



Collaborative models for integrating domestic violence assessment into public health programs

Elizabeth Miller, MD, PhD
 Division of Adolescent Medicine
 Children's Hospital of Pittsburgh, University of Pittsburgh Medical Center

Virginia Duplessis, MSW
 Project Connect Program Manager, Futures Without Violence

1

Project Connect Overview

National initiative to build partnerships between the public health and violence prevention and intervention fields to improve reproductive health, adolescent health & home visitation program responses to domestic and sexual violence. Federal VAWA funding through OWH.

- State leadership teams
- Provider and advocate education
- Patient education
- Health services in DV programs
- eLearning

Initiative Progress to Date

- Over 4,000 providers from 150 clinical sites receiving training, with the potential to reach 200,000+ women.
- Resources: patient safety cards & accompanying guideline/curriculum for providers (inc. video vignettes)
- Pilot sites providing basic health services in DV programs
- Improved data collection

Key components of state-wide collaboration

- Leadership teams comprised of public health and DV “champions”
- MOUs/contracts to formalize relationships and define roles
 - Communication
 - Decision-making
 - Resources
- Pursuing policy change that will ensure sustainability

4

Monitoring progress

- Asset mapping
- Action planning
- Collaborative behavior survey
- Support via monthly TA calls

5

GAMEPLAN

● **TEAM/RESOURCES**

● **STAGES/TASKS**

● **SUCCESS FACTORS**

● **CHALLENGES**

● **TARGET**

● **PRIMARY OBJECTIVES**

● **SECONDARY OBJECTIVES**

6

Sample questions from collaborative survey

Our agencies have a productive history of working together

People involved in our collaboration trust one another

The people involved in our collaboration represent a cross section of those who have a stake in what we are trying to accomplish

The organizations that belong to our collaborative group invest the right amount of time in our collaborative

Each of the people who participate in the decisions of this collaborative group can speak for the entire organization they represent, not just a part

There is a clear process for making decisions among the partners in this collaboration

Adapted from Mattessich et al.
Collaboration: What Makes It Work

7

Collaborative Behavior Survey

81 completed-- Baseline; Follow-up at 9 months

Key Findings:

- Areas of greatest concern: are environment (social and political climate) and resources (lack of funding)
- Concern arose among several states about members from specific organizations not having enough power to speak for the organization they represent (i.e., too mid-level)
- Improvements in Membership Characteristics, Process and Structure, and Communication.
- Areas for continued improvement include clarification of roles, and responsibilities and shared goals.

Collaborative Behavior Survey Data

Item	BEFORE	AFTER
1	4.1	4.5
2	4.0	4.3
3	3.9	3.7
4	3.6	3.5
5	3.9	4.0
6	3.8	4.4
7	3.8	3.8
8	3.7	3.8

9

Leadership Team Interviews

40 interviews with leadership team members completed in Spring 2011


Transcribed and coded

Common themes:

- Partnerships across agencies are new, especially bringing together IPV/SA with reproductive and adolescent health
- Without Project Connect incentive and focus on collaborative approach to addressing IPV/SA as a public health issue, partnerships were not likely to have emerged

Lessons Learned & Challenges Faced

- Importance of cultivating leadership teams– internal & external supports
- United message– what is Project Connect?
- Impact of political environment
- Timeline for policy changes



Contact information

Elizabeth Miller
elizabeth.miller@chp.edu

Virginia Duplessis
vduplessis@futureswithoutviolence.org
