A multi-level examination of how the organizational context relates to readiness to implement prevention and evidence-based programming in community settings

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ABSTRACT

Prior theoretical and empirical research suggests that multiple aspects of an organization's context are likely related to a number of factors, from their interest and ability to adopt new programming, to client outcomes. A limited amount of the prior research has taken a more community-wide perspective by examining factors that associate with community readiness for change, leaving how these findings generalize to community organizations that conduct prevention or positive youth development programs unknown.

Thus for the current study, we examined how the organizational context of the Cooperative Extension System (CES) associates with current attitudes and practices regarding prevention and evidence-based programming. Attitudes and practices have been found in the empirical literature to be key indicators of an organization's readiness to adopt prevention and evidence-based programming. Based on multi-level mixed models, results indicate that organizational management practices distinct from program delivery may affect an organization's readiness to adopt and implement new prevention and evidence-based youth programs, thereby limiting the potential public health impact of evidence-based programs. Openness to change, openness of leadership, and communication were the strongest predictors identified within this study. An organization's morale was also found to be a strong predictor of an organization's readiness. The findings of the current study are discussed in terms of implications for prevention and intervention.

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1. Introduction

Over the last two decades, there has been significant growth in the number of prevention and health promotion programs with strong evidence of efficacy and effectiveness (National Research Council and Institute of Medicine, 2009). Recent budget shortfalls and associated concerns about social programming have increased calls to Federal and State funding agencies to require that funded organizations implement evidence-based youth prevention or health-promotion programs (Coalition for Evidence-Based Policy, 2011; Oliff, Mai, & Palacios, 2012; Statement of Jon Baron, 2013). State program delivery systems, such as the Pennsylvania Commission on Crime and Delinquency (Bumbarger & Campbell, 2011; Chilenski, Bumbarger, Kyler, & Greenberg, 2007), the US Department of Health and Human Services (Department of Health and Human Services, 2013a, 2013b), and other federal departments (Hallfors, Pankratz, & Hartman, 2007; Haskins & Baron, n.d.) are responding by requiring the delivery of evidence-based programs to receive funding.

Despite the general movement incentivizing evidence-based youth prevention program implementation, many community organizations are hesitant to change their programming or are unsuccessful at implementing this sort of change effort (Hill & Parker, 2005; Perkins, Chilenski, Olson, Mincemoyer, & Spoth, in press). Prior research suggests that organizational context factors

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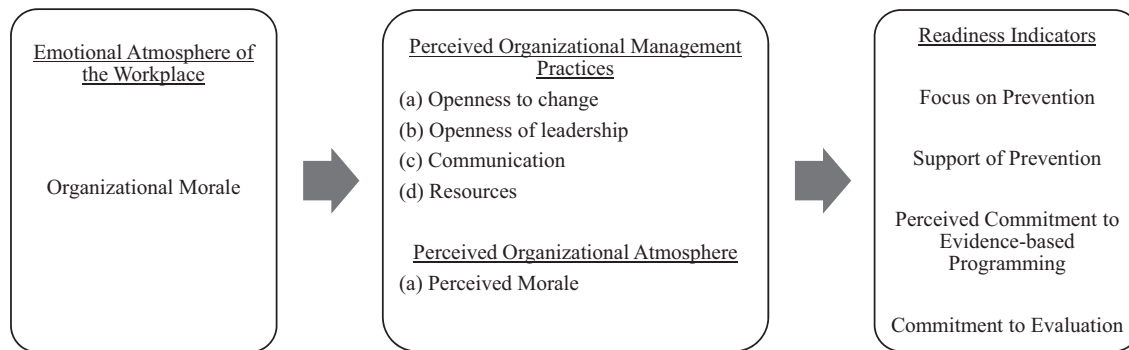
Fig. 1. Conceptual diagram showing the hypothesized association among interested constructs.

distinct from program delivery such as an organization's management practices and an organization's morale, may affect an organization's readiness to adopt and sustain the implementation of evidence-based programs (Armenakis, Harris, & Mossholder, 1993; Damschroder et al., 2009; Domitrovich et al., 2008; Finney & Moos, 1984). As a result, in this paper we examined the associations between a selected organization's management practices and morale, with that organization's attitudes and perceived practices regarding prevention and evidence-based programs[1] using a multi-level analytic approach. We conceive current attitudes and perceived practices regarding prevention and evidence-based programming as indicators of readiness for change, that change being adopting prevention and evidence-based programs (Fig. 1).

1.1. Readiness to implement prevention and evidence-based programs

Favorable attitudes toward and perceived practices of prevention and evidence-based programming are important to consider because of their consistent associations with the adoption or implementation of related programming. As such, these constructs are good indicators of readiness to adopt this type of programming. Multiple studies have found that positive attitudes regarding prevention and evidence-based programming are associated with the adoption and implementation of a new evidence-based program or even a community change effort (Aarons & Palinkas, 2007; Edwards, Jumper-Thurman, Plested, Oetting, & Swanson, 2000; Gottfredson & Gottfredson, 2002; Hagedorn & Heideman, 2010; Payne & Eckert, 2010; Plested, Smitham, Jumper-Thurman, Oetting, & Edwards, 1999; Plested, Edwards, Jumper-Thurman, Pamela, 2006; Ransford, Greenberg, Domitrovich, Small, & Jacobson, 2009). Other studies focused on program implementation quality in early stages of collaborative prevention efforts and have shown that positive attitudes toward prevention facilitated high quality implementation of the new effort (Feinberg, Chilenski, Greenberg, Spoth, & Redmond, 2007; Greenberg, Feinberg, Meyer-Chilenski, Spoth, & Redmond, 2007) and the programs implemented within this effort (Spoth, Clair, Greenberg, Redmond, & Shin, 2007; Spoth, Guyll, Redmond, Greenberg, & Feinberg, 2011). Therefore, we examined the following as indicators of readiness: focus on prevention; support of prevention; and perceived commitment to evidence-based programming.

In addition to attitudes and perceived practices regarding prevention and evidence-based programming, we also examined perceptions of an organization's current evaluation practices. Commitment to evaluation is a commitment to the measurement

of program outcomes, and may also be an indicator of readiness to adopt an evidence-based approach to programming (Becker & Domitrovich, 2011; Spoth et al., under review). Though this construct has not been well researched, one case study of nine treatment-oriented organizations found that level of implementation was positively related, albeit not at a significant level, to perceived commitment to measurement and evaluation (Hagedorn & Heideman, 2010). In summary, empirical evidence has suggested that these four constructs are sound indicators of an organization's readiness to adopt prevention and evidence-based programming, as these constructs have been consistently linked to ease of adoption and implementation quality.

1.2. Organizational characteristics

An organization's context, or in other words the customs, practices, and values of an organization, and how these attributes are perceived by employees are theoretically linked to an organization's ability to successfully adopt and implement a new intervention (Center for Mental Health in Schools at UCLA, 2014; Damschroder et al., 2009; Domitrovich et al., 2008; Glisson, 2002). A constructive context would likely support the development of the motivation and flexibility individuals need to complete the hard work that being successful with a new effort requires (Glisson, 2002). Prior research has found that an overall measure of an organization's context has related positively to client engagement in treatment or even better client outcomes (Broome, Flynn, Knight, & Simpson, 2007; Greener, Joe, Simpson, Rowan-Szal, & Lehman, 2007; Moos & Moos, 1998). Similar constructs measured in a community-school collaborative setting, rather than organizational setting, have been found predictive to the early implementation quality of a evidence-based school program (Halgunseth et al., 2012) and a community prevention effort (Chilenski, Greenberg, & Feinberg, 2007; Greenberg et al., 2007), and in schools, higher levels of organizational support for school-based prevention programs or new teaching strategies has related to higher implementation quality of those programs (Domitrovich, Gest, Gill, Jones, & DeRousie, 2009; Gottfredson & Gottfredson, 2002), yet a broader measure of the school's organizational context had a limited predictive association with the implementation quality of new teaching strategies (Domitrovich et al., 2009). Thus, we examined how five aspects of an organization's context are related to current attitudes and practices regarding evidence-based and prevention programming. Four measures describe an organization's management practices: clear communication; openness of leadership; resources; and openness to change. One construct describes the organizational atmosphere: morale. In addition, we investigate morale at the organizational-level by aggregating individual reports of morale, as we view that in today's low resourced youth program environments, an organizational-level

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[1] We use the phrase "prevention and evidence-based programming" throughout this paper in order to be consistent with the measures that were included in the study. We acknowledge that not all prevention programs are evidence-based, and not all evidence-based programs are prevention programs.