

**Dissemination/Implementation Issues in Effective Child Maltreatment Prevention
and Youth Violence Prevention**

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It is our belief that science and public health have knowledge that would be useful to effective prevention efforts in child maltreatment and youth violence. However, we also believe that we could do a much better job of getting this information out and supporting its use. The Program Implementation and Dissemination Branch (PIDB) of the Division of Violence Prevention at CDC is charged with making the knowledge of science and public health useful to individuals and organizations involved in carrying out violence prevention.

We have developed a framework to help describe how key stakeholders and systems work on dissemination and implementation, and the framework can help us develop better processes for more effective dissemination and implementation. This framework is part of a larger planning process to improve our efforts in this area and you have been asked to participate based on your expertise in child maltreatment, youth violence, public health, prevention, dissemination/implementation issues, or a combination of these areas. Since we will be using terms that be unfamiliar or have different meanings to different people, we begin with definitions of key terms.

KEY TERMS

Innovation refers to new knowledge or information that we think could be useful to prevention efforts in the field – it is the content of our efforts. There are many different types of innovations, from technologies to information to skill sets. For this task and the meeting on Feb. 23 and 24, we use three categories of innovations -- programs, processes, and principles (the 3 P's); these categories are described below in more detail.

In general, **dissemination** is the intentional spreading of innovations from the originators to the intended users and **implementation** is about putting the innovations to use. Both of these terms are more complicated than these basic definitions and can even be broken down into multiple steps. For example, to disseminate an innovation it may be necessary to take steps to get the innovation ready for the end user (packaging, marketing, defining the audience). Implementation involves steps such as the decision to use an innovation, commitment of needed resources, and the actual use.

The 3 P's of Innovation: Programs, Processes, and Principles

Programs. For our purposes, **prevention programs** are specific sets of strategies and actions that can be implemented to prevent violence. Programs vary from short- to long-term, from single strategy to multi-component, and from highly specified with strict guidelines on how they must be implemented to those that leave room for local adaptation. We want to make it clear that our definition of programs is NOT limited to what some people call “programs in a box” – these tend to be multi-component programs that are developed, tested, packaged, and marketed with clearly identified ownership by the program developers. These are an important resource for prevention. However, our view

of programs is broader than that. We include policies and broader strategies as well. For example, home visitation is a broad strategy and the Nurse Family Partnership (program) is a more specific version of that strategy. Likewise, mentoring is a broad strategy and the Big Brothers and Big Sisters of America mentoring program is more specific.

It is important to recognize that when it comes to “programs in a box” there are several groups that have created lists of “best practice” or “effective” or “model” programs. Some examples of these are SAMHSA’s National Registry of Effective Programs (NREP), the Blueprints list and the Hamilton Fish list. These groups each have their own criteria for deciding which programs will be on the list and they use different labels to denote “what works.”

Processes. Organizations that are involved in prevention usually go through some kind of **process** to put their prevention programs into place. Sometimes these processes are explicit and methodical, other times they are not. For our purposes, **processes** provide systematic ways to guide planning, implementing, evaluating, and sustaining prevention efforts. This can include things like assessing needs and resources, matching program activities to needs and resources, developing plans for implementation and evaluation, etc. There are several processes that have been developed to help guide organizations through this progression of decisions including the following: Getting to Outcomes (Wandersman, Imm, Chinman, & Kaftarian, 2000), Precede-Proceed (Green & Kreuter, 2004), Communities that Care (Hawkins & Catalano, 1992), the Search Institute Assets Model (Benson, 1998), the Community Action Model (San Francisco Department of Health), and Mobilizing for Action through Planning and Partnerships (NACCHO).

Principles. In virtually all fields there are qualities or standards that individuals and organizations are encouraged to uphold -- public health and prevention science are no different. For our purposes, **prevention principles** are qualities of prevention programs that are thought to make them more effective. Principles as we are defining them may come from several sources. Naton et al. (2003) identified 9 characteristics that were common across effective prevention programs in several different fields (e.g., comprehensiveness, use of theory, use of outcome evaluation). In addition, some principles are derived from the basic concepts of the field of public health and include the following: emphasizing the health of the entire population, intervening at all levels of the social ecology, focusing on prevention of the problem before it starts, using science and data to inform and evaluate prevention efforts (Schneider, 2000; Tulchinsky & Varavikova, 2000; Turnock, 1997).

A FRAMEWORK

The framework we present here and picture in Figure 1 (Disseminating and Implementing Innovations) is intended to help organize our discussion around the different parts of the dissemination/implementation process. We have identified three systems that would ideally work together for successful dissemination and implementation of youth violence and child maltreatment prevention innovations. These systems are represented in the three

grey boxes in the center of the figure. The bottom box represents the distilling of innovations, that is, getting them ready for implementation by end users (we call this the Prevention Research System). The middle box represents efforts to support the work of those who will implement the innovations (Prevention Support System). Finally, the top box represents efforts to put the innovations into practice (Prevention Delivery System). Each of these systems is described below in more detail.

We believe that the arrows that connect the boxes are critical because the dissemination and implementation of innovations is unlikely to happen if the systems are not interacting. For example, science can develop important new knowledge about how to prevent violence, but if that knowledge is communicated only in ways that are accessible to other scientists, it will not be user friendly and not likely to lead to widely adopted changes in prevention practice.

In addition to the systems and their connections, there are several other contextual factors which affect the dissemination and implementation process. These are shown in the oval surrounding the boxes and include funding, political and social climate, existing research and theory about innovations, and policies that support or get in the way of sharing innovations. These factors are important and need to be taken into account in the larger process. But, they will not be the main focus of our framework or action ideas for more effective dissemination/implementation.

The Three Systems of the Dissemination/Implementation Process

Distilling the Innovations -- Prevention Research System. We believe that science and public health have much to offer in the way of prevention innovations. However, we are also aware that what comes out of the research process is usually not ready for immediate use by those who are implementing or supporting prevention efforts in the practice field. Journal articles and textbooks do not contain enough detail on the content and implementation of innovations. They are often full of scientific jargon and qualifications that make the findings hard to interpret. In addition, gathering and integrating information on innovations has its own challenges. The information often exists in a variety of unconnected sources (different journals, different disciplines, and different government agencies). Findings from different studies sometimes conflict. Thus, information on innovations must be synthesized and/or translated if we want it to be used in everyday practice.

Synthesis is process of compiling and summarizing information about innovations. Synthesis may be done with different types of audiences in mind and has been given a variety of names: evidence synthesis, systematic review, integrative review, meta-analysis, review of literature, and state of the science review (Stevens, 2002). **Translation** is just as it sounds – it is the process taking scientific and public health knowledge and converting (translating) it into practitioner-friendly products to be used for implementation. Some of the products to be translated include journal articles on a specific innovation or a synthesis across innovations, training manuals, implementation protocols, etc.

Supporting the Work -- Prevention Support System. While synthesis and translation are important, simply providing information about prevention innovations is usually not enough to change prevention practice. This should not surprise us – how many times have we heard or said, “Knowledge is necessary but not sufficient to create change”? In addition to having readily available, user-friendly information on innovations, there is also a need to develop and support new skills for innovation use. The Prevention Support System provides the support (or capacity building) that putting the innovations into practice requires.

We have identified two types of support that the Prevention Support System can provide: **General Capacity Building** and **Innovation-Specific Capacity Building**. **General Capacity Building** is intended to enhance the infrastructure, skills, and motivation needed to put an innovation into practice, but does not focus on a specific innovation. Some examples of general capacity support include activities to help stabilize the infrastructure of an organization (e.g. writing by-laws, grant writing, creating strong partnerships, developing leadership skills). **Innovation-Specific Capacity Building** is assistance that is related to using a specific innovation. It can include activities such as providing information about an innovation before an organization decides if they want to use it, providing training in how to carry out an innovation before they start using it, and providing technical support once the innovation is being used.

While it is sometimes difficult to determine whether a support activity is intended to increase general capacity or innovation-specific capacity, we want to make the point that there is an important distinction between 1) general capacity-- what organizations need to have in place to support prevention delivery more generally (for example, access to data systems that track injuries due to violence) and 2) innovation-specific capacity-- what organizations need to have so they can foster the use of particular types of prevention strategies (for example, access to schools where they would deliver a violence prevention curriculum).

Putting it into Practice -- Prevention Delivery System. This is the part of the dissemination/implementation process where the “rubber meets the road,” where innovations are put into practice. The individuals, organizations, and communities that carry out prevention delivery activities have varying levels of existing capacity to put prevention innovations into action. We define **use of general capacity** as actively using the skills and motivation that are needed to put an innovation into practice. It may also include building the necessary infrastructure to deliver prevention. The **use of innovation-specific capacity** involves activities like gathering information about possible innovations to put in place, choosing which innovations to use, and taking steps to implement an innovation and continue its use over time. The difference between capacity creation/use and innovation use parallels the differences between the two types of support discussed in the previous section.

The Stakeholders in the Dissemination/Implementation Process

The dissemination/implementation process involves a variety of stakeholders (e.g., researchers, practitioners, trainers) and entities (e.g., community-based organizations,

schools, universities, government agencies at the federal, state and local levels). We do not intend to imply, by either the boxes or their labels, that any professional grouping of people are relegated to certain systems in our framework. For example, researchers are not, nor should they be, the only actors involved in the translation of innovations. Similarly, practitioners should not be the only people building skills and infrastructure to deliver innovations. Each box represents a system of actors, actions, and resources.

In addition, while we explicitly focus on the capacity of the prevention delivery system, it is important to note that each of the systems described here needs capacity to do their work. For example, a support organization that is charged with building capacity for an innovation but lacks the capacity to do so is unlikely to be able to successfully support the use of the innovation.

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Figure 1. Disseminating and Implementing Innovations

