THE FAILURE OF SUCCESS: CHALLENGES OF DISSEMINATING EFFECTIVE SUBSTANCE ABUSE PREVENTION PROGRAMS

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In the American film *Groundhog Day*, Bill Murray's character keeps reliving the same 24-hour period. Dissemination in the substance abuse prevention field seems uncomfortably similiar to this scenario. The field has created some community-based prevention programs that work [Morrissey et al., 1997; National Institute on Drug Abuse (NIDA), 1997], but we have failed amidst that success to bridge the gap between useful knowledge and wide community practice—and we fail mostly because we make the same mistakes over and over again.

One way to benchmark the lack of progress is to read the words from 1966 of dissemination researcher Edward Glaser, founder of the Human Interaction Research Institute, which has explored these issues for 40 years:

> All over the world people struggle with problems and seek solutions. Often those who struggle are unaware that others face similiar problems, and in some instances, are solving them . . . The gap between what we know and what we put to effective use bedevils many fields of human activity—science, teaching, business management, and organizations which provide health and welfare services (Glaser & Marks, 1966, p. 1).

Then look at what the brilliant social observer Lisbeth Schorr said in 1997—after more than 30 years, the problem hasn't changed:

> There has been a widespread reluctance to aggressively assemble, analyze and disseminate what is, in fact, known. . . . Leaving local initiatives to painstakingly make these discoveries on their own, or to never make them at all, has been a wasteful process and will interfere with further progress in spreading these initiatives. . . . Most wasteful of all has been the absence of well-funded, concerted

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attempts to learn systematically from current experience and to disseminate that learning to those responsible for community-change initiatives, to those who make relevant policy in the private and public sector, and to the general public (Schorr, 1997, p. 370).

These words apply to the field of substance abuse prevention as much as they do to any other of the arenas Mrs. Schorr discusses. And there are three inter-related factors that help explain why so little progress has been made in addressing the challenges of dissemination between 1966 and now. By addressing these factors in the substance abuse prevention field, and specifically in the activities of the Federal Center for Substance Abuse Prevention (CSAP), we may be able to avoid continuing to suffer Bill Murray's fate.

First, we need to re-examine the *language* by which we define dissemination as an activity, mostly to stop wasting energy on distinctions that don't matter. Second, we need to identify several of the *repetitive mistakes* the field makes when undertaking dissemination activities. The point here is not to admit defeat, but to set the course for problem-solving. Third, to help with that problem-solving, we need to look "outside the box" for *new directions* for dissemination—for instance, identifying approaches from the corporate sector and from philanthropy that may have potential for application in substance abuse prevention.

LANGUAGE

Dissemination involves strategic efforts to get information about innovations—programs and best practices—out to individuals, organizations and communities, and to help them wrestle with the complex challenges of getting that information used to create change in the real world (Backer, 1991; Rogers, 1995). Other terms that mean essentially the same include: Technology Transfer, Dissemination and Utilization, Applied Dissemination, Effective Dissemination, Diffusion of Innovations, Knowledge Utilization, Research Utilization, Knowledge Transfer, and Knowledge Development and Application.

In substance abuse and other fields, energy has often been wasted in debate over which term should be used to label dissemination activities. Such debate obscures the real issue: that whatever word is used, such efforts must include not only mechanical distribution of information about innovative programs or practices, but also provision of technical assistance and other resources to help potential adopters wrestle with the very complex processes of actually considering and implementing an innovation. The true challenge of defining dissemination is to include in the definition the *effectiveness* of the effort. All too often, information is distributed, but it remains someone else's responsibility whether or not it gets used (Sechrest, Backer, Rogers, Campbell, & Grady, 1994).

For the most part, this shortcoming stems from an underlying assumption that no extra effort is even needed. Probably the single, most common failure of past dissemination strategies, especially those prominent in the Federal government of the 1960's and 1970's, was the assumption that getting information out alone was enough to create change. Research has demonstrated time and again that it is not, and that dissemination of validated programs or best practices leads to real change at the individual, organizational, and community levels only if other factors (discussed further below) are also addressed (Backer, 1991; Backer, David, & Soucy, 1995; Rogers, 1995). Getting people and systems to pay attention to these additional factors begins with the language we use.

The best way to illustrate this is with a remark from television personality Steve Allen, who was asked by a member of his TV studio audience, "Mr. Allen, do they get your program in Chicago?" His ad lib retort was: "They see it, but they don't get it!" This quip neatly captures the essential principle—without the first phase of dissemination, we can't "see" it, and nothing happens—but just seeing it does not lead to change, unless there are active efforts to help potential adopters "get it" and thus actually change their programs and practices. It doesn't matter what term is used, as long as it takes account of this reality.

We also need to get more precise about what is meant by the "gap between science and practice." For instance, Dr. Lynn McDonald, whose Families and Schools Together (FAST) program has been supported both by CSAP and NIDA (McDonald, L., 1998, personal communication), says that after more than 10 years, FAST is used in 450 schools in 31 states—out of 100,000 schools in the U.S.. This is despite good research on its efficacy (with more to come from a current five-year National Institute on Drug Abuse study), two state budgets that offer funding of more than $1 million annually for these programs, and foundation funding which has provided nationwide training and technical assistance.

If the substance abuse prevention field is to define "the gap" more holistically, it would help to have this kind of "gap analysis" for each of the major prevention programs that we want to include in the "family" of those that have been scientifically validated—for instance, the programs reviewed in NIDA's recent booklet on programs for children and youth (NIDA, 1997), such as Strengthening Families, Life Skills Training, etc. The gap analysis should include the number of adoptions in existence, the potential universe for adoption, the extent of research on the innovation's efficacy, and the resources currently deployed for its wider dissemination. With these data for a group of programs, better decisions could be made about which ones to promote.

As part of this analysis, it also would help us to know more about why programs *do* spread in some communities, often without special effort from the program's developer. For instance, FAST is in 22 San Antonio schools, and 13 New Orleans schools. What accounts for these "islands of success"?

REPETITIVE MISTAKES

In understanding the failure of success, two kinds of repetitive mistakes in dissemination practice, both in substance abuse and other fields, require analysis.

Decision Level Mistake—for instance, deciding to spend scarce resources on publications or evaluations that are not user-friendly, and therefore are unlikely to result in actual innovation adoption by their intended target audiences; *not* deciding to use "triage strategies" to identify a few good programs as the main targets of dissemination—thus increasing the chance to reach "critical mass" with these programs.

Implementation Level Mistakes—for example, deciding to address the complex human dimensions of changes required to implement innovations, but allocating insufficient resources to do it right, or omitting attention to issues that are "blind spots" of funders or dissemination strategists.

Decision and implementation level mistakes are rooted in inadequate attention—by funders, dissemination strategists, and the substance abuse prevention field—to four science-based principles for effective dissemination, which represent the distillation of more than 75 years of research and 10,000 studies (Backer, 1991; Backer et al., 1995).

User-Friendly Communication—information about the innovation and its relevance to potential adopters must be communicated effectively, in user-friendly, easily-accessible formats.

User-Friendly Evaluation—evidence must be available that the innovation is effective, works better than available alternatives, and doesn't have significant side effects—and this information must also be communicated effectively to potential adopters.

Resource Adequacy—sufficient human and financial resources must be available to implement the innovation effectively in new settings.

Addressing the Complex Human Dynamics of Change—potential adopters must be able to handle the human dynamics of change associated with innovation adoption, by rewarding change activities and involving those who will have to live with change in designing how the innovation will be implemented; and by helping adopters overcome their fears, resistances, and anxieties.

We still too often decide to spend scarce resources on publications that will never be user-friendly for the wider audience of practitioners. Lengthy reports written in highly technical language are never likely to be used by practitioners in drug abuse prevention agencies or schools, much less by families or policymakers (Backer, 1991, 1995b; Rohrbach, D'Onofrio, Backer, & Montgomery, 1996). Even CSAP's recent conference on "bridging the gap" in community-based prevention appears to continue this problem, at least to some extent, because what was initially promised to participants was only publication of the resulting papers in a scientific journal that we know won't reach most of the audiences we probably all agree are key.

The conference itself looked at other possibilities in creative ways, but the essential question remains: How can CSAP (and other funders of innovative programs) get their program results formatted, published, and diffused in ways that will more fully meet the science-based criterion of "user-friendly communication"? That means addressing the audiences of prevention field personnel, families, school personnel and community leaders who are simply not interested in a scientific presentation, but rather in information they can use, presented in plain English.

NIDA's 1997 publication, *Preventing Drug Use Among Children and Adolescents*, is a prime example of a more user-friendly publication, and one which has been extremely popular in the field. According to Susan David at NIDA (personal communication, 1998), it has been distributed to more 200,000 people and institutions—amidst much favorable reaction, or "buzz" to use the Hollywood term. It is a success, but it is also a failure at this point, because no evaluation has been done of its effectiveness and there is no strategically-designed community campaign to extend its impact. How can CSAP overcome such shortcomings, for instance with the PEPS guidelines, or the products of the National Center for the Advancement of Prevention?

In substance abuse prevention and many other fields, evaluation research often doesn't look at the variables of most interest to users and many times evaluation results aren't presented in user-friendly formats. Models of empowerment evaluation are helping to change that, by making more deliberate efforts from the start to involve key stakeholders in the design of both the evaluation itself and its products (Fetterman, Wandersman, & Kaftarian, 1996). How can CSAP better apply such approaches, which reflect the science-based principles of dissemination, to evaluation research the agency funds?

Probably the greatest failure at the decision level has been in regard to resources. In substance abuse prevention and many other fields, we have been loathe to make hard decisions about what few programs deserve the lion's share of limited resources for dis-

semination. We need to make "triage decisions" as they are made for medical services in natural disasters or battlefields—it is better to select a few programs whose dissemination can then be funded adequately, even if we're not sure that we've absolutely selected the right ones, than to dissipate our resources by insisting that we include all.

In the world's most successful dissemination system, the USDA's Agricultural Extension Agent system, the rule was to spend a dollar on dissemination for every dollar spent on research (Rogers, 1995). If we can't match this by increasing the total resource pool, then we need to restrict the targets of dissemination, lest we fail to reach "critical mass," to use the term from physics. How can CSAP make these difficult triage decisions, for instance by selecting one or two prevention programs each year for a concentrated dissemination effort into which all available resources would be poured?

Failure has also occurred at the implementation level. Everybody gives lip service to the importance of addressing the complex human dynamics of change in dissemination work, yet we so often fail to do a good readiness analysis, understand and respond to the needs and fears of partners in a community-based program, or address the issues that involve our own blind spots as the implementers of a program (Backer, 1997; Backer & Rogers, 1993; Backer, Rogers, & Sopory, 1992).

For instance, a recent analysis of multicultural coalitions in California, including some concerned with substance abuse prevention (Backer & Norman, in press), found that two of the most common threats to long-term sustainability of these innovative community efforts were the failure (a) to address the frequent occurrence of burnout and departure of a coalition's charismatic leaders, and (b) to handle underlying racial and ethnic stereotypes within the leadership group of the coalition. Research-based innovations in substance abuse prevention need to be analyzed and custom-tailored to fit different racial and ethnic groups (Alegria et al., 1994), as well as other special groups such as people with disabilities (Backer & Newman, 1995). How can CSAP's field-based programs such as the Centers for Application of Prevention Technology be empowered to help with human issues involved in community-based prevention programming—assessing community readiness, building and sustaining partnerships, and easing the more subtle researcher-practitioner tensions?

NEW DIRECTIONS

To begin thinking about new directions that might be taken for disseminating substance abuse prevention programs, it is first desirable to put dissemination into the larger context of the *overall cycle of innovation and change.* This cycle includes stages of *innovation* (invention and production of the innovative program), *evaluation* (determination of its impact, cost-effectiveness, lack of serious side effects, etc.) , *communication* (getting the word out about the innovation to potential users), *dissemination* (more active strategies to "get the word out" that also include helping to wrestle with the issues of actual adoption, such as technical assistance on resource acquisition and building potential adopter involvement), *capacity-building* (helping adopting organizations strengthen themselves in ways that will make them more "fertile ground" to implement innovations), and *change* (the actual end-result—use of the innovation to improve services or communities).

The larger context also includes the reality that disseminating any particular innovation happens while many other changes are taking place simultaneously, within adopter organizations and the larger community. Some of these changes are specific to the problem of substance abuse (e.g., another prevention program that a community is attempt-

ing to implement at the same time), and others have to do with the accelerating pace of change more generally in the world, such as the rise of "information fatigue syndrome," which limits people's energy to wrestle with the complexities of innovation. This is, in fact, a new field of medical research (Backer, 1998).

In order to achieve the desired results—actual adoption of a particular substance abuse prevention innovation by a larger number of individuals, programs, or communities—all of these complex factors need to be addressed in planning for and implementing the dissemination effort. Morrissey et al. (1997) rightly see "knowledge transfer as one aspect of a broader framework that focuses on overall program improvement." They point to quality improvement as one missing ingredient of that broader framework.

Another missing ingredient in substance abuse prevention is attention to *capacity-building*. This involves funding not a particular program or service, but a prevention organization's overall functioning, management ability, and technology resources needed to sustain itself in a complex, challenging environment. Most nonprofits struggle so much with the issues of operational problem-solving, survival, and continuity of funding that they have little energy to address these larger maintenance issues. As a result, they may have little resiliency and be vulnerable to ineffectiveness or even outright demise in the face of a crisis. In the dissemination arena, capacity-building also means increasing the organization's ability to reach out for innovations, to share new programs and ideas with others, and to become more consistently innovative as a way of life rather than just adopting a particular innovation.

CSAP, of course, has from the beginning helped community organizations with technical assistance and other capacity-building resources. Now the question is how to improve these efforts, perhaps in conjunction with other funders, such as the Office of National Drug Control Policy and its Drug-Free Communities Support Program. Foundations across the country also are experimenting with capacity-building grantmaking to nonprofits in many fields, including substance abuse (e.g., Robert Wood Johnson Foundation's support for the Join Together initiative). Foundations also sponsor community-based groups to serve as intermediaries both for grantmaking and technical assistance (e.g., nonprofit associations, management assistance centers, and community foundations), and fund university-based nonprofit management training programs. These are vital new models to explore, particularly to determine how capacity-building activities in the larger nonprofit community can be adapted to the field of substance abuse prevention.

Grantmakers for Effective Organizations, a national association of foundations interested in this topic, now holds regular conferences to help funders and nonprofits wrestle with the issues of capacity-building—thus far, substance abuse prevention has not been a player at this table. There also is an increasing professional knowledge base on this subject, for example, the book *High Performance Nonprofit Organizations* (Letts, Grossman, & Ryan, 1998), which argues that capacity-building models based on venture capitalism have great application in the nonprofit world. The Human Interaction Research Institute has just completed a national research study identifying major capacity-building initiatives in the foundation and nonprofit communities (Backer, 2000). How can CSAP and other elements of the substance abuse prevention field connect with these sources of new ideas and programmatic activities about capacity-building?

There are also innovations from the corporate and philanthropic world that may have significant potential for application in the substance abuse prevention field, either directly or as a source of inspiration or adaptation. Examples follow.

Computerized Best Practice Systems—Corporations like Hewlett-Packard, Arthur Anderson and Chevron have computer networks with extensive best practices databanks, and inter-

active systems (many of them based in Lotus Notes software) that permit employees worldwide to exchange information and opinions about best practices. For Arthur Anderson's system, the annual budget for research input alone is $8 million (Howard & Backer, 1998).

Invention Machine—This startup company, created by Russian Valery Tsourikov, offers Internet access through special software to the cumulative knowledge of millions of previous inventors, via a patented system of "discovery links" that help connect seemingly unrelated ideas or experiences into potentially useful patterns for new invention. Companies such as Motorola pay $200,000 a year to belong (Information Technology Special Report, 1998).

Medscape—This Internet startup company provides weekly online updates in summary form of the latest medical research and practice worldwide, with a searchable database available for those wanting full text of articles or other details. Its membership includes more than 130,000 physicians and 150,000 laypersons (Information Technology Special Report, 1998).

Closed Grant Report System—This system, developed and maintained by the Robert Wood Johnson Foundation, provides online access to well-written, concise summaries of final reports from the Foundation's many grant projects, including a large number of substance abuse prevention projects. The searchable format for these summaries includes evaluation and dissemination information; the system is accessible both by foundation staff and the public (Knickman, J., 1998, personal communication).

Integrated National Infrastructure for Dissemination—A group of Canadian foundations, headed by Community Foundations of Canada (the national association for Canadian philanthropy), the McConnell Family Foundation in Montreal, and the Vancouver Foundation in Vancouver, work cooperatively nationwide to design dissemination strategies, publish guidelines for grantees, and provide training on dissemination principles for grantees and funders (Backer, 1995a). An outside consultant (the author) has helped apply experiences from American philanthropy to the development of this system, which coordinates the activities of many foundations throughout the country. It is particularly helpful in providing easy opportunities for technical assistance, common language, and chances for networking among peers interested in the subject of dissemination.

Partnerships—Nonprofit organizations of all types frequently engage in partnerships with other organizations in their communities—to leverage resources, increase impact, and build their overall capacity to deliver services or otherwise respond to community needs. Funders increasingly require evidence that the projects they fund have created partnerships to support them. Training and technical assistance on partnerships are offered by nonprofit associations, university management training programs, and management assistance organizations. And numerous journal articles and book chapters on this subject have appeared in the nonprofit management literature over the last five years (Backer & Norman, in press).

The knowledge base on partnerships should be reviewed by organizations considering the implementation of an innovative substance abuse prevention program. The very nature of such innovations requires that some fairly sophisticated partnership arrangements be developed to support implementation.

There are, in addition, new environmental trends that could be used to good advantage. Reis & Clohesy (1999) in an environmental scan conducted for the Kellogg Foundation's new venture philanthropy program, identify three such trends.

1. *Social entrepreneurship*—using models from the for-profit community for creating or enhancing the service programs of nonprofits, including the creation of hy-

brid organizations, e.g., a nonprofit organization with a profit-making subsidiary (an example: the highly successful gift shops of major art museums, some of which are now national enterprises with outlets in malls).

2. *Business and social responsibility*—creation of partnerships between nonprofits and business, which provide additional resources to the nonprofit world but also serve legitimate business purposes of corporate marketability and profitability (an example: cause-oriented marketing, such as messages about HIV/AIDS incorporated into the print ads of Bennetton and other clothing makers).

3. *Philanthropy as social venture capital*—adapting principles from venture capitalists to philanthropic giving (an example: setting up giving programs that start with careful on-site assessment of the viability of the nonprofit and its planned "venture" or service program, followed by commitment of longer-term funding and technical support to assure success).

Each of these innovations, and many more that exist in the real worlds of corporate knowledge management (Howard & Backer, 1998) and foundation dissemination practice (Backer, 1995a), can be sources of inspiration for CSAP and for the substance abuse prevention field. Existing systems, such as the Join Together online system maintained under Robert Wood Johnson Foundation funding, can be blended with new approaches, e.g., a CSAP-funded computerized repository of project final report summaries, or a national dissemination infrastructure bringing together both Federal and private entities. It may also be possible for existing systems not in the substance abuse field, like MedScape, to be approached for inclusion of a special section concerning substance abuse prevention.

RECOMMENDATIONS FOR ACTION

Commitments both of resources and leadership will be needed to meet the challenges of "the failure of success" outlined here. The Center for Substance Abuse Prevention can spearhead a constructive response, but will need to partner with other funders, researchers, dissemination experts, and the substance abuse prevention field in order to succeed. Some recommended areas of action for CSAP and these partners to consider include:

1. Conduct a "gap analysis" that precisely measures the current extent of spread for the major, well-validated prevention programs, and that also identifies unaddressed dissemination opportunities. CSAP could commission the National Center for the Advancement of Prevention (NCAP) to undertake this survey, as part of its knowledge synthesis role. The report of this study should be disseminated widely, e.g., through the National Prevention Network and its annual Research Conference.

2. Convene the national group of researchers currently studying dissemination interventions (e.g., those involved with the Seven-State Diffusion Project and the CSAP Family Strengthening Initiative) for a one-day meeting. Bringing together investigators currently conducting dissemination research in substance abuse prevention can result in sharing and cross-validating of research results, as well as research partnerships. It also can lead to an important new synthesis of what is being learned from their research. Again, NCAP could be commissioned to un-

dertake this convening and to prepare and disseminate a report on the meeting's outcomes.

3. Based on this convening, create a practitioner-oriented document, "Implementation and Sustainability Guidelines for Innovative Substance Abuse Prevention Programs"—which can be issued to program developers and implementers throughout the field. Much of the "new wave" of dissemination research is focused on these two critical issues of implementation quality and sustainability. The emerging knowledge base from such research can have great relevance for prevention practitioners, programs, and communities. NCAP also could create this document.

4. Create "Dissemination Guidelines for CSAP Grantees" receiving support for demonstration, research, and development projects (including the Family Strengthening grantees). These will offer practical guidance on how to increase the diffusion and use of products from grantees' work and how CSAP and its partners can support these dissemination efforts. Once again, CSAP could invite NCAP to create this document. The document will include a roster of "dissemination resources" that grantees can use, and for certain programs, such as the Family Strengthening Initiative, CSAP also could consider providing more targeted supplemental funding for dissemination. Options for content and format of this document can be derived from a number of government and foundation dissemination initiatives discussed by participants at CSAP's September 1999 Dissemination Best Practices Workshop, coordinated by NCAP.

5. Convene NCAP and CSAP staff in a Work Group, which may meet electronically as well as in person, to create a synthesized "CSAP Dissemination Strategic Plan." Such a plan can bring together the many threads of both internal and external activity focused on dissemination under a common strategy—designed to encourage synergy, evaluation, and improvement, and further building of the knowledge base on dissemination in substance abuse prevention. This would be primarily a policy document for CSAP, with the potential for ongoing contributions from NCAP in its knowledge synthesis role. Specific elements of this strategic plan might include:

   • Setting policy on CSAP-funded evaluation projects, to require a dissemination plan and funding set-aside for dissemination of evaluation results to the substance abuse prevention community.

   • Setting policy for CSAP's commissioning of future research on dissemination—as with the CSAP Family Strengthening Initiative.

   • Setting policy on CSAP-funded evaluation of the effectiveness of key publications

   • Setting CSAP policy on the use of "triage decisions," to choose only a very small number of programs to target for dissemination each year, so as not to dissipate resources.

   • Exploring how the national nonprofit and foundation movement in "capacity-building" can yield opportunities for direct benefit (and partnerships) for the substance abuse prevention community.

   • Setting a priority in future CSAP-sponsored dissemination activities on addressing human issues—assessment and intervention concerning readiness, de-

velopment of partnerships, addressing researcher-practitioner tensions, and so forth (the Family Strengthening grantee training recently conducted by CSAP staff and NCAP, using Kumpfer's "PREVENT" model, can be a valuable source of inspiration for this activity).

The Center for Substance Abuse Prevention should be applauded for its renewed commitment to bridging the gap between research and practice. But if we are to overcome the "failure of success," as outlined here, it is importantly to look honestly at how the field can avoid repeating mistakes of the past and how we can bring to dissemination strategy some fresh ideas from outside substance abuse prevention. Lily Tomlin once said in one of her nightclub acts, "Maybe if we started listening to it once in a while, history would stop having to repeat itself so much." Researchers, practitioners, policymakers, families, and community leaders all must dig into individual and institutional memories for the lessons we've learned but haven't yet fully applied, so we can overcome the failure of success. This path will not be an easy one. Recently in *Fortune* magazine, Geoffrey Colvin wrote that: "The most important quality in a business person for at least the next decade will not be marketing genius or infotech savvy or any other kind of functional knowledge, but rather a character trait—a willingness, even an eagerness to make large, painful decisions" (1998, p. 279). This doubtless applies also to CSAP, other funders, researchers, practitioners, and to the community prevention field as a whole.

The bottom line is that change is hard. Leadership and creativity based on good science are essential to make change happen despite this reality. Only in this way can we effectively spread successful substance abuse prevention programs into communities with the will to implement them.

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