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### Getting To Outcomes: a community-based participatory approach to preventive interventions

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Substance abuse prevention can improve community health (CDC, 2002; NIDA, 1997), but only when implemented well (Backer, 2001). This is difficult given the advanced skills required, causing a gap between the positive outcomes achieved by prevention science and those sometimes observed in practice (Green, 2001; Wandersman & Florin, 2003). Common mechanisms within the USA to address this gap are available (e.g., internet, trainings), but lack outcomes. A new model, emphasizing collaboration between science and practice is needed.

Community-based participatory research (CBPR)—community member involvement in research (Wandersman *et al.*, 1983)—provides a theoretical framework for addressing this gap, often yielding research that is more relevant, utilized, and better quality (Brown, 1985; Chataway, 1997; Green & Mercer, 2001; Wandersman *et al.*, 1983). We submit that preventive *interventions* themselves should be consistent with CBPR, or Community Based Participatory *Interventions* (CBPI). To facilitate CBPI, we have developed a prevention process and corresponding technical assistance package, called *Getting To Outcomes* (GTO).

Incorporating traditional evaluation (Rossi *et al.*, 2004), empowerment evaluation (Fetterman, 1996), results-based accountability (Osborne & Graebler, 1992), and continuous quality improvement (Deming, 1986; Juran, 1994), GTO's 10-step process enhances practitioners' prevention skills while empowering them to plan, implement, and evaluate their own programs (Chinman *et al.*, 2001). The GTO manual's text and worksheets address: Needs and resources assessment, Goals and objectives, Choosing programs, Ensuring program 'fit', and Capacity, Planning, Process and Outcome evaluation, Continuous quality improvement, and Sustainability. GTO is meant to be a 'best practice *process* (Green, 2001)': prescriptive, yet flexible enough to facilitate any preventive program.

To test GTO, we recently began a Centers for Disease Control funded participatory research project in two substance abuse prevention coalitions within the USA. Coalitions organize people and groups to intervene on multiple levels (individual, organizational, policy)

and sectors (parents, youth, criminal justice, education) to improve community health (Butterfoss *et al.*, 1993). The project includes GTO training and significant technical assistance. A survey of prevention practices administered to all members of the two coalitions before GTO implementation, and at 12 and 24 months, linked to the evaluation data of individual coalition programs, will assess GTO's impact. Standardized assessment techniques will be used to track GTO utilization. Each coalition convened a 'work group' of key staff, volunteers, and researchers, who collaboratively decided upon the research design, measures, and procedures, as well as the programs targeted by GTO.

After 7 months, 48 persons from both coalitions have been trained and four programs have begun to receive technical assistance on completing the GTO steps. Although too early for results, field notes show the GTO process, facilitated by the technical assistance, is already changing the way the programs are implementing prevention. The programs have created logic models to clarify their goals and objectives and ensure their link to program activities, managed staff changes, used data to improve ongoing implementation, and improved the design and instruments of their outcome evaluations. Final results will illustrate how the model improves prevention skills and program-level health outcomes.

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