# HIV and Gender-Based Violence

# Part II

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Centers for Disease Control and Prevention

*The findings and conclusions in this report are those of the author and do not necessarily represent the official position of the Centers for Disease Control and Prevention.*



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Goulda A. Downer, PhD, RD, LN, CNS – Principal Investigator/Project Director

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# CME Disclosures:
# Planning Committee and Speaker

**AETC-Capitol Region Telehealth Project**
**Planning Committee : The following committee members have nothing to disclose in relation to this activity:**

**Goulda A. Downer, PhD, RD, LN, CNS**
**Denise Bailey, MEd**
**Marjorie Douglas-Johnson, BA**
**Kwame Frimpong**
**Scott Jamieson**

**Speaker: The following speaker has nothing to disclose in relation to this activity: Donna Hubbard McCree PhD, MPH, RPh**

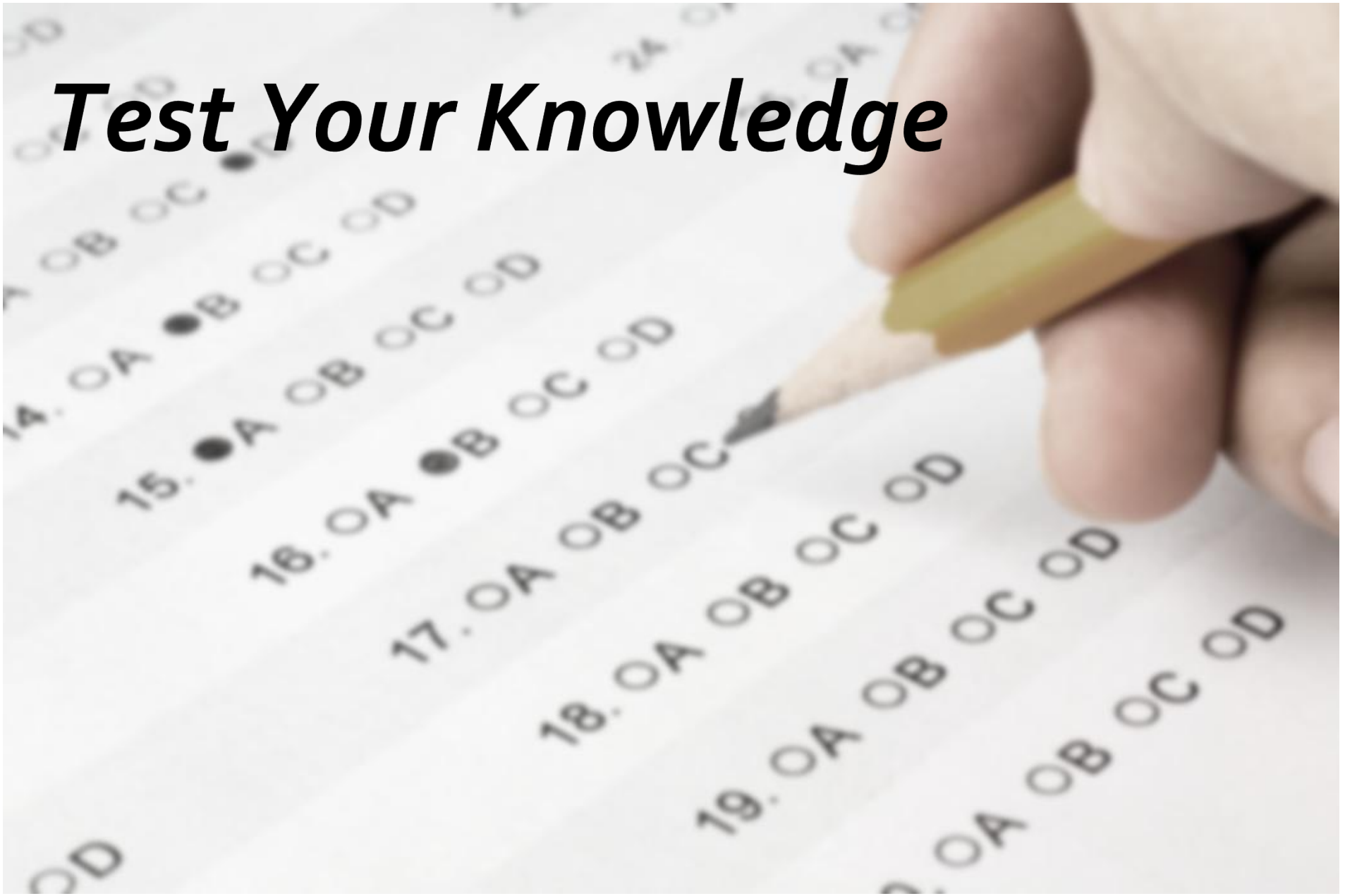
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# Howard University CME Accreditation Requirements for Internet Viewers

**Intended Audience:** Low volume clinicians (i.e. those with fewer than 25 patients in their case load who are HIV positive): Physicians, Physician Assistants, Nurse Practitioners, Pharmacists, Dentists, Nurses, Social Workers, Case Managers and other Clinical Personnel.

**Webinar Requirements**: A computer, phone, etc., with Internet accessibility and a telephone line.

- Your presence on the call must be acknowledged at the start of each session. Please log in for the session then **announce your name loudly and clearly at the beginning of the session.**
- You will *not be able* to receive CME credit if you leave the session early.
- At the end of the Webinar our Training Coordinator will email a **CME Evaluation Survey.**
- **All participants are required to complete and return the CME Evaluation Survey** at the end of each session. It may be scanned and emailed back to mdouglas@howard.edu , or faxed to: AETC-Capitol Region Telehealth Project (***FAX#: 202.667.1382***) **ATTN: Training Coordinator. Please indicate in your email or FAX if you would like to receive CME credit.**


Test Your Knowledge

# Test Your Knowledge
# Question #1

**Which of the following clinical provider actions can exacerbate IPV abuse?**

A. Providing the patient with written resources to take home

B. Informing the patient that he/she does not deserve to be abused

C. Providing referral to IPV advocacy services in response to patient's request

D. Informing the patient that what he/she has experienced is against the law

# Test Your Knowledge
# Question #2

**All but which of the following is advisable in identifying and addressing IPV:**

A. Care provider asks the patient if he or she wants to be connected to IPV advocacy services

B. Care provider who is concerned that patient is experiencing abuse contacts the police and then encourages the patient to disclosure

C. Care provider acknowledges that key roles in addressing IPV include screening; documenting; providing support and medical treatment; and proposing safety plan

D. All of the above

# Test Your Knowledge
# Question #3

**For the HITS Screening Tool for Domestic Violence, a total score of which of the following is suggestive of IPV?**

A. >10
B. 7-9
C. 4-6
D. <3

# HIV and Gender-Based Violence

# Part II

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# Objectives

**Upon completion of this webinar, participating providers will have the enhanced ability to:**

- Describe the epidemiology of HIV among women
- Discuss the epidemiology of intimate partner violence (IPV) among women
- Describe the intersection of HIV and IPV against women and girls
- Discuss strategies for addressing IPV among women living with and at risk for HIV
- Discuss IPV screening tools for clinicians
- Describe the importance of linkage to appropriate services for women affected by violence

# Case Study

Rita is a 51 year old African-American female diagnosed HIV+ approx. 20 years ago. Rita has an Associate Degree in marketing from the local community college and until two years ago worked in the retail industry. She has a history of alcohol abuse and has received in-patient treatment 4 times in the past 10 years. Recently she was diagnosed as being Bipolar and is hypertensive. Rita was raised in the foster care system and lived with several families before aging out of the system at 18. After a bitter divorce two years ago Rita found herself homeless and lived at the homeless shelter briefly before moving in with one of her foster sisters Carol and her family.

They have always had a rocky relationship but Carol was willing to provide shelter for her as she knew Rita was going through a difficult time in her life. Carol has always suspected that Rita may have been sexually abused at one of her foster homes. Carol also believed that Rita's marriage was an abusive one because of the unexplained bruises on her arms from time to time which forced Rita to wear long sleeve clothing even in the humid, sweltering summer months.

***Case Study from The Women's Collective (TWC)***

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# Case Study

Rita is receiving anti-retroviral therapy at the local clinic and is insured by Medicaid. Last labs indicated her CD4 count was 1350, viral load "undetectable." She also sees a mental health provider at the clinic.

Rita and Carol are constantly bickering about keeping the house clean. Rita plans to move by the end of the month although she cannot afford her own place. Her ex-husband Mike has reappeared on the scene and has convinced Rita that he has been in therapy and is a changed man. He is even going to church. Although she remains fearful, Rita moves in with Mike at the end of the month. Two months later Rita comes back to Carol with a broken arm, black eye and split lip. Mike was arrested for IPV. Rita hopes Carol will help bail him out because she feels responsible. The bus was late and she did not get home in time to make his dinner as he had expected.

***Case Study from The Women's Collective (TWC)***

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# Intimate Partner Violence (IPV) Tools

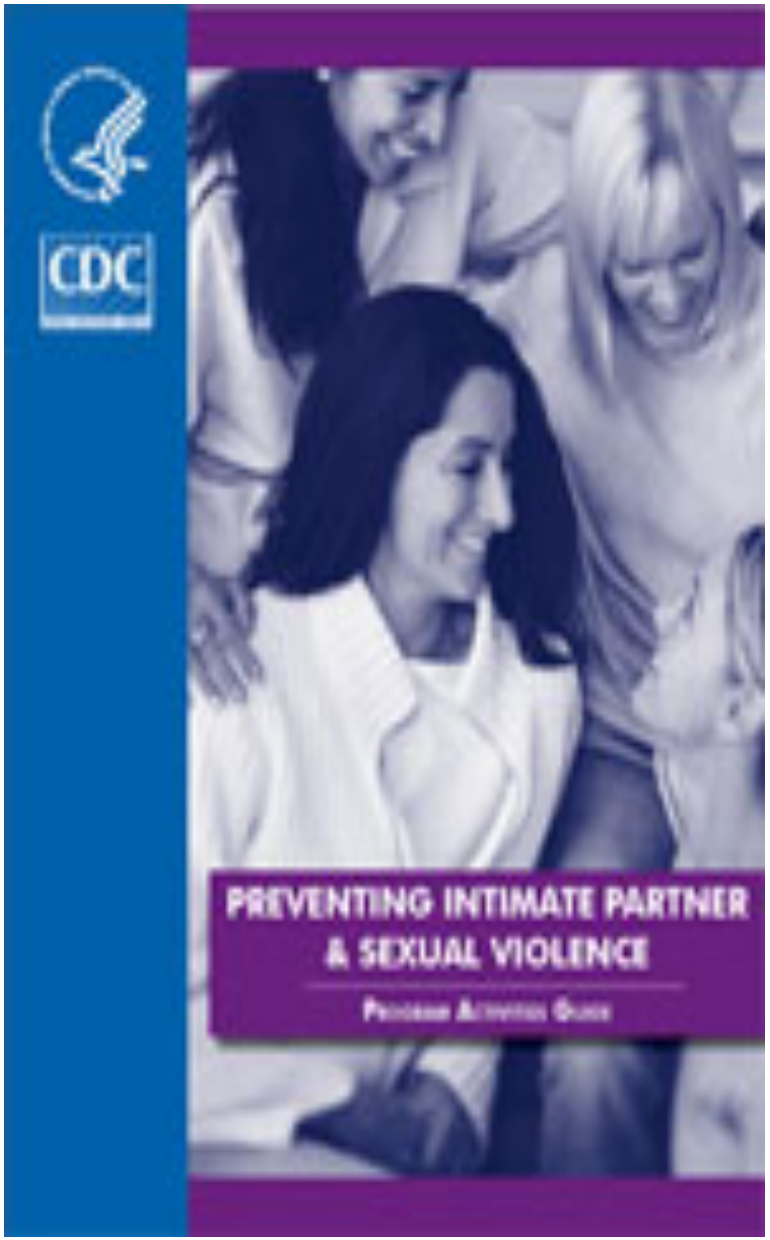
- Abuse Assessment Screen (AAS)
- American Medical Association Screening Questions
- Bartlett Regional Hospital Domestic Violence Assessment
- Domestic Violence Initiative Screening Questions
- Emergency Department Domestic Violence Screening Questions
- Ongoing Violence Assessment Tool (OVAT)

# Intimate Partner Violence (IPV) Tools

- Partner Violence Screen (PVS)
- RADAR
- RADAR for Men
- Universal Violence Prevention Screening Protocol
- Victimization Assessment Tool
- Women Abuse Screening Tool (WAST)




Basile KC, Hertz MF, Back SE. Intimate Partner Violence and Sexual Violence Victimization Assessment Instruments for Use in Healthcare Settings: Version 1. Atlanta (GA): Centers for Disease Control and Prevention, National Center for Injury Prevention and Control; 2007.




Preventing Intimate Partner and Sexual Violence: Program Activities Guide

http://www.cdc.gov/violenceprevention/pdf/ipv-sv_program_activities_guide-a.pdf

# *Identifying and Assessing Intimate Partner Violence*

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# The HITS Screening Tool for Domestic Violence

| How often does your partner | Never | Rarely | Sometimes | Fairly Often | Frequently |
|---|---|---|---|---|---|
| Physically hurt you | 1 | 2 | 3 | 4 | 5 |
| Insult or talk down to you | 1 | 2 | 3 | 4 | 5 |
| Threaten you with harm | 1 | 2 | 3 | 4 | 5 |
| Scream or curse at you | 1 | 2 | 3 | 4 | 5 |

•A total score of more than 10 is suggestive of intimate partner violence.

Sherin KM, Sinacore JM, Li XQ, Zitter RE,Shakil A. HITS: a short domestic violence screening tool for use in a family practice setting. Fam Med 1998;30:508-12.

# Identifying and Assessing Intimate Partner Violence:
# Identifying Current Violence

- Have you been hit, kicked, punched, or otherwise hurt by someone within the past year? If so, by whom?
- Do you feel safe in your current relationship?
- Is there anyone from a previous relationship who is making you feel unsafe now?
- Is anyone forcing you to do something sexual that you do not want to do?

http://www.aafp.org/afp/2011/0515/p1165.html; *Am Fam Physician.* 2011 May 15

# Identifying and Assessing Intimate Partner Violence:
# Assessing History of Violence

- Have you ever been in a relationship in which your partner frightened you or hurt you?

- When you were a child or adolescent, did anyone ever physically hurt you, force you to do something sexual you did not want to do, or hurt you psychologically (e.g., telling you that you were worthless or unwanted)?

- As an adult, have you ever been physically hurt by anyone or forced to do something sexual you did not want to do?

http://www.aafp.org/afp/2011/0515/p1165.html; *Am Fam Physician*. 2011 May 15

# Adaptation to Clinical Practice

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# Adaptations to Practice: Identifying and Addressing Intimate Partner Violence

- Create an environment that encourages Patients to discuss what is happening to them

- Physicians and other health care providers have a unique opportunity to screen their patients—both female and male—for domestic violence or abuse

http://www.nejm.org/doi/full/10.1056/NEJMp1204278

# Adaptations to Practice: Identifying and Addressing Intimate Partner Violence

## *1. Create a Climate of Confidentiality*

- **C**onvey to every patient that the medical office or clinic is a safe place to talk confidentially about any issue, including domestic abuse
- Publicize that IPV is a health issue and that patients should feel free to talk about any violence affecting their lives
- Clinic staff should also assure patients that privacy and confidentiality are priorities

http://www.nejm.org/doi/full/10.1056/NEJMp1204278

# Adaptations to Practice:
# Identifying and Addressing Intimate Partner Violence

## 2. Pay Attention to Certain Populations

***In a primary care or in patient setting:***

- All women and adolescent girls
- Men and adolescent boys who present with symptoms or signs of abuse, and all children
- Pay particular attention to women who are pregnant
  - Domestic violence is common during pregnancy and should be discussed during routine prenatal and postpartum visits

http://www.nejm.org/doi/full/10.1056/NEJMp1204278

# Adaptations to Practice:
# Identifying and Addressing Intimate Partner Violence

## 3. Initiate Conversation about IPV

- We're concerned about the health effects of domestic violence, so we ask a few questions of all our patients.
- Because domestic abuse and violence have become so common in our culture, we've started to routinely assess all of our patients about these problems.
- I don't know if this is a problem for you, but because so many patients we see are living in or recovering from an abusive relationship, we've started to ask all of our patients about it routinely.
- Domestic violence is a problem for many women. Because it affects their health and well-being, we ask all of our patients about it.

http://www.nejm.org/doi/full/10.1056/NEJMp1204278

# Adaptations to Practice: Identifying and Addressing Intimate Partner Violence

***Once you introduce the subject of IPV, you should ask three direct questions*:**

1. Have you been hit, slapped, kicked, punched, or otherwise hurt by someone within the past year? If yes, by whom?

2. Do you feel safe in your current relationship?

3. Is there a partner from a previous relationship who is making you feel unsafe now?

http://www.nejm.org/doi/full/10.1056/NEJMp1204278

# Adaptations to Practice:
# Identifying and Addressing Intimate Partner Violence

***If a patient discloses abuse, follow up with these questions:***

- Where will you go after you leave my office?
- Is there a friend, neighbor, or family member you can call?
- Do you need immediate shelter?

http://www.nejm.org/doi/full/10.1056/NEJMp1204278

# Adaptations to Practice:
# Identifying and Addressing Intimate Partner Violence

## In addition, convey these messages:

- You do not deserve to be abused
- You are not responsible for the abuse
- You did not cause the abuse
- What has happened to you is a crime
- What has happened to you is against the law
- Help is available

http://www.nejm.org/doi/full/10.1056/NEJMp1204278

# Adaptations to Practice: Identifying and Addressing Intimate Partner Violence

- **DO NOT** give the patient written information that the abuser may find when he/she returns home; you may be endangering the victim if her partner suspects or discovers she has talked with you about the abuse

- Consider writing a contact number on a small piece of paper that she/he can insert in her/his shoe, where she/he can access it later

http://www.nejm.org/doi/full/10.1056/NEJMp1204278

# Adaptations to Practice: Identifying and Addressing Intimate Partner Violence

## Contact Police Only with Permission

- Physician and other provider groups including the American College of Emergency Physicians oppose mandatory reporting of domestic violence to the criminal justice system

- Interference with the confidential nature of the provider-patient relationship, infringe on privacy issues, and undermine the patient's trust

http://www.nejm.org/doi/full/10.1056/NEJMp1204278

# Adaptations to Practice:
# Identifying and Addressing Intimate Partner Violence

## Time is critical!

- Early effective intervention by a health care provider can interrupt the cycle of violence, prevent more serious injuries and symptoms, prevent long-term mental and psychiatric symptoms, and ultimately prevent more abuse

http://www.nejm.org/doi/full/10.1056/NEJMp1204278

# Adaptations to Practice: Identifying and Addressing Intimate Partner Violence

## Time is critical!

- Ask the patient if he or she would like to be connected to IPV advocacy services
- If a patient screens negative for IPV, but the provider suspect that he/she is experiencing abuse, it is important that the provider not force disclosure

http://www.nejm.org/doi/full/10.1056/NEJMp1204278

# Adaptations to Practice: Identifying and Addressing Intimate Partner Violence

***Remember….You do not have to solve the patient's problems***

- Resist the impulse for a quick fix
- Your job is primarily to screen and identify, provide support and medical treatment, document in the medical record, propose a safety plan, and discuss resources, if the patient is ready
- Accept the fact that many victims need time before they are ready to talk or accept help
- Leave the door open

http://www.nejm.org/doi/full/10.1056/NEJMp1204278

# Adaptations to Practice: Identifying and Addressing Intimate Partner Violence

**Remember….You do not have to solve the patient's problems**

- Leaving a relationship is a long-term process
- Many victims of IPV will leave when they have the support, strength, and resources to do so
- Helping a patient make informed decisions and respecting his/her timetable will help him/her move toward safety

http://www.nejm.org/doi/full/10.1056/NEJMp1204278

# Adaptations to Practice:
# Identifying and Addressing Intimate Partner Violence

***There are several ways in which providers can do unintentional harm to patients who are experiencing IPV.***

- Not asking about IPV may signal that the provider is not a potential resource for the patient

- The manner in which IPV victimization is documented in patient records can have ramifications for child custody cases

http://www.nejm.org/doi/full/10.1056/NEJMp1204278

# Adaptations to Practice:
# Identifying and Addressing Intimate Partner Violence

- Providers should refrain from telling patients who are experiencing IPV what they must do (e.g., "you need to leave")
- Only trained experts in IPV advocacy are qualified to help victims determine their own best course to safety
- There is a potential for lethal and injurious harm, particularly when one partner attempts to leave the relationship
- For this reason, actively ensuring that the link between the patient and an IPV advocacy agency is made successfully is the best practice

http://www.nejm.org/doi/full/10.1056/NEJMp1204278

# Adaptations to Practice:
# Identifying and Addressing Intimate Partner Violence

- It is crucial that health care providers respect the confidentiality of patients who are experiencing IPV
- Not only do victims face stigma and prejudice, but employers and insurers could potentially discriminate against them if their status became known
- Health care providers can play a critical role in helping to reduce and prevent IPV by screening and referring patients to appropriate resources
- Health care providers can familiarize themselves with best practices related to IPV documentation and victim response
- Health care providers can present themselves as caring and trustworthy allies for their patients who are experiencing abuse

http://www.nejm.org/doi/full/10.1056/NEJMp1204278

# ACA and IPV

**Beyond the broad changes outlined in the ACA there are several provisions that are specifically designed to protect individuals who have experienced IPV, including those with HIV**

- **The elimination of pre-existing condition exclusions and premium rate setting based on health status, such as HIV, and other factors, including whether someone is a survivor of IPV.**
  Prior to the ACA, health insurance companies were able to deny insurance coverage or charge individuals Different rates based on a range of factors including whether someone was a survivor of IPV; in fact, seven states specifically allowed insurers to deny coverage to survivors and fewer than half of states (22) had enacted comprehensive IPV related anti-discrimination insurance protections. Under the ACA, issuers are no longer permitted to deny an individual coverage or charge higher rates based on past or current experience of IPV or gender

- **A range of no-cost preventive services for women including screening and counseling for IPV.** Screening and counseling for IPV is now a preventive service under the ACA that must be covered without cost-sharing

- **Exemption from the individual mandate due to recent experience of IPV.** Beginning in 2014, the ACA required most individuals to carry comprehensive health coverage, also known as "minimum essential coverage" or the "individual mandate." This exemption recognizes that those who have recently experienced domestic violence may lack financial security, stable housing, or be dealing with other complicated life situations that make obtaining insurance coverage difficult

***http://kff.org/hivaids/issue-brief/hiv-intimate-partner-violence-and-women-new-opportunities-under-the-affordable-care-act/***

# ACA and IPV

- **Allowance for married survivors of IPV to file taxes separately from their spouse and claim a premium tax credit**. The Department of Treasury and Internal Revenue Service (IRS) issued guidance and subsequent regulations in April and July of 2014 that permit a survivor of IPV living apart from their spouse at the time of tax filing and unable to file a joint return, to claim a premium tax credit while using a married filing separately tax status for up to three consecutive years.

- **Special Enrollment Period for survivors of IPV**. Individuals experiencing certain qualifying events, such as a marriage, divorce, or birth of a child, may be granted a Special Enrollment Period (SEP) and permitted to enroll outside of the specified open enrollment window. The SEP lasted through May 30, 2014, a two month extension of the original open enrollment deadline.

- **Most individual and small group plans and all Medicaid expansion plans now cover mental health and substance use services as one of ten "essential health benefit" categories.** Numerous studies have observed an association between IPV and an array of mental health conditions, including Post Traumatic Stress Disorder (PTSD), depression, and anxiety, among others., Additionally, people with HIV experience mental health and substance abuse co-morbidities at higher rates than the population overall.,, Access to mental health and substance use services, therefore, is an important component of comprehensive health coverage for many people living with HIV and perhaps especially for those dealing with current or past IPV and trauma.

***http://kff.org/hivaids/issue-brief/hiv-intimate-partner-violence-and-women-new-opportunities-under-the-affordable-care-act/***

# ACA and IPV

- **Maternal and child home visitation program includes focus on domestic violence.** The ACA funded the *Maternal, Infant, and Early Childhood Home Visiting* initiative. A 2013 study of 260 HIV positive women with a mean age of 46, found that 86% of those surveyed were mothers and 31% had children living at home. Given that a large share of women with HIV are likely to be parents and that women with HIV are disproportionately affected by IPV, home visits that include opportunities to address domestic violence could be particularly important for this population

- **Competitive grant program to support pregnant teens and women, including those experiencing domestic and sexual violence, established under the *Pregnancy Assistance Fund*.** The ACA also established a competitive grant program for states to support pregnant and parenting teens and women, allowing states to use funds to provide intervention and support services to pregnant women who are victims of domestic, sexual violence or stalking

- **The National Prevention Strategy includes *Injury and Violence Free Living* as a priority area.** Finally, the ACA established the National Prevention Council and called for the development of the National Prevention Strategy. With an aim of realizing the benefits of prevention in healthcare, the strategy includes seven national priority areas including *Injury and Violence Free Living.* In framing this this priority area, the strategy makes specific references to intimate partner violence, including the recommendation that the federal government "research and disseminate effective methods to prevent intimate partner violence and sexual violence"

***http://kff.org/hivaids/issue-brief/hiv-intimate-partner-violence-and-women-new-opportunities-under-the-affordable-care-act/***

# Case Study Discussion

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# Case Study

Rita is a 51 year old African-American female diagnosed HIV+ approx. 20 years ago. Rita has an Associate Degree in marketing from the local community college and until two years ago worked in the retail industry. She has a history of alcohol abuse and has received in-patient treatment 4 times in the past 10 years. Recently she was diagnosed as being Bipolar and is hypertensive. Rita was raised in the foster care system and lived with several families before aging out of the system at 18. After a bitter divorce two years ago Rita found herself homeless and lived at the homeless shelter briefly before moving in with one of her foster sisters Carol and her family.

They have always had a rocky relationship but Carol was willing to provide shelter for her as she knew Rita was going through a difficult time in her life. Carol has always suspected that Rita may have been sexually abused at one of her foster homes. Carol also believed that Rita's marriage was an abusive one because of the unexplained bruises on her arms from time to time which forced Rita to wear long sleeve clothing even in the humid, sweltering summer months.

***Case Study from The Women's Collective (TWC)***

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# Case Study

Rita is receiving anti-retroviral therapy at the local clinic and is insured by Medicaid. Last labs indicated her $CD_4$ count was 1350, viral load "undetectable." She also sees a mental health provider at the clinic.

Rita and Carol are constantly bickering about keeping the house clean. Rita plans to move by the end of the month although she cannot afford her own place. Her ex-husband Mike has reappeared on the scene and has convinced Rita that he has been in therapy and is a changed man. He is even going to church. Although she remains fearful, Rita moves in with Mike at the end of the month. Two months later Rita comes back to Carol with a broken arm, black eye and split lip. Mike was arrested for IPV. Rita hopes Carol will help bail him out because she feels responsible. The bus was late and she did not get home in time to make his dinner as he had expected.

***Case Study from The Women's Collective (TWC)***

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# What Would You Do?

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# CONSIDER .....

- Current HIV Status
- Impact of New Diagnoses
- Possible Dependency
- Mental Health Status
- Shame/ Secrecy/stigma
- Lack of stable family support

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- Dr. Kathleen Basile, Division of Violence Prevention, CDC
- Dr. Dawn Fowler, Division of Violence Prevention, CDC
- Capt. Yvonne Green, CDC Office of Minority Health and Health Equity
- Dr. Linda Koenig, Division of HIV/AIDS Prevention, CDC

# RESOURCES

Health Care Providers and Screening and Counseling for Interpersonal and Domestic Violence, http://www.womenshealth.gov/publications/our-publications/fact-sheet/IPV_screening_508.pdf

Women's Preventive Services Guidelines, Affordable Care Act Expands Prevention Coverage for Women's Health and Well-Being, ttp://www.hrsa.gov/womensguidelines/

Training Professionals in the Primary Prevention of Sexual and Intimate Partner Violence: A Planning Guide, http://www.cdc.gov/violenceprevention/pub/training_guide.html

Basile KC, Hertz MF, Back SE. Intimate Partner Violence and Sexual Violence Victimization Assessment Instruments for Use in Healthcare Settings: Version 1. Atlanta (GA): Centers for Disease Control and Prevention, National Center for Injury Prevention and Control; 2007 (attached)

Preventing Intimate Partner and Sexual Violence: Program Activities Guide http://www.cdc.gov/violenceprevention/pdf/ipv-sv_program_activities_guide-a.pdf

http://www.aafp.org/afp/2011/0515/p1165.html; *Am Fam Physician.* 2011 May 15;83(10):1165-1172.

http://www.unibe.edu.do/sites/default/files/internados/psiquiatria/Intimate-Partner-Violence

http://www.aafp.org/afp/2011/0515/p1165.html; *Am Fam Physician.* 2011 May 15;83(10):1165-1172.

**The National Domestic Violence Hotline-** A nonprofit organization that provides crisis intervention, information, and referral to domestic violence survivors, perpetrators, friends, and families.
Web site: http://www.thehotline.org/

# RESOURCES

**Academy on Violence & Abuse-** An interdisciplinary organization of health care professionals dedicated to making violence and abuse a core component of medical and related professional education and clinical care
Web site: http://www.avahealth.org/

**American Bar Association-** Offers an excellent safety planning resource to use with patients; written at an 11th grade reading level, but may be adapted for patients with lower literacy levels
Web site: http://apps.americanbar.org/tips/publicservice/safetipseng.html

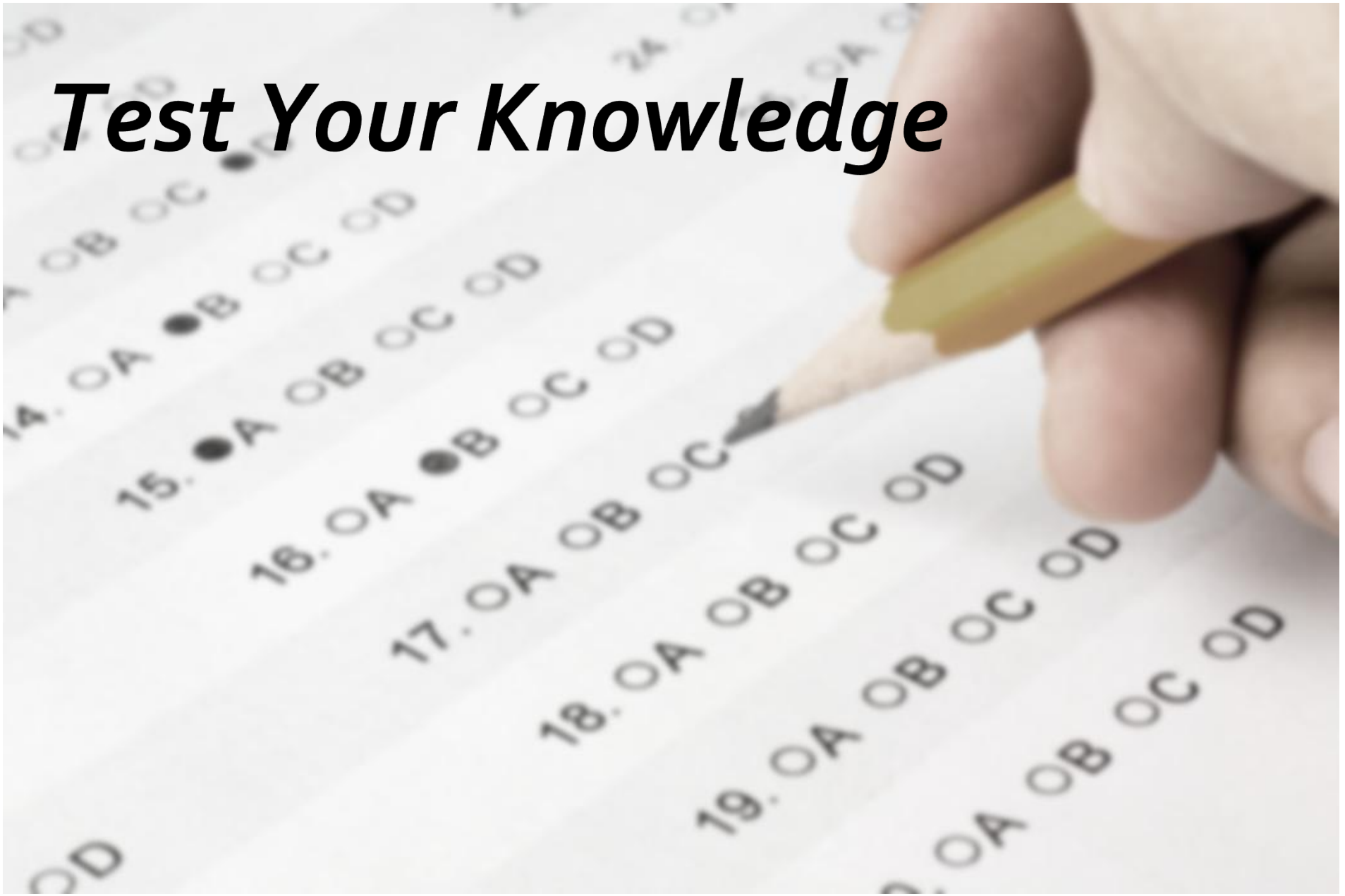
**Futures Without Violence** (formerly Family Violence Prevention Fund) -Works to prevent violence within the home and in the community.
Web site: http://www.futureswithoutviolence.org/
http://www.futureswithoutviolence.org/content/features/detail/790/ (National Health Resource Center on Domestic Violence)
http://www.futureswithoutviolence.org/section/our_work/health/_health_material (health materials index)

**Institute for Safe Families** -Their mission is to prevent intimate partner and family violence, and to promote the health and well-being of each member of the family and the community in which they live.
Web site: http://www.instituteforsafefamilies.org

**MedlinePlus**-Provides information for health care professionals and patients about domestic violence, including information in Spanish.
Web site: http://www.nlm.nih.gov/medlineplus/domesticviolence.html

**National Coalition Against Domestic Violence** – An advocacy organization working to prevent domestic violence and empower those affected by it.
Web site: http://www.ncadv.org/

**National Sexual Assault Online Hotline; Rape, Abuse & Incest National Network -**The National Sexual Assault Online Hotline is a free, confidential, secure service that provides live help through the Rape, Abuse & Incest National Network Web site
Web site: http://www.rainn.org/get-help/national-sexual-assault-online-hotline


Test Your Knowledge

# Test Your Knowledge
# Question #4

**Which of the following clinical provider actions can exacerbate IPV abuse?**

A. Providing the patient with written resources to take home

B. Informing the patient that he/she does not deserve to be abused

C. Providing referral to IPV advocacy services in response to patient's request

D. Informing the patient that what he/she has experienced is against the law

# Test Your Knowledge
# Question #5

**All but which of the following is advisable in identifying and addressing IPV:**

A. Care provider asks the patient if he or she wants to be connected to IPV advocacy services

B. Care provider who is concerned that patient is experiencing abuse contacts the police and then encourages the patient to disclosure

C. Care provider acknowledges that key roles in addressing IPV include screening; documenting; providing support and medical treatment; and proposing safety plan

D. All of the above

# Test Your Knowledge
# Question #6

**For the HITS Screening Tool for Domestic Violence, a total score of which of the following is suggestive of IPV?**

A. >10
B. 7-9
C. 4-6
D. <3




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**As a Reminder: At the end of the Webinar, participants are required to complete and return the CME Evaluation Survey. It may be scanned and emailed back to mdouglas@howard.edu, or faxed to: AETC-Capitol Region Telehealth Project (*FAX#: 202.667.1382*) ATTN: Training Coordinator.**

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