

## Mobilizing Communities for Implementing Evidence-Based Youth Violence Prevention Programming: A Commentary

Dean L. Fixsen · Karen A. Blase · Melissa K. Van Dyke

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**Abstract** Evidence-based programs have struggled for acceptance in human service settings. Information gleaned from these experiences indicates that implementation is the missing link in the science to service chain. The science and practice of implementation is progressing and can inform approaches to full and effective uses of youth violence prevention programs nationally. Implementation Teams that know (a) innovations, (b) implementation best practices, and (c) improvement cycles are essential to mobilizing support for successful uses of evidence-based programs on a socially significant scale. The next wave of development in implementation science and practice is underway: establishing infrastructures for implementation to make implementation expertise available to communities nationally. Good science, implemented well in practice, can benefit all human services, including youth violence prevention.

**Keywords** Science to service · Dissemination · Implementation stages · Implementation capacity

“After years of effort and massive expenditures of public and private resources, the search for solutions to the issue of youth violence remains an enormous challenge. Some traditional as well as seemingly innovative approaches to reducing and preventing youth violence have failed to deliver on their promise.” This quote from the Executive Summary of the 2001 Surgeon General’s report on youth violence is provocative. The national need is clear, the

nation has invested considerable resources in developing evidence-based programs and other innovations, and the promise of better outcomes for society has not been realized.

The Surgeon General’s findings for youth violence are not unusual. Similar national reviews have come to the same conclusions in health (Clancy 2006; U.S. Department of Health and Human Services 2001), education (Grigg et al. 2003), and mental health (U.S. Department of Health and Human Services 1999). The needs are evident, evidence-based programs are available, but social problems continue unabated. The lack of effective use of evidence-based programs in practice often is referred to as the “science to service gap.”

These reviews have created interest in the science and practice of implementation. This field has been developing since the Great Society programs began in the 1960s (Pressman and Wildavsky 1973). The accumulated science has been summarized in recent reviews and syntheses of the literature (Fixsen et al. 2005; Greenhalgh et al. 2004). In addition, best implementation practices have been gleaned from those who are doing this work on a large scale (Blase et al. 2005).

It appears that implementation is the missing link in the science to service chain. When science is implemented in practice it can deliver on the promise of evidence-based programs. It is interesting that the Surgeon General’s report on youth violence does not list “implementation” in the Index. Yet, recent data indicate a relatively small investment in implementation can produce significantly greater gains for recipients of promotion and prevention programs (e.g. Durlak and DuPre 2008). The Surgeon General’s report on youth violence (as in other human services) is focused on evidence-based programs and other innovations. While communities need to pay attention to the evidence-base for any innovation, they also need to pay as much (more?)

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D. L. Fixsen (✉) · K. A. Blase · M. K. Van Dyke  
FPG Child Development Institute, University of North Carolina  
at Chapel Hill, 517 S. Greensboro Street, Carrboro,  
NC 27510, USA  
e-mail: fixsen@mail.fpg.unc.edu

attention to implementation of an innovation (e.g. Green 2005; Mihalic and Irwin 2003).

As we have studied the uptake and use of evidence-based programs and other innovations over the past five decades, we have been struck by the importance of mobilizing understanding and agreements within and across communities. In implementation practice, if securing community support is not the first thing you do, it may be the last thing you do (that is, the program will not exist for long without it). With this brief introduction, we would like to describe the interactions between the components of implementation science and community engagement strategies. These interactions are part of the overall methods to promote and facilitate the initiation, implementation, sustainability, and improvement of evidence-based programs, including youth violence prevention programs.

### Stages of Implementation

Many of the frameworks that guide the use of evidence-based programs in practice make the point that implementation takes time and occurs in stages. Rogers (1962; 2003) discussed the communication flow about an innovation as it is “diffused” among potential users, and proposed a pattern of early adopters and late adopters over a period of many years. More active “dissemination strategies” have been proposed by Hall and George (1978); Hall and Hord (2006) who developed the Concerns Based Adoptions Model (CBAM) and Wandersman (2003) who developed an approach to Getting to Outcomes (GTO). Both of these approaches describe stages of active involvement and consideration of alternatives by teachers, therapists, and others impacted by an innovation (a “community of potential users”).

In a synthesis of the implementation evaluation literature, Fixsen et al. (2005) summarized decades of research and practice into four Stages of Implementation: (1) Exploration Stage; (2) Installation Stage; (3) Initial Implementation Stage; and (4) Full Implementation Stage. Each of these stages involves community in myriad ways. More information can be found in Fixsen et al. (2005), (2010). Each Stage is briefly described in the following paragraphs.

The Exploration Stage begins when individuals first learn about potentially new solutions to persistent problems in the community. Ideas are shared with others, groups are formed, leaders are engaged, and detailed information is sought about the problems, potential solutions, and methods required to implement the intervention. The work during the Exploration Stage results in a decision to proceed (or not) with implementing an evidence-based program or other innovation.

The Installation Stage often begins while community groups still are exploring the possibility of using one or more evidence-based programs. The Installation Stage consists of securing the resources to support implementation activities and support the uses of the chosen interventions in practice. Depending upon the intervention, resources will vary. However, the use of an evidence-based program usually requires access to implementation expertise, funding for positions and services, referral sources, licensing and accreditation, space, equipment, and so on. Securing ready access to required resources is the work done during the Installation Stage.

As resources become available, staff and others can begin the process of learning how to carry out the evidence-based program with competence when interacting with the intended beneficiaries of the program. This marks the beginning of the Initial Implementation Stage. During this stage staff competencies are developed, organization supports are created, leadership is enhanced, and system resources are redirected toward facilitating the full and effective uses of the evidence-based program in the community. Initial Implementation is a rocky period of development where everything is new to practitioners, organization managers, leaders, system units, and community members. The work of the Initial Implementation Stage is using the core components of the evidence-based program while creating changes in practices, organizations, and systems to accommodate and support the new ways of work.

With persistence and support, individuals, organizations, and system units gain competence and confidence with the new ways of work. When half or more of the practitioners begin to routinely meet performance standards then the implementation site is said to be in the Full Implementation Stage. As Full Implementation is sustained for a few years, the intervention and the implementation supports are embedded in the organization and system and are no longer seen as novel, it is just the way the work is done. When Full Implementation is reached the evidence-based program is “in use” and the intended outcomes can be assessed.

Even though they are listed sequentially, the Implementation Stages are not linear, they are interactive. A common outcome of implementation work is for implementation sites to continually cycle through the Stages of Implementation. Thus, as difficulties are encountered during Initial Implementation it is common to cycle back to the Exploration Stage to revisit the reasons why the community thought this might have been a good idea in the first place, or revisit the Installation Stage to re-examine the resources that are needed and where they might be found.

The Stages are functional because they help guide the focus of implementation activities. For example, when changes are considered during the Exploration Stage, “change” is conceptual and “in the future” and, given the

history of most organizations and systems, changes that are planned rarely are realized, so no need to worry. During the early stages of implementation, many of the agreements struck during the Exploration Stage (this is the problem, this is the solution, yes let's proceed, yes we will help) suddenly must be re-negotiated and agreed-upon solutions must be re-solved. In this case, during the Initial Implementation Stage energies need to be redirected to Exploration Stage activities such as convening groups, providing information, strengthening buy-in, and bolstering the leadership to secure agreement to use the evidence-based program.

Skipping stages is a common issue given the pressures of many current funding practices. For example, policies or funding streams often require communities and organizations to start at the Initial Implementation Stage with little buy-in from stakeholders (Exploration Stage) or access to necessary resources (Installation Stage). Furthermore, funding requirements include assessing intended benefits starting in the first year. Managers are left trying to do all three Stages at once, greatly reducing the chances of reaching Full Implementation. Outcomes predictably are less than expected.

In the next section, we will focus on developing implementation capacity (Implementation Teams) and exemplify the interactions between various communities and implementation done well.

### Implementation Capacity

As evidence-based programs have become more prevalent in the literature and policy making and attempted in practice, the science to service gap has become more apparent. We know that practitioners (e.g. teachers; extension agents) do the intervention work with individuals (e.g. children and families). Who does the implementation work to prepare communities, organizations, and practitioners? Implementation Teams have emerged as a critical component of "implementation capacity." An Implementation Team consists of individuals who: (a) know interventions from a practice point of view, (b) are skillful users of implementation methods, and (c) are thoroughly engaged in continuous quality improvement cycles in all aspects of their activities.

Many Implementation Team members have been practitioners themselves so they know the intervention from a practice point of view. Members also acquire the knowledge and skills related to implementation practice and science (this is more difficult given the lack of organized professional development opportunities). Finally, members understand and apply improvement cycles to all aspects of their activities over many years. For example, each time training or coaching is provided to practitioners (or staff in other positions), Implementation Team members are

examining their own behavior (e.g. a new approach to behavior rehearsals; a new way to present sensitive information about performance) and results (e.g. pre-post training tests of knowledge and skills; feedback from the practitioner) and are purposefully making changes to try to improve outcomes next time.

Implementation Teams also promote sustainability by being a continuing resource to local community groups and provider agencies to cope with staff turnover, continual shifts in socio-economic and political contexts, and the steady stream of issues that arise when people are interacting with other people.

In the introduction to the special issue of this Journal, Backer and Guerra concluded that, "After 100 years of research on organizational and community change, the single most frequent finding is that 'the people who will have to live with the results of change must be involved in designing it'." What does "involved in it" mean? Will any kind of involvement by anyone suffice? Will each use of an evidence-based program require those "involved in it" to intuitively arrive at just the right combination of factors to assure full and effective uses of the evidence-based program? As Backer and Guerra rightly point out, evidence-based programs don't implement themselves. Implementation Teams provide an avenue for assuring effective and efficient involvement of stakeholders.

Without Implementation Teams, the burden of use of evidence-based programs is placed on would-be practitioners and related personnel. The most pervasive current approaches to using evidence-based programs in practice hold practitioners accountable for (a) learning about the intervention so they know what it is and how to do it in the context of their daily practice and (b) learning about implementation so they know what it is and how to do it in the context of organization functioning and system demands. At best, this is difficult to do in the busy life of a practitioner or manager. Yet, the expectation persists (physician, heal thyself!) and the science to service gap continues to widen.

Evidence is accumulating that the do-it-yourself approach to implementation results in only modest outcomes for consumers across a variety of fields (e.g. Grigg et al. 2003; U.S. Department of Health and Human Services 2001). There is some evidence that Implementation Teams can improve success rates from 14 to 80% and reduce time frames for successful use from 17 years to about 3 years (Balas and Boren 2000; Fixsen et al. 2001). Currently, Implementation Teams are not commonly available although there are the first examples of purposefully developing infrastructures for implementation (e.g. Ogden et al. 2005; [www.scalingup.org](http://www.scalingup.org)). Implementation Teams can improve the success of moving science to service to benefit individuals and society on a socially important scale.

## Implementation Teams and Communities

With advances in implementation science, the complex processes leading to the full and effective uses of evidence-based programs and other innovations in typical practice settings are more clear. Implementation science is writing the job description for Implementation Teams.

The value of Implementation Teams is evident throughout the process of using violence prevention programs in communities. For example, the Exploration Stage is where the process of implementation begins and the involvement of various communities is most important for creating the conditions necessary for successful uses of an intervention. What is the problem? What data describe the scope and seriousness of the problem? How important is this problem in the panoply of problems? What are the evidence-based or other options for solving the problem? Is there an evidence-based program that has good potential to effectively address the problem? How will capacity be developed to utilize the program in order to address the problem?

Given the nature of the problem to be solved, community groups and stakeholders need to be mobilized and participate in answering these questions. Experienced Implementation Teams can work with individuals to form community groups, identify and nurture leaders, develop “buy in” for the evidence-based programs selected as solutions, locate or provide supports for implementation, and help community groups anticipate the issues they will face as the uses of the evidence-based program send ripples through organizations and systems. With Implementation Teams, communities can do this work more effectively and efficiently and with more confidence in the outcomes of their work.

Are all communities ready to be mobilized? Prochaska and DiClemente (1982) posited a framework for moving individuals and organizations from Precontemplation to contemplation, preparation, and action. Using that framework, Prochaska, Prochaska et al. (2001) found that about 20% of individuals and organizations are ready for action when presented with an opportunity for change. The other 80% are more or less unsure and not ready to act. Who helps to create readiness by listening to concerns, providing information, considering options, locating resources, and so on? Creating readiness is an important role for Implementation Team members. As a society, it is insufficient to use evidence-based programs with only the 20% who are ready. We need to assure equal and effective access to all who could benefit.

Implementation Teams can be a great comfort to communities when a new evidence-based program is just beginning. It is during the Initial Implementation Stage that all the efforts teeter precariously between success and failure. The innovation is barely in place, the implementation supports are just beginning to produce results, and

whole new communities of potential supporters and detractors suddenly come into play. “Communities” representing organization units (e.g. human resources), practitioners (e.g. unions), system components (e.g. TA centers, professional organizations; higher education), and concerned families (e.g. advocacy groups) have reasons to be concerned and have reasons to be supportive. Some of the reaction to change can be predicted, but the valence of the reaction often is a surprise. Who knew the teachers’ union would be so supportive! Who knew the university community would be so concerned!

Many implementation attempts fail within a year or two of start up. It is human nature to revert back to comfortable ways when faced with the awkwardness that accompanies learning something new. Comfort with change increases with the presence of Implementation Teams who know how to quickly build practitioner competencies, are alert to changes needed in organizations to support the intervention, and can help negotiate system changes to facilitate the work of organizations and practitioners as they carry out the new ways of work.

When it comes to implementation work in communities, the mantra of Implementation Teams is “find it, do it, or create it.” Communities have many strengths and Implementation Teams can find local talent and resources to help groups through the stages. When there are gaps in local talent, Implementation Teams can help assure success by doing some of the work themselves (e.g. training and coaching technical skills related to the content of the intervention). In other cases, Implementation Teams help community groups create the talent and resources to use an intervention successfully (e.g. cross-departmental collaborative groups to support effective approaches to violence prevention).

## Conclusion

As the “evidence-based program” movement has progressed, it is becoming clear how much work is required to have science implemented in practice. This work is much less exciting than doing research to develop new interventions, and very difficult to do within the constraints of university research environments (Slavin and Madden 1999). Yet, the avowed purpose of the evidence-based movement is to make “evidence-informed” changes in service delivery in order to improve society. Thus, the hard work and, for some, less inviting work of implementation is precisely the path to realizing the promise of evidence-based programs. For society, the return on investment in research on interventions is mediated by implementation science and practice. Developing new, effective interventions is satisfying. Implementing evidence-based programs to benefit all who need them is socially significant.



Almost 20 years ago Backer (1992) described three “waves” in the history of implementation: (1) agricultural innovations adopted by individuals, (2) defense, space, and Great Society innovations adopted by organizations, and (3) evidence-based programs that require changes in practice, organization, and systems if they are to be used successfully. To build on Backer’s waves, we would add: (4) evidence-based implementation capacity embedded in human service systems. If we want effective interventions available to all in society, we will need to fund and develop effective implementation systems to support them.

Developing infrastructures for implementation of a variety of interventions in human services is the next wave of development. As an indication of the breadth and depth of this wave, the first biennial Global Implementation Conference (GIC) will be held in Washington, DC in 2011 ([www.implementationconference.org](http://www.implementationconference.org)). The GIC is designed to bring together the collective intelligence of those actively pursuing implementation research, practice, and policy around the world. The goal is to set agendas for collective action and collaboration that persist between conferences. As implementation science makes quantum leaps in the next decade, community mobilization for implementing youth violence prevention evidence-based programs will benefit.

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