



Promoting Science-based Approaches: Integrating Research to Practice Models and Community-Centered Models

Abraham Wandersman

wandersman@sc.edu

U. of South Carolina

Penn State University

December 2009



OVERVIEW

- Prevention Science Interventions—Research to Practice Models
- Accountability and a Best Practice Process (GTO)
- Community and Organizational Systems (community-centered)
- Prevention Support Systems

CHOOSE A PREVENTION DOMAIN

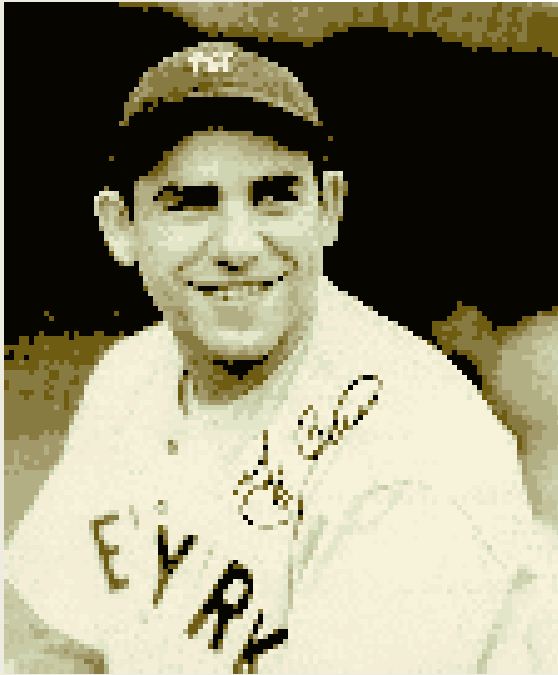
- WHAT IS THE CURRENT STATUS OF PREVENTION IN “THE EVERYDAY WORLD”?

HOW CAN WE IMPROVE THE QUALITY OF PREVENTION PRACTICE?

- WHAT CAN FUNDERS DO?
- WHAT CAN RESEARCHERS DO?
- WHAT CAN PRACTITIONERS DO?

TEEN PREGNANCY AND STD PREVENTION EXAMPLE

- TEEN PREGNANCY AND STD RATES ARE ON THE RISE IN YOUR COMMUNITY
- PICTURE YOURSELF AS A CBO FUNDED BY UNITED WAY
- PICTURE YOURSELF AS A SCHOOL SUPERINTENDENT



**As Yogi Berra
supposedly said,**

**"In theory there is no difference
between theory and practice,
but in practice there is."**

- WHAT MIGHT QUALITY USE OF SCIENCE-BASED APPROACHES LOOK LIKE AT THE LOCAL LEVEL?
- HOW CAN WE BE ACCOUNTABLE?

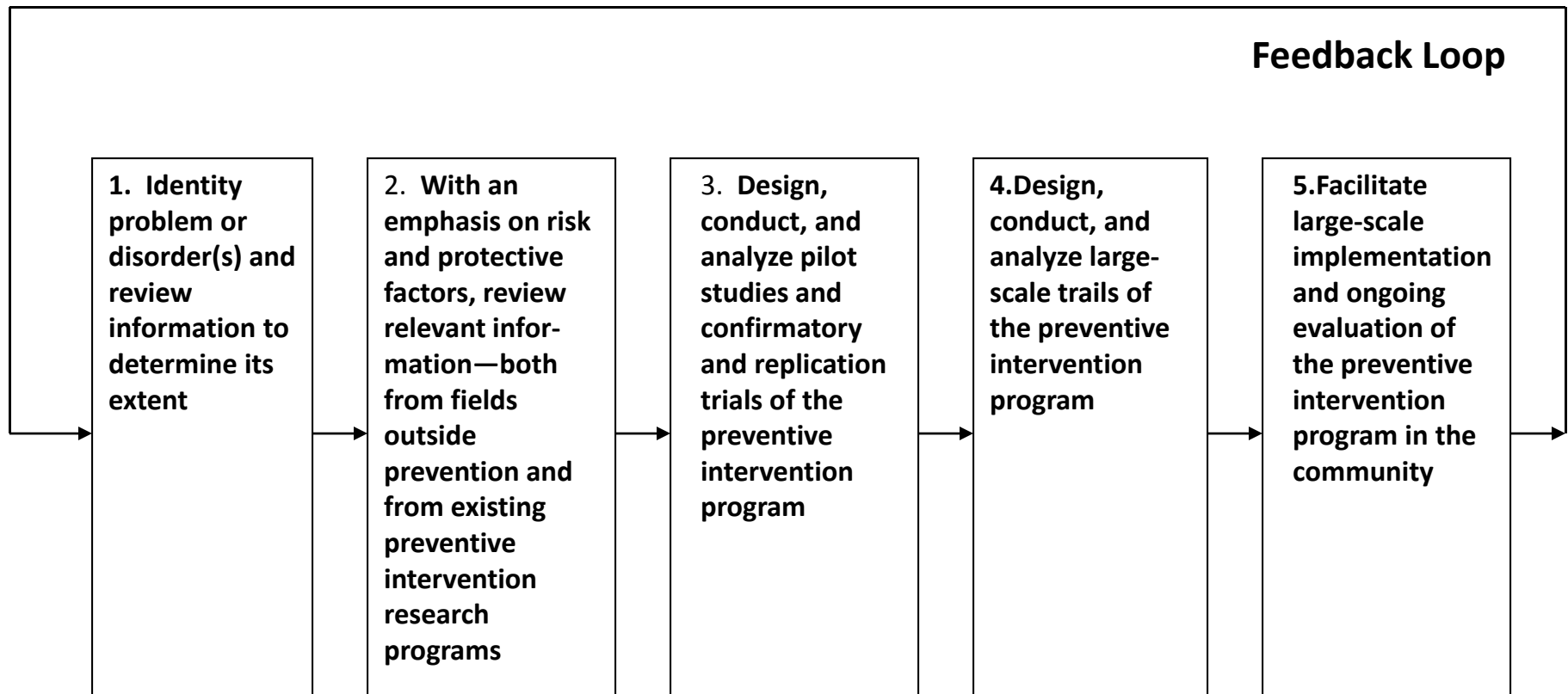
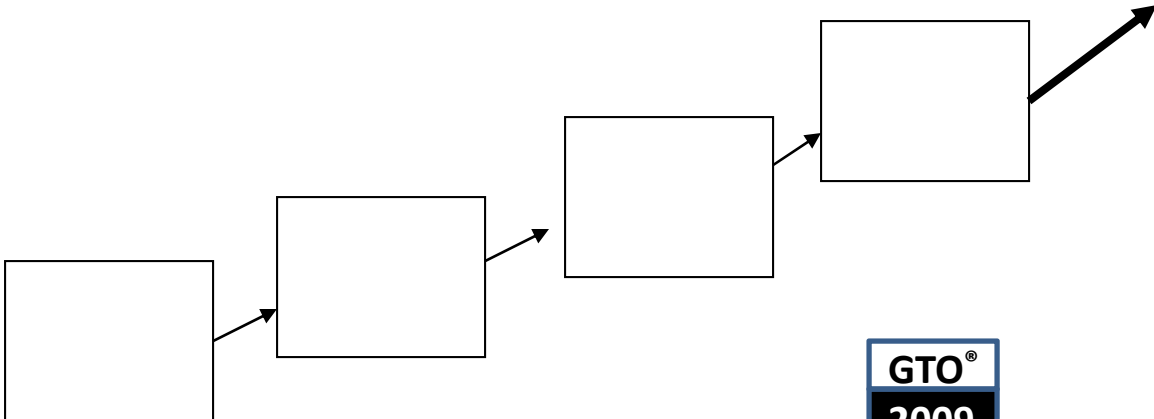
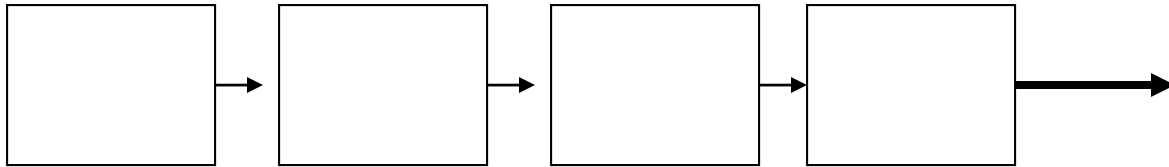
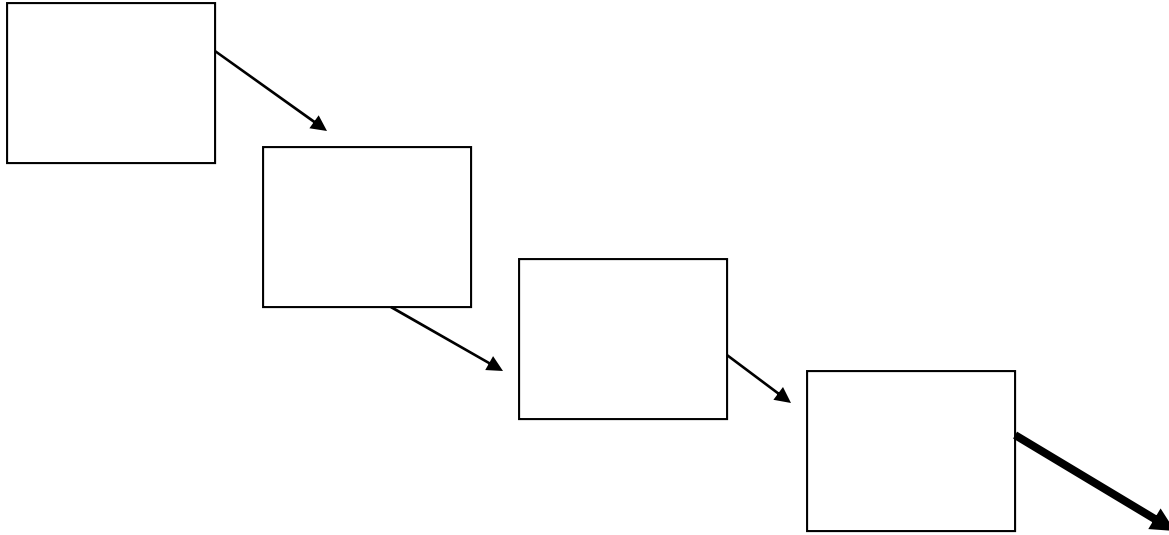


FIGURE 1.1 The preventive intervention research cycle. Preventive intervention research is represented in boxes three and four. Note that although information from many different fields in health research, represented in the first and second boxes, is necessary to the cycle depicted here, it is the review of this information, rather than the original studies, that is considered to be part of the preventive intervention research cycle. Likewise, for the fifth box, it is the facilitation by the investigator of the shift from research project to community service program with ongoing evaluation, rather than the service program itself, that is part of the preventive intervention research cycle. Although only one feedback loop is represented here, the exchange of knowledge among researchers and between researchers and community practitioners occurs throughout the cycle.



Prevention Science



- 1) Needs/Resources
- 2) Goals
- 3) Best Practice
- 4) Fit
- 5) Capacities
- 6) Plan
- 7) Process Evaluation
- 8) Outcome Evaluation
- 9) CQI
- 10) Sustain

Gates Foundation

Preventive Intervention

Vaccine/Drug

----- Mechanism

Syringes

Physician

Health System

----- Support System

Medical Schools

Government Funding

Prevention Science
Intervention

Basic research

Efficacy

Effectiveness

Services Research

Delivery Mechanism

Community

Organizational Systems

1) Schools

2) Health Agencies

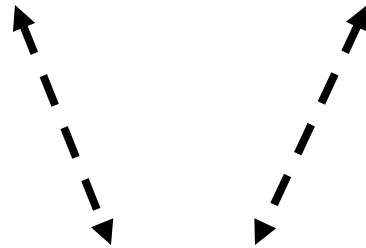
3) Community Coalitions

Prevention Support
System

Training

Technical Assistance

Funding



Best Practice Process and Accountability

1) Process

2) Control

3) Self-Evaluation

4) Tailoring Process and new Technology

5) Synthesizing Research

Best Practice Process and Accountability

- Larry Green characteristics
- The 10 step Getting To Outcomes[®] Results-Based Accountability Approach
- Examples

FYN

Participatory Research

PSBA-GTO (Teen Pregnancy Prev)

Demystifying Accountability

What Is Accountability?

- The concept of *accountability* is critical to understanding GTO.
- GTO defines *accountability* as the “systematic inclusion of critical elements of program planning, implementation, and evaluation to achieve desired outcomes.”
- Program planning and program evaluation are integral to promoting *program accountability*.

What Is Getting to Outcomes?

- GTO is a method for planning, implementing, and evaluating programs in order to achieve success.
- The GTO framework uses 10 accountability questions that, when answered, provide a pathway for successful results.

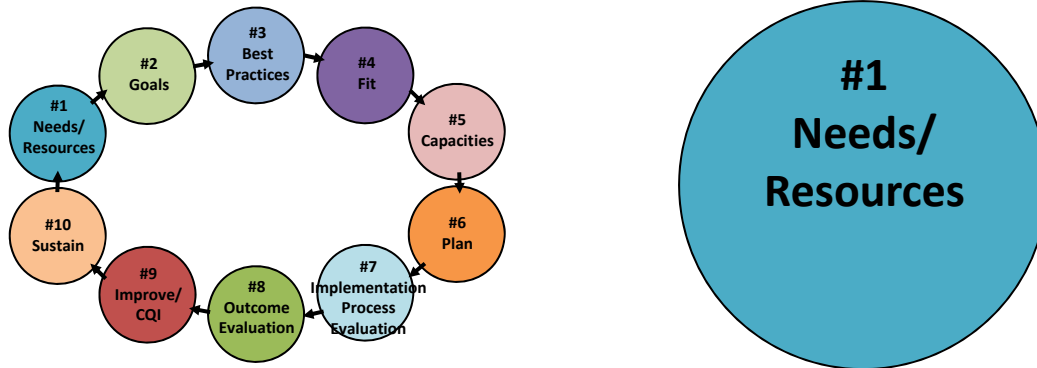
An Overview of Getting to Outcomes

- By Matthew Chinman, Pamela Imm, & Abraham Wandersman
- A system based on 10 empowerment evaluation and accountability questions that contain elements of successful programming
- Provides constituencies with tools for planning, implementation, and self-evaluation of their program
- Available at no cost at <http://www.rand.org/publications/TR/TR101/>
- Winner of the 2008 Outstanding Publication Award from the American Evaluation Association

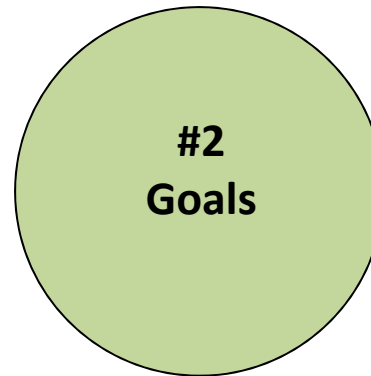
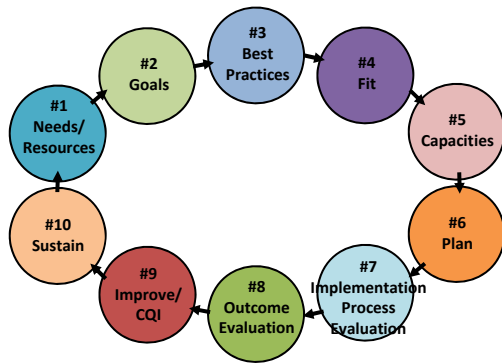


GTO as a Painter's Palette

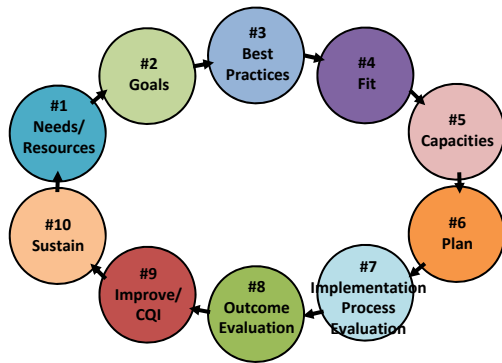




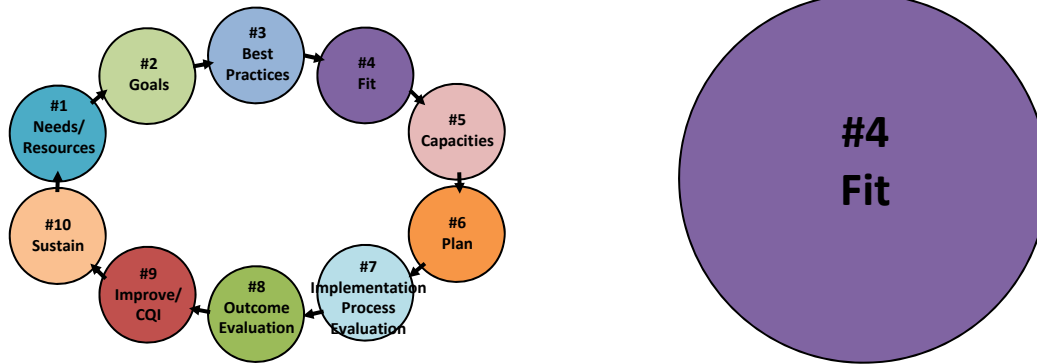
What are the underlying needs and conditions that must be addressed?



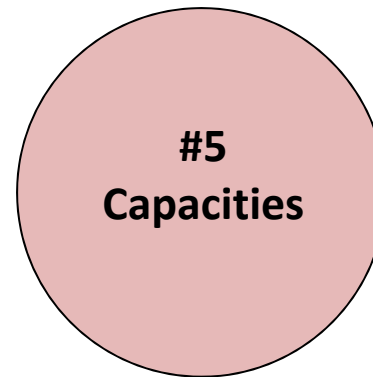
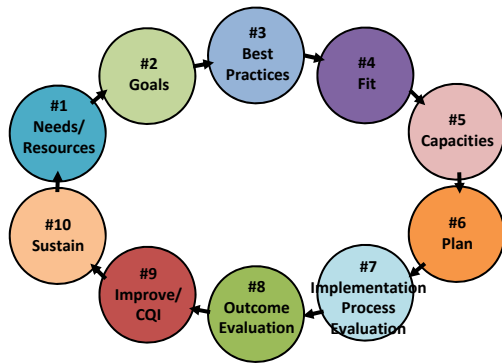
What are the goals, target population, and objectives (i.e., desired outcomes)?



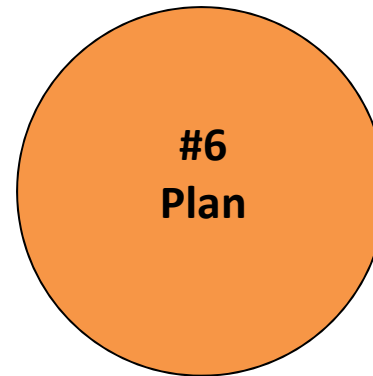
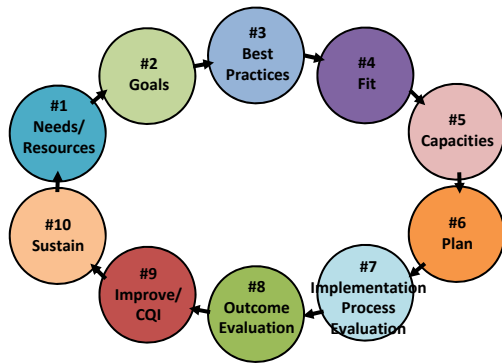
What science-based
(evidence-based) models and
best practices can be used in
reaching the goals?



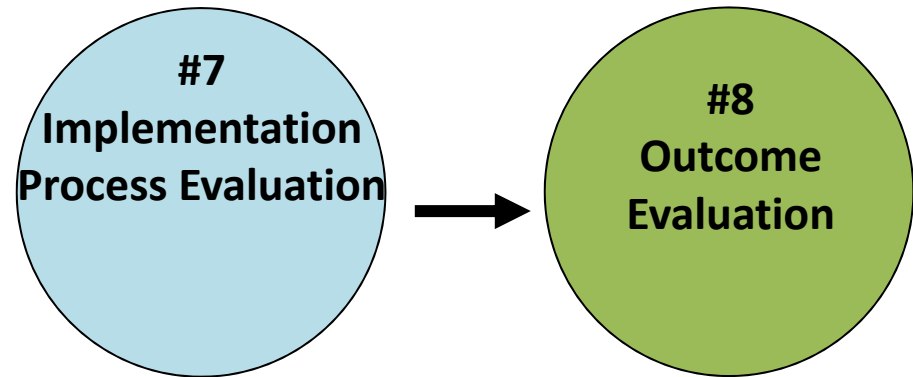
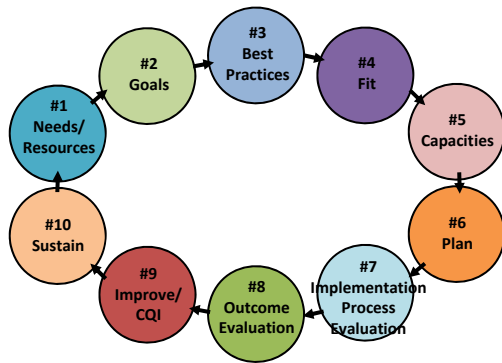
What actions need to be taken so the selected strategy “fits” the community context?



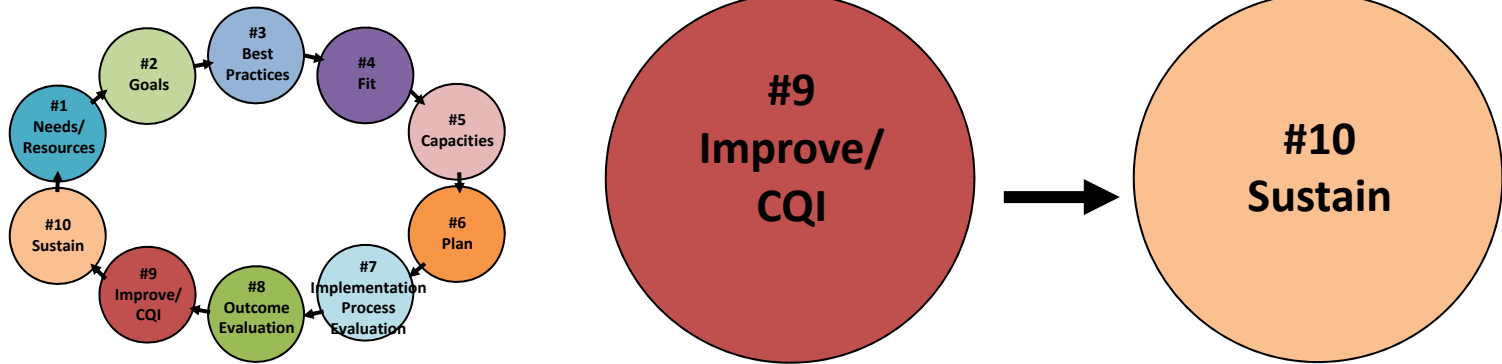
What organizational capacities are needed to implement the strategy?



What is the plan for this strategy?



Is the strategy being implemented with quality?
How well is the strategy working?



How will continuous quality improvement strategies be included?

If the strategy is successful, how will it be sustained?

Accountability Questions	Relevant Literatures
1. What are the underlying needs and conditions that must be addressed? (NEEDS/RESOURCES)	1. Needs/Resource Assessment
2. What are the goals, target population, and objectives (i.e., desired outcomes)? (GOALS)	2. Goal Setting
3. What science-based (evidence-based) models and best practice programs can be used in reaching the goals? (BEST PRACTICE)	3. Consult Literature on Science-Based and Best Practice Programs
4. What actions need to be taken so the selected program “fits” the community context? (FIT)	4. Feedback on Comprehensiveness and Fit of Program
5. What organizational capacities are needed to implement the program? (CAPACITIES)	5. Assessment of Organizational Capacities
6. What is the plan for this program? (PLAN)	6. Planning
7. Is the program being implemented with quality? (PROCESS)	7. Process Evaluation
8. How well is the program working? (OUTCOME EVALUATION)	8. Outcome and Impact Evaluation
9. How will continuous quality improvement strategies be included? (IMPROVE)	9. Total Quality Management: Continuous Quality Improvement
10. If the program is successful, how will it be sustained? (SUSTAIN)	10. Sustainability and Institutionalization

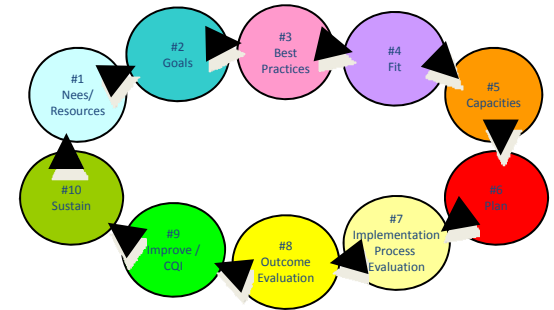
GTO as a Painter's Palette



Let's Follow An Organization Through Steps 1-10

- *Fayetteville Youth Network (FYN)* promotes positive youth development and provides substance abuse services.
 - Staff members noticed that a growing number of youth were getting pregnant.
 - They decided to investigate, and maybe add a teen pregnancy prevention component.
 - A group of staff members got together to take a look at the problem and plan a way to address it.

FYN is a fictitious organization, developed by Jen Duffy (USC) and enhanced by Gina Desiderio (HTN) for the PSBA-GTO project.



- **What are the underlying needs and conditions that must be**
- **addressed?**
-

Step 1

Step 1

- Assessment information collected from the state health department:
 - number of pregnancies in each zip code within Fayetteville; they identified one zip code with the majority of teen pregnancies
 - sexual behaviors of youth from across the state from the Youth Risk Behavior Survey
- **Surveys** of high school students to assess risk and protective factors of sexual behaviors, specifically their knowledge and attitudes about sexuality, STIs, and contraception.
- **Focus group** of school staff members for their perspectives on the risk factors facing youth in that school.

FYN completes Step 1

Step 1

- FYN identified high school-aged youth in zip code 13065 as their priority population.
- They decided to focus on reducing sexual activity and increasing correct and consistent condom use among sexually active youth.

#2 Goals



- **What are the goals,**
- **target population, and**
- **objectives (i.e., desired outcomes)?**

Step 2

Step 2

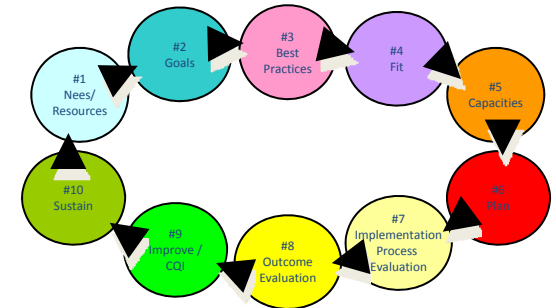
- Using the information they collected, the group selected a health goal: *to reduce teen pregnancy rates for Fayetteville High School*
- They identified the outcomes they wanted to change: *increased use of condoms & contraception.*
- They identified **determinants** of those behaviors on which to focus: *increased self-efficacy for using condoms and knowledge about HIV and other STIs.*
- They began to develop a **BDI logic model** based on the health goal, behaviors, and determinants they wanted to change.

Outcome Statement Example from FYN:

Step 2

By December 31 2010, 75% of the students participating in Fayetteville High School's teen pregnancy prevention program will have increased knowledge about where to find condoms and contraception as recorded on surveys.

#3 Best Practices

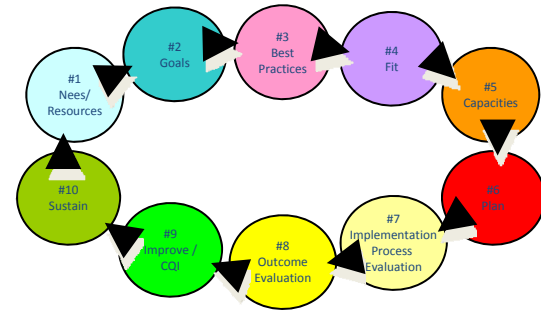
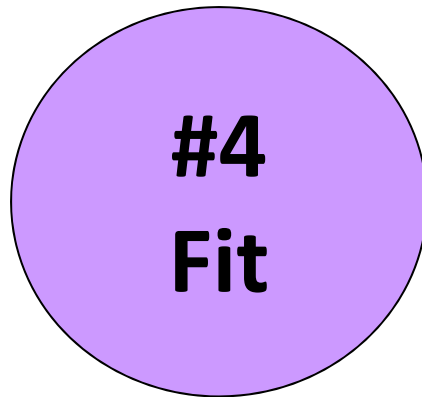


- **What science- (evidence-) based models and best practice programs can be used in reaching the goals?**

Step 3

Step 3

- They looked at lists of science-based programs to find some that might fit with what they wanted to do.
- They reviewed *Emerging Answers 2007 & Science and Success* and easily identify a few programs that could meet their needs.
- The group especially liked two programs: *Becoming a Responsible Teen (BART)* and *Making Proud Choices*.
- Both programs had the same behavior outcomes among similar youth populations. They obtained copies of both programs for review and selection.



- **What actions should be taken so the selected program “fits” the community context?**

Step 4

Step 4

- The group learned that both programs included eight sessions.
- After they reviewed both curricula, group members decided that *Making Proud Choices* fit best with the youth population, values, and mission of the organization.
- They decided to adapt some of the scenarios in *Making Proud Choices* so it would fit high school youth.

#5 Capacities



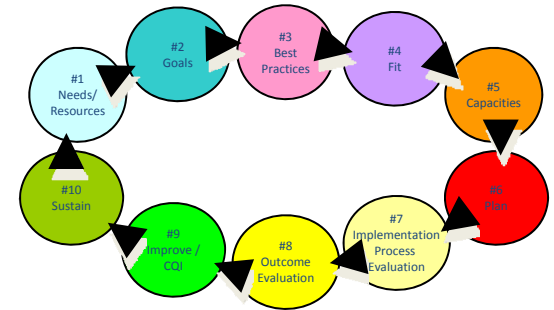
- **What organizational capacities are needed to implement the program?**

Step 5

Step 5

- After examining the curriculum, the group determine that FYN already had most of what they needed to implement *Making Proud Choices*.
- Some capacities they needed to address included purchasing the curriculum and training staff members on how to use it.

#6 Plan

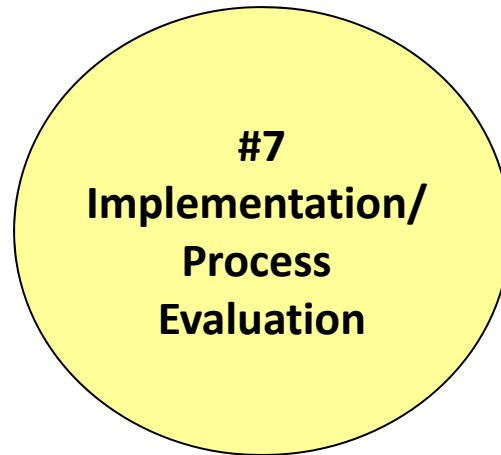


- **What is the plan for this program?**

Step 6

Step 6

- The group finalized their decision to use *Making Proud Choices*.
- They put together a detailed plan of how they would carry it out, which included:
 - purchasing the curriculum
 - getting training for the program facilitators
 - identifying strategies for recruiting youth to participate
 - deciding when and where the program would take place
 - figuring out how they get the tools necessary to evaluate the program



- **Is the program being implemented with quality?**

Step 7

Step 7

- As group members carried out the various parts of their plan, they referred back to the written copy of the plan to see if they were on track or if changes had to be made.
- They also kept track of:
 - the number of participants in the program
 - how often they attended
 - how faithful the facilitators were to the *Making Proud Choices* curriculum

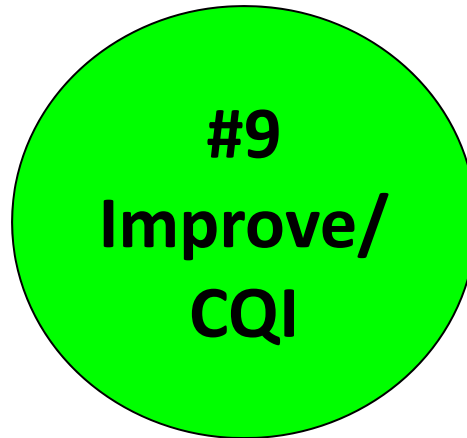


- **How well is the program working?**

Step 8

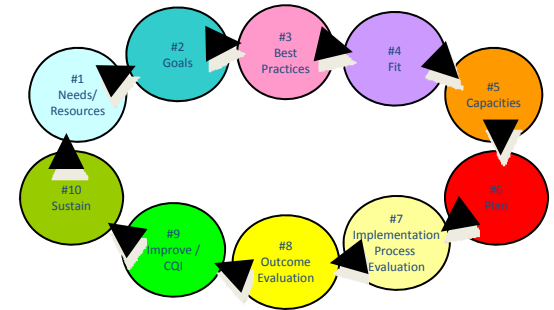
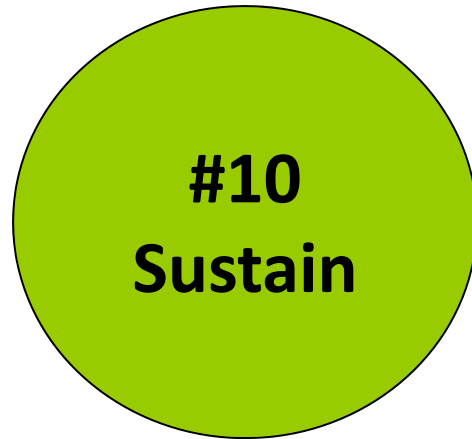
Step 8

- Survey data was collected from program participants before and after the program, so that the group could track whether there were changes in the behaviors and determinants they intended to change (based on their goals and objectives identified above).



- How will continuous quality improvement strategies be included?
-

- The group then met to review and reflect on the previous eight steps they had already carried out.
- During this meeting, they talked about what aspects of the program had gone well and what areas could have been improved.



- **If the program is successful, how will it be sustained?**

- Their successful experience with implementing *Making Proud Choices* led the group to decide to continue implementing the program as long as it fit with the needs of teens in their community.
- They explored **funding sources** to support the program.
- They looked for ways they could **collaborate** with other community organizations to increase the availability of science-based teen pregnancy prevention programs across the community.



GTO-04 Manual

Chapter Two Question #2: What Are the Goals, Target Populations, and Objectives (i.e., Desired Outcomes)? (Goals)

Definition of Goals



To plan its strategies, an organization must first establish goals for moving toward its vision. Goals reflect what impacts you hope to achieve in the future and should focus on behavioral changes. Goal statements provide the overall direction of the program and state what is to be accomplished. They provide the foundation for specific objectives and activities that will ultimately define the program (Virginia Effective Practices Project, 1999). For example, a potential goal statement might be, "To increase the age of first alcohol use in junior high school students from 12 to 14 years of age."

Once the goals are clearly defined, it will be much easier to identify specific objectives (i.e., desired outcomes) for how the program should change the target population in order to meet the longer-range goal.

Goals are ...
broad statements that describe the desired longer-term impacts of what you want to accomplish.

LONG-RANGE GOALS



IMPACTS

Definition of Objectives (Desired Outcomes)

In the GTO-04, objectives and desired outcomes are used interchangeably (e.g., meeting objectives is the same as obtaining desired outcomes). In specifying your objectives, consider how your participants should change as a result of your program. In the area of ATOD, changes in risk and protective factors can be used as objective statements since these factors have consistently shown to be related to ATOD use.



Objectives (i.e., desired outcomes) are ...
the specific changes expected in your target population(s) as a result of your program.

GTO-04 Manual

61 ◀Goals ☺

Goals Tool

Program Name: _____ Name of person completing form: _____
 Date: _____



GOALS TOOL

61 ◀Goals ☺

Goals Tool

Program Name: _____ Name of person completing form: _____
 Date: _____




GOALS TOOL


GOALS	Objectives Questions	Target population (who and how many?)
1.	What will change?	
	For whom?	
	By how much?	
	When will the change occur?	
	How will it be measured?	
2.	What will change?	
	For whom?	
	By how much?	
	When will the change occur?	
	How will it be measured?	
3.	What will change?	
	For whom?	
	By how much?	
	When will the change occur?	
	How will it be measured?	
4.	What will change?	
	For whom?	
	By how much?	
	When will the change occur?	
	How will it be measured?	

GTO-04 Manual

40 ► Goals ●

WINNERS Example: Goals, Target Population, and Objectives

 The coalition identified goals, and objectives (desired outcomes) they would like to see achieved with a specific target population. These initial thoughts of the coalition helped clarify some of the challenges for evaluation. An example of the goals tool is presented below.

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 WINNERS Goals Tool

Goals	Objectives Questions	Objectives Answers	Target Population (who and how many?)
1. Improve school performance in the targeted youth.	What will change?	Grade point average	50 students in the 5th grade at "Your Town" elementary school
	For whom?	50 students	
	By how much?	10% increase	
	When will the change occur?	After 1 year	
	How will it be measured?	Report cards	
2. Improve the discipline of youth in school.	What will change?	Disciplinary referrals	50 students in the 5th grade at "Your Town" elementary school
	For whom?	50 students	
	By how much?	10% decrease	
	When will the change occur?	After 1 year	
	How will it be measured?	Office records	
3. Improve the "character" of youth in school.	What will change?	Character	50 students in the 5th grade at "Your Town" elementary school
	For whom?	50 students	
	By how much?	20% increase	
	When will the change occur?	After 1 year	
	How will it be measured?	Survey scores	

GTO
2004

WINNERS Example

GTO-04 Manual

113 ◀ Best Practice ©

Program Description	Strengthening Families Program (SFP)
Target Population	
Age	3-5, 6-11, 12-14 yr. old versions
Ethnicity	Mixed
Results	
Pre	Yes
Post	Yes
1yr	Yes
2yr & 5yr	Yes
Replications	3+
Cultural Adaptations	All materials in Spanish; versions for American Indian, African-American, Pacific Islander, Canadian, Australian, Sweden
Location	Urban, Suburban, Rural
Domain	Individual, Family, School, Peer, Community
IOM Category	Selective, Universal, Indicated
Program Activities	Provide parent, child, & family skill training Develop youth coping and life skills Provide alcohol & drug information Provide family activities
Findings	Decreased alcohol, tobacco, and illicit conduct problems, drug use; improved social/life skills; improved parent-child attachment/family relations; improved parenting skills.
Contact	Karol Kumpfer, Ph.D. Henry Whiteside, Ph.D., Lutra Group Inc. 5215 Pioneer Fork Rd, Salt Lake City, UT 84108 Phone: (801) 583-4601 Fax: (801) 583-7979 E-mail: karol.kumpfer@health.utah.edu Training: hwhiteside@lutrargroup.com http://www.strengtheningfamiliesprogram.org

- Up to date model program descriptions

GTO-04 Manual

47 ◀Needs ⓘ

Risk and Protective Factors by Domain

Domain	Risk Factors	Protective Factors
Individual	<ul style="list-style-type: none"> • Rebelliousness • Friends who engage in the problem behavior • Favorable attitudes about the problem behavior • Early initiation of the problem behavior • Negative relationships with adults • Risk-taking propensity/impulsivity 	<ul style="list-style-type: none"> • Opportunities for prosocial involvement • Rewards/recognition for prosocial involvement • Healthy beliefs and clear standards for behavior • Positive sense of self • Negative attitudes about drugs • Positive relationships with adults
Peer	<ul style="list-style-type: none"> • Association with delinquent peers who use or value dangerous substances • Association with peers who reject mainstream activities and pursuits • Susceptibility to negative peer pressure • Easily influenced by peers 	<ul style="list-style-type: none"> • Association with peers who are involved in school, recreation service, religion, or other organized activities • Resistance to peer pressure, especially negative • Not easily influenced by peers
Family	<ul style="list-style-type: none"> • Family history of high-risk behavior • Family management problems • Family conflict • Parental attitudes and involvement in the problem behavior 	<ul style="list-style-type: none"> • Bonding (positive attachments) • Healthy beliefs and clear standards for behavior • High parental expectations • A sense of basic trust • Positive family dynamics
School	<ul style="list-style-type: none"> • Early and persistent antisocial behavior • Academic failure beginning in elementary school • Low commitment to school 	<ul style="list-style-type: none"> • Opportunities for prosocial involvement • Rewards/recognition for prosocial involvement • Healthy beliefs and clear standards for behavior • Caring and support from teachers and staff • Positive instructional climate
Community	<ul style="list-style-type: none"> • Availability of drugs • Community laws, norms favorable toward drug use • Extreme economic and social deprivation • Transition and mobility • Low neighborhood attachment and community disorganization 	<ul style="list-style-type: none"> • Opportunities for participation as active members of the community • Decreasing substance accessibility • Cultural norms that set high expectations for youth • Social networks and support systems within the community
Society	<ul style="list-style-type: none"> • Impoverishment • Unemployment and underemployment • Discrimination • Pro-drug-use messages in the media 	<ul style="list-style-type: none"> • Media literacy (resistance to pro-use messages) • Decreased accessibility • Increased pricing through taxation • Raised purchasing age and enforcement • Stricter driving-while-under-the-influence laws

■ Risk and protective factor based

Adapted from Brounstein, Zweig, and Gardner (1998). *Science-based practices in substance abuse prevention: A guide and CSAP. 2001 annual report of science-based prevention program*

Uses of GTO at Different Levels

- Individual Program Level (e.g., WINNERS)
 - A guide to planning, implementation, evaluation
 - Use data to continually improve
 - Determine effectiveness in one program
- Coalition Level (e.g., CDC grant)
 - Each committee monitors own programs
 - Direct TA for program improvement
 - Fulfill the whole coalition's accountability requirements
- State/Federal Level (e.g., S.C. SIG grant)
 - Monitor several similar programs at once across large area
 - Aggregate program data for state-wide reporting & within state comparisons
 - Highlight specific technical assistance needs across the state

**Using Getting to Outcomes to improve communities'
capacity to conduct high quality prevention
programming:
A Center for Disease Control & Prevention Case
Example**

Chinman et al (2008)

GTO Demonstration & Evaluation

- **Purpose**: Evaluate a 2-yr GTO intervention to improve prevention capacity and program performance
 - CDC-funded participatory research grant
- **Sample**: 2 prevention coalitions (SC, CA) involving 10 programs & 268 coalition staff
- **Design**: Quasi-experimental; mixed methods
 - Within each coalition, assign by program
 - (GTO: 2 SC+ 4 CA v. Comparison: 2 SC+2 CA)
 - intervention: participate in GTO
 - comparison: usual practice

Getting To Outcomes Evaluation: Conclusions

- **GTO improved practitioner capacity & performance of tasks associated with high quality prevention (planning, evaluation, etc.) and programs that used GTO showed greater outcomes**
 - **Those with greater exposure to GTO demonstrated more gains in capacity**
- **TA hours show that practitioners mostly want & got help with evaluation activities**
- **GTO can be difficult to absorb without ongoing TA**
- **Organizational issues a major factor**
 - **Conversion to “learning organization” not complete**
 - **Resources are significant barrier to adoption, implementation, and sustainability**
 - **Incentive structure within which coalitions operate not aligned with CQI**

GTO Evaluation: Conclusions

- **Technical assistance to use the steps is critical to the success of GTO**
- **Organizational issues can be a major factor**
 - **Lack of resources pose significant barriers to adoption, implementation, and sustainability**

Getting To Outcomes: Expanding Uses

- **Assets-GTO**. Combines the youth development perspective with the planning, implementation, and evaluation guidance of GTO <http://www.search-institute.org/newsroom/PR.GTO.pdf>
- **Preventing Underage Drinking: Using the SAMHSA Strategic Prevention Framework and Getting To Outcomes**. <http://www.psych.sc.edu/PDFDocs/WanderPreventUnderageDrink.pdf>
- **Promoting Science-Based Approaches to Teen Pregnancy Prevention using Getting To Outcomes**
- **Systems of Care for Children's Mental Health: SAMHSA**
- **iGTO**. Web version of the GTO tools

Prevention Science

Delivery Mechanism

Prevention

Support

Intervention

Community

System

Basic research

Organizational Systems

Training

Efficacy

1) Schools

Technical Assistance

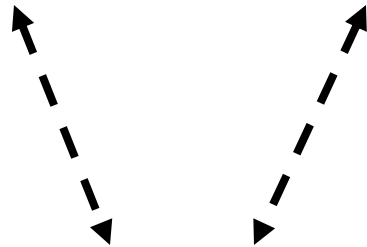
Effectiveness

2) Health Agencies

Funding

Services Research

3) Community Coalitions

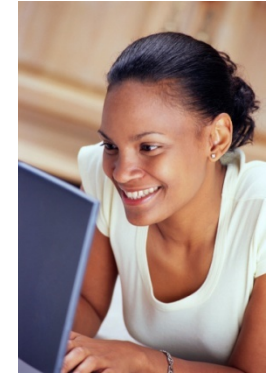


Best Practice Process and Accountability

- 1) Process
- 2) Control
- 3) Self-Evaluation
- 4) Tailoring Process and new Technology
- 5) Synthesizing Research

Bridging Science & Practice

- How can systems of tools, training, technical assistance, and quality improvement/ quality assurance help bridge science and practice and reach important results in public health?



**Teen Pregnancy Prevention
The Promoting Science Based
Approaches Project
CDC Adolescent Reproductive Health Team**

The Challenge

- Teen pregnancy field has growing number of effective prevention programs
- However, programs are not being implemented as widely nor as effectively as needed to continue teen pregnancy declines

The Barriers to Use of Science-Based Approaches (SBA)

- Funding for training and materials
- Implementation funding
- Fear of controversy
- Lack of motivation (why use SBA?)
- Suitability for own community
- Ease of implementation
- Loyalty to current strategies

Funding

Putting It Into Practice—Prevention Delivery System

**General Capacity
Use**

**Innovation-Specific
Capacity Use**

Supporting the Work—Prevention Support System

**General Capacity
Building**

**Innovation-Specific
Capacity Building**

Distilling the Information—Prevention Synthesis & Translation System

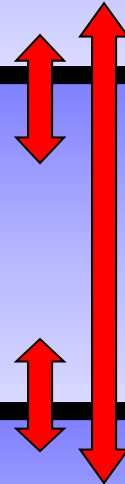
Synthesis

Translation

**Macro
Policy**

Climate

Existing Research



PSBA Activities: National Grantees

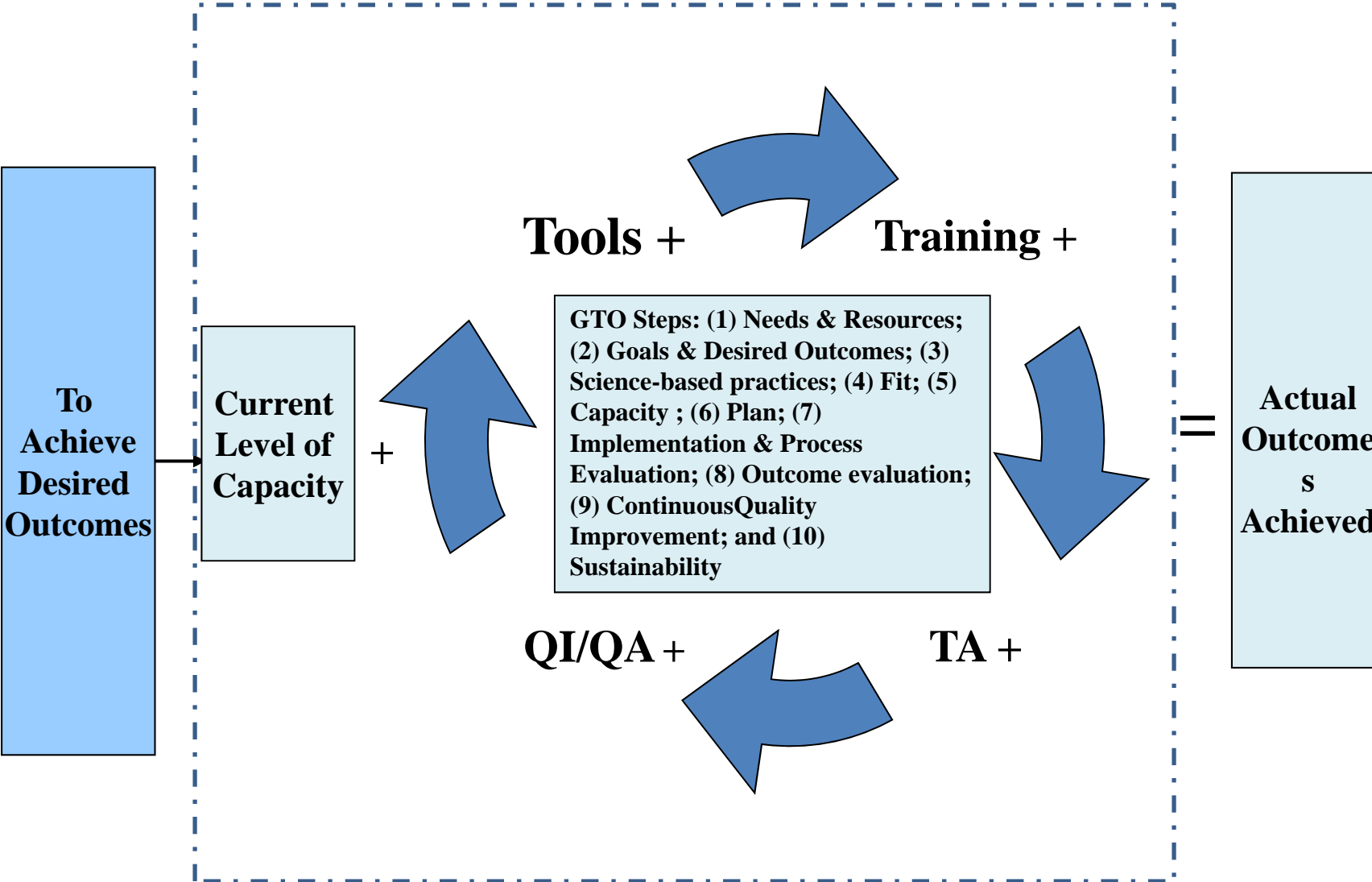
- Develop trainings & other tools to build capacity to use SBA
- Use tools to build capacity of state & regional grantee organizations
- Disseminate information about SBA to a broad audience

PSBA Activities:

State Coalitions and RTCs

- More intensive
 - Provide targeted technical assistance to small number of local organizations (5-10) to increase their capacity to use SBA locally
- Less intensive
 - Provide information and resources re: SBA to broad audiences within state/region through newsletters, websites, etc.

GTO System Model



Toward a Comprehensive Model of Training Effectiveness

Developed by VHC
Draft 02 November 2009

PREDICTORS

Individual

- Learning Readiness
- Pretraining Motivation
- Commitment to Organization
- Ability
- Experience
- Education Level
- Personality Type
- Locus of Control
- Self-efficacy
- Goal Orientation
- Expectations

Team

- Team Support
- Team Attitude
- Team Resources

Organization

- Organizational Resources
- Organizational Support
- Organizational Climate
- Organizational Culture
- Needs Assessment

TRAINING CYCLE

Training

- In-Training Environmental Factors
- Fit of Training Design
- Dosage
- Post-training Interventions

Trainer

- Competence
- Curriculum Compliance

OUTCOMES/IMPACT

INDIVIDUAL

Reactions

- Utility
- Affective

Learning

- Immediate Recall
- Long-term Retention
- Behavioral Demonstration

Transfer

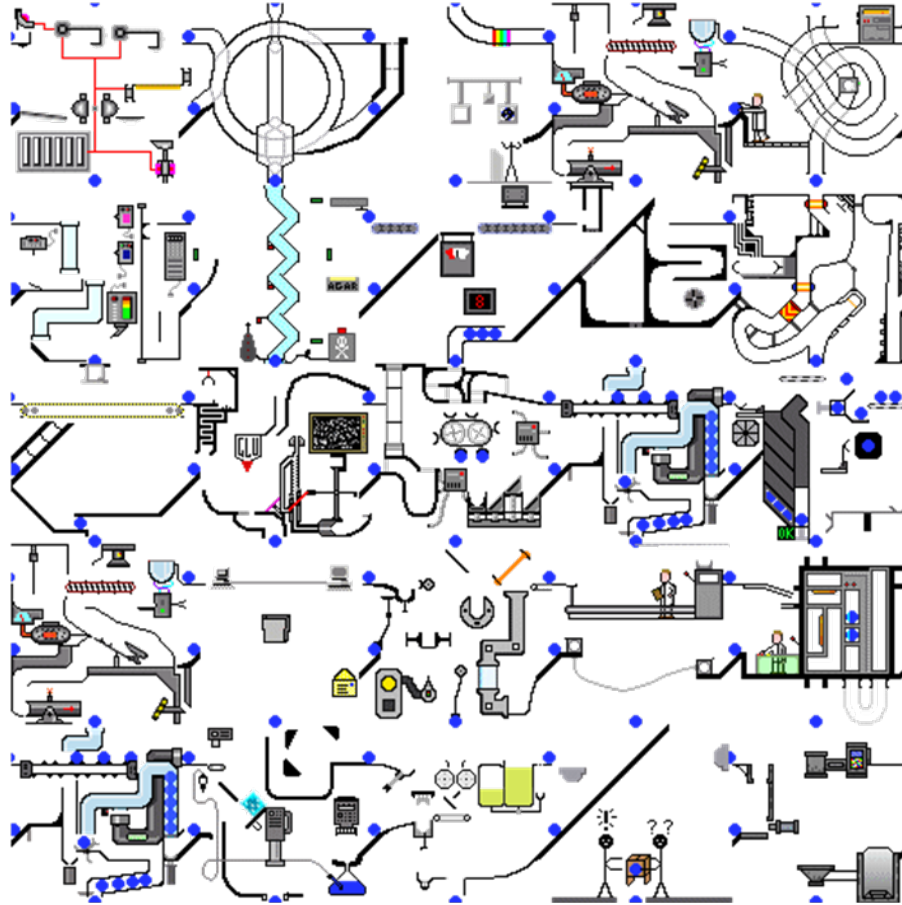
- Quality
- Quantity

ORGANIZATIONAL

- Productivity/ROI
- Customer Satisfaction
- Morale

COMMUNITY

GTO Can Help This . . .



SUMMARY

Prevention Science
Intervention

Basic research

Efficacy

Effectiveness

Services Research

Delivery Mechanism

Community

Organizational Systems

1) Schools

2) Health Agencies

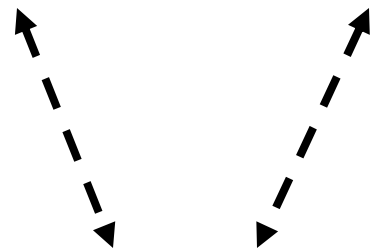
3) Community Coalitions

Prevention Support
System

Training

Technical Assistance

Funding



Best Practice Process and Accountability

1) Process

2) Control

3) Self-Evaluation

4) Tailoring Process and new Technology

5) Synthesizing Research



As Yogi Berra
supposedly said,

**"If you see a fork in the road, take
it."**

Some References

- Chinman, M., Hunter, S. B., Ebener, P., Paddock, S. M., Stillman, L., Imm, P., Wandersman, A. (2008). The Getting To Outcomes Demonstration and Evaluation: An Illustration of the Prevention Support System. American Journal of Community Psychology, 206-224.
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