Lifecourse Approach To Violence Prevention

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Half of Americans will experience MI; half know someone in recovery from addiction
More deaths from suicide than from HIV/AIDS and traffic accidents combined; 8 million seriously consider suicide each year
Persons w/ BH conditions die 8+ years younger, from preventable health issues
Co-morbid diabetes care costs 4 ½ times more
One of 5 top diagnoses in 30 –day readmissions
Most homeless and jail populations have BH needs; few receive treatment; most released to community
Persons with BH needs more likely to be uninsured and to “churn;” 11 mil of 38 mil uninsured ≤ 400% FPL have BH needs
Half of all tobacco deaths are among those with BH diagnosis
More adverse childhood experiences, indicate more health and BH conditions in adulthood
¼ of adult mental disorders begin by age 14; ½ by age 25
Half of Americans will meet criteria for mental illness at some point in their lives
7% of the adult population (34 million people), has co-morbid mental and physical conditions within a given year
24% of pediatric primary care office visits and 25% of all adult stays in community hospitals involve mental and substance use disorders
People with CVD are 43% more likely to have anxiety disorder at some point in their lives
Behavioral Health Is a Public Health Issue, Not a Social Issue

- Mental illness and substance use are important health problems that contribute to early death (Harris et al., 1998), disability (Centers for Disease Control and Prevention, 2009), lost productivity (Merikangas et al., 2007), and high health care costs (Harwood, 2000)

- Despite this reality, behavioral health is often seen as a social issue

- Individuals often see mental and substance use disorders as matters of will, rather than diseases that can be treated
Violence is a serious public health problem in the United States. From infants to the elderly, it affects people in all stages of life.

In 2011, over 16,238 people were victims of homicide and over 39,581 took their own life in the U.S.

Nationally, youth violence is the second leading cause of death for young people between the ages of 15 and 24.
So, if it is this multifactorial, what can/should we do?

- Where does it start?
- How to prevent it?
- How to measure progress?
  - By the number of screenings?
  - By the number of primary care clinicians prescribing psychiatric medication?
  - By measuring health outcomes?
Charting a Course to Improve the Health of New Hampshire
SHIP Priorities

- Tobacco
- Obesity/Diabetes
- Cardiovascular Disease
  - Coronary heart disease
  - Stroke
  - High blood Pressure and High blood cholesterol
- Healthy Mothers & Babies
  - Preterm births
  - Autism Spectrum
  - Oral health children
  - Teen pregnancy
- Infectious Disease
  - Childhood immunizations
  - Adult flu vaccine
  - Food borne Illness
  - Healthcare associated infections
- Misuse of alcohol and drugs
  - Alcohol use-binge drinking
  - Marihuana use
  - Non-medical use of prescription pain medication
- Cancer Prevention
  - Colorectal
  - Breast
  - Melanoma
  - Radon- lung cancer
- Asthma
- Injury Prevention
  - Elderly falls
  - MV teen crashes
  - Suicide
  - Unintentional poisoning
- Emergency Preparedness
What Do We Mean By **Integration**?

- The committee adopted a broad definition: *The linkage of programs and activities to promote overall efficiency and effectiveness and achieve gains in population health.*

- Due to variability in local strengths, needs, and resources, the committee did not want to be overly prescriptive in its definition.

- Integration can take many forms...
Degrees of Integration

- Isolation
- Mutual Awareness
- Cooperation
- Collaboration
- Partnership
- Merger

Institute of Medicine
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Attachment
  Infant Mental Health

Toxic Stress
  When children see a violent act, they are deeply affected by it.

Bullying
  Special Needs Population

ACES Study- More early trauma equals worse health outcome

Violent behavior is learned, and often it is learned early in life.
Relationships are the way babies come to know the world and their place in it.

In order to function optimally, we need to form healthy emotional bonds with others, starting with our caregivers when we’re infants.

*If no one empathizes with us, then we have trouble eventually empathizing with others.*

Adults who commit violent crimes may have a history of aggression dating back to a young age.

- Some children show patterns of ongoing coercion, bullying, defiance and aggression from very early ages.
- And many of those children, if they had received diagnosis and treatment would be diagnosed with attachment disorders.
Toxic Stress

Toxic stress response can occur when a child experiences strong, frequent, and/or prolonged adversity—such as physical or emotional abuse, chronic neglect, caregiver substance abuse or mental illness, exposure to violence, and/or the accumulated burdens of family economic hardship—without adequate adult support.

This kind of prolonged activation of the stress response systems can disrupt the development of brain architecture and other organ systems, and increase the risk for stress-related disease and cognitive impairment, well into the adult years.

Video-
http://developingchild.harvard.edu/resources/multimedia/videos/three_core_concepts/toxic_stress/
Project LAUNCH seeks to promote the wellness of young children birth to age eight by:

- *improving the systems* that serve young children with the goal of helping all children reach physical, social, emotional, behavioral, and cognitive milestones.

Local efforts in Manchester

- MCHC, Child and Family Services, Child Health Services and their early childhood and mental health partners
New Hampshire
(2012 Grantee)

Overview
Using a life course approach, New Hampshire Project LAUNCH will focus its efforts in Manchester on families with children under the age of 8 whose household income is below 155 percent of the poverty line. During the course of this five-year project, Project LAUNCH will serve over 3,000 families in the area. Manchester has a growing ethnically diverse population and many families lack language proficiency in English. For households with limited English, navigating the health care system, accessing health information, and realizing the importance of preventive care are a challenge. Many children are also living in communities where social conditions put them at increased risk for behavioral, emotional, and mental health challenges. A few of these conditions include high child poverty rates, increased numbers of single-parent households, and altered rates of child abuse and neglect.

Goals
In coordination with the New Hampshire Division of Public Health Services, Spark NH, and a host of local community agencies, New Hampshire Project LAUNCH aims to improve coordination across early childhood-serving systems. Through these efforts, New Hampshire Project LAUNCH hopes to increase identification and treatment of behavioral health issues in childcare and improve the social and emotional well-being of young children. An evaluator will examine the work regarding the five main Project LAUNCH strategies, using measurable objectives that include the number of people to be served annually and throughout the lifetime of the project.

As the pilot community for New Hampshire Project LAUNCH, Manchester will meet goals through the expansion and enhancement of evidence-based services. The Manchester team proposes to:

1. Increase screening and assessment.
2. Integrate behavioral health interventions into primary care practice.
3. Increase identification and treatment of behavioral health issues in childcare and Head Start.
4. Improve the social and emotional well-being of young children through enhanced home visiting services, and improve families’ ability to support the multidimensional needs of their children through training and education.

Each strategy will be evaluated using measurable objectives that include the number of people to be served annually and throughout the lifetime of the project. To accomplish this, New Hampshire Project LAUNCH will include a broad representation of early childhood stakeholders who are committed to building systems across the domains of health and wellness. The evaluation will help determine community readiness and potential improvements needed to replicate the Manchester model in other communities throughout the state.

New Hampshire Project LAUNCH will include a broad representation of early childhood stakeholders who are committed to building systems across the domains of health and wellness. Some of its proposed evidence-based practices include AUDIT-C, PHQ-9, ALERT, the Incredible Years, and CSEFEL. Spark NH, New Hampshire’s governor-appointed early childhood advisory council, will be co-coordinating work at the state level to strengthen the early childhood infrastructure.

Through joint work with the Matalan & Child Health Division of Public Health Services (MCH), the Behavioral Health Integration Project, and public/private partnerships with state and community early childhood initiatives and programs, this project will establish a sustainable state and local infrastructure to promote the wellness of expectant families and young children.
Infancy: focus is on the adults harming the child; violence among household adults.

Toddler: gun safety discussion starts at 12 month visit.

7-8 year visit: bullying concerns, and not hitting/letting others hit begins.

11-14 year visit: self harm/coping/mood regulation/mental health issues start; interpersonal/bullying violence starts; questions about child carrying a gun/knife start; questions about co-occurrence of violence and other disorders.
Some violent acts—such as *bullying*, slapping, or hitting—can cause more emotional harm than physical harm.
Bullying is unwanted, aggressive behavior among school aged children that involves a real or perceived power imbalance.

- Physical vulnerability, social skill challenges, or intolerant environments—may increase the risk.
- Children with disabilities—such as physical, developmental, intellectual, emotional, and sensory disabilities—are at an increased risk of being bullied.

Kids who are bullied and who bully others may have serious, lasting problems.

Source: Youth Risk Behavior Surveillance System (YRBSS)  
http://nccd.cdc.gov/YouthOnline/App/Default.aspx
Depression and anxiety, increased feelings of sadness and loneliness, changes in sleep and eating patterns, and loss of interest in activities they used to enjoy. These issues may persist into adulthood.

Health complaints

Decreased academic achievement and school participation. They are more likely to miss, skip, or drop out of school.
Abuse alcohol and other drugs in adolescence and as adults

Get into fights, vandalize property, and drop out of school

Engage in early sexual activity

Have criminal convictions and traffic citations as adults

Be abusive toward their romantic partners, spouses, or children as adults

Good News

Most youth, *even those living in high risk situations*, are not violent.

More must be learned about the factors that are helping youth, *protecting* them from engaging in violent behavior.
Protective Factors

Individual/Family Protective Factors
- Intolerant attitude toward deviance
- High IQ
- High grade point average
- Positive social orientation
- Religiosity
- Connectedness to family or adults outside the family
- Ability to discuss problems with parents
- Perceived parental expectations about school performance are high
- Frequent shared activities with parents
- Consistent presence of parent during at least one of the following: when awakening, when arriving home from school, at evening mealtime or going to bed
- Involvement in social activities

Peer/Social Protective Factors
- Commitment to school
- Involvement in social activities
Emergency Department plus Inpatient Discharges, Assault Injury, Percentage by Age Group, NH Residents, 2001-2009

- 0 to 4: 1.1%
- 5 to 14: 6.2%
- 15 to 24: 41.0%
- 25 to 34: 23.1%
- 35 to 44: 17.1%
- 45 to 54: 8.7%
- 55 to 64: 2.1%
- 65 to 74: 0.5%
- 75 to 84: 0.2%
- 85 Plus: 0.1%
Evidence indicates that media violence, for children, can contribute to aggressive behavior, desensitization to violence, nightmares, and fear of being harmed.

Many efforts to prevent suicide focus on why people take their lives or where or when it happens.

But as we understand more about who attempts suicide and when and where and why, it becomes increasingly clear that HOW a person attempts—the means they use—plays a key role in whether they live or die.
When lethal means are made less available or less deadly, suicide rates by that method decline. Frequently overall suicide rates decline, as well. Demonstrated in a number of areas:

- Bridge barriers, detoxification of domestic gas, pesticides, medication packaging, and others.
Association of a gun in the home and increased risk of violent offending of all kinds is well documented – even in those teens where no psychiatric diagnosis has been made (J Interpers Violence. 2011 July 26 (10): 2111-38.)

Safe storage of firearms including keeping a gun locked, unloaded and storing ammunition locked and in a separate location are associated with protected factors but the data is mixed (Grossman, etc. al JAMA. 2005 Feb 9; 293(6): 707-14)
Fatal Fire Arm Injuries, by Intent, NH Residents, 2000-2011

- Suicide: 88%
- Homicide: 9%
- Unintentional: 2%
- Legal Intervention: 1%

Sexual Violence (SV) is a significant problem in the United States. SV refers to sexual activity where consent is not obtained or freely given.

Anyone can experience SV, but most victims are female.

The person responsible for the violence is typically male and is usually someone known to the victim.

Partner with NH Coalition Against Sexual and Domestic Violence and its member agencies for

**PRIMARY PREVENTION**

Focuses on understanding the concept of consent and learning bystander skills in the older ages,

Focus among younger ages is primarily bullying prevention
NH DPHS Strategies

- Home Visiting
- Family Support
- Period of Purple Crying/Abusive Head Trauma
- Developmental Screening
- Promotion of Bright Futures: Guidelines for Health Supervision
- Integrated Primary Care/Behavioral Health
- Screening for Substance Abuse
- Injury Prevention
Public Health Role

Step 1 • Define the problem

Step 2 • Identify risk and protective factors

Step 3 • Develop and test prevention strategies

Step 4 • Ensure widespread adoption
Core Public Health Services

- Quality Clinical Services
- Patient Safety
- Emergency Response
- Population Data
Quality Clinical Services

- Project LAUNCH
- Home Visiting
- Substance Use Screening/Treatment/SBIRT
- Sexual Violence Prevention
- Workforce Development
- DV and Depression Screening within Primary Care
- Sexual Abuse and Coercion Screening in Primary Care
Patient Safety

- Maternal Mortality Review
- Child Fatality Review
Emergency Response

Trauma Informed Care

- Suicide Response/ Postvention
- SANE
- DBART
Population Data

- Injuries in New Hampshire Report
- NH Violence Against Women Survey
- NH Violence Against Men Survey
- PRAMS
- WISDOM- Suicide
- ED Data
- National Violent Death Review (Coming Soon!)
Emergency department visits due to motor vehicle crash injuries decreased between 2000 and 2009, even among teen drivers.

 Teens ages 15 to 19 have the highest rate of emergency department visits due to motor vehicle crash injuries.

 There are not statistically significant changes year to year in the rate of inpatient hospitalization due to motor vehicle crash injuries in the 05 and older age group.
Suicides

- Males are more likely to die from a suicide attempt than females.
- Females are seen in the emergency department and inpatient care for self-harm (suicide attempts) more often than males.
- Adults age 75 and older have a significantly higher death rate due to suicide than other age groups.
What do Public Health Agencies bring to the table?

Clinical Services:
- Emergency Response
- Clinical and Population Data

Policy Development

Regulatory role

“Bully Pulpit”

Patient Safety

Emergency Response

Clinical and Population Data

Community Engagement

Total Population Access
Contact Info

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FIGURE 1: Core Functions and 10 Essential Services of Public Health

Public Health Functions Steering Committee, Public Health in America, Fall 1994.