

Four Keys to Success (Theory, Implementation, Evaluation, and Resource/System Support): High Hopes and Challenges in Participation

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Abstract In this article, I attempt to merge two themes. First, there is often a large gap between high hopes about impacts of policies or programs and the demonstrated results. I describe four keys/threats to success in any social problem area: theory, implementation, evaluation, and resource/system support. Second, I present theory and research from over 30 years of work on participation, conducted by my colleagues and myself that can illuminate and be illuminated by theory, implementation, evaluation, and resource/system support. I offer ideas for solutions that increase the probability of success. I conclude with the need to have high hopes tempered by theory and research to develop realistically ambitious solutions to social problems.

Keywords Participation · Theory · Implementation · Evaluation · Resource/systems support

The history of policy and social intervention is filled with successes, partial successes, flaws, and “failures.” This article is about the high hopes (the expression “High Hopes” is inspired by the Frank Sinatra Oscar-winning song) and the challenges that often exist in the creation and development of health and human service interventions and policies; and it is about potential solutions. Policy makers, scientists, and the public often hold high hopes for new legislation, policies, and strategic plans (e.g., Healthy People 2020, No Child Left Behind), and for prevention and

treatment programs (e.g., DARE, boot camps for juvenile offenders). Yet, in spite of initial optimism, many evaluations point to modest success, no effects, or even negative effects. The realities of modest, if any, success, should lead us to think more carefully about our interventions and why they are not more successful. In this article, I will begin by talking about examples of high hopes and results that did not live up to expectations. Then, I will describe four keys to success in any social problem area: theory, implementation, evaluation, resource/system support. Limitations in these four areas are likely to lead to disappointing results. This section will be followed by a lengthy case example of theory, research, and practice in participation. I will draw upon a series of projects that my colleagues and I have conducted over several decades (on neighborhood organizations, community coalitions, and empowerment evaluation systems) to illustrate high hopes and challenges, and how improvements in theory, implementation, evaluation, and resource/system support may help us confront the challenges that lead to disappointing results. Furthermore, I suggest that greater use of participatory processes in theory, implementation, evaluation, and resource/system support should improve the four keys to success.

Examples of High Hopes, Mixed Success, and Disappointment

In order to illustrate the commonality of optimism, mixed success, and disappointment, I will briefly describe two examples (one a social policy and the other a prevention program) that help illustrate some of the reasons for high hopes, mixed success, and disappointment.

1. “*Psychologist sought social cures*” was the title of George Albee’s obituary in the Washington Post.

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Albee was a famous community psychologist and former president of the American Psychological Association. “Dr. Albee built a reputation as an early proponent of the idea that mental illness is caused by such social and environmental issues as poverty, racism and sexism, and not entirely by chemical imbalances in the brain. He pushed for social changes as a way to treat and prevent mental illness.... He [Albee] would say, ‘No mass disorder afflicting humankind has ever been brought under control by attempts at treating the individual’” (Albee 2006, Washington post, p. B06). Wray Herbert’s obituary in the *Psychotherapy Networker* (Herbert 2006) traced the rise of Albee’s (and others) ideas of prevention and community mental health in the 1960s and their diminishment in the Reagan presidency and beyond. Herbert describes a mixed picture of primary prevention and community mental health today. At the national level, he notes that primary prevention was not even mentioned in the President’s New Freedom Commission on Mental Health 2003. Yet, Herbert also notes that Albee’s legacy lives on and notes numerous published articles on innovative local primary prevention programs throughout the U.S. In brief, we see a mix of significant achievements that fall far short of the high hopes and optimism that launched the primary prevention movement.

2. The Family Development Project, an early primary prevention research projects, was developed by my wife Lois Pall Wandersman and me in the mid 1970s. The project was based on the premise that psychological knowledge and education about infant cognitive and social development, parenting, and husband–wife relationships could reduce stress and promote coping and thriving in first- time parents and their infants. Through participating in a ten session primary prevention program, parents would address topics such as promoting infant cognitive and social development, spoiling, coping with husband–wife relationship changes, and adjusting to the mother role/father role and identity changes. The groups were led by trained facilitators and utilized a variety of learning formats including modeling, group discussion, homework exercises, and experiential learning with the infants. Parents were additionally encouraged to form a support group outside of the formal sessions with the other members of their group. We optimistically thought that the knowledge and social support provided in these sessions would significantly help parents cope and adjust to the major changes occurring in their lives. The groups were useful and enjoyable to the parents, and also resulted in increased social support and satisfaction with the groups. The results did not

show significant improvement in fundamental dependent variables (such as marital satisfaction, general well-being). Realistically speaking why should 2 hours significantly change such complex and deeply rooted issues (Wandersman et al. 1980).

Both of the examples illustrate a combination of high hopes and much more modest accomplishments and/or disappointments. Why weren’t these efforts more successful? I would like to suggest that four keys identified in a variety of literatures would be helpful in the analysis of success, limitations, mixed results, and “failures” of public policies, programs, or strategies.

Brief Definitions of Four Keys to Success: Theory, Implementation, Evaluation, Resource/System Support¹

In this section, I will provide very brief descriptions of four keys to success that can help explain why programs and policies may or may not achieve the intended results. Analysis of the four keys may offer lessons-learned that can increase the probability of success in future efforts.

Theory

Theory is important in understanding what to do in order to solve a problem. Anderson (2005) stated:

A theory of change (TOC) is a tool for developing solutions to complex social problems. A basic TOC explains how a group of early and intermediate accomplishments sets the stage for producing long-range results. A more complete TOC articulates the assumptions about the process through which change will occur and specifies the ways in which all of the required early and intermediate outcomes related to achieving the desired long-term change will be brought about and documented as they occur.

“Theory failure” occurs when a program is based on an invalid theory of operation, when the underlying idea or

¹ I would like to make two notes here about the four keys to success:

a) I certainly recognize that there are other key factors for success (e.g., motivation to strive for excellence, the importance of relationships, and optimism about the possibility of change); zeal and patience will be used to address other factors in another article.

b) The way that the four keys are played out is influenced by epistemology (criteria for evidence) which influences theory and evaluation, and by values (e.g., the values of community psychology such as collaboration, participation, and empirical grounding (Dalton et al. 2007; J. Kelly, personal communication).

mechanism is unsound (Shapiro 1985; Rosenbaum 1986), when a strategy is inappropriate to meet a certain goal (Wandersman et al. 2005a), or when there is an absence of a causal connection between intermediate and long-term goals (Shapiro 1982).

Implementation

Implementation is a “specified set of activities designed to put into practice an activity or program of known dimensions.” (Fixsen et al. 2005, p. 5). Implementation processes are purposeful and the activity or program being implemented is described in such a way that independent observers can detect its presence and strength. (Fixsen et al. 2005, p. 5). The quality of implementation is crucial to achieving results (Durlak and DuPre 2008).

“Implementation failure” occurs when the program theory is sound but not properly put in place (Rosenbaum 1986). Some reasons for implementation failure include lack of resources, inexperienced personnel, and insufficient training (Dalton et al. 2007). Implementation failure can also relate to the extent to which the program is implemented with fidelity to the original plan or lacks quality adaptation (Durlak and DuPre 2008; Wandersman et al. 2005a).

Evaluation

Evaluation is defined by Rossi et al. (2004) as:

...a social science activity directed at collecting, analyzing, interpreting, and communicating information about the workings and effectiveness of social programs. Evaluations are conducted for a variety of practical reasons: to aid in decisions whether programs should be continued, improved, expanded or curtailed; to assess the utility of new programs or initiatives; to increase the effectiveness of program management and administration; and to satisfy the program accountability requirements of program sponsors. Evaluations may also contribute to substantive and methodological social science knowledge. (p. 2).

“Evaluation failure” can occur for multiple reasons: an evaluation may not detect a real effect because it is poorly designed, uses an inappropriate comparison group, or uses a measure that is not sensitive to change (Wandersman et al. 2005a). Even when evaluation technology is sufficient, agency staff and personnel might have negative feelings and attitudes toward the evaluation process and may not fully cooperate with the evaluation (Daniels and O’Neil 1979; Fetterman 1996).

Resource/System Support

An innovation requires system support. It will not succeed without a quality host (e.g., organization, political climate) or sufficient capacity to implement a program, process, or strategy. Support can come in the form of infrastructure support (e.g., leadership, skills, motivation, “buy-in”) and capacity can be built through training, technical assistance and coaching. (Later in this article, I describe the Interactive Systems Framework for Dissemination and Implementation and the Prevention Support System in order to discuss these issues in more detail). Resources for successfully carrying out an intervention include: human resources, technical resources, and fiscal resources (Wandersman et al. 2000).

“System failure” includes a lack of institutional support for an intervention (Wandersman et al. 2005a). “Resource failure” is similar to “system failure”; “resource failure” might occur due to limited funds, inadequate facilities, and insufficient human resources to implement a program or policy with quality (Sarason 1982).

One can readily identify possible theory, implementation, evaluation, and/or system resource “failures” or flaws in the Albee example and the Family Development Project example that can explain the mixed record of success and the failure to reach expectations. In the next section, I present some of the work conducted by my colleagues and myself on participation that provides deeper illustrations of the concepts of high hopes, challenges, “failures”, and possible solutions. The section is based on decades of work related to participation.

Optimism about Participation: High Hopes and Challenges in Neighborhood Organizations, Community Coalitions, and Empowerment Evaluation Systems

“Participatory evaluation,” “empowerment evaluation,” “participatory research,” “digital democracy,” “You” (Time Person of the Year, Grossman 2006).

Each of these terms represents a major interest in participation—where consumers, users, residents, citizens, staff, workers can influence their environments. Participation is fundamental to democracy. Participation is “a process in which individuals take part in decision making in the institutions, programs, and environments that affect them” (Heller et al. 1984, p. 339). Participation is a good thing; it is one of the seven core values of community psychology (Dalton et al. 2007). Optimism is also a good thing; it wards off depression (Seligman 1998), and it enables people to take action on ambitious projects to

better themselves and their environments. Optimism about participation (and the related concept of empowerment) motivates individual and community action and also laws and norms that encourage participation. Yet there are many challenges to effective participation. In this section, I will convey major issues about high hopes, challenges, “failures,” and possible solutions to the challenges of participation. By briefly describing a number of research projects that I have conducted with numerous colleagues over the past few decades, I hope to illuminate some fundamental issues about participation that relate to human nature, collective action, and systemic strategies/interventions to overcome challenges. I think that the theories and research, the high hopes, optimism, and challenges, and the strategies for solutions may offer important lessons learned for many interventions and policies developed by researchers, policymakers, and/or citizens.

High Hopes and Challenges: The Origins of My Interest in Studying Participation

New Towns

While we were graduate students at Cornell University, my wife, Lois, and I had the opportunity to visit the New Towns of Reston, Virginia and Columbia, Maryland. The visits and follow up searches of literature were the major initial stimulus for my decades of research related to participation.

In the 1960s and 1970s, there was strong interest in “New Towns” and planned communities as alternatives to urban sprawl. The urban society was viewed as a cold, impersonal, hectic, polluted, and noisy environment that led to alienation, powerlessness, and lack of a sense of community (e.g., Fromm 1968; Packard 1972; Reich 1970; Slater 1970). Many urban and social planners (e.g., Hoppenfeld 1967) attributed these consequences to the piecemeal, haphazard, and impersonal fashion in which many of the environments developed and suggested that comprehensive planning and humanitarian values could alleviate many of these problems.

Planned communities offered an opportunity to start fresh without having to correct the mistakes of the past. New towns were proposed in which thousands of acres of rural land would be built into towns and cities of 15,000 and 100,000 people. The new towns would incorporate the advanced ideas of physical planning and social planning. The visions for new towns were grand, as described by the developers of the two best known new towns in the United States. According to James Rouse, the developer of Columbia, Maryland (as cited in Hoppenfeld 1967):

Our cities grow by accident, by whim of the private developer and public agencies.... By this irrational process, non-communities are born—formless places, without order, beauty or reason, with no visible respect for people or the land.... The vast, formless spread of housing, pierced by the unrelated spotting of schools, churches, stores, creates areas so huge and irrational that they are out of scale with people—beyond their grasp and comprehension—too big for people to feel a part of, responsible for, important in.... There really can be no other right purpose of community except to provide an environment and an opportunity to develop better people. The most successful community would be that which contributed the most by its physical form, its institutions, and its operation to the growth of people. (p. 399).

Robert Simon (the developer of the new town of Reston Virginia) described his plans for the new town of Riverton (as cited in the Riverton Brochure):

Picture a community where the homes touch on tree-lined walkways on which you can stroll or jog or bicycle in safety. This unique network of byways leads to shops, schools, parks, and community centers where people of all ages can find opportunities of many kinds. You are free to pick and choose and experience the good life as you envision it. Baseball, basketball, tennis, golf, swimming, boating and nearly all active pursuits are here to be enjoyed. So are the opportunities for participation in music, drama, dance, crafts, the visual arts, and special study courses. Then there are paths to explore, flowers to grow, shrubs to trim, and the good earth to feel flowing through your fingers.... I invite you to discover for yourself what makes Riverton more than just a new place to live.... what makes it the way to live.

These rich descriptions suggest high hopes for the new communities. Yet the well-intentioned and ambitious plans of developers and professional planners can go awry. For example, in designing the new town of Columbia, Maryland, the planners wanted to promote interaction, neighboring, and a sense of community. Each house was part of a defined neighborhood, and each neighborhood was to have a neighborhood center, swimming pool, and convenience (grocery) store. The convenience store was to be a 5-minute walk or bike ride away that could safely be reached by walkways and bike paths. Therefore, automobile usage could be reduced, interaction between neighbors increased, and children could play a useful role by picking up groceries. However, when people moved in, many preferred a 5-minute car ride to a large shopping center and

supermarket rather than a 5-minute walk; as a result, many of the convenience stores were forced to go out of business. In addition, the planners decided that all of the mailboxes should be centrally located on a block. It was expected that social interaction would increase when people collected their mail. However, many residents hated the “gang” mailboxes because they preferred privacy and could not go outside in their robes to pick up mail. They protested bitterly, but the planners thought it was a good idea and kept the gang mailboxes. The “expert” design had not taken into account some of the life-style preferences of residents. These examples suggest that well-intentioned plans developed by experts may not work well for the intended residents and that the participation of residents in planning the new town may have avoided problems.

While I was thinking about the issues, accomplishments and challenges of the New Towns, I became interested in the major social planning initiatives that had been taking place in Scandinavian countries, which had more advanced social programming in child care, health, welfare, etc., than the U.S. I had the opportunity to go to a 3-week course on social planning in Sweden to learn more. (The course was actually held in Minneapolis—lots of Swedes, cheaper than bringing us to Sweden). One of my major “take aways” from the course was that many Swedes felt that there was too much planning by a paternalistic government (they called it “over planning”) and that there were high rates of suicide. I also recalled my undergraduate experience with the Utopian novel *Walden Two*, written by B.F. Skinner (1948). The novel described a utopian commune in which the society was based on a positive reinforcement ideology and the amount of work per day was negatively correlated with the desirability of the task. It was written in 1948 and talked about equal rights and equal work for men and women. In many ways, the novel was ahead of its time. But when we read it in the 1960s, many hated it because it was planned by one man (Frazier) and people felt too planned for.

My synthesis of these experiences was to focus on two issues:

1. How important is it for people to participate in decisions about environments and programs that influence their lives?
2. What can experts plan and do for people?

Studying these issues was the major thrust of my dissertation (Wandersman 1979a). Theory and research on participation has been a major theme of my decades of research.

Debates about Participation: High Hopes and Challenges

In Wandersman (1979a, b), I described a debate on participation. At one extreme of the participation debate is the

“expert” or planning for others position, which has been adopted implicitly or explicitly by many professionals in architecture, social planning, cultural design, and health and human services. The basic premise of this position is that, by virtue of their educational training and understanding of people, professionals are in the best position to design an environment that will satisfy people and meet their needs. This approach argues that it is not necessary, and is often even undesirable, for the eventual users to participate in the planning of the environment, since they get in the way and do not have the necessary expertise. Furthermore, participatory committees make the project much more expensive and time consuming. The expert position implies that the quality of the environment or program determines satisfaction, and that user participation in planning is of little or no importance.

Many counterarguments are raised against the expert approach, including questioning the ethics of control and interference with individual freedom. In contrast to the expert approach, the argument of advocacy and participatory planners and humanistic critics of cultural planners is that people need to participate in planning their own environment to be satisfied. They argue that participation in planning gives users a feeling of control over their environment, and it is the only way users’ values can really be taken into account. Some advocates of this approach have suggested that the effects of participation may completely overshadow the effects of the “objective” quality of the environment or program produced—that is, ego involvement, dissonance, and the like may produce great pride and feelings of control and thereby overshadow the effects produced by the “objective” quality of the environment. Other participatory planners have argued that user participation works because “it feels right”.

High Hopes and Challenges in Participation at the Individual and Organizational Level

High Hopes

Advocates of participation propose that multiple benefits result from participation including (see Wandersman 1979a):

1. Participation improves the quality of the environment, program, or plan because the people who are involved in implementation or usage have special knowledge that contributes to quality.
2. Participation increases feelings of control over the environment and helps individuals develop a program, plan, or environment that better fits with their needs and values.

3. Participation increases feelings of helpfulness and responsibility and decreases feelings of alienation and anonymity.

Studying High Hopes and Challenges at the Individual and Organizational Levels

Below, I discuss theory and research about participation at the individual level and at the organizational level, using research from the Neighborhood Participation Project (NPP) conducted in Nashville, Tennessee. The NPP, begun in the late 1970s, was a longitudinal study of the process of citizen participation. The NPP systematically studied block organizations in a Nashville neighborhood that was typical of many transitional urban neighborhoods. Overall, the neighborhood was racially integrated, with ~55% black and 45% white residents. Individual blocks were more homogeneous, having primarily either white or black residents of varying socioeconomic status. The neighborhood was chosen due to the implementation of a Neighborhood Housing Services (NHS) program and its community-organizing approach. NHS is dedicated to neighborhood improvement through the cooperative efforts of community institutions and citizens. It is a private, nonprofit service organization sponsored by contributions from local banks, savings and loans associations, and city government, and is governed by a board of directors consisting of neighborhood residents, bankers, and representatives of local government. The Nashville NHS, which was one of over 195 NHS organizations in the country at the time, served a contiguous 40-block area in the neighborhood. As part of its neighborhood revitalization efforts, the Nashville NHS began to organize block clubs in its service area. These block clubs served as a forum for block issues of common concern, such as crime, housing improvements, and street repairs.

Individual Level

“If participation is such a good thing, why don’t more people participate?” “Who participates, who does not, and why?”

In the NPP, trained interviewers attempted to interview each adult (18 years and older) in each household on 17 blocks which had block organizations. Two hundred and four adults reported being members, 217 reported not being members, and 96 respondents (almost 20%) did not know there was a block organization on their block (Wandersman et al. 1981). To understand who participates, who does not and why, we investigated demographic variables and found that members were more likely to be homeowners, people

who lived on the block longer, people who planned to live on the block longer, and people who were married. Race, occupation, education, and having children under 17 were not related to membership. In brief, members were more “rooted” in their block. To understand more about why people join, we investigated psychological variables and found that membership was positively related to involvement in other community activities, political efficacy, citizen duty, seeing problems on the block, importance of the block, neighboring activities, sense of community, personal influence on the block, and self esteem. Membership was not related to ratings of block characteristics, rating of the block past, present, and future, and degree to which the block meets needs and values. In summary, both members and nonmembers rated the block similarly but were differently engaged in the block. Additional research on who participates, who does not participate, and the costs and benefits of participation can be found in Chinman and Wandersman (1999), Florin and Wandersman (1984), and Prestby et al. (1990).

In terms of strategies that can influence levels of participation, a powerful finding was that personal contact with the community organizer was related to participation (62% of those contacted became members, while only 10% of those not contacted became members).

Organizational level

“Why do some voluntary organizations survive and thrive, while others die out?”

Although block and neighborhood organizations apparently help maintain and revitalize American urban communities, they are also vulnerable to rapid decline or failure. Several studies reported the difficulties of initiating and maintaining viable organizations. In a study of approximately 500 block associations, Yates (1973) reported that >50% declined after they had performed initial simple tasks. Miller et al. (1979) found that, although the formation of a block association is an easy task, maintaining the organization after the initial enthusiasm and excitement have faded proves quite difficult.

In the Neighborhood Participation Project, of the 17 active block associations, only eight were found to be functioning 1 year later (Prestby and Wandersman 1985). Prestby and Wandersman used an open systems framework (Katz and Kahn 1978) to successfully predict which characteristics of organizations were related to viability (see Fig. 1). The keys to an effective association (Wandersman et al. 1985) are reported in Table 1.

It is interesting and important to note that not all attempts to even begin a block organization were successful. For example, Wandersman and Giamartino (1980)

Fig. 1 An open-systems framework of organizational characteristics related to block organization maintenance

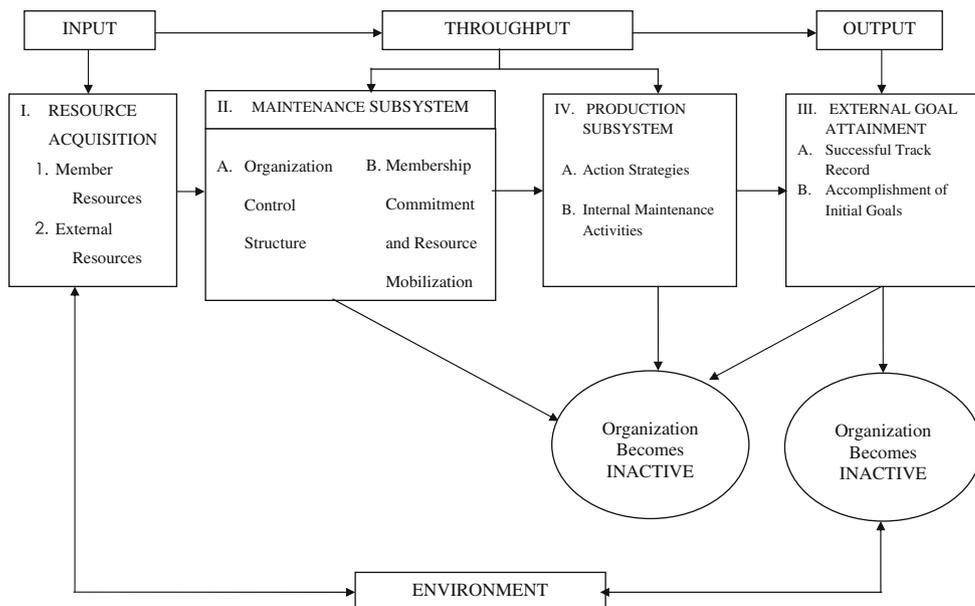


Table 1 Keys to an effective association

Based on our research and experience, the following factors make a block association work. We believe that they can be applied to other voluntary organizations as well.

Resources (Input)

Internal—You need enough members with the skills and contacts necessary to get the job done.

External—You need adequate assistance in terms of money, information or supplies from other groups.

Structure and maintenance (Throughput)

Leadership—Elected leaders should be responsive to members’ ideas.

Committees—Every interested person should have a chance to participate, and the workload should be widely distributed.

Democratic decision-making—Everyone should have a say.

Structure and maintenance (cont’d)

Incentives—Members need good reasons for joining and staying involved.

Maintenance activities—Recruiting members, building team spirit, developing new leaders and fund-raising make an organization strong.

Mobilization

Time and energy—Many members commit themselves fully.

Outside assistance—You need assistance from other community groups.

Production (Throughput)

Activities—The organization must produce concrete activities (more than good feelings among members).

Output

Goal attainment—The group must meet its initial goals and establish a track record.

compared two adjacent blocks which were attempting to initiate block organizations on each block. One block formed an organization and the other did not.

An Organizational Development System Strategy to Boost Organizational Functioning

The Block Booster Project

“If the findings about organizational viability are so obvious, why don’t more organizations do it—why do so many organizations die out?” “How can our

results be used to increase the chances for organizational viability?”

We were told by many people that the Prestby and Wandersman results were obvious. Our response would generally be a version of— if the results are so obvious why are so many organizations dying out? (This is analogous to everyone knows that smoking is bad but yet many people still smoke). We knew that even if block leaders read our peer-reviewed article, it was not written in a way that they could readily apply it to strengthen their organization. David Chavis, Paul Florin, Richard Rich, and I obtained a grant from The Ford Foundation to develop the Block Booster Project. We partnered with Citizens Committee for

New York City, a non-profit organization that provided technical assistance to block organizations.

The Block Booster Process

Surveys of organizational characteristics were filled out by block association members at their local meetings. We then prepared a profile of each organization, describing its strengths and weaknesses, and gave this profile to the leaders. To help them improve their organizations, we put some of the ideas of the Prestby and Wandersman article into the form of a handbook and distributed it to each organization. In a workshop, we discussed with the leaders how to apply the information from the handbook to their block. Experienced leaders and community organizers were involved at every stage of the project. Using an experimental design, active block organizations were randomly assigned to either receive the Block Booster process or be in the control group. Block organizations that were in the Block Booster condition had a significantly higher survival rate 1 year later (Florin et al. 1992).

During the period of the Block Booster project, I became interested in community organizations that might have a broader impact than a block or a neighborhood and could work on major public health problems. I wanted to know if the knowledge and tools that we had developed could be helpful in this broader arena. At the end of the Block Booster project, I began work on community coalitions.

Community Coalitions: Do Community Coalitions Work? How Can Community Coalitions be More Effective More Often?

High Hopes for Coalitions

Coalitions have become a very popular mechanism for community mobilization to solve health problems and other threats to quality of life (e.g., Butterfoss 2007). A coalition is “an organization of diverse interest groups that combine their human and material resources to effect a specific change the members are unable to bring about independently” (Brown 1984, p. 4). Wandersman et al. (2005a) describe several important purposes of coalitions:

1. They enable organizations to become involved in new and broader issues without having the sole responsibility for managing or developing those issues.
2. They demonstrate and develop widespread public support for issues, actions, or unmet needs and thus help create the political will to make hard choices.
3. They maximize the power of individuals and groups through joint action. Coalitions can increase the

critical mass behind a community effort by helping individuals achieve objectives beyond the scope of any one individual or organization.

4. They minimize duplication of effort and services. This economy of scale can be a positive side effect of improved trust and communication among groups that would normally compete with one another.
5. They mobilize more talent, resources, and approaches to influence an issue than any single organization could muster alone. Such strategic devices enhance group leverage.
6. They provide an avenue for recruiting participants from diverse constituencies, such as political, business, human service, social, and religious groups as well as less organized grassroots groups and individuals.
7. They exploit new resources in changing situations.

Challenges: A Mixed Record of Success

Wandersman and Florin (2003) found reports in the literature of individual coalitions that had successful impacts on substance abuse prevention, adolescent pregnancy prevention, arson prevention, and immunization. They also found that literature reviews and cross-site evaluations showed a modest or mixed record of success. Community level interventions that did not show outcomes tended to be those that focused on community public education or organizing or training community leaders for prevention; those that did show outcomes tended to be multi-component interventions (e.g., school, policy, parent, and media programs). Roussos and Fawcett (2000) reviewed 34 studies and found 12 that produced impacts on community-wide behavior change (e.g., alcohol, tobacco, and other drug use). They concluded that “the reviewed studies suggest that collaborative partnerships can contribute to widespread change in a variety of health behaviors, but the magnitude of these effects may not be as great as intended” (Roussos and Fawcett 2000, p. 376). Merzel and D’Afflitti (2003) conducted a systematic review of 32 community-based (community-driven and research-driven) prevention programs. Generally, they found a very modest record of impacts, although they found that a number of HIV-prevention programs were successful. They credited this success to an emphasis on specific populations, targeting social norms, and using formative research.

Reviews and cross-site evaluations of community-driven coalitions have also shown a mixed record. Kreuter et al. (2000) examined 68 published evaluations of coalition impacts on health status or systems change and found only six occasions of documented success. In a cross-site evaluation of the Center for Substance Abuse Prevention’s (CSAP) Community Partnership Program (which funded

251 community partnerships), Yin and colleagues (Yin et al. 1997) found that eight of 24 communities showed statistically significant lower substance abuse rates than comparison communities on at least one of six outcomes examined. The evaluation of the Robert Wood Johnson Foundation's Fighting Back initiative compared each of 14 intervention communities with two to four comparison sites. So far, there have been few significant differences, and when found, differences have not always favored the coalition communities (e.g., Hallfors et al. 2002). However, Hingson et al. (2005) performed a dose-response analysis of Fighting Back data and did find significant results. Wandersman and Florin (2003) concluded from the mixed record that *prevention science is necessary but not sufficient for communities, coalitions or community-based organizations to obtain prevention outcomes, and that we need to more carefully consider theory, implementation, evaluation, and resources.*

Possible Explanations for a Dearth of Demonstrated Outcomes by Coalitions

Wandersman et al. (2005) cite four possible reasons why a coalition might not show successful results: "theory failure", "implementation failure", "evaluation failure", "system or resource failure". I now think it is more accurate to call them flaws rather than "failures". (According to the Miriam-Webster online dictionary, a flaw is an "imperfection or weakness especially one that detracts from the whole or hinders effectiveness". In general, I think this is a more accurate way of describing the problems and our ability to provide solutions). The four "failures" or flaws relate closely to the four keys to success described at the beginning of the article.

Theory Flaws

It is possible that the theory of what coalitions can accomplish may be more optimistic than the reality. A coalition strategy may be used when it is inappropriate for meeting a certain goal or when there is an incomplete conceptualization of the appropriate use of coalitions in addressing social and health concerns (e.g., Green and Kreuter 2002; Saxe et al. 2002).

In terms of theory flaws, we can look to prevention science for answers about what works (e.g., Nation et al. 2003). However, Wandersman and Florin (2003) conclude that prevention science is necessary but not sufficient for most community driven practice to reach outcomes because (1) traditional models of research to practice have led to major gaps between science and practice, and (2) prevention science generally has not dealt systematically

with several major steps needed for practice to be effective (e.g., needs and resource assessments, continuous quality improvement, sustainability).

Implementation Flaws

The coalition may have a weak organizational infrastructure and may not be functioning well as an organization or the coalition may not be implementing strategies effectively (Saxe et al. 2002). In relation to implementation flaws, it is important to look at the general capacity of an organization to be a good host for an innovation (e.g., the coalition has strong leadership and volunteer-staff relationships vs. the coalition fails to form or breaks up) as well as the capacity of an organization to implement a specific innovation (e.g., the coalition has knowledge and skills to implement evidence-based strategies vs. the coalition implements no strategies or ineffective ones) (cf. Livet and Wandersman 2005; Livet et al. 2008; Wandersman et al. 2008). In addition, quality implementation is necessary (Durlak and DuPre 2008). A potential challenge could be that a coalition attempts to implement evidence-based strategies but does so in a way that leaves out core components [and therefore does not get effects].

Evaluation Flaws

Measuring the effects of community coalitions can be very difficult (Wandersman and Florin 2003). The evaluations may be poorly designed, use inappropriate comparison groups, use measures not sensitive to change, or not measure actual accomplishments of the coalition because they were not in the initial evaluation plan.

Often, complex evaluations of community interventions are implemented with little input from practitioners. Traditional evaluation methods should be complemented by approaches that enable practitioners to evaluate themselves in real time so that they can make mid-course corrections and actively develop "practice-based evidence" (Green 2006).

Resource/System Flaws

The coalition may design good strategies but those strategies are not supported by adequate resources or institutional backing (Wandersman and Florin 2003). Telling coalitions and other organizations that they should use evidence-based practices is not sufficient to achieve quality implementation. Resources to build capacity and fund evidence-based practices in communities are necessary.

A Potential Solution to the Lack of Outcomes: Empowerment Evaluation Systems

High Hopes for Empowerment Evaluation

Evaluations of coalitions and many other social, community, and psychological interventions have often led to reports of little or no results. This has led to tremendous dissatisfaction with programs and with program evaluation. When we saw that coalitions that we were working with (as well as many other coalitions around the country) were not showing many outcomes, we began to think about what it would take to reach outcomes. (This is reminiscent of the situation with the Neighborhood Participation Project findings about many block organizations not being successful and dying out; and the Block Booster project as an attempt to build a systemic strategy with an ongoing community organization (Citizens' Committee) to boost the maintenance and effectiveness of block organizations). We thought that coalitions needed ways to plan and implement more effectively so that they were more likely to reach outcomes. This was a major motivation for the creation of the empowerment evaluation approach (Fetterman et al. 1996).

Empowerment Evaluation has been defined by Wandersman et al. (2005b) as:

An evaluation approach that aims to increase the probability of achieving program success by: (a) providing program stakeholders with tools for assessing the planning, implementation, and self-evaluation of their program, and (b) mainstreaming evaluation as part of the planning and management of the program/organization. (p. 28).

Empowerment evaluation offers an alternative approach to traditional program evaluation that is sensitive enough to detect and document program outcomes *and* that helps programs work better.

Empowerment evaluators collaborate with community members and program practitioners to determine program goals and implementation strategies, serve as facilitators or coaches, provide technical assistance to teach community members and program staff to do self-evaluation, and stress the importance of using information from the evaluation in ongoing program improvement. In sum, empowerment evaluation helps program developers and staff to achieve their program goals by providing *them* with logic and tools for assessing and improving the planning, implementation, and results of their own programs. The ten principles of empowerment evaluation are congruent with the values of community psychology. Two of the principles are directly related to participation: *Inclusion* is the involvement of key stakeholders; *Democratic Participation* is meaningful

influence in decision-making (the other eight empowerment evaluation principles are: *Improvement, Community Ownership, Social Justice, Community Knowledge, Evidence-based Strategies, Capacity Building, Organizational Learning, Accountability*; the principles are discussed in detail in Wandersman et al. 2005b).

Challenges to Empowerment Evaluation

Empowerment evaluation has been criticized on conceptual grounds (e.g., is it evaluation? is it biased? cf. Patton 2005; Scriven 2005) and on empirical grounds (e.g., has it been shown to improve outcomes) (Patton 2005; Miller and Campbell 2006). Our own data (Chinman et al. 2008) show achievements (e.g., building individual prevention capacity, building program performance) as well as limitations (e.g., takes a lot of time, skills need to be developed to use it, technical assistance resources are needed).

Developing Empowerment Evaluation Systems

If achieving outcomes and accountability are so important, how can organizations and providers implement interventions effectively within the context of their own settings—how can they implement with quality and make adjustments to fit their unique situations? What can funders and others do to support local organizations (e.g., schools, community-based organizations)?

The Getting To Outcomes™ results-based accountability approach

Empowerment evaluation sounds good and is attractive to many funders and practitioners. How can you actually do empowerment evaluation? How can you achieve accountability? There was a need to develop tools that could help communities carry out empowerment evaluation. Using the empowerment evaluation philosophy, Wandersman et al. (1999, 2000) developed a 10-step approach to results-based accountability called Getting To Outcomes (GTO). By asking and answering ten key questions, interventions can be guided to achieve results-based accountability and program improvement.

The roots of GTO are traditional evaluation, empowerment evaluation, continuous quality improvement, and results-based accountability. GTO uses ten accountability questions; addressing the ten questions involves a comprehensive approach to results-based accountability that includes evaluation and much more (see Table 2). It includes: *needs and resource assessment, identifying goals, target populations, desired outcomes (objectives), science and best practices, fit of new programs with existing programs, planning, implementation with fidelity and quality*

adaptation, process evaluation, outcome evaluation, continuous quality improvement, and sustainability. The GTO workbook includes tools and measures for addressing each question. GTO is designed to help states and communities achieve results-based accountability.

The GTO approach can help address the problems of theory flaws, implementation flaws, and evaluation flaws.

1. In relation to *theory flaws*, the GTO approach helps develop a logic model that explicitly lays out a roadmap of what needs to be done and then helps the user plan what strategies should be effective to meet needs. It encourages the use of evidence-based knowledge while also allowing for quality adaptation to fit the context.
2. In relation to *implementation flaws*, the GTO approach guides the user to develop the appropriate capacities to implement the chosen strategies, to plan the strategy systematically, to implement the strategy with quality, and to make midcourse corrections if necessary (using process evaluation).
3. In relation to *evaluation flaws*, the GTO approach enables practitioners to perform process and outcome evaluations so that they can understand what is working well and what isn't, and they can subsequently make midcourse corrections. This would provide the potential to improve programs in real time (so that the practitioners are using the data in a timely way to improve their programs, rather than waiting for an external evaluator to give them information on their program—which may be too little, too late). The approach enables practitioners to assess which outcomes have been achieved and which have not so that adjustments in earlier steps of GTO can be made, and

to ensure that the activities that are being evaluated include what has actually been implemented (allowing for adaptations to the original intervention plan by the practitioners).

While GTO is not a panacea for theory flaws, implementation flaws, and/or evaluation flaws, it can help address a number of the problems raised by these flaws. I would like to note that prevention science (and also treatment science) generally has not dealt systematically with several of the major steps in GTO that are needed for practice to be effective (e.g., needs and resource assessments, continuous quality improvement, sustainability).

The initial work in GTO involved a synthesis and translation process to bring state of the art literature into the hands of practitioners in one place that followed the ten steps for a particular content domain. This work resulted in the development of thick books (e.g., Wandersman et al. 1999; Chinman et al. 2004) with relevant content about each step (e.g., definitions, how to do each step, tools that could be used to perform each step). It became clear early on that no matter how good these (thick) books were, giving people a book was generally not sufficient for most practitioners to achieve effective implementation of prevention. There was a need for a system that would support effective implementation to prevent “system or resource flaws.” The practitioner (e.g., community-based organization) may need assistance in using GTO to fit their own context. Telling coalitions and other organizations that they should use evidence-based practices and implement them with fidelity is not sufficient to achieve quality implementation. Resources to build capacity and fund evidence-based practices in communities are necessary. These issues have led us to develop systems approaches.

Table 2 The 10 GTO questions and How to answer them

Accountability	Relevant
1. What are the needs and resources in your organization/school/community/state?	1. Needs assessment; resource assessment
2. What are the goals, target population, and desired outcomes (objectives) for your school/community/state?	2. Goal setting
3. How does the intervention incorporate knowledge of science and best practice in this area?	3. Science and best practices
4. How does the intervention fit with other programs already being offered?	4. Collaboration; cultural competence
5. What capacities do you need to put this intervention into place with quality?	5. Capacity building
6. How will this intervention be carried out?	6. Planning
7. How will the quality of implementation be assessed?	7. Process evaluation
8. How well did the intervention work?	8. Outcome and Impact Evaluation
9. How will continuous quality improvement strategies be incorporated?	9. Total quality management; continuous quality improvement
10. If the intervention (or components) is successful, how will the intervention be sustained?	10. Sustainability and institutionalization

Developing Systems Approaches for GTO

The realities of community preventive interventions have led us to do more than give out nice workbooks on the ten steps of GTO. A GTO process using tools, face-to-face training, and on-site technical assistance was initiated. In an evaluation, we compared programs that received the GTO intervention with those that did not (Chinman et al. 2008). We found that use of GTO was related to building individual prevention capacity and program performance. Many practitioners found the large GTO workbooks overwhelming and benefited from training and technical assistance to accomplish the positive changes. However, we also found that in the GTO intervention condition, only 58% of the target audience actually went to training and <50% read most of the materials, made plans to use GTO, talked to others about GTO, secured or tried to secure resources, or received technical assistance. This has led us to (1) develop a GTO system model that includes tools, training, technical assistance, and quality improvement/quality assurance, and (2) embed the GTO system model within a broader supportive framework for bridging science and practice called the Interactive Systems Framework for Dissemination and Implementation.

The GTO System Model

We have developed a *GTO system model* that includes tools, training, technical assistance, and quality improvement/quality assurance (see Fig. 2). The model serves as a logic model for our work. We are interested in helping programs, organizations, and communities achieve outcomes. Therefore, we begin with the *desired outcomes* and then move to assess initial individual and organizational *capacities* needed to achieve outcomes. After assessing the initial capacity levels, a dynamic process of *tools, training, and technical assistance (TA)* takes place with the intent of building capacity and actual implementation of effective prevention strategies (e.g., programs, policies, principles). In order to assure quality implementation, *quality improvement/quality assurance (QI/QA)* strategies are used by the practice implementers and by TA providers and supervisory personnel. Quality assurance reviews the quality of implementation, while quality improvement uses strategies of continuous quality improvement to keep increasing the quality of performance. Eventually, the goal of the dynamic process is to achieve the desired outcomes and this is assessed in the final box on the right—*actual outcomes achieved*.

The Interactive Systems Framework for Dissemination and Implementation

In order to reduce the possibility of system or resource failure, it is helpful to embed a GTO system in a larger system where funders support continuous quality improvement activities, like the ones specified in the GTO framework. Chinman et al. (2001) provide one example of how this could be realized. In 2001, the state of South Carolina received funding from the Center for Substance Abuse Prevention to provide grants to local prevention coalitions. The state attempted to create a system that built incentives for local coalitions to use the GTO processes by (a) structuring the application for funding around GTO's ten steps, (b) requiring grantees to monitor program implementation using GTO forms, (c) requiring grantee reports to use a common GTO format, (d) delivering technical assistance consistent with the GTO approach, and (e) providing feedback to grantees that they could use for improvement. Another example comes from a private foundation in South Carolina which required its grantees to engage in empowerment evaluation/continuous quality improvement activities as part of their reporting requirements (Keener et al. 2005). In these examples, prevention coalitions were given incentives as well as the resources to more critically examine their own programming.

In collaboration with the Division of Violence Prevention of the Centers for Disease Control and Prevention (CDC), Wandersman et al. (2008) developed an Interactive Systems Framework for Dissemination and Implementation (ISF) to show how funders, researchers, and practitioners can more systematically bridge science and practice. The ISF, presented in Fig. 3, is a heuristic framework that describes key elements and relationships involved in the movement from research knowledge to actual practice. The Framework consists of three systems: (1) The function of the *Prevention Synthesis and Translation System* is conceptualized as distilling information about innovations and getting them ready for implementation by end users and those who support them; (2) The function of the *Prevention Support System* is conceptualized as supporting the work of those who will put the innovations into practice; (3) The function of the *Prevention Delivery System* is conceptualized as the implementation of innovations in the field.

The ISF is intended to be used by different types of stakeholders (e.g., funders, practitioners, researchers) who can use it to see prevention through the lens of their own needs and perspectives, but also as a way to better understand the needs of other stakeholders and systems. It provides a framework for understanding the needs, barriers,

Fig. 2 The GTO system model

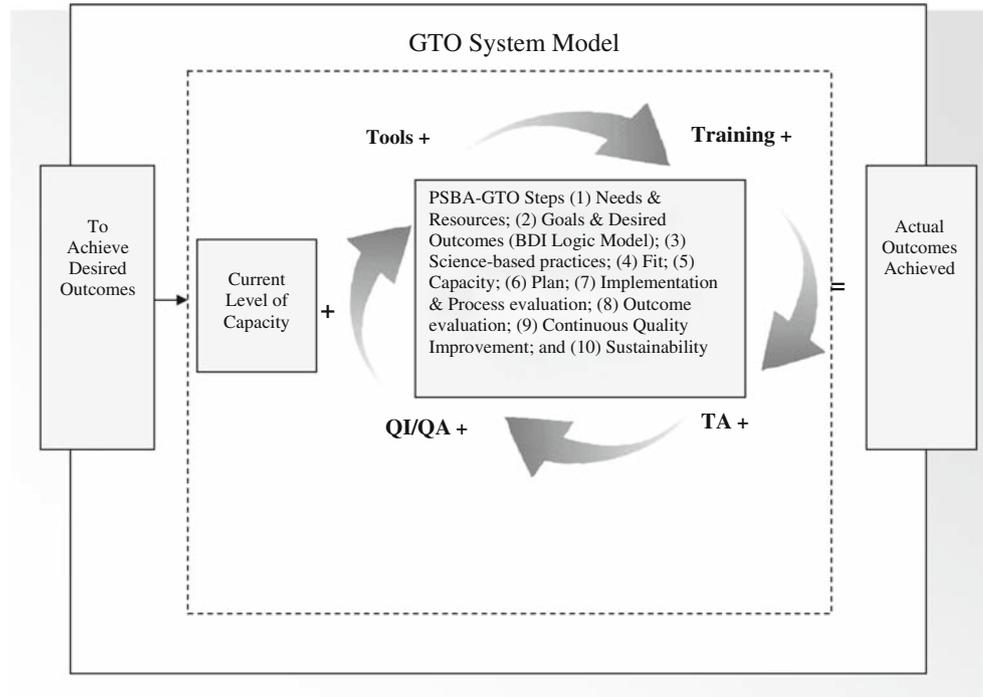
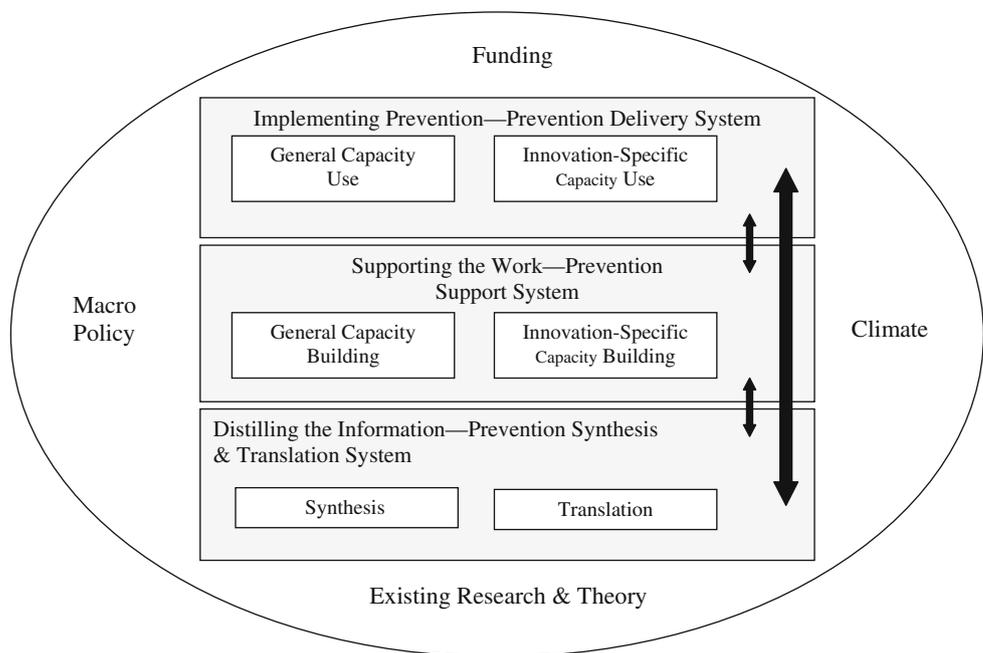


Fig. 3 Interactive Systems Framework for Dissemination and Implementation



and resources of the different systems, and a structure for summarizing existing research and illuminating priority areas for new research and action.

Lesesne et al. (2008) describe the most elaborate use of the GTO system model to date within the context of the ISF: the Centers for Disease Control and Prevention’s (CDC) Promoting Science Based Approaches (PSBA) project to prevent teen pregnancy prevention. The following description is excerpted from Lesesne et al. The project

is being conducted with three national organizations, nine state organizations, and four regional training centers to provide technical assistance to build capacity for effective prevention in ~100 local prevention programs.

The *Prevention Synthesis and Translation System* involves the creation of an accessible and comprehensive manual called Promoting Science Based Approaches—Getting To Outcomes (PSBA–GTO). The manual offers a clear process for local practitioners to follow in delivering

teen pregnancy prevention programs using a systematic and science-based approach to their work. PSBA–GTO integrates the process and guidance offered by the ten step Getting To Outcomes results-based accountability process (Chinman et al. 2004; Fisher et al. 2006) with the content-specific elements from the field of teen pregnancy prevention. Several of the grantee partners' organizations created high quality syntheses of research (such as the National Campaign to Prevent Teen Pregnancy's "Science Says" series and Advocates for Youth's "Science and Success"), simple how-to trainings and information on logic modeling (such as Healthy Teen Network's Behavior, Determinant, Intervention (BDI) Logic Model training and intensive technical assistance workshops), and a wealth of diverse experience and guidance on improving and sustaining prevention programs. PSBA grantee partners and other contributors offer invaluable syntheses and accessible tools/resources which are highlighted and integrated into PSBA–GTO wherever possible. Using the GTO process as a framework from which to launch these resources into action, PSBA–GTO translates all these elements into a single process intended to facilitate empowerment and assist local prevention deliverers in reaching their desired outcomes (i.e., the practitioner has a state of the art synthesis and translation in one place).

The *Prevention Support System* is a critical focal point for the PSBA project. In this system, CDC's national, regional, and state partners work to: (1) *build general capacity* in their own organizations to effectively operate as support providers, (2) *build specific capacity* to provide training and technical assistance around using science-based approaches with local partners (specifically, the PSBA–GTO process) and (3) use their general and science based approaches (SBA) specific capacity for training and TA to assist local prevention delivery partners in using the PSBA–GTO process in their work. By *general capacity* we mean that an organization has the infrastructure and skills needed to function as a good host organization (e.g., having an active board in place, having leadership with strong management skills, etc.). By *SBA specific capacity* in the PSBA project, we mean that an organization has the commitment, skills, and knowledge to use science-based approaches to teen pregnancy prevention (e.g., has the ability to use data/research to identify at risk populations and their risk/protective factors, has an understanding of and ability to use health behavior/health education theory in prevention activities, etc.).

National grantees and CDC are a layer within a larger prevention support system that serves to build the capacity (both general and PSBA-specific) of state and regional grantees. State and regional grantees, in turn, partner with local prevention delivery groups (e.g., youth serving community-based organizations, coalitions, local/county/

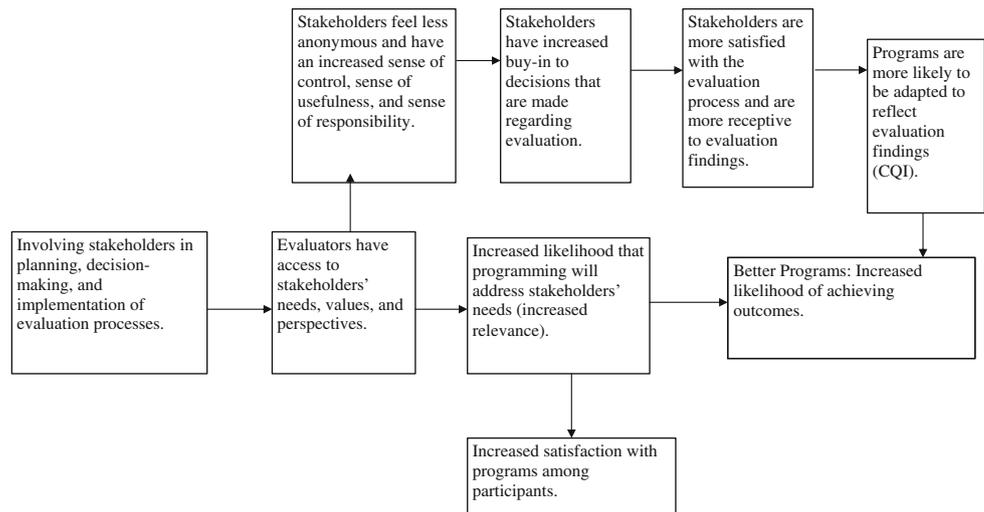
state health and education departments) and use PSBA–GTO to guide their training and TA with the local partners. This system leverages the resources from the synthesis and translation system by introducing and facilitating the use of the PSBA–GTO process, tools, and worksheets with local prevention partners.

The *Prevention Delivery System* is 'where the rubber meets the road'. In the PSBA project, the prevention delivery system includes the local prevention delivery groups that are invited and agree to receive intensive TA from the state and regional grantees. The logic model for the project includes providing local prevention delivery partners with TA support using PSBA–GTO with the expectation that their capacity (both general capacity and SBA-specific capacity) to deliver quality prevention programming will increase; and as a consequence, their prevention programming will improve and be more likely to lead to outcomes (like in Fig. 2). The goal within the prevention delivery system is that practitioners will *use* their capacity to plan, implement, and evaluate their teen pregnancy prevention programming; the PSBA project proposes that this will result in increased adoption and use of science-based/effective prevention programs. State and regional grantees selected a convenience sample of local partners (prevention delivery system) to work with over the next several years.

Toward a Summary and Conclusion

The realities of modest, if any, success, should motivate us to think more carefully about how to make interventions more successful. Likewise, empowerment evaluation and Getting To Outcomes are not panaceas and face high hopes and challenges. I would like to briefly explore connecting some themes developed in this article to describe how we might enhance theory, implementation, evaluation, and resource/system support (four keys to success) of empowerment evaluation and GTO.

Empowerment evaluation could be enhanced by improving theory, implementation, evaluation, and resource/systems. The *theory* of empowerment evaluation could be improved by combining social cognitive theories and participation theories into a more precise logic model. A version of Fig. 4 was initially developed by Jessica Snell-Johns to relate conceptual frameworks on participation with how empowerment evaluation might work. Consistent with social cognitive theories of behavioral change (Ozer and Bandura 1990; Bandura 2004) and participation (Wandersman 1979a, b), we might hypothesize that stakeholder participation in GTO would lead to a greater sense of competence and effectiveness (i.e., self-efficacy) in performing GTO-related activities (e.g., goal

Fig. 4 empowerment evaluation logic model

setting and evaluation) and an increased likelihood that programming will address stakeholder needs and values, sense of usefulness, and sense of control. Therefore, evaluation findings are more likely to be used for continuous quality improvement and thus lead to better programs and an increased likelihood of obtaining outcomes.

The *implementation* of GTO could be improved by careful use of the tools and checklists in the GTO workbooks and by quality improvement/quality assurance from a quality *resource system* (e.g., Prevention Support System). Careful use of implementation research on fidelity and adaptation (e.g., Durlak and DuPre 2008) should help improve the implementation of GTO.

Evaluation results on GTO (e.g., Chinman et al. 2008) should help develop new best practices in the theory and implementation of GTO and be further evaluated, in a continuous quality improvement manner. For example, evaluation of the ISF in the Promoting Science Based Approaches project (Lesesne et al. 2008) will show us how an extensive resource system provided by the CDC and national and state organizations was helpful in building prevention capacity for science-based approaches and how such a system could be improved. The lessons learned will be applied in new projects, and will be used to improve the ISF.

Realistic Optimism

The high hopes and realities of interventions at the international, national (See Appendix), state, and community levels are illuminated by examining theory, implementation, evaluation, and systems/resources to support the intervention. The themes of high hopes and challenges are ubiquitous. As I look ahead,

- I am optimistic, yet tempered by realities and lessons learned from past experiences.
- I think that we should use theory and research to develop realistically ambitious solutions to social problems.
- I think that four keys to success can be enhanced by a participatory process that includes key stakeholders in the design and implementation of each key-theory, implementation, evaluation, and resource/system support.
- I believe that a participatory process is likely to take a long time, promote ownership, meet needs and values, and offer individuals, communities, and nations a sense of control over their own destiny.

To paraphrase Kelly (1971) and Trickett (2007), there is a need for a metabolic balance of zeal and patience. Confronting major societal problems requires high hopes and optimism tempered by realistic consideration of *theory, implementation, evaluation, and resource/systems support*.

Acknowledgments This article describes a personal and professional journey of over 35 years. At the 2007 Society for Community Research and Action (SCRA) biennial, I gave an address in recognition of receiving the SCRA award for Distinguished Contributions to Theory and Research. The address was called “Optimism about participation: High hopes and challenges in neighborhood organizations, community coalitions, and empowerment evaluation systems”, and it was a major basis for this article. The article is an attempt to highlight some messages and underlying themes in over 35 years of work, described within a chronological history. At the biennial, I was very pleased to be introduced by Jean Ann Linney, whose remarks are also published in this volume.

I would like to gratefully acknowledge the enrichment of the work described in this article by the colleagues I have collaborated with over the years (many of whom are cited in this article). I am thankful for the thoughtful comments of many who have helped me think about many previous drafts of the article including: Victoria Chien, Steven Goldstein, Jason Katz, Jim Kelly, Cathy Lesesne, Jean Ann

Linney, Emily Novick, Lois Pall Wandersman, and members of my graduate classes in community psychology.

Appendix

An illustration of High Hopes for Participation and Challenges to Participation at the National Level (and International Level): The Velvet Revolution

I have been struck by the idea that the themes of optimism, high hopes, challenges, and realities about participation and democracy, and about the need for resource/systems support to help prevent “failures,” can easily be illustrated at the national and international levels as well as the community level.

When I first began to think about my Society for Community Research and Action (SCRA) award presentation and this article, I was returning from a conference in Moscow and was fortunate to read an October 8, 2006 editorial column in the *International Herald Tribune* by Jiri Dienstbier. He became foreign minister of Czechoslovakia after the Velvet Revolution of 1989, when Czechoslovakia was freed from Soviet domination. I read this column at an airport in Germany on the way home from a trip to Russia with my family (interestingly, on the same day that I read about the assassination of a Russian journalist who had died on the day before we left Russia; she had been a consistent critic of her government).

The following excerpts from Dienstbier’s editorial vividly capture optimism, high hopes, challenges, as well as realities about participation and democracy, and the need for resource/systems support to help prevent flaws or failures:

In the space of a week, I moved from being a dissident forced to stoke boilers in the Prague metro system to being foreign minister, and within a month Vaclav Havel was the new president of Czechoslovakia. Photographs of Germany’s foreign minister, Hans-Dietrich Genscher, and myself cutting a path through the barbed wire that had long marked the frontier between our countries were beamed around the world as a symbol of the fall of the Iron Curtain.

For my generation, our return to the European cultural space that our country had always belonged to was a dream come true. In the years before 1989, a few of our citizens had collaborated with the regime, but most had made up a silent majority that did not. A few kept a small candle of hope burning by joining the active opposition through literary or journalistic work in samizdat form, or for foreign media and radio stations.

Freedom’s victory would have been fulfillment enough for any one person’s lifetime. More than 90%

of Czechoslovak citizens enthusiastically took part in the first free elections to express their joy at the regime’s demise and the restoration of democracy. But in their euphoria, they expected more than was possible.

When the Civic Forum began in the autumn of 1990 to dissolve into political parties and movements that inevitably became a demagogic process. As after the liberation of any society, some people who proved unable to find positive or creative roles began to relive the struggles of our recent past. Suddenly we found there were many latecomers to the fight against Communism who were now compensating for their lack of courage before November 1989.

Then came the controversies that led to the dissolution of Czechoslovakia. The division was peaceful and Czech–Slovak relations have been better than we might have expected, possibly because both sides wished to make up for feelings of failure. Nevertheless, it was generally perceived that the unitary state had not been dissolved by the people but by the authoritarian winners of the Czech and the Slovak elections.

During the privatization drive of the 1990s, many assets of value were lost, and some were stolen. The economic cost has since been estimated at up to a full year of our gross national product. Some people wanted to get rich quickly, and didn’t care how they did it. Corruption penetrated Czech society, and has proved difficult to wipe out.

Today, the Czech Republic is a typical democratic country. Our problems are partly Czech, and still partly post-Communist, but more and more they are the challenges common to modern civilization. Citizens’ dissatisfaction is growing everywhere, and participation rates in elections are dwindling, while public confidence in government, Parliament and the whole political process is ebbing away.

Most members of Czech society know, however, that even an imperfect democracy is better than the former regime, which early on murdered hundreds of people and sent hundreds of thousands to concentration camps; and even during its long years of decay after the death of Stalin, continued to persecute independent-minded people.

Seventeen years after the Velvet Revolution, we Czechs still don’t have an exemplary political scene - but who does? The liberation of creative potential has, however, led to an extraordinarily successful growth of the economy and our standard of living. I

was over 50 when I learned how to use a computer, an almost inaccessible article in 1989. Today, young people browse and surf the Internet as if it has been here forever, and even in elementary schools most children have mobile phones.

One can readily ask about *theory flaws*. For example, the theory of a quick change to democracy may have led to a quick breakup of the country and also to corruption. At the same time, however, one can also point to successes (e.g., an open society where technology is thriving and people feel free). Two potential *implementation flaws* are that the laws were not well implemented, and not enough oversight was provided to prevent corruption in the democracy. Some potential *evaluations flaws* are questions about the appropriate indicators of success, which indicators were actually assessed, who conducted the evaluation, and choice of comparison countries. As for potential *system/resource flaws*, there may not have been sufficient support (e.g., from other countries or the U.N.) to nurture a democracy in a country which did not have a democratic culture.

To me, the Czech example is an illustration of high hopes and challenges, optimism and reality. I wonder what might have happened if there was a clearer *theory* of change for Czechoslovakia to guide the transition, if the *implementation* of changes were made with fidelity and/or quality adaptation, how different segments of the population would *evaluate* the outcomes, and whether there could be more *supportive systems* (e.g., from the United Nations) to help guide a transition to democracy with greater financial assistance and training.

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