

FUTURES

WITHOUT VIOLENCE

®

***IMPROVING HEALTH
OUTCOMES THROUGH
VIOLENCE PREVENTION:
PROMISING STRATEGIES FROM
COMMUNITY HEALTH CENTERS***

OCTOBER 21, 2015

TO LISTEN TO AUDIO VIA PHONE:

CALL: 888-850-4523

PASSCODE: 755365



FOR TECHNICAL SUPPORT, CALL ADOBE: 800-422-3623



Welcome and About FUTURES

2

- Anisa Ali, Lisa James, Anna Marjavi
- Technical assistance and training for this Pilot Project is provided by Futures Without Violence (FUTURES)
- Since 1996, FUTURES has been ACF's funded National Health Resource Center on Domestic Violence



About this Adobe Connect technology

3

- This webinar is being recorded.
- All participants are muted.
- Use the text chat for comments and Q/A.
- Tech challenges? Call Adobe Technical Support: 800-422-3623 for help
- Presenter slides and a link to the webinar recording will be emailed to all participants.



Continuing Medical Education

4

- FUTURES is able to offer 1 CME credit hour for MDs and DOs only.
- To achieve CME credits, you must complete the survey at the end of this webinar. (Link will be provided at end).



Today's Webinar Agenda

5

- Welcome and introductions from partners
- Impact of IPV on health and routine inquiry
- Phase I Pilot site highlights
- About Phase II and application

Follow-up webinar on FOA for interested applicants (see FOA for registration link):

- Monday, Oct. 26th 11:30 PST/2:30pm Eastern



Marylouise Kelley, PhD

Family Violence Prevention & Services Program Director
Administration for Children and Families
US Dept. of Health and Human Services



Disclosure Statement: In the past 12 months, I have no relevant financial relationships with the manufacturer(s) of any commercial product(s) and/or provider(s) of commercial services discussed in this CME activity. I do not intend to discuss an unapproved/investigative use of a commercial product/device in my presentation.

Nancy C. Lee, MD

Deputy Assistant Secretary of Health, Women's Health
Director of the Office on Women's Health,
Department of Health and Human Services



Disclosure Statement: In the past 12 months, I have no relevant financial relationships with the manufacturer(s) of any commercial product(s) and/or provider(s) of commercial services discussed in this CME activity. I do not intend to discuss an unapproved/investigative use of a commercial product/device in my presentation.

Sabrina Matoff-Stepp, PhD

Office of Women's Health, Health Resources and
Services Administration

Disclosure Statement: In the past 12 months, I have no relevant financial relationships with the manufacturer(s) of any commercial product(s) and/or provider(s) of commercial services discussed in this CME activity. I do not intend to discuss an unapproved/investigative use of a commercial product/device in my presentation.

Keisher Highsmith, Dr P.H.

Commander, US Public Health Service

Deputy Director, Quality Division, Office of Quality Improvement,
HRSA Bureau of Primary Health Care, HHS

Disclosure Statement: In the past 12 months, I have no relevant financial relationships with the manufacturer(s) of any commercial product(s) and/or provider(s) of commercial services discussed in this CME activity. I do not intend to discuss an unapproved/investigative use of a commercial product/device in my presentation.



FUTURES
WITHOUT VIOLENCE®

The Health Impact of Intimate Partner Violence (IPV), Addressing IPV in the Clinical Setting and Advocacy Partnerships

October 21, 2015

Elizabeth Miller, MD, PhD

Chief, Division of Adolescent and Young Adult Medicine,
Children's Hospital of Pittsburgh of UPMC

Professor of Pediatrics, University of Pittsburgh School of
Medicine



CME Disclosure

2

In the past 12 months, we have no relevant financial relationships with the manufacturer(s) of any commercial product(s) and/or provider(s) of commercial services discussed in this CME activity.

We do not intend to discuss an unapproved/investigative use of a commercial product/device in my presentation.



Overview of the Initiative

3

- Goal: Improve health and safety of patients through intimate partner violence (IPV) prevention and response
- Promote a model trauma informed response to victims of IPV in community health centers
- Promote collaboration between health centers and domestic violence/sexual assault community advocacy programs



Prevalence of Intimate Partner Violence

4

1 in 4 (25%)
U.S. women
report ever
experiencing
physical and/or
sexual IPV.



(Source: 2010 CDC National Intimate Partner and Sexual Violence Survey)



Sexual Assault

5

1 in 5 women in U.S. has been raped at some time in their lives and half of them reported being raped by an intimate partner.

(Source: 2010 CDC National Intimate Partner and Sexual Violence Survey)



The Big Picture of Trauma

6

There are many types of adversities including:

- Community violence
- Bullying
- Poverty
- Oppression

These all affect health and wellbeing.



(Finkelhor et al, 2009)



Racism: Makes You Sick

7

Controlling for other factors that might cause stress, including socioeconomic status, health behaviors, and depression, researchers found that adults who had reported higher levels of discrimination when they were young had disrupted stress hormone levels 20 years later—and that African Americans experienced the effects at greater levels than their white counterparts.



(The study will be published in the December 2015 issue of the journal, *Psychoneuroendocrinology*)



Marginalized Communities

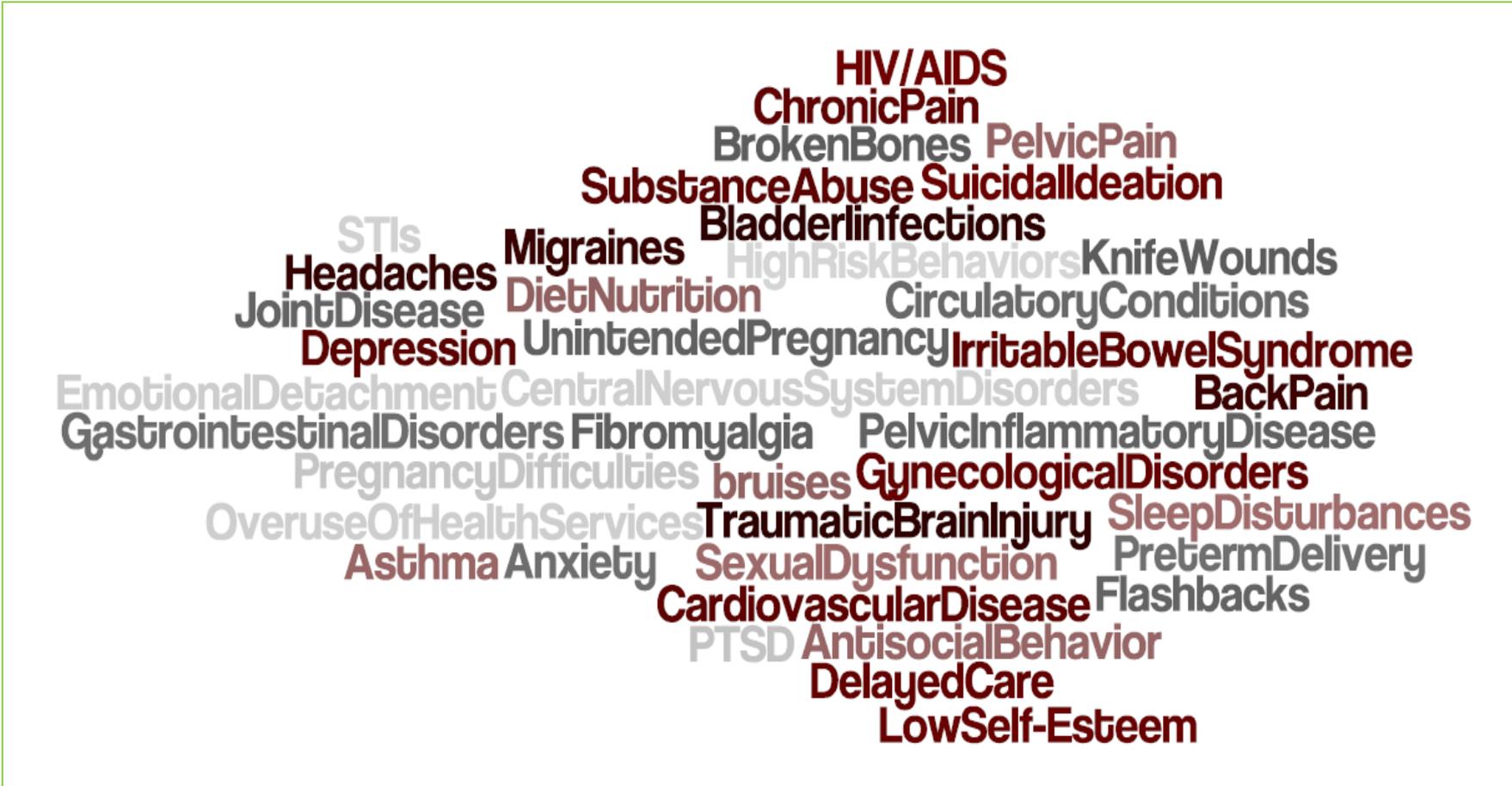
8

Marginalized communities can be particularly vulnerable to IPV. *Consider:*

- Lack of culturally competent support services
- Less access to housing, health services, jobs, etc.
- Possibly unsafe to report violence to the police or use the courts.
- Threat that disclosing violence “reflects badly” on the community
- Leaving and other common safety planning options might mean a loss of small community.



Having a significant impact on health...



IPV and Co-Morbid Health Conditions

10

- Arthritis
- Asthma
- Headaches and migraines
- Back pain
- Chronic pain syndromes
- Genitourinary problems
- High cholesterol
- Heart disease
- Overweight/Obese
- Stroke
- Depressed immune function
- Irritable bowel syndrome
- Poor perinatal health outcomes

(Black & Breiding, 2008; Campbell et al, 2002; Coker et al, 2000; Constantino et al, 2000; Follingstad, 1991; Kendall-Tackett et al, 2003; Letourneau et al, 1999; Wagner et al, 1995; Coker et al, 2000; Drossman et al, 1995; Lesserman et al, 2007; Kernic et al, 2000; Talley et al, 1994; Black & Breiding, 2008; Bailey, 2012)

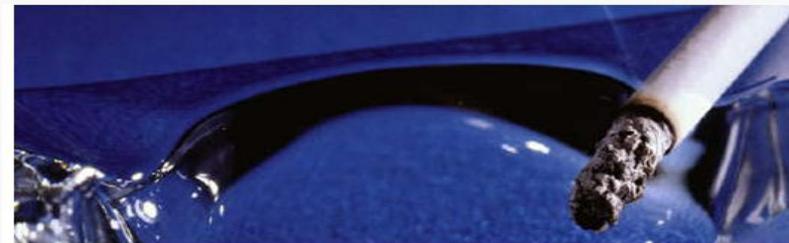


IPV and Behavioral Health Co-Morbidities

11

- **Anxiety/Panic Attacks**
- **Sleep problems**
- **Memory loss**
- **Post-traumatic stress disorder (PTSD)**
- **Depression, poor self-esteem**
- **Insomnia**
- **Suicide ideation/actions**
- **Alcohol, drug, tobacco use**

(Bergman & Brismar, 1991; Coker et al, 2002; Dienemann et al, 2000; Elsberg et al, 2008; Kernic et al, 2000; Stark & Flitcraft, 1995; Sato-DiLorenzo & Sharps, 2007; Lemon et al, 2002; Ackard et al, 2003; Weinsheimer et al, 2005; Kaysen et al, 2007; Miller et al, 1989; Plichta, 1992)



IPV and Drug Use

12

Women experiencing abuse are:



2.6X more likely to use tranquilizers, sleeping pills, or sedatives

3.2X more likely to use anti-depressants

2.2X more likely to use prescription pain pills

(Carbone-Lopez et al, 2006)



Reproductive and Sexual Health

13



- Increased risk for unintended and rapid repeat pregnancy
- Increased incidence of low birth weight babies, preterm birth and miscarriages

(Miller, 2010; Sarkar, 2008, Goodwin et al, 2000; Hathaway, 2000)

- Abuse is **more common than gestational diabetes or preeclampsia** -- conditions for which pregnant women are routinely screened.



IPV and Sexually Transmitted Infections

14

Women disclosing
physical abuse
were

3 TIMES

more likely to
experience a STI.

Women disclosing
psychological abuse
were

2 TIMES

more likely to
experience a STI.

Coker et al, 2000



What We've Learned from Research

15



Studies show:

- Patients support assessments
- No harm in assessing for IPV
- Interventions improve health and safety
- Missed opportunities: patients fall through the cracks when we fail to address IPV routinely and universally in our clinical practice



Healthcare providers can make a difference!

16

**Women
Who Talked
to Their
Health Care
Provider
About
Experiencing
Abuse Were**

4 times more likely to use
an intervention such as:

- Advocacy
- Counseling
- Protection orders
- Shelter
- or other services

McCloskey et al. (2006)



Shifting the Approach From...

17

“No one is hurting you at home, right?” (Partner seated next to client as this is asked)—How do you think that felt to the patient?

“Within the last year has he ever hurt you or hit you?” (Nurse with back to you at her computer screen)—Tell me about that interaction...

“I’m really sorry I have to ask you these questions, it’s a requirement of our clinic.” (Screening tool in hand)—What was the staff communicating to the patient?



To Universal Education and Routine Inquiry

18

- To overcome barriers we need to combine universal education with screening for IPV.
- Starting with universal education followed by face-to-face routine inquiry can facilitate conversation.
- Combining universal education with routine inquiry shifts emphasis away from disclosure as the goal.
- Health care setting is ideal setting for offering information, reducing isolation, and increasing options for safety.



Steps to CUES Intervention

19

1. **Confidentiality:** Disclose any limits of confidentiality
2. **Universal Education - Normalize activity:** "I've started giving this card to all of my patients"... **Open the card** and do a quick review:
"It talks about healthy and safe relationships...
and how relationships affect your health –
is this happening to you?"
4. **Support:** Visit-specific harm reduction
5. **Warm Referral & Follow up next visit**



Your Role is Important - **DOABLE**

20

- Providers do not have to be IPV experts to recognize and help patients experiencing domestic and/or sexual violence
- You have a unique opportunity for education, early identification, and intervention
- And to partner with domestic and/or sexual violence agencies to support your work and promote health outcomes.



Partnering with a Domestic/Sexual Violence Program

21



- Advocates provide their clients risk assessment, safety planning, and support.
- Assist survivors and children who have experienced IPV to think and act in a way to increase personal safety while assessing the risks based on the perpetrators behaviors
- Connect clients to additional services like:
 - Housing; Health; Legal advocacy; Support groups/counseling
- Strengthen clinical responses to D/SV in many ways.



Sustainable Programs: Systems Reform Model



- Changing environment
- Multi-disciplinary team approach
- Systems reforms
 - Policies and procedures
 - Forms and electronic records
 - Measurement and benchmarks
- Addressing staff exposed to violence
- Implementing reflective supervision



National Health Resource Center on Domestic Violence

23

For free technical assistance and tools including:

- Patient education safety cards
- Training curricula
- Clinical guidelines
- State reporting information
- Documentation tools
- Pregnancy wheels
- Posters

For more information, please visit the [National Health Resource Center on Domestic Violence website](#).



LA CLINICA DEL PUEBLO GENDER & HEALTH INITIATIVE

Suyanna Barker, DrPH

Community Health Action Department Director



Disclosure Statement: In the past 12 months, I have no relevant financial relationships with the manufacturer(s) of any commercial product(s) and/or provider(s) of commercial services discussed in this CME activity. I do not intend to discuss an unapproved/investigative use of a commercial product/device in my presentation.

La Clínica del Pueblo - Basic Info

- ✓ La Clínica del Pueblo is a federally qualified health center (FQHC) and Patient Centered Medical Home (PCMH Level II) located in the District of Columbia.
- ✓ Serve low-income, limited English proficiency (LEP), immigrant Latino population: 90% of patients have incomes 200% & below the FPL, 93% are Hispanic/Latino, 80% LEP, 36% are uninsured.
- ✓ In 2014:
 - ✓ 3,400+ patients received 22,000+ medical, mental health, substance abuse, social, health education, and support services.
 - ✓ 8000+ Limited English Proficient persons received 13,000+ interpretation services.
- ✓ Employ a family practice model of care that is rooted in a comprehensive, culturally and linguistically accessible approach aimed at eliminating barriers to care.



Sexual and Reproductive Health and Rights

- La Clínica is a Title X sub-grantee and offers comprehensive Family Planning Services for men, women, and adolescents.
- Annually provide 1,600+ Family Planning Services to clients.
- Integrating peer health promoters to support client education for sexual health and family planning.
- Offer Safe Space for LGBT clients for discuss sexual health, HIV and STI prevention, HIV+ primary care, and Latino HIV System Navigator program.
- Gender and Health Program focus on Gender-based Violence Prevention and Sexual and Reproductive Health and Rights through outreach, education, peer navigation, support groups, and advocacy.
- The program is known by the community as *Entre Amigas*.



Community Health integrated with Medical and Behavioral Health

The Community Health in Action (CHA) Department identifies, mobilize, educates, and engages individuals through health and wellness education and advocacy both inside and outside the clinic doors.

Recruit and train Peer Health Promoters —. Between 40-60 *promotores de salud* are trained each year.

Conduct interventions for the most prevalent chronic diseases affecting the local Latino community, including HIV, heart disease, cervical cancer, gender-based violence and diabetes.

Health Promoters are also utilized for patient navigation/linkage to care services for specialty care and enabling programs.





Entre Amigas



- ✓ Support for women survivors of trafficking, sexual assault, intimate partner violence, and other types of gender-based violence.
- ✓ 11 Trained Peer Navigators
- ✓ Partnership with DC SAFE – Crisis Center
- ✓ Navigation for legal, social, and medical services – partnerships with multiple organizations for warm & culturally competent referrals.
- ✓ Weekly support group with child care led by psychosocial educator
- ✓ Monthly community meetings/workshops – discussion of gender-based violence as well as sexuality, HIV, etc.
- ✓ Outreach and advocacy in community.

FWV Training and Progress

- Participation of clinical team in training on July 31st at La Clínica.
- Establishment of a workgroup to develop ongoing education/supervision strategies to reinforce training.
- Development and use of a set of educational/promotional materials to be added to the materials provided by FWV. *“Did you know your relationship can affect your health?” Talk with one of us or call Entre Amigas”*
- Creation of internal and external referrals protocols and case documentation.
- Gender & Health Program Manager reports at least 1-2 women per week referred from clinical services since training.
- Integration of IPV Universal Screening into future projects and proposals.

Success Story

- Maria was sexually assaulted on her way back from work. She is undocumented and living in DC with a TPS (Temporary Protected Status). Due to language barriers, she could not fill out a police report. After being discharged from local hospital emergency room, she reached out to La Clínica's medical services...



Thank you!



www.lcdp.org
sbarker@lcdp.org

Forming Connections for Women's Health

FamilyCare Health Center &
Branches Domestic Violence Shelter

•Disclosure Statement: In the past 12 months, I have no relevant financial relationships with the manufacturer(s) of any commercial product(s) and/or provider(s) of commercial services discussed in this CME activity. I do not intend to discuss an unapproved/investigative use of a commercial product/device in my presentation.

Where We Are





- began in 1989 as a women's health facility
- Services now include
 - adult and pediatric primary care
 - OB/GYN services
 - dental care
 - comprehensive behavioral health services,
- serves over 30,000 patients across four counties
- person-centered and multidisciplinary care

- Established in 1980
- 24-hour hotline
- Emergency housing
- Crisis/safety planning and support
- Legal advocacy
- Counseling
- Support groups
- Referral
- Community Education and Training



IPV Response Team - Beginnings

- The faces behind the names
- Understanding current policy
- Learn what the other organization offers

This alone increased referrals and awareness.

The Provider Training

- Rebecca Levenson from Futures Without Violence provided education to approximately 30 providers and staff
 - How IPV affects women's health outcomes
 - Why the health care center is the right place to talk
 - How to ensure women get the help they need, even if they don't disclose
- Received safety cards and distributed to all sites
- Nurses asked for their own training

This was a powerful experience for our staff.

One Woman's Story

- Provider noticed signs that patient was in an unhealthy relationship
- Gave safety card and education
- Patient disclosed current abuse and its affects on her health (depression, anxiety, asthma and inability to fill prescriptions)
- Referred to Branches DV Shelter, safety planning
- Connected patient to health care and DV resources out of state where she planned to be near family
- Patient called to let us know she safely settled in new location

What We've Accomplished So Far

- FamilyCare saw a large increase of disclosures of IPV
- Branches Emergency Shelter was filled to capacity (not sure if related, but followed provider training)
- FamilyCare saw many women referred from Branches for primary care
- Branches' Putnam County outreach office noticed that most of the women coming in already used FamilyCare for primary care.

And we've only just begun!



Family Oriented Primary Health Care Clinic

Healthcare provided in collaboration with the Mobile County Health Department

Carol W. Cannon, LCSW, Director of
Social Services

In the past 12 months, I have no relevant financial relationships with the manufacturer(s) of any commercial product(s) and/or provider(s) of commercial services discussed in this CME activity.

I do not intend to discuss an unapproved/investigative use of a commercial product/device in my presentation.

At A Glance: 2014

Only Health Department in Alabama accredited by the Joint Commission	Ambulatory Care 2013 and Primary Care Medical Home in 2013	Federally Qualified Health Center
178.70 Staff Members	10 Health Centers	1979 Year Founded
141,297 Encounters	41,204 Patients	Expanded Hours until 9:30 p.m. Monday-Thursday; 6:00 p.m. Friday; 8:00 a.m.-12:00 p.m. Saturday



Semmes Health Center (La Clinica de Semmes)

3810 Wulff Road East
251-445-0582

Adolescent and Pediatric Services, Adult Health Services, Dental Services, Family Planning, Health Insurance Application Services, Immunizations, Interpretation Services, Pharmacy Services, Social Services, STI Testing & Treatment, WIC 251-445-0581.

Our Process

- Review of current Intimidate Partner Violence policy
- Collaboration with Penelope House (local shelter)
- Training conducted by Futures
- Leadership Team made recommendations to policy
- Policy is now being reviewed by administration for implementation

Before Future's Collaboration

- All patients were screened by Intimate Partner Violence
- Staff were trained annually
- Family Planning visits assessed for Intimate Partner Violence was specifically requested
- If violence was reported the patient was referred to case management then offered resources to Penelope House

Impact

- One of our Pediatricians reported making the connection between physical health and the social issues of domestic violence.



Next Steps

- Penelope House staff will train all clinical staff on Intimate Partner Violence protocol
- Connect clinical staff members with Penelope House staff
- Review and monitor the health impacts of intimate partner violence relationships

The background features two large, wavy, horizontal bands. The top band is a vibrant green, and the bottom band is a bright blue. Both bands have a soft, blurred gradient effect, giving them a sense of motion and depth. The central area between the bands is plain white.

Questions?

Funding Announcement

1

Improving Health Outcomes Through Violence Prevention: Phase II to Identify and Provide Brief Counseling on Intimate Partner Violence (IPV) in Health Centers

<http://www.futureswithoutviolence.org/health/improving-health-outcomes-through-violence-prevention/>



Phase II Pilot Project

2

Improve the health outcomes for women through the identification and response to intimate partner violence (IPV)

- Six community health centers will be selected to work with a local intimate partner violence program that they identify as a partner on this initiative.
- The period of funding is from November 20, 2015 through September 30, 2016
- Application is due Friday, November 6, 2015 by 5:00pm Eastern



Funding

3

FUTURES will provide selected applicants a total of \$14,000.

- Community health centers will receive \$7,000 for the funding period, in addition to free in-person training (including continuing medical education credits for MDs/DOs) as well as online trainings, free patient and provider tools, and participation in a learning community to share challenges and successes, and technical assistance as needed.
- The local intimate partner violence program that the community health center partners with will also receive \$7,000 from FUTURES to participate in the program in order to integrate health assessments onsite and provide services for clients referred to them by the health center.



Project Goals

4

The core elements of the pilot include:

- **Educating providers** on the impact of IPV on health outcomes, and how to assess and respond in collaboration with local DV partners.
- **Promoting education for patients** accessing health services about the connection between IPV, and their health.
- **Institutionalizing program policy** to support assessment of and coordinated responses to victims of abuse.
- **Educating domestic and/or sexual violence advocates on the connection** between violence and coercion on health, and how to integrate basic health assessment into victim service programs.



Eligibility

5

- The clinics that are eligible for the IPV Pilot are those listed here: <http://findahealthcenter.hrsa.gov/>
- This directory includes all of the HRSA-funded clinics in the U.S.
- The clinics listed on the find a health center page also include those clinics that are PCMH recognized and dually funded (330 & Ryan White) which are encouraged to apply.



Deadline

6

Please submit applications no later than
Friday, November 6, 2015 at 2:00 p.m.
PST/3:00 p.m. Mountain/4:00 p.m.
Central/5:00 p.m. EST.

FUTURES will make a preliminary selection by November 13, 2015. Selected applicants will be contacted by phone no later than November 20, 2015.



Applicant Q/A Webinar

7

A webinar for interested applicants to learn more about the project and ask any questions about the funding announcement will be held:

Monday, October 26th, 2015 at 11:30-12:30pm PST/ 12:30-1:30pm MST/ 1:30-2:30pm CST/2:30-3:30pm EDT

To register, please follow this link:

<https://futureswithoutviolence.adobeconnect.com/e1073uzlq0e/event/registration.html>

If you have questions about the initiative or application, contact:

Anna Marjavi amarjavi@futureswithoutviolence.org.



CME Survey

8

If you would like CME credits for this webinar (MDs and Dos only), please fill out this survey:

<https://www.surveymonkey.com/r/7T85XWS>

