing existing gaps in healthcare delivery.
- **Measure impact.** IH implements research efforts collaboratively with partners in Togo and academic partners in the US to measure impact and identify key factors and program components that contributed to that impact.

- **Create generalizable knowledge.** IH’s research and evaluation projects are designed and documented to share lessons learned and teach others in Togo and in the larger community of practice.

*Contributing to the Solution: Investing in Embedded Implementation and Dissemination Research*

Over the past decade, we have invested in embedded research and have made it a part of our organizational identity. In 2018, we plan to formalize and give structure to these efforts with the formation of IH’s Community Health Systems Lab (CHSL), which embeds implementation and dissemination research as part of IH operations. CHSL has a structure embedded within IH to foster and support all improvement through research activities. It is not a distinct or parallel structure, but rather an integrated division within the organization to provide and improve programmatic work and service delivery through research.

**Mission & Values**

IH has a mission to save lives in the world’s most neglected communities. To accomplish this mission, IH aims to improve community health systems through directed scientific inquiry and evaluation and will use that knowledge to inform design and change. We operationalize this aim by:

- Focusing on addressing gaps between what we “know” and what is actually done.
- Identifying key barriers and enabling factors that influence system changes and care delivery.
- Utilizing quality improvement and implementation research methods to optimize care delivery and impact.

The singular objective of embedding improvement research within IH is to increase access to the highest quality of care attainable for patients. To that end, CHSL is aligned with the core values of IH:

**Effectiveness:**

We do not believe in research for the sake of research or as a purely academic pursuit, but rather that it must be utilized to improve the delivery of health services. We focus all research efforts on assessing the impact of an intervention while simultaneously driving real-time improvements in the quality of care delivered to patients.

**Transparency:**

We believe that we are accountable to our patients, colleagues, and partners. We are transparent with our data and evaluations to facilitate learning and progress.

**Commitment:**

We believe that a commitment to establishing a culture of data monitoring, evaluation, and quality affords the best opportunity to deliver on our overarching goal of providing health as a human right. It is simply not sufficient to “provide” care without a corresponding commitment to relentless improvement that is part of scope of work of every individual at IH.

**Collaboration:**

We believe that collaborating with community members and the public sector is critical to our efforts.

With these values and mission in mind, IH utilizes a Research for Improvement Framework that details and includes operational and quality improvement methods, implementation research to assess

interventions, and health system research using implementation science methodologies in order to understand how to strengthen public sector delivery systems. These complementary approaches are designed to provide actionable evidence for a broad spectrum of users to advance universal healthcare implementation in Togo and globally. IH’s research efforts aim to provide this type of evidence for healthcare providers, program managers, and policy makers to better assess and understand if and how IH’s interventions contribute to Togo’s path to universal health coverage (UHC) and improvement of the quality of services.

IH operationalizes this mission through data. IH has designed the data collection activities to effectively meet the needs of monitoring, evaluation, quality improvement, and research. The data pyramid illustrates the frequency and purpose of different types and uses of data (see Figure 1). This structure orients organizational activities and eliminates a traditional dichotomy that differentiates “research” and “monitoring and evaluation.” For IH staff, there is no distinction, as all data is used to improve and understand the current state of programs. The data pyramid is a conceptual structure with four levels:

- **Systems assessments:** These are multi-year evaluations that seek to determine the overall state of services. IH has adapted a well-established implementation science framework, RE-AIM, to guide these activities (Figure 2), combined with inclusion of understanding contextual factors that facilitated or hindered success. Using both quantitative and qualitative data, IH disseminates results via technical reports, conference oral presentation and abstracts, and manuscripts in peer-reviewed journals.
- **Population outcomes:** For every health initiative or intervention, IH determines primary and secondary outcomes to assess impact. These are collected using randomized household surveys in

Figure 1: IH CHSL Data Pyramid

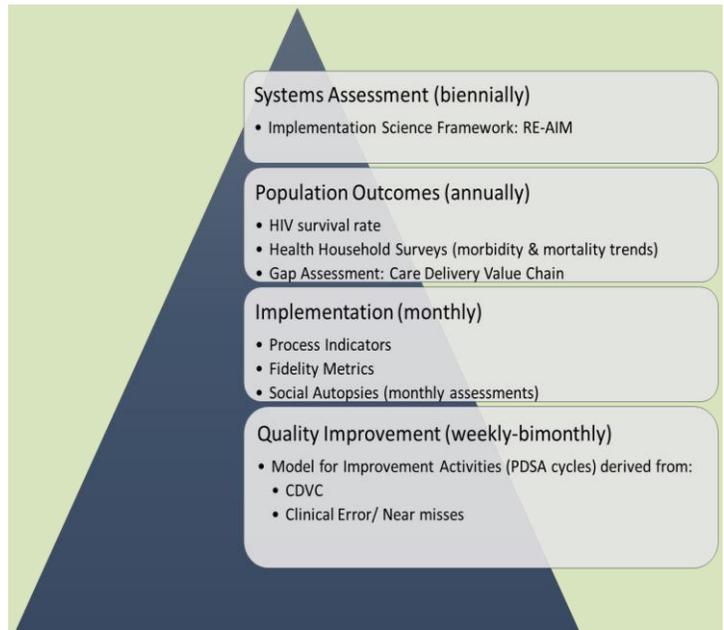


Figure 2: RE-AIM Framework



catchment populations to assess mortality and morbidity. The tabulation of these results culminates into annual review conferences in-country to discuss results, make appropriate program revision, and produce annual impact reports for supporters and partners.

- **Implementation monitoring and evaluation:** Every month, the IH data team reviews process indicators and fidelity metrics to identify areas for possible improvement and assesses the quality of current work. Monthly meetings involving key implementers are convened to discuss monthly data and plan for following month program changes.
  
- **Quality improvement:** The model of improvement framework drives QI efforts at a local level. Using gaps identified as a result of staff and patient feedback, monitoring and evaluation monthly reports, or annual outcome data, the IH data team and medical director support locally driven solutions to improve the quality of services.

*Dissemination Research for Improvement*

In addition to providing continuous support to field staff, IH works with academic partners and technical advisers to optimize methodologies and disseminate findings on local/community, national, and international levels. Here are some activities that illustrate how IH works to disseminate findings:

Local (Community, District, Region)	<ul style="list-style-type: none"> <li>• Community Forums: IH supports town hall style community meetings with stakeholders and leaders to discuss progress on health initiatives.</li> </ul>
	<ul style="list-style-type: none"> <li>• District Health Director meetings: IH staff attend monthly staff meetings for district health personnel, both to stay current in MOH plans and to share findings from ICBHSS initiatives.</li> </ul>
	<ul style="list-style-type: none"> <li>• Regional Health Director updates: IH leadership staff maintain close collaboration with the regional health director and staff to provide routine updates on progress and discuss ongoing opportunities.</li> </ul>
National	<ul style="list-style-type: none"> <li>• Community Health Division: IH partnership staff have developed close relationship with Togolese MOH community Health Division staff and provide regular updates regarding progress in field.</li> </ul>
	<ul style="list-style-type: none"> <li>• University of Lomé, School of Public Health (ULSPH): IH collaborates with the Dean of ULSPH regarding associated research initiatives.</li> </ul>
	<ul style="list-style-type: none"> <li>• Multilateral agencies: IH staff meet regularly with representatives from major multilateral organizations based in Togo including UNAIDS, UNDP, and UNICEF.</li> </ul>
Global	<ul style="list-style-type: none"> <li>• Community Health Collaborators: IH had established collaborations with like-minded organizations working in countries such as Mali, Liberia, Nepal, Madagascar, Haiti, Rwanda, and Sierra Leone to share and learn from each other’s experiences.</li> </ul>
	<ul style="list-style-type: none"> <li>• Peer-Reviewed Publications: IH staff have and continue to publish findings of research in peer-reviewed literature to foster collaborations and elicit feedback from the global health community.</li> </ul>
	<ul style="list-style-type: none"> <li>• Conferences: IH staff attend and present research findings to both West Africa regional and international conferences.</li> </ul>

### *Annual Deliverables*

CHSL is an embedded research structure within IH and supports all data-related activities and deliverables related to the organization's monitoring, evaluation, and quality improvement efforts. The distinct list of anticipated annual deliverables includes:

- **Publications, journal:** Goal of two peer-reviewed publications per year aimed at disseminating IH initiatives globally. IH considers journals that are influential and widely read by global health, maternal and child health, health systems, and implementation science experts.
- **Abstract Presentations:** Goal of two abstract presentations per aim at international and/or regional health conferences.
- **Annual Data Review Conference:** IH staff support the annual data review conference held each summer in Kara, Togo with staff and key collaborators with the objective of critically reviewing progress and planning data-driven goals for the following year.
- **Annual Impact Report:** Following annual review conferences, the IH team summarizes discussions and findings into an annual impact report that is shared with supporters and partners.
- **Grants:** Goal of obtaining one research related grant per year, aimed to sustain and expand CHSL activities.

### **Summary**

IH is undergoing a period of significant learning and growth, and we have greatly intensified our implementation and dissemination research and quality improvement efforts to match. The creation of an explicit research hub integrated within the organization will catalyze the necessary growth of these activities outlined in this document. IH realizes that understanding why our initiatives work is critical to national scale strategy collaboration and contribution to global community health movements. IH has benefited greatly from the learning shared by other implementing organizations, key advisors, and funders. IH aims to contribute to building the collective knowledge base in order to improve effective delivery of community-based healthcare services. IH aims to enhance our own efficacy, strengthen the work of our primary partner the Togolese Ministry of Health, and contribute to the global community of implementing partners. Most importantly however, IH aims to honor our patients by ensuring that our research and evaluation efforts are guided by and continually inform improvements in patient care. We believe that our approach that utilizes implementation science, routine performance management, and quality improvement efforts is the best possible strategy to inform continuous improvement of high-quality healthcare delivery for patients living in the world's most impoverished communities.

## CHSL Structure

CHSL is an integrated research hub within IH's organizational structure, but it has a distinct structure with an advisory board to maximize effectiveness and efficiency. Figure 3 illustrates this structure and here is a brief summary of each position's scope of work:

- Chair, Advisory Board (held by Lisa Hirschhorn)
  - Unpaid, position
  - Voting member of IH board
  - Provides ongoing technical support and oversight of CHSL leadership
  - Convenes advisory board member meetings
- Advisory Board, CHSL
  - Experts in CHSL methodologies, more specifically implementation science, mixed methods, and pragmatic trial design
- Chief Strategy Officer (held by Kevin Fiori)
  - Part-time, 0.2 FTE (currently 0.1 FTE)
  - Scope: executes overall strategy and deliverables
- Managing Director (proposed position 2019)
  - Full-time position
  - Scope: grants & data support (0.3), human resource, budget management & admin (0.3), data and dissemination management (0.2), technical partnerships (0.2)
- Assistant Director-Analytics (proposed position 2020)
  - Part-time, 0.2 FTE (currently 0.1 FTE)
  - Scope: bio-statistics oversight and support
- Fellows, Analytics (proposed position 2021)
  - Part-time, volunteer position, 1 year commitment
  - Scope: conduct specific analysis in collaboration with Assistant Director-Analytics
- Assistant Director- Implementation Science
  - Full-time, (0.7- USA based, 0.3-Togo Based)
  - Scope: executes ongoing studies and dissemination activities
- Research Assistant (proposed position 2021)
  - Full-time (USA based)

Scope: supports managing director, assistant directors with ongoing activities

Figure 3: CHSL Organization Structure



## Current CHSL Studies

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IH research team is currently engaged in activities based both in Togo and in the United States. We have provided a brief summaries of those activities including brief background, study aims, timeline and anticipated results.

### **Phase I: Pilot Integrated Community Based Health Systems Strengthening (ICBHSS) Initiative in Kozah District**

#### *Background*

A mixed methods assessment, 'Exploring Maternal and Child Health Services in Northern Togo: A Mixed Methods Assessment' (IRB #2014-4170), using the RE-AIM framework to evaluate the implementation of IH's pilot integrated community based health systems strengthening (ICBHSS) initiative in four Kozah district sites. Includes two components: (1) an independent, randomized cross-sectional household survey to be conducted at baseline, 12, 24 and 36 months and (2) qualitative key informant interviews and focus group discussions.

#### *Aims*

To evaluate the impact and implementation of the ICBHSS intervention from 2015 until 2018 in the four Kozah sites. The household survey component of this study is designed to assess changes in under-five mortality as well as the proximal outcomes of access, timeliness and quality of care. The collection of data at 0, 12, 24, and 36 months, including disease prevalence and health care coverage rates, will inform impact knowledge. The outcome of the key informant interview component of this study will be a better understanding of the current barriers and facilitators to accessing and implementing effective MNCH services in the proposed catchment areas.

#### *Timeline*

2015 – 2022

#### *Anticipated results*

The primary objectives of the assessment are to inform the development of primary health services through the RE-AIM evaluation framework and scale-up efforts of the ICBHSS initiative for Phase II in four new districts. Preliminary results from the pilot ICBHSS intervention, through the study suggested a meaningful reduction in children under-5 and neonatal deaths as well as increased health service utilization at all 4 sites.

### **Phase II: Integrated Community Based Health Systems Strengthening (ICBHSS) Initiative in Bassar, Binah, Dankpen, and Kéran Districts**

#### *Background*

A mixed methods assessment, using the RE-AIM framework to evaluate the impact and implementation of IH's ICBHSS initiative in 4 districts. Consists of three key components: (1) a stepped-wedge randomized cluster pragmatic control trial to obtain coverage, effectiveness, and adoption metrics using a population-based household survey, (2) health facility assessments to be completed at the cluster level for each health facility prior to intervention launch and post-intervention, and (3) key informant interviews conducted at 12, 24, 48 months for each district. Following the successful pilot implementation of ICBHSS in Kozah district (Phase I) and considering significant healthcare needs of the region, HTH was requested by the Togolese MOH to expand the ICBHSS model to additional sites. In collaboration with MOH and technical partners, HTH developed a plan to expand the ICBHSS model to 20 distinct health centers over a four-year period in four additional districts: Bassar, Binah, Dankpen, and Kéran. The planned roll out includes expanding into a new district every 12 months based on budgetary and feasibility considerations. As part of this expansion planned for 2018, HTH and MOH

partners are planning an implementation study to both improve service delivery at expansion sites and inform national scale strategies.

#### *Aims*

The general objective of this study is to optimize implementation and assess effectiveness of the ICBHSS model using the RE-AIM implementation science framework<sup>7</sup>. Specific study aims include: (1) Analyze longitudinal changes regarding maternal and child health outcomes, health service utilization rates, and health center facility readiness in the ICBHSS model expansion sites catchment areas; (2) Identify barriers to and facilitators of access and quality services related to ICBHSS model; and (3) Assess changes in health care services coverage, effectiveness, and adoption of ICBHSS model.

#### *Timeline*

2017 – 2022

#### *Anticipated results*

To generate knowledge to improve service delivery at expansion sites and inform national scale strategies. These findings will contribute to continuous quality improvement initiatives, optimize implementation factors, provide generalizable knowledge regarding health service delivery, and accelerate health systems improvements in Togo and more broadly

## **HIV Impact Assessments**

### *Background*

Retrospective chart reviews examining medical records of patients that initiated ART at the largest HIV provider in the Kara Region after 2010. Plan to initially generate 5-year survival estimate to compare to peer nation reports, but then will conduct annual survival analysis to measure program outcomes.

### *Aims*

To assess survival rates in HIV patients initiating ART treatment retrospectively since 2010 and to develop workflow to prospectively estimate survival at primary HTH health center in Kara, Togo and compare those rates to programs in peer nations (3–6)

### *Timeline*

5 year survival 2010-2015, annually

### *Anticipated results*

Generate knowledge about unique patient population of HIV cohort in Northern Togo. Better understand the population with poor and high survival outcomes to adjust programs accordingly.

## **Community Linkage to Care Program, South Bronx**

### *Background*

The Bronx Community Health Network (BCHN) and Montefiore Medical Group (MMG) ambulatory network launched a system-wide SDH screening initiative to identify patients with unmet social needs using a standardized instrument at 22 ambulatory health centers in the Bronx. In 2017, we piloted the Community Linkage to Care (CLC) program (Figure 2), a specific intervention that aims to integrate SDH screening and outreach using CHWs at one Pediatric practice. From that pilot, we determined the key elements of the intervention:

- Screening: annual, standardized screening for social needs at well child visits
- Referral: referral to trained and supervised Community Health Workers
- Accompaniment: active follow-up and support by CHWs with families weekly to assess status of referral and progress on social need
- Clinical champion: based at Health Center, leads ongoing CLC program quality improvement

- Administrative liaison: Medical Director and Administrator at health center buy-in & leadership
- Performance improvement: clear performance metrics, key process and outcomes metrics disseminated to site and used for continuous improvement efforts

#### *Aims*

- To evaluate the CLC program using an established implementation science framework, RE-AIM, to identify enabling factors and barriers to implementation, and inform CLC program scale strategy.
- To examine stakeholder perceptions and experiences with the CLC program and understand factors affecting program implementation, uptake/adoption, fidelity, and effectiveness.

#### *Timeline*

2018-2022

#### *Anticipated results*

Study's findings from three Pediatrics centers in the Bronx will inform network-wide scale strategies of how to best utilize social needs screening and community health workers within 22 MMG ambulatory

## Leadership Team Bios

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### **Lisa Hirschhorn, MD, MPH—Chair, CHSL Advisory Board/IH Board of Directors**

Dr. Hirschhorn is a Professor of Medical Social Science at Northwestern University Feinberg Medical School. She has held a number of positions over the last three decades including Director of HIV Services at Dimock Community Health Center in Roxbury; Senior Clinical Advisor for HIV at JSI Research and Training; Director of Monitoring, Evaluation, and Quality for Partners In Health in Boston; and most recently as Director of Implementation and Improvement Science at Ariadne Labs, a health systems innovation partnership between Harvard School of Public Health and Brigham and Women's Hospital. Trained in primary care, infectious disease, and public health, she has worked to develop and implement better methods to measure and improve quality of care for people living with HIV and other underserved populations in the US and globally. She is a leader in the fields of implementation and improvement science focused on evaluating and spreading effective approaches to improve the quality and delivery of services in HIV, maternal and child health, non-communicable diseases, and primary care in the US and low- and middle-income countries. She has published widely and has served as an advisor on quality measurement and improvement for a number of national and international organizations.

### **Kevin Fiori, MD, MPH—Chief Strategy Officer/Co-Founder-IH**

Dr. Fiori is an Assistant Professor in both the Division of Academic General Pediatrics and Department of Family and Social Medicine, Albert Einstein School of Medicine. In 2016, he became the Director of the Global Health Delivery Program in the Department of Pediatrics at the Children's Hospital at Montefiore. Since 2003, Dr. Fiori has been working on community-based health initiatives based in Togo, West Africa initially as a Peace Corps volunteer and in collaboration with an international non-governmental organization, Integrate Health, where he serves as Chief Strategy Officer and co-founder. He is primary investigator on multiple ongoing, implementation science studies focused on health system strengthening utilizing community health workers based in Togo, West Africa. Dr. Fiori is currently a Fellow in the Empire Clinical Research Investigator Program, investigating implementation outcomes focused on community health workers and social determinants of health screening in the Bronx. He completed an MD at the University of Washington and an MPH at Boston University School of Public Health as part of the Master's International Program with the US Peace Corps.

### **Molly Lauria, MPH—Director, Implementation Science-IH**

Ms. Lauria is a Master's in Public Health graduate from the University of Washington School of Public Health with professional roles in global health program evaluation and implementation along with advanced public health analytical skills. Through positions in Mali, Rwanda, and the United States, she participated in health program evaluation, implementation, and management as well as partnership development at the community and national levels to support strong health delivery systems. Her role with I-TECH supported curriculum development for South African frontline health workers in epidemiology skills. In Rwanda, with the national NGO called Health Builders, she worked in close collaboration with the Ministry of Health, UNICEF, and district health staff to implement and assess national maternal and child health programs. Furthermore, her roles at the Bill and Melinda Gates Foundation, the Malian NGO Muso Health, and UNFPA in Rwanda have further strengthened skills in developing data collection tools and M&E systems.

### **Etonam Sowu—Director, Monitoring and Evaluation & Quality Improvement-IH**

Etonam joined the IH team in 2016 after years of experience in NGO management, project management, and monitoring and evaluation across Togo. After receiving his Master's degree in Sociology from the University of Lomé with a concentration in public health education, Etonam interned

for the Togolese Federation of NGOs in administrative and project management. From 2012 to 2016, he worked as a Psychosocial Counselor, then Director of Monitoring and Evaluation for another local non-profit focused on people living with HIV, before joining IH's M&E Team. In his role as Director, Etonam loves having the opportunity to be involved in the entire range of work that IH does by helping each team realize its goals.

#### **Komlan Nabissan Kenkou, MD, MSPH Cert SRH—Medical Director-IH**

Dr. Kenkou has extensive experience working within the public health sector and is a lifetime champion of health equity. He holds a Bachelor's degree in Statistics; a Master's degree in Public Health from the University of Aix-Marseille; a Master's degree in Quality, Hygiene, Safety, and the Environment from the International Institute of Water and the Environment; and a medical degree from Burkina Faso. Dr. Kenkou has worked in a variety of roles from medical provider to program director, all in an effort to increase access to and quality of healthcare for vulnerable populations. Most recently, Dr. Kenkou worked as medical coordinator for a humanitarian NGO in Chad. He created programming targeting the prevention and treatment of HIV/AIDS among mothers and children, with an emphasis on integrated care and the improvement of hospital conditions. Dr. Kenkou joined Integrate Health as medical director in 2017.

#### **CHSL Team Citations**

##### *Original Manuscript Publications*

1. Loccoh E, Azouma D, Fiori K, Schechter J, Gbeleou S, Hirschhorn Lisa. Patient-Reported Factors Facilitating Participation in Prevention of Mother to Child Transmission of HIV Programs in Kara, Togo, West Africa. *World Journal of AIDS*. 2014 December; 4(4):446-457.
2. Arnold J, Sampson M, Schechter J, Goodwin A, Braganza S, Gbeleou S, Lopez A, Fiori K. Getting There: Overcoming Barriers to Reproductive and Maternal Health Services Access in Northern Togo—A Qualitative Study. *World Medical & Health Policy*. 2016 September; 8(3):223-244.
3. Fiori K, Schechter J, Dey M, Braganza S, Rhatigan J, Houndenou S, Gbeleou C, Palerbo E, Tchangani E, Lopez A, Bensen E, Hirschhorn LR. Closing the delivery gaps in pediatric HIV care in Togo, West Africa: using the care delivery value chain framework to direct quality improvement. *AIDS Care*. 2016 Mar;28 Suppl 2:29-33. PubMed PMID: 27391996
4. McCarthy KJ, Braganza S, Fiori K, Gbeleou C, Kpakpo V, Lopez A, Schechter J, Singham Goodwin A, Jones HE. Identifying inequities in maternal and child health through risk stratification to inform health systems strengthening in Northern Togo. *PLoS One*. 2017;12(3):e0173445. PubMed PMID: 28301539.
5. Ballard M, Schwarz R, Johnson A, Church S, Palazuelos D, McCormick L, Sall, E, Fiori K. Practitioner Expertise to Optimize Community Health Systems: Harnessing Operational Insight. Report. Published online at [www.chwimpact.org](http://www.chwimpact.org). 2017.
6. Fiori K, Schechter J, Gbeleou C, Braganza S, Rhatigan J, Houndenou S, Lopez A, Bensen E, Hirschhorn LR. Closing the delivery gap: operationalizing the care delivery value chain and continuous quality improvement for HIV/AIDS services in Kara, Togo. *International Journal of Health Care Quality Assurance*. 2018: vol. 31 issue 4: 327-336. PubMed PMID: 29790442.
7. Fiori K, Chodon T, Whiskey R, Larrier E, Izes J, Braganza S, Selwyn P. Advancing Community Health and Wellness in Primary Care: A Bronx Community Based Organization's Experience Integrating Community Health Workers into Patient Centered Medical Homes within an Academic Medical Center. *Global Journal of Health Education and Promotion—Special Issue*. Winter 2018, Vol. 18, No. 1, pp. s18–s35. <http://faheinfo.org/node/11>

##### *Presentations at Scientific Conferences*

1. Fiori K, Schechter J. "The Community Directed HIV Initiative: A Delivery Model for HIV/AIDS Care in a Resource-Poor Setting." Presented at GHEC Western Regional International Health Conference, University of Washington, Seattle, Washington, 2009.

2. Fiori, K. "Community Directed HIV/AIDS Care Delivery-Hope Through Health in Togo, West Africa." Oral Presentation. Presented at the Global Pediatrics Seminar Series, Boston Children's Hospital, Boston, MA. 2013.
3. Fiori K, Schechter J, Houdeou S, Braganza S. "Applying the Care Delivery Value Chain Framework to a Community Based HIV/AIDS Initiative in Togo, West Africa." Presented at the Consortium of Universities for Global Health, Boston, MA. 2015.
4. Fiori K, Schechter J, Houdeou S, Braganza S. "Global Health Delivery Science: Applying the Care Delivery Value Chain Framework to a Community Based HIV/AIDS Initiative in Togo, West Africa." Presented at the American Academy of Pediatrics Annual Conference, San Diego, CA, 2015.
5. Fiori, K. Schechter J, Houdeou S, Braganza S. "Closing the Delivery Gap: Operationalizing the Care Delivery Value Chain for Pediatric HIV/AIDS in Togo, West Africa." Oral Presentation. Presented at the Pediatric Academic Society Annual Conference, Baltimore, MD, 2016 & Regional Meeting Academic Pediatric Association, New York University, NY, NY, 2016.
6. Fiori, K. "Building Community Trust: The Missing Ingredient in Global Healthcare Delivery." Oral Presentation. Presented at the Unite for Sight, Global Health & Innovation Conference, Yale University, New Haven, CT, 2016.
7. Fiori K, Bensen E, Schechter J. "Nothing about community health without community health workers: Improving access and quality of maternal and child health services in Northern Togo." Oral Presentation. Presented at American Public Health Association Annual Meeting, Atlanta, GA, 2017.
8. Lopez A., Atomkilasso K., Fiori K., Gbeleou GS. "Comblent les Insuffisances : L'Opérationnalisation du Continuum des Soins VIH Pédiatriques - Cas de la Clinique AED-Kara au Togo." Oral Presentation. Presented at International Conference on AIDS and STIs in Africa Bi-Annual Meeting: Abidjan, Cote D'Ivoire, 2017.
9. Fiori K. "Integrated Healthcare Delivery in Northern Togo: Improving Quality and Access through Partnership." Global Health Grand Rounds, Jackson Memorial Hospital/University of Miami, Internal Medicine-Pediatrics Program. March 30, 2018.
10. Fiori K, Lauria M, Kenkou K, Gbeleou GS, Schechter J, Braganza S, Agoro S. "Reducing premature child mortality in Northern Togo: an evaluation of the integrated community-based health systems strengthening initiative." Presented at the Pediatric Academic Society Annual Conference & Academic Pediatric Association's Advancing Implementation & Quality Improvement Science for Children's Healthcare, Toronto, Canada 2018.
11. Fiori K, Schechter J, Gbeleou GS, Hirschhorn LR. "Development of an academic and community-based organizations partnership between Togo and the United States to embed implementation research." Presented at Society for Prevention Research 26th Annual Meeting, Washington, DC. May 2018.