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THE HRSA STRATEGY TO ADDRESS INTIMATE PARTNER VIOLENCE

2017-2018 PROGRESS REPORT

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Health Resources & Services Administration

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EXECUTIVE SUMMARY

Intimate partner violence (IPV) is a critical social determinant of health that adversely affects millions of women, men, and children in families and communities across the United States. The Health Resources and Services Administration (HRSA) is well-positioned to respond to IPV through its many programs serving individuals who are geographically isolated, economically or medically vulnerable.

Since 2016, the HRSA Office of Women's Health (OWH) has led the development and implementation of *The HRSA Strategy to Address IPV, 2017-2020* ("the Strategy"). The Strategy was developed by senior leaders from 14 HRSA bureaus and offices and consists of 27 activities addressing IPV across the four priority areas:

1. **Training the nation's health workforce**
2. **Building partnerships to raise awareness**
3. **Increasing access to quality care**
4. **Addressing gaps in knowledge about IPV risks, impacts, and interventions**

This report describes the progress achieved by each bureau, office, and the agency as a whole, in beginning to implement the Strategy's activities during the course of Phase One: 2017-2018. Phase One focused on achieving buy-in from across the agency while bureau and office partners continued to develop and further enhance activities.

OWH's analysis of progress reveals that during Phase One:

- Twenty-six of the 27 activities (96 percent) were initiated.
- Sixteen of the 27 activities (59 percent) were completed or will recur.
- Ten of the 27 activities (37 percent) remain in progress having made substantial inroads toward achieving their objectives.
- HRSA's IPV resources reached approximately 7,500 individuals through 48 internal and external presentations (Appendix C).
- Bureaus and offices continued to innovate new contributions to strengthen and expand the Strategy's activities.

The report highlights 10 select implementation accomplishments, reflects on the agency's Phase One progress, and provides five supporting appendices documenting the specific achievements of each bureau and office.

A brief summary of the status of each activity at the conclusion of Phase One is shown on the following page.

IMPLEMENTATION SUMMARY: PHASE ONE, 2017-2018

Complete

- Build the evidence base for IPV resources for rural populations
- Add an IPV page to the SAMHSA-HRSA Center for Integrated Health Solutions
- Disseminate IPV training and TA via HRSA's National Hansen's Disease Program
- Integrate IPV content into existing national training programs for HIV/AIDS providers
- Explore analyses of national data focused on children who witness IPV
- Provide coordination and TA to Bureaus and Offices on Strategy implementation

Recurring

- Extend the reach of HRSA's IPV-related materials to other countries
- Continue HRSA coordination for IPV-related activities
- Raise awareness among HRSA employees about IPV's impacts on underserved populations
- Educate HHS regional employees throughout the country about IPV and health
- Partner with other agencies on IPV-related topics
- Engage in dialogue about IPV with current HRSA grantees
- Explore MCH program collaborations around improving health-related outcomes for families impacted by IPV
- Scale implementation of IPV training through a new State Leadership Model
- Build the evidence base for interventions that address trauma among PLWH
- Analyze federal regulatory and state policy initiatives related to IPV

In progress

- Provide technical expertise to develop culturally and linguistically competent IPV resources for providers
- Help implement the 2016 Women's Preventive Services recommendations on IPV screening and counseling
- Lead outreach to oral health stakeholders to collaborate on mechanisms to address IPV
- Disseminate the IPV Health Partners Toolkit and other IPV educational resources
- Facilitate access to health workforce training on IPV
- Provide IPV informational resources to minority-serving institutions
- Incorporate IPV-related text in federal assistance planning tools
- Engage external stakeholders about IPV as a social determinant of health
- Improve IPV screening, referral, and health-related outcomes for families
- Maintain an inventory of grant activities on MCH and IPV

Not started

- Share updates to HRSA-wide inventories focused on IPV that relate to HHS priorities

2017-2018 PROGRESS REPORT

Intimate partner violence (IPV) is an important public health issue and critical social determinant of health that adversely affects millions of women, men, and children in families and communities across the United States (U.S.). The Health Resources and Services Administration (HRSA) within the U.S. Department of Health and Human Services (HHS) is well-positioned to respond to IPV through its programs and services that support increased access to quality health care for individuals who are geographically isolated, economically or medically vulnerable.

In September 2016, the HRSA Office of Women's Health (OWH) initiated an agency-wide effort to identify and integrate approaches to address IPV within HRSA's programs and policies. Prior to this effort there were only two HRSA programs and one pilot project that addressed IPV. In fiscal year (FY) 2017, OWH convened 33 senior leaders representing 14 HRSA bureaus and offices as HRSA's champions and ambassadors for IPV. The representatives worked collaboratively through a series of six summits to 1) generate ideas to strengthen the ways in which existing HRSA programs addressed IPV, and 2) where feasible, create new IPV initiatives or innovations. Their ideas were refined into 27 collaborative activities reflecting concrete commitments on the part of each bureau and office. The resulting *HRSA Strategy to Address Intimate Partner Violence, 2017-2020* was launched by the HRSA Administrator in September 2017.

The HRSA Strategy to Address IPV, 2017-2020 ("the Strategy") lays forth activities that provide tools and resources to support providers and health settings as they serve individuals and communities who may be experiencing IPV. The Strategy's vision, shaped by the champions and ambassadors, is to create "*a world free from IPV, where engaged community and health care systems ensure access to high-quality health services and coordinated care for all*."

Structure of the Strategy

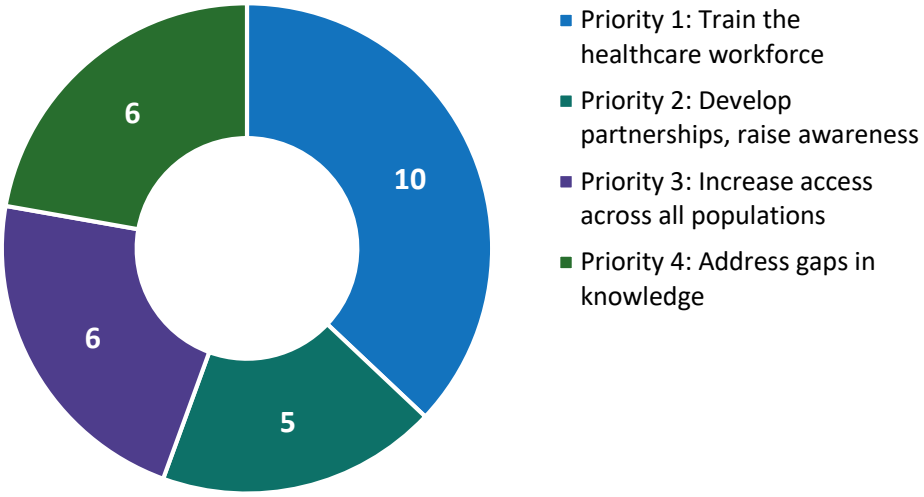
The Strategy is framed by four priorities and 10 strategic objectives that seek to address 25 intended outcomes. The **four priorities** (Figure 1) reflect HRSA's strengths in the areas of training the health workforce, building partnerships, providing access to quality care, and addressing gaps in knowledge.

Figure 1

Within these priorities, the **10 strategic objectives** describe the specific aims necessary to achieve each priority. Within each objective are the **27 activities** that the bureaus and offices have undertaken. These 27 activities consist of one or more components. There are a total of **70 components** across the 27 activities. The completion of these 70 components drives the accounting of overall implementation progress. Detailed information on the activities, objectives, components, and outcomes can be found in Appendices A and B.

Figure 2 (below) shows the distribution of the activities across the four priorities. Because the Strategy's activities map closely to HRSA's programmatic strengths and dissemination networks, their distribution is notably heaviest in Priority 1: Train the healthcare workforce, with 10 activities. Activities within Priorities 2, 3, and 4, respectively, are more equally distributed with five or six activities each.

Figure 2: Distribution of 27 Activities by Priority



Further, the activities within each priority are diverse, encompassing a range of commitments. While many activities consist of efforts to broadly disseminate resources, others reflect significant investment in new programs. Finally, many bureaus and offices went beyond performing an activity once. When the Strategy Implementation Timeline (Appendix E) was developed in summer 2018, bureaus and offices anticipated deploying 21 IPV activities on an annual or recurring basis through 2020 to maintain stakeholder engagement on this critical issue. The Strategy's vision has helped sustain this ongoing commitment.

IMPLEMENTATION PROGRESS: PHASE ONE

As described in the Strategy's Introduction, activity implementation is taking place in three phases between 2017 and 2020. This first report to the HRSA Administrator describes the progress achieved by each bureau, office, and the agency as a whole, in beginning to implement the Strategy's 27 collaborative activities during the course of Phase One: 2017-2018.

This first phase focused on raising awareness of the Strategy and achieving buy-in across the agency while continuing to develop and further enhance activities and components. Bureaus and offices took concrete steps to integrate IPV into their existing work portfolios in order to reduce IPV in the communities HRSA serves through levers such as training and TA, program development, research, policy, and partnerships.

The first six months of this initial phase constituted a concerted effort across the agency to define implementation plans to execute the 70 components that make up the 27 activities. Bureau and office IPV Leadership Teams convened with OWH to determine activity timelines and identify the key staff critical to successful execution. A number of bureaus and offices also expanded their IPV Leadership Teams to include the new role of Implementation Tracking Lead. These leads provided significant support to the champions, ambassadors, and key staff in coordinating collaboration, tracking the progress of implementation, and requesting TA, as needed, from OWH.

Status of Activity Implementation

Following the Strategy's September 2017 launch, OWH worked with the IPV Leadership Teams from each bureau and office to schedule, coordinate, and track activity implementation. OWH's analysis of progress across activities reveals that during Phase One:

- Twenty-six of the 27 activities (96 percent) were initiated.
- Sixteen of the 27 activities (59 percent) were completed or will recur.
    - Six activities (22 percent) were completed on time or ahead of schedule.
    - Ten activities (37 percent) will recur in 2019 or 2020.
- Another 10 of the 27 activities (37 percent) remain in progress having made substantial inroads toward achieving their objectives.
- Three bureaus and offices – Bureau of Health Workforce (BHW), HIV/AIDS Bureau (HAB), and the Office of Legislation (OL) – developed and implemented four new IPV components, three of which stemmed directly from the Strategy increasing the total strategic components from 70 to 74.
    - OWH has housed each of these components within existing activities, denoted as *NEW!* in Appendix B: Detailed Progress Narrative.

Figures 3 and 4 summarize the status of activity implementation for the 27 activities at the close of 2018.

Figure 3: Proportion of Activities by Implementation Status

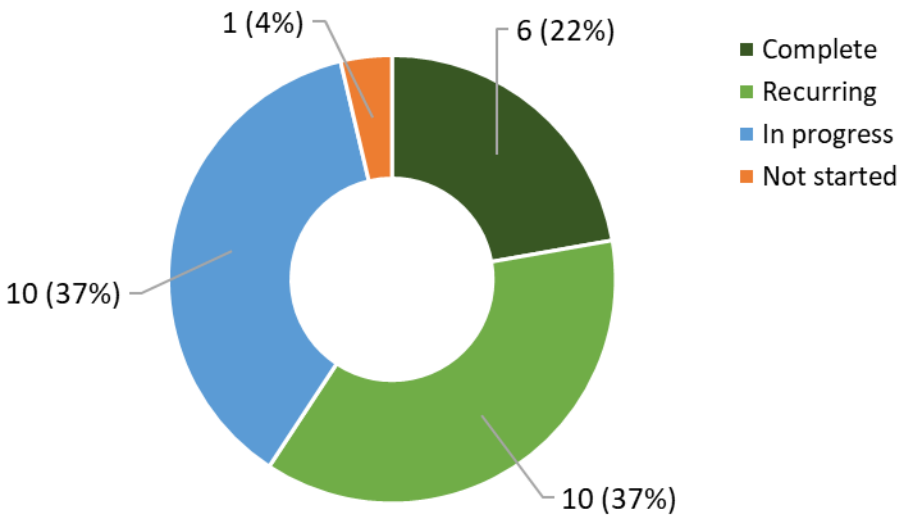
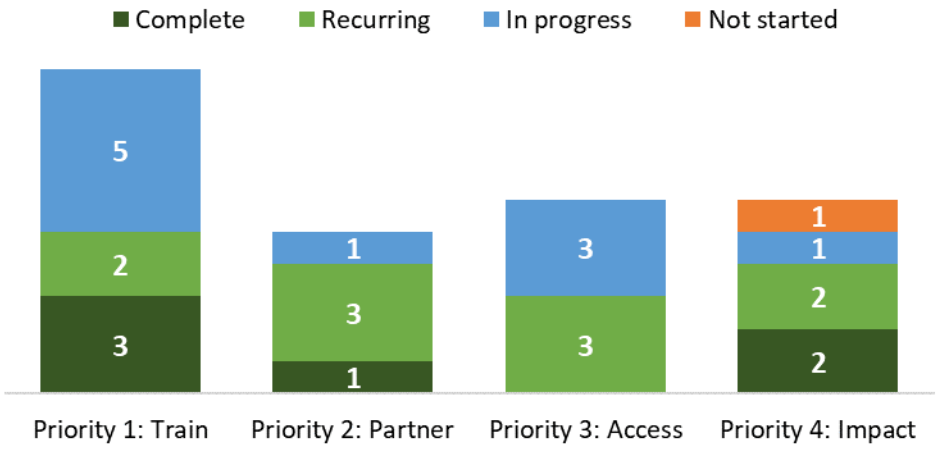


Figure 4 further breaks down the implementation status of activities within each priority.

Figure 4: Implementation Status of 27 Activities by Priority



As the result of successful activity implementation, during Phase One, HRSA achieved widespread dissemination of IPV-related tools and resources. In addition, the agency raised significant awareness of the importance of IPV as a public health issue.

Select Accomplishments

Examples of 10 activities that achieved substantial results in Phase One follow below. The activities are highlighted according to their order in the Strategy with their aligning strategic objective identified in parentheses.

➔ See Appendix B for detailed descriptions of the specific progress achieved by the collaborating bureaus and offices in implementing all 27 activities.

BUILD THE EVIDENCE BASE FOR IPV PRACTICES AND RESOURCES FOR RURAL POPULATIONS (1.1)

The Federal Office of Rural Health Policy (FORHP) facilitated the addition of 12 new IPV resources and special features to the Rural Health Information Hub (RHI Hub) TA center.

DISSEMINATE THE IPV HEALTH PARTNERS TOOLKIT AND OTHER IPV EDUCATIONAL RESOURCES TO EXISTING NETWORKS (1.2)

The IPV Health Partners toolkit (hereafter "the toolkit") is a central resource featured in the Strategy. Dissemination efforts on the part of nine HRSA bureaus and offices in 2017 and 2018, contributed to 12,780 toolkit page views, 79 percent of which were unique.

The Strategy and the toolkit reached 7,500 individuals through 48 presentations delivered by HRSA's staff and partners in 2017-2018 (Appendix C).

OWH's engagement with the Agency for Healthcare Research and Quality (AHRQ) resulted in the Strategy and toolkit being included as resources in the U.S. Preventive Services Task Force's 2018 *Final Recommendation Statement for Screening for IPV, Elder Abuse, and Abuse of Vulnerable Adults*.

EXTEND THE REACH OF HRSA'S IPV-RELATED MATERIALS AND APPROACHES TO OTHER COUNTRIES (1.2)

In collaboration with U.S. Department of State, the HRSA Office of Global Health (OGH) hosted three International Visitors Leadership Program (IVLP) meetings focused on IPV where OWH presented HRSA's IPV portfolio to international visitors from 21 countries.

RAISE AWARENESS AMONG HRSA EMPLOYEES ABOUT IPV AND THE IMPACTS ON SOCIALLY DISADVANTAGED AND UNDERSERVED POPULATIONS (2.1)

IPV was featured in a plenary lecture and two presentations during HAB's 2018 National Ryan White Conference on HIV Care and accompanying Clinical Conference. Over 700 providers and recipients attended the presentations and affiliated breakout sessions.

ADD AN IPV COMPONENT TO THE SAMHSA-HRSA CENTER FOR INTEGRATED HEALTH SOLUTIONS (CIHS) (2.2)

In collaboration with the Substance Abuse and Mental Health Services Administration (SAMHSA), the Office of Planning, Analysis and Evaluation (OPAE), OWH, and the Office of Civil Rights, Diversity, and Inclusion (OCRDI) created a comprehensive IPV webpage on the CIHS site, which received over 5,800 page views.

INCORPORATE TEXT RELATED TO IPV AS APPROPRIATE IN FEDERAL ASSISTANCE PLANNING TOOLS, SUCH AS A NOTICE OF FUNDING OPPORTUNITY (NOFO) (3.1)

The Office of Federal Assistance Management (OFAM), HAB, and OWH collaborated on content for a supplemental funding opportunity for Ryan White HIV/AIDS Program (RWHAP) Part D recipients focused on IPV screening and counseling in the clinical setting and establishing referral networks to community-based social services organizations. HAB awarded this funding to three recipients in FY 17 and five recipients in FY 18.

OFAM's Division of Grants Policy revised its NOFO quality assurance tools to ensure that future NOFOs will be reviewed for opportunities to include references to IPV as a social determinant of health.

IMPROVE IPV SCREENING, REFERRAL, AND HEALTH-RELATED OUTCOMES FOR FAMILIES (3.3)

The Maternal Child Health Bureau's (MCHB) first year data for the newly implemented national IPV performance measure demonstrated a baseline screening rate of 74 percent for the Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV) making strong inroads toward the 90 percent screening goal set forth in the Strategy.

EXPLORE PRESENT AND FUTURE MCH PROGRAM COLLABORATIONS AROUND IMPROVING SCREENING, REFERRAL, AND HEALTH-RELATED OUTCOMES FOR FAMILIES IMPACTED BY IPV (3.3)

Six MIECHV awardees and 18 local implementing agencies (LIAs) are participating in the Home Visiting Collaborative Improvement and Innovation Network (CoIIN 2.0) to improve outcomes for IPV through home visiting.

SCALE IMPLEMENTATION OF IPV TRAINING THROUGH A NEW HRSA-FUNDED STATE LEADERSHIP MODEL FOR IMPROVING HEALTH OUTCOMES THROUGH VIOLENCE PREVENTION (3.4)

The first phase of Project Catalyst, a collaboration between OWH, the Bureau of Primary Health Care (BPHC), and the Administration for Children and Families (ACF), was successfully implemented in five states. State leadership teams trained over 600 Health Center Program providers to employ trauma-informed practices to better support provider response to IPV and human trafficking (HT) and generate policy and systems-level impact.

BUILD THE EVIDENCE BASE FOR INTERVENTIONS THAT ADDRESS TRAUMA AMONG PEOPLE LIVING WITH HIV (PLWH) (4.1)

Funded through HAB's RWHAP Special Projects of National Significance (SPNS), the Evidence-Informed Interventions to Improve Health Outcomes among PLWH (E2i) project has successfully begun to implement interventions in 26 sites. Six of these sites are implementing interventions that address trauma among PLWH. This is the first time HAB is assessing the role of evidence-based interventions to address trauma on seroprevalence, access to care, and outcomes for PLWH.

Progress toward Achieving Intended Outcomes

The Strategy set forth 25 intended outcomes that reflect all 10 Strategic Objectives and capture the essence of the 27 activities. Given that the majority of the Strategy's activities were implemented with no additional funding, many of these outcomes are aspirational, often going beyond what HRSA alone can achieve through its various levers. Still, in this first implementation phase, the agency achieved significant progress toward the outcomes, which are summarized in Appendix A.

REFLECTING ON PHASE ONE

One of the Strategy's most notable achievements is the fundamental shift it generated in HRSA's approach to IPV as a critical social determinant of health for women, men, and families. Prior to 2016, only a handful of HRSA programs and staff were focused on this issue. Now, the impact of IPV on patient outcomes and the importance of provider training and education is increasingly considered in program planning. HRSA is emerging as a national leader in addressing IPV with initiatives complementary to those funded by ACF, the Indian Health Service (IHS), and the Centers for Disease Control and Prevention (CDC).

The substantial progress made during Phase One of implementation would not have been possible without the close collaboration of key staff within bureaus, offices, and among external partners. The Strategy's implementation is a strong example of successful cross-coordination within HRSA and HHS. Led by OWH, HRSA conducted substantial internal and external outreach during the Strategy's development year and early implementation to ensure that critical federal and community-based partners were aware of the initiative. OWH also worked to combine efforts with sister agencies and Departments, such as AHRQ and the U.S. Department of Veterans Affairs (VA), who were seeking tools to expand their own training initiatives and build similar strategic approaches for addressing IPV within their purviews. Additional collaboration with federal partners will continue to support a coordinated effort to respond to this social determinant of health.

As with all ambitious multi-year strategic efforts, the implementation encountered some challenges. In this first phase, a number of key staff transitioned to new positions, leaving vacancies on bureau and office IPV Leadership Teams. Given successful agency buy-in, new staff were quickly identified and oriented to their roles. Additionally, a few activities were revised to better fit with agency priorities and funding availability. Fortunately, the Strategy's activities were designed to account for flexibility and adaptation in their implementation and all bureaus and offices remain on course for activity completion by 2020 or sooner.

At the close of Phase One, HRSA's financial commitment to implement Strategy activities centered on five efforts: Project Catalyst (supported by OWH, BPHC, and ACF), the MIECHV program's IPV screening requirement and the Home Visiting CoIIN 2.0 initiative (both supported by MCHB), and the Part D supplemental funding opportunities and Part F E2i initiative (both supported by HAB). The remaining activities that are not yet fully completed are being implemented by incorporating them into existing and planned activities.

With the HRSA Administrator's continued support, the agency remains committed to providing training, building partnerships, increasing access to quality care, and improving the knowledge base to ameliorate IPV in the communities HRSA serves. The bureaus and offices contributing to the 27 activities have achieved tremendous progress in Phase One and remain on track for phases two and three of implementation. HRSA's successful completion of all activities by the close of 2020 will enable the agency to achieve the Strategy's 10 strategic objectives and, in turn, successfully address all four overarching priorities.

IN THIS REPORT

- Appendix A summarizes the status of each activity and addresses HRSA's progress toward achieving the Strategy's 25 intended outcomes.
- Appendix B describes, in detail, the specific actions taken by each collaborating bureau and office to implement or complete their activity components in Phase One. Activities scheduled to begin implementation in 2019 and 2020 are so noted and will be described in future reports.
- Appendix C lists the many audiences the Strategy has reached through HRSA's dissemination efforts.
- Appendix D contains a glossary of acronyms.
- Appendix E lays out the Strategy's implementation timeline.
- Appendix F recognizes the members of the 2016-2018 HRSA IPV Leadership Team.

APPENDIX A: Activity Status by Priority and Progress toward Intended Outcomes


Complete


Recurring


In progress


Not started

Priority 1: Train the Nation's Health Care and Public Health Workforce to Address IPV at the Community and Health Systems Levels

Strategic Objective 1.1	Activities	Status
Create or adapt a range of culturally competent, evidence-based, and trauma-informed educational materials and TA on IPV for health care and public health professionals in the field	Build the evidence base for IPV practices and resources for rural populations	
	Provide technical expertise to develop culturally and linguistically competent IPV educational resources for various health care providers	
	Lead outreach to key oral health stakeholders, including federal and non-federal partners, to collaborate on mechanisms to better address IPV in oral health care settings	

INTENDED OUTCOMES 1.1:

- *A compendium of evidence-based, culturally and linguistically appropriate trauma-informed IPV training resources (e.g., curricula, toolkits, and experts) for health care and public health professionals*

  Nine HRSA bureaus and offices disseminated the toolkit along with an array of additional IPV trainings and educational resources to recipients and stakeholders across HRSA's programs.

  Content was tailored to be responsive to the unique requirements of specific settings of care, including rural providers, and to consider the needs of special populations.

- *A model for collaboration on the development of culturally competent materials pertaining to other social determinants of health*

  OWH promoted the Strategy's structure, development process, and implementation as a model for federal partners throughout HHS to refer to when developing agency-wide approaches to address social determinants of health.

Strategic Objective 1.2	Activities	Status
Expand IPV TA and training opportunities for the health care workforce through HRSA bureaus' and offices' national and regional grant programs and training networks	Facilitate access to health workforce training on IPV through HRSA's existing networks	
	Integrate IPV content into existing national training programs that prepare clinicians to comprehensively address the health needs of PLWH	
	Disseminate IPV training and TA materials via HRSA's National Hansen's Disease Program to its national network of health care providers	
	Disseminate the IPV Health Partners Toolkit and other IPV educational resources to existing networks	
	Work with stakeholders to implement the updated 2016 Women's Preventive Services recommendations supporting IPV screening and counseling	
	Provide IPV informational resources to minority-serving colleges and universities	
	Extend the reach of HRSA's IPV-related materials and approaches to other countries	

INTENDED OUTCOMES 1.2:

- *Large-scale expansion and enhancement of training and TA opportunities for practicing health care and public health workers, who will then be able to identify and provide high-quality, trauma-informed care for IPV survivors and mitigate IPV-related adverse outcomes*

  The Strategy generated multiple creative approaches to support the expansion and enhancement of training and TA opportunities for the public health and health care workforce. Select workforce beneficiaries of the training opportunities to date include forensic nurses, rural providers, multidisciplinary HIV care teams, Hansen's Disease Program providers, and federal staff.

- *Increased awareness of the toolkit among HRSA grantees*

  Extensive circulation of evidence-based IPV-related resource materials, including the toolkit, was achieved through deliberate sharing of resources via a broad range of grantee-facing engagements (see Appendix C). Over the course of the Strategy implementation, the toolkit received 12,780 page views and was promoted across HHS regions, such as through the HRSA eNews, with a reach of 84,000 subscribers.

- *Integration of IPV into existing HRSA training programs and/or stand-alone training and TA programs, using online and other distance-learning strategies*

Strategy resources and approaches to addressing IPV were integrated into bureau and office standing slide decks, high-visibility websites and newsletters, and external and internal briefing materials.

- *Increased knowledge and awareness of IPV and TA resources among health care and public health professionals, domestically and globally*

  The Strategy systematized HRSA's ability to share approaches to addressing IPV with health care leaders from both domestic and global settings. The Strategy and associated TA resources have been shared through engagements with multiple external entities, including a broad range of federal partners and external stakeholders (details in Appendix B and C).

  A formal mechanism was established with the U.S. Department of State to maximize global visitors' exposure to HRSA and IPV as a public health topical area. The Strategy and associated TA resources have reached visitors from 21 countries to date with additional visits expected.

Priority 2: Develop Partnerships to Raise Awareness about IPV within HRSA & HHS

Strategic Objective 2.1	Activities	Status
Leverage existing mechanisms to promote awareness of IPV as a public health issue among HRSA employees	Continue agency-wide coordination for IPV-related activities	↻
	Raise awareness among HRSA employees about IPV and the impacts on socially disadvantaged and underserved populations	↻
	Educate HHS regional employees throughout the country about HRSA's commitment to the issue of IPV and health	↻

INTENDED OUTCOMES 2.1:

- *Increased knowledge among HRSA employees on the importance of IPV as a social determinant of health and critical mediator to health outcomes affecting the communities HRSA serves*

  Opportunities for HRSA employees to learn about the importance of addressing IPV as a social determinant of health were offered through the inclusion of IPV in a new workplace policy statement and through 14 staff trainings convened by HAB, OWH, the Office of Regional Operations (ORO), and other bureau and offices both at HRSA headquarters and in the regions.

- *Active and comprehensive participation among select bureaus and offices in IPV-related initiatives*

  The Strategy provided a foundation for ongoing active and comprehensive participation to address IPV by all bureaus and offices through health observances related to violence and women's health, including National Women's Health Week, National Domestic Violence

Awareness Month, Sexual Assault Awareness Month, and Teen Dating Violence Awareness Month.

- *Increased opportunities to collaborate across bureaus and offices on IPV-related initiatives*

  The Strategy was developed and implemented in a collaborative manner across all bureaus and offices. Bureaus and offices aligned approaches and fulfilled activities through collaborations on conference workshops, trainings, briefings, workgroups, and material development.

Strategic Objective 2.2	Activities	Status
Establish within-HRSA and interagency partnerships on IPV	Add an IPV component to the SAMHSA-HRSA CIHS	
	Partner with other agencies on topics that directly relate to IPV	

INTENDED OUTCOMES 2.2:

- *A central location to direct HHS grantees to vetted training and TA resources on IPV*

  A centralized IPV web page on the CIHS was created in collaboration with OPAE, OWH, and SAMHSA for HHS grantees to access vetted training and TA resources.

- *Innovative interdepartmental partnerships on IPV that leverage each partner's existing resources and competencies*

  The Strategy fostered multiple innovative interdepartmental partnerships to address both IPV and HT. For example, OWH and the ACF Office on Trafficking in Persons (OTIP) leveraged one another's TA resources to support increased awareness among grantees, external stakeholders, academia, and federal staff.

Priority 3: Increase Access to Quality IPV-Informed Health Care Services across All Populations

Strategic Objective 3.1	Activities	Status
Highlight the importance of IPV as a topic that HRSA grantees can propose to address	Incorporate text related to IPV as appropriate in federal assistance planning tools, such as a NOFO	
	Engage in bi-directional dialogue about IPV with current HRSA grantees	

INTENDED OUTCOMES 3.1:

- *Targeted opportunities to introduce IPV-related language into HRSA federal assistance planning tools, resulting in grant projects that embed IPV identification and prevention into activities and clinical care management*

In collaboration with OFAM, IPV-related language was integrated into multiple HRSA federal assistance planning tools and a mechanism was created to review appropriateness for inclusion in all NOFOs. HAB RWHAP recipients both proposed and implemented innovative approaches to implementing IPV screening and counseling in clinical settings and establish enhanced referral networks.

- *Engagement of HRSA grantees as partners in identifying and preventing IPV; select grant projects identify tailored approaches and best practices*

  HRSA grantees received content via numerous communication channels on approaches to address and prevent IPV. Content was tailored to stakeholder type and incorporated into health observances, trainings, and workgroups.

Strategic Objective 3.2	Activity	Status
Increase awareness of IPV among HRSA's key external stakeholders	Leverage existing networks to engage external stakeholders about IPV as a social determinant of health	

INTENDED OUTCOMES 3.2:

- *An expanded network of HRSA's external stakeholders that address IPV as an important social determinant of health in their local communities across the nation*

  OWH engaged external stakeholders, representing multiple sectors with far-reaching membership across public health and health care. Such collaborations supported bidirectional information sharing with academia, advocacy, non-profit, community-based organizations, and the healthcare workforce.

- *Collaborations that align IPV with other related social issues, such as global development and health, and women's empowerment*

  OGH's collaboration with multiple bureaus and offices to host a multi-country summit on maternal mortality led to new collaborations to highlight IPV as a neglected cause of maternal mortality. Additionally, HRSA was included in reviewing World Health Assembly resolutions related to IPV.

Strategic Objective 3.3	Activities	Status
Improve the delivery of IPV-related services for economically disadvantaged and geographically isolated communities	Improve IPV screening, referral, and health-related outcomes for families	
	Explore present and future MCH program collaborations around improving screening, referral, and health-related outcomes for families impacted by IPV	

INTENDED OUTCOMES 3.3:

- *Attain a screening rate of 90 percent in both the MIECHV and Healthy Start Programs*

Efforts by MCHB positioned both the MIECHV and Healthy Start Programs to make significant inroads towards achieving a screening rate of 90 percent.

MCHB also defined and implemented multiple approaches to enhancing grantee awareness of and screening for IPV by establishing the Home Visiting CoIIN 2.0, distributing a TA-provider newsletter, assembling expert faculty, and conducting learning sessions, testing, and ongoing TA to awardees.

Strategic Objective 3.4	Activity	Status
Establish a model of collaboration among federal, state, and local health care leaders to strengthen systems of care for IPV	Scale implementation of IPV training through a new HRSA-funded State Leadership Model for improving health outcomes through violence prevention	

INTENDED OUTCOMES 3.4:

- *Establish multiple partnerships at the state level to support health centers in the integration of violence and trauma-informed systems of care, including universal education, screening, and counseling for IPV and response to HT*

  Five state Project Catalyst Phase I leadership teams trained over 600 healthcare providers, 95 percent of whom reported increased understanding of how universal education about the health impact of IPV and HT, and employing trauma-informed practices can better support the patients they serve in their communities. A formal evaluation, with data gathered at the patient, provider, health center, and leadership team levels, was also conducted to inform future phases.

- *A replicable model for primary care associations (PCAs), state health departments (SHDs), and State Domestic Violence Coalitions (SDVCs) on the integration of violence and trauma-informed systems of care*

  New curricula to address IPV were created, refined, and expanded to include HT. The toolkit was updated based on experiences and needs identified in Project Catalyst states.

- *Integration of information from the toolkit and other IPV-related resources into health centers' protocols and policies*

  Project Catalyst Phase I successfully created both health center-level and state-level changes. Health centers collaborated with domestic violence programs to incorporate IPV and HT response into workflows and referral systems. At the state level, the teams integrated IPV and HT into data collection systems, training, and TA programs.

  Three months after receiving training, participating health centers reported that they were significantly more likely to have instituted practice changes, such as seeing patients alone and offering universal education about IPV/HT to all patients. Domestic violence programs were also more likely to conduct detailed health assessments and connect survivors to health care.

Priority 4: Address Gaps in Knowledge about IPV Risks, Impacts, and Interventions

Strategic Objective 4.1	Activities	Status
Contribute to the evidence base on the risk factors and impacts of IPV	Explore analyses of national data sources, e.g., the National Survey on Children's Health (NSCH), with a focus on children who witness IPV	
	Build the evidence base for interventions that address trauma among PLWH	

INTENDED OUTCOMES 4.1:

- *Improved understanding of the far-reaching effects of IPV on children and families*

  MCHB explored analyses of the NSCH to demonstrate the effects of witnessing IPV, as an adverse childhood experience (ACE), on children and families; however, the analysis was not able to be performed due to methodological limitations. Specifically, IPV exposure is assessed on the NSCH as one of nine ACEs, which are only intended to be analyzed as a composite measure.

- *Knowledge to inform both policy and programmatic efforts to minimize the impact of IPV on children and families in HRSA's target populations*

  As the NSCH analysis was not ultimately appropriate, MCHB and OWH examined MCHB's support of investigator-driven analyses of IPV variables in other national datasets, including research in published journal articles and studies.

- *Further contributions to evidence-based practices for effective public health approaches that address IPV and trauma*

  Through the E2i Evaluation Center and E2i Coordinating Center awards, HAB expanded its IPV and trauma-related research capacity to inform programs and interventions for PLWH. This is the first time HAB is assessing the role of evidence-based interventions to address trauma on seroprevalence, access to care, and outcomes for PLWH.

  Trauma-related interventions are being implemented across E2i participant sites. The engaged sites have begun to submit data in support of program goals to inform organizational context for providing trauma-related interventions.

Strategic Objective 4.2	Activities	Status
Support the continuous review and evaluation of federal IPV-related activities and legislative priorities	Share ongoing updates to HRSA-wide inventories focused on IPV that relate to HHS priorities, such as veterans' health, behavioral health, and opioid use, to identify intersectional opportunities on IPV-related topics	

Strategic Objective 4.2	Activities	Status
	Maintain and share an inventory of grant activities that highlight the intersection of maternal and child health and IPV	
	Conduct analysis of federal regulatory and state policy initiatives related to IPV to assess their impact on safety net populations	
	Provide coordination and TA to bureaus and offices in developing metrics and tracking mechanisms as they begin to implement, monitor, and evaluate IPV-related activities	

INTENDED OUTCOMES 4.2:

- *An understanding of opportunities to address IPV among key safety net populations, within HRSA-supported settings of care, and through the policy landscape*

  OPAE shared regular policy landscape updates with OWH regarding health system financing changes and state policy initiatives related to IPV and HT. OWH, in turn, shared relevant news across bureaus and offices to maintain awareness of the relevance of the Strategy to the broader policy landscape.

- *Formalization of IPV as an area central to HRSA's mission*

  HRSA has recognized IPV as a critical social determinant affecting agency programmatic outcomes. HRSA has emerged as a leader in addressing IPV and has shared the Strategy with a variety of stakeholder groups and Congressional staff upon request.

- *A system for assessing the success of HRSA's efforts to address IPV*

  Through the establishment of formal bureau and office implementation plans to track progress and milestones, OWH monitored the Strategy's progress and continuously assessed bureau and office activities for opportunities to expand efforts.

APPENDIX B: Detailed Progress Narrative

TRACKING THE STRATEGY'S PROGRESS

Between September 2017 and December 2018, OWH worked with bureau and office IPV Leadership Teams to establish activity timelines and to document the progress made in implementing each activity. Progress was documented in a spreadsheet by the Implementation Tracking Leads when one or more activity components met a significant milestone or was completed. For the vast majority of activities, bureaus and offices preferred to complete activity components on a recurring basis, as appropriate through 2020 (e.g., incorporate IPV into regularly occurring stakeholder meetings, briefings, or annual health observances).

The narrative that follows was provided by the participating bureaus and offices. The narrative reports on progress achieved in calendar years 2017 and 2018. However, in some cases, an activity's progress is described according to the fiscal year(s) in which the components were executed in alignment with existing bureau and office performance measurement systems. Components that are planned to take place in 2019 or 2020 are so noted.

The priority, strategic objective, activity, and component text appear as published in the original Strategy document. The activity's status at the close of 2018 is indicated by one of the symbols shown below.

Beneath each component is a description of the specific action(s) taken by the contributing bureaus and offices during Phase One of the Strategy's implementation.

PRIORITY 1

TRAIN THE NATION'S HEALTH CARE AND PUBLIC HEALTH WORKFORCE TO ADDRESS IPV AT THE COMMUNITY AND HEALTH SYSTEMS LEVELS

Strategic Objective 1.1: Create or adapt a range of culturally competent, evidence-based, trauma-informed educational materials and TA on IPV for health care and public health professionals in the field

BUILD THE EVIDENCE BASE FOR IPV PRACTICES AND RESOURCES FOR RURAL POPULATIONS

Lead: FORHP

- *FORHP will increase the number of evidence-based IPV programs showcased in the Rural Community Health Gateway, housed within the RHI Hub.*
    - FORHP added domestic violence within the RHI Hub's topic guide for Violence and Abuse in Rural America in May 2017.
    - FORHP added eight evidence-based, effective, and promising projects addressing IPV to the RHI Hub:
        - Pilot intervention conducted by the Canyon Creek Women's Crisis Center - December 2017; 150 page views
        - Wyoming Trauma Telehealth Treatment Clinic – January 2018; 431 page views
        - Futures Without Violence in Tillamook County – February 2018; 410 page views
        - Hands of Hope In-School Prevention Program – May 2018; 250 page views
        - Jana's Campaign: Love Doesn't Hurt – June 2018; 348 page views
        - Family Wellness Warriors Initiative – October 2018; 259 page views
        - Mitchell Area Safehouse and Family Visitation Center – added November 2017 and updated November 2018; 146 page views
        - Domestic Violence Enhanced Home Visitation Program (DOVE) – December 2018; 143 page views
    - FORHP also added four features on IPV to the RHI Hub:
        - Domestic and Intimate Partner Violence: Some Dos and Don'ts for Health Providers – October 2018 – identifies the Strategy as a resource; 1,179 page views
        - The Ruralness of Domestic and Intimate Partner Violence: Prevalence, Provider Knowledge Gaps, and Healthcare Costs – October 2018; 210 page views
        - Late Life Domestic Violence: No Such Thing as "Maturing Out" of Elder Abuse – October 2018; 108 page views
        - Indigenous People and Domestic Violence: Who's Bringing Solutions – October 2018; 166 page views
- *FORHP will facilitate peer-to-peer connections and cross-sharing of evidence-based best practices that have been employed specifically in rural communities to address IPV.*

- At the March 2018 Community Based Grantee meeting, FORHP and OWH identified eight individuals from the attending organizations with expertise or interest in IPV.

PROVIDE TECHNICAL EXPERTISE TO DEVELOP CULTURALLY AND LINGUISTICALLY COMPETENT IPV EDUCATIONAL RESOURCES FOR VARIOUS HEALTH CARE PROVIDERS

Collaborators: BHW, FORHP, OCRDI, OGH, Office of Health Equity (OHE), ORO, and OWH

- *OWH will develop or tailor educational materials that highlight IPV as a social determinant of health.*
  - In 2018, OWH worked with Futures Without Violence to create an FAQ for the IPV Health Partners Toolkit highlighting culturally-specific IPV resources.
  - Throughout its presentations on the Strategy and the toolkit (see Appendix B), OWH highlighted culturally appropriate IPV resources to share with specific audiences (e.g., National Indigenous Women's Resource Center and National LGBTQ Institute on IPV).
  - In collaboration with HAB, OWH reviewed the National Association of State and Territorial AIDS Directors' *Trauma Informed Care Approaches Toolkit*. OWH recommended 11 IPV resources, plus additional content on the intersection of IPV and HIV, which were included in the final product.
- *OHE will review IPV resources to ensure they advance HRSA's mission to reduce health disparities. OHE and OWH will review new resources in terms of adherence to the National Standards for Culturally and Linguistically Appropriate Services (CLAS) Standards.*
  - In August 2018, OHE reviewed the IPV page on the CIHS for adherence to CLAS Standards.
- *OGH will work with partners such as the HHS Office of Global Affairs (OGA) U.S.-Mexico (USM) Border Health Commission to vet materials for contextual appropriateness.*
  - OGH established plans for a Border Health Commission engagement to share resources in April 2019. Following the meeting, OGH will discuss materials with the Commission to vet them for contextual appropriateness.
- *ORO will ensure that materials are relevant to specific populations across all U.S. regions (i.e., through translation and prioritizing content that reflects specific demographics).*
  - ORO received no requests to tailor existing or new IPV educational resources during 2017-2018. ORO remains available to assist.
- *OWH will create and maintain a list of subject matter experts that HRSA employees can consult as needed on IPV and its intersection with other health topics (e.g., HIV, substance use, and serious mental illness).*
  - OWH compiled a list of IPV subject matter experts for HRSA programs to consult. OWH shared the list with the HRSA Clinician's Workgroup lead in preparation for the June 2018 IPV Clinical Forum and with HAB in preparation for the December 2018 Ryan White Annual Conference.

- OWH contributed to the HRSA Clinician's Workgroup's June 2018 IPV Clinical Forum, which included a speaker who highlighted her experiences as a survivor of IPV.

- *FORHP will identify rural health experts who have specific expertise in IPV.*
  - See FORHP's update on pages 20-21.

- *BHW will work with the Regional Public Health Training Center Program to develop or refine IPV training materials for the public health workforce.*
  - In 2018, BHW and OWH collaborated to plan for a January 2019 town hall webinar featuring health workforce resources to address the impact of IPV across the lifespan.

- *As part of HRSA's Language Access Implementation Initiative, OCRDI and OHE will ensure that the development of IPV interventions takes into account language access for individuals who do not speak English as their primary language, and assess IPV educational resources and provide TA as needed to ensure meaningful access for this population.*
  - In June 2018, OCRDI collaborated with OWH and OPAE to add content on serving Limited English Proficient populations to the CIHS IPV page. OCRDI is providing ongoing education to HRSA's employees and recipients on their language access obligations, as detailed in the HRSA Language Access Plan.

LEAD OUTREACH TO KEY ORAL HEALTH STAKEHOLDERS, INCLUDING FEDERAL AND NON-FEDERAL PARTNERS, TO COLLABORATE ON MECHANISMS TO BETTER ADDRESS IPV IN ORAL HEALTH CARE SETTINGS

Lead: HRSA's Chief Dental Officer (CDO) within OPAE, and HRSA's Oral Health Workgroup in collaboration with OWH

- *The CDO will work with OWH to identify intersections to better address IPV through HRSA's current oral health portfolio in alignment with the HHS Oral Health Strategic Framework. The CDO will work with HRSA's Oral Health Workgroup to facilitate outreach to key oral health stakeholders and partners who have interest in education and training on screening for IPV and family violence during oral health care visits.*
  - In April 2018, OWH, BPHC, and OPAE presented a webinar on the intersection of IPV and oral health which was attended by 27 HRSA staff.
  - In October 2018, the toolkit was distributed to more than 30,000 recipients through the BPHC Digest, including to dental providers.
  - In December 2018, the Strategy and toolkit were shared with the National Network for Oral Health Access (NNOHA) and the Maternal and Child Oral Health Resource Center (MCOHRC), both HRSA-supported oral health TA grantees. NNOHA added links to the toolkit and Strategy to their website and will publish an announcement in their January 2019 newsletter. MCOHRC will catalogue the publication and make information accessible from their website library.
  - An IPV training collaboration with the Oral Health Nursing Education and Practice Program is planned to occur before the close of 2019.

Strategic Objective 1.2: Expand IPV TA and training opportunities for the health care workforce through HRSA bureaus' and offices' national and regional grant programs and training networks

FACILITATE ACCESS TO HEALTH WORKFORCE TRAINING ON IPV THROUGH HRSA'S EXISTING NETWORKS

Collaborators: BHW, BPHC, and OWH

- *BPHC and OWH will disseminate training materials through existing training channels, such as national TA calls, webinars, and "all program calls".*
    - BPHC, in collaboration with BHW, shared IPV-related resources at the National Association of Community Health Centers Policy and Issues Forum in March 2018. Approximately 3,200 health center staff and leaders participated in the conference, with 500 conference attendees visiting the BPHC booth.
    - BPHC incorporated a standing PowerPoint slide on the Strategy and the toolkit into multiple state and national level presentations by BPHC leadership in 2018.
- *BHW will incorporate IPV as a topic during various TA and training opportunities, such as BHW Workforce Grand Rounds, Area Health Education Centers (AHEC) quarterly calls, and Behavioral Health Workforce Education and Training TA calls.*
    - BHW collaborated with OWH to create a standing PowerPoint slide on IPV, which was used in 10 online sessions with clinicians in 2018.
    - BHW provided IPV resources and talking points to its Grand Rounds team and to the Division of Health Careers and Financial Support for review and inclusion in the BHW Grand Rounds webinars and AHEC grantee quarterly calls in the third and fourth quarters of FY 19.

As the result of legislation enacted after the Strategy was published, BHW was able to contribute a new component to this Strategy activity:

- BHW made 20 Advanced Nursing Education-Sexual Assault Nurse Examiner (ANE-SANE) awards to increase the number of registered nurses, advanced practice registered nurses, and forensic nurses trained and certified to conduct sexual assault nurse examinations.
- BHW held two interagency Federal Partner Information meetings with colleagues from across HHS and the Department of Justice (DOJ) on the ANE-SANE Program in June and November 2018. BHW provided updates on the program's establishment and early progress.

INTEGRATE IPV CONTENT INTO EXISTING NATIONAL TRAINING PROGRAMS THAT PREPARE CLINICIANS TO COMPREHENSIVELY ADDRESS THE HEALTH NEEDS OF PLWH

Lead: HAB

- *The AIDS Education and Training Centers (AETC) Program within the RWHAP will make IPV training available to providers upon request.*

- HAB's regional AETCs incorporated IPV education within provider HIV trainings, addressing topics such as sexual assault and post-exposure prophylaxis. The AETCs used the toolkit within HIV cultural competency trainings and provided domestic violence trainings to multidisciplinary HIV teams.
- Between FY 16 - FY 17, the regional AETCs conducted 62 IPV provider trainings. The AETCs will continue to make IPV training available to providers upon request.
- In August 2018, HAB coordinated an informational webinar with Futures Without Violence to provide an update on Futures' services for AETC Program recipients.

- *HAB's TARGET Center website will consolidate a topic-specific landing page on IPV and highlight IPV capacity building resources for grant recipients.*
  - In 2017, HAB incorporated the toolkit and other IPV resources for RWHAP recipients on the former TARGET Center website. In September 2018, HAB launched a new TA website, TargetHIV, and is working to update the new site with these resources.
- *HAB will partner with Futures Without Violence, ACF's designated National Health Resource Center on Domestic Violence, to identify three to five RWHAP clinics willing to participate in a small-scale pilot designed to bolster providers' skills in assessing and responding to IPV among PLWH.*
  - HAB selected three Division of Community HIV/AIDS Programs (DCHAP) Programs to participate in the Futures Without Violence Pilot to increase IPV capacity building amongst said grantees.
    - One grant recipient implemented the pilot curriculum in the clinical setting and will assess implementation challenges in the coming year.
    - Futures Without Violence resources were disseminated to members of the DCHAP IPV Work Group to share with RWHAP grant recipients.

DISSEMINATE IPV TRAINING AND TA MATERIALS VIA HRSA'S NATIONAL HANSEN'S DISEASE PROGRAM TO ITS NATIONAL NETWORK OF HEALTH CARE PROVIDERS

Lead: Healthcare Systems Bureau (HSB)

- *HSB will distribute IPV educational materials to providers and students through its website and through its ambulatory care clinics and educational seminars.*
- *HSB will include educational pamphlets about IPV in medication shipments to providers in private practices.*
- *HSB will facilitate distribution of IPV safety cards from the toolkit to clinics for placement in patient waiting areas.*
  - HSB shared background and statistics on the intersection of Hansen's Disease and IPV with HRSA bureaus and offices in September 2018. Individuals with Hansen's Disease may face disease-related stigma, discrimination, and unique vulnerabilities to IPV along with barriers to accessing support.
  - In 2018, OWH and HSB collaborated to share IPV materials for patients and providers with 15 Hansen's Disease clinical sites, including the National Hansen's Disease Program site in Baton Rouge, Louisiana.

- OWH obtained safety cards and survivor healthcare brochures from Futures Without Violence and sent the materials to the sites in December accompanied by a letter on how to use them.
- HSB and OWH also wrote a letter of support encouraging Hansen's Disease clinical sites to provide the IPV resources to their patients.

DISSEMINATE THE IPV HEALTH PARTNERS TOOLKIT AND OTHER IPV EDUCATIONAL RESOURCES TO EXISTING NETWORKS

Collaborators: BHW, BPHC, FORHP, HAB, MCHB, Office of Communications, OGH, ORO, OWH, and ACF

As a result of agency-wide dissemination efforts between May 2017 and December 2018:

- The toolkit received 12,780 total page views, 79 percent of which were unique.
- In FY 18, the Strategy had 110 unique downloads from the OWH webpage.
- In 2018, the Strategy and the toolkit were promoted in 11 HRSA eNews publications sent to over 84,000 subscribers. The resources received an average of 80 clicks across the 11 issues.
- In 2018, IPV-related stories and resources were also included in 10 internal HRSA Weekly publications sent to approximately 2,200 HRSA staff and receiving an average of 18 clicks.
- Two HRSA intranet articles on domestic violence published in 2017 and 2018 received an average of 345 internal page views. The same two articles received an average of 287 external page views in the HRSA eNews.

- *OWH will brief HRSA employees on the toolkit and specific resources most relevant to subpopulations served by each bureau and office (e.g., pregnant women, PLWH, and rural communities).*
  - Between December 2017 and March 2018, OWH presented the Strategy and the toolkit during All Hands meetings for FORHP, ORO, and OPAE.
  - OWH briefed MCHB staff during a May 2017 lunch and learn session and briefed HAB's DCHAP IPV Workgroup in March 2018.
  - In 2017-2018, OWH shared IPV resources and updates with 40 Strategy liaisons on a quarterly basis.
  - See Appendix C for the full list of presentations to HRSA staff.
- *BPHC will share the toolkit through its Primary Care Digest newsletter and utilize national cooperative agreements and PCAs to target key audiences and disseminate training and TA.*
  - In October 2018, BPHC and OWH collaborated on a *Special Edition Primary Health Care Digest* on Human Trafficking, Intimate Partner Violence, and Trauma Informed Care which reached 30,906 subscribers. The Digest compiled best practices and promising approaches to support health centers in improving services relating to IPV and HT. Seven BPHC grantees who had implemented promising practices were highlighted and over 20 IPV TA resources (e.g., diagnostic codes, webinars, toolkits, hotlines, training centers, and articles) were provided.

- BPHC also shared the Strategy and toolkit with Chief Medical Officers in AHRQ, SAMHSA, and IHS.

- *MCHB will post the toolkit on its Women's Health and Adolescent and Young Adult Health webpages, and feature the toolkit in its employee newsletter.*
  - MCHB posted the toolkit on its Women's Health and Adolescent and Young Adult Health webpages in spring 2017. The bureau also featured the toolkit in its internal employee newsletter, reaching approximately 200 employees.

- *MCHB will collaborate with OWH to disseminate the toolkit and other evidence-based strategies to MCH grantees and stakeholders, leveraging a variety of communication channels.*
  - MCHB also sent a 2018 Mother's Day message to grantees, which included information on IPV resources and was delivered to 725 recipients. The message had a 30 percent open rate.

- *ORO will ensure that HRSA grantees are aware of and have access to the toolkit. ORO will share the toolkit, educational resources, and other IPV policy-relevant information with state officials and grantees across all HHS regions.*

  In 2018, Regions 1, 2, 5, and 7 included the Strategy and the toolkit in a series of presentations that expanded the reach of these resources to thousands of regional partners.

  - Region 1 shared the toolkit with six New England PCAs in October.
  - Region 2 disseminated IPV resources to 100 professional medical and mental healthcare training entities, and organizations in New York, New Jersey, Puerto Rico, U.S. Virgin Islands, all HRSA-supported community health centers in the region, and to medical directors of eight Indian Nations.
    - Region 2 also shared IPV information during a series of meetings with regional partners including New Jersey's First Lady and Commissioner of Health, and the Puerto Rico Primary Care Association.
  - Region 5 presented the toolkit to over 400 attendees during the Indiana Rural Health Association Conference in June.
  - Region 7 shared information on the toolkit and Project Catalyst through six events:
    - The Region 7 PCA meeting in February reaching 3,587 partners representing health centers, state offices of rural health, hospital associations, and provider associations;
    - Three webinars in February, May, and October, reaching a total of 396 attendees. One webinar was archived and has since received over 200 views;
    - A June presentation to four state hospital associations; and
    - An August presentation to the River Hills Community Health Center in Ottumwa, Iowa.

- *FORHP will make the toolkit and other IPV resources relevant to rural populations (i.e., Violence and Abuse in Rural America Topic Guide), and share resources with grantees through the RHI Hub.*

- FORHP posted the toolkit along with other information on IPV on the RHI Hub, a national clearinghouse of rural health-related resources, and hyperlinked to the CIHS IPV webpage that includes a variety of information on IPV and IPV resources.
- FORHP disseminated information on the Strategy and toolkit three times through its weekly announcements to over 40,000 internal and external subscribers between October 2017 and November 2018.

- *FORHP will support the adaptation of the toolkit for providers in rural health clinics and critical access hospitals.*
  - OWH worked with Futures Without Violence to create an FAQ on the toolkit addressing resources for rural communities and shared this information with FORHP.
- *BHW will raise awareness of the toolkit and other IPV resources during visits to National Health Service Corps and NURSE Corps sites, including those in tribal areas.*
  - BHW and OWH will promote the toolkit in a January 2019 Regional Public Health Training Center Town Hall webinar.
  - BHW's Division of Regional Operations and the National Health Service Corps will provide IPV resources to National Health Service Corps and NURSE Corps sites, during FY 19 third and fourth quarter site visits.
- *HAB will disseminate the toolkit through its program listserv, which will reach all of its grant recipients.*
  - HAB promoted the toolkit in its grantee listserv in May 2017 reaching 4,000 subscribers.
- *OGH will work with OWH to share the toolkit and other IPV resources with other countries and international institutions, e.g., Pan American Health Organization (PAHO) and USM Border Health Commission, to support improvement of population health globally.*
  - OGH facilitated an invitation for OWH to present the Strategy and toolkit to OGA in May 2018. Twenty-five OGA staff attended.
  - OGH, in collaboration with OWH, presented the toolkit to an audience including various international representatives during the HRSA Maternal Mortality Summit in June 2018.
  - OGH will continue conversations with the Pacific Island Health Officers Association to review options for a presentation of the toolkit in 2019.
- *OWH will engage with federal partners across HHS to raise awareness of the toolkit among a broader audience of health professionals.*

  See Appendix C for complete list of presentations to HHS staff. Select examples include:
  - OWH presented the Strategy and the toolkit to the HHS Coordinating Committee on Women's Health reaching 40 staff from nine agencies in October 2017.
  - OWH worked with colleagues from AHRQ to have the toolkit included as a prevention resource for clinicians in the U.S. Preventive Services Task Force *Final Recommendation*

Statement for Screening for IPV, Elder Abuse, and Abuse of Vulnerable Adults published in October 2018.

- OWH collaborated with Futures Without Violence to conduct a training highlighting the toolkit as a resource for 125 domestic violence coordinators from VA hospital settings throughout the country in July 2018.
- OWH collaborated with IHS, ACF, CDC, and DOJ to host a Domestic Violence Awareness Month webinar attended by 80 participants in October 2018. The event highlighted efforts by federal agencies and their grantees to prevent domestic violence and leverage resources to support survivors across tribal nations.

- *OWH will collaborate with ACF and select HRSA bureaus and offices to present the toolkit at conferences, meetings, and to key stakeholder groups.*
  - See Appendix C for the complete list of 48 formal presentations to internal and external audiences promoting the Strategy and the toolkit that were delivered by HRSA staff in 2017 and 2018. OWH estimates that these presentations reached approximately 7,500 individuals in person or via webinar.

WORK WITH STAKEHOLDERS TO IMPLEMENT THE UPDATED 2016 WOMEN'S PREVENTIVE SERVICES RECOMMENDATIONS SUPPORTING IPV SCREENING AND COUNSELING

Lead: MCHB

- *MCHB will support the Women's Preventive Services Initiative (WPSI) Implementation Steering Committee members in implementing the updated IPV recommendations to support utilization among both patients and providers, and in sharing tools and resources.*
  - WPSI published the Recommendations for Well-Woman Care – A Well-Woman Chart, a resource that summarizes age-based preventive service recommendations for women from adolescence into maturity in 2018. These recommendations included screening for IPV as part of the well-woman visit for women aged 13-75+.

PROVIDE IPV INFORMATIONAL RESOURCES TO MINORITY-SERVING COLLEGES AND UNIVERSITIES

Lead: OHE; **Collaborators:** ORO and OWH

- *OHE will work with OWH to provide IPV informational resources to institutions serving tribal, Hispanic, Black, Asian American, Native American, and Pacific Islander populations. These resources will be shared through the OHE listserv, website, and quarterly e-newsletter. OHE will write an article for the e-newsletter alerting minority-serving colleges and universities about HRSA's efforts to address IPV.*
  - In 2017, OHE included an update on IPV in their December newsletter (*MSI e-Bulletin*) announcing the launch of the Strategy and providing the URL. This newsletter reached a wide variety of minority-serving institutions, including those serving Tribal, Hispanic, Black, Asian American, Native American, and Pacific Islander populations.

        - The e-Bulletin was disseminated to OHE's internal distribution channel (260 contacts), the White House Initiative on Historically Black Colleges and Universities/Department of Education (17,000 subscribers), the Thurgood Marshall College Fund, the National Association for Equal Opportunity in Higher Education, all 10 HRSA Regional Offices, and the HHS Office of Minority Health.
    - OHE provided IPV resources to three tribal organizations (the Paskenta Band of Nomlaki Indians, Manzanita Band, and Viejas Band of Kumeyaay Nation) at the Annual Tribal Budget Consultation in February 2018.
    - OHE collaborated successfully with the Office of Intergovernmental External Affairs to include the Strategy on the agenda for the Secretary's Tribal Advisory Committee Meeting in May 2018. HRSA OWH engaged in dialogue with approximately 30 tribal leaders on May 10.
- *ORO will work with OWH to provide IPV informational resources to minority-serving colleges and universities through its networks across the regions.*
    - Region 4 is planning dissemination to minority-serving institutions in 2019.

EXTEND THE REACH OF HRSA'S IPV-RELATED MATERIALS AND APPROACHES TO OTHER COUNTRIES

Lead: OGH; **Collaborator:** OWH

- *OGH and OWH will work with the U.S. Department of State to determine ways to incorporate IPV content into topic areas covered by the IVLP.*
    - OGH led HRSA's engagement in the State Department's IVLP:
        - In 2017, OGH obtained the list of existing topics for the IVLP from the State Department in order to identify topics that could readily include IPV.
        - OGH hosted six IVLP meetings at HRSA, three of which focused on IPV between October 2017 and September 2018. OGH and OWH presented HRSA's IPV portfolio to international visitors from 21 countries (listed below), engaging in dialogue about the ways delegates are addressing domestic violence in their home countries.
            - Algeria, Botswana, Cambodia, Chad, Egypt, Eritrea, Haiti, Iraq, Jordan, Kuwait, Kyrgyz Republic, Liberia, Morocco, Papua New Guinea, People's Republic of China, Romania, Saudi Arabia, South Africa, Tanzania, Tunisia, and Ukraine.
- *OGH will take advantage of all opportunities to share HRSA's IPV materials with other international organizations, e.g., PAHO, World Health Organization (WHO), and Organisation for Economic Co-operation and Development (OECD).*
    - OGH consulted with OWH to coordinate dissemination of HRSA's IPV-related materials and approaches with international partners.
        - In 2018, OGH met with and provided IPV briefing materials to WHO Assistant Director-General for Family, Women, Children and Adolescents - Dr. Princess Nothemba (Nono) Simelala and WHO Director (Global Coordination) for Family, Women, Children and Adolescents - Anshu Banerjee.

PRIORITY 2

DEVELOP PARTNERSHIPS TO RAISE AWARENESS ABOUT IPV WITHIN HRSA AND HHS

Strategic Objective 2.1: Leverage existing mechanisms to promote awareness of IPV as a public health issue among HRSA employees

CONTINUE AGENCY-WIDE COORDINATION FOR IPV-RELATED ACTIVITIES

Lead: OWH; **Collaborator:** OCRDI

- *OWH will continue to lead internal and external IPV awareness-raising initiatives in accordance with health-focused observances.*
    - In 2018, OWH led activities for four IPV-focused health observances: National Women's Health Week, National Domestic Violence Awareness Month, Sexual Assault Awareness Month, and Teen Dating Violence Awareness Month. OWH also provided IPV resources for an additional five observances (National Rural Health Day, World AIDS Day, National Slavery and Human Trafficking Prevention Month, National Health Center Week, and National Women and Girls HIV Awareness Day).
- *OWH will work with OCRDI and the Office of Human Resources (OHR) to promote awareness of HRSA's workplace violence prevention policy among all HRSA employees.*
    - OHR released HRSA's *Policy Statement on Violence, Harassment and Disruptive Behavior in the Workplace* in May 2018.
    - OCRDI incorporated HRSA's Workplace Violence Prevention Policy into the *Preventing Sexual Harassment in the Federal Workplace* training offered to bureau and office managers and supervisors.

RAISE AWARENESS AMONG HRSA EMPLOYEES ABOUT IPV AND THE IMPACTS ON SOCIALLY DISADVANTAGED AN UNDERSERVED POPULATIONS

Leads: HAB and OHE; **Collaborators:** ORO and OWH

- *OHE will work with OWH to integrate IPV content into public health-focused observances and events centered on socially disadvantaged and underserved populations such as National LGBT Health Awareness Week, LGBT Pride Month, and National Minority Health Month.*
    - OHE incorporated HT into their forum for Minority Health Month in April 2018 that reached 125 staff. OHE also shared IPV materials during the Asian Pacific Heritage Month event in May 2018 that reached approximately 75 staff.
    - In June 2018, OWH shared safety cards during HRSA's LGBT Pride Month observance reaching participating staff from HRSA, IHS, AHRQ, and SAMHSA.

- *ORO will work with OWH and OHE to educate regional employees on the toolkit, with a special focus on culturally appropriate implementation and train-the-trainer approaches.*
    - OWH briefed the ORO Regional Administrators on the toolkit in February 2018.
    - Region 9 hosted trainers from Futures Without Violence, Woman Inc., and legal aid services to conduct an IPV training for 11 federal staff from HRSA, Administration for Community Living, Centers for Medicare and Medicaid Services (CMS), United States Department of Agriculture, Office of the Assistant Secretary for Health (OASH), and ACF in November 2018.
- *HAB will include IPV as a discussion topic in its clinical hot topic series. An expert on the intersection between HIV and IPV will lead the discussion to increase project officers' awareness of this issue for grant monitoring purposes.*
    - HAB raised awareness among employees about IPV with a focus on its unique impacts on the socially disadvantaged and underserved populations that HRSA serves. In collaboration with ORO and OWH, HAB conducted IPV information sessions during two DCHAP Division Meetings, 2018 DCHAP Stakeholder calls, and as part of the May 2017 clinical hot topic series.
    - HAB trained 42 staff in May 2017 on *IPV, HIV, and the LGBTQ Community* in a presentation by Karen Rubin of Equitas Health Ohio.
    - HAB's clinician's workgroup trained 58 staff through an August 2018 webinar on the *Evidence-based CUES intervention to Address IPV/Human Trafficking in Primary Care Settings* delivered by Dr. Elizabeth Miller of Children's Hospital of Pittsburgh.
    - HAB collaborated with SAMHSA on an IPV training to raise awareness and educate HAB employees about IPV, the Strategy, and additional steps to take in order to address the impact of IPV in the communities HAB serves.
    - DCHAP facilitated staff Grand Rounds in September 2018 on the *Intersection between HIV, IPV and Sex Trafficking* with 26 staff attending.
    - DCHAP also conducted a Recipient Stakeholder Call with approximately 295 Parts C and D recipients in October 2018 where three programs funded under HRSA-17-039 presented their IPV activities.
        - University of Kentucky's Blue Grass Clinic collaborated with trainers from the National Center on Domestic Violence, Trauma, and Mental Health to develop and implement IPV focused trainings for staff.
        - New Orleans AIDS Task Force (CrescentCare) focused efforts on community-based partnerships to develop more compassionate and empathetic environments that support overcoming the trauma and stigma of IPV, domestic violence, and sexual assault.
        - Maricopa County Special Health Care District developed two videos (in English and Spanish) informed by focus groups to be shown to patients during their McDowell Health Care Center visits and shared on multiple partner agency websites.

HAB innovated two new components stemming from the Strategy related to the above activity:

- In 2018, HAB DCHAP created an IPV Work Group to review and evaluate the RWHAP Part D programs selected for the Futures Without Violence pilot, and recipients awarded funds for IPV activities through NOFO HRSA-17-039 Part D Supplemental. The Work Group is conducting data collection and assessments and completing applicable Strategy activities, with an ultimate goal of creating IPV protocols and education to DCHAP grant recipients.
- The intersection of IPV and HIV was a featured topic in three presentations during HAB's 2018 Clinical Conference and National Ryan White Conference on HIV Care and Treatment in December 2018.
  - AETC's National Coordinating Resource Center coordinated an IPV plenary lecture and workshop at the Ryan White Clinical Conference featuring expert, Dr. Tami Sullivan. Over 600 clinicians providing care and treatment within the RWHAP attended the lecture with a smaller group attending the breakout workshop. Evaluations are pending at this time.
  - On December 11, DCHAP held a Business Day meeting discussing violence against women with recipients and featuring a presentation from IPV expert, Dr. Elizabeth Miller.
  - On December 12, staff from DCHAP and OWH presented a workshop on the intersection between IPV and HIV featuring panelists Dr. Sandra Ford and Mr. Reginald Hicks. The session reached 100 conference attendees.

EDUCATE HHS REGIONAL EMPLOYEES THROUGHOUT THE COUNTRY ABOUT HRSA'S COMMITMENT TO THE ISSUE OF IPV AND HEALTH

Leads: ORO; **Collaborator:** OWH

- *ORO will work with OWH to develop materials to brief the HHS Offices of the Regional Director and the Offices of the Regional Health Administrator on the development and implementation of The HRSA Strategy to Address Intimate Partner Violence.*
  - ORO developed briefing materials on the Strategy and toolkit that were cleared and delivered to ORO staff in August 2018. ORO staff in Regions 2, 3, 4, 7, and 8 shared the materials with OASH Regional Directors and Regional Health Administrators.
  - Region 7 collaborated with OASH in October to lead an IPV webinar for 112 attendees featuring speakers from ORO, CDC's Division of Violence Prevention, and Kansas City's Violence Program. Speakers discussed the Strategy, violence across the lifespan, the impact of violence on health, the influence of ACEs, and strategies to prevent violence against youths.

Strategic Objective 2.2: Establish within-HRSA and interagency partnerships on IPV

ADD AN IPV COMPONENT TO THE SAMHSA-HRSA CIHS

Leads: OPAE and OWH

- *OWH and OPAE will work with SAMHSA to establish and maintain a webpage solely dedicated to IPV resources within the CIHS. The IPV page will link to federally vetted tools, TA resources, and related materials, and will be promoted to SAMHSA's and HRSA's stakeholders.*
    - In November 2017, OPAE and OWH, in collaboration with SAMHSA, established a webpage dedicated to IPV on the CIHS. The webpage served as a central location to direct HHS grantees to vetted IPV training and TA resources. The page received over 5,800 page views while an active site. OPAE will work to migrate key resources to a new location in 2019.
    - As a result of this collaboration, the CIHS also hosted a training webinar on IPV in April 2018 that was attended by 1,252 providers from behavioral health and primary care settings.

PARTNER WITH OTHER AGENCIES ON TOPICS THAT DIRECTLY RELATE TO IPV

Lead: ORO; **Collaborators:** OWH and ACF

- *ORO will work with OWH and ACF to disseminate ACF's Stop Observe Ask Respond (SOAR) training on HT for health care providers working in HRSA-funded programs throughout HHS regions.*
    - OWH outreached to ACF to assist ORO in preparing to distribute the SOAR training to health care providers working in HRSA-funded programs across the HHS regions in 2018.
    - Region 2 shared SOAR training with 46 medical and mental healthcare training entities and organizations region-wide and 56 community health centers in the state of New York as well as with the medical directors of eight Indian Nations.
    - Region 9 convened SOAR training for 50 staff at South of Market Health Center in San Francisco, California in March 2017.
    - OWH served on an interagency federal planning committee, led by the ACF OTIP, to support the National Human Trafficking Training and Technical Assistance Center's (NHTTAC) plans for the dissemination of the SOAR training.
- *ORO and OWH will raise awareness among HRSA's grantee communities about resources available through ACF's NHTTAC, and the Rescue and Restore Victims of Human Trafficking Regional Program.*
    - In FY 18, HRSA OWH served on the HHS Human Trafficking Symposium Planning Committee, led by the ACF OTIP and the HHS Assistant Secretary for Planning and Evaluation.
        - BPHC and OWH participated in the November 2018 symposium, with approximately 200 HT experts attending in person, alongside other interested parties attending remotely. The symposium highlighted progress made in training, coordination, and integration of survivor-informed and trauma-informed practices, and defined goals for the role of healthcare to address trafficking.

        - HRSA OWH shared the toolkit in a panel discussion on integrating primary and behavioral health care to respond to HT that featured representatives from a community health center, a private health system, and academic partners.
    - Region 2 also shared the NHTTAC website with Puerto Rico, New Jersey, Ryan White grantees, and MCH home visiting providers and state stakeholders.

- *ORO will convene a listening session in collaboration with OWH and other regional agencies to explore the intersection between IPV and HT, and elucidate referral mechanisms that facilitate the seamless connection of trafficking survivors to local health care and other resources.*
    - In August 2017, Region 10, in partnership with HRSA OWH, ACF, and OASH, convened 28 local health and community subject matter experts, advocate groups, and partners in a listening session to discuss intersections between IPV and HT.
    - In March 2018, HRSA, AHRQ, and ACF OTIP collaborated on a Lunch and Learn training discussing the intersection of healthcare and HT; 46 participants attended.
    - In the fall of 2018, OWH collaborated with Region 4 staff from ORO, OASH, and ACF as well as with ACF OTIP to plan and execute a January 2019 regional listening session on IPV and HT.

PRIORITY 3

INCREASE ACCESS TO QUALITY IPV-INFORMED HEALTH CARE SERVICES ACROSS ALL POPULATIONS

Strategic Objective 3.1: Highlight the importance of IPV as a topic that HRSA grantees can propose to address

INCORPORATE TEXT RELATED TO IPV AS APPROPRIATE IN FEDERAL ASSISTANCE PLANING TOOLS, SUCH AS A NOFO

Lead: OFAM in partnership with OWH and grant program staff across HRSA; **Collaborator:** FORHP

- *OFAM will review draft NOFOs and engage in discussions with bureaus and offices to identify potential opportunities for inclusion of IPV examples of allowable activities.*
- *OFAM will partner with OWH to review relevant NOFO drafts.*
- *OFAM will include links to IPV resources in the NOFO Application Guides.*
    - In FY 17, HAB DCHAP collaborated with OWH and OFAM to release NOFO HRSA-17-039, which offered an opportunity for RWHAP Part D recipients to receive supplemental funding to address IPV as an innovation activity. The purpose of the funding was to implement IPV screening and counseling in the clinical setting and establish referral networks to community-based social services organizations to address one or more of the stages of the HIV care continuum. Three RWHAP Part D Women, Children, Infants, and Youth (WICY) Recipients were awarded supplemental funding. In FY 18, HAB DCHAP also issued NOFO HRSA-18-044 and five Part D WICY recipients were awarded supplemental funding to address IPV.
    - In the summer of 2018, OWH reviewed 70 draft FY 19 NOFOs for opportunities to incorporate IPV and made 22 recommendations to encourage recipients to address IPV.
    - In 2018, OFAM's Division of Grants Policy revised its NOFO checklist, ensuring that all NOFOs are reviewed for potential inclusion of IPV examples. As a result, all FY 18, FY 19, and future NOFOs are reviewed for potential inclusion. One notable outcome was the inclusion of IPV references in two HAB AETC NOFOs for the first time. Further, while links to IPV resources were not able to be included in the FY 18 NOFO application guide, OFAM will assess future opportunities for inclusion of such resources.
- *FORHP will include IPV-related language in NOFOs as appropriate to encourage more research and programming in rural communities.*
    - FORHP will continue to assess NOFOs for appropriate inclusion of IPV.

ENGAGE IN BI-DIRECTIONAL DIALOGUE ABOUT IPV WITH CURRENT HRSA GRANTEES

Collaborators: BPHC, FORHP, MCHB, OHE, ORO, and OWH

- ORO, with support from OHE and OWH, will conduct IPV listening sessions with HRSA grantees—including tribes—across multiple HHS regions in order to learn more about the prevalence, needs, and activities occurring in the regions, and to share actionable information and requests with HRSA headquarters.
- In May 2018, Region 7 shared the toolkit and resources with participants in HHS Region 7's Tribal Consultation and with CMS's Indian Health, Tribal and Urban Indian Program Training participants. This information was provided to 50 tribal leaders, Health Center and Social Services Directors, and providers.
- During tribal consultations in June 2018, Region 2 shared IPV resources and the toolkit with 16 tribal leaders, health centers and social services directors, and providers.

- *MCHB and OWH will issue a joint statement to MCHB grantees, which will highlight available IPV resources and underscore MCHB's commitment to IPV as an important maternal and child health issue. The statement will also open up an avenue for future dialogue between MCHB and its grantees on IPV service delivery within their respective populations.*
  - The MCHB/OWH Joint statement was issued in September 2018, in advance of Domestic Violence Awareness Month. The message was sent to 981 recipients, with a 24 percent open rate and 51 unique clicks to resources contained within the message.
- *FORHP and BPHC will gather information from their grantees about their experiences using the toolkit and other HRSA and IPV-related resources, with the aim of using their feedback for quality improvement.*
  - Under the leadership of BPHC's Chief Medical Officer, BPHC established a Primary Care Association Clinical Lead quarterly conference series with engagement from multiple states. This series includes a standing agenda item to share bidirectional updates. The toolkit was highlighted as a key resource for PCA Clinical Leadership and IPV was discussed as a clinical priority.
  - In May 2017, OWH and BPHC presented on the toolkit and IPV as a public health issue during a Futures Without Violence national webinar: "*Improving Health Outcomes Through Violence Prevention: Model Partnerships between Community Health Centers and Domestic and Sexual Violence Programs*." Over 200 representatives from community health centers and domestic violence advocacy programs participated.

Strategic Objective 3.2: Increase awareness of IPV among HRSA's key external stakeholders

LEVERAGE EXISTING NETWORKS TO ENGAGE EXTERNAL STAKEHOLDERS ABOUT IPV AS A SOCIAL DETERMINANT OF HEALTH

Lead: OGH; **Collaborators:** BHW, BPHC, MCHB, ORO, and OWH

- *OGH, in collaboration with OWH, will connect with the United Nations (UN) partners to highlight the Strategy in the context of promoting the UN's Sustainable Development Goals (SDGs). OGH will aim to establish a common understanding of how HRSA contributes to the implementation of SDGs to address violence against women and girls.*
- *OGH will work with OWH to elevate IPV as a key social determinant of health when conducting multilateral document reviews, such as World Health Assembly resolutions.*
    - OGH in consultation with OWH reviewed nine multilateral documents with implications for addressing IPV from various UN organizations, including:
        - PAHO Strategy and Plan of Action on Strengthening the Health System to Address Violence Against Women;
        - WHO Western Pacific Regional Office Gender and Health Strategy;
        - WHO Global Strategy for Women's, Children's and Adolescents' Health;
        - WHO Triple elimination of mother-to-child transmission of HIV, hepatitis B, and syphilis;
        - International Labor Organizations Standards on Violence and Harassment in the World of Work;
        - Joint UN Programme on HIV and AIDS Thematic segment on: Zero discrimination in health care settings;
        - OECD Social Policy Ministerial Statement;
        - UN Human Rights Committee resolution on Violence Against Women in the digital context; and
        - UN Commission on the Status of Women: Women and SDGs Report
    - OGH led the "Promising Global Practices to Improve Maternal Health Outcomes" project to host the 2018 HRSA Maternal Mortality Summit featuring over 230 subject matter experts, including six country delegations and representation from the WHO. Comprehensive briefing books, provided to all in person audience members contained six country-specific profiles on IPV prevalence.
    - OGH, in collaboration with OWH, presented the toolkit to an audience that included international representatives during the HRSA Maternal Mortality Summit in June 2018. The Summit featured a breakout session on the topic of "Mental Health and Trauma During and After Pregnancy: A Neglected Cause of Maternal Mortality." The Strategy was discussed by participating domestic federal and state partners, academic and non-governmental organizations, and international delegates.
- *OGH, in collaboration with OWH, ORO, BPHC, MCHB, BHW, and OGA's USM Border Health Commission, will host a women's health forum as part of HRSA's USM Border Health Strategy Workgroup's activities for Border Health Month and include IPV as a key topic area.*

- Staff from 11 bureaus and offices participated in HRSA's Border Health Workgroup over the course of FY 17. OGH convened this group to develop HRSA's Border Health Strategy. The Border Health Workgroup integrated addressing IPV into strategy work plans. Border Health Commission engagement to share resources is planned for April 2019.

- *OWH in collaboration with bureaus and offices will seek to establish strategic relationships as appropriate with federal, academic, nonprofit, and community-based organizations working to address IPV nationally and locally, especially in the communities HRSA serves.*
    - OWH consulted with Saving Promise and researchers from the Harvard University Learning Lab in the spring and fall of 2017, to ensure the Strategy's implementation approach incorporated novel and promising approaches and to explore a potential partnership with academia.
    - In the fall of 2018, OWH engaged in planning calls with the American Public Health Association to convene a January 2019 listening session on IPV with national organizations from APHA's membership representing academia, advocacy, non-profit, healthcare workforce, and community-based organizations.

Strategic Objective 3.3: Improve the delivery of IPV-related services for economically disadvantaged and geographically-isolated communities

IMPROVE IPV SCREENING, REFERRAL, AND HEALTH-RELATED OUTCOMES FOR FAMILIES

Lead: MCHB

- *MCHB will work to increase the rate of IPV screening and service referrals among participants in the MIECHV and Healthy Start programs. MCHB aims to achieve an IPV screening rate of 90 percent for both programs. Currently, both programs require that grantees assess IPV performance measures among participants.*
- *MCHB will work with grantees to maximize the impact of their efforts through TA, the release of a change package with relevant recommendations, and regular data-monitoring to track progress.*
    - In 2018, MCHB collected and reported first year (FY 17) data for the newly implemented national IPV performance measure. The baseline screening rate was 74 percent for the MIECHV program.

EXPLORE PRESENT AND FUTURE MCH PROGRAM COLLABORATIONS AROUND IMPROVING SCREENING, REFERRAL, AND HEALTH-RELATED OUTCOMES FOR FAMILIES IMPACTED BY IPV

Lead: MCHB's Division of Home Visiting and Early Childhood Systems in partnership with OWH

MCHB will work with OWH in a phased approach to:

- *Examine the baseline collection of the new MIECHV standardized IPV performance measure*

- *Explore IPV as a priority for consideration as a new change topic for the Home Visiting CoIIN 2.0*
- *Review MIECHV state awardee trends, challenges, and successes with the implementation of IPV performance measures utilizing awardee feedback and TA resources (e.g., applications, annual TA scan, and TA requests)*
    - Six awardees and 18 LIAs, selected in August 2018, are participating in the Home Visiting CoIIN 2.0 IPV project over FY 19. The CoIIN 2.0 will use a traditional Breakthrough Series Collaborative approach to improve outcomes in IPV including:
        - Assembling expert faculty including research experts, family members, model developers, awardees, and LIAs with application expertise to develop a Key Driver Diagram and measurement system, to teach at Learning Sessions, and to support teams' testing;
        - Facilitating three learning sessions starting in January 2019; and
        - Providing ongoing support to awardees and LIAs through monthly webinars with faculty teaching and peer-to-peer learning opportunities, monthly reports to share data and Plan-Do-Study-Act testing, ad hoc coaching and continuous email and telephone contact.
    - In 2018, the theory and measures for IPV were developed with input from stakeholders and faculty. The measures were beta tested with several LIAs across models to correct for undue burden, feasibility or use issues.
    - The home visiting TA provider also devoted a newsletter to the topic of IPV in October 2016 as a universal TA product. The newsletter was distributed to 2,686 subscribers.

Strategic Objective 3.4: Establish a model of collaboration among federal, state, and local health care leaders to strengthen systems of care for IPV

SCALE IMPLEMENTATION OF IPV TRAINING THROUGH A NEW HRSA-FUNDED STATE LEADERSHIP MODEL FOR IMPROVING HEALTH OUTCOMES THROUGH VIOLENCE PREVENTION

Collaborators: BPHC, OWH, and ACF

In collaboration with ACF and Futures Without Violence, BPHC and OWH will:

- *Establish three to five state leadership partnerships among PCAs, SHDs, and their respective SDVCs*
    - Beginning in FY 17, OWH, BPHC, and ACF's Family and Youth Services Bureau, entered into a Memorandum of Understanding to support an interagency partnership entitled Project Catalyst. BPHC provided the FY 17 and FY 18 funding to support this initiative.
        - Project Catalyst trains state-level leadership teams, comprised of PCAs, SHDs, and SDVCs, to engage in collaborative training that operationalizes screening, counseling, and universal education for IPV and HT in HRSA-supported health centers. In addition to training, state leadership teams also design approaches to promote policies and practices that support ongoing integration of the IPV and HT response into health care delivery state-wide.

- In FY 18, the first phase of Project Catalyst was implemented in four funded states (Arkansas, Connecticut, Idaho, and Iowa) and one affiliated state (Minnesota). FY 18 funding was secured to implement a second phase in 2019 supporting expansion to three additional state teams (Colorado, Guam, and North Carolina). As a territory, Guam has plans to expand reach to additional territories in the Pacific Rim.
    - Phase I leadership teams successfully trained over 600 Health Center Program providers, 95 percent of whom reported increased understanding of how universal education can be a part of trauma-informed, patient-provider conversations around IPV and HT.
    - Phase I also succeeded in creating both state-level and health center-level changes. States made substantial gains in integrating IPV/HT into health center workflow through disseminating training materials, incentivizing collaborations with domestic violence (DV) programs, and integrating data collection and training and TA into state level programs.
    - Three months after training, participating health centers were significantly more likely to have instituted important practice changes such as seeing patients alone and offering universal education about IPV/HT to all patients. DV programs were also more likely to conduct detailed health assessments and connect survivors to health care.

- *Adapt, refine, and enhance the toolkit developed under FY 14-16 HRSA-supported IPV pilot projects*
    - In 2018, Futures Without Violence refined the toolkit, including adding an FAQ on addressing IPV for rural and tribal communities.

PRIORITY 4

ADDRESS GAPS IN KNOWLEDGE ABOUT IPV RISKS, IMPACTS, AND INTERVENTIONS

Strategic Objective 4.1: Contribute to the evidence base on the risk factors and impacts of IPV

EXPLORE ANALYSES OF NATIONAL DATA SOURCES (E.G., THE NSCH), WITH A FOCUS ON CHILDREN WHO WITNESS IPV

Lead: MCHB; **Collaborator:** OWH

- *MCHB, in consultation with OWH, will explore analyses of national data sources to understand the impact of IPV on children, and those sub-populations of children most disproportionately affected by IPV.*
    - MCHB explored analyzing the NSCH to understand IPV's impact on children and sub-populations of children most disproportionately affected by IPV. The NSCH includes one measure of parent-reported exposure to IPV as part of a larger set of nine items on ACEs.
        - MCHB does not typically produce stand-alone estimates for individual ACEs as they are intended for use as a composite measure; thus further analyses were not explored.
        - Unpublished estimates of this measure show that in 2016, 5.7 percent of U.S. children were reported by a parent or caregiver to have ever seen or heard parents or adults slap, hit, kick, or punch one another in the home, representing approximately 4 million children aged 0-17 years.
    - MCHB and OWH also examined MCHB's support of investigator-driven analyses of IPV variables in other national datasets, including research in existing journals articles and studies. Two articles were identified from a grantee funded by MCHB's Office of Epidemiology and Research:
        - Alhusen JL et al. Intimate Partner Violence and Gestational Weight Gain in a Population-Based Sample of Perinatal Women. J Obstet Gynecol Neonatal Nurs. 2017 May - Jun; 46(3):390-402.
        - Alhusen, J., et al. Intimate Partner Violence, Small for Gestational Age Birth and Cigarette Smoking in the Pregnancy Risk Assessment Monitoring System. Journal of Women's Health. Epub ahead of print. doi: 10.1089/jwh.2017.6322.

BUILD THE EVIDENCE BASE FOR INTERVENTIONS THAT ADDRESS TRAUMA AMONG PLWH

Lead: HAB

- *Through its TA capacity, HAB will establish the E2i Evaluation Center and the E2i Coordinating Center for Technical Assistance to support evidence-based interventions in order to improve health outcomes among PLWH—with trauma being one of the cornerstone areas.*

- In FY 18, through a collaboration with external partners, including the Fenway Institute, AIDS United, and the University of California, San Francisco, HAB developed an inventory of evidence-informed IPV interventions. As a central part of implementation science, this inventory documents for potential replicability with meaningful impacts in real-world settings, including improvements in retention in care measures and viral suppression rates among intervention participants.
- Funded through the RWHAP SPNS, the E2i project has successfully begun implementing interventions in 26 sites. Six of these sites are implementing interventions that address trauma among PLWH.
- There are six intervention sites dispersed across the U.S. for the trauma focus area, and three interventions:
  - Two sites are implementing Seeking Safety
  - Two sites are implementing Trauma-Informed Approach/Coordinated HIV Assistance and Navigation for Growth and Empowerment
  - Two sites are implementing Cognitive Processing Therapy
- For the E2i evaluation, all six sites have completed the baseline and six-month organizational assessments, which will gauge improvement in organizational context for providing trauma-related interventions through the training and startup processes. Sites have also begun to submit enrollment data.

Strategic Objective 4.2: Support the continuous review and evaluation of federal IPV-related activities and legislative priorities

SHARE ONGOING UPDATES TO HRSA-WIDE INVENTORIES FOCUSED ON IPV THAT RELATE TO HHS PRIORITIES, SUCH AS VETERANS' HEALTH, BEHAVIORAL HEALTH, AND OPIOID USE, TO IDENTIFY INTERSECTIONAL OPPORTUNITIES ON IPV-RELATED TOPICS

Lead: OPAE

- *OPAE will maintain inventories of all activities currently undertaken by HRSA to address veterans' health, behavioral health, and opioid use. OPAE will update and share the inventories across HRSA bureaus and offices to identify how IPV content can be incorporated into current and future programming in these areas.*
  - Pending available resources, this activity will be implemented before the close of 2020.

MAINTAIN AND SHARE INVENTORY OF GRANT ACTIVITIES THAT HIGHLIGHT THE INTERSECTION OF MATERNAL AND CHILD HEALTH AND IPV

Lead: MCHB

- *MCHB will maintain an inventory of the bureau's grant activities that pertain to IPV and maternal and child health. MCHB will make this inventory available to HRSA employees to promote awareness and highlight opportunities for cross-agency collaboration.*

- MCHB conducted an initial inventory in 2017 identifying seven funded programs or initiatives that address IPV or family violence (Healthy Start, WPSI, MIECHV, Leadership Education in Adolescent Health training program, Centers of Excellence in MCH, National Center for Fatality Review and Prevention, and the Children's Safety Network). OWH shared the inventory with bureau and office liaisons to the Strategy.
- MCHB is preparing to update the inventory in 2019.

CONDUCT ANALYSIS OF FEDERAL REGULATORY AND STATE POLICY INITIATIVES RELATED TO IPV TO ASSESS THEIR IMPACT ON SAFETY NET POPULATIONS

Lead: OPAE; **Collaborators:** OWH and OL – *new collaboration*

- *OPAE will identify and provide further analysis of health financing or system design actions that specifically mention IPV to assess the impact on safety net populations, providers, and health care systems that HRSA supports.*
  - In 2018, OPAE's women's health liaison shared regular updates with OWH and identified resources regarding health system financing changes and state policy initiatives related to IPV, domestic violence, and HT.

In May 2018, OL contributed to the above activity by supporting OWH in preparing for a Congressional staff briefing, *Health Solutions to Children and Families Affected by Trauma and Abuse*, sponsored by the National Health Collaborative on Violence and Abuse.

PROVIDE COORDINATION AND TA TO BUREAUS AND OFFICES IN DEVELOPING METRICS AND TRACKING MECHANISMS AS THEY BEGIN TO IMPLEMENT, MONITOR, AND EVALUATE IPV-RELATED STRATEGIES

Collaborators: OPAE, OWH, and bureau and office partners

- *Over the course of FY 18, OWH will work with each bureau and office to develop implementation plans and explore appropriate metrics and tracking systems for each Strategy activity. In consultation with each bureau and office, OWH will work with OPAE's performance and quality measurement, and research and evaluation offices for further TA.*
  - In FY 18, OWH worked with each bureau and office to establish implementation plans and metrics to track activity progress. OPAE quality measurement staff will remain available for consultation.

APPENDIX C: Presentations on the HRSA Strategy to Address IPV and the IPV Health Partners Toolkit

In 2017-2018, HRSA staff and partners delivered **48 formal presentations** to internal and external stakeholders that included the audiences in the below table. In reviewing data submitted from our collaborating partners, OWH estimates that HRSA's IPV resources **reached 7,500 individuals** during this period.

The table below presents the event title, date, presenters, and number of attendees reached. The presentations are listed in reverse chronological order in each section.

Audience	Presentation Details
HRSA Partners	▪ **HRSA Clinician's Forum Presentation** o June 11, 2018 o HRSA OWH in collaboration with the HRSA Clinician's Workgroup o 56 attendees ▪ **HRSA Lunch and Learn: *Intimate Partner Violence and Oral Health*** o April 4, 2018 o HRSA OWH, HRSA's Chief Dental Officer, and BPHC o 27 attendees ▪ **HRSA HIV/AIDS Bureau: IPV Workgroup Presentation** o March 28, 2018 o HRSA OWH and HAB DCHAP o 10 attendees ▪ **HRSA Office of Planning, Analysis and Evaluation: All Hands Meeting Presentation** o March 8, 2018 o HRSA OWH o 20 attendees ▪ **HRSA Office of Regional Operations: Regional Administrators Briefing** o February 20, 2018 o HRSA OWH o 12 attendees ▪ **Federal Office of Rural Health Policy: All Hands Meeting Presentation** o December 13, 2017 o HRSA OWH o 40 attendees

Audience	Presentation Details
HRSA Partners Continued	▪ **HRSA Behavioral Health Workgroup Presentation** o October 10, 2017 o HRSA OWH o 15 attendees ▪ **MCHB Staff Lunch and Learn** o May 11, 2017 o HRSA OWH and MCHB o 20 attendees
Federal Partners	▪ **HHS Health and Human Trafficking Symposium, Panel: *Integrating Primary and Behavioral Health Services for Trafficking Survivors*** o November 28, 2018 o HRSA OWH in collaboration with ACF o 200 attendees ▪ **IHS Domestic Violence Awareness Month Webinar** o October 29, 2018 o HRSA OWH in collaboration with IHS, ACF, CDC, and DOJ o 80 attendees ▪ **HHS Region 7 Public Health Webinar Series: *Violence as a Public Health Issue*** o October 3, 2018 o HRSA ORO in collaboration with OASH o 112 attendees ▪ **HHS Child Trauma Federal Partners Committee** o September 13, 2018 o HRSA OWH o 35 attendees ▪ **VA IPV Assistance Program National Training Call** o July 25, 2018 o HRSA OWH o 125 attendees ▪ **HHS Region 7 Tribal Consultation** o May 15-16, 2018 o HRSA ORO in collaboration with CMS o 50 attendees ▪ **HHS Region 7 Public Health Webinar Series: *Women and Type 2 Diabetes*** o May 29, 2018 o HRSA ORO in collaboration with OASH o 148 attendees

Audience	Presentation Details
Federal Partners Continued	▪ **HHS Secretary's Tribal Council Presentation** o May 9, 2018 o HRSA OWH, OHE, and Immediate Office of the Administrator o 30 attendees ▪ **HHS Office of Global Affairs Presentation** o April 16, 2018 o HRSA OWH and OGH o 25 attendees ▪ **HRSA/AHRQ Lunch and Learn: *The Intersection of Human Trafficking and Healthcare*** o March 15, 2018 o HRSA OWH in collaboration with AHRQ and ACF o 46 attendees ▪ **Briefing with leadership from the VA's IPV Assistance Program** o March 2, 2018 o HRSA OWH o 2 attendees ▪ **Briefing with DOJ Principal Deputy Director of the Office on Violence Against Women** o February 26, 2018 o HRSA OWH o 1 attendee ▪ **HHS Region 7 Public Health Webinar Series: *Cardiovascular Disease in Women and Minority Populations*** o February 1, 2018 o HRSA ORO in collaboration with OASH o 136 live participants; 206 archived views ▪ **CDC Division of Violence Prevention, Briefing with key staff** o January 12, 2018 o HRSA OWH o 4 attendees ▪ **HHS/DOJ Human Trafficking Technical Assistance and Training Provider Roundtable** o January 9, 2018 o HRSA OWH o 40 attendees

Audience	Presentation Details
Federal Partners Continued	▪ **Briefing with key staff from ACF's Family Violence Prevention and Services Program and Office on Trafficking in Persons** o November 21, 2017 o HRSA OWH o 4 attendees ▪ **HHS Coordinating Committee on Women's Health Presentation** o October 12, 2017 o HRSA OWH o 35 attendees from AHRQ, CDC, CMS, FDA, OASH, SAMHSA, VA, and National Institutes of Health and Office of the Assistant Secretary for Preparedness and Response
HRSA Grant Recipients	▪ **2018 National Ryan White Conference: *Understanding the Intersection between IPV and HIV*** o December 12, 2018 o HRSA OWH and HAB DCHAP o 100 attendees ▪ **Listening Session with Association of State and Tribal Health Officials (ASTHO) key staff** o October 23, 2018 o HRSA OWH o 5 attendees ▪ **ASTHO Policy Summit: *Leader to Leader Executive Roundtable: Intersections Between Public and Behavioral Health: Focus on Maternal Health and Violence*** o September 25, 2018 o HRSA OWH o 25 attendees ▪ **OCHIN Grand Rounds: *HRSA's Strategy to Address IPV: Integration and Innovation in Practice*** o September 21, 2018 o HRSA OWH o 50 attendees ▪ **State Offices of Rural Health Policy Region C (IA, IL, IN, KS, OH, MI, MN, NE, WI): Rural Health Research Centers** o September 14-15, 2018 o FORHP o 30 attendees ▪ **Presentation to Indiana Rural Health Association Conference** o June 26, 2018 o HRSA ORO Region 5 o 500 attendees

Audience	Presentation Details
HRSA Grant Recipients Continued	▪ **Project Catalyst Idaho Site Visit Presentation** o May 24, 2018 o HRSA OWH o 30 attendees ▪ **SAMHSA-HRSA Center for Integrated Health Solutions Webinar: *Addressing IPV in Integrated Care Settings*** o April 30, 2018 o Futures Without Violence and the Colorado Coalition Against Domestic Violence o 1,252 attendees ▪ **Federal Office of Rural Health Policy Community-Based Division Grantee Meeting** o March 26, 2018 o HRSA OWH and FORHP o 50 attendees ▪ **HHS Region 7 Primary Care Association Meeting** o February 2018 o HRSA ORO Region 7 o 3,587 attendees ▪ **2018 West Forum for Migrant and Community Health: *The Opioid Crisis and Women*** o February 22, 2018 o HRSA OWH o 50 attendees ▪ **Project Catalyst Kick-Off Meeting Presentation** o January 23, 2018 o HRSA OWH o 20 attendees ▪ **HRSA Bureau of Primary Health Care Presentation to the Colorado Community Health Network** o January 11, 2018 o BPHC Chief Medical Officer o 20 attendees ▪ **Region 10 Listening Session: *Engaging Community and Health Partners to Address IPV and Human Trafficking*** o August 14, 2017 o HRSA OWH, ORO, HHS OWH, and ACF o 28 attendees

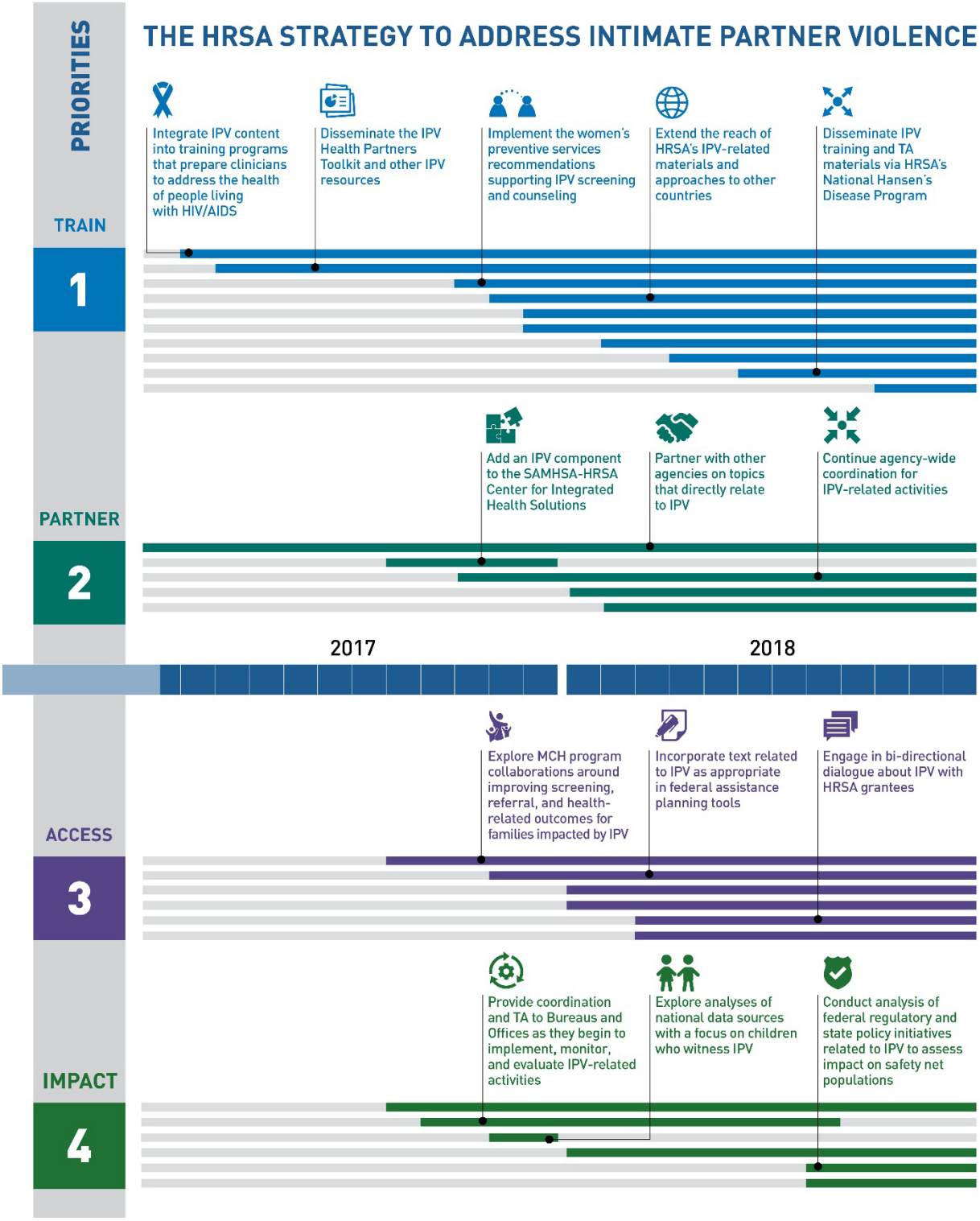
Audience	Presentation Details
Academic Institutions and Advocacy Organizations	▪ **2018 American Public Health Association Annual Meeting Presentation: *The HRSA Strategy to Address IPV*** o November 13, 2018 o HRSA OWH o 50 attendees ▪ **National Health Collaborative on Violence and Abuse - Congressional Briefing: *Health Solutions to Children and Families Affected by Trauma and Abuse*** o May 24, 2018 o HRSA OWH in collaboration with OL o 60 attendees ▪ **Presentation to key leadership from the Harvard Learning Lab's Saving Promise Initiative** o November 14, 2017 o HRSA OWH o 4 attendees ▪ **Presentation to the National Health Collaborative on Violence and Abuse** o September 28, 2017 o HRSA OWH o 25 attendees ▪ **IPV Health Partners Toolkit Launch Webinar: *Improving Health Outcomes through Violence Prevention*** o May 24, 2017 o HRSA OWH and BPHC in collaboration with Futures Without Violence o 207 attendees
International Delegations	▪ **Maternal Mortality Summit Breakout Session: *Mental Health and Trauma During and After Pregnancy: A Neglected Cause of Maternal Mortality*** o June 21, 2018 o HRSA OWH and OGH o 75 attendees ▪ **State Department International Visitor Leadership Meetings** HRSA OWH and OGH delivered three presentations to delegates from 21 nations: o October 17, 2018: Chad, Egypt, Iraq, Jordan, Kuwait, Morocco, Saudi Arabia, and Tunisia; 25 attendees o August 17, 2018: Algeria, Botswana, Cambodia, Chad, Egypt, Eritrea, Haiti, Liberia, Papua New Guinea, People's Republic of China, Romania, South Africa, Tanzania, and Ukraine; 30 attendees o May 2, 2018: Kyrgyz Republic; 5 attendees

APPENDIX D: Acronyms

ACE	Adverse Childhood Experience
ACF	Administration for Children and Families
AETC	AIDS Education and Training Center
AHEC	Area Health Education Centers
AHRQ	Agency for Healthcare Research and Quality
AIDS	Acquired Immunodeficiency Syndrome
ANE-SANE	Advanced Nursing Education-Sexual Assault Nurse Examiner
ASTHO	Association of State and Tribal Health Officials
BHW	Bureau of Health Workforce
BPHC	Bureau of Primary Health Care
CDC	Centers for Disease Control and Prevention
CDO	Chief Dental Officer
CIHS	SAMHSA-HRSA Center for Integrated Health Solutions
CLAS	Culturally and Linguistically Appropriate Services
CMS	Centers for Medicare and Medicaid Services
CoIIN	Collaborative Improvement and Innovation Network
DCHAP	Division of Community HIV/AIDS Programs
DOJ	Department of Justice
E2i	Evidence-Informed Interventions to Improve Health Outcomes among People Living with HIV
FAQ	Frequently Asked Questions
FORHP	Federal Office of Rural Health Policy
FY	Fiscal Year
HAB	HIV/AIDS Bureau
HHS	United States Department of Health and Human Services
HIV	Human Immunodeficiency Virus
HRSA	Health Resources and Services Administration
HSB	Healthcare Systems Bureau
HT	Human Trafficking
IHS	Indian Health Service
IPV	Intimate Partner Violence
IVLP	International Visitors Leadership Program
LGBTQ	Lesbian, Gay, Bisexual, Transgender, Queer
LIAs	Local Implementing Agencies
MCH	Maternal and Child Health
MCHB	Maternal and Child Health Bureau
MCOHRC	Maternal and Child Oral Health Resource Center
MIECHV	Maternal, Infant, and Early Childhood Home Visiting Program
NHTTAC	National Human Trafficking Training and Technical Assistance Center
NIH	National Institutes of Health
NNOHA	National Network for Oral Health Access
NOFO	Notice of Funding Opportunity
NSCH	National Survey of Children's Health

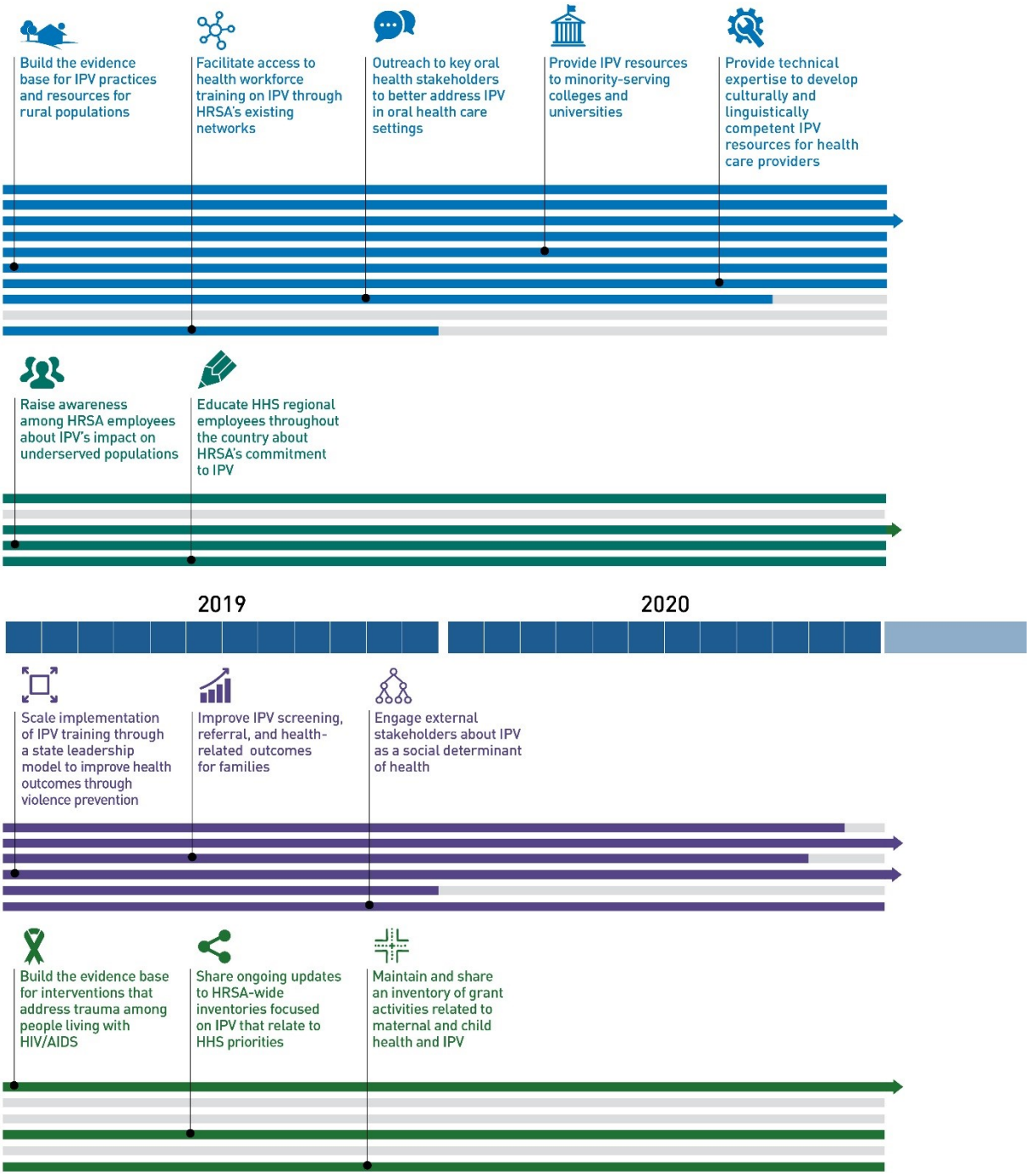
OASH	Office of the Assistant Secretary for Health
OCRDI	Office of Civil Rights, Diversity, and Inclusion
OECD	Organisation for Economic Co-operation and Development
OFAM	Office of Federal Assistance Management
OGA	HHS Office of Global Affairs
OGH	HRSA Office of Global Health
OHE	Office of Health Equity
OHR	Office of Human Resources
OL	Office of Legislation
OPAE	Office of Planning, Analysis and Evaluation
ORO	Office of Regional Operations
OTIP	Office on Trafficking in Persons
OWH	Office of Women's Health
PAHO	Pan American Health Organization
PCAs	Primary Care Associations
PLWH	People Living with HIV
RHI Hub	Rural Health Information Hub
RWHAP	Ryan White HIV/AIDS Program
SAMHSA	Substance Abuse and Mental Health Services Administration
SDGs	Sustainable Development Goals
SDVCs	State Domestic Violence Coalitions
SHDs	State Health Departments
SOAR	Stop Observe Ask Respond to Health and Wellness Training
SPNS	Special Projects of National Significance
TA	Technical Assistance
UN	United Nations
USM	United States-Mexico
VA	United States Department of Veterans Affairs
WHO	World Health Organization
WICY	Women, Children, Infants, and Youth
WPSI	Women's Preventive Services Initiative

APPENDIX E: Strategy Implementation Timeline



HRSA Health Resources & Services Administration

(IPV) 2017-2020 | IMPLEMENTATION TIMELINE



APPENDIX F: HRSA IPV Leadership Team Members, 2016-2018

Bureau or Office	2016-2017 Team	2018 Team
Bureau of Health Workforce	Melissa Moore Joel Nelson	Mavis Carter Tracy Gray Michael Jenkins Richard Olague
Bureau of Primary Health Care	Jeanine Baez Amanda Ford Judith Steinberg	Jeanine Baez Amanda Ford Judith Steinberg
Federal Office of Rural Health Policy	Jennifer Burges Heather Dimeris	Jennifer Burges Heather Dimeris
Healthcare Systems Bureau	A. Melissa Houston Lisa Shelton	A. Melissa Houston Kevin Tracy
HIV/AIDS Bureau	Laura Cheever Mindy Golatt Monique Hitch	Laura Cheever Mindy Golatt Monique Hitch
Maternal and Child Health Bureau	Michael Lu Bethany Miller Kimberly Sherman	Laura Kavanagh Bethany Miller Suzanne Richards-Eckart Kimberly Sherman
Office of Civil Rights, Diversity, and Inclusion	Golda Philip	Golda Philip Sarah Williams
Office of Communications	Kathryn Cook	Elizabeth Senerchia
Office of Federal Assistance Management	Molly Wirick	Molly Wirick
Office of Global Health	Austin Demby Juliette Jenkins	Charles Darr Austin Demby Erin Fowler
Office of Health Equity	Gemirauld Daus Ivy Vedamuthu	Gemirauld Daus Ivy Vedamuthu
Office of Legislation		Brutrinia Cain Melissa Robleto
Office of Planning, Analysis and Evaluation	Jill Center Kristina McBoyle Karen Wade	Kelsi Feltz Shauna Rust
Office of Regional Operations	Cheryl Donald Margarita Figueroa-Gonzalez Dennis Malcomson	Cheryl Donald Amanda Waldrup
Office of Women's Health	Christina Lachance Christiana Lang Sabrina Matoff-Stepp Nancy Mautone-Smith Jane Segebrecht	Bethany Applebaum Patricia Burbano Natalie Jacobsen Christina Lachance Sabrina Matoff-Stepp Nancy Mautone-Smith Folashade Osibanjo Jane Segebrecht