Project Connect
A Coordinated Public Health Initiative to Prevent and Respond to Violence Against Women

Funded by the Office on Women’s Health, U.S. Department of Health & Human Services

Project Connect 2.0
Bidders Conference

WELCOME: Please type your name and organization into the chat field
Agenda

• History of *Project Connect*
• *Project Connect 2.0*
• FAQs
• Questions and follow-up items
Project Connect Primary Partners

- Supported by the Office on Women’s Health, U.S. Department of Health and Human Services (OWH)
- Additional support from Administration for Children and Families, U.S. Department of Health and Human Services (ACF)
- Technical assistance provided by Futures Without Violence
• Funds are a direct result of the Violence Against Women’s Act of 2005
• First time ever to include a title on health care response to Violence Against Women (VAW)
• Supports training and model partnerships between advocates and public health programs
Need for Project Connect

- Nearly **1 in 4 women** in the U.S. report experiencing severe VAW at some point in their lifetime.
- VAW has significant impact on reproductive, adolescent and perinatal health.
- With training, health care providers can help
Core Tenets of the Clinical Response include:

- Routine assessment
- Brief intervention
- Supported referral
- Systems changes to support individual provider changes
What is *Project Connect*?

National initiative to create **partnerships between the VAW and public health fields** to change clinical practice and policy in public health programs.

- Home Visitation
- Adolescent Health
- Sexual & Reproductive Health (Family Planning)
- Health Services in Domestic Violence (DV) programs
14% to 52% perinatal clients enrolled in a home visitation program experienced domestic violence in the past year

(Sharps et al. 2008)

Voluntary program working with women for 1-5 years

New federal benchmarks on screening for DV
Why Adolescent Health?

- Adolescent girls in abusive relationships more likely to experience unplanned pregnancy, substance abuse, depression, eating disorders and other poor health outcomes.

- Adolescent Health Providers have unprecedented opportunity to talk about Healthy Relationships.
Why Family Planning?

Of 1278 women sampled in 5 Family Planning clinics, 53% experienced DV/SA. Health interventions with women who experienced recent partner violence:

- 71% reduction in odds for pregnancy coercion compared to control
- Women receiving the intervention were 60% more likely to end a relationship because it felt unhealthy or unsafe

Miller, et al 2010
Why Health Services in DV Programs?

- May be the first time survivors have been able to space to address health and wellness
- Time sensitive interventions: preventing unplanned and unwanted pregnancy
- Advocates = part of the care team and can be liaisons w/ providers
Project Connect Sites

8 States and 2 Native health clinics

- Arizona
- Georgia
- Iowa
- Kima:w Health Center/ Hoopa Tribe (CA)
- Maine
- Michigan
- Ohio
- Southern Indian Health Council (CA)
- Texas
- Virginia
Healthy Moms, Happy Babies:
A Train the Trainers Curriculum on Domestic Violence, Reproductive Coercion and Children Exposed

By Linda Chamberlain, PhD, MPH
and Rebecca Levenson, MA

Addressing Intimate Partner Violence, Reproductive and Sexual Coercion: Guide for Obstetric, Gynecologic and Reproductive Health Care Settings

http://www.futureswithoutviolence.org/userfiles/file/HealthCare/reproguidelines_low_res_FINAL.pdf
Hanging Out or Hooking Up: Clinical Guidelines on Responding to Adolescent Relationship Abuse: An Integrated Approach to Prevention and Intervention

PATIENT EDUCATION

- Over 65,000 safety cards have been distributed to Project Connect sites, used during clinical visits.

“In the two days after the training I started asking about healthy relationships using the teen safety card, and every one of the patients disclosed some form of violence in their past or present relationship.”

— Adolescent Health Nurse in Ohio
Project Connect Successes to Date:

PROVIDER TRAINING

• Over 5,000 providers from over 125 clinical sites have received in-person Project Connect training, serving over 250,000 women and children

“I was comfortable asking because I had resources to share and knew who I could call if the client needed more help than I could give.”

– Family Planning Provider in Iowa
Policy

- Increased funding for Title X clinics that assess for reproductive coercion (OH)
- *Project Connect* training mandatory for state pregnancy prevention programs (IA)
- Questions about reproductive coercion added to state family planning intake forms (VA)
Evaluation Outcomes

• In addition to universal improvements in knowledge, all States demonstrated improvements in confidence in assessing for reproductive coercion.

• Improvements in screening practice (screening 75% of the time).

• The percentage of providers giving a safety card to clients routinely increased.

• Over one third of providers reported that the frequency with which they offered harm reduction strategies to clients had increased since the Project Connect training.
Project Connect 2.0 Basics

- State Leadership Team
- Partnership: State/Territory Public Health Department in collaboration with State/Territory Domestic Violence/Sexual Assault Coalition
- Focus Areas: Sexual and Reproductive Health, Adolescent Health or Home Visitation
- Pilot sites
  - 5 clinics/programs in your focus area
  - 1 DV/SA site to offer reproductive health services
• Six State/Territory sites, Five Tribal sites
• Grant period: January 1, 2013-December 31, 2015
• Funding: $375,000 total ($125K per year)
• 25% match ($31,250 per year; can be in-kind)
• Timeline:
  • Applications due **October 15**
  • Notification by **November 16**
  • Kickoff meeting mid-February 2013 in Washington, DC
Core Elements

- Educating providers and public health professionals on VAW
- Promoting education for patients
- Educating domestic and/or sexual violence advocates
- Providing reproductive and sexual health services in domestic and/or sexual violence programs
- Implementing program policy
- Identifying sustainable funding
- Evaluation
Grantee Tasks

- Convene Leadership Team
- Develop and implement a comprehensive Action Plan
- Implement *Project Connect* clinical intervention in 5 pilot sites
- Provide reproductive health services at 1 DV/SA program
- Participate in evaluation
- Participate in learning community
- Attend 2 yearly national meetings
- Participate in yearly TA visit
Futures Without Violence Tasks

- Provide ongoing technical assistance
- Conduct site visits and training
- Provide educational materials & training resources
- Facilitate communication between teams
- Promote policies that support the initiative
- Conduct educational briefings
- Convene national meetings
- Share findings
Evaluation Tools

1. Provider Training Survey
2. Provider Follow-up Survey
3. Client Satisfaction Survey
4. Quality Assessment & Quality Improvement Tool
5. Collaborative Behavior Survey
Selection Criteria

• A history of collaboration
• Creativity and vision for reform
• Clearly designated lead staff person and lead agency for the program
• Capacity for State/Territory level health policy reform.
• Capacity to participate in evaluation
• Demonstrated cultural competency
FAQs

• Eligible applicants
• Application requirements/restrictions
• MOUs
• Stipends
Questions? Comments?

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Thank you!