Peer Learning Forum: Why is Sexual and Domestic Violence Prevention Central to Population Health?

*Participation in the Peer Learning Forum is restricted to state and territorial RPE grantees, state DELTA FOCUS grantees, state/territorial sexual violence coalitions and state/territorial domestic violence coalitions.*

11:00am – 12:30pm PST

2pm- 3:30pm EST

*(Please note: Because this is for a restricted audience, your registration request must be approved. You may, therefore, receive an email asking you to confirm your status as a member of one of the grant programs mentioned above.)*
Annie: welcome folks! we are trouble shooting our slides. give us a minute

Ashley: Hello All - we will start at the top of the hour. Doing sound check with presenters now.

Ashley: Let's share where we are from and what the weather is like there. I'm in Pasadena, CA and it's gloomy and cool.

Betsy: I'm in Enola (Harrisburg) PA and its sunny and 55 degrees. :)

Ashley: You can mute and unmute with \*6. We'd love to hear from you today, so if you have a mute button on your phone, you can use that too.

Nancy: Salem Oregon is cloudy and mild.

Abby: We love you too, Ashley.

Ashley: What's your weather like, Abby?

Cierra Olivia: Hi! I am connected but I tried to dial in and the passcode isn't correct.

Michelle Cline: I did not get a passcode in my email.

Prevention Institute: If you are having audio issues, please call 1-888-447-7153. The passcode is 879736.

Cierra Olivia: I tried that one and it said it was incorrect

David: please call 1-888-447-7153. The passcode is 879 736

Lauren: Wilmington, DE - Cloudy/Rainy and chilly

Cierra Olivia: It works now! Thanks!

Matt: Cleveland, OH. Cloudy and about 55 degrees.

Debra: HI everyone! Cloudy in central Ohio! Deb on the phone along with Beth Malchus

David: Hello everyone!

David: Cloudy in Sacramento

Ashley: Slides are available <http://www.preventconnect.org/2015/04/plf-pophealth/>

Ashley: What is one gift you bring to the work?

Cierra Olivia: Uber-enthusiasm

Prevention Institute: What is one gift you bring to the work?

Doreen: Sense of humor

Nancy: love of community

Betsy: Able to communicate with a wide variety of audiences

David: My gift (other than "bad" puns and jokes), is bringing people together to create something more than ourselves individually

Debra: From Beth: Humor and problem solving

Matt: organization=much needed with a remote team

Phyllis: Patience

Abby: skepticism

Sarah: passion and desire to make work fun

Tiffani Henry: Humor and creating a sense of team within the state!

Sarah F: Dedication and humor

Matt: humor and interesting perspective

Anya Shaffer: passion about prevention

Debra: Debra: Care for a better world and ability to bake chocolate chip cookies

Ashley: you all bring critical thinking!

Lauren: my commitment to logic during the illogical :)

Terri: Ability to communicate with lots of audiences

Patricia: Always asking question

Abby: Is there another kind of pun?

David: what do you get when an RPE coordinator walks into a bar with DELTA FOCUS coordinator...

Ashley: Self awareness is absolutely a gift.

Debra: Beth says "punny punny"

Cierra Olivia: You get magic David.

Cierra Olivia: Magic, ....

David: ...Statewide Collaboration

Ashley: That's a strength - a lot of us are experienced and understand other systems and movements.

Cierra Olivia: I wish!

Debra: beth says its a revolution mot a revolt

Ashley: Free free to unmute yourselves, raise your hands, etc. to participate!

Cierra Olivia: Hilarious

Abby: I think it happens in feminism

Noel: Have you seen the Say NO to #ManPanels

Ashley: There is no "vs." today.

Ashley: Anny shared this for <https://www.tumblr.com/search/all%20male%20panel>

Malia Richmond-Crum: Agree Ashely (that these is no vs) thanks.

Ashley: Here is a post about collective impact forum <http://www.preventconnect.org/2014/04/collective-impact-a-new-forum-for-making-change/>

Debra: I have been with people who talk a lot about collective impact but have not learned about it directly

David: What an experienced group- 61% 6 and more years

Ashley: 36%! 11 or more!

Cierra Olivia: Are we speaking strictly prevention/public health? Or are we talking "in their field"?

David: @CIerra - good point - for me 32 years in the field - and 22 years as public health

Prevention Institute: What changes have you seen in the approach in this work?

Cierra Olivia: WOW, David, yep, my answers are different too! OH, I am being too literal! My apologies!

David: Check out this video where Lisa , Larry Cohen and I discuss the changes we have seen in the last 10 years <http://www.preventconnect.org/2015/03/preventconnect10-years-strong-part-1/>

Colleen: shifting from KABs to contexts

Ashley: @Cierra - I suspect there are many of us literal people in the room with you. :)

Cierra Olivia: From an individual approach through education toward outer level SEM work in the last 5 years (for me).

Phyllis: I recall when RPE "messaging" began changing toward "real" primary prevention, as opposed to what we all thought was primary prevention (aka, awareness). It has really; seriously taken all of the last 10+ years to get folks beginning to speak the same language about primary prevention and it's still evolving.

Debra: What is meant by prevention has radically changed - both moving beyond risk reduction and using a public health approach. I think there is a lot that is positive about the changes but i also miss some of the grassroots radical feminist approach that i came from, i think we have some gaps in what we are trying to accomplish with less of that energy in our work. I think the students on campuses are bringing some of that, more recently than perhaps in the near past.

Cierra Olivia: @phyllis, YES! Its so hard to shift the narrative!

Helene: I've observed slow moves to working across programs (i.e. CAN, DV, SV, Home visiting, ECE, etc) Folks are realizing the connectedness/relationships of these PH issues. At the Federal level, they have been instrumental in moving state and county governments to making this happen (i.e. MIECHV)

Noel: Shouting out from Joe Biden country here in Delaware. Woot woot!

Phyllis: only on chat, sorry

Abby: We have created our own "Ism" of professionalism when the goal is creating barrier to entry

Ashley: Helene - I appreciate seeing the specific programs you name. It makes it so real.

Ashley: "Unfaithful Angeles" - a book I was required to read in my MSW program. All about what Abby said.

Phyllis: And the real work of primary prevention is so difficult, complex and layered, it really makes regression to the mean (i.e., going back to the way we've always done it) so easy. It takes lots to keep folks going with the thinking around risk and protective factors.

Mark: ACE Study

Phyllis: Mark!!! I was going to say that this work is evolving slowly, but growing in power and voice...just like the ACE study has. It's been around for so long, but just now are folks banging the gong about the connections violence and health has in common!

Mark: Well said Phyllis and Annie. YES.

Prevention Institute: What tools help make the case for health?

Cierra Olivia: Search Institute's 40 developmental assets are AWESOME.

Cierra Olivia: Making Meaningful Connections 2015 Prevention Resource Guide

Ashley: Yes, what is the ask we're making of our colleagues?

Cierra Olivia: Essentials for Childhood (I have my reading list right here)

Cierra Olivia: MArch 2015 APHA Better Health Through Equity

Mark: Keep going Cierra, you're doing great.

Lauren: NISVS Feb 2014 report on the significant disparities in incidences of and impact from IPV/SV

Cierra Olivia: OH, one that changed my brain: Frieden's A framework for Public HEalth Action: The Halth Impat Pyramid

Abby: And the ask is sometimes not in the best interests of the askee, like when you ask someone to relinquish structural power.

Cierra Olivia: sorry for the spelling.....

Cierra Olivia: Pardinin et al. Identifying Direct Protective Factors for Nonviolence (NIH)

Nancy: We have been doing similar work with the Dept of ED in Oregon. A few weeks ago, while giving testimony before a legislative subcommittee, our partner at ODE said "Sexual violence prevention is sexual health promotion!"

Deena: Reports on the financial impacts of violence -- Iowa: <http://www.idph.state.ia.us/bh/common/pdf/sv_cost_iowa.pdf> and Minnesota : [http://wiki.preventconnect.org/file/view/Costs+of+Sexual+Violence+in+Minnesota+(2007).pdf](http://wiki.preventconnect.org/file/view/Costs%2Bof%2BSexual%2BViolence%2Bin%2BMinnesota%2B%282007%29.pdf)

Deena: Also more general than sexual violence: <http://www.visionofhumanity.org/sites/default/files/The%20Economic%20Cost%20of%20Violence%20Containment.pdf>

Noel: Lining up prevalence rates of gender violence with rates for diabetes, heart disease, depression, breast cancer, and seeing how many forms of gender-based violence have similar or higher rates of these other more recognized health issues

Cierra Olivia: Here is the pyramid: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2836340/>

Ashley: Cierra - I think we need your reading list!

Noel: Cool!

Mark: I agree with Ashley- I want Cierra's list.

Cierra Olivia: OHHHH, everyone should check out the CHSI map that does what @noel was talking about!!! <http://wwwn.cdc.gov/CommunityHealth>

Ashley: Cierra - I'll be emailing you. :)

Cierra Olivia: @Ashley, please do! ;)

Debra: Beth to Nancy - we are working with the anti-harassment, intimidation and bullying folks and dating violence prevention is hooked to this. Dating violence prevention includes sexual violence prevention

Noel: I use this quote all the time to make the case for behavior & environmental change: “Three decades ago, we thought that education was enough. We thought all we had to do was help people understand the health risks of tobacco, junk food, alcohol and drugs, and the health benefits of exercise, nutritious foods, stress management, and proactive medical self-care. We thought people would use this knowledge to transform their lives. Three decades of research and practical experience have shown us that education is not enough, in fact, it may not be very important at all.” -Michael P. O’Donnell, PhD, MPH, MBA Editor-in-Chief, American Journal of Health Promotion

Deena: On connections to harassment (and somewhat to bullying): <http://ccasayourworld.com/get_the_facts/violence_pyramid/>

Debra: Nancy from Beth - maybe it is changing your "name" to healthy relationship promotion.

Ashley: I've always had a dream of a "bridge fund" that funds folks to partner and make connections.

Nancy: Yes -- and have used this SO often!

Mark: Oppressions seem to be underlying factors for these.

Noel: We were on and hosed the authors in our state along with our local DELTA Coordinators

Noel: For a state-specific webinar

David: PreventConnect hosts two web conference on Connect the Dots - recordings at <http://www.preventconnect.org/2014/10/connecting-the-dots-understanding-and-addressing-the-links-between-multiple-forms-of-violence/>

Noel: Only on chat, sorry

Deena: Supported by CDC and citing specific research -- can be very helpful for data folks

Ashley: (as usual, we'll be posting the chat transcript when this is over. such rich information!)

Prevention Institute: What strategies would you want to see on the short list?

Nancy: So few protective factors is important for us to pay heed to. Also, looking at factors that SV does NOT share is powerful.

Helene: We shared the concept, and CDC information at our annual RPE training meeting. Lots of "ah ha" moments shared in training evaluation. Our Community Action Teams are made up of multidisciplinary/multiagency representatives. DOH plans to continue to promote Connecting the Dots...ongoing

Noel: We did 2 webinar series related to connecting the Dots. Here are the recordings:

Noel: Connecting the Dots & Breaking the Silos: Understanding the Links Between Multiple Forms of Violence - <https://attendee.gotowebinar.com/recording/2666482085946516482> I’m All About That Space: Empowering Youth to Build Community Resilience in Neighborhoods and Online - <https://attendee.gotowebinar.com/recording/7619349863314534145>

Noel: I’m All About That Space: Empowering Youth to Build Community Resilience in Neighborhoods and Online - <https://attendee.gotowebinar.com/recording/7619349863314534145>

Mark: CDC's Natalie Wilkins is presenting to School-Based Health Centers on this next week in MA and I am attending with the director of youth violence prevention.

Laura Berry: louder Marie...:)

Cierra Olivia: Go ICADV!

Mosi Bayo: Audio problems!

Prevention Institute: If you are having audio issues, please call 1-888-447-7153. The passcode is 879736.

Deena: We did a similar model in California RPE!

Deena: <https://www.facebook.com/CALCASA/photos/pb.130182380623.-2207520000.1432234325./10155437124440624/?type=3&theater>

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Helene: we will be doing program mapping with programs in our Family Support and Violence Prevention Section. Programs include: Home visiting, Parenting Support, DV, SV, Child Abuse/Neglect, and Child Death Review

Ashley: @Helene - I think a lot of states will learn from your experience doing that!

Mark: There are so many risk and protective factors for DV/SV that are impacted by dads.

Noel: Helene- How do we learn more about your program mapping? It sounds amazing

Debra: Beth - how are you recruiting Dads? Lamaze classes?

Prevention Institute: [www.cdc.gov/socialdeterminants/faq.html](http://www.cdc.gov/socialdeterminants/faq.html)

Colleen: We are promoting the practice through birthing classes, creating a social marketing campaign to promote it throughout the hospital, and nurses in delivery are trained to invite dads to take off their shirts and bond with their babies.

Prevention Institute: How do anti-oppression approaches like feminism address community resilience? Environmental change? How do either get to the question of wholeness?

Mark: Holistic approaches that address multiple SEM levels.

Debra: Speaking back to my point about what has changed over time - I think social determinants of health has a lot to offer for working within the public health community but i also worry about a loss of the energy that comes from a more grass roots political approach - where feminism, anti-racism, broader social justice activism is rooted

Ashley: Debra - I think that's a very reasonable concern. I'm sure we'll address this during the series.

Colleen: I feel like the public health approach has made me a more strategic radical. An activist who plans like an engineer.

Nancy: Perhaps the public health language is simply a specific language describing community experience, and understanding that can open the conversation to community experience.

Noel: The flip side is that socially dominant groups have benefitted from a legacy of privilege and access, and so even if I don't think I practice discrimination on an individual level as a person, on the WHOLE I have benefited as a member of privileged group from this legacy.

Debra: beth says - it can be an entry point to as the why question

Mark: Nice Colleen!

Sarah: I agree Debra. But the foundation of public health is social justice. So when we work in partnership with public health, how we can push that foundation more aggressively?

Noel: Great analogy, Colleen

Prevention Institute: How does a public health approach acknowledge and address intersectionality?

Helene: Noel, I can share back with our RPE Project officer (Malia) and Ashley on how our program mapping exercise goes. We've never done this before...but long over due to identify links across our programs. What's your Email address? Aloha, Helene

Noel: nduckworth@dcadv.org Thanks, Helene!

Ashley: Helene, that sounds great.

Mark: Ashley, can you share that please?

Mark: Once you get it.

Ashley: Of course. Anything I get, PreventConnect gets. :)

Cierra Olivia: I feel like the key word in public health that addresses intersectionality is EQUITY!

Ashley: I did poster session at one of OR's public health conferences that was about people's resistance to a PH approach. The PH folks were absolutely shocked that people didn't see their work as fundamentally about social justice/anti-oppression. (this was before Nancy)

Noel: I think people have been saying that public health has not always addressed even effectively addressed all of the ISMS. From Expanding the Paradigm, " Although PH struggles to come to terms with class and racism and their implications for health, the consideration of gender inequity of health status-and what that means for PH practice-lags behind."

Mark: Ashley, I see the same thing all the time.

Ashley: Part of why it's so important for systems/movements/fields to understand each other and perceptions.

Lisa : Noel, what document is that?

Ashley: "We're leaving many of us out of solutions." Love. It.

Noel: Lisa- it is "Exapnding the Boundaries: Health Equity and Public Health Practice" from NAACHO. Sorry I mixed up the titel in my last post!

Lisa : Ah, Thanks! :-)

Noel: Missed you at the last DF mtg, Lisa :-(

Mark: Or Patriarchy.

Ashley: Here's a very long link to the Expanding the Boundaries doc <http://eweb.naccho.org/eweb/DynamicPage.aspx?WebCode=proddetailadd&ivd_qty=1&ivd_prc_prd_key=97be17c2-d6eb-41ef-b0ac-f0151893c3e1&Action=Add&site=naccho&ObjectKeyFrom=1A83491A-9853-4C87-86A4-F7D95601C2E2&DoNotSave=yes&ParentObject=CentralizedOrderEntry&ParentDataObject=Invoice%20Detail>

Lisa : Arg! Miss you and the DF community too!!! And sooooooooo great to be on today (and the next two sessions)! :-)

Prevention Institute: <https://www.youtube.com/watch?v=L98_NaNIzGc&feature=youtu.be>

Ashley: I used it in my health psychology class. Thanks, Annie.

Debra: where any oppression exists thre is a vulnerability ahd a window of opportunity for exploitation. But how do we communicate across issues to give full credit to those we wish to work with that we are not taking away from their focus but building a stronger joint effort

Noel: How do we integrate resilience with prevention? People need hope that ACEs and exposure to violence/trauma doesn't prescribe negative outcomes, yet with prevention we're trying to challenge the "pull yourself by your bootstraps" individualistic vies

Mark: SOPHIE? SOFIE? SOFY? What's the agency and acronym?

Debra: can you put the link in the chat?

Ashley: It's this link <https://www.youtube.com/watch?v=L98_NaNIzGc&feature=youtu.be>

Cierra Olivia: SOPHIE - the link is above from PI

Lauren: Using data to frame discussions around disparities is useful and helpful, but when we know that our most disenfranchised communities are not well represented in the data it can feel disingenuous

Ashley: It's nice and concise.

Mark: Great slide.

Prevention Institute: If you are you partnering with folks grounded in an anti-oppression approach, what have been some lessons learned in developing joint strategies and outcomes?

Mark: Lauren, that's an excellent point (particularly LGBTQ communities and individuals)

Ashley: Good point, Lauren - we'll definitely address that coming up in the series.

Debra: lesson learned - pay attention to what the partner issue/group whats and needs - they need to trust that both issues will benefit from our shared work

Betsy: I really like that format of asking us questions ahead of time :)

Prevention Institute: Contact lisa@preventioninstitute.org

Ashley: Your assignment before the next session on June 4 is to watch <https://www.youtube.com/watch?v=L98_NaNIzGc&feature=youtu.be> and to contact Lisa if you're willing to participate.

Nancy: Thanks to you all!

Debra: wow I want an office like that - says beth

Debra: Is that a rooftop garden?

Prevention Institute: Yes!

Prevention Institute: :)

Debra: NICE!!

Mark: Thank you.

Annie: please join via phone next time! email Lisa@preventioninstitute.org