

PUBLIC HEALTH GRAND ROUNDS



Office of the Director

June 19, 2012

Upcoming Public Health Grand Rounds Sessions

- ❑ **Global Tobacco Control – July 24, 2012**
- ❑ **High-Impact HIV Prevention – August 21, 2012**
- ❑ **Explaining the Unexplained - September 18, 2012**

- ❑ **For Public Health Grand Rounds previews, archives, and related content:**

<http://www.cdc.gov/about/grand-rounds>

Grand Rounds Continuing Education (CE)

- ❑ Receive continuing education credits or contact hours for watching broadcasts of Public Health Grand Rounds
- ❑ Register at: <http://www2a.cdc.gov/TCEOnline>
 - The course code for PHGR is **PHGR10**.
 - Thirty days from the initial session the course number will change to **WD1640** and will be available for continuing education for two years after initial presentation date

Grand Rounds in MMWR

Morbidity and Mortality Weekly Report

CDC Grand Rounds: Newborn Screening and Improved Outcomes

Newborn screening is the practice of testing every newborn for certain harmful or potentially fatal conditions, such as hearing loss and certain genetic, endocrine, and metabolic disorders that typically are not otherwise apparent at birth. Newborn screening in the United States began in the 1960s. Universal newborn screening has become a well-established, state-based, public health system involving education, screening, diagnostic follow-up, treatment and management, and system monitoring and evaluation (*1*). Each year, >98% of approximately 4 million newborns in the United States are screened (*2,3*). Through early identification, newborn screening provides an opportunity for treatment and significant reductions in morbidity and mortality (*2,3*).

Uniformity of Newborn Screening

In 2006, The American College of Medical Genetics (ACMG), under the aegis of the Health Resources and Services Administration (HRSA), convened a group of experts to address the substantial variation in the number of disorders screened for in each state. The experts evaluated scientific and medical information related to screened conditions and recommended a uniform screening panel of 29 core (or primary) conditions to be included in state newborn screening panels: 20 inborn errors of metabolism, three hemoglobinopathies, and six other conditions (*4*). This panel was endorsed by the Advisory Committee on Heritable Disorders in Newborns and Children (ACHDNC) and designated by the Secretary of the U.S. Department of Health and Human Services as a national standard for newborn screening programs (*4*). Its adoption has led to increased uniformity of screening in the United States and its territories (Figure 1) (*2,3*). Additional conditions for screening continue to be identified and nominated for inclusion in the panel.

Expansion of Newborn Screening

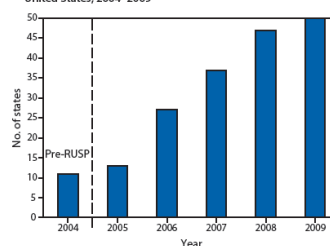
ACHDNC reviews nominations of conditions to be included in the uniform panel. The committee encourages nomination by persons and organizations with expertise on the condition being nominated. The nomination process is transparent, allows for public commentary, and follows a systematic protocol for evidence-based review (*5*). Since adoption of the core panel of 29 conditions, nine additional conditions have been submitted and reviewed. ACHDNC recommendations to include two of the conditions, severe combined immunodeficiency and critical congenital heart disease, into the uniform newborn screening panel were approved by the Secretary in 2010 and

2011, respectively. Six of the conditions submitted for inclusion have been forwarded for an external review, and four have been referred back to nominators for additional studies.

Public Health Burden

Of the 4 million infants who are screened each year, approximately 12,500 are diagnosed with one of the 29 core conditions of the uniform screening panel. The five most commonly diagnosed conditions in the United States are 1) hearing loss, 2) primary congenital hypothyroidism, 3) cystic fibrosis, 4) sickle cell disease, and 5) medium-chain acyl-CoA dehydrogenase deficiency (Table) (*3,6*). Newborn screening can help prevent death or disability, if treatment follows (*1,3*). Each year, for example, one in 2,000 newborns is diagnosed with congenital hypothyroidism. Screening followed by thyroid hormone treatment can prevent intellectual disability (intelligence quotient [IQ] score <70) (*7,8*). Congenital hearing loss occurs in one to three newborns per 1,000 live births. Each year, newborn hearing screening identifies hearing loss in >5,000 infants. Without screening, these children might have delayed language acquisition, low educational attainment, increased behavior problems, decreased psychosocial well-being, and poor adaptive skills (*9*). Untreated phenylketonuria can result in severe cognitive impairment. Prompt initiation of treatment following newborn screening is essential for optimal development and prevention of disability (*10*).

FIGURE 1. Number of states screening for the core bloodspot conditions in the Recommended Uniform Screening Panel (RUSP) — United States, 2004–2009



Source: Data reported from National Newborn Screening and Genetics Resource Center. Available at <http://genes-r-us.uthscsa.edu>.

Science Clips Selections: Intimate Partner Violence

- ❑ Cunradi CB, Mair C, Ponicki W, Remer L. Alcohol outlet density and intimate partner violence-related emergency department visits. *Alcoholism, clinical and experimental research*. 2012 May;36(5):847-53.
- ❑ Black MC. Intimate partner violence and adverse health consequences: implications for clinicians. *Am J Lifestyle Med*. 2011.
- ❑ Nelson HD, Bougatsos C, Blazina I. Screening women for intimate partner violence: a systematic review to update the u.s. preventive services task force recommendation. *Annals of internal medicine*. 2012 Jun 5;156(11):796-808.
- ❑ Woolhouse H, Gartland D, Hegarty K, Donath S, Brown SJ. Depressive symptoms and intimate partner violence in the 12 months after childbirth: a prospective pregnancy cohort study. *BJOG : an international journal of obstetrics and gynaecology*. 2012 Feb;119(3):315-23.
- ❑ Renner LM, Whitney SD. Risk factors for unidirectional and bidirectional intimate partner violence among young adults. *Child abuse & neglect*. 2012 Jan;36(1):40-52.
- ❑ Foshee VA, Reyes HLM, Ennett ST, Cance JD, Bauman KE, Bowling JM. Assessing the effects of families for safe dates, a family-based teen dating abuse prevention program. *J Adolesc Health*. 2012.
- ❑ Camacho K, Ehrensaft MK, Cohen P. Exposure to intimate partner violence, peer relations, and risk for internalizing behaviors: a prospective longitudinal study. *Journal of interpersonal violence*. 2012 Jan;27(1):125-41.
- ❑ Postmus JL, Plummer SB, McMahon S, Murshid NS, Kim MS. Understanding economic abuse in the lives of survivors. *Journal of interpersonal violence*. 2012 Feb;27(3):411-30.

Off the Beaten Path: Violence, Women and Art

- ❑ June 6 to September 9, 2011
- ❑ Presented the work of 28 contemporary artists from 24 countries, including:
 - ❑ Yoko Ono (Japan)
 - ❑ Louise Bourgeois (France)
 - ❑ Wangechi Mutu (Kenya)
 - ❑ Mona Hatoum (Palestine)
 - ❑ Hank Willis Thomas (USA)

Photo by: Hung Liu, From the Field, 2008



www.cdc.gov/museum

Grand Rounds Team Members

- ❑ Susan Laird
- ❑ Roger Pippin
- ❑ Nasheka Powell
- ❑ Nakesha Speed
- ❑ Alex Casanova
- ❑ Jessica Curtis
- ❑ Shelly Diaz
- ❑ Michelle Walker
- ❑ Daniel Watlington
- ❑ Kamelya Hinson
- ❑ Preeti Thapar
- ❑ Byron Skinner
- ❑ Cassandra Butler
- ❑ Larry Thomas
- ❑ Paul Lee
- ❑ Tracy Stewart
- ❑ Sonya Self
- ❑ Ronald Lawrence
- ❑ Marcus Masslieno

Today's CDC Speakers

Dr. Howard Spivak



Dr. E. Lynn Jenkins



Today's Partner Speakers

Kristi VanAudenhove



Debbie Lee



BREAKING THE SILENCE: PUBLIC HEALTH'S ROLE IN INTIMATE PARTNER VIOLENCE PREVENTION

□ **Howard R. Spivak, MD**

Director, Division of Violence Prevention, National Center for Injury Prevention and Control
Societal Burden of IPV and Public Health's Relevance in Prevention

□ **E. Lynn Jenkins, PhD**

Chief, Etiology and Surveillance Branch, National Center for Injury Prevention and Control
The National Intimate Partner and Sexual Violence Survey

□ **Kristi VanAudenhove**

Co-Director, Virginia Sexual and Domestic Violence Action Alliance
Building Coalitions to Prevent Intimate Partner Violence

□ **Debbie Lee**

Senior Vice President, Future without Violence
National Opportunities for Preventing Intimate Partner Violence

Societal Burden of IPV and Public Health's Relevance in Prevention



Howard R. Spivak, MD

Director

Division of Violence Prevention

National Center for Injury Prevention and Control

Centers for Disease Control and Prevention



**U.S. Department of
Health and Human Services**
Centers for Disease
Control and Prevention

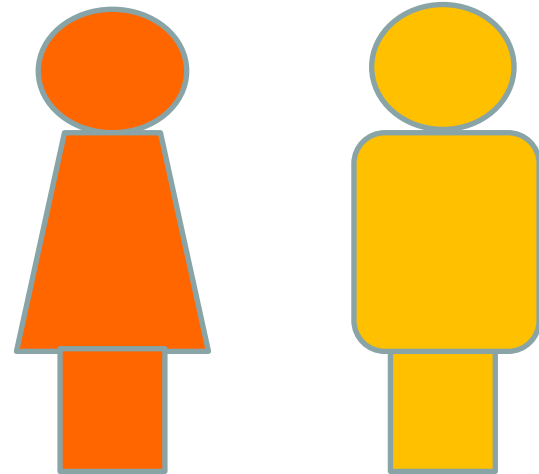
Sarah



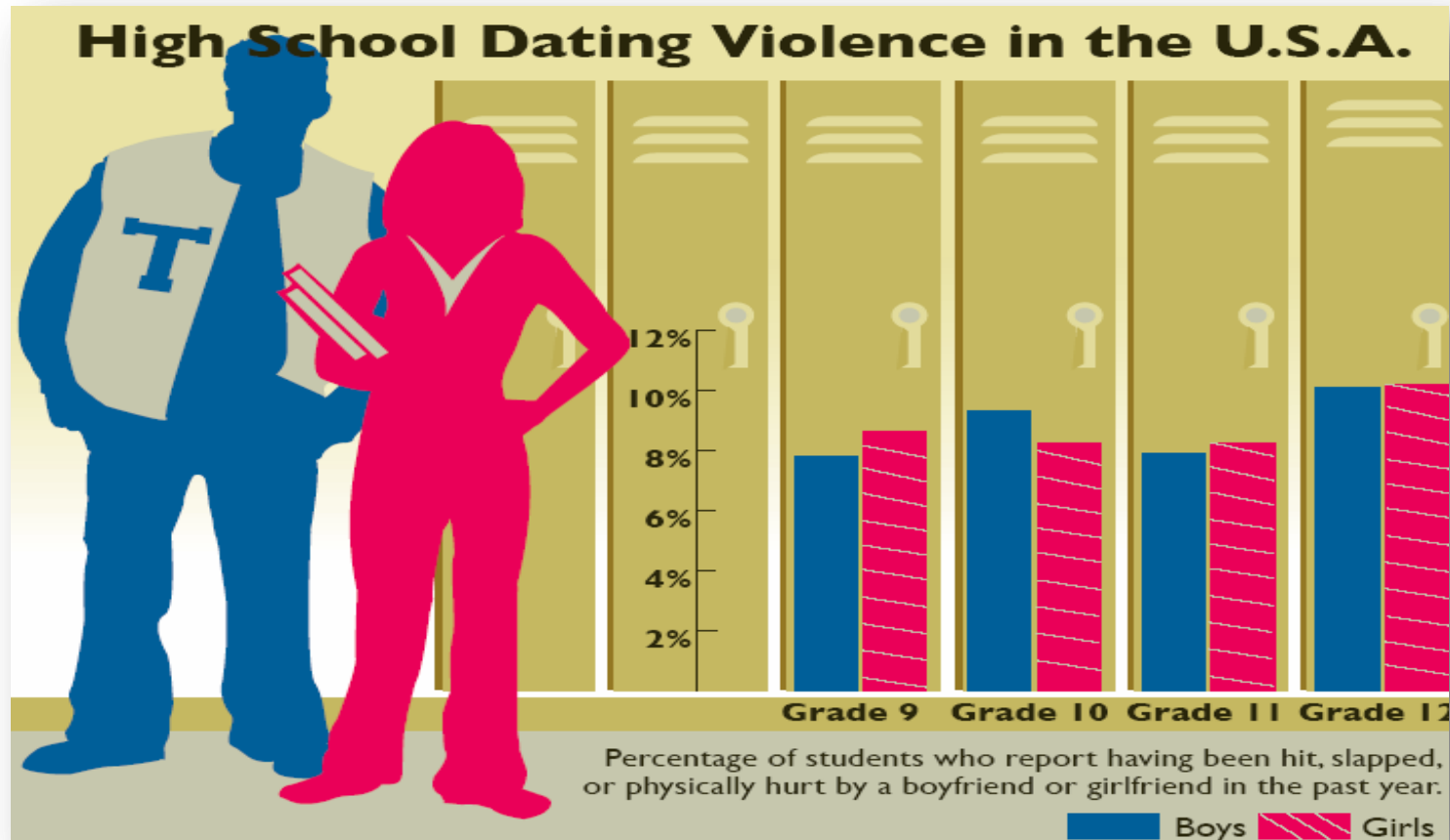
What is Intimate Partner Violence (IPV)?

- ❑ **Physical violence, sexual violence, threats of physical or sexual violence, and psychological abuse by a current or former partner**

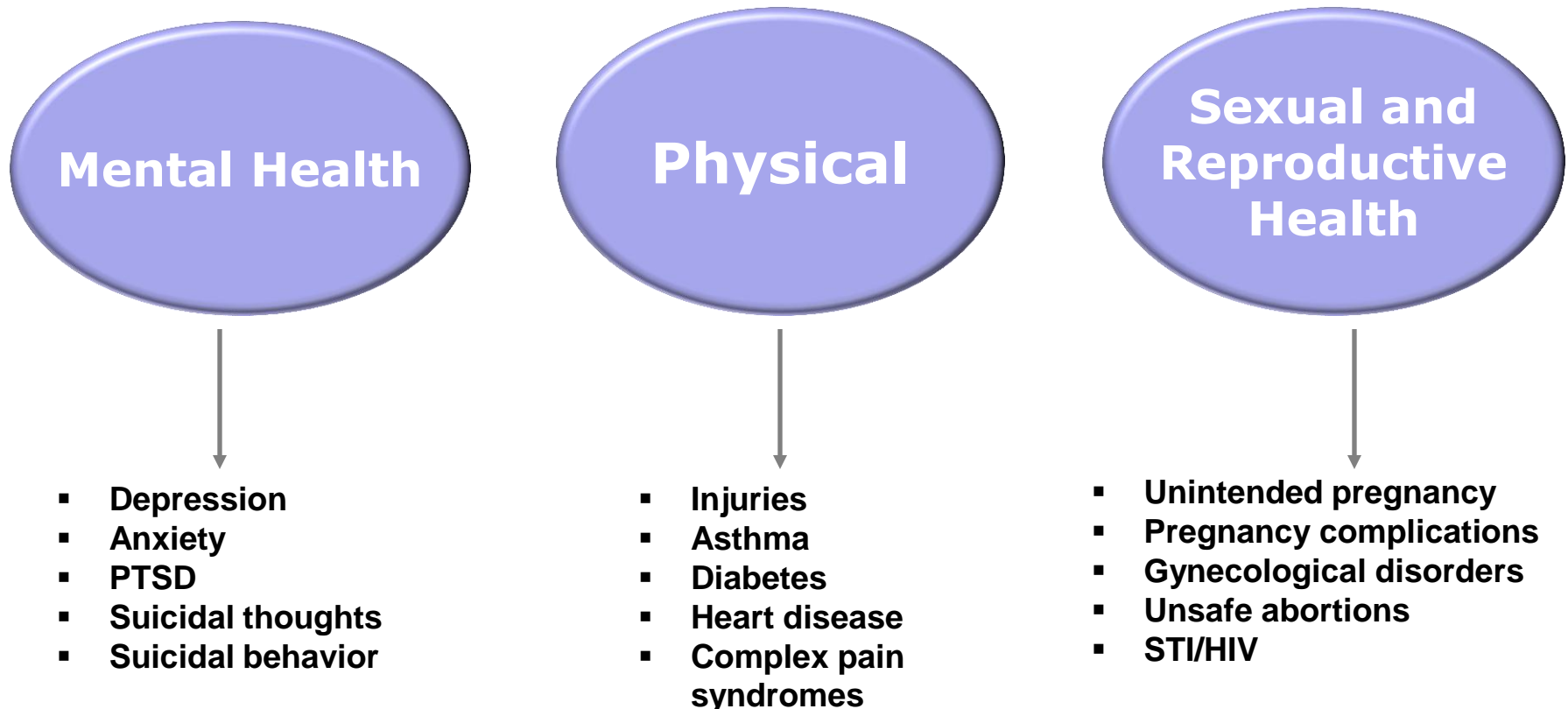
12 million victims
each year



Approximately 10% of Students Report Physical Dating Violence



Lifelong Health Consequences of IPV



Economic Burden of IPV

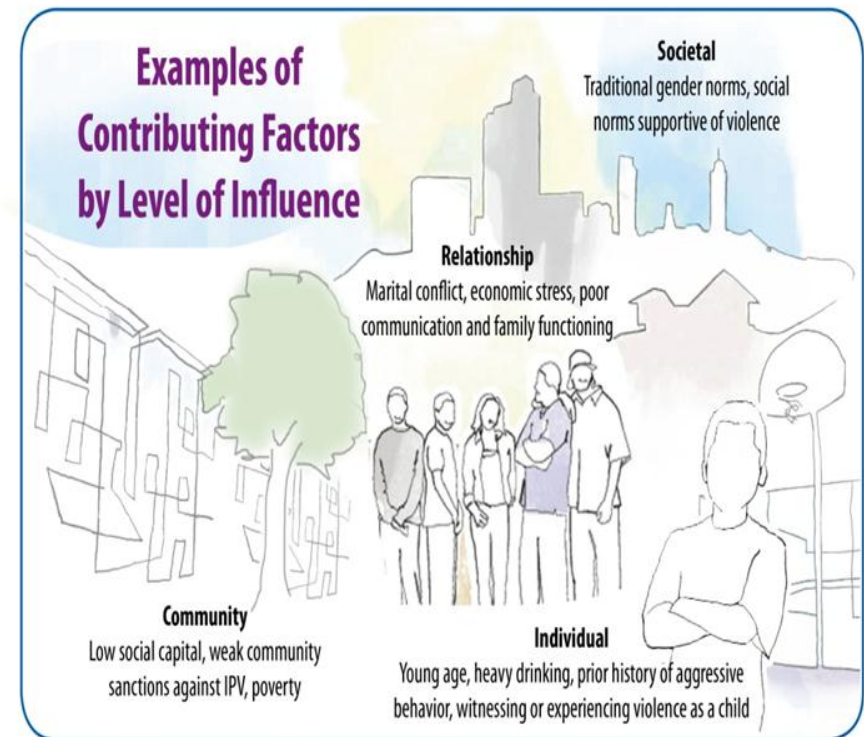


= 8.3 billion each year

**In medical, mental health services,
and lost productivity costs alone**

Risk Factors for Perpetrating IPV

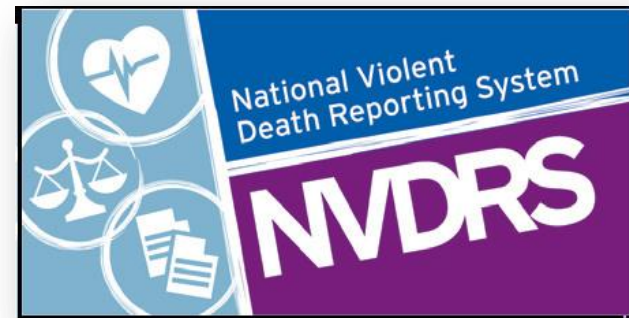
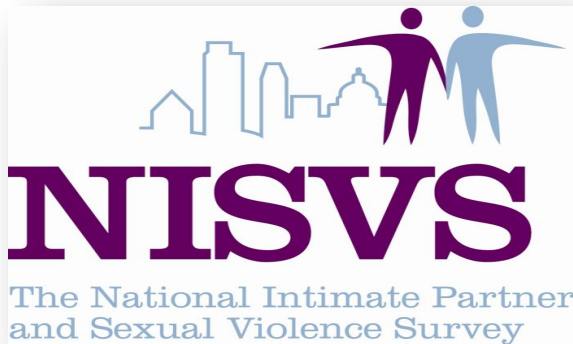
- ❑ Individual beliefs and behaviors
- ❑ Family history and relationship dynamics
- ❑ Social and economic conditions
- ❑ Cultural and social norms



Data to Drive Action

❑ Collection of data is needed to

- Identify groups at risk
- Inform prevention efforts
- Monitor the problem and assess trends over time
- Track impact and outcomes of prevention efforts



NVDRS records an average of 450 IPV-related homicides each year

Research to Inform Prevention Efforts

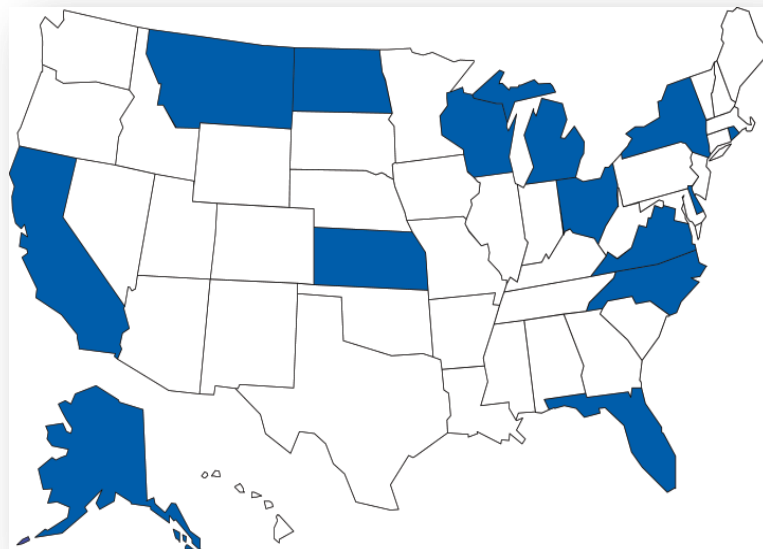
□ Research is needed to:

- Elucidate risk and protective factors
- Identify effective programs, practices, and policies, including those related to:
 - Reducing alcohol outlet density and availability
 - Promoting economic development
 - Alleviating social and economic stressors linked to IPV
- Determine how best to scale-up effective approaches

Building the Foundation to Prevent IPV

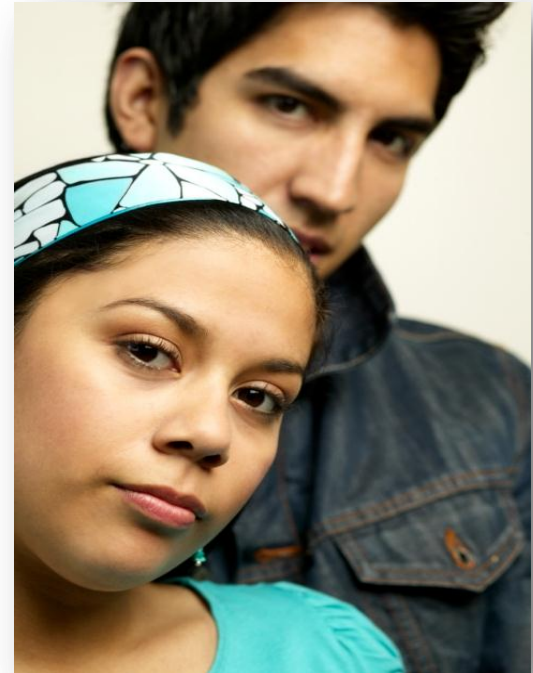
- ❑ **Data-driven planning**
- ❑ **Strengthening connections on the ground**
- ❑ **Tools, training, and assistance to identify, implement and evaluate strategies**

**CDC's Domestic Violence Prevention
Enhancements and Leadership
Through Alliances Program (DELTA)**



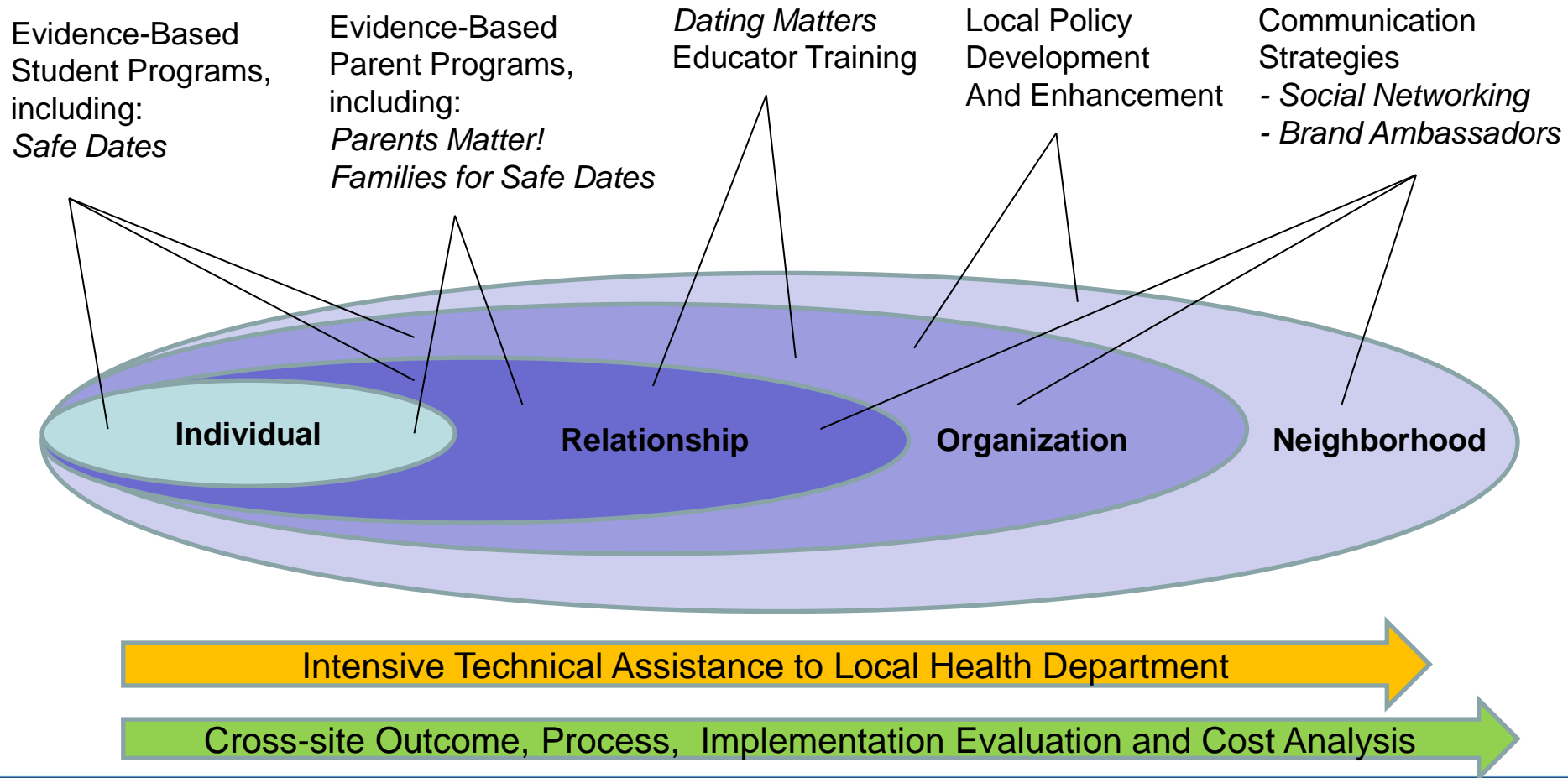
What Works to Prevent Partner Violence?

- ❑ **Many programs change knowledge and attitudes**
- ❑ **Few programs change behaviors**
- ❑ **Types of strategies**
 - Youth-focused
 - Parent-focused
 - Couple-focused
 - Community
 - Policy



Whitaker DJ, Baker CK, Arias I. Interventions to prevent intimate partner violence. In Doll L, Bonzo S, Sleet D, Mercy J, Hass E. (eds.) Handbook of Injury and Violence Prevention, 2007:183-201. New York, NY: Springer

Dating Matters Comprehensive Strategy Across the Social Ecological Model



Partnerships as the Cornerstone of Success

- ❑ Intimate partner violence cannot be addressed by single programs or in isolation
- ❑ Collaboration across all sectors
- ❑ Leadership at all levels
- ❑ Special role of public health

*We all have a responsibility
to take action*



The National Intimate Partner and Sexual Violence Survey (NISVS)



E. Lynn Jenkins, PhD

Chief, Etiology and Surveillance Branch

Division of Violence Prevention

National Center for Injury Prevention and Control

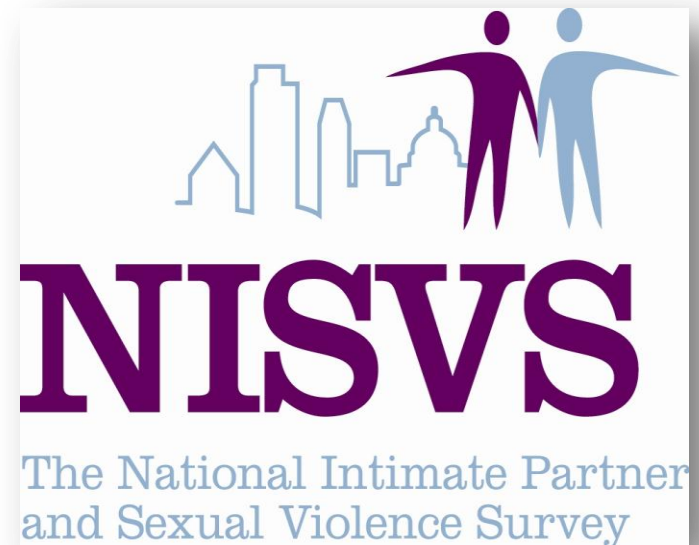
Centers for Disease Control and Prevention



**U.S. Department of
Health and Human Services**
Centers for Disease
Control and Prevention

Unique Strengths of NISVS

- ❑ **Health context**
- ❑ **>60 behavior-specific questions**
- ❑ **Sample includes landline and cell phone numbers**
- ❑ **National and state estimates**



NISVS Implementation

❑ 2010: Initial year of data collection

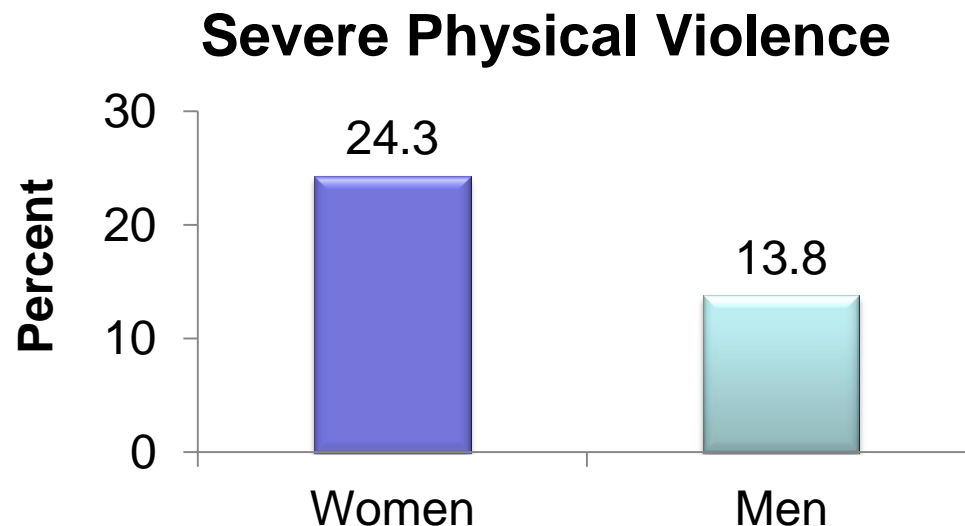
- 16,507 U.S. adults
 - 9,086 females
 - 7,421 males
- Approximately half cell phone, half landline
- Support from National Institute of Justice and Department of Defense

❑ Data collection is ongoing



New IPV Prevalence Estimates

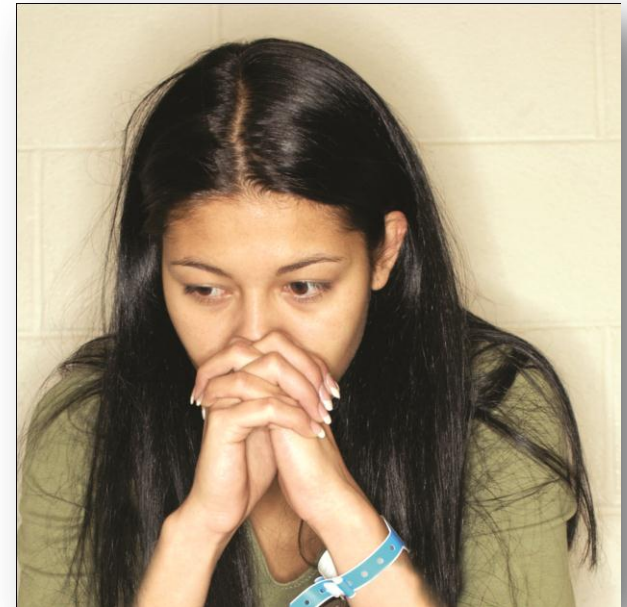
- ❑ **1 in 4 women and 1 in 7 men in the United States have experienced severe physical violence by an intimate partner at some point in their lifetime**



Lifetime Prevalence and Impact for Women

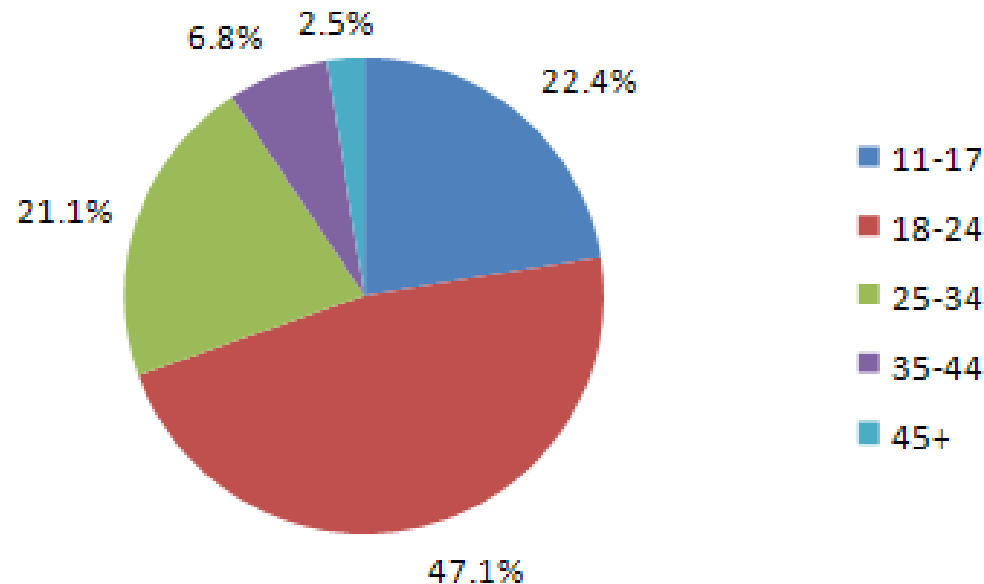
❑ **>1 in 3 U.S. women have experienced physical violence, rape, and/or stalking by an intimate partner at some point in their lifetime**

- 72% report being fearful
- 62% were concerned for their safety
- 28% missed at least one day of work or school



Intimate Partner Violence Starts at Young Age— U.S. Women

Figure 4.5 Age at Time of First IPV² Experience Among Women Who Experienced Rape, Physical Violence, and/or Stalking by an Intimate Partner— NISVS 2010



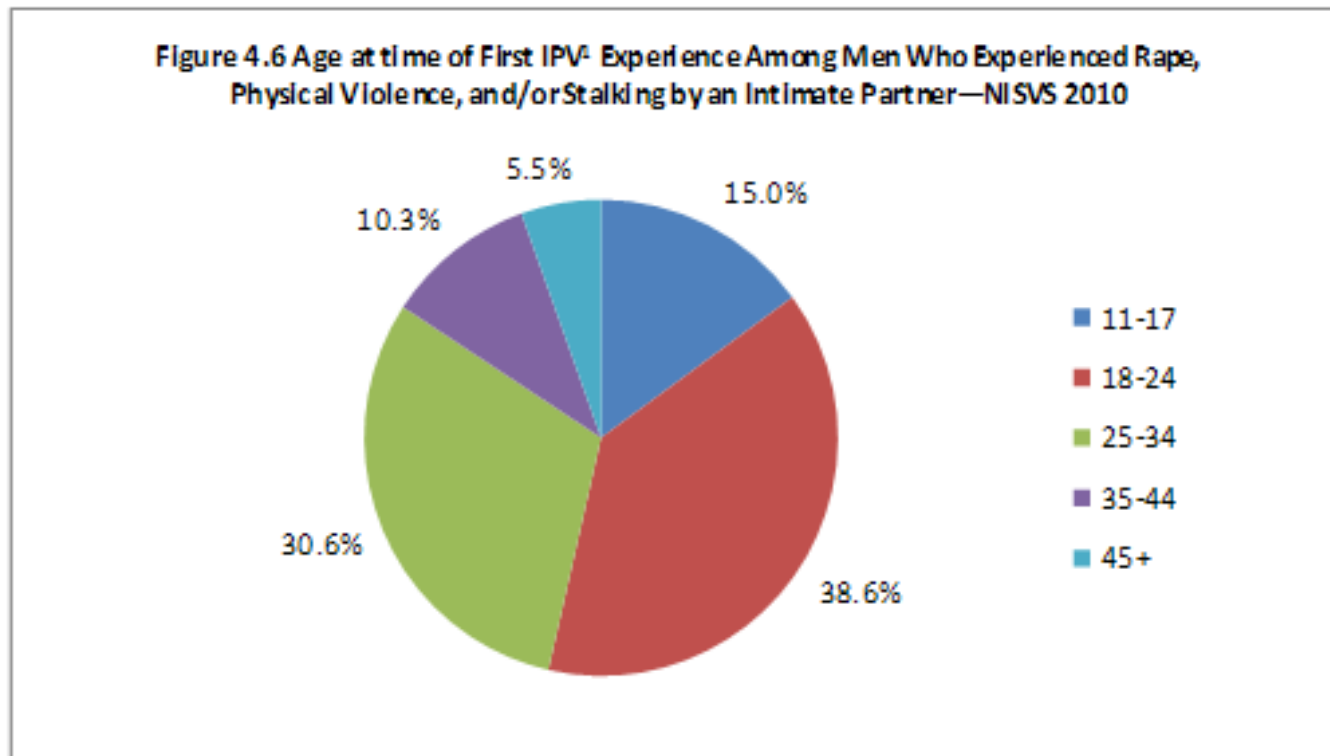
Lifetime Prevalence and Impact for Men

❑ **>1 in 4 U.S. men have experienced physical violence, rape, and/or stalking by an intimate partner at some point in their lifetime.**

- 18% report being fearful
- 16% were concerned for their safety
- 14% missed at least one day of work or school



Intimate Partner Violence Starts at Young Age— U.S. Men



Types of IPV Reported Differ Between Men and Women

FORMS OF INTIMATE PARTNER VIOLENCE	WOMEN	MEN
Physical Violence Only	57%	92%
Rape Only	4%	--
Stalking Only	3%	--
Rape & Physical Violence	9%	--
Physical Violence & Stalking	14%	6%
Rape, Physical Violence & Stalking	13%	--

Immediate and Long-Term Impacts of IPV

- ❑ **81% of women and 35% of men who experienced IPV reported at least one health- related or other impact**
- ❑ **Of women with lifetime IPV experience**
 - 42% reported injuries
 - 63% reported PTSD symptoms
- ❑ **Of men with lifetime IPV experience**
 - 14% reported injuries
 - 16% reported PTSD symptoms



Multiple Long-Term Health Consequences

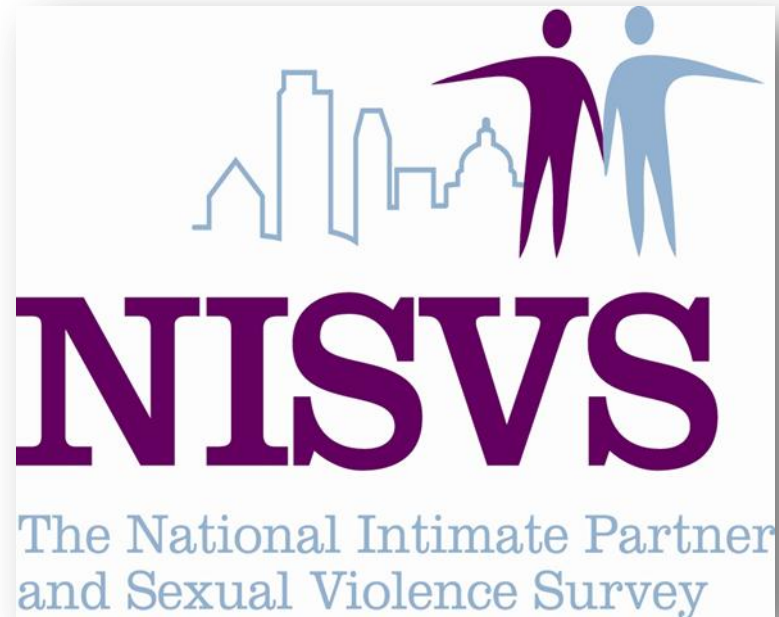
- ❑ **Women with lifetime victimization experience were significantly more likely to report having**
 - Asthma
 - Irritable bowel syndrome
 - Diabetes
- ❑ **Both women and men with lifetime victimization experience were significantly more likely to report**
 - Frequent headaches
 - Chronic pain
 - Difficulty sleeping
 - Activity limitations
 - Self-assessed poor physical and mental health

Prevention Must Begin Early

- ❑ Preventing physical violence, rape, and stalking will save lives, reduce health impacts, and save money
- ❑ Next Steps
 - Sexual Orientation Report
 - Intimate Partner Violence Report



NISVS Information



www.cdc.gov/violenceprevention/nisvs

Building Coalitions to Prevent Intimate Partner Violence



Kristi VanAudenhove

Co-director

Virginia Sexual and Domestic Violence Action Alliance

DELTA: The Dawn of a New Day in Virginia

- ❑ **Before DELTA**
- ❑ **Opportunity for state domestic violence coalitions**
- ❑ **10 years of capacity building**
- ❑ **Nationally, part of building prevention infrastructure in coalitions and local communities**



The Commonwealth of Virginia

- ❑ 12 most populated state (>8 million people)
- ❑ Mid-Atlantic: From Atlantic Ocean to Appalachia
- ❑ Shaped by the founding fathers with strong traditional values

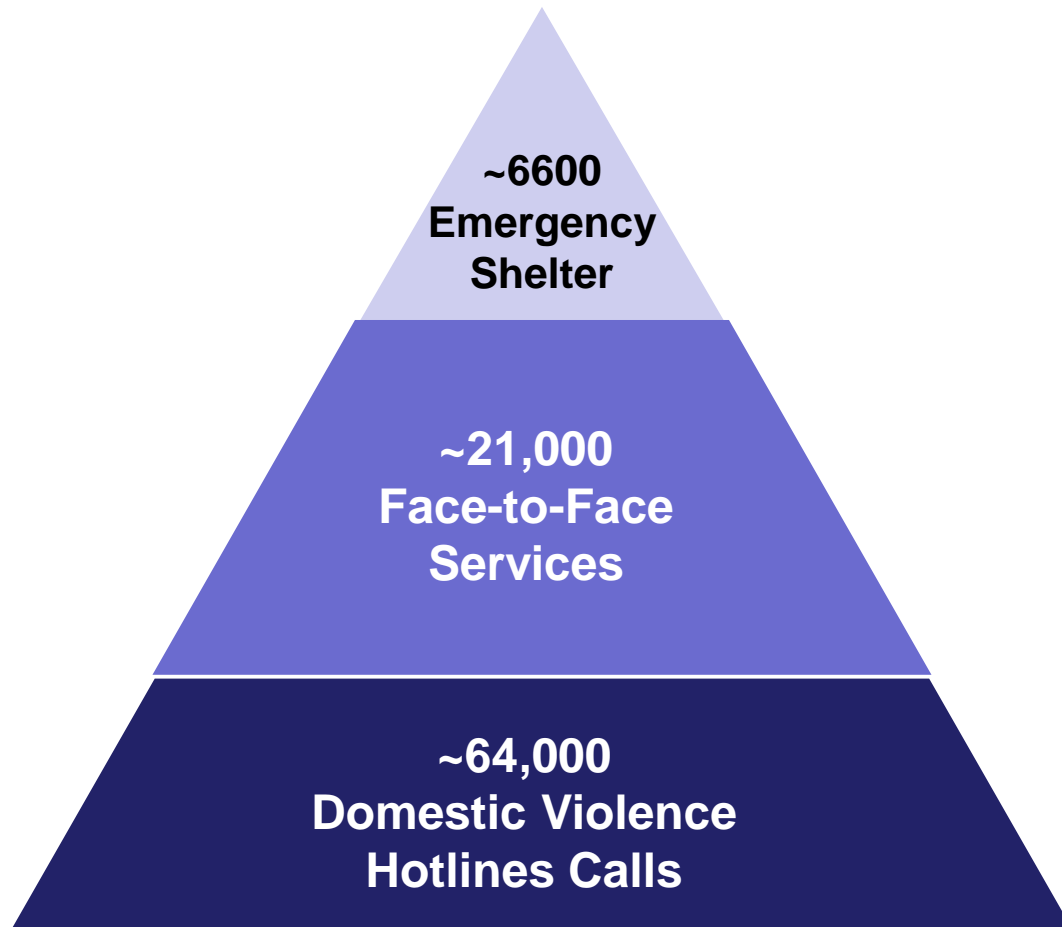


2010 National Intimate Partner and Sexual Violence Survey

❑ Lifetime prevalence of rape, physical violence, and/or stalking by an intimate partner

National for women	35.6%
Virginia for women	31.3%
National for men	28.5%
Virginia for men	22.1%

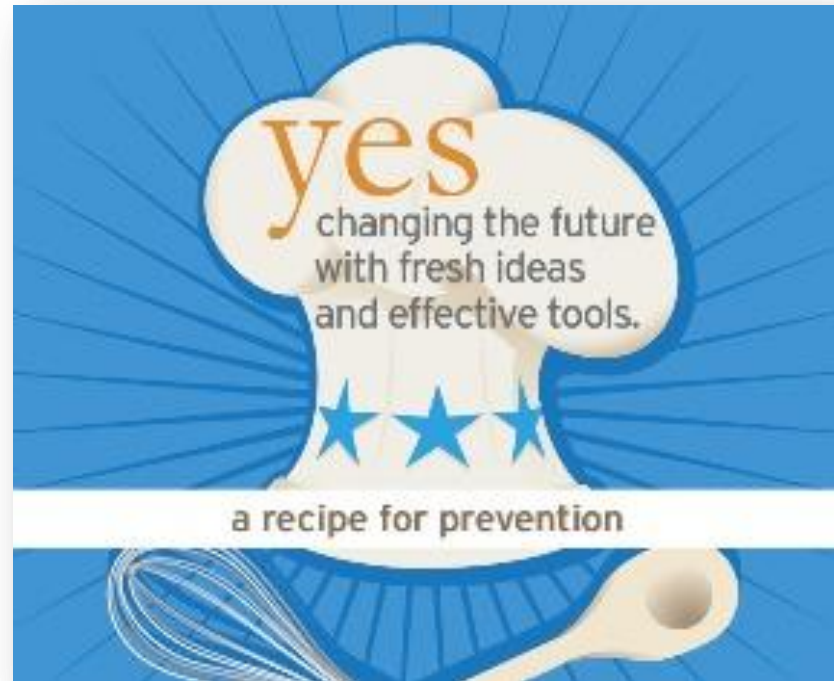
IPV in Virginia: A Year in the Life



DELTA

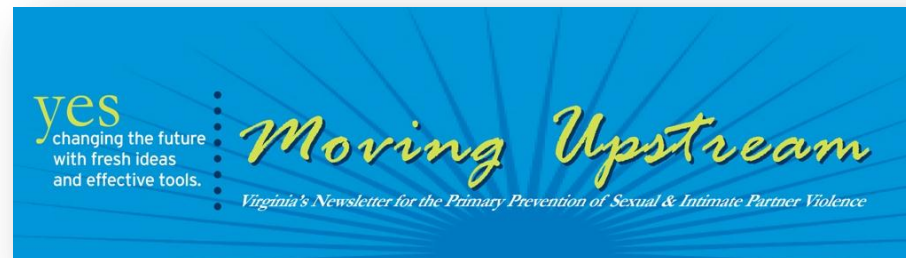
Building the Prevention Infrastructure in Virginia

- ☐ Funding
- ☐ Time
- ☐ Structure
- ☐ Expertise



Moving Upstream

- ❑ **Changing the narrative around prevention**
- ❑ **Making effective use of precious resources beyond “pulling people out of the river”**
 - Working across all levels of the social ecological model
 - Planning, planning ,and more planning
 - A common understanding of the problem that is based on data
 - Defining achievable outcomes
 - Strategies likely to bring about change



Building a Community of Practice

Structural Supports

- ☐ Regular in-person meetings
- ☐ Listserve for CDC to coalitions + peer-to-peer communication
- ☐ Bi-weekly Project Coordinator calls
- ☐ National, regional, and in-state training

Coalition Teams

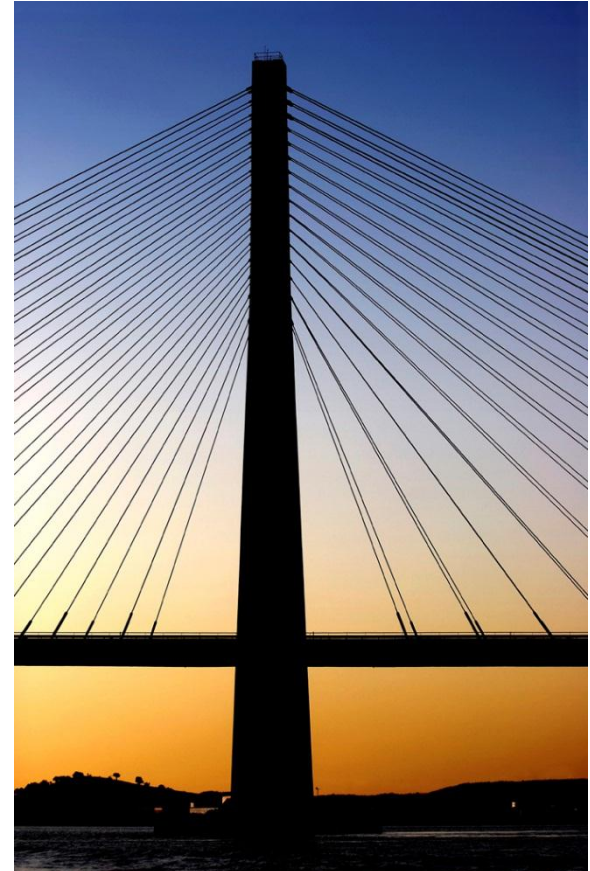
- ☐ Require participation of Executive Directors and Project Coordinators
- ☐ Add the Empowerment Evaluators
- ☐ Encourage cross-training within staff
- ☐ Encourage board training

Expanding the Evidence Base

- ❑ **Supporting the planning, implementation, and evaluation of evidence-informed statewide and local prevention initiatives**
- ❑ **VA state-level initiatives**
 - Bystander strategies with college students
 - Promoting protective factors among youth 14-16
 - Addressing unique risks for African-American youth
- ❑ **Community-level initiatives**
 - 4 Virginia communities

Bridging Science and Action

- ❑ **Empowerment evaluation**
- ❑ **Evidence as a basis for decision-making**
- ❑ **Using the experience of survivors and communities as part of program evaluation**



Summary of the DELTA Program Model

❑ **The training, support, and opportunities the CDC has provided for state coalitions, we have in turn provided for our local project partners**

- Introducing the public health model of primary prevention
- Bridging science and action
- Building a community of practice amongst advocates and community
- Supporting the planning, implementation ,and evaluation of evidence-informed prevention initiatives

Impact on Communities beyond DELTA partners

- ❑ Better planning; outcomes more likely to be defined and evaluated
- ❑ Engagement of domestic violence and campus programs in primary prevention
- ❑ DELTA coalition staff provide training, technical assistance, and resources



Impact on Coalition beyond DELTA Staff

□ **Appreciation for partnerships has improved all work and opened eyes to opportunities**

- Law Enforcement and Perpetration Data
- Fatality Database Review
- Healthy Relationship Education for Parents of Adults with Developmental Disabilities



Impact on Statewide IPV Prevention

- ❑ New coalition vision statement
- ❑ New partnerships with health care providers, anti-poverty organizations, and other prevention professionals (HIV/suicide/bullying)
- ❑ Expansion of prevention initiatives in our Strategic Plan
- ❑ New funding for prevention



National Opportunities for Preventing Intimate Partner Violence



Debbie Lee

Senior Vice President

Futures Without Violence

Deputy Director, National Program Office

Start Strong: Building Healthy Teen Relationships



U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention

Futures Without Violence

- ❑ **Social change organization with 30 year history**
- ❑ **San Francisco, DC, and Boston Offices**
- ❑ **Name change last year from Family Violence Prevention Fund to reflect broader and international mission**
- ❑ **Programs**
 - Reach new audiences (men and youth)
 - Transform the way health care providers, police, judges, employers, and others address violence

Partnership with CDC

- ❑ **Shift from service provider model to include prevention**
- ❑ **DELTA and Dating Matters (CDC funded)**
- ❑ ***Start Strong: Building Healthy Relationships* and DELTA PREP (Robert Wood Johnson Foundation Funded)**
 - Work to change social norms
 - Move beyond the individual level
- ❑ **Leveraging work between Futures and CDC**
 - Changing YRBS questions

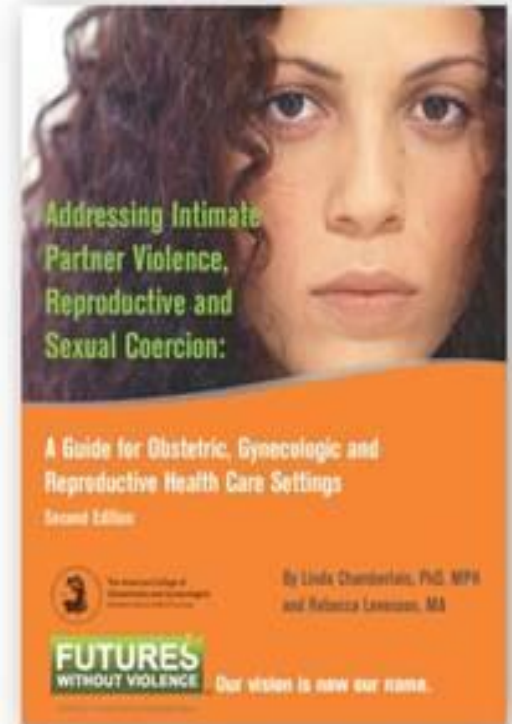
Outline of Topics

- ❑ Health Care Progress and Opportunities
- ❑ Programs to Reach Youth and Men
- ❑ Youth Progress and Opportunities



Health Care: Progress and Opportunities

- ❑ Since 1993, Futures Without Violence has been the DHHS National Health Resource Center on Domestic Violence
- ❑ Built national consensus guidelines with health care providers and leaders
 - Education, training, and system changes
- ❑ Affordable Care Act built on this work to create policy and practice change



Health Care: National Opportunities

❑ Affordable Care Act Implementation

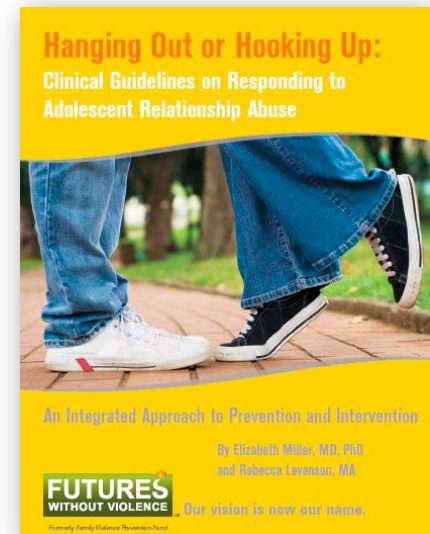
- Women's preventive health: Screening and counseling for IPV
- Insurance discrimination
- Home visitation programs
- Teen pregnancy prevention
- National prevention strategy

❑ Health Practice Opportunities

- Interventions in reproductive health settings

Clinical and Community Prevention Recommendations

- ❑ **Support existing programs and services based on age/developmental stage/gender norms**
- ❑ **Clinical guidelines for violence prevention, which promote assessment, brief counseling and referral, should be**
 - Incorporated into school based health centers
 - Incorporated in the Annual Well Woman visit and during other key visits
 - Incentivized in payment reform efforts



Start Strong: Building Healthy Teen Relationships

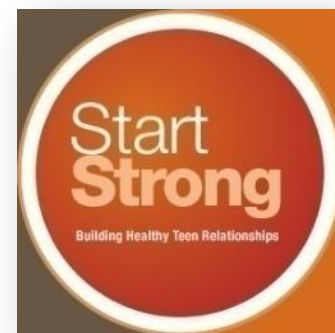
❑ Investment: \$18 million over 4 years (2008-2012)

❑ In 11 communities

- Atlanta, Austin, Boston, Bridgeport, Bronx, Idaho, Indianapolis, Los Angeles, Oakland, Rhode Island, and Wichita

❑ Uses a social ecological model

- Educate and engage youth in and out of school
- Educate/engage influencers
- Change policy and environmental factors
- Social marketing and social norms



Start Strong Insights and Strategic Direction

- ❑ Importance of middle school
- ❑ Identifying and utilizing influencers is key
- ❑ Bullying intervention may be key entry point



Start Strong Insights and Strategic Direction

- ❑ Schools are focal points for youth
- ❑ Youth-informed social marketing is crucial
- ❑ Social media and mobile technology are key



Innovative Strategies to Engage Youth

- ❑ **Pop Culture Teachable Moments: 2009 Chris Brown and Rihanna dating violence**
 - Survey of Boston youth found substantial proportions blamed either the woman or both partners
- ❑ **Break-up Summit**
 - Promote healthy “face-to-face” interactions



ThatsNotCool.com

- ❑ Digital abuse awareness campaign by DOJ's Office on Violence Against Women, The Ad Council, and Futures Without Violence
- ❑ Target audience 13-15 years
\$43.2 million worth of donated media space
- ❑ More than 2 million visitors



DOJ: Department of Justice



Coaching Boys Into Men

- ❑ Engage men to talk to boys that violence against women and girls is wrong
- ❑ A 12-lesson curriculum on respect, integrity, and non-violence
- ❑ Results of randomized controlled trial indicates boys in the program are more likely to take action when witnessing disrespectful or abusive language or behavior
- ❑ www.CoachesCorner.org



National Policy and Practice Opportunities

❑ Violence Against Women Act (VAWA)

- New teen dating violence (TDV) prevention program lowering age to 11 for youth programs
- Continued funding for health and prevention programs to **engage men** and reach children exposed to violence
- New state formula grants for **prevention and education**

❑ Other youth-focused programs

h



with a new focus on
youth, and children and men



Hanging out or Hooking up?

BREAKING THE SILENCE: PUBLIC HEALTH'S ROLE IN INTIMATE PARTNER VIOLENCE PREVENTION

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Societal Burden of IPV and Public Health's Relevance in Prevention

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