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Author manuscript
J Womens Health (Larchmt). Author manuscript; available in PMC 2018 February 12.

Published in final edited form as:
J Womens Health (Larchmt). 2017 January ; 26(1): 9–12. doi:10.1089/jwh.2016.6251.

CDC's DELTA FOCUS Program: Identifying Promising Primary Prevention Strategies for Intimate Partner Violence

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Abstract

According to 2011 data, nearly one in four women and one in seven men in the United States experience severe physical violence by an intimate partner, creating a public health burden requiring population-level solutions. To prevent intimate partner violence (IPV) before it occurs, the Centers for Disease Control and Prevention (CDC) developed Domestic Violence Prevention Enhancements and Leadership Through Alliances, Focusing on Outcomes for Communities United with States (DELTA FOCUS) to identify promising community- and societal-level prevention strategies to prevent IPV. The program funds 10 state domestic violence coalitions for five years to implement and evaluate programs and policies to prevent IPV by influencing the environments and conditions in which people live, work, and play. The program evaluation goals are to promote IPV prevention by identifying promising prevention strategies and describing those strategies using case studies, thereby creating a foundation for building practice-based evidence with a health equity approach.

Violence is a significant, preventable public health problem impacting individuals across the life span[1]. According to 2011 data, nearly one in four women and one in seven men in the United States experience severe physical violence by an intimate partner[2], creating a public health burden requiring population-level solutions. Exposure to intimate partner violence (IPV) is associated with a number of poor health consequences, such as chronic pain, gastrointestinal disorders, asthma, reproductive health problems, and post-traumatic stress disorder[3–4]. To prevent IPV before it occurs, the Centers for Disease Control and Prevention (CDC) developed Domestic Violence Prevention Enhancements and Leadership Through Alliances, Focusing on Outcomes for Communities United with States (DELTA FOCUS) to identify promising community- and societal-level prevention strategies which address social determinants of health and population-level changes that contribute to IPV risk[5].

PROGRAM DESCRIPTION

In 2002, the Family Violence Prevention and Services Act (FVPSA) authorized CDC to develop the DELTA program[6]. CDC focused the program on the primary prevention of IPV through three funding cycles over a period of 10 years. DELTA-funded state domestic

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Disclosure Statement: No competing financial interest exists.

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violence coalitions (SDVCs) were engaged in statewide primary prevention efforts and provided training, technical assistance, and primary prevention funding to coordinated community responses (CCRs) at the local level[5–6]. CCRs are local coalitions comprised of members from various sectors (e.g. tribal governments, public health agencies, and businesses) engaged in IPV prevention. The current DELTA FOCUS program[7], which began in 2013, funds 10 SDVCs for five years to implement programs and policies to prevent IPV by influencing the environments and conditions in which people live, work, and play. In addition to state-level work, each SDVC supports one or two CCRs (16 total supported across the 10 SDVCs).

PROGRAM EVALUATION GOALS

Program evaluation is an essential activity for DELTA FOCUS, at both the project-wide and grantee levels. The program evaluation goals are to promote IPV prevention by identifying promising prevention strategies and describing those strategies using case studies, thereby creating a foundation for building practice-based evidence with a health equity approach. Strategies that target IPV risk or protective factors and focus on the social determinants of health are encouraged. For instance, several grantees are working to increase gender equity as a social determinant of health and a protective factor for IPV prevention[8]. The DELTA FOCUS program will achieve these goals through three processes: 1) grantee activity, 2) intensive training and support provided by CDC, and 3) project-wide evaluation provided by CDC and a contractor. The three processes and how they relate to each other are described below.

GRANTEE ACTIVITY

The first steps to achieving the program evaluation goals are the evaluations conducted by grantees themselves. DELTA FOCUS grantees are implementing and evaluating prevention strategies that are theoretically or empirically linked to reducing IPV, decreasing its risk factors (e.g., harmful gender norms), or increasing its protective factors (e.g., community connectedness)[9]. Grantees also support their funded CCRs to conduct evaluations of their local programs such as engaging youth in violence prevention activities. Community-based researchers[10] have noted that the research-to-practice gap may be better described as a chasm, as widespread adoption of public health evidence-based programs continues to lag. It has been suggested this gap can be more effectively closed by evaluating indigenous, locally-developed programs, which affirms the importance of DELTA FOCUS grantees actively engaging in evaluation activities[10]. Grantees are also expected to institutionalize prevention principles[11] within their coalitions and to share lessons learned with each other and external audiences. These are the first, crucial steps to meeting the evaluation goals.

CDC TEAM ACTIVITY

The second step to achieving the program evaluation goals is the provision of technical assistance to support grantees' evaluation activities. When synthesizing implementation research best practices, investigators found that providing training and resources without ongoing support results in less successful skill demonstration, particularly for new

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innovations and practices[12]. Accordingly, increased attention and emphasis on evaluation at the program, state, and community levels, and on the desire to identify promising prevention strategies, has led to a greater focus on implementation support. CDC provides intentional, intensive, and ongoing technical assistance to grantees. This technical assistance includes facilitating monthly project-wide calls (examples of topics include health equity, norms change, and community-level indicators); providing guidance on CDC's violence prevention strategic vision[13] and addressing shared risk and protective factors[14]; interactive training at annual or semi-annual grantee meetings (example topic: evaluation reporting); webinar trainings with expert consultants (on such topics as effective communication for stakeholder engagement); and in-person support during site visits on strengths and challenges identified by CDC staff and the grantee.

In addition, subject matter experts in both program implementation and program evaluation work in dedicated pairs to provide technical assistance directly to individual grantees. Prior to DELTA FOCUS, the DELTA program had one science officer assigned to provide scientific technical assistance to all grantees. This is the model for most of the CDC supported programs in the Division of Violence Prevention. An innovation of the scientific support provided in DELTA FOCUS was to pair subject matter experts in program and science to individual states so that each state had dedicated points of contact for all of their programmatic and scientific technical assistance needs. The number of states assigned to each pair ranged from three to four over the course of the program.

EVALUATION ACTIVITY

A project-wide evaluation is the final step to achieving the program evaluation goals. The intent of the evaluation is to implement a systematic and comprehensive program performance assessment by combining performance measurement and program evaluation with program improvement[15]. Performance measurement helps to identify promising IPV prevention strategies that are successful and is tracked through a data management system and a prevention strategy database. This database captures the goals, implementation plan, and evaluation design and findings of programs and strategies implemented by grantees.

Program evaluation typically examines a broader range of information about program performance than is feasible using a performance-measurement-only approach[16]. Therefore the program evaluation involves the administration of a survey at two time points (Years 1 and 4) and the use of a Data-to-Action Framework. The program evaluation survey assesses the support infrastructure for the program (i.e. CDC support to SDVCs, SDVCs support to CCRs, and the empowerment evaluator support to SDVCs and CCRs) and program implementation (i.e. factors affecting grantee ability to meet the requirements of the program, grantee use of the public health approach, and sustainability of grantee activities). The survey is administered at Year 1 and Year 4 in accordance with the CDC Evaluation Framework[17] and the utility standards of the Joint Committee on Standards for Educational Evaluation which were adopted by CDC[18]. In particular, the CDC Evaluation Framework step of ensuring use and sharing lessons learned and the U7 standard of timely and appropriate communicating and reporting. The survey results were needed to meet the information needs and inform the decision-making of CDC leadership.

The Data-to-Action Framework[19] supports the creation and use of actionable reports, which synthesize data collected through the mechanisms already described. Data-to-Action is an evaluation approach designed so programs can benefit from rapid feedback for the purposes of program development, refinement, improvement and identification of barriers to implementation[19]. Information reported via the Data-to-Action Framework informs decision-making and real-time program improvement in DELTA FOCUS by a process in which information is gathered, analyzed, and reported in short 5–15 page documents. The findings are discussed and CDC staff use the information to adjust the support provided to grantees or describe what is happening in the program with internal CDC audiences.

The evaluation activity in DELTA FOCUS also includes the collection of supplemental data in addition to the data management information system and program evaluation surveys. The data management information system and the program evaluation survey had to be designed and approved by the Office of Management and Budget before grantees could use it to report their plans and progress or CDC could administer the survey in the first year of the program. Since the system and the survey needed to be in place early, without supplemental data collection there would be no other mechanism for capturing real-time data for program improvement. Supplemental data collections are planned once a year by CDC to fill information gaps and meet information needs of the team. Similar to the Data-to-Action Framework reports the findings are used by CDC to make adjustments in program implementation in order to improve the program or to share insights with CDC leadership.

IMPLICATIONS

CDC's support of DELTA FOCUS enables SDVC grantees to implement and evaluate strategies with greater impact at community and societal levels. There are currently 99 approaches across 12 strategies being implemented and evaluated by SDVCs and their CCRs (see Table 1). Examples of promising IPV primary prevention strategies emerging from this work include those aimed at changing social norms around gender-based violence and adopting organizational policies and practices to support IPV prevention. The DELTA FOCUS program emphasizes evaluation of strategies for program improvement and for building practice-based evidence. In this way, grantees are contributing to a national-level dialogue to promote IPV prevention by meeting information needs (e.g. what are they implementing, is it working, and how could it work for others) and sharing with IPV prevention practitioners who do not receive DELTA FOCUS funding. The valuable knowledge created by both the evaluation of the program and strategies are crucial for the DELTA FOCUS program to have an impact and contribute to the prevention practice field.

Acknowledgments

DELTA FOCUS is supported by the Centers for Disease Control and Prevention Cooperative Agreement CE13-1302. The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

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Table 1

DELTA FOCUS Strategies and Example Approaches

DELTA FOCUS STRATEGIES	EXAMPLE APPROACHES
Social determinants of health: Address conditions that foster unfair and avoidable differences in health status which are shaped and maintained by systematic disparities in social conditions and processes as well as power, money, and other resources	• Place-based efforts in areas with health disparities and multiple forms of inequity (Rhode Island)
Structural determinants of health: Address economic or social policies, processes, supports, and procedures that structure health opportunities	• Implementing programs with IPV service agencies designed to modify structural determinants of health (Indiana)
Organizational policy: Encourage organizations external to the statewide coalition or CCR to establish institutional policies, protocols, or procedures that support IPV prevention	• Dissemination of evidence-informed policy analysis and education resources throughout the California education system (California)
Organizational adoption: Encourage organizations external to the statewide coalition or CCR to implement IPV prevention programs, practices, curricula, events	• Promoting the adoption of IPV and teen dating violence primary prevention practices among school-based law enforcement (Florida)
Organizational climate change: Impact the pattern, quality, and character of life within a given system to decrease tolerance of IPV and make IPV less likely to occur	• Creating school climates that reflect healthy social constructs of gender (HSCG) as a means for addressing gender health disparities and preventing gender-based violence (Idaho)
Media/marketing campaign: Develop and disseminate universal or select messages that are channeled through mass and social media vehicles in order to change awareness, knowledge, beliefs, attitudes, or behavior in ways that prevent IPV	• Development and promotion of the Prevent Violence NC (PVNC) website, a resource for local communities and funders to learn about shared risk and protective factors for violence and strategies to address them (North Carolina)
Coalition building: Increase two or more organizations' abilities to work collaboratively on statewide or community IPV prevention programs, policies, or resources	• Engaging community organization and initiative (COI) leaders from diverse groups (including both traditionally privileged and marginalized groups) to collaborate on initiatives that support and promote gender equity (Michigan)
Systems change: Change how a system makes decisions about policies, programs, and/or the allocation of its resources, with the ultimate goal of IPV prevention	• Expand the norms within domestic violence and health systems to create an environment that incorporates IPV as a preventable health disparity and that supports and sustains efforts focused on changing social and structural factors to prevent incidences of IPV (Delaware)
Engage influential adults and peers: Prevent IPV by increasing engagement of a select group to identify, speak out about, or seek others to engage in responding to specific incidents of violence and/or behaviors, attitudes, practices or policies that contribute to IPV	• Business bystander strategy based on the Avon Foundation Project's See the Sign's and Speak Out Training Modules for Businesses (Ohio)
Social norms: Alter negative and/or promote positive group-held beliefs about gender, sexual orientation, race, and/or healthy relationships for a select group. Must explicitly state 1) the goal is to alter norms and 2) which norm is to be altered	• Boys Run I toowú klatseen (BRITK) is an after-school program working to build "strength of spirit" for 3rd through 5th grade boys. BRITK includes culturally-based activities that honor Southeast Alaska traditional tribal values creating communities of respect for self and others while training for a 5K Community Fun Run. (Alaska)
IPV prevention education: Increase awareness, knowledge, or behaviors on preventing IPV for a selected group	• Building up diverse community partners to become the early adopters of primary prevention principles and practices that will reduce risk factors and increase protective factors related to perpetration of violence against women (Ohio; OHMAN)

DELTA FOCUS STRATEGIES	EXAMPLE APPROACHES
Teach healthy relationships: Increase individuals' knowledge, awareness, skills or behaviors around healthy relationships	• Campaign to promote conversations about healthy relationship opportunities and illustrate opportunities for youth and adults to collaborate to implement prevention strategies (Indiana; Stand4Respect)

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