Use of Violence Prevention in Practice to Support Implementation of Division of Violence Prevention’s Technical Package Strategies

Learning Objectives
In this session, participants will:
Objective 1: Understand how other state and local health departments have used Violence Prevention in Practice
Objective 2: Identify ways they can utilize Violence Prevention in Practice to support implementation of the DVP technical packages
Objective 3: Learn about new resources being added to Violence Prevention in Practice

Statement of Purpose
To support implementation of the strategies based on the best available evidence from the Division of Violence Prevention’s five technical packages, DVP developed Violence Prevention in Practice, an online resource focused on helping state and local health departments and their partners weave together a comprehensive plan to prevent violence by strategically selecting, implementing, adapting, and evaluating evidence informed approaches. The presenter will share how communities have used Violence Prevention in Practice resources in planning, implementing and evaluating their violence prevention efforts. In addition, an overview of the methodology used to evaluate the use of the resource will be presented followed by a discussion garnering suggestions of how the resource can be improved over time to address major implementation challenges encountered by attendees. Finally, the presenter will provide a demonstration of several new resources that are being added to Violence Prevention in Practice.

Methods
Once the resource was released, DVP collected feedback from recipients and partners about their impressions of Violence Prevention in Practice and how they are using the resource. This information, along with other evaluation data, allow DVP to continue to refine and add information/content to the resource to improve efforts to translate and support use of the best available evidence in the field.

Results
Violence Prevention in Practice guidance and tools was designed to supports state and local health departments and their partners strategically select, plan, implement, adapt, and evaluate evidence informed approaches. The online tools help practitioners select strategies and ways to advance them while systematically assessing fit for their context and resources.

Conclusions
CDC values the use of feedback from stakeholders to continually improve its efforts to translate and disseminate the best available evidence in the field. This is particularly critical as the field of violence prevention strives to increase the implementation of community and societal level strategies that have the greatest potential for broad public health impact. Understanding how communities have been able to use Violence Prevention in Practice assists CDC and other communities in identifying ways to improve the implementation of violence prevention approaches based on the best available evidence.
Lindsey Barranco, PhD is a Behavioral Scientist on the Program Evaluation & Translation Team at CDC’s National Center for Injury Prevention and Control (NCIPC) in the Division of Violence Prevention (DVP). She serves as an Evaluation Officer for recipients working on child maltreatment prevention and intimate partner violence prevention. She has over 15 years of experience implementing and supporting others in program evaluation, performance measurement, and planning at the program and system levels. Prior to CDC, she provided technical assistance to states and local communities addressing homelessness. Dr. Barranco also worked within the Georgia Department of Community Affairs for several years providing policy, program and evaluation guidance for the State Housing Trust Fund for the Homeless. Dr. Barranco received her PhD in Clinical-Community Psychology from the University of South Carolina.
Creating a Symbiotic Relationship between Implementation and Evaluation

Learning Objectives
- Participants will learn how Division of Violence Prevention’s Prevention Practice and Translation Branch emphasized and strengthened the relationship between program implementation and evaluation
- Participants will identify ways in which they can improve the coordination between implementation and evaluation

Statement of Purpose
As the violence prevention field shifts toward the use of community and societal level primary prevention, it is essential that practitioners have the tools to be able to effectively implement and evaluate their efforts. Integrating implementation and evaluation plans while also creating feedback loops between the two can assist practitioners in demonstrating effectiveness of programs.

Methods
The Domestic Violence Prevention Enhancements and Leadership Through Alliances (DELTA) Impact Program funds State Domestic Violence Coalitions to implement and evaluate community and societal level primary prevention strategies. DELTA Impact aims to increase the evidence supporting community and societal-level IPV prevention strategies from the Division of Violence Prevention’s IPV prevention technical package. As part of the cooperative agreement, recipients must develop and put into practice implementation and evaluation plans for multiple primary prevention approaches focused at the community and societal level. In developing these plans, CDC has encouraged and supported recipients in ensuring that there is coordination between the two functions.

Results
Because of the challenging nature of evaluating community and societal level primary prevention with limited resources, CDC provides both implementation and evaluation technical assistance to recipients. We will highlight technical assistance approaches focused on integrating implementation and evaluation. In addition, we will share experiences of the DELTA Impact recipients in creating interdependent plans and highlight the ways in which they have been able to create effective feedback loops.

Conclusions
This presentation contributes to the field by sharing resources and lessons learned that support practitioners in integrating the implementation and evaluation planning of primary prevention efforts that aim to create change at the community and societal-levels of the Social-Ecological Model (SEM). The discussion will expand knowledge of barriers and facilitators for practitioners and funders who are focused on evaluating community and societal level primary prevention and identify additional strategies for improving technical assistance to practitioners.

Dr. Jessica Thomason Crowell, PhD
Division of Violence Prevention, NCIPC, CDC
Dr. Jessie Crowell comes to us from the Division of Adolescent School Health, where she served as the Project Evaluator for a CDC Foundation-funded project called “Teens Linked to Care”, a substance use and sexual risk behavior prevention framework for youth living in rural areas. For this project, she worked with her colleague and grantees to develop community-participatory prevention strategies in the areas of essential education, access to key health services, creating a safe and supportive environment, and youth engagement and empowerment. Prior to her time in DASH, she served as the Lead Evaluation Specialist in the Climate and Health program here at the CDC, where she worked extensively with grantees on the implementation and evaluation of their projects, which were designed to address the health effects of climate change in their communities. During her time in graduate school at Georgia State University, her research and practice focused on the development and evaluation of Youth Development and violence prevention programming. For example, she has served as the project coordinator for the implementation and evaluation of Cool Girls, Inc., a YDP for girls in metro-Atlanta. She has also worked on several projects addressing community violence, including work with the Georgia Network to End Sexual Assault (GNESA), and a qualitative research project to explore the experiences of on-campus sexual street harassment.