Ensuring that Evidence Has Impact:
Active Approaches to Implementing and Scaling Evidence-Based Prevention Strategies

The ultimate success of prevention science will not be measured by the effectiveness of prevention programs, practices, and policies alone, but also by our ability to bring the full experience of effective wellbeing strategies to children, families, and communities and to achieve intended wellbeing outcomes at scale. However, our usual passive methods of transferring evidence-based strategies into service settings (e.g., diffusion or dissemination of information; training; laws, mandates, and regulation; providing funding incentives), when used alone, typically result in only 5 to 15% of the population experiencing interventions as intended.¹

The effective implementation of wellbeing strategies, at scale, involves key partners who collaborate to embed active implementation and scaling capacity, infrastructure, and best practices within community-wide prevention systems.³

Active implementation involves utilizing responsible management strategies for complex systems environments to ensure that:

- practitioners are competent and confident delivering chosen wellbeing strategies within their organizations and larger community-wide prevention system;
- core intervention components (i.e., “active ingredients”) are received by children, youth, and families as intended;
- organization, system, and community partners work in concert, eliminating silos and increasing access to effective services; and
- linked leadership and implementation team structures – across every level of a prevention system – continually improve and sustain wellbeing strategies over time using data.⁴

There is much work to do, but with the right partners success can be achieved. Active implementation approaches are being utilized in several federal and state initiatives at this time, including the Permanency Innovations Initiative (U.S. Administration for Children & Families), the State Implementation and Scaling-up of Evidence-based Practices Center (U.S. Department of Education), the scaling of evidence-based child and family support strategies in North Carolina, and the scaling of evidence-based home visitation in Washington State and Montana.

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