

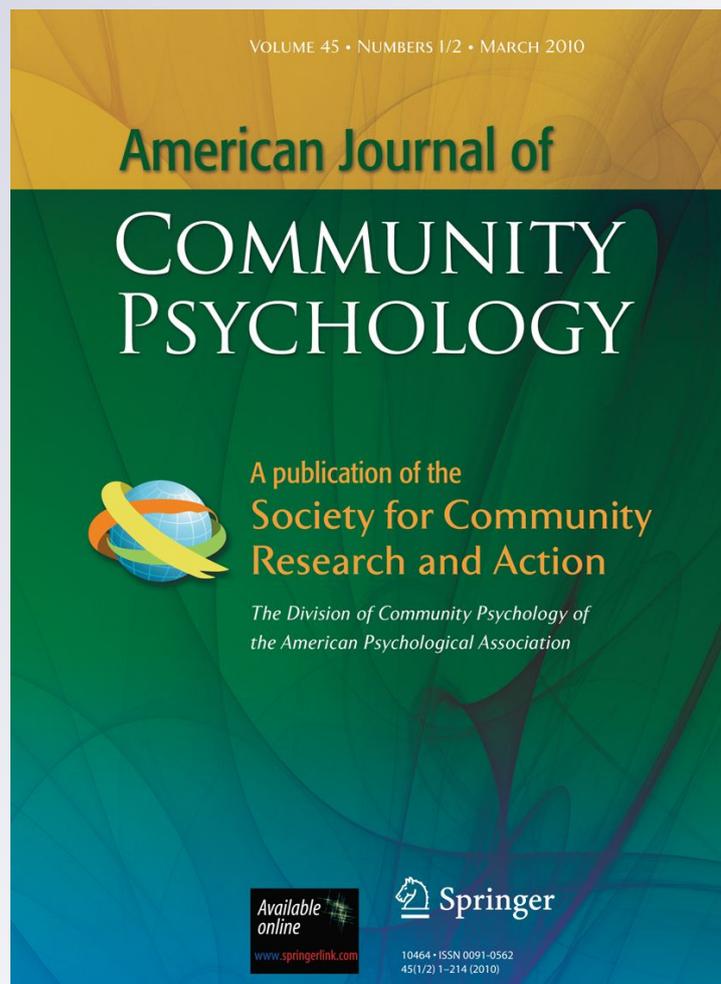
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**American Journal of
Community Psychology**

ISSN 0091-0562
Volume 48
Combined 1-2

Am J Community Psychol
(2011) 48:31-42
DOI 10.1007/
s10464-010-9409-7



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Mobilizing Communities to Implement Evidence-Based Practices in Youth Violence Prevention: The State of the Art

Thomas E. Backer · Nancy G. Guerra

Published online: 15 January 2011
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Abstract Community mobilization can increase the effective implementation of evidence-based practices (EBPs) in youth violence prevention. These strategies bring together people and organizations in a community to try to solve or reduce a problem. They help communities address the challenges of identifying EBPs, disseminating them to local decision-makers, and then implementing and sustaining them if they are successful. Science-based systems for implementing EBPs such as PROSPER and Communities That Care can help to integrate this complex work in communities. Further insight about implementing EBPs in youth violence prevention is being developed through the CDC-funded Academic Centers for Excellence in Youth Violence Prevention. Community mobilization approaches for seven of these programs are discussed, highlighting successful approaches and challenges encountered.

Keywords Evidence-based practices · Implementation · Community mobilization · Youth violence prevention

Introduction

Across the United States, communities struggle with the challenges of addressing youth violence, as do the schools and youth-serving agencies that serve them (Office of the Surgeon General 2001). Evidence-based practices (EBPs)

for youth violence prevention are available, but are not implemented nearly as widely or as well as they could be (Greenwood 2010; Bumbarger et al. 2010). In part, this is because in youth violence prevention and other fields, the methods to transport these well-validated practices into wider use have “developed independently without strong evidence for, or even a consensus on, best practices for accomplishing this task” (McHugh and Barlow 2010 p. 73). What Backer (2000) refers to as “the failure of success” bedevils EBPs of all types—no matter how strong the research evidence of their efficacy, if they don’t get implemented successfully, who cares?

One key element for implementing EBPs discussed in this paper is *community mobilization*, a kind of community action which centers on bringing together people and organizations in a community to try to solve or reduce a problem (Florin and Wandersman 1990). Along with political action (e.g., to increase funding) and public education (e.g., to increase awareness of youth violence as a community problem), community mobilization can have a powerful impact, whether directed at implementing an EBP or some other type of intervention (Wilson 1994).

For the last several years, the Academic Center for Excellence (ACE) in Youth Violence Prevention at the University of California Riverside, in collaboration with the nonprofit Human Interaction Research Institute, has been exploring some of the barriers to wider implementation of youth violence prevention EBPs (Backer and Russ 2007). Funded by the Centers for Disease Control and Prevention (CDC), a number of the ACEs at other universities are doing the same, and are experimenting with various methods for community mobilization. Often these methods are based in community-wide collaborations that bring together diverse organizations to work together (Vivolo et al. 2011). Similar methods are used by national

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research-driven implementation programs such as PROSPER and Communities That Care, discussed further below.

In fact, the effective implementation of EBPs has itself become a topic for scientific inquiry, as reflected in the work of the National Implementation Research Network (Fixsen et al. 2005, 2010). It also is addressed in medicine (Knox and Aspy 2011) and many other fields. These challenges are of concern to funders and government systems at both the State (Seave 2011) and local levels.

This overview of current trends in implementing EBPs for youth violence prevention begins with definitions of terms used in this fast-evolving field. It then moves to an analysis of the four-stage context in which community mobilization occurs—identifying, disseminating, implementing, and sustaining EBPs. Sources of practice improvement also are discussed, ranging from the perspectives of major national research-based efforts such as PROSPER and Communities That Care, to knowledge emerging from related fields such as evidence-based medicine (Knox and Aspy 2011). Finally, the community mobilization efforts of seven ACE projects are analyzed, looking for common themes and recommendations for broader practice in the use of such approaches to promote the wider use of EBPs in youth violence prevention.

Defining Evidence-Based Practices

EBPs have become the “gold standard” in recent years for communities, schools, and youth-serving agencies seeking to address youth problems like violence, juvenile delinquency and substance abuse. Adult human services, medicine and other fields also have been strongly influenced by the emergence of these research-based methods—health care reform includes a significant emphasis on “evidence-based medicine,” for instance. Progress in the field of medicine is somewhat ahead of that in youth problem areas like violence prevention, which offers an opportunity for learning from how EBPs in health care have been implemented (Knox and Aspy 2011).

Greenwood (2010) defines an EBP as a “program or strategy that has been evaluated through rigorous scientific study using experimental or quasi-experimental methods” (p. 1). As the term is used here, EBPs are of two types. First are *programs* that have been developed and validated through controlled research, then offered in manualized versions for broader implementation, often with training and technical assistance available from program developers who have created for-profit or nonprofit organizations for this purpose (Greenwood refers to these as “brand name programs”). It should be noted that sometimes the acronym EBP also is used to mean an “evidence-based program,” but here Greenwood’s two-part definition is followed.

Second, EBPs as defined here also include *strategies* (sometimes also called “principles” or “practices”—another overlapping terminology which will not be the one followed here), such as counseling or cognitive behavioral therapy. Sometime these strategies also are components of programs and so may have been subjected to empirical test.

As a result, strategies for interventions like youth violence prevention can be extracted from the existing knowledge base by evaluation research reviews and meta-analyses. They may then be implemented independently under rigorous conditions, in situations where the available programs may not fit a particular set of community needs. Often several of them will be incorporated together into routine practice in a community setting. This approach is becoming more common in fields like juvenile justice treatment (Guerra and Williams under review).

Government and foundation funders increasingly require that EBPs be chosen for implementation under community funding they provide. In many cases, the funder may even provide a list of “approved” EBPs, from which the applicant for funding must select. At the same time, communities also are creating programs from the ground up, but increasingly recognize that they need to gather evidence of effectiveness in order to improve these programs and to justify investments in them. “Roll your own” programs with no research evidence to support their efficacy are still around, but it is increasingly difficult to mobilize either funding or administrative support for them (though communities may still be highly motivated to implement them).

Despite the research evidence showing the promise of these validated interventions, there also is considerable evidence (discussed below) that even the best-validated, most effective EBPs often are unknown to potential users, are not disseminated adequately, fail at the implementation level, or are successfully put in place but don’t last over time. This happens despite continuing need for them and lack of a preferable alternative (Backer 2000).

Failures at the levels of awareness and dissemination will be addressed briefly later in this article. A particular emphasis will be placed on implementation (coupled with sustainability over time)—and challenges at this level often can be overcome through effective *community mobilization* (sometimes also called community engagement). At the heart of community mobilization is the understanding that implementation of any EBP needs to be done in partnership with key local stakeholders, or the chances for success will be greatly lessened. This is true both for organizations in the community (schools, community prevention and youth service agencies, grassroots coalitions, policymaking bodies, etc.), and for individual community leaders.

The importance of mobilizing community support and action is well-supported by science. 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” (Backer 2003b). Yet in so many instances, there is almost a magical belief that great EBPs will more or less “implement themselves” and will succeed because of their scientific merits, with community support as a given. That is the central assumption that will be challenged in the rest of this discussion.

Defining Evidence-Based Practices in Youth Violence Prevention

Youth violence involves acts that lead to injury, death, or psychological harm, in which individuals (the perpetrator or victim) are 10–24 years old. Individual, familial, peer/school and community risk factors interact with protective factors such as social engagement to influence the incidence of youth violence in communities. Evidence-based youth violence prevention programs are now available to support efforts of communities, youth-serving nonprofits, and schools to intervene with these factors in complex community environments (Dodge 2001). In *Youth Violence: A Report of the Surgeon General* (Office of the Surgeon General 2001), the science on youth violence prevention was reviewed, and results indicate that the most effective youth violence prevention programs are science-based, comprehensive and involve simultaneous action at the school, family, and community levels.

Thornton et al. (2000) identify four key prevention strategies for youth violence prevention—parent/family based, home-visiting, cognitive, and mentoring. Through an analysis of key repositories of youth violence prevention EBPs such as the Blueprints for Violence Prevention, Greenwood (2010) presents a set of both proven and promising programs and strategies (these are discussed further below). Manualized, well-researched programs like Project Towards No Drug Abuse and Life Skills Training are implemented frequently in community settings (Backer and Russ 2007).

As with other types of EBPs, there are limits to the success of these implementations. For instance, Park-Higgerson et al. (2008) conducted a meta-analysis of 26 randomized controlled trial studies of school-based youth violence prevention programs, finding no differential effects for four of five key program characteristics they had identified (despite positive results for the previous individual study findings). Whether this finding applies to interventions conducted by youth-serving nonprofits or entire communities has yet to be determined.

Defining Community Mobilization

To overcome the challenges of effectively implementing EBPs, program developers, other researchers, funders and community leaders are increasingly turning to strategies of community mobilization. These strategies, based in the community organizing work of Saul Alinsky and Pablo Friere, bring together people and organizations in a particular geographic area (a neighborhood, a city or county, a region or sometimes an entire state) to partner in defining a problem (such as youth violence), identify possible solutions, and work together to implement them (Fawcett et al. 2000a).

While community mobilization often starts with temporary systems such as coalitions or research-focused interactions such as participatory action research (Backer 2003a), in many cases this mobilization process in turn leads to establishing community collaborations with an ongoing infrastructure. Sometimes the community group becomes an incorporated nonprofit, so it can address a community problem in a more systemic fashion over a long time frame. In fact, one of the hallmarks of community mobilization efforts to deal with complex issues like youth violence prevention is the recognition that real systems change will be needed to move towards a solution—to put it in slogan terms, “the simple answer is there is no simple answer.” Whether focused on implementing EBPs or not, addressing youth violence prevention in a community is a highly-complicated enterprise (Backer and Guerra 2004).

Getting local people and organizations to work together to transform the conditions and outcomes that matter to them is the core work of community mobilization. Fawcett et al. (2000b) outline a six-stage process that will be used here as a way to think about community mobilization: (1) Understanding community context (e.g., assessing community assets and needs); (2) Collaborative planning (e.g., developing a vision, mission, objectives, strategies and action plans); (3) Developing leadership and enhancing participation (e.g., building relationships, recruiting participants); (4) Community action and intervention (e.g., designing interventions, advocacy); (5) Evaluating community initiatives (e.g., program evaluation, documentation of community and systems change); and (6) Promoting and sustaining the initiative (e.g., social marketing, obtaining grants).

Fawcett and colleagues have developed an online resource, the Community Tool Box, to support the steps in this process (<http://ctb.ku.edu/>). While this six-stage process can include activities beyond community mobilization as narrowly defined, it is being presented here as a large-scale vision of how the mobilization process takes shape.

As already mentioned, mobilization work often is driven through leadership provided by a community collaboration,

which brings together people and organizations in a geographic area to tackle a defined problem like youth violence (Backer and Norman 2000). These collaborations begin as informally-structured, time-limited groups, but often evolve over time into permanent organizations with their own legal structure. Backer (2003a) reviews the prevalence, operation, success and evaluation of community collaborations and partnerships in the United States, citing studies that analyze thousands of collaborations in various settings and subject fields, and presenting a number of models and intervention approaches for evaluating these activities.

Based on this review, to date there is useful but somewhat mixed evidence as to whether these collaborations do indeed advance the goals for which they were created. For example, Roussos and Fawcett (2000) reviewed 34 studies of 252 collaborative partnerships and concluded that the “findings are insufficient to make strong conclusions about the effects of partnerships on population-based outcomes” (p. 400). Also, in a review of 68 studies of health changes based on collaborative interventions, Kreuter et al. (2000) could find only six examples clearly documenting that change had occurred.

However, some evidence related to what approaches to community collaboration work successfully is starting to emerge. Foster-Fishman et al. (2001) in a comprehensive review of 80 articles, chapters and practitioners’ guides focused on collaborations, found four core competencies for successful collaborations: *member capacity* (the skills and knowledge of individual collaboration members), *relational capacity* (the climate, vision and working process of the collaboration), *organizational capacity* (the leadership, work procedures, communication style, resources, and improvement orientation of the collaboration), and *programmatic capacity* (the objectives and goals of the collaboration, as they relate to defined community needs). These competencies provide valuable guidance for the construction of community mobilization efforts for implementing youth violence prevention EBPs, as defined here.

Implementation in Context: Four Challenges in the Life Cycle of an EBP

Although this discussion focuses on community mobilization approaches for implementing EBPs in youth violence prevention, understanding these challenges requires looking at the entire “life cycle” of EBPs as they move into community settings. That life cycle begins with identifying a program or strategy as worthy of serious consideration, and then moves to disseminating information about it so that decision-makers in the community can make a

decision about whether or not to implement it. Next, the work of implementation begins.

If it is successful, there is still a remaining challenge. There is considerable evidence that even successfully-implemented innovations often do not last, even though no better alternative comes along and there is continued need for the intervention provided. This leads to the last part of the EBP life cycle—efforts to promote the EBP’s sustainability.

Challenge 1: Identifying EBPs in Youth Violence Prevention

There are numerous sources of information about EBPs. Greenwood (2010) cautions that many lists of programs are based upon relatively non-rigorous standards for what to include, and thus many be inadequate resources for decision-making. He identifies four sources that he and his expert reviewers considered to be reliable.

The first of these is the Blueprints for Violence Prevention, developed by Delbert Elliott and colleagues at the University of Colorado’s Center for the Study and Prevention of Violence. For Blueprints to certify a program as “model,” it must demonstrate its effects on problem behaviors with a rigorous experimental design, show that its effects persist after youth leave the program and be successfully replicated at least once (11 programs in the Blueprints collection currently meet that criterion). “Promising” programs must only demonstrate effects using a rigorous experimental design (19 programs currently). Information about these programs is presented at www.colorado.edu/cspv/blueprints/.

Three other systems for identifying EBPs in youth violence prevention are discussed by Greenwood—(a) Top Tier, (b) the work of Mark Lipsey at Vanderbilt University, and (c) the Washington State Institute for Public Policy. None of the latter three resources are as detailed as Blueprints, but each can offer context about EBPs. Although it is not focused primarily on youth violence prevention, the Promising Practices Network hosted by the RAND Corporation (www.promisingpractices.net) also provides some useful information.

Challenge 2: Dissemination of EBPs in Youth Violence Prevention

Once a potential candidate EBP is identified, the next challenge is to get information to local decision-makers, so that they can learn about a program or strategy and determine whether it may fit local needs. Rogers (2003), Backer (2000) and many others have identified the numerous difficulties of getting information out in ways that can lead to a decision. The information has to be presented in

user-friendly terms. Also, evidence about the utility and lack of side effects has to be presented, along with evidence about the availability of resources to support implementation and the beginnings of an implementation plan.

Too often, communities, service agencies and schools receive information but do not take action on it (Rohrbach et al. 1996). Without a decision to implement, nothing further happens despite the availability of high-quality scientific information and evidence of success in other settings.

Challenge 3: Implementation of EBPs in Youth Violence Prevention

The next step is to apply the same kind of rigor to implementing the EBP as was used in validating it. This means making the investment of time and monetary resources to good implementation, rather than assuming that a well-validated program will essentially implement itself.

Of particular importance are the human dynamics of the implementation effort. As already mentioned, no matter how good the intervention or the science behind it, no matter how good the implementation infrastructure, efforts to promote change in any complex system are very likely to fail unless the change effort has the support and active involvement of the people who live in that system. In particular, those who'll be implementing the intervention need to feel some sense of *ownership* for it, and some degree of active *participation* in developing the implementation strategy (Backer et al. 1995).

Some intervention developers, such as Lynn McDonald and the Families and Schools Together (FAST) program, include as part of implementation encouragement for such felt ownership—by allowing adaptations of certain components identified as “not core” by the developer (Backer 2004). The challenges of balancing program fidelity and adaptation is discussed further below. Implementation research designs can include attention to these human factors, and to the impact of such tactics on outcomes—including “side effects” such as possible negative impact on fidelity of implementation in a new setting.

While implementation has been studied at least since the 1970s (Backer 2004), most of the research to date has been uncontrolled and often qualitative rather than quantitative. Results from this research make clear, however, that in all too many cases (and despite good science behind an intervention), implementation in new settings is done poorly, with predictably poor results (Backer 2000). In fact, this is the reality in other fields as well. For example, in business, “execution” has become shorthand for effective, rigorous implementation of good practices that are essential to business success. Business leaders are increasingly aware that strategy, planning and resources aren't enough,

unless they are catalyzed into effectiveness by good execution (Bossidy et al. 2002).

Now “execution” where evidence-based service interventions are concerned is beginning to get serious attention, partly due to the increasing number of well-validated interventions to implement. Increasingly, new work is focused on evidence-based implementation; that is, on developing strategies for implementing interventions that are themselves the result of carefully-controlled research (pioneering work includes Emshoff et al. 2001; Mihalic and Irwin 2003; Spoth et al. 2004).

One particular aspect of implementation that has received great attention in recent years is *fidelity*—the extent to which the EBP is implemented faithfully to the research-based model as it has been tested (Backer 2004). Recent work has shown that very high-fidelity implementations of evidence-based interventions can be achieved when there are significant resources of both funding and technical assistance available to implementers through the researchers studying the implementation process (Emshoff et al. 2001; Fagan and Mihalic 2003; Mihalic and Irwin 2003). However, in the larger, uncontrolled environment, where resources are almost always much lower, adaptations are much more common (Ringwalt et al. 2003). Then pro-active efforts to guide adaptation, by developers or those promoting local implementations, may be necessary for success.

Mixed in with these observations, of course, are values arguments. Some may say that it is better for an intervention not to be implemented if adaptations must be permitted. But in most cases the developers, researchers and systems-level implementers of evidence-based interventions don't have control over the forces promoting implementation, any more than they do over resources. Then the situation becomes one somewhat akin to arguments against giving teenagers sex education and condoms because it might, however, unintentionally, encourage them to have sex! But the reality is that many teenagers will have sex, and the drives promoting that are not under society's control.

In that case, as with adaptations of evidence-based interventions, difficult decisions may have to be made about harm reduction. Protocols that help implementers deal more strategically with adaptations—documenting them, confining them to what developers identify as “non-core” aspects of the intervention—may increase the overall chances for rigorous implementation. This is even more critical because so many questions remain unanswered about what constitutes “core components,” and about the exact impact of program fidelity and adaptation. Dusenbury et al. (2003) summarize recent evidence on this subject, indicating that poor implementation is indeed likely to result in loss of intervention effectiveness, but that research

has yet to establish precisely how adaptations affect program outcomes.

Challenge 4: Sustainability of EBPs in Youth Violence Prevention

Even the most rigorous implementation can be considered a failure if the intervention does not last over time—assuming that it is still needed and nothing better has come along. In youth violence prevention and other fields, the cycle of systems change from identification to dissemination/decision-making to implementation ends with strategic efforts to promote longer-term sustainability.

Sustainability requires deliberate effort and the allocation of resources, but as importantly, it requires a shift in mind-set on the part of implementers in mental health organizations and communities. The shift is simple: sustainability doesn't happen automatically or for free! Research on sustainability in mental health and related fields goes back at least to the 1970s (Glaser and Backer 1977, 1980; Backer 1979; Cornerstone Consulting Group 2000; Cutler 2002; David 2002).

Taken together, the works just cited briefly yield set generalizations about promoting the sustainability of EBPs as they are implemented more widely in communities:

1. *Early planning* Early in their operation, long-surviving successful projects typically plan ahead for the long run, including developing plans for leadership transition and for long-term funding support. Often these plans are in writing, and have the support of the key stakeholders supporting the organization in which the project lives.
2. *Technical assistance* Training and technical assistance consultation offered by the intervention's developers, or by consultants skilled in the process of promoting sustainability, is critical to increase the chances of long-term sustainability.
3. *Integration* Interventions that are well-integrated into their host organizations (become "part of the organization's DNA") are more likely to survive, as are those having high congruence with host agency staff or local community values.
4. *Early and continued involvement by key community leaders* Community leaders need to have a legitimate voice in the original effort to implement the EBP, and active engagement in these activities, ideally as part of a comprehensive plan that was embraced by those who live and work in the community (this is where community mobilization strategies can play a particularly important part).
5. *Program re-invention or adaptation* Even during its initial period of operation, a program may face

changes in the environment where it is operating (changes in policy, community circumstances, target populations, etc.). In at least some cases that means the program must be flexible, able to adapt itself to changes without having the attention to fidelity that made it successful in the first place.

6. *Continued funding and support* The single most common cause of a program's failure to survive (assuming it is worthwhile and doesn't end due to poor quality) is simple...the money to fund it runs out. Periodic re-assessments of what funding options are available and how new ones could be developed requires an investment of energy by the project's leadership. In particular, they must not make the assumption that the original funder will necessarily be around later.

Some implementers will have internal resources to tap into for this purpose—colleagues who've found ongoing sources of support for some other intervention, or community organizations that can connect them to new funders, for instance. External resources also are increasingly available. For instance, state and regional nonprofit associations, management assistance centers with training programs, and community foundations offer training courses on fundraising for nonprofit managers, and some of these programs now are addressing the more general issues of program sustainability as well. Technical assistance consultation from nonprofit capacity-building entities in communities may also be of value in this regard.

Examples of Systems for Implementing EBPs

In addition to the seven examples of community mobilization from the ACE projects, described further below, two major, research-based examples are given here—the PROSPER project, and Communities That Care (CTC). In both cases, these are entire systems for promoting high-quality implementation EBPs which include but are not limited to community mobilization strategies.

PROSPER (Promoting School-Community-University Partnerships to Enhance Resilience) is a rigorously-designed system that helps prevention programs succeed (Spoth et al. 2004). Based in Iowa and Pennsylvania, (with program expansion now underway in a number of other states) its tightly-focused partnerships mobilize public schools, Agricultural Extension, community groups and prevention researchers with parents and youth. Through an 11-year NIH grant and other support, PROSPER's developers are evaluating the long-term effectiveness of partnerships in producing positive youth and family outcomes through evidence-based interventions, and learns what

factors are important in partnership effectiveness and especially sustainability (Spoth and Greenberg 2011).

PROSPER is unusual in several respects. First, it includes as a key player in its implementation efforts state and county Agricultural Extension agencies—an already existing, ubiquitous system as a foundation for promoting community change. Second, it encourages direct scientist involvement in community mobilization. Third, it has a deliberately narrow focus on education-based delivery systems (currently middle schools). Finally, unlike most other research on partnerships, which occurs typically just at the descriptive or case level, or concentrates only on process, PROSPER's research design zeroes in on the interaction between process and outcomes.

Strategic partnerships are at the heart of PROSPER. The local partnership teams include teachers, other school staff, students and their families, and representatives of community organizations. These teams have focused intervention goals, are helped to grow through an initial readiness assessment and ongoing needs assessments, and receive pro-active technical assistance about their overall operations. This includes long-term sustainability, an aspect of this kind of systems change that often gets missed.

Local PROSPER teams can choose from a menu of well-proven interventions, such as the Strengthening Families Program and Life Skills Training, to help foster more capable youth and families. The teams meet regularly to plan and implement these programs, to share results from the research, and get ready for the next phases of their work in the community.

PROSPER already has involved more than 11,500 students in 28 school districts in Iowa and Pennsylvania, brought into PROSPER as they became sixth graders. These interventions have demonstrated considerable evidence of success. Proven programs have been locally implemented, and structure set up to share research results with local teams, to help in maintaining high quality implementations. All of the 14 experimental communities (there are also 14 control communities) have secured funding for their program to continue after the end of the NIH-supported research intervention.

Communities That Care (CTC) is a prevention planning system aimed at promoting implementation of EBPs through the consolidation of diverse community stakeholders and decision makers. These individuals and groups then work together to select and implement EBPs most appropriate to their community's needs by using strategic consultation, training, and research-based tools. (Hawkins and Catalano 1992).

CTC now is used widely throughout the US as a community mobilization system for implementing EBPs. A longitudinal study involving more than 100 coalitions in

Pennsylvania has further demonstrated the efficacy of this system (Greenberg et al. 2005). Community coalitions utilized the CTC system to implement various prevention programs, and results from this longitudinal study indicate that a number of approaches can be used successfully to mobilize, select and implement EBPs.

ACE Approaches to Community Mobilization

The National Academic Centers for Excellence (ACEs) on Youth Violence Prevention use a unique multidisciplinary approach to violence prevention (Vivolo et al. 2011). The ACEs conduct research on youth violence prevention approaches, collect and analyze surveillance data, and foster relationships with local community partners to help develop, implement, and evaluate promising prevention efforts. This collaboration between research universities and local communities and community-based organizations results in empowered communities that are mobilized to address the problem of youth violence.

From 2000 to 2005, 10 research universities received grants from the Centers for Disease Control and Prevention to set up ACEs: Columbia University; Harvard University; Johns Hopkins University; University of Alabama at Birmingham; University of California, Riverside; University of California, San Diego; University of Hawaii; University of Michigan; University of Puerto Rico; and Virginia Commonwealth University. In 2005, new funding was awarded to eight universities: Columbia University; Harvard University; Johns Hopkins University; University of California, Berkeley; University of California, Riverside; University of Hawaii; University of Chicago; and Virginia Commonwealth University.

Two additional universities were funded beginning in 2006 as Urban Partnership Academic Centers for Excellence (UPACEs): The Children's Hospital of Philadelphia and Meharry Medical College. The purpose of the UPACEs is to serve high-risk, urban communities with youth homicide rates more than two times the national average. A national coordinating center supports and networks together all these programs.

Seven of the ACEs have undertaken specific community mobilization projects as a part of their overall work:

- Virginia Commonwealth University ACE—working in the city of Richmond, Virginia
- Columbia University ACE—working in the Inwood/Washington Heights neighborhood of New York City
- University of California Riverside ACE—working in the Southern California communities of Perris and Orange County

- Vanderbilt University ACE—working in the city of Nashville, Tennessee
- University of Hawaii ACE—working in the city of Honolulu
- University of California Berkeley ACE—working in the city of Oakland, California
- Harvard University ACE—working in the city of Boston

Each of these seven community mobilization efforts will be described briefly below:

The ACE project at VCU's Clark-Hill Institute for Positive Youth Development conceptualizes prevention within the broader frame of positive youth development. There has been increasing attention to the bridge between positive youth development and empirical research and intervention science. In addition, recent community perspectives on positive youth development have supported a unifying framework that considers the outcomes of positive youth development within the context of relevant community conditions, capacity and strategies that increase supports and opportunities for youth.

Allison et al. (2011) use this framework for the discussion of their ACE's current community mobilization efforts. They describe the local community with respect to issues of youth violence (including local efforts to implement EBPs for youth violence prevention), and establish the historical context of the work of the Institute's research group. An overview of a community mobilization effort in Richmond, Virginia is provided, including the work of a community advisory council and an adaptation of an evidence-based program (Plain Talk) to target positive youth development.

The authors also discuss preliminary findings from their Barriers & Support research, a qualitative investigation examining community-level decision-making regarding youth violence prevention interventions or other efforts to support positive youth development in three urban areas in the Southeastern United States (Richmond, VA, Charlotte, NC and Jacksonville, FL). They present collaborative efforts in the evaluation of a locally-developed violence prevention program, and consider how lessons learned and empirical evidence across these multiple efforts support their ongoing work.

Hernández-Cordero et al. (2011) at the ACE project, Columbia University Center for Youth Violence Prevention (CCYVP), work in collaboration with the UNIDOS Inwood Coalition. This collaboration has developed a community mobilization plan called Fresh Start. The purpose of Fresh Start is to inform the creation of a neighborhood-based safety net of services for young people at risk and/or returning from jail/prison in Inwood-Washington Heights. The plan takes a multi-level approach

to service coordination that utilizes and redirects current resources in Inwood to serve young people. The plan's five levels are (1) *Individual*—one on one and group counseling, (2) *Family*—activities to engage parents and their children; (3) *Block*—targeted outreach and community building activities in specific geographical areas; (4) *Organizational*—engaging local organizations to adapt programs/services; and (5) *Built Environment*—reclaiming spaces with a history of violence.

The authors tell the story of how the community mobilization plan was created. This story provides a background on why CCYVP decided to join an existing coalition rather than start a new one, and how Center resources are allocated to support the Coalition's efforts. The authors describe the process leading to the development of the Community Mobilization Plan, and outline the plan's community/organizational activities. The successes of and barriers to efforts to re-purpose existing resources and activities to achieve project goals are described as part of this analysis.

Allied activities supporting evidence-based youth violence prevention programming also are discussed. These efforts did not take place in a vacuum. In order to place this work in the context of local politics and organizing history, the authors also describe the history of the UNIDOS Coalition prior to the Center's engagement. They include an analysis of the Coalition's use of the Communities That Care framework and their identification of risk and protective factors which in time helped identify appropriate EBPs.

Parker et al. (2011) describe work on community mobilization done through the University of California Riverside ACE. The authors argue that strategies for implementation of EBPs often may look good on paper, but their actual use in the field can be a different matter. If communities are to be successful in translating the products of years of prevention research into the field, implementers must understand fully the end-user of these products: how users understand EBPs, their prior experiences with them, their perceptions of the value of these interventions to their overall community work, their funding sources, and their constituents.

There are also many transitions within communities (changing demographics, new government administrations, shifts in funding) that impact ongoing mobilization efforts and the implementation of EBPs. Backer and Russ's (2007) study of what schools and community nonprofit organizations need to properly implement EBPs provides one useful perspective on these complex realities, set in Orange County, California. Another is offered by Parker et al. (2011), describing a multi-year effort to address resident needs and the etiology of youth violence, as part of an

effort to extend a community development approach (the Red Team model) in Perris, California.

Also at the UC Riverside ACE, Knox et al. (2011) discuss the push for using EBPs in community settings in terms of assumptions that the evidence-base is relevant to specific cultural and community settings. Indeed, there is a relative paucity of EBPs that addresses differences in cultural backgrounds and community characteristics. Although it is important to select EBPs that are a good cultural match for the target population, this does not guarantee that they will be effective. Even with high quality implementation and fidelity to the intervention protocol, characteristics of participants and settings may compromise program effectiveness. Therefore, other community mobilization and implementation is a continued evaluation effort, even for well validated programs.

The authors report on a partnership between the UC Riverside ACE and Latino Health Access, a community nonprofit agency serving primarily low-income and immigrant families in Southern California. As part of a collaborative effort, the agency selected the Families and Schools Together (FAST) program, an EBP, to address youth violence prevention. The program was implemented with 282 families assigned to intervention or control groups.

Although children in the intervention group showed improvements in social problem-solving skills and perceptions of collective efficacy, no differences in aggressive behavior were found. However, qualitative findings suggested that the program helped families prevent aggression in their older (middle and high school age) children. All of the parents reported high levels of satisfaction and cultural fit with FAST.

When youth violence is understood as a public health issue, it is clear that community engagement and involvement is critical to successful prevention and intervention. In the development of the Nashville Urban Partnership Academic Center of Excellence (NUPACE) three levels of community engagement were found that supported the NUPACE goals (Nation et al. 2011). These three levels are: community initiation, community collaboration, and community cooperation. The author describes each level of community engagement, and how they have assisted in the development and implementation of NUPACE's youth violence prevention efforts, including those that are evidence-based. This analysis concludes by discussing the lessons learned related to each level of engagement, and by presenting suggestions for promoting continued community involvement.

Miao et al. (2011) discuss efforts to nourish and sustain community engagement at the University of Hawaii ACE project. A social ecological approach is taken to the prevention of youth violence—it addresses the individual in

the context of family, peer, school and community. One of the major challenges to successfully implementing such a comprehensive youth violence prevention and intervention approach is how to engage various segments of the community in a working partnership. Moreover, engaging community partners in such a way that they are able to lead and continue these efforts into the future is critical for sustainability.

The authors provide a case example from the work of the ACE (the Asian/Pacific Islander Youth Violence Prevention Center) to develop and implement a youth violence prevention initiative that aims to become both comprehensive and sustainable. It has been engaged in community engagement efforts in rural and suburban Honolulu. The authors draw lessons from their experience and reflect upon evaluative data gathered through the process. They then identify ten ways to nourish and sustain community engagement, with specific examples from the project, highlighting relevance to implementing EBPs.

Le et al. (2011) describes a community-research collaborative model of the University of California Berkeley ACE project that adopts a reverse framework, in which the researchers help design a strategy to evaluate a program that is developed, implemented and operated by a community-based program. Many community-based participatory research and evaluation efforts for youth violence prevention involve using evidence-based programs, and in this case the researchers assist communities in identifying, adopting, and/or tailoring the program to fit the community population, cultural and social context.

Located in the Lower San Antonio district of Oakland, California, the Roosevelt Village Center (RVC), as part of the East Bay Asian Youth Center (EBAYC), is an after-school program serving primarily a multicultural population, including Latino, Asian Pacific Islander and African American youth. RVC uses an integrated, multicultural theoretical framework to promote positive youth development and to prevent youth violence. This is done by engaging youth in various after-school activities, community service, and increasing multicultural understanding and cultural empathy. EBAYC also incorporates various aspects of multiculturalism throughout its organization and programs.

The Center on Culture, Immigration and Youth Violence Prevention (UC Berkeley ACE) is collaborating with EBAYC to evaluate RVC. The author describes the eight-year collaborative relationship between EBAYC and the researchers, the process of engagement, and setting up the evaluation design and data collection. It also discusses lessons learned as well as preliminary findings of the multicultural evaluation.

The Harvard Youth Violence Prevention Center (HYVPC), home of the Harvard University ACE, works

with many groups—including at the city administrative level, the mayor, school system, public health and police—to help reduce youth violence in Boston (Azrael and Hemenway 2011). HYVPC has helped create a surveillance system of youth violence, which includes biennial surveys of high school students, gathering information on (1) fear, (2) witnessing, (3) victimization and (4) perpetration of violence, among peers, partners and siblings.

Among the findings from these surveys are many with immediate policy and program implications. For instance: (a) the place most Boston students are afraid is the subway system, (b) there is disproportionate risk of violence for LGBT youth, (c) there is a strong relationship between inadequate sleep and violence, and (d) there is a wide overestimation by students about peer gun carrying and the ease of obtaining firearms. A biennial survey of Boston adults provides information to determine the relationship between neighborhood collective efficacy and violence.

HYVPC also works closely with ten grassroots community partners representing different constituencies and neighborhoods (e.g., Black Ministerial Alliance, Louis D. Brown Peace Institute, South Boston Health Center), collaborating to teach non-violence to grade school students, to create a toolkit for first responders to violence, and disseminate best practices and innovative ideas throughout the city. The authors discuss the problems and lessons learned from an academic center working on reducing violence in an entire city and collaborating simultaneously with both city and grassroots community partners.

Community Mobilization and the Science and Practice of Implementation—Next Steps

Whether in youth violence prevention or any other subject area, it is clear that both the science and practice of EBP implementation are evolving rapidly. Especially now that it is more commonly acknowledged that well-validated EBPs will not get well-implemented automatically, more research is being done on implementation strategy, with results increasingly applied in practice (Backer 2005). Creation of the National Implementation Research Network (Fixsen et al. 2005) and of the journal *Implementation Science* serves as a concrete reflection of the growing importance of this field. So does the development of the Global Implementation Conference, to be held in August 2011 in Washington, DC. Many of the issues discussed here will be addressed in that conference, which will provide a platform for addressing science and practice issues in many fields (not just youth violence prevention) and from many countries.

Community mobilization clearly is an important component of successful implementation systems, as seen in

current work on PROSPER, Communities That Care, and the seven CDC-funded Academic Centers for Excellence in Youth Violence Prevention as described here. People and organizations in local communities are part of the “living system” that supports good implementation, and a well-defined strategy needs to be created to bring their energies and motivations together, so that implementation can succeed.

But much work still needs to be done. While other fields, such as medicine, may have more extensive implementation systems in place than is true for youth violence prevention—there is no national system of prevention or for addressing youth violence, for example—the shortfalls in evidence-based medicine are also very apparent (Knox and Aspy 2011). Each system can learn from the others about how to bring people at risk, their families, community leaders, public policy decision-makers, researchers and practitioners together in ways that create a natural support system for an EBP. Without such community mobilization in place, it is likely that many opportunities for bringing the benefits of EBPs to communities will be missed, or at least incompletely realized.

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