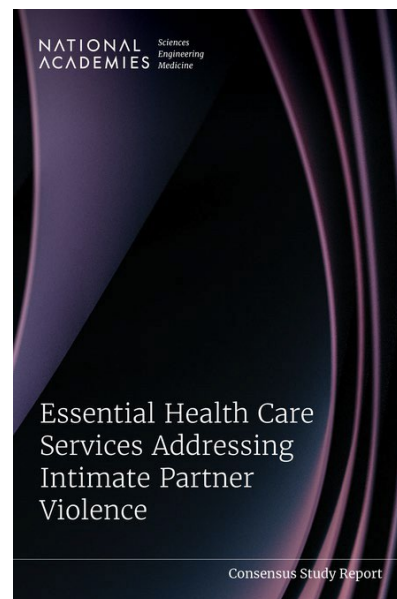


COMMITTEE ON SUSTAINING ESSENTIAL HEALTH CARE SERVICES RELATED TO INTIMATE PARTNER VIOLENCE DURING PUBLIC HEALTH EMERGENCIES

Essential Health Care Services Addressing Intimate Partner Violence: Caring for Women on Blue Sky Days and During Public Health Emergencies

Webinar Agenda

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TUESDAY, MAY 21, 2024

1:30PM-1:40PM

Opening Remarks

Sue Curry, PhD
Consensus Study Committee Chair
Dean Emeritus and Distinguished Professor
Department of Health Management and Policy
University of Iowa

1:40PM-2:40PM

Session One – Connecting Care and Community Before Public Health Emergencies

Moderator:

Usha Ranji, MS
Consensus Study Committee Member
Associate Director, Women's Health Policy
KFF

Panelists:

Judy Chang, MD, MPH
Professor
Department of Obstetrics, Gynecology & Reproductive Sciences, and Internal Medicine
Associate Professor
Clinical and Translational Science Institute
University of Pittsburgh School of Medicine
Assistant Dean of Medical Student Research
University of Pittsburgh School of Medicine
Director of the Clinical Scientist Training Program
University of Pittsburgh Institute of Clinical Research Education

Chantal Howard, DNP, RN, CEN, NEA-BC
Chief Nursing and Patient Care Services Officer

Duke University Hospital

Anna Marjavi, BA
*Director, Health Partners on IPV + Exploitation
Futures Without Violence*

Maya Ragavan, MD, MPH, MS
*Associate Vice Chair of Diversity, Equity, and Inclusion Research
Assistant Professor of Pediatrics
University of Pittsburgh School of Medicine*

Cassandra Rowe, MPH
*Director of Health and Housing
North Carolina Coalition Against Domestic Violence*

2:40PM-2:50PM

Break

2:50PM-3:50PM

Session Two – Delivering Essential Services During Public Health Emergencies

Moderator:

Sue Anne Bell, PhD, FNP-BC, FAAN
Consensus Study Committee Member
*Assistant Professor, Department of Systems, Populations and Leadership
University of Michigan School of Nursing*

Panelists:

Jeremy Hagerman, MS, CA
*Department Analyst
Risk Reduction and Recovery Section
Emergency Management and Homeland Security Division
Michigan State Police*

Mark Hathaway, MD, MPH
*Director, Family Planning Services
Unity Healthcare, Inc.
Senior Technical Advisor for Reproductive Health
Jhpiego*

Eva Lathrop, MD, MPH
*Senior Director, for Reproductive, Maternal,
Newborn and Child Health
Jhpiego*

Alexander Lipovtsev, MSW
*Compliance and Risk Management Services Manager
Feldesman Leifer LLP*

Greg Santa Maria, DHSc, MA, NR-P
*Executive Director
South Dakota Health Care Coalition*

3:50PM-4:00PM

Break

4:00PM-4:25PM

Session Three – Group Discussion

Moderator:

Sue Curry, PhD

Consensus Study Committee Chair

Dean Emeritus and Distinguished Professor

Department of Health Management and Policy

University of Iowa

4:25PM-4:30PM

Closing Comments

Sue Curry, PhD

Consensus Study Committee Chair

Dean Emeritus and Distinguished Professor

Department of Health Management and Policy

University of Iowa

4:30PM

Adjourn

Notes for Virtual Attendees

Essential Health Care Services Addressing Intimate Partner Violence: Caring for Women on Blue Sky Days and During Public Health Emergencies

Date: Tuesday, May 21, 2024

Time: 1:30-4:30pm ET

- Live webstream link: https://www.nationalacademies.org/event/42458_05-2024_essential-health-care-services-addressing-intimate-partner-violence-caring-for-women-on-blue-sky-days-and-during-public-health-emergencies
- This webinar is being webcast and recorded. The webcast and presentation files will be archived on the project webpage.
- We will have the opportunity to take audience questions during the last session.
- Interested in receiving updates from the National Academies of Sciences, Engineering, and Medicine's Health and Medicine Division? Sign up at: <https://nationalacademies.us8.list-manage.com/subscribe?u=ab74d126b7d2db12591de5c2c&id=211686812e>

Sustaining Essential Health Care Services Related to Intimate Partner Violence During Public Health Emergencies

Committee Membership Roster

Sue Curry, Ph.D. (Chair)

Dean Emerita and Distinguished Professor of Health Management and Policy
College of Public Health
University of Iowa

Sue Anne Bell, Ph.D., FNP-BC, FAAN

Assistant Professor
School of Nursing
Institute for Health Care Policy and Innovation
University of Michigan

Jacquelyn C. Campbell, Ph.D., MSN, BSN, RN

Professor
Johns Hopkins University School of Nursing

Regardt Jacobus Ferreira, Ph.D.

Associate Professor,
Tulane University School of Social Work
Director, Tulane University Disaster Resilience
Leadership Academy
Research Fellow, Stellenbosch University,
Stellenbosch, South Africa

Mona Mittal, Ph.D.

Associate Professor, Department of Family
Science, School of Public Health, University of
Maryland, College Park

Heidi D. Nelson, M.D., MPH, MACP, FRCP

Professor, Department of Health Systems Science
Kaiser Permanente School of Medicine

Usha Ranji, M.S.

Associate Director, Women's Health Policy
Kaiser Family Foundation (KFF)

Francisco Garcia, M.D., MPH

Pima County Deputy County Administrator and
Chief Medical Officer
Emeritus Distinguished Outreach Professor of
Public Health and Obstetrics & Gynecology

Rosa M. Gonzalez-Guarda, Ph.D., MPH, RN, FAAN

Assistant Dean, PhD Program
Associate Professor
Duke University School of Nursing

Elizabeth Miller, M.D., Ph.D, FSAHM

Director, Division of Adolescent and Young Adult
Medicine
Medical Director, Community and Population
Health, UPMC Children's Hospital of Pittsburgh
Distinguished Professor of Pediatrics, Public
Health, and Clinical and Translational Science,
University of Pittsburgh School of Medicine

Jamila K. Stockman, Ph.D.

Vice Chief of Global Public Health and Professor
Co-Director, Health Equity Sociobehavioral
Science Core
Division of Infectious Diseases and Global Public
Health, Department of Medicine
University of California San Diego
San Diego Center for AIDS Research

Mitch Stripling, MPA

Director, Pandemic Response Institute
Columbia University, Mailman School of Public
Health

Lindsay F. Wiley, J.D., MPH

Professor of Law
Faculty Director, Health Law and Policy Program
UCLA School of Law

Merritt D. Schreiber, Ph.D.

Professor of Clinical Pediatrics
Department of Pediatrics, Lundquist Institute at
Harbor-UCLA Medical Center
Senior Advisor, Terrorism and Disaster Program
UCLA-Duke National Center for Child Traumatic
Stress
Department of Psychiatry and Biobehavioral
Sciences, Semel Institute, David Geffen School of
Medicine at UCLA

Committee Staff

Crystal J. Bell MPP, M.S. (she/her)

Program Officer
Board on Health Care Services

Karen L. Helsing, MHS

Senior Program Officer
Board on Health Care Services

Sharyl J. Nass, Ph.D

Senior Board Director
Board on Health Care Services

Taylor King, MPH

Associate Program Officer
Board on Health Care Services

Lyle Carrera, MSPH

Research Associate
Board on Health Care Services

Eliza Souser

Senior Program Assistant
Board on Health Care Services

Committee Member Biographical Information



Sue Curry, Ph.D. (Chair), is emeritus dean and distinguished professor in the Department of Health Management and Policy of the University of Iowa College of Public Health. Previously, Dr. Curry served as director of the Center for Health Studies at Group Health Cooperative where she conducted an extensive portfolio of health system research in chronic disease prevention and management. Dr. Curry is a member of the National Academy of Medicine (NAM). She is an elected member of the NAM Governing Council and serves on the Council's Executive Committee. She is also a member of the Governing Board of the National Research Council. She received her graduate training at the University of New Hampshire and completed post-doctoral work at the

University of Washington and Fred Hutchinson Cancer Research Center. Dr. Curry served on the U.S. Preventive Services Task Force from 2009-2019 and served as chair of the task force from 2018-2019. Other completed professional activities include service as vice chair of the Board of Directors of the Truth Initiative (formerly the American Legacy Foundation), member of the Board of Scientific Advisors for the National Cancer Institute, and member of the National Academies of Sciences, Engineering, and Medicine Board on Population Health and Public Health Practice. She is a fellow of both the Society of Behavioral Medicine and the American Psychological Association.



Sue Anne Bell, Ph.D., FNP-BC, FAAN, is an assistant professor at the University of Michigan School of Nursing, with expertise in disaster preparedness and response, women's health, and emergency care. Trained as a health services researcher, her work focuses on the health and well-being of vulnerable and at-risk populations in the context of disasters and public health emergencies. She has been active in numerous activities at the National Academies of Sciences, Engineering, and Medicine; as a member of the Committee on Best Practices in Assessing Mortality and Significant Morbidity Following Large-Scale Disasters, as an invited panelist at the Climate Change and Human Health Meeting of Experts, as an invited speaker at the Emerging Leaders Forum and as a

co-author on *Rapid Expert Consultation on Understanding Causes of Healthcare Deaths Due to the COVID-19 Pandemic* (December 10, 2020). She is currently serving a second three-year term on the Federal Emergency Management Agency's National Advisory Council. She also serves on the National Advisory Committee for Seniors and Disasters at the U.S. Department of Health and Human Services (HHS) and is a member of the Expert Panel on Environmental and Public Health at the American Academy of Nursing. Her original training is as a family nurse practitioner, and she is clinically active in disaster response through the U.S. Department of Health and Human Service's National Disaster Medical System with over a dozen deployments, including for the COVID-19 pandemic, Hurricane Maria in Puerto Rico and the 2018 Paradise, California wildfire.



Jacquelyn C. Campbell, Ph.D., MSN, BSN, RN, is a professor in the Johns Hopkins University School of Nursing. She has published more than 300 articles, seven books, and been principal investigator of more than 15 major National Institutes of Health (NIH), Centers for Disease Control and Prevention (CDC) and National Institute of Justice (NIJ) grants in her decades of advocacy policy work collaborating with domestic violence survivors, advocates, health care professionals and marginalized communities. She is particularly known for her research on domestic violence homicide and the development and validation of the Danger Assessment that helps intimate partner violence survivors more accurately assess their risk of being killed or almost killed by their abusive partner that is used widely in the U.S. and globally. She

is an elected member of the National Academy of Medicine, the American Academy of Nursing, is on the Board of Futures Without Violence and was on the boards of four domestic violence shelters. She has consulted for the Department of Health and Human Services (HHS), CDC, NIH, World Health Organization, the Office on Violence Against Women (OVW), the Department of Defense, the Department of Veterans Affairs (VA) and multiple advocacy organizations on the intersection of gender-based violence and physical and mental health outcomes. Dr. Campbell is a member of the American Academy of Nursing Violence Expert Panel. Dr. Campbell has received numerous awards for her research and has served on three National Academies of Sciences, Engineering, and Medicine committees as well as been the co-chair of the Institute of Medicine (IOM)/NAM Forum for Global Violence Prevention.



Regardt Jacobus Ferreira, Ph.D., is the director of the Tulane University's Disaster Resilience Leadership Academy and an associate professor at the Tulane School of Social Work. His main research interest is at the intersection of disaster, climate change, resilience and behavioral health with an emphasis on interpersonal violence; with work conducted in Europe, Africa, North America, the Caribbean and South Asia. His interdisciplinary work includes over 100 published journal articles, chapters, and scientific abstracts on a variety of trauma, climate change and resilience topics. Dr. Ferreira's work has been recognized with several top teaching awards for his innovative and engaging approaches to teaching and community engagement. He was previously chair for the Disaster and Traumatic Stress Track with the Council for Social Work Education and currently serves as the founding convener of the Climate and Disaster

Research Special Interest Group with the Society for Social Work Research. He received his undergraduate degree (BSW) in social work and master's degree in disaster risk management (cum laude) at the University of the Free State in Bloemfontein, South Africa, and his Ph.D. in social work (Dean citation) from the University of Louisville, Louisville, Kentucky.



Francisco Garcia, M.D., M.P.H., is the director and chief medical officer of the Pima County Department of Health in Tucson, Arizona. Dr Garcia is an experienced administrator, highly regarded physician executive, and internationally recognized expert in public health emergency preparedness, border health, and women's reproductive health. Before entering government, Dr. Garcia achieved the rank of tenured Distinguished Outreach Professor of Public Health, Obstetrics and Gynecology at the University of Arizona. There, he served in a variety of leadership roles including as director of the Hispanic Center of Excellence, the Center of Excellence in Women's Health, and the Cancer Disparities Institute of the Arizona Cancer Center. Dr. Garcia's previous National Academies service includes membership on the Committee on Evidence-Based Practices for Public Health Emergency

Preparedness and Response, the Roundtable on Health Equity, and the Committee on Preventive Services for Women. He also previously served as a member of the Women's Preventive Services Taskforce.



Rosa M. Gonzalez-Guarda, Ph.D., MPH, RN, FAAN, is an associate professor at Duke University School of Nursing and assistant dean of the Ph.D. Program in Nursing. Her research describes the intersection of intimate partner violence, substance abuse, HIV, and mental health among Latinos in the U.S. and the development of multi-level interventions to address these. She uses a syndemic orientation, mixed methods, and community engaged strategies to influence practice and policy changes to promote health equity for Latinos, survivors of intimate partner violence, and other historically marginalized populations. Dr. Gonzalez-Guarda serves on local and national organizations influencing services and policies addressing violence, abuse, mental health, and health equity for Latinos, including serving as

the chair of the Board of Directors of El Futuro, a community based mental service organization serving Spanish speaking and uninsured immigrants in North Carolina, she is a member of the Scientific Advisory Board of Esperanza United, a National Technical Assistance provider for community based organization addressing Latino and immigrant families affected by violence, and a member of the executive team of LATIN-19 (Latinx Advocacy and Interdisciplinary Network for COVID-19), a local multisector coalition influencing systems change for Latinx inclusion. She also served as a previous chair of the Violence Expert Panel of the American Academy of Nursing. Dr. Gonzalez-Guarda was a member of the IOM committee that produced the landmark *Future of Nursing: Leading Change, Advancing Health* (2010) report and has led various local and national initiatives to promote health equity research careers for populations systemically excluded from health professions. Dr. Gonzalez-Guarda has interdisciplinary training in nursing, public health, and psychology and is a fellow of the Substance Abuse Mental Health Service Administration (SAMHSA) Minority Fellowship Program and the Robert Wood Johnson Foundation Nurse Faculty Scholars program.



Elizabeth Miller, M.D., Ph.D., FSAHM, is Distinguished Professor of pediatrics, public health, and clinical and translational science and medical director of community and population health at the University of Pittsburgh Medical Center (UPMC) Children's Hospital of Pittsburgh. Trained in internal medicine and pediatrics and medical anthropology, she has over 20 years of practice and research experience in addressing intimate partner and sexual violence prevention and health equity in clinical and community settings, with funding from NIH, CDC, SAMHSA, NIJ, Office on Women's Health, and other foundations. Dr. Miller is recognized for her expertise in partner and sexual violence research as well as clinical care; she contributes to content on sexual and partner violence for a medical resource for health professionals called UpToDate. She has conducted numerous randomized controlled trials to evaluate clinical and community partnered interventions. She has over 330 peer reviewed research publications, and has authored numerous book chapters, commentaries, and clinical guidelines. She serves as faculty for Health Partners on IPV and Exploitation, a HRSA-supported National Training and Technical Assistance Center program led by Futures Without Violence. She has served as a lead investigator on a collaborative project with the American Academy of Pediatrics, CDC, Futures Without Violence, and researchers at University of Pittsburgh on the impact of the COVID-19 pandemic on survivors of partner violence and their children.



Mona Mittal, Ph.D., is an associate professor in the Department of Family Science, School of Public Health, at the University of Maryland (UMD), College Park. She is core faculty for the UMD Center for Healthy Families, and provides mental health services to individuals, couples, and families. She is an affiliate faculty member for the UMD Prevention Research Center, where she focuses on LGBTQ+ mental health. Lastly, she is also an affiliate faculty member at the Maryland Population Research Center, wherein she produces and promotes population-related research. Dr. Mittal is engaged in prevention and intervention research focused on mental health and traumatic stress, particularly intimate partner violence, and sexual and reproductive health outcomes among populations that experience health inequities. Dr. Mittal has received NIH funding to develop and test integrated interventions to reduce interpersonal violence and HIV risk among women of color and heterosexual African American couples. In addition, Dr. Mittal is collaborating with U.S. and international researchers to further her program of research and promote capacity building in traumatic stress, particularly intimate partner violence. Dr. Mittal serves on the editorial board for the *Journal of Marital and Family Therapy*. She is also a board member of the Network for Victim Recovery of DC. She earned her Ph.D. in marriage and family therapy from Texas Tech University and a master's degree in clinical investigation from the University of Rochester.



Heidi Nelson, M.D., M.P.H., MACP, FRCP, is a professor of health systems science at the Kaiser Permanente Bernard J. Tyson School of Medicine in Pasadena, California. Previous positions include professor of medical informatics and clinical epidemiology and medicine at the Oregon Health & Science University (OHSU), investigator at the Pacific Northwest Evidence-based Practice Center, and medical director for women and children's programs at Providence Health and Services in Portland, Oregon. Dr. Nelson's research focuses on clinical epidemiology, women's health, and health care guidelines and delivery. She has led nearly 100 evidence reviews for the U.S. Preventive Services Task Force, NIH, the Agency for Healthcare Research and Quality (AHRQ), VA, and the Health Resources and

Services Administration-sponsored Women's Preventive Services Initiative. Her work has been used to determine national clinical practice guidelines and coverage, including screening for intimate partner violence, affecting millions of Americans, particularly women. Dr. Nelson is board certified in internal medicine. She completed her degrees at the University of Minnesota, residency at OHSU, and fellowship at the University of California, San Francisco. Dr. Nelson was a member of the IOM Committee on Preventative Services for Women that identified services to be covered under the prevention care mandate of the Affordable Care Act (ACA) in 2011.



Usha Ranji, M.S., is the associate director for women's health policy at KFF. Her work addresses the impact of major health policy issues on women and girls, with an emphasis on insurance coverage, access to care, and low-income populations. Ranji has led several analyses and written a number of major reports, including findings from national surveys of women on health care utilization and spending, state-level policies on Medicaid coverage of family planning and perinatal services, and the impact of the ACA on access to reproductive health services. Ranji has helped develop several interactive tools available through KFF, including a tracker that summarizes the preventive services recommendations covered by insurance plans as a result of the ACA, such as screening for interpersonal violence. In addition to her

work at KFF, Ranji has published in the peer reviewed literature and speaks extensively on women's coverage, maternity care, and the impact of the ACA to national and local groups. She is a member of advisory committees for the California Maternal Quality Care Collaborative and the California Breast Cancer Research Program.



Merritt D. Schreiber, Ph.D., is a professor of clinical pediatrics in the Department of Pediatrics at Harbor-UCLA (University of California, Los Angeles) Medical Center Lundquist Institute, and a senior advisor for the Terrorism and Disaster Program, National Center for Child Traumatic Stress at the David Geffen School of Medicine at UCLA. He serves as lead for the Mental Health Workgroup for the Western Regional Alliance for Pediatric Emergency Management and is the chair of disaster response for the California Psychological Association (CPA). Dr. Schreiber's work focuses on developing population-level models of a

“stepped continuum of mental health care” (e.g., mental health “first aid”) in mass-casualty disasters and other traumatic incidents. He also works on enhancing resilience and response of emergency disaster medical workers, pre-hospital first responders, and others, using an evidence-based model. As a result of this work, Dr. Schreiber has developed varied tools and a pediatric disaster mental health concept of operations designed to provide population level response tactics to all-hazard events impacting children, youth, and families. This includes the PsySTART Mental Health Incident Management System and a stepped “triage to care” of at-risk pediatric patients and emergency medical responders. He is also the developer of “Anticipate, Plan and Deter,” a disaster medical provider resilience system and “Listen, protect, and connect,” family-to-family Psychological First Aid. Dr. Schreiber received the Joint Meritorious Service Medal serving as Commissioned Corps of the U.S. Public Health Service Reserve Officer on detached service to North American Aerospace Defense Command-U.S. Northern Command, the APA Presidential Citation for 9/11 response, and the CPA Distinguished Humanitarian Award. He previously served on the HHS Secretary’s Advisory Board on Emergency Public Information and Communications. He deployed for HHS to Miramar for the COVID-19 response effort. He recently received the HHS Civilian Coronavirus Response Medal for his deployments in support of National Disaster Medical System (NDMS) response to COVID-19 at Marine Air Corps Station Miramar and two other deployments in support of returning NDMS teams in COVID-19 and Hurricane Ian.



Jamila K. Stockman, Ph.D., is professor and vice chief in the Division of Infectious Diseases and Global Public Health at the University of California, San Diego School of Medicine. Dr. Stockman is also co-director of the Health Equity Sociobehavioral Science Core within the San Diego Center for AIDS Research. Dr. Stockman is an infectious disease epidemiologist also trained in qualitative, mixed methods, and intervention research. For the past 15 years, Dr. Stockman has conducted observational intervention research studies addressing the co-occurrence of HIV, gender-based violence, substance use, mental health, and underlying social and structural factors (e.g., discrimination, medical mistrust) affecting socially marginalized populations. Her research is conducted in the U.S., U.S.-Mexico border region, Latin America, and Caribbean. Dr. Stockman’s research has been funded by the National Institutes of Health and the California HIV/AIDS Research Program, garnering over 90 peer-reviewed papers. In addition to her research, Dr. Stockman actively collaborates with local public health departments and community-based organizations to ensure ethical and cultural appropriateness of her research among members of the community. In 2015, Dr. Stockman received the Linda E. Saltzman Award for her accomplishments in the field of domestic violence research.

COMMITTEE MEMBER BIOGRAPHICAL INFORMATION



Mitch Stripling, M.P.A., is the founding director of the New York City Pandemic Response Institute, a resource supporting New York City agencies, organizations, and communities to prepare and respond to critical public health crises. Formerly, he was the national director of preparedness and response for the Planned Parenthood Federation of America, where he directed that organization's COVID-19 response and supporting sexual and reproductive health access initiatives. He has also served as an assistant commissioner at the New York City Department of Health and Mental Hygiene, where he focused on preparedness and response issues. Stripling has responded to more than a dozen federally declared disasters and public health emergencies around the county.



Lindsay F. Wiley, JD, MPH, is a professor of law and founding faculty director of the Health Law and Policy Program at University of California, Los Angeles School of Law. She is an internationally recognized expert in health care access and public health law, policy, and ethics. She has published extensively and served as consultant on matters relating to policymaking during public health emergencies, particularly with respect to the use of population-wide non-pharmaceutical interventions. She is the author of *Public Health Law and Ethics: Power, Duty, Restraint* and *Public Health Law and Ethics: A Reader* (with Lawrence O. Gostin, UC Press). Professor Wiley is a former president of the American Society of Law, Medicine, and Ethics and a former member of the National Conference of Lawyers and Scientists. She is currently the United States Rapporteur for the Lex Atlas COVID-19 Project. She is a current member of the Board of Directors of ChangeLab Solutions, LLC and a current member of the Law Professor Panel that advises Local Solutions Support Center. She earned her J.D. magna cum laude from Harvard Law School, her M.P.H. from Johns Hopkins Bloomberg School of Public Health, and her A.B. magna cum laude from Harvard College.

**Essential Health Care Services Addressing Intimate Partner Violence:
Caring for Women on Blue Sky Days and During Public Health Emergencies**

Speaker Roster

Judy Chang, MD, MPH

Professor, Department of Obstetrics,
Gynecology & Reproductive Sciences, and
Internal Medicine
Associate Professor, Clinical and Translational
Science Institute, University of Pittsburgh
School of Medicine
Assistant Dean of Medical Student Research,
University of Pittsburgh School of Medicine
Director of the Clinical Scientist Training
Program, University of Pittsburgh Institute of
Clinical Research Education

Chantal Howard, DNP, RN, CEN, NEA-BC

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Anna Marjavi, BA

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Exploitation
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Maya Ragavan, MD, MPH, MS

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Inclusion Research
Assistant Professor of Pediatrics
University of Pittsburgh School of Medicine

Cassandra Rowe, MPH

Director of Health and Housing
North Carolina Coalition Against Domestic
Violence

Jeremy Hagerman, MS, CA

Department Analyst, Risk Reduction and
Recovery Section
Emergency Management and Homeland
Security Division, Michigan State Police

Mark Hathaway, MD, MPH

Director, Family Planning Services, Unity
Healthcare, Inc.
Senior Technical Advisor for Reproductive
Health, Jhpiego

Eva Lathrop, MD, MPH

Senior Director, for Reproductive, Maternal,
Newborn and Child Health
Jhpiego

Alexander Lipovtsev, MSW

Compliance and Risk Management Services
Manager
Feldesman Leifer LLP

Greg Santa Maria, DHSc, MA, NR-P

Executive Director
South Dakota Health Care Coalition

Speaker Biographical Information



Judy Chang, MD, MPH, is a Professor in the Department of Obstetrics, Gynecology and Reproductive Sciences. She also serves as an Assistant Dean of Medical Student Research and the Director of the Clinical Scientist Training Program. She obtained her research training in health services research from the Robert Wood Johnson Clinical Scholars Program (1999-2001) and completed a Master of Public Health at the University of North Carolina at Chapel Hill. Dr. Chang has worked as a victims' advocate

in community organizations assisting victims of intimate partner violence, an IPV researcher and educator, and a women's health care provider. Her early research focused primarily on understanding intimate partner violence (IPV) and how health care providers can help women experiencing IPV. She has also worked to develop IPV training interventions to promote a universal IPV education and support approach and to improve health care providers' IPV communication skills, examined the complex relationship between IPV and substance use disorders, and understanding battering intervention programs. She has also been privileged to be a longtime collaborator with the Women's Center and Shelter of Greater Pittsburgh and Futures Without Violence. She also serves as a board member on the Pennsylvania Coalition Against Domestic Violence and on the IPV Reform Task Force for Allegheny County and the City of Pittsburgh.



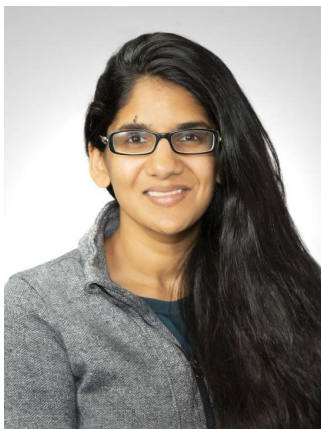
Chantal Howard, DNP, RN, CEN, NEA-BC, has more than 30 years as a registered nurse, Chantal Howard currently serves the Chief Nursing and Patient Care Officer for the Duke University Hospital. She is responsible for providing leadership, management and fiscal responsibility for patient care services with the goal of achieving excellent patient care, and enhancing quality. Chantal is responsible for nursing practice across the continuum of care within the hospital as well as the outpatient/ambulatory care services. Providing oversight and direction while establishing and maintaining a system for developing, reviewing, approving and disseminating standards for clinical practice. Chantal has also served in multiple nursing leadership positions including Vice President of Nursing, Director of Emergency Services, Director of Nursing for Cardiovascular Services

and Nurse Manager of emergency department. Chantal holds a Bachelor's of Science in Nursing Degree, a Master's of Science in Nursing and is currently enrolled in the DUSON DNP program. Chantal holds two professional board certifications as an advanced nurse executive and emergency nursing. She is a member of the following

professional organizations: American Nurses Association (ANA), American Association for Nursing Leadership (AONL), North Carolina Organization of Nurse Leaders (NCONL), Emergency Nursing Association (ENA) and American Academy of Ambulatory Care Nursing (AAACN). Chantal is active in the community. She serves on the board as President elect for the North Carolina Organization of Nurse Leaders, a board member of the Wake County EMS Research Board and a member of the Wake County Domestic Violence Fatality Review Team. Chantal partnered with INTERACT, the domestic violence agency in Wake County and Durham Crisis Center in Durham county to implement the lethality assessment program which screens victims of domestic violence who are at high risk of being killed. She implemented one of Brooklyn New York's first Sexual Assault Forensic Examiner Programs and has presented on both a state and national level on disaster management, stroke management and nursing leadership.



Anna Marjavi, BA, as a Director at Futures Without Violence, Anna leads the HRSA-funded NTTAP, Health Partners on IPV + Exploitation with a focus on health centers. Working across public health and health care delivery systems for over twenty-five years, Anna has developed national campaigns, academic conferences, and multi-state initiatives. She has provided technical assistance and program development consultation to cities, states, and American Indian/Alaska Native communities across the U.S. on IPV, human trafficking, exploitation and prevention. Anna also directed the national statewide initiative, Project Catalyst, funded by U.S. DHHS agencies to engage health centers and domestic violence programs on IPV and human trafficking intervention and support.



Maya Ragavan, MD, MPH, MS, is an assistant professor of pediatrics in the Division of General Academic Pediatrics. She is also the Associate Vice Chair of Diversity Equity and Inclusion Research for the Department of Pediatrics and Associate Core Director for the Clinical and Translational Science Institute Community PARTners Core. She completed her medical school from Northwestern University, pediatric residency from Stanford Children's Hospital, and a general academic pediatric fellowship from Boston Medical Center. Her research interests focus on preventing intimate partner violence (IPV), specifically by supporting IPV survivors in pediatric healthcare settings and examining the impact of cultural and structural racism on IPV survivors and their families. She also does work focused on engaging parents in supporting their adolescent-age children in developing healthy romantic relationships. She is deeply passionate about uplifting community voices through research and the majority of her research is conducted in partnership with community-based organizations. She also is

interested in language equity in research and focuses her work on communities who speak languages other than English. Ragavan is currently funded by a K23 from NICHD where she has developed an innovative community-academic collaboration to design a parent-adolescent dating violence prevention program for Hispanic and Latino adolescents and their parents. She also is PI or co-I on a number of community-partnered projects including developing a parent-adolescent dating violence prevention intervention for pediatric primary care settings, developing a youth research advisory board for Latinx youth, exploring the perspectives of researchers and non-English speaking community members around language inclusivity in research, understanding the COVID-19 vaccine experience of immigrant and refugee communities, and examining the impact of the COVID-19 pandemic on IPV survivors. Ragavan also practices general pediatrics at the Primary Care Center in Oakland and with the Salud Para Niños program.



Cassandra Rowe, MPH, is a mom, artist and domestic violence advocate in Durham, NC. She grew up in the small town of Naugatuck, CT and moved to North Carolina in 2012 where she earned her MPH in Health Behavior at UNC Chapel Hill. For the past 8.5 she's been at the NC Coalition Against Domestic Violence and is the Director of Health and Housing. Cassandra explores trauma and wellbeing through both her professional and creative work.



Jeremy Hagerman, MS, CA, is a Department Analyst with the Michigan State Police Emergency Management and Homeland Security Division, specializes in Threat and Hazard Identification and Risk Assessment, and Stakeholder Preparedness Review (THIRA/SPR). Previously, he coordinated state-level mass violence response programs for the Michigan Division of Victim Services and a national-level crisis response program for the National Organization for Victim Advocacy. As a liaison between government agencies and victim assistance programs, he focuses on integrating victim-focused resources into emergency preparedness plans. Hagerman holds a master's degree

in homeland security and emergency management, with his capstone project centered on validating the need to include victim-focused resources into emergency management preparedness plans. In 2021, Hagerman completed the Emergence Program with the

Center for Homeland Defense and Security through the Naval Postgraduate School, where he developed a change initiative promoting comprehensive planning for a state-level victim-focused crisis response program. His background also includes work as a paramedic firefighter and crisis response experience, including incidents in Buffalo, NY, and Uvalde, TX. He has collaborated with leaders nationwide to promote planning and partnerships for family assistance centers, emphasizing the importance of preparedness and fostering partnerships to support communities in times of crisis. His passion for preparedness is grounded in the belief that effective program management and change processes thrive through building meaningful partnerships and cultivating a shared understanding of various experiences.



Mark Hathaway, MD, MPH, is a board-certified OB/GYN who worked on Washington Hospital Center's (WHC), OB/GYN faculty from 1997-2013 in Washington, DC. There he developed and led the Section of Community Outreach, the Family Planning Section, the Ryan Residency Program, and the Family Planning Fellowship. He currently serves as a Family Planning and Reproductive Health Senior Technical Advisor for MCSP/Jhpiego, an international NGO that focuses on international maternal child health programs. Dr. Hathaway has served on several national-level work groups and committees, including the Institute of Medicine Standing

Committee on Family Planning and the National Contraceptive Metrics Workgroup. He holds appointments at Johns Hopkins University department of Ob/Gyn and George Washington University (GWU) as an associate clinical professor of Health Care Sciences. He served on the board of directors of the National Family Planning & Reproductive Health Association (NFPRHA) and the Association of Reproductive Health Professionals (ARHP) and now with Population Connection. Dr. Hathaway is a dedicated advocate interested in advancing reproductive health policies, family planning strategies, and the development of sound public health policies.



Eva Lathrop, MD, MPH, is an obstetrician gynecologist, educator, researcher, and reproductive health expert who recently joined Jhpiego as the Senior Director for Reproductive Health, Maternal Newborn, Child and Adolescent Health for Jhpiego, a non-profit global health organization based in Baltimore, MD. Prior to joining Jhpiego, she was the Global Medical Director for Population Services International (PSI), a non-profit global health organization based in Washington DC where she supported a service portfolio that spanned over 30 countries focused on sexual and reproductive health, maternal and newborn health, safe abortion care, cervical cancer prevention and health systems strengthening initiatives. She led PSI's approach to quality of care across

integrated health areas and was responsible for PSI's COVID-19 response and preparedness for emerging global health threats. Prior to joining PSI, Dr. Lathrop was an associate professor at Emory University Schools of Medicine and Public Health where she combined clinical care, teaching, and research to advance excellence in and access to high quality maternal health, gynecology, and family planning care for marginalized communities locally and globally. During her tenure at Emory, she was seconded to the US Centers for Disease Control to support several initiatives, including to rebuild maternal health care in Haiti after the 2010 earthquake and to support the 2016 Zika virus outbreak response. Throughout her 20 years of experience in the fields of medicine and global health, Dr. Lathrop has centered a deep commitment to science and people within an ethos of compassion and empathy.



Alexander Lipovtsev, MSW, is the Manager of Compliance & Risk Management Services with the firm's Health Care practice group, supports health centers, behavioral health organizations and other health care organizations in assessing, building and maintaining effective compliance and risk management programs. From his previous experience working in primary care and supporting health centers, Mr. Lipovtsev understands the challenges and importance of meeting requirements in a fast-paced regulatory environment. He is committed to identifying and developing the tools clients need to

provide their communities with exceptional care within a highly developed culture of safety. In his role, Mr. Lipovtsev also provides training, resources and programmatic implementation support in the areas of health care emergency management and business continuity. He is well-versed in both disciplines with years of experience in emergency preparedness planning and operations. A skilled trainer and curriculum designer, he contributed to the development of multiple templates and training resources specifically geared toward health centers, including a comprehensive toolkit for health centers implementing their emergency management programs. During his tenure as Senior Director of Emergency Management for New York's Primary Care Association, he was responsible for the development and implementation of the association's federal, state, city and privately funded emergency management projects. In this role, he provided training and technical assistance to health centers to increase their emergency preparedness and response capabilities. Mr. Lipovtsev co-chaired a high-functioning emergency management peer group of colleagues from primary care associations across the country, where he provided leadership and ongoing support to multiple national projects and initiatives. During the COVID-19 pandemic, Mr. Lipovtsev served as the liaison between New York's community health centers and other local and national health care response partners and provided general ongoing on-call support to health centers in need. Mr. Lipovtsev also spent several years working in clinical practice management, building a managed care insurance plan for people with

intellectual and developmental disabilities, and providing psychotherapy to clients in a patient-centered medical home environment.



Greg Santa Maria, DHSc, MA, NR-P, is the Executive Director of the South Dakota Health Care Coalition (SDHCC). In his role, he has oversight of the coalition ASPR HPP grant and works with four coalition chapters to enhance healthcare preparedness and response, protecting the residents of South Dakota. He has transitioned the SDHCC into one of the first healthcare coalitions with an Area Command, providing operational support to facilities during disaster. In his previous role as Director of Public Safety at Sanford Health in Sioux Falls, he maintained oversight of enterprise safety, security, and emergency management functions for 44 hospitals and more than 200 senior care locations in 26 states and nine

countries. In that role, Greg has coordinated responses to Ebola, H1N1, and multiple mass gathering events. In 2019, he led an incident management initiative in Kissimmee Florida in response to Hurricane Dorian, safely evacuating 240 skilled nursing and assisted living residents from several facilities and then transitioned his organization to support a massive response to Coronavirus. Using his expertise in academic disaster research, he implemented an evidence-based disaster management process at Sanford Health, developing an ESF based corporate response plan which has been successfully tested during several actual incidents and is now organizational practice. From 1996 to 2004, Dr. Santa Maria previously served as the program director for the Saint Vincents Hospital Paramedic Program in lower Manhattan, where he led the Saint Vincent's Hospital Disaster and Terrorism Preparedness initiative. In 2002, he received a distinguished service award for his participation in the response to the terrorist attacks on the World Trade Center of September 11, 2001, Dr. Santa Maria has a special interest in the fusion of EMS into healthcare preparedness and response plans and is also working on a project related to enhancing disaster resilience among underserved and vulnerable populations. Dr. Santa Maria holds a master's degree in emergency and disaster management and a doctorate in health science focused on global health and politics. He also proudly remains a Nationally Registered- Paramedic, an honor he has been proud of for 32 years. Dr. Santa Maria has two adult children who are both in the healthcare field and in his spare time, he plays guitar and writes songs for his German Shepherd Dog Brutus.

Sustaining Essential Health Care Services Related to Intimate Partner Violence During Public Health Emergencies

PURPOSE/SCOPE

An ad hoc committee of the National Academies of Sciences, Engineering, and Medicine shall develop a conceptual framework for delivering essential preventive and primary health care services related to Intimate Partner Violence (IPV) during public health emergencies (PHEs), using an all-hazards approach. The committee's framework shall:

- Identify essential health care services related to IPV in non-PHEs (steady state) based on currently available evidence;
- Define essential health care services related to IPV in PHEs based on currently available evidence;
- Identify ways to prepare for and prioritize the provision of essential health care services related to IPV before PHEs;
- Describe health disparities related to IPV in PHEs
- Identify innovations and best practices to prepare for and operationalize the equitable delivery of essential health care services related to IPV during PHEs;
- Identify promising practices in prevention IPV; and
- Develop strategies to overcome barriers faced by HRSA-supported and safety-net settings of care in providing essential health care services related to IPV during PHEs, particularly for underserved populations.

BACKGROUND

The COVID-19 pandemic has had significant impacts on the health and well-being of women in the United States and globally. Women have been disproportionately impacted by economic consequences of the pandemicⁱ, disruptions in access to health servicesⁱⁱ, and increased risk of experiencing violence.ⁱⁱⁱ Since the onset of COVID-19, emerging data and reports have shown that all types of violence against women and girls, particularly intimate partner violence (IPV), have intensified.^{iv} However, the COVID-19 pandemic is not unique. It is well-established that public health emergencies and disasters – many of which occur with greater frequency – have detrimental impacts on women's health, economic well-being, and safety from violence. Throughout the United States and the world, women are at risk for greater negative impacts from such emergencies.^{vvi} In fact, pregnant women are classified as an at-risk population with special clinical needs in the Pandemic and All-Hazards Preparedness Act of 2006.^{vii} Reauthorization in 2019 added postpartum women to the list of at-risk populations negatively impacted by emerging public health threats.^{viii} In addition, the unique access and functional needs of pregnant, postpartum, and lactating women during times of emergency are highlighted in the HHS Maternal-Child Emergency Planning Toolkit released in May 2021.^{ix}

Public health emergencies and other hazards have the potential to impact a wide range of women's health services provided in safety-net settings of care. While federal funding from the Title X Family Planning Program provides for "a broad range of acceptable and

effective family planning methods and services,” access to these lifesaving services was disrupted during the COVID-19 pandemic as women forewent both important preventive and diagnostic services.^{xxixxiii} This was likely a result of both reduced service-seeking and reduced access to services. These pandemic-related problems were particularly salient for low-income women, women of color, and unhoused women, who faced existing risks related to barriers to care and vulnerability to violence.

With these impacts in mind, OWH has identified a need to identify, highlight, and describe essential health care services related to IPV that should be prioritized and made available during legally declared Public Health Emergencies (PHEs).^{xiv} While the CDC has defined 10 Essential Public Health Services under three Core Functions (assessment, policy development, and assurance), further resources on how to identify IPV-related services, both in advance of and during an emergency, and translate these into action – particularly for women – is necessary.

OWH also leads the development and implementation of an evidence-informed agency-wide *HRSA Strategy to Address IPV* to bring a focus, collaboration, and innovation to preventing and responding to IPV across HRSA’s activities. This latest iteration of the Strategy builds upon successes of the *2017-2020 HRSA Strategy to Address IPV*^{xv}, which promoted agency-wide approaches to IPV awareness, screening, and treatment across HRSA’s portfolio. In fiscal year 2022, Congress recognized the success of this work by increasing funding for HRSA to support training, technical assistance, and resource development to assist public health and health care professionals to better serve individuals and communities impacted by IPV.^{xvi} A deeper understanding of essential health care services related to IPV during PHEs can be woven into the updated Strategy currently under development and inform implementation efforts.

Identification and provision of these services is critical in order to assure the best possible short and long-term health outcomes for individuals and communities impacted by intimate partner violence. An all-hazards approach establishes a single, comprehensive approach to prevent, prepare for, respond to, and recover from major events, including natural disasters, terrorist attacks, and other public health emergencies. It applies to all incidents requiring a coordinated Federal response as part of an appropriate combination of Federal, State, local, Tribal, and community entities.

RELEVANT NATIONAL ACADEMIES WORK

- Clinical Preventive Services for Women: Closing the Gaps (IOM, 2011)
- Preventing Violence Against Women and Children: Workshop Summary (IOM, 2011)
- Evidence-Based Practice for Public Health Emergency Preparedness and Response (HMD, 2021)
- Advancing Maternal Health Equity and Reducing Maternal Morbidity and Mortality: Proceedings of a Workshop (HMD, 2021)
- Community Violence as a Population Health Issue: Proceedings of a Workshop (HMD, 2017)

- The Impact of COVID-19 on the Careers of Women in Academic Sciences, Engineering, and Medicine (PGA, 2021)
- Rapid Expert Consultation: Short-Term Strategies for Addressing the Impacts of the COVID-19 Pandemic on Women's Workforce Participation (DBASSE, 2021)
- Advancing the Federal Research Agenda on Violence Against Women (DBASSE, 2004)
- Improving the Health of Women in the United States: Workshop Summary (DBASSE, 2016)
- Interpersonal Violence Syndemics and Co-Occurring Epidemics, Preventing Violence in the Context of Opioid Misuse, Suicide, Social Disparities, and HIV: Proceedings of a Workshop in Brief (HMD/DBASSE, 2019)
- Preventing Intimate Partner Violence in Uganda, Kenya, and Tanzania: Summary of a Joint Workshop by the Institute of Medicine, the National Research Council, and the Uganda National Academy of Sciences (IOM, 2015)
- Achieving Rural Health Equity and Well Being: Proceedings of a Workshop (HMD, 2018)
- How Far Have We Come in Reducing Health Disparities? Progress Since 2000: Workshop Summary (IOM, 2012)
- Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care (IOM, 2003)

ⁱ <https://www.bls.gov/opub/mlr/2020/beyond-bls/covid-19-recession-is-tougher-on-women.htm>

ⁱⁱ <https://www.kff.org/womens-health-policy/issue-brief/womens-experiences-with-health-care-during-the-covid-19-pandemic-findings-from-the-kff-womens-health-survey/>

ⁱⁱⁱ <https://www.frontiersin.org/articles/10.3389/fgwh.2020.00004/full>

^{iv} <https://www.unwomen.org/en/news/in-focus/in-focus-gender-equality-in-covid-19-response/violence-against-women-during-covid-19>

^v https://www.researchgate.net/profile/Annekathryn-Goodman/publication/312271296_In_the_Aftermath_of_Disasters_The_Impact_on_Women's_Health/links/5908f24b458515ebb495c5f7/In-the-Aftermath-of-Disasters-The-Impact-on-Womens-Health.pdf

^{vi} <https://www.cgdev.org/publication/pandemics-and-violence-against-women-and-children>

^{vii} http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=109_cong_public_laws&docid=f:publ417.109.pdf

^{viii} <https://www.congress.gov/116/bills/s1379/BILLS-116s1379enr.pdf>

^{ix} <https://www.phe.gov/Preparedness/planning/abc/mch-planning-toolkit/Pages/default.aspx>

^x <https://opa.hhs.gov/grant-programs/title-x-service-grants/title-x-statutes-regulations-and-legislative-mandates>

^{xi} <https://www.guttmacher.org/report/early-impacts-covid-19-pandemic-findings-2020-guttmacher-survey-reproductive-health>

^{xii} <https://www.acog.org/news/news-articles/2021/04/women-go-without-healthcare-during-pandemic-kaiser>

^{xiii} <https://jamanetwork.com/journals/jama-health-forum/fullarticle/2781692>

^{xiv} <https://www.phe.gov/Preparedness/legal/Pages/phedeclaration.aspx>

^{xv} <https://www.hrsa.gov/sites/default/files/hrsa/about/organization/bureaus/owh/ipv-strategy-2021-summary-report.pdf>

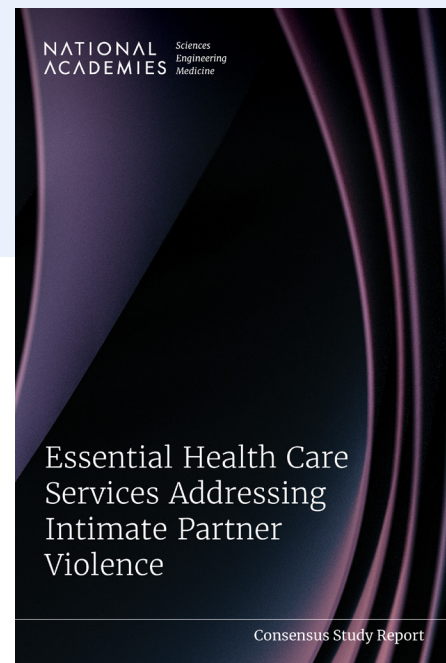
^{xvi} <https://www.hrsa.gov/sites/default/files/hrsa/about/budget/budget-justification-fy2023.pdf>

Essential Health Care Services Addressing Intimate Partner Violence

Intimate partner violence (IPV)—abuse or aggression by a current or former intimate partner—affects nearly half of women in the United States at some point during their lifetime. IPV has several adverse effects on women’s physical and mental health. In addition to acute physical injuries, conditions associated with experiencing IPV include unintended pregnancy, HIV infection, post-traumatic stress disorder, substance use disorder, and several serious perinatal and obstetric complications up to and including fetal death and intimate partner homicide.

Researchers have found that women’s health and well-being are disproportionately adversely affected by public health emergencies (PHEs)—events with health consequences that can overwhelm the routine capabilities of the affected geographic area. Examples include infectious disease outbreaks, hurricanes, earthquakes, wildfires, and oil spills. PHEs are also a time of increased prevalence and severity of IPV. This was widely reported during the COVID-19 pandemic and noted by researchers in the aftermath of Hurricane Katrina.

The Health Resources and Services Administration’s (HRSA’s) Office of Women’s Health asked the National Academies of Sciences, Engineering, and Medicine to convene a multi-disciplinary committee of experts to identify the essential health care services for women related to IPV during steady state conditions, determine any changes to that list during PHEs, and identify strategies to ensure women can access this essential care during PHEs. *Essential Health Care Services Addressing Intimate Partner Violence* reports the findings of the committee’s research and deliberations, including recommendations for leaders of health care systems, federal agencies, health care providers, emergency planners, and those involved in IPV research.



DEFINING ESSENTIAL HEALTH CARE SERVICES

The committee defines essential health care services related to IPV as care that is provided in or referred from the health care setting that addresses the most common and serious adverse physical, mental, and behavioral health effects associated with IPV; facilitates disclosure of IPV; and protects the safety of women experiencing IPV (and their children, if needed). This care is delivered in multiple settings within the traditional health care system and in community-based settings. In addition to fear of retaliation, women cite several reasons for hesitating to disclose or seek care for IPV, such as not being aware of available services, concerns that clinicians do not have time or are uninterested in addressing IPV, and concerns about the safety of their children and pets. Clinicians can reduce these barriers by pairing IPV education with IPV screening, ensuring that safety planning is centered on the woman's needs, and providing warm referrals to care and support services (see *Recommendation 2 in the report*).

Recommendation 1: The committee recommends that HRSA and all U.S. health care systems classify the following as essential health care services related to IPV:

- **Universal IPV screening and inquiry**
- **Universal IPV education**
- **Safety planning**
- **Forensic medical examinations**
- **Emergency medical care**
- **Treatment of physical injuries**
- **Reproductive health care, including all forms of Food and Drug Administration (FDA) approved contraception and pregnancy termination**
- **Screening and treatment of sexually transmitted infections and HIV**

- **Treatment for substance use disorders and addiction care**
- **Pharmacy and medication management**
- **Obstetric care, including perinatal home visits**
- **Primary and specialty care**
- **Mental health care**
- **Support services, including shelter, nutritional assistance, and child care**
- **Dental care**

The committee recognized that some essential health care services may currently be unavailable due to state-level restrictions on reproductive health care services and federal restrictions on the use of federal funding for such services. However, substantial scientific evidence of increased risk for negative maternal and fetal health outcomes, including death and elevated risk for increased severity or frequency of IPV and intimate partner homicide in the perinatal period support their inclusion in the list of essential health care services related to IPV.

FACILITATING BETTER RESEARCH

The committee found that most studies and surveys used different terms and definitions for IPV and its various forms (physical violence, sexual violence, stalking, psychological aggression, and reproductive coercion), as well as different approaches for collecting and analyzing demographic data. Without comparable data, it is difficult to compare the outcomes of intervention studies and develop accurate estimates of IPV prevalence, particularly among populations that may be underrepresented in a single study. This has undoubtedly slowed the process of identifying effective, scalable interventions for IPV and led to an incomplete understanding of its prevalence. The Centers for Disease Control and Prevention (CDC) developed its *Intimate Partner Violence Surveillance Uniform Definitions and Recommended Data Elements* to reduce inconsistencies, but it has not yet been widely adopted.

Researchers and health care systems should adopt CDC’s IPV-related terminology to improve data collection efforts moving forward (see *Recommendation 10 in the report*).

ADDRESSING PHE-RELATED SERVICE BARRIERS

Health care services are considered essential based on the health needs of an affected population, not the ease of providing that care. Given the serious adverse health effects associated with experiencing IPV, the essential health care services related to IPV during steady state conditions remain essential during PHEs (see *Recommendation 5 in the report*). However, PHEs create substantial obstacles to delivering care. Storms can render roads impassable, or an infectious disease outbreak can cause patient surges that overwhelm a local health care system. The committee developed a phased approach to balance the realities of PHE-related service barriers with the need to provide the essential health care services related to IPV. It is organized by dividing the response phase of emergency management into three subphases (see Figure 1). Essential health care services related to IPV or components of those services that are most integral to protecting life safety are prioritized during the initial phase. As health care staff and supplies become more available in later response phases, the full essential health care service can be delivered more broadly (see Table 1).

SUBPHASES OF RESPONSE PHASE

- Initial/Immediate Phase: The situation is unstable and before additional resources can be deployed. Health care delivery efforts are focused on saving and sustaining life using limited available resources.
- Response Operations Phase: Additional supplies and staff have arrived and temporary care sites have been set up. Health care capacity has increased beyond life saving and sustaining activities, but is not adequate



FIGURE 1 Emergency management phases with divided response phase.

TABLE 1 Essential Health Care Services for Intimate Partner Violence During Public Health Emergencies—A Phased Return to Steady State.

Essential Health Care Service	PHASE WHEN SERVICE SHOULD BE RESTORED		
	Initial	Response operations	Stabilization
Universal IPV screening/inquiry and education			
Safety planning			
Forensic medical exams			
Emergency medical care			
Treatment of physical injury			
Gynecologic and reproductive health care including pregnancy termination	Urgent	Non-urgent	
Obstetric care	Urgent	Non-urgent	
Perinatal home visits			
Contraception and emergency contraception	Contraceptives not requiring procedures or immediate follow-up	All types of contraceptives	
Screening and treatment of sexually transmitted infections, and HIV	Treatment and rapid testing	Treatment and all screening	
Substance abuse treatment	Withdrawal mitigation	All treatment	
Pharmacy/medication management			
Primary and specialty care			
Mental health care	Urgent/Crisis	Non-urgent	
Dental care	Urgent treatment for acute injuries	Urgent treatment for acute injuries	
Support services including shelter, nutritional assistance, child care			

Restore services for all patients
 Selectively restore services for acute needs or restore targeted services
 Do not restore services during this phase

- to support the full delivery of all essential health care services related to IPV for all individuals.
- Stabilization Phase: Basic services have been provided to PHE survivors, either through rapid restoration or deployment of a contingency solution. All essential health care services related to IPV are available for all individuals.

PLANNING AND PREPARING ACCORDINGLY

The essential health care services related to IPV can be delivered during PHEs if considerations for this care are incorporated into planning and preparation. This requires education, training, protocols, and supplies for IPV care during PHEs. The responders providing health care during PHEs are likely to encounter women

experiencing IPV, but their steady state roles may not include the necessary training to recognize IPV and ensure these women receive the care they need. Currently, the limited public facing information among federal disaster response entities and national volunteer organizations about training, protocols, or guidance specific to IPV care during PHEs is scattered and difficult to find. Training and guidance for IPV care protocols needs to be standardized and accessible, without barriers such as paywalls that are common for training modules (see *Recommendations 6 and 7 in the report*). Additionally, while women experiencing IPV during PHEs have similar essential health care needs to those not experiencing IPV, there are some unique care and supply considerations, particularly for IPV-related sexual assault or rape. Protocols are needed to ensure that disaster response medical supply caches include resources to provide all essential health care services related to IPV (see *Recommendation 9 in the report*).

IMPROVING HEALTH EQUITY

Many of the populations that experience health inequities also report higher prevalence of IPV. These include racially and ethnically minoritized populations, people with low incomes, populations residing in under resourced urban and rural areas, and sexual and gender minority populations. Many of these populations are also more likely to be disproportionately adversely affected by PHEs. Women who experience IPV in this context are more vulnerable to serious adverse health outcomes. Women from minoritized populations also encounter language barriers and limited availability of culturally appropriate care when seeking IPV care. Health care systems have a responsibility to ensure their IPV care programs are informed by the needs of the populations that they serve (see *Recommendation 3 in the report*).

LOOKING FORWARD

The recommendations put forth by the committee outline critical measures that, if acted upon, will reduce health inequities related to IPV, increase access to essential health care services related to IPV, and ultimately save lives.

COMMITTEE ON SUSTAINING ESSENTIAL HEALTH CARE SERVICES RELATED TO INTIMATE PARTNER VIOLENCE DURING PUBLIC HEALTH

EMERGENCIES **Susan J. Curry** (*Chair*), University of Iowa College of Public Health; **Sue Anne Bell**, University of Michigan School of Nursing; **Jacquelyn Campbell**, Johns Hopkins University School of Nursing; **Regardt “Reggie” Ferreira**, Tulane University School of Social Work; **Francisco Garcia**, Chief Medical Officer for Pima County, Arizona; **Rosa M. Gonzalez-Guarda**, Duke University School of Nursing; **Elizabeth Miller**, University of Pittsburgh School of Medicine; **Mona Mittal**, University of Maryland School of Public Health, College Park; **Heidi D. Nelson**, Kaiser Permanente Bernard J. Tyson School of Medicine; **Usha Ranji**, KFF; **Merritt Schreiber**, Harbor–UCLA Medical Center Lundquist Institute; **Jamila K. Stockman**, University of California, San Diego, School of Medicine; **Mitchell Stripling**, New York City Pandemic Response Institute; **Lindsay F. Wiley**, University of California, Los Angeles School of Law

STUDY STAFF **Crystal Bell**, Study Director; **Karen L. Helsing**, Senior Program Officer; **Taylor King**, Associate Program Officer; **Lyle Carrera**, Research Associate; **Anesia Wilks**, Senior Program Assistant; **Marjani Cephus**, Research Associate (through June 2023); **Scott Wollek**, Senior Program Officer; **Sharyl Nass**, Senior Director, Board on Health Care Services; **Rose Marie Martinez**, Senior Director, Board on Population Health and Public Health Practice

FOR MORE INFORMATION

This Consensus Study Report Highlights was prepared by National Academies’ staff based on the Consensus Study Report *Essential Health Care Services Addressing Intimate Partner Violence* (2024).

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Copies of the Consensus Study Report are available from the National Academies Press, (800) 624-6242 or <https://nap.nationalacademies.org/catalog/27425>.

Health and Medicine Division

**NATIONAL
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