Why the shift in health response? Long term health consequences

In addition to injuries, exposure to DV increases risk for:

- Chronic health issues
- Asthma
- Cancer
- Hypertension
- Depression
- Substance abuse
- Poor reproductive health outcomes
New research on screening and counseling

Studies show:
- Women support screening
- No harm in screening for DV
- Interventions improve health and safety of women
- Missed opportunities – women fall through the cracks when we don’t ask (homicide reviews)
Of 1278 women sampled in 5 Family Planning clinics

- **53% experienced DV/SA**
- **Similar rates in other programs**

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
Screening and brief counseling resulted in a decline in IPV and significantly lower scores for depression & suicide ideation (Coker 2012).

At 6-weeks postpartum, women who received a brief intervention reported significantly higher physical functioning, and lower postnatal depression scores. (Tiwari 2005)
But what does a comprehensive program mean for DV coalitions and programs?

- May result in increased training requests
- New partnerships and relationship building
- Could result in increased referrals
- Learning more about health systems/protocols
- Managing unintended consequences (reporting/privacy/poorly trained providers)
- Reaching more women
- May eventually create new funding streams
How can the HRC help?

- Free training tools
- Free patient and provider tools
- Technical assistance
  - Webinars for coalitions and programs
  - In person training or calls
  - Working group to inform HRC activities
  - Partnering on policy briefs
- Online toolkit
What would be most helpful from the HRC?

- A. Training materials
- B. Webinars
- C. Direct TA
- D. Patient materials
- E. No answer

Fill in chat if you have other suggestions
Coalitions have been doing this work a long time!

- Hospital based programs
- 10 state program
- National Standards Campaign
- Project Connect
- AMCHP Project
- Delta Project
- NNEDV’s HIV Project
- Much more

The tools described below are informed by much of this work.
Elements of Online Toolkit

- Introduction
- Getting Started
- Provider Tools
- Patient Resources
- Resources for Employees
- Resources for Advocates
- Setting Specific Resources
- Creating Sustainable Programs
Getting Started: Tools you can give your health providers

- Environmental changes
- Partnerships with advocates
- Training Strategies & Resources
- Protocols
- Reporting requirements
- Confidentiality protocols
Not just screening: Moving towards a comprehensive response

- Review limits of confidentiality
- Brochure based assessment
- Address related health issues
- Offering support & validation
- Supported referral
- Trauma informed reporting (when required)
- Documentation and privacy
Provider Tools:

- National Consensus Guidelines
- Fact sheets
- Practitioner reference cards
- Validated screening tools
- Screening and safety cards
- Training resources *(see below)*
Patient Resources:

- Safety cards
- Posters
- Discharge instructions
- Patient newsletters
Employee Resources

- Sample workplace policies
- Caring for the caregiver tools
- Strategies for responding to vicarious trauma
Training Resources

- Training Videos
- Slide Sets
- Elearning Modules

- Urgent Care
- Adolescent Health
- Reproductive Health
- STI/HIV Programs
- Mental Health
- Perinatal Settings
- Pediatric Settings
Setting Specific Resources:

- Reproductive Health
- Adolescent Health
- Home Visitation
- Pediatric Settings
- Indian Health Settings
- Mental Health
- Urgent Care
Creating Sustainable Programs:

- Performance measures
- Quality improvement tools
- Privacy principles
- Confidentiality protocols
- Documentation forms
- Information about diagnostic codes
Additional Resources to Link To:

- AVA Core Competencies
- Health association statements
- White papers
- Compendium of state statutes
The importance of collaboration between advocates and providers

- “Warm” referral to DV/SA agencies
- Training providers to get to know what services are available in their community
- Encouraging providers to connect patients directly to those services (if they are ready)
- Create formal relationships with advocates because services are stretched
Tools for DV/SA Coalitions

- Getting started: forming new partnerships with health providers
- Sample MOU’s
- Training resources
- Webinars
- Technical assistance
- Fact sheets (i.e. on MR)
- Tools from model programs
- HCADV day organizing tools
Polling

- What else could be added in the future?

Poll: What is your biggest concern?

- A. Capacity building/funding
- B. Reporting concerns
- C. Privacy of medical records
- D. Other
- No answer

- Fill in chat if you have additional comments
Tools to help if you are in a state with mandatory reporting

- See state by state report for your law
- Tools for training providers to disclose limits of confidentiality
- Trauma informed reporting
- Consider promoting universal education
  - see scripts and tools from HRC
- Work to adapt your law
  - (see memo from HRC)
Tools re: Privacy of Medical records

- Recommendations to promote privacy of medical records
- HRC is advocating for safety concerns in any discussion of electronic medical records
- Very few reports of problems but we know no medical record is truly secure
- Please send in stories and experiences
- What else would be helpful from the HRC or what has worked for you? *Please fill in chat*
Key Considerations for Coalitions

- New health programs may be beginning this work and need training
- Changes will take place over time
- Public health programs can be your allies and may be sources of funding
- Consider recommend universal education in states where there is a mandated reporting law
Key Considerations for Coalitions

- Contact the HRC if you need TA or materials
- We invite you to share your strategies and partner with us to address the challenges
- Share your successes and challenges
- Participate in upcoming webinars
Future goals for HRC and Coalitions:

- Guidance in federally funded programs (require training, formal relationships w/ advocates, quality benchmarks)
- Explore other payment structures
- Further guidance on privacy principles
- Recommendations on what to do in 2013 re: insurance discrimination?
- *What else would you add to this list?*
Opportunities to expand health collaborations

- New phase of Project Connect
- Building partnerships w/ public health/health care
  - See sample getting started memos
  - MOU’s and other resources

Reach out to Home Visitation, Adolescent Health, Family Planning, SAMHSA and Rural Health

- Exchange of services: i.e. community clinics, home visitation, med/nursing schools to provide health services onsite in DV programs
Ohio and Iowa Reports

Nancy Neylon, Ohio Domestic Violence Network
Kirsten Faisal, Iowa Coalition Against Domestic Violence

Successful strategies from other participants?

Discussion
Improving the Health and Safety of Survivors
Thank you for participating