



HRSA Office of Women's Health

The HRSA Strategy to Address Intimate Partner Violence, 2017-2020: Responding to IPV through an agency-wide approach

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Health Resources and Services Administration

Office of Women's Health

Vision: Healthy Communities, Healthy People



Learning Objectives

- Describe the *HRSA Strategy to Address Intimate Partner Violence*'s four priority areas and select key objectives
- Identify sustainable elements of the *HRSA Strategy to Address Intimate Partner Violence*
- Explain implications and opportunities resulting from implementation of the *HRSA Strategy to Address Intimate Partner Violence*



Health Resources and Services Administration (HRSA)



Supports more than 90 programs that provide health care to people who are geographically isolated, economically or medically challenged



HRSA does this through grants and cooperative agreements to more than 3,000 awardees, including community and faith-based organizations, colleges and universities, hospitals, state, local, and tribal governments, and private entities



Every year, HRSA programs serve tens of millions of people, including people living with HIV/AIDS, pregnant women, mothers and their families, and those otherwise unable to access quality health care

Health Center Program



Nearly 1,400 HRSA-funded health centers operate approximately 12,000 service delivery sites across all U.S. states and territories



Health centers employ more than 233,000 medical, dental, and behavioral health clinicians and staff

More than 28 million people, or 1 in 12 nationwide, rely on a HRSA-funded health center for affordable, accessible health care



1 in 9 children



1 in 5 rural residents



1 in 3 people living in poverty



More than 385,000 veterans

About the Office of Women's Health

Mission

- To advance health and wellness for women across the lifespan by leading and promoting innovative sex and gender-responsive public health approaches

Vision

- Healthy Women, Healthy Communities

Core Functions

- Provide subject matter and technical expertise
- Lead cross-agency collaborations
- Consult with organizations and key stakeholders



Intimate Partner Violence (IPV) Prevalence, United States, 2015

About **1 in 4 women** and **1 in 10 men** experienced contact sexual violence, physical violence, and/or stalking by an intimate partner and reported an IPV-related impact during their lifetime.



Healthcare Visit: an Opportunity to Address IPV

Women who talked to
their health care
provider about abuse
were...

4 times more likely to
use an intervention

2.6 times more likely
to exit the abusive
relationship

Source: Futures Without Violence





TRAIN

PARTNER

THE HRSA STRATEGY TO ADDRESS INTIMATE PARTNER VIOLENCE

2017-2020

HRSA

Health Resources & Services Administration

IMPACT

ACCESS

The IPV Strategy is available on HRSA's website at:
<https://www.hrsa.gov/sites/default/files/hrsa/HRSA-strategy-intimate-partner-violence.pdf>

The HRSA Strategy to Address IPV

VISION: A world free from intimate partner violence, where engaged communities and health care systems ensure access to high-quality health services and coordinated care for all.

- ▶ **PRIORITY 1:**
TRAIN the Nation's Health Care and Public Health Workforce to **ADDRESS** IPV at the Community and Health Systems Levels
- ▶ **PRIORITY 2:**
DEVELOP Partnerships to Raise **AWARENESS** about IPV within HRSA & HHS
- ▶ **PRIORITY 3:**
Increase **ACCESS** to Quality IPV-Informed Health Care Services across All **POPULATIONS**
- ▶ **PRIORITY 4:**
ADDRESS Gaps in **KNOWLEDGE** about IPV Risks, Impacts, and Interventions



Sustaining Strategy Progress

- [*The National Health Network on Intimate Partner Violence and Human Trafficking*](#)
- [IPV Health Provider Toolkit](#)
- U.S. Preventive Services Task Force [IPV, Elder Abuse, and Abuse of Vulnerable Adults Screening](#)

Recommendation Summary

Population	Recommendation	Grade
Women of reproductive age	<p>The USPSTF recommends that clinicians screen for intimate partner violence (IPV) in women of reproductive age and provide or refer women who screen positive to ongoing support services.</p> <p>See the Clinical Considerations section for more information on effective ongoing support services for IPV and for information on IPV in men.</p>	B

Sustaining Strategy Progress, cont'd

- HRSA Notice of Funding Opportunity (NOFO) Language
 - Wide adoption including in every Maternal and Child Health Bureau NOFO
- HRSA HIV/AIDS Bureau's *Improving Care Treatment Coordination: Focusing on Black Women with HIV*
 - Specific focus on violence across sites and evaluation and technical assistance partner
- Project Catalyst State-wide Transformation on Health, IPV, and Human Trafficking
- Office of Regional Operations Activities



Implications & Sustainability

- *Continued Agency-wide Commitment*
 - The National Health Network on Intimate Partner Violence and Human Trafficking
 - Notice of Funding Opportunity IPV Language
 - Improving Care and Treatment Coordination: Focusing on Black Women with HIV
 - Sustaining a Focus on IPV
- *The Agency-wide Strategy Model*
 - Achieving Buy-In and Uptake
 - Data
 - Key Partnerships: Champions, Ambassadors, and Tracking Leads



Opportunities & Next Steps

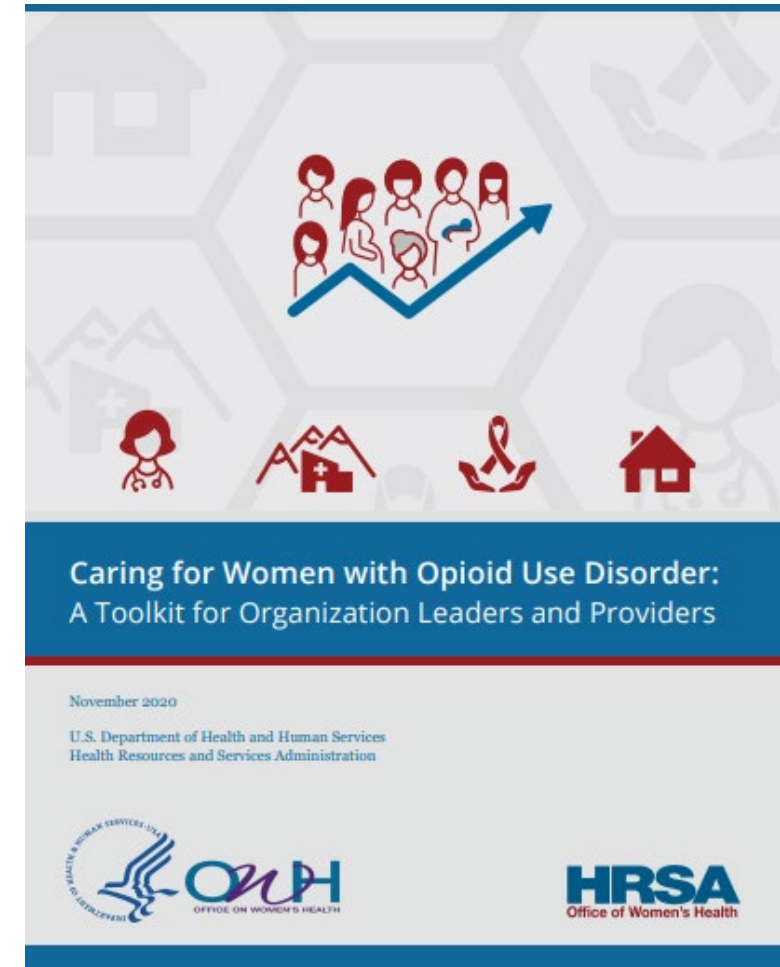
- *Within HRSA*
 - The Agency-Wide Strategy Model
 - IPV and Other Forms of Violence
 - Substance Use and Mental Health
- *Beyond HRSA*
 - Partnering to Prevent and Respond to Violence
 - Partnerships for Health Equity



Additional Highlighted Resource

Caring for Women with Opioid Use Disorder: A Toolkit for Organization Leaders and Providers

- Toolkit Focus Areas:
 - Shifting the culture around addiction and treatment
 - Engaging women with opioid use disorder in care
 - Creating and maintaining partnerships that support care coordination for women with opioid use disorder



Toolkit Format: Self-Assessment

Self-assessment for organization leaders and providers



Organizations serving women with opioid use disorder (OUD) can use this self-assessment to understand the extent to which they implement components of care coordination described in the toolkit. This self-assessment is not comprehensive and is not intended for research purposes or for use in a formal evaluation.

How to complete the tool:

1. Multiple people should complete the self-assessment independently.
2. If the organization has consistent use of the characteristic, mark the category "Describes us well." If the organization sometimes applies the characteristic or just started to use the characteristic, mark either "Almost there" or "Just getting started," as appropriate. If the organization does not use the characteristic, mark "Does not describe us."
3. The organization should identify one person to review the completed self-assessments to identify areas to prioritize in the responses. The organization should then develop a plan to improve the care they deliver to women with OUD.

Care coordination for women with opioid use disorder (OUD)	Describes us well	Almost there	Just getting started	Does not describe us
Shifting the culture around addiction and treatment				
Our organization has written policies about addiction as a medical disease and the use of evidence-based treatments for OUD.				
Our organization trains and supplies resources to providers regarding addiction as a medical disease and evidence-based treatments for OUD.				
Our organization provides training and information on person-first, nonjudgmental, and medically accurate language.				
Our providers understand that addiction is a medical disease.				
Our providers support the use of medication to treat OUD.				
Our providers use person-first, nonjudgmental, and medically accurate language.				

Continued on the next page

Care coordination for women with opioid use disorder (OUD)	Describes us well	Almost there	Just getting started	Does not describe us
Engaging women with OUD in care				
Our organization provides trauma training to all staff as part of their professional development. The training includes information on trauma and its effects on the brain and body, including its effects on substance use treatment and recovery.				
Our organization reviews trauma-informed policies and procedures, such as crisis situations and reporting child abuse and neglect, with all staff at least annually.				
Our organization has written policies that support family-centered care.				
Our organization holds appointments in an environment that is safe, comfortable, accommodating, and considerate for everyone involved, including women with OUD, their families, and their providers.				
Our providers ask women which people they want to attend their appointments and who they want involved in their care.				
Our providers assess women's strengths in addition to their needs.				
Creating and maintaining partnerships that support care coordination for women with OUD				
Our organization has partnered with a range of community agencies that work with women and their families.				
Our organization has written policies on sharing information about women who have OUD with other providers and social supports.				
Our organization provides opportunities for women with OUD to be part of a community of other women in recovery.				
Our providers refer women to services and supports as necessary.				
Our providers coordinate with other providers and social supports as necessary.				
Our providers inform women with OUD when they are legally required to share disclosed information with another agency.				
Our providers obtain consent before sharing information about women who have OUD with other providers and social supports.				

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www.HRSA.gov



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