

IPV, Advocacy, and Healthcare:

Emerging partnerships, policy developments, promising practices

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Oregon Coalition
Against Domestic & Sexual Violence



Fine print

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State of IPV & HC in Oregon

- How many of you have received a referral from a doctor or other healthcare provider, for a survivor to your program?
- How many of you refer survivors to doctors or other healthcare providers?
- How many of you have programmatic partnerships with healthcare providers?



State of IPV & HC in Oregon

- How many of you ask health-related questions in your intake or programming? (such as, “Do you have health insurance?” or “Is unwanted pregnancy a concern at this time?”)
- How many of you provide healthcare services from within your program, such as a nurse coming to shelter once a week?
- How many of you talk about reproductive coercion with your participants?



Learning Objectives

1. Why we need to think about health when we work with survivors
2. Why now is a good time to get involved (ACA and Oregon)
3. Current health care transformation work by DV/SA programs
4. What next steps you can take to get engaged with healthcare reform in Oregon





Health effects of IPV

Women who have experienced domestic violence are:

- 80 % more likely to have a stroke,
- 70 % more likely to have heart disease,
- 60 % more likely to have asthma and
- 70 % more likely to drink heavily

than women who have not experienced intimate partner violence



Health effects of IPV

Abused women experience a

**50% to 70%
increase**

in gynecological, central nervous system,
and stress-related problems





Health effects of IPV



More than **one-third**
of female IPV
survivors experience
high disability
chronic pain



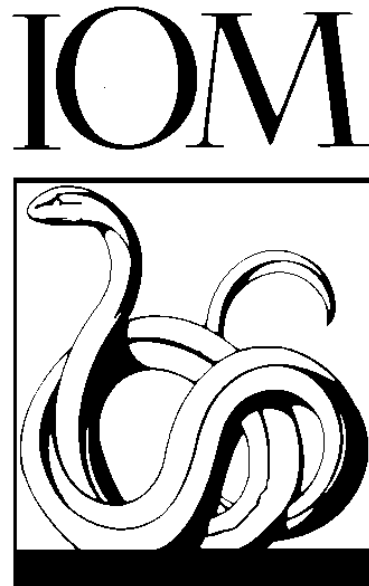
Health effects of IPV

Adolescent girls in physically abusive relationships were **3.5 times more likely** to become pregnant than non-abused girls





Survivors' health matters: healthcare leadership responds



U.S. Preventive Services Task Force



Survivors' health matters: healthcare leadership responds

Beginning in August 2012:

Health plans must cover screening and counseling* for lifetime exposure to domestic and interpersonal violence as a core women's preventive health benefit.



**Screening and counseling are not defined.*





What survivors want

- A recent study found that 44% of victims of domestic violence talked to someone about the abuse; 37% of those women talked to their health care provider.
- In four different studies of survivors, 70% to 81% of the patients studied reported that they would like their healthcare providers to ask them privately about intimate partner violence.



Survivors in healthcare settings

Women who talked to their healthcare provider about the abuse were

~4 times more likely

to use an intervention

2.6 times more likely

to exit the abusive relationship



Review of research

Studies show:

- Survivors support assessments
- No harm in assessing for IPV
- Interventions improve health and safety of women
- Missed opportunities: women fall through the cracks when we don't ask



Healthcare response so far: *DV Screening*



Doctors Debate Whether Screening For Domestic Abuse Helps Stop It

May 14, 2014 9:54 AM ET

“Do you feel safe with your partner?”

A review of 11 studies involving 13,027 women in wealthy countries found that screening questions did help doctors identify more than twice as many patients who were suffering from abuse. But routine screenings didn't necessarily help those women get the follow-up support they needed, researchers found.

"We don't think screening is necessarily harmful," Feder says.
"We just can't give doctors a compelling reason for doing it."





Healthcare response in Oregon





What is healthcare reform in Oregon?

A 2 billion dollar bet

The Affordable Care Act (2010) & Oregon

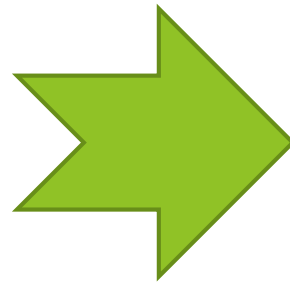
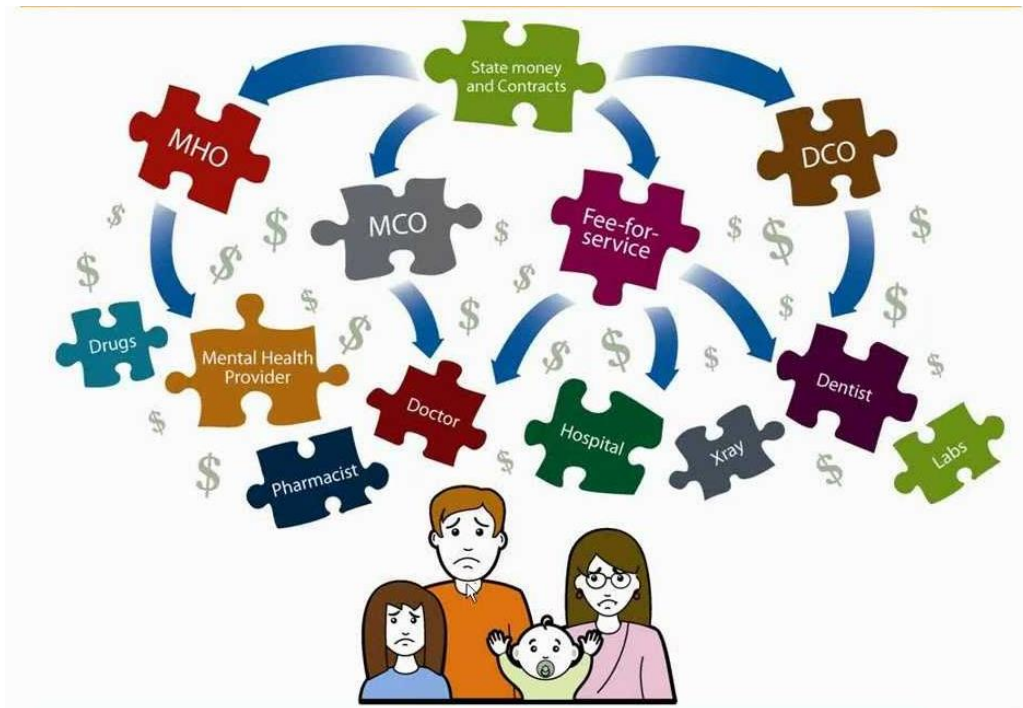
- The Obama administration gave Oregon \$1.9 billion over five years, enough to patch the Oregon Health Plan/Medicaid budget hole
- The catch: To secure that, **Oregon's Medicaid program must grow at a rate that is 2 percent slower than the rest of the country**, ultimately generating \$11 billion savings over the next decade. If it fails, those federal dollars disappear.



Healthcare reform in Oregon: the how

Triple Aim: Better Health, Better Care, Lower Cost

& Coordinated Care Organizations



Review: Coordinated Care Organizations

Serve Oregon Health Plan (Medicaid) members (and in 2015: all Oregon state employees)

- 17 across the state
- Coordinate mental and physical health care
- Global budget
- Designed to encourage wellness, not just treat illness
- Prevention, chronic disease management, community health workers are priorities
- CCO system transformation focuses on metrics, defined by state, responsive to Community Health Improvement Plan, designed by CAC
- Effective innovations are disseminated

Community Advisory Council (CAC)

- At least 14 CCOs have launched community advisory councils and have begun holding meetings (OHA)
- Majority of members must be consumers
- Must include representatives from each county government in service area
- Duties include Community Health Improvement Plan and reporting on progress of the CCO to the State
- DV/SA movement leadership are informing CACs in several communities and make sure IPV is a priority



What is healthcare reform in Oregon?

What does that all even mean?

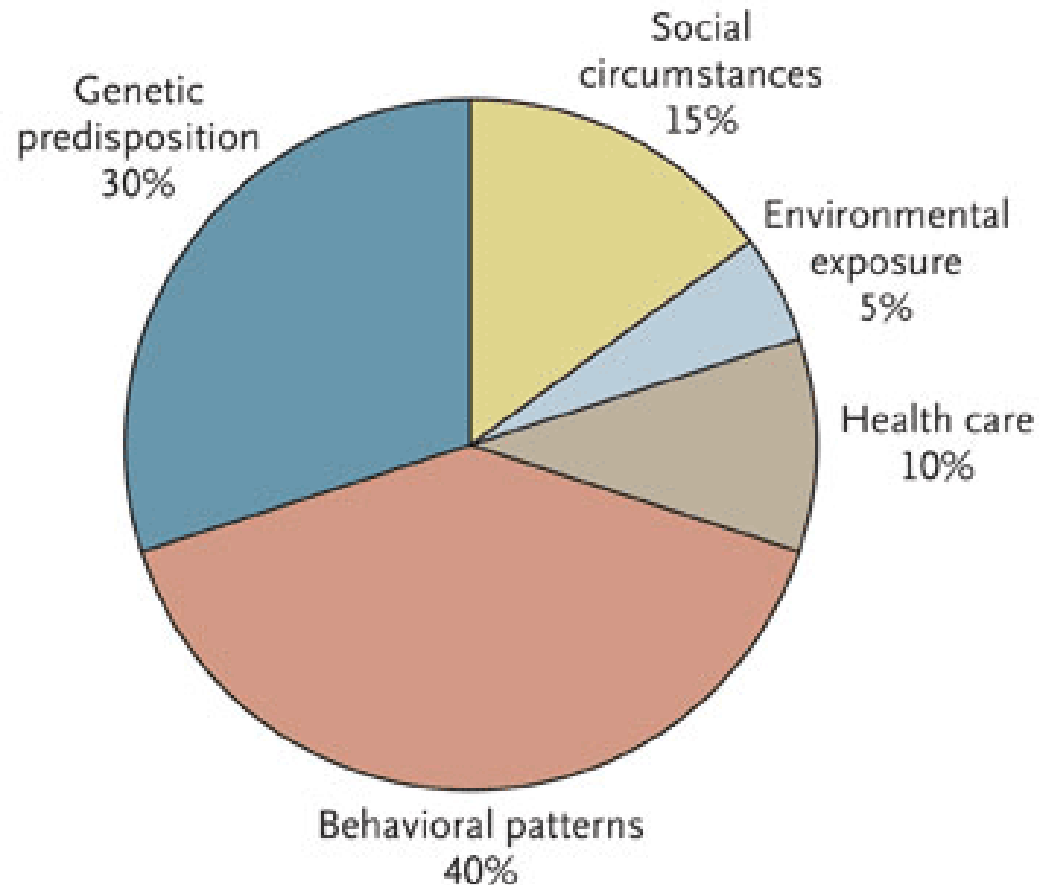




Changing health care: changing definition of health

Determinants of
Health:

Proportional Contribution to Premature Death

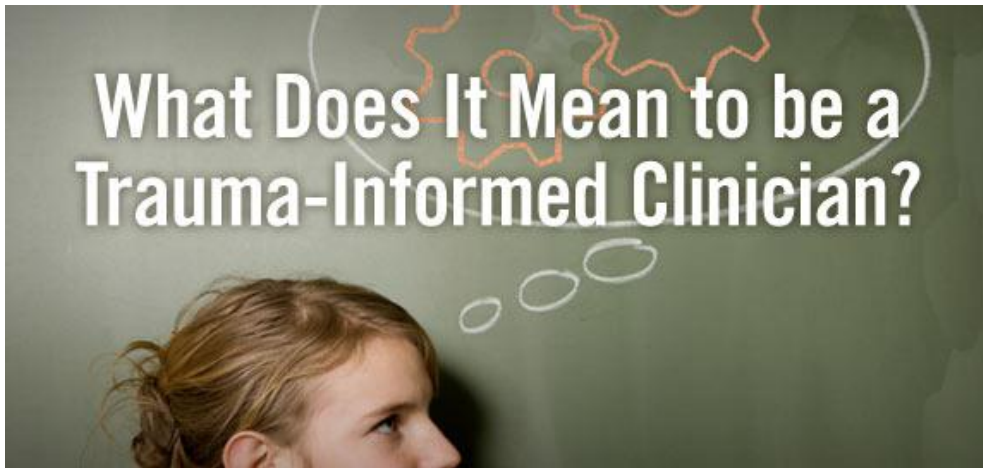




Changing health care: changing mindset and practice

Culturally specific services?

Non-profit organizations?

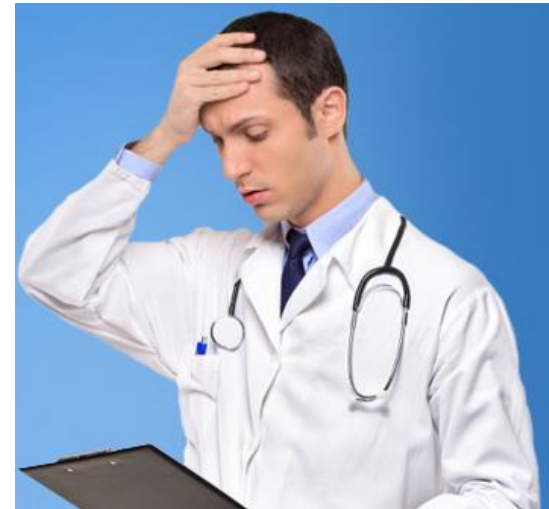


Community health workers?
Peer support specialists?

“patient engagement”

“patient-driven care”

“patient-centered teams” ???





Health care systems need your help to fulfill the Triple Aim



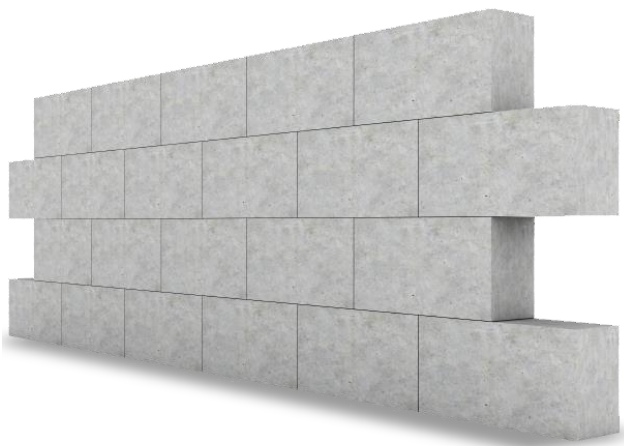
*Health systems are looking to increase community partnerships and provide more coordinated, community-based care--
that means you!*



Barriers to Engaging in Healthcare

Advocates identified the following barriers:

- Outside of my scope of work, how is this related?
- Discomfort with initiating conversations with clients about health
- Not knowing what to do about positive disclosures of health issues
- Lack of time



Health care providers identified the same barriers to addressing DV/SA!



New opportunities resulting from health care reform

- ▶ increase in training requests
- ▶ increase in referrals for services
- ▶ increase in new partnerships
- ▶ could result in the need to respond to manage unintended consequences
 - ▶ i.e. providers not disclosing limits of confidentiality, mandatory reporting, technology safety issues, etc..
Without adequate training or systems change to protect the patients' safety and privacy, some patients may be put at risk.



Why DV/SA programs should engage in health care reform

- ▶ historic opportunity to reach more survivors
- ▶ survivors want interventions in health care settings
- ▶ health care providers don't have capacity/expertise in domestic violence
- ▶ new opportunity for prevention (people listen to and trust their doctors)
- ▶ may eventually result in new funding streams

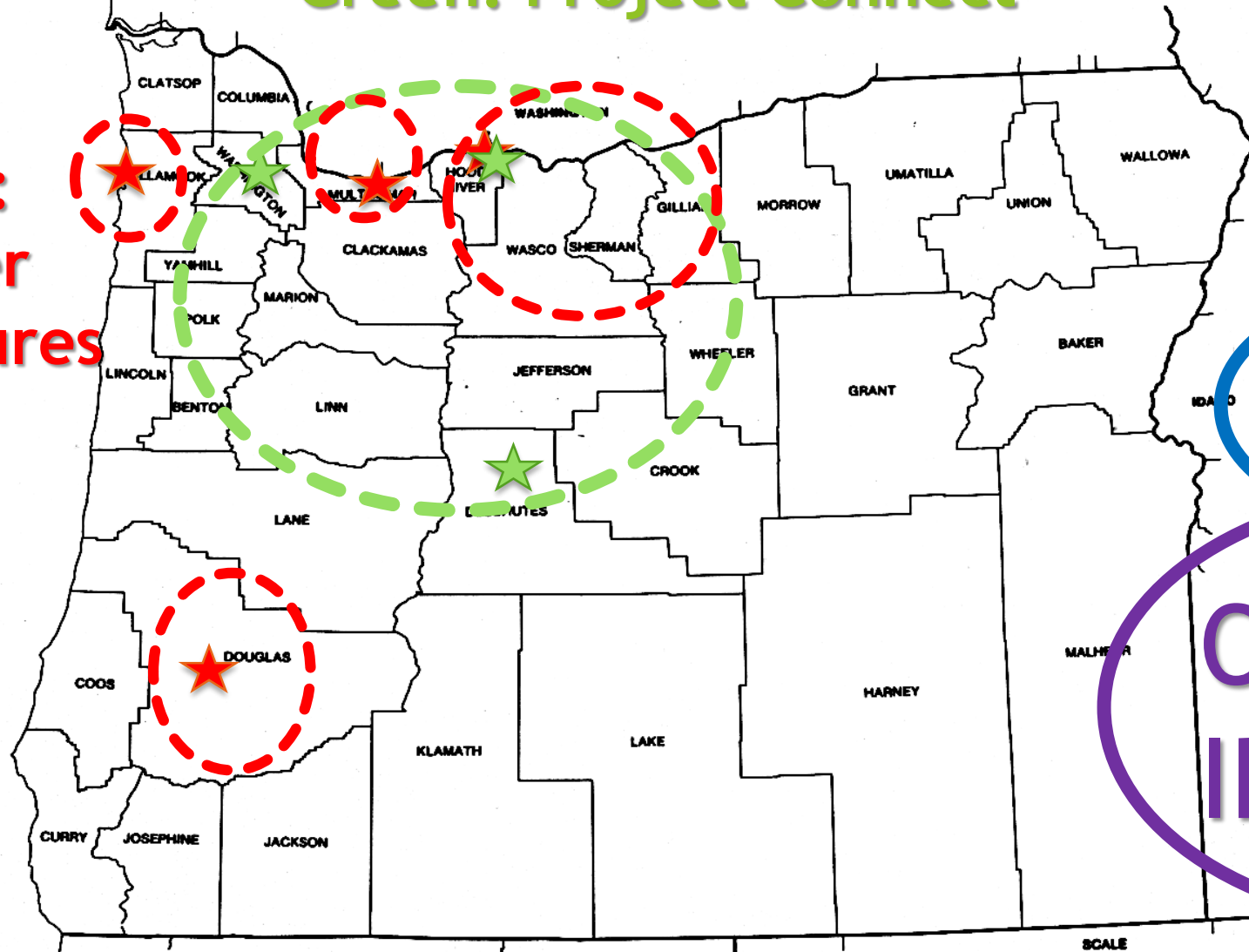


Current DV/SA program & health care partnerships in Oregon

- ▶ Safer Futures (2013-2016, DOJ)
 - ▶ Co-located advocate model
 - ▶ Tillamook (TCWRC), the Dalles (HAVEN), Roseburg (BPA), and Portland (VOA Home Free)
- ▶ Project Connect (2012-2015, OHA/Futures Without Violence)
 - ▶ Universal screening in reproductive health settings, “warm hand-off” and training partnership model
 - ▶ Washington Co (DVRC), Bend (Saving Grace), the Dalles (HAVEN)

Green: Project Connect

Red:
Safer
Futures



Certification

OCADSV
IPV & HC



Safer Futures Policy Wins

- Tillamook added DV screening questions to partner clinic's universal screening tool, and TCWRC staff were invited to join CCO Community Advisory Council
- HAVEN's staff helped their county health department create new policy that all patients were to be seen privately, as well as new partnership with co-located advocate in WIC program



Safer Futures Policy Wins

- BPA has presence on CCO CAC. Lead to IPV being a part of CHIP and included under ACES objective, with Melanie Prummer (BPA Executive Director) designated as lead on that CHIP objective
- VOA Home Free is expanding their project to include a Multnomah County Health Department site, and is assessing a response team model with Planned Parenthood Columbia Willamette



Project Connect Policy Wins

- Informed HealthShare CCO development of their universal screening tool
- Presented to lawmakers in Washington D.C. on project and its inclusion in VAWA
- Recommendation on a universal education intervention model with adolescents on healthy relationships, that was included in OHA's Title X clinics best practice manual



How to get engaged

1. Starting attending CCO CAC meetings-start to get to know the players in your community. Every community and CCO is different!
2. Ask questions about how the ACA DV screening and counseling benefits will be implemented in your community.
3. Ask questions about how the CCO is partnering with non-profit organizations and traditional care workers like doulas and community health workers.
4. Offer yourself as a trusted resource; offer best practices for screening and brief counseling. You are the best resource in your community for how to work with survivors!



How DV/SA programs can help Oregon address the Triple Aim

1. Trauma and violence create adverse health effects that are preventable
2. Interventions must be survivor-centered, provide holistic support and understand safety concerns: requires patient engagement and team of knowledgeable care providers
3. DV/SA advocates are lower cost than medical care providers

Triple Aim:

1 Better health.

2 Better care.

3 Lower costs.



Future Policy Wins?

- Levers to talk to your CCO about survivors:
 - Informing CCO development of universal screening and counseling recommendations
 - Presenting to CCOs and health care providers about domestic violence and its effects, and how best to serve survivors
 - Helping care providers understand trauma-informed care and vicarious trauma



Future Policy Wins?

- Levers to talk to your CCO about survivors:
 - as a part of Adverse Childhood Experiences study (IPV is an adverse experience);
 - Screening, Brief Intervention, and Referral to Treatment (SBIRT: for drug and alcohol, optional section on IPV);
 - Traditional Healthcare Worker umbrella: involving alternative care workers onto patient teams- this could include domestic violence advocates;

Providence Community Health Improvement Plan (no representation by DV/SA advocates or programs in process):

*Domestic/sexual violence:
two paragraphs in 157 page report:*

“Mail survey. *Less than one percent of respondents* reported ever experiencing sexual abuse or domestic violence. Domestic violence was very uncommon among all groups, and while Latinos and women were more likely to report sexual abuse, these results were also not statistically significant.”



OCADSV Support

Free training, technical assistance and tools on:

- Provide best practice screening and counseling tools
- Training on incorporating health care advocacy into your DV/SA program
- Provide information on partnership models, such as Safer Futures and Project Connect
- Assist in facilitating conversations with CCOs and health care providers
- Connect to other existing resources and curricula on health care and IPV intersection



OCADSV Policy Workgroup

IPV & HC Workgroup

The IPV & Healthcare Workgroup is a convening of advocates, public health workers, and health care practitioners who are investigating the intersection of domestic violence and healthcare in Oregon. The workgroup is specifically called to inform healthcare reform in Oregon with the needs of survivors, and to help guide implementation of new benefits under the Affordable Care Act.

For more information, or to join the workgroup please contact Sarah Keefe at sarah@ocadsv.org.



Current Safer Futures & Project Connect Leadership

- SF:** Kris Billhardt, VOA Home Free (Portland)
- PC:** Janet Huerta, Saving Grace (Bend)
- SF & PC:** Tara Koch, HAVEN from Domestic Violence (The Dalles)
- SF:** Kathleen Marvin, Tillamook County Women's Resource Center (Tillamook)
- SF:** Melanie Prummer, Battered Person's Advocacy (Roseburg)
- PC:** Sara Wade, Domestic Violence Resource Center (Washington County)

Questions?



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