Overview

Over the past decade, Pennsylvania has promoted programs that have clear evidence of effectiveness. The state has created a dedicated funding stream to encourage communities to adopt these programs aimed at preventing and reducing youth violence, delinquency and substance use. This brief draws heavily from the Pennsylvania experience, which is discussed in greater detail in the six research publications referenced at the end of the brief.

Since 1998, Pennsylvania’s Commission on Crime and Delinquency (PCCD) has taken a policy position of promoting more efficient use of state funds by increasing reliance on evidence to guide programming. PCCD has used grants to encourage local communities to replicate specific evidence-based programs that have been proven effective in well-designed research studies. Under this initiative, the Commission’s Office of Juvenile Justice and Delinquency Prevention has invested over $60 million to support nearly 200 implementations of effective programs in more than 100 Pennsylvania communities. The benefits have been enormous. What follows describes how this happened, the benefits of using research and analysis to drive public policy, and what observers of the Pennsylvania experience have learned about strategies for using analysis to improve public policy.

[Note: For purposes of this brief, evidence-based program has the same meaning as evidence-based intervention.]

This brief highlights five key issues related to evidence-based programs:

- The importance of a common understanding of the term evidence-based program and of how rigorous research complements good public policy;
- The importance of considering rigorous program evaluation as the beginning and not the completion of a broad policy and practice agenda to improve public safety and public health;
- The importance of, and challenges to, ensuring high-quality implementation of and fidelity to evidence-based programs as they move from research to real-world contexts;
- The importance of, and challenges to, the long-term sustainability of evidence-based programs; and
- The potential for large-scale adoption of evidence-based programs to yield not only positive outcomes but cost savings.

An understanding of these issues and strategies to address them will enhance policymakers’ ability to adopt an evidence-based approach to policymaking and to the implementation of programs that stem from policymaking.

This brief was prepared in conjunction with a presentation delivered by Brian K. Bumbarger at the 2009 North Carolina Family Impact Seminar, “Evidence-based Policy: Strategies for Improving Outcomes and Accountability.” Brian K. Bumbarger is the Director of Pennsylvania’s Evidence-based Prevention and Intervention Support Center (EPISCenter). Jenni Owen, MPA, is the Director of Policy Initiatives at the Center for Child and Family Policy, Duke University.
Evidence-Based Programs: What and Why?

The term evidence-based is becoming more and more common in policy and practice and has become synonymous with effective. However, the term is often used erroneously or without a clear understanding of what qualifies as being evidence-based. In setting policy to support an evidence-based agenda, it is important to have—and to communicate—a clear understanding of the term and its significance to efforts to promote public safety and public health.

In the area of youth violence and delinquency, the idea of evidence-based programs grew out of an effort by the University of Colorado’s Center for the Study and Prevention of Violence (CSPV), funded by the federal Office of Juvenile Justice and Delinquency Prevention, to identify programs that had been shown to be effective in published research studies. CSPV’s effort was called Blueprints for Violence Prevention and was one of the first efforts to apply specific, objective criteria when calling a program “effective.” CSPV’s criteria for evaluating a program’s evidence of effectiveness included the following:

- An evaluation study with a strong research design;
- Evidence of significant prevention or deterrent effects;
- Replication of the positive findings in more than one study; and
- Effects that are sustained beyond immediate post-test.

Perhaps the most important of these criteria defining evidence-based programs is the strength of the study design. Randomized-controlled trials (RCT) are the gold standard of study designs. Because they use a control or comparison group and random assignment of test subjects, RCT studies represent an evaluation design that provides the strongest evidence and greatest confidence that positive results can be attributed to the program being evaluated. Without a control group, we cannot know that the changes we see are not simply part of a natural trend that would have happened regardless of the program. Further, without random assignment of the test subjects to the intervention or control group, we cannot be sure that some other characteristic of the subjects (e.g., poverty level, intelligence, social support) is responsible for the positive changes we see.

Replication of positive findings in multiple studies is also important for ensuring that the program can generalize to different populations and contexts, and that the program’s impact is not simply a result of the researcher’s control over the study. Study design, replication and other key criteria are discussed in more detail in this report in the brief “Using Rigorous Evidence to Improve Government Effectiveness: An Introduction.”

It is worth noting that since CSPV’s original Blueprints project, different organizations and groups have developed a variety of criteria for judging the effectiveness of programs. These criteria vary slightly from one another, mainly as a function of the type of issue the group is interested in (violence, mental health, substance abuse, traffic safety, obesity, etc.), but there is considerable overlap, and all recognize the key importance of demonstrating effectiveness in a scientifically rigorous evaluation.

When comparing criteria promulgated by different groups, one should see them not as contradictory but as representing different points along a continuum of scientific rigor (and thus confidence). It is generally accepted that the CSPV criteria continue to represent one of the most rigorous standards of proof.

Programs that have demonstrated positive outcomes in rigorous and well-implemented evaluations can give policymakers the greatest possible confidence that they will be effective. Conversely, programs that do not have such empirical support can provide little confidence that they will have the intended impact and represent a greater risk of failure. Thus, evidence-based programs represent the safest bet when gambling with taxpayer dollars and the future of children and families.

As noted, Pennsylvania’s Commission on Crime and Delinquency recognized the value of implementing programs that have clear evidence of
effectiveness and as a result has promoted the large-scale dissemination of effective programs aimed at preventing and reducing youth violence, delinquency and drug use.

Going Beyond a “List” to Achieve Broad Public Impact

PCCD’s initiative to increase communities’ adoption of evidence-based (i.e., “effective”) programs addresses a major hurdle in prevention: the overwhelming majority of prevention and intervention efforts currently in place are not evidence-based and are not very effective. However, a policy agenda to achieve a broad public impact must go beyond simply providing communities with a list of effective programs and the funding to implement them. A number of issues must be addressed, and supports put in place, for these programs to realize the promise of improving outcomes at the community and state levels:

- Community readiness for evidence-based programming;
- Strategies for ensuring high-quality implementation of evidence-based programs; and
- Promoting sustainability of the programs beyond seed-grant funding.

Readiness: When policymakers fund evidence-based programs, are the communities ready?

As noted elsewhere in this brief and throughout the briefing report, the now-common call for evidence-based policy often emerges in legislation with policymakers requiring communities (or schools, county juvenile justice entities, or other recipients of public funding) to use resources only for programs that are evidence-based. While there may or may not be opposition to implementing evidence-based programs, willingness and desire are not a proxy for preparedness and optimal conditions.

Multiple factors may contribute to a community’s readiness for evidence-based program implementation. Key among the factors is context.

In every context of planning for program implementation, policymakers and implementers will have increased success if they ask certain core questions early on to determine readiness for the evidence-based program:

- How strong is the evidence of the program’s effectiveness?
- What are the other options?
- Does the evidence apply to our population?
- Can the program developer support our site?
- What will it take to sustain the program?

Beyond these core questions are other questions that can be tailored to the particular community:

- Do we need the program? (Does it address an identified risk factor?)
- Is it worth the investment, and can we afford it?
- Can we assemble the necessary resources and stakeholders?
- Will our community find it acceptable?
- How broad might the impact be?
- Do we know others who have used this program?

Stemming from each community’s unique context, potential readiness challenges may include the following:

- A disconnect between the community’s needs and specific funding opportunities (often called the “follow-the-funding” trap);
- Inconsistent motivations for adopting evidence-based programs either between policymakers and the community or within the community itself; and
- A lack of pre-implementation planning.

Evidence-based programs should be thought of as hardy seeds, but not magic beans. Even the best program will be ineffective in a chaotic and unstable school or community that lacks the basic resources and infrastructure. Sometimes these infrastructure issues must be addressed first, before funding is provided to implement new programs. This issue is especially relevant when resources are strategically targeted to the highest-need communities.
Match programs with community needs. An evidence-based program that is not aligned with a community’s needs is likely to be a misdirected and wasted effort. The key to achieving the full potential of evidence-based programs is beginning with a community needs assessment that identifies the specific risk and protective factors that are causing poor outcomes for youth and families, and then selecting evidence-based programs that target those very risk factors. For example, implementing an evidence-based program to reduce the incidence of methamphetamine use will have little impact if the overwhelming drug of choice in a community is cocaine.

If North Carolina legislators decide to adopt an evidence-based policy philosophy, numerous local-level structures exist to support it. Juvenile Crime Prevention Councils, Smart Start Partnerships and workforce development boards could serve as positive readiness platforms for evidence-based program implementation.

Focus on risk factors. Delinquency and youth drug use arise from a complex set of individual, family and community circumstances. Thus the constellation of issues that drive delinquency in one community may be very different from those of another community. A good example is the difference between densely populated urban areas and more sparsely populated suburbs or rural communities. Each may have similar problems driven by a very different set of risk factors. By focusing on the risk factors rather than the outcomes, communities acknowledge their unique nature and can get at the root causes of the problems they are trying to prevent.

Pre-implementation planning is key. Research has found that pre-implementation planning is frequently lacking or nonexistent despite being identified as highly valuable. At least two reasons may explain this. First, there are often no funds allocated by policymakers for pre-planning activities or even requested for pre-planning in program budgets. Second, it is not uncommon that the communities most in need of prevention programs are the least well-equipped to plan for and implement them.

In Pennsylvania, PCCD addressed readiness using the Communities That Care risk-focused model for community mobilization. Before any community can access state funds to support evidence-based programs, it must form a community coalition and undertake a data-driven risk and resource assessment. Based on the data collected, each community creates a unique risk profile and prioritizes three to five risk and protective factors to address. The community then selects evidence-based programs that target those specific risk and protective factors. The resource assessment ensures that there are not existing programs or services already targeting these issues, and if there are, it examines whether the community has evidence about the impact of the existing programs. The additional benefit of this approach is that it enables all of the community’s child-serving agencies and organizations to work toward a collective goal, creating synergy and economies of scale.

In a down economy, policymakers may be least likely to incorporate such readiness considerations into legislation and funding for evidence-based programs, but it may be the most important time to do so. Funding is too scarce; policymakers cannot afford to let communities fail due to readiness issues. PCCD’s four-year funding model is an approach for North Carolina and other states to consider, as the cost-benefit discussion later in this brief suggests.

Quality implementation: We implemented most of the evidence-based program in our community, but...

The challenge of high-quality implementation and the issue of local adaptation remain the greatest barriers to achieving the promise of effective prevention. The best intentions for thorough and complete implementation of an evidence-based program may nonetheless result in partial implementation and program adaptations (intentional or unintentional) that may have a negative impact on outcomes. A significant body of research has shown that implementation quality and fidelity (i.e., doing the program exactly as prescribed) are strongly associated with better outcomes (although there remains some question as to precisely what counts as full implementation).
There is also considerable evidence that when these effective programs are implemented under natural (nonresearch) conditions, there is great variation in implementation quality.

*Factors That Influence Implementation*

Research on Pennsylvania’s initiative by Pennsylvania State University’s Prevention Research Center has identified five factors that may influence implementation in terms of program fidelity. These factors may also have an impact on program quality and adaptation, that is, the extent to which the implementation of an evidence-based program differs from the program as originally developed.

- **The implementer**: Does the implementer have a thorough understanding of the components of the evidence-based program and specifically of the program’s logic model—that is, how the components and processes of the evidence-based program lead to the desired outcomes?
- **The implementing organization**: Are the staffing, resources and overall organizational capacity of the implementing organization ripe for doing the evidence-based program?
- **The program**: Are the tools of the program conducive to quality implementation? Tools include tangible items such as manuals and supplies as well as less tangible components such as training, technical assistance and professional development.
- **Recipients**: Can the program efficiently and successfully identify and recruit participants? Some program implementers face much greater challenges in this regard than others, for reasons ranging from communication to trust among community stakeholders and program representatives.
- **Context**: Is the evidence-based program being implemented in the context for which it was developed and evaluated? For instance, is a universal program meant to be directed at all students within a certain grade being delivered instead as a targeted intervention for a small group of high-risk youth?

One of the most common arguments against evidence-based programs is that the emphasis on strict fidelity to the program model does not allow for local knowledge and experience that could be used to strengthen the program by adapting it to better fit the community. While this is a compelling argument, research and experience in Pennsylvania have found it to be overstated. Researchers at Penn State studied the adaptations made by local implementers and found that they were seldom intentional attempts to alter the program to better suit the community. Further, the research showed that 80 percent of the adaptations made were in conflict with the program’s underlying theory and were likely to reduce the chances that the program would be effective.

When considering program implementation and adaptation, it is important to distinguish between program changes that stem from innovation and those that are the result of program drift. Importantly, in addressing these challenges of “adaptation” there is often a disconnect between practitioners and researchers on the topic. Theoretically, if a community identifies a program characteristic that if modified would benefit program recipients, such an innovation would be welcome. However, if the modification has not been tested but is simply the result of implementers’ beliefs that it would be positive, or if the change is simply in response to some implementation barrier, the result could be just the opposite. Program drift is rarely the result of proactive, well-intentioned innovation. It is more likely the result of challenges to implementation such as greater comfort with former practices, staff turnover, relationships, lack of time or other resources or other institutional or community barriers.

*Addressing Implementation Challenges: Making Programs More Effective*

We know that the process of replicating evidence-based programs inevitably results in a range of program changes. We know that communities face assets and barriers that have an impact on implementation of evidence-based programs. The
goal is to create an infrastructure that promotes the highest-quality implementation, the least amount of variability between programs, and a level of skill and understanding among practitioners that empowers them to make thoughtful decisions about program adaptation and implementation. A program’s efficacy (ability to produce positive outcomes when all the conditions are right) is less important than its effectiveness (ability to produce positive outcomes in natural conditions).

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There are several strategies that can enhance effectiveness through quality implementation:

- In replicating an evidence-based program, ensure that the implementer (local practitioner) is well trained in the underlying theory of the program, not simply the mechanics of delivery.
- Encourage or require implementers to assess implementation quality and fidelity as a part of their ongoing program assessment activities. It is as important to collect implementation data (through observations or self-reports) as it is to collect program impact data.
- Support ongoing technical assistance. As is the case with funds for pre-implementation planning, there is often a dearth of resources for this critical need. As part of its funding commitment, PCCD is requiring certain types of technical assistance when needed to maintain or improve program implementation.

The key takeaway for policymakers is to recognize that while legislating implementation of evidence-based programs is a critical step toward positive outcomes, the implementation process itself likely makes the difference between program success and failure.

Sustainability: We implemented the evidence-based program, but after a couple of years…

Research has identified effective evidence-based programs. Policymakers and other funders have funded them. Communities have implemented them. But identification and implementation of programs proven to have positive outcomes does not ensure sustainability of those programs over time. Many implemented programs with positive outcomes are never institutionalized. When a program fades, positive outcomes often fade with it. This is particularly true in areas such as juvenile delinquency and substance abuse. In these and many other areas of problem human behaviors, prevention strategies and interventions are rarely one-time, quick-fix solutions to short-term problems. On the contrary, the strategies typically need to be ongoing and long-term as are the challenges they are striving to address.

Addressing Sustainability Challenges

Viewing evidence-based programs as embedded within a larger community effort to change child and family outcomes over time represents a more realistic approach than the common method of providing short-term funding accompanied by grandiose expectations. To this end, PCCD’s grants to support evidence-based programs are for four years (with an increasing match requirement in years three and four to promote sustainability). This four-year funding approach has proven invaluable as it often takes the better part of the first year to get a program off the ground and an additional year to “work out the bugs” and have the program fully functioning. Given this reality, funding such programs for only one year would literally be a waste of resources. It is highly unlikely that the programs would result in significant positive impacts in such a short time.

Again, the Prevention Research Center assessed the sustainability of PCCD funded sites and identified a number of strategies that encourage long-term sustainability:
• Ensure community and school support. If the community is not motivated, change is much less likely and sustainability almost impossible. Evidence-based programs that reported strong support from key community stakeholders and school administrators (in the case of school-based programs) were significantly more likely to sustain beyond PCCD grant funding.

• Address sustainability early and as part of the overall implementation process and plan. Interestingly, the research found that sites were able to accurately predict their sustainability five years in advance, and that programs that engaged in active sustainability planning early in the implementation process were more likely to sustain.

• Determine community readiness and develop it if necessary. This includes cultivating buy-in from key stakeholders, including but not limited to community leaders (or leaders of the setting where implementation will occur), program recipients, implementers and potential future funders. In addition, when developing buy-in, it is critical not to overlook the importance of the implementing organization itself. If key program staff are not at the table at the outset, both implementation and sustainability likely will suffer.

• Related to buy-in, collaboration among stakeholders is key, opening opportunities for sharing ownership and responsibility for program outcomes and success. The research in Pennsylvania found that program sites that were closely connected to a well-functioning community coalition had greater broad-based community support.

• Ensure that basic elements of organizational capacity are in place, including but not limited to accounting systems and adequate physical space. Even if motivation, buy-in and claims of readiness are strong, organizational capacity challenges could hinder sustainability.

As researchers have generated knowledge about some of these key factors for sustainability, PCCD has added strategies to its package of evidence-based program components that reflect these factors. For example, communities are required to identify continuation funding sources during the application process and to provide match funding in the third and fourth years of PCCD funding. They also are offered technical assistance on sustainability planning. In addition, applications for funding must include the endorsement of a local community prevention coalition, and grantees are required to provide quarterly updates to the coalition on the program’s progress and challenges.

PCCD’s four-year funding model is an approach for North Carolina and other states to consider, as the cost-benefit discussion later in this brief suggests.

Finally, sustainability is important not only for those directly involved with an individual community program, but also for the community more broadly. If a community experiences too many “one-shot deals,” the readiness component discussed above may suffer and along with it the trust and collaboration between and among implementers and recipients that is necessary for program effectiveness.

While sustainability planning may make strategic sense, an understandable tension must be acknowledged with regard to balancing planning for sustainability before knowing with certainty whether a program works under natural conditions. Too often implementers scramble (often unsuccessfully) as initial funding ends to identify support for sustainability. Policymakers and implementers are therefore advised to build in support for sustainability up front. Although securing such funds is challenging in the absence of demonstrated positive impact, the existing evidence base for these programs provides a foundation of confidence in their potential to achieve positive outcomes. When coupled with a good structure for maintaining and measuring implementation quality, communities have a strong argument for approaching local stakeholders for program support.
Determining Whether Evidence-Based Programs are Effective, Cost-Effective and Cost-Beneficial

Even when the most rigorous evaluations show that a program is effective, high-quality implementation of the program is accomplished, and sustainability is maintained, there looms the question, Is it worth it?

From a public cost-benefit perspective, there are at least three types of effective programs:

- **Effective**: Some programs are effective but are too costly. There are ample examples of programs that could make a difference for youth with behavioral problems but are simply not feasible to implement at scale due to cost and other community or implementation constraints. Consider a program that provides costly one-on-one therapeutic supervision to a child with a behavioral mental health diagnosis. The intervention may prevent acting-out behavior during the school day, but the minimal impact does not justify the expense.

- **Cost-effective**: Cost-effective programs are both effective and nonburdensome from a cost standpoint. A cost assessment of these programs demonstrates that the programs are essentially a wash with regard to funds. They have positive outcomes for program recipients that offset the program costs. Consider a family therapy program that works intensively with adolescents who are on the verge of going into expensive out-of-home placement. Although costly, the program generates an almost immediate cost-savings offset by preventing placement.

- **Cost-beneficial**: Cost-beneficial programs are effective and represent a cost savings. In these cases the program not only offsets its costs with positive outcomes, but it actually represents a return on that investment by reducing larger community or societal costs beyond the immediate program outcomes. Consider a program for high-risk teen mothers that fosters strong parent-child bonds in early childhood, which later translate to higher graduation rates, increased employment and income (and subsequent tax revenue), and reduced crime and drug treatment.

Effective (from a program impact standpoint) does not always equate to cost-effective. Likewise cost-effective does not directly equate to the greatest positive impact. Thus the challenge for policymakers is to weigh the effectiveness of a program against the potential costs and the potential benefits to reach the approach that maximizes impact while minimizing (current and future) taxpayer burden.

**The Pennsylvania Experience**

Using an approach developed by the Washington State Institute for Public Policy, Penn State’s Prevention Research Center conducted a cost-benefit assessment of Pennsylvania’s delinquency prevention efforts to determine the costs and benefits of that state’s juvenile justice programs. The Pennsylvania analysis applied data from its own delinquency prevention programs, examining seven of the most prolific programs supported by PCCD, and found that the programs not only have positive outcomes but that the benefits they provide yield a measurable return on investment.

The PCCD case is not simply a “pay now or pay later” scenario. A more accurate characterization would be “pay now and pay significantly less later.” What the analysis demonstrates is not only the cost savings from preventing, in this case, secure confinement for youth, but actual fiscal benefits ranging from improved employment (and therefore taxable income) to reduced burden on other public systems such as welfare, drug treatment, and social services.

Of the seven prevention programs examined in the Penn State study, the number of program recipients ranged across programs from six youth to 2,100 students and 410 families. The total potential economic benefit statewide was calculated for each program with findings ranging from a potential benefit (above and beyond the cost of the program) of $378,000 for a program serving 11 youth to a potential benefit of over $136 million for a program serving 109 families. The economic benefits were calculated based on the seven programs’ significant likelihood to have positive
outcomes in terms of reductions in crime, substance abuse, and violence and/or an increase in test scores, employment opportunities and high school graduation rates. Although the Penn State study examined only seven programs within one particular state funding stream, the return on these seven programs alone was calculated to be $317 million, above and beyond recovering the actual costs of the programs.

The outcome projections for these programs were not pie in the sky, best-case scenarios but were based on the actual levels of participant impact the programs had shown in previous studies, monetized and pro-rated based on the length of time it would take for a program to realize those outcomes (for elementary students to reach the age of criminal responsibility, for instance). This combination of proven programs yielding positive outcomes in natural conditions and reduced costs represents a compelling argument for policymakers.

With state prisons and county jails across the country operating at well over capacity, and the average state spending three times as much on corrections as on higher education, the implication for policymakers is clear. A significant state investment in prevention, which once was a tough sell and considered by many as liberal fluff, is now a well-informed and fiscally responsible approach to improving public safety.

Being able to point to effective programs that actually reduce societal costs over time is a windfall for policymakers. What better motivation could there be to require implementation of evidence-based programs for prevention? Yet there are ongoing challenges with regard to support for prevention. Prevention programs take the long view and thus are not always able to show immediate results. Although research has demonstrated that very small improvements measured immediately after program participation turn into significant long-term improvements, the fact remains that the promise of prevention may not be realized within a single legislative cycle. PCCD’s work is compelling, especially in such tight budget times; it has data to boast a combination of effective, evidence-based programs that also demonstrate cost-benefits. Even in good economic times there is an argument to be made that increasing investment in effective prevention programs could offset the burgeoning prison population in Pennsylvania, North Carolina, and beyond.

**Summing It Up: Evidence Up, Youth Violence Down, Money Saved**

Since 1998 the Pennsylvania Commission on Crime and Delinquency has invested over $60 million to aid communities in nearly 200 implementations of effective prevention programs across the state. In addition to the initial funding—allocated in four-year blocks—PCCD has supported implementation of the evidence-based prevention programs with significant proactive training and technical assistance to ensure these programs are delivered with the high quality necessary to achieve positive outcomes, and are sustained beyond initial state funding. As a result, research by Penn State’s Prevention Research Center has shown that communities that adopt this approach have lower rates of delinquency and youth drug use, and that the state’s investment yields significant economic savings in reduced systems utilization.

The Pennsylvania experience is still in progress. Research continues to assess the impact of the individual evidence-based programs as well as of the overall evidence-based policy approach that the state has adopted for juvenile delinquency, substance abuse and violence prevention programs. In part because Pennsylvania is approaching this as a statewide initiative rather than piecemeal, and has engaged in a partnership with researchers, opportunities have emerged to enhance the initiative based on the knowledge generated from studying the process of taking these programs to scale.

Stemming from this body of research and experience, PCCD has shown a willingness to recognize and act on needed enhancements to the
initiative, such as new requirements in the areas of implementation-quality oversight and sustainability planning. Further, based on the success of this approach over the past decade, the state has recently created the Resource Center for Evidence-based and Promising Programs and Practices. This effort expands the initiative across multiple state agencies by bringing in the state departments of Public Welfare (including mental health), Health (including substance abuse prevention and treatment), and Education.

What we can learn from the Pennsylvania experience regarding identification, implementation and sustainability of evidence-based programs has implications that go well beyond youth violence and delinquency. The programs’ establishment of community partnerships, such as the required community-based prevention coalitions, could serve to facilitate the implementation of evidence-based programs in other domains (such as childhood obesity) within the same communities. Pennsylvania’s approach is a telling case study, a working example of the potential and realized benefits of evidence-based programs. It is about the implementation of “model prevention programs” within a supportive infrastructure and the fact that doing so is a process, not a one-time, short-term commitment.

One point is clear from Pennsylvania’s experience. It behooves policymakers and practitioners to be good stewards of taxpayer funds by focusing their efforts on the implementation of programs that research has proven have a positive impact. Moreover, when budgets are tight, as is the case as of this writing, a commitment to thoughtful and strategic use of funds becomes even more necessary and expected.

The publications listed below (from which stem much of the material in this brief) offer a multidimensional view of the benefits, challenges and aspirations of undertaking an initiative to promote a statewide philosophy of using research evidence to guide policy decision making, funding and practice to promote positive youth development and strong families. Further, the publications expand on the opportunities identified here for policymakers, practitioners and researchers to play active and mutually supporting roles in advancing the positive impacts that implementation of evidence-based programs can have for individuals and communities.

Reading list:


Tibbits, M., Bumbarger, B. K., Kyler, S., & Perkins, D. F. Sustaining Interventions. State College, PA: The Pennsylvania State University, Prevention Research Center. (Currently under review.)