



Supporting A Diverse Workforce: Working with Health Center Staff that Exist at the Intersection of Different Identities

Session One

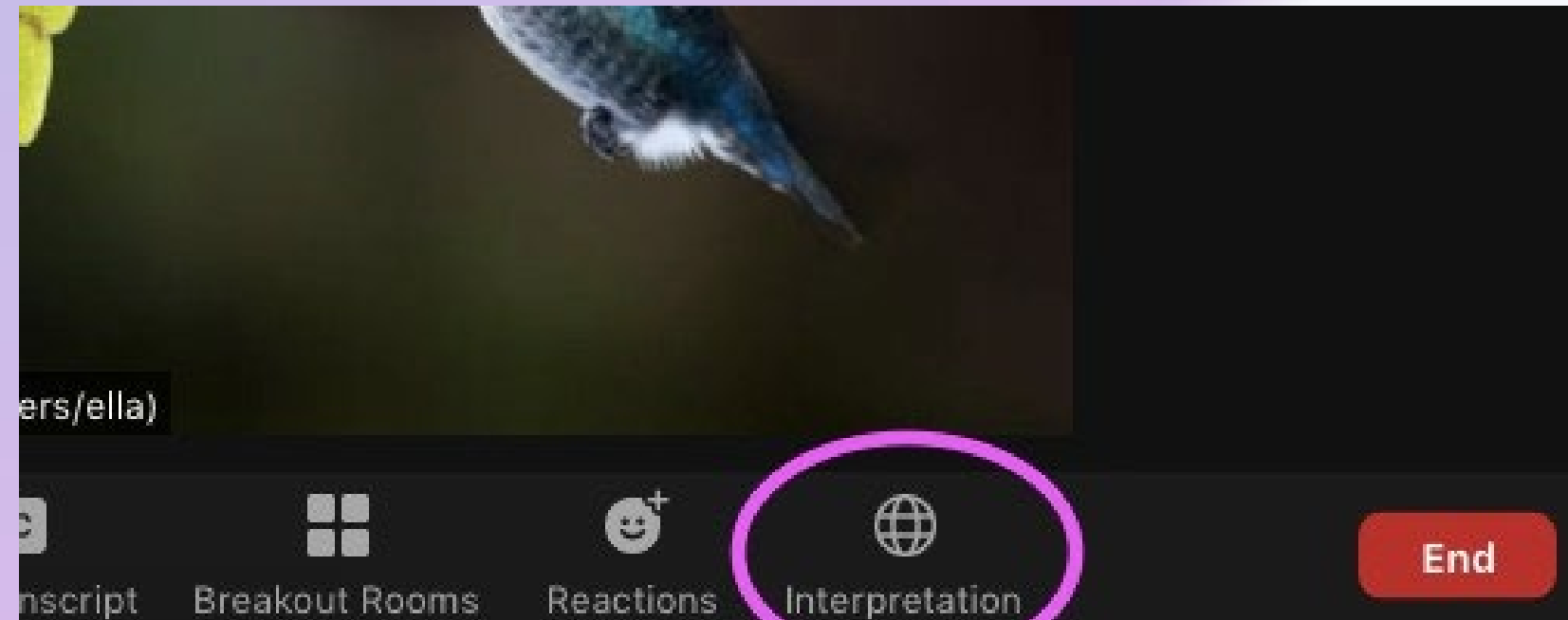
November 6, 2024

This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$550,000 with 0 percentage financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit [HRSA.gov](https://www.hrsa.gov)

How To Access Language Interpretation on Zoom

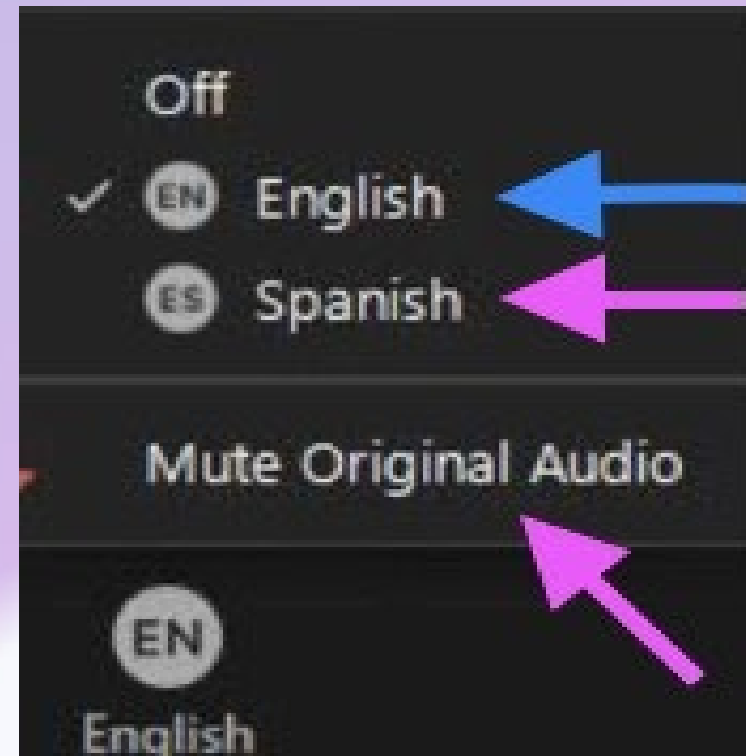
Cómo Activar la Interpretación de Idiomas en Zoom

On your computer, find the Interpretation Globe Icon at the bottom of your screen



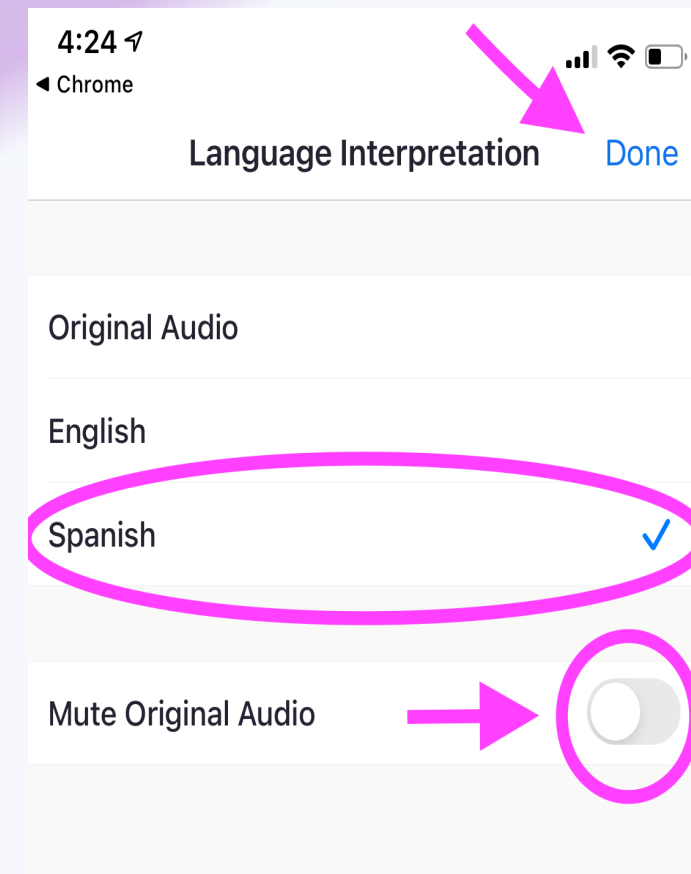
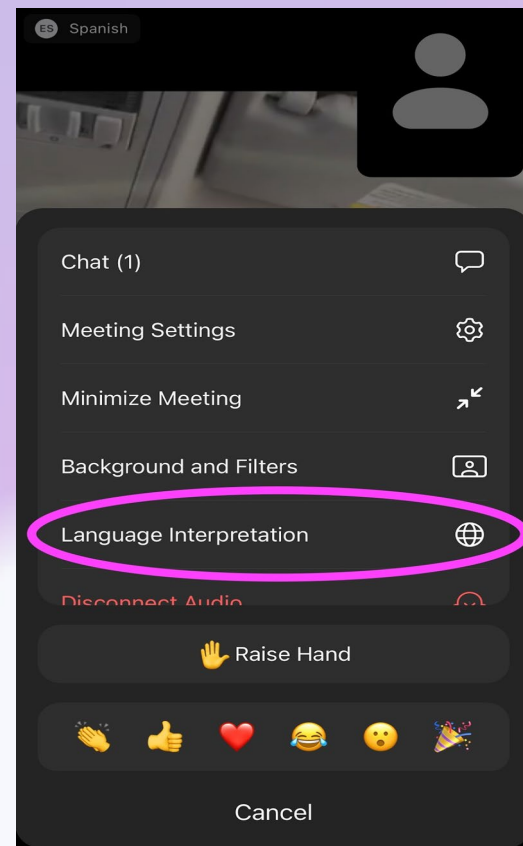
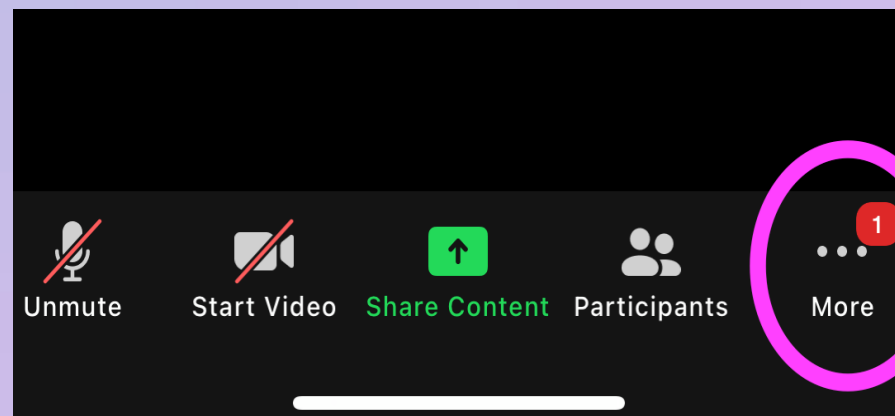
En su computadora, busque el globo terráqueo que dice Interpretación en la parte inferior de su pantalla.

Choose English as your language. Make sure to NOT mute original audio so that you can hear the main room



Seleccione Español. Asegúrese de Silenciar Audio Original, si solo desea escuchar al intérprete

If you are on a smart device, look for the three dot menu and choose Language Interpretation. Then, select English.



Desde un dispositivo inteligente, busque el menú de tres puntos y elija Interpretación. Después, escoja “Español” y silencie el audio original.

Viewing Slides

We have both English and Spanish slides being shared simultaneously.

Go to view options at the top right corner of Zoom to select the language you prefer to change the screen you're viewing.

STAR² CENTER TEAM



ACU
ASSOCIATION OF CLINICIANS
FOR THE UNDERSERVED



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ASSOCIATION OF CLINICIANS FOR THE UNDERSERVED



Access to Care & Clinician Support

Recruitment & Retention

National
Health
Service Corps

Resources

Training

Networking

- National Cooperative Agreement awarded in 2014
- Funded by the Bureau of Primary Healthcare
- One of 22 National Training and Technical Assistance Partners (NTTAPs)
- Produces **FREE** Resources, Training, and Technical Assistance

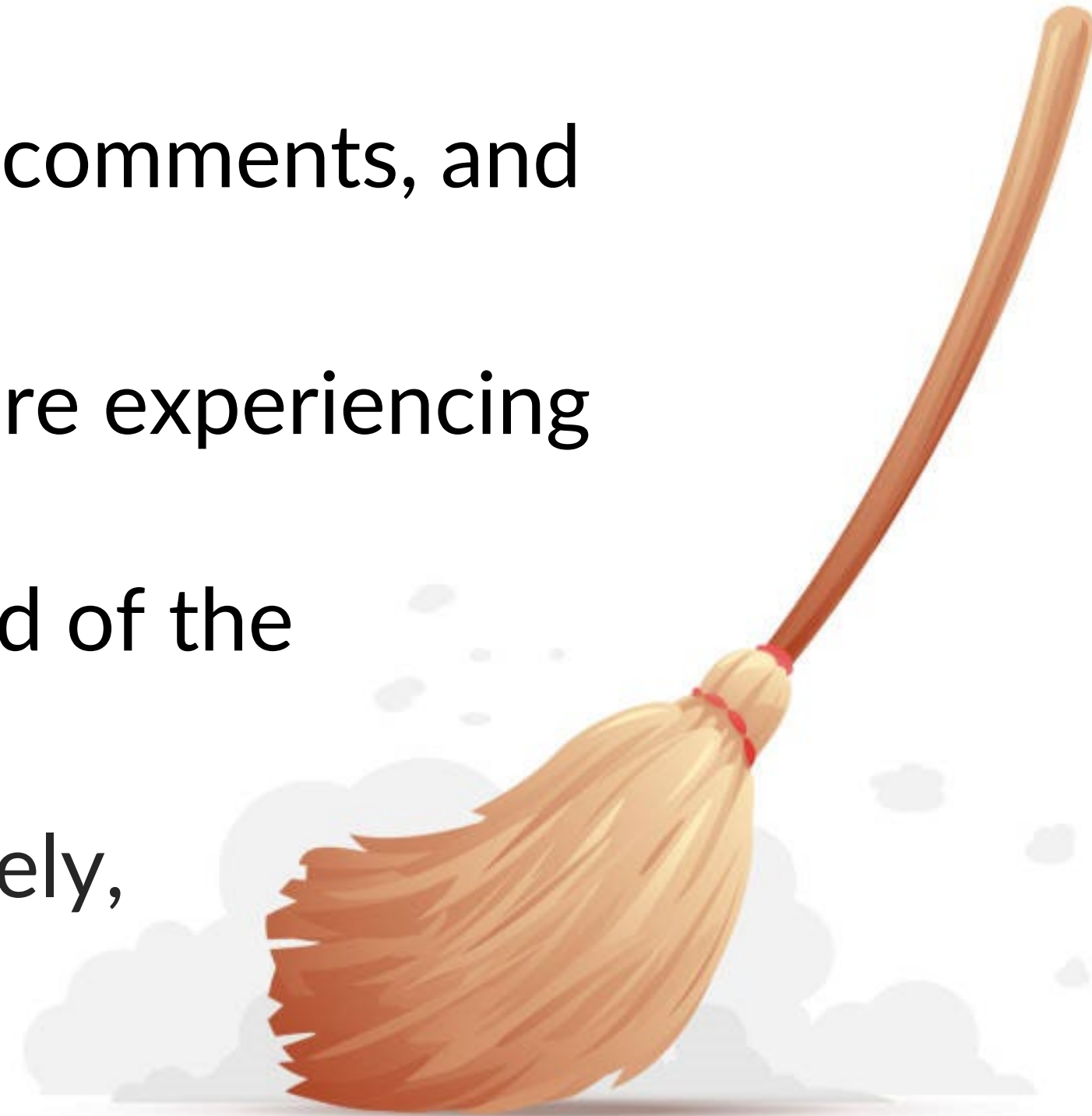
www.chcworkforce.org

Contact us: info@chcworkforce.org

HOUSEKEEPING



- This session is being recorded. The **recording and slides** will be sent to all registrants.
- Use the **chat box** to ask questions, share comments, and thoughts.
- Send a message to **Mariah Blake**, if you are experiencing technical difficulties.
- Please complete the **evaluation** at the end of the session.
- Be as present as possible, listen deliberately, share generously





Addressing Impacts of Trauma and Intimate Partner Violence (IPV) on Health Center Staff

November 6th, 2024

Spanish/ASL interpretation provided

Webinar is being recorded

Presenters



Anna Marjavi
She/Her/Hers
Director
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Futures Without Violence



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Futures Without Violence

Health Partners on IPV + Exploitation

Led by Futures Without Violence (FUTURES) and funded by HRSA BPHC to work with health centers to support those at risk of experiencing or surviving intimate partner violence, human trafficking, or exploitation and to bolster prevention efforts.

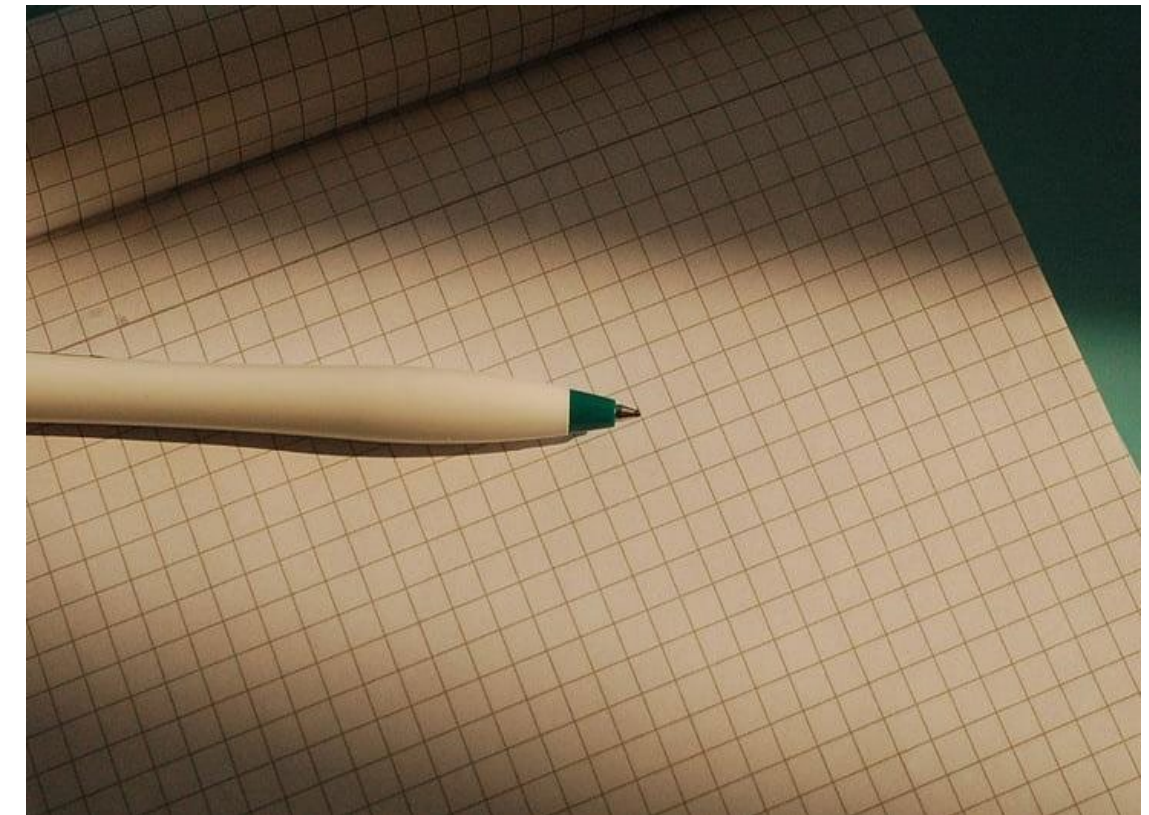
We offer health center staff ongoing educational programs including:

- ✓ Learning Collaboratives on key topics for small cohorts
- ✓ Webinars + archives
- ✓ Clinical and patient tools, an online toolkit, evaluation + Health IT tools
- **Learn more:** www.healthpartnersipve.org
- **Online toolkit:** www.IPVHealthPartners.org



Agenda

- Prevalence of workplace violence in health care settings
- Impacts of IPV and trauma in the workplace for health care workers
- Culture change approach
- Resources + closing



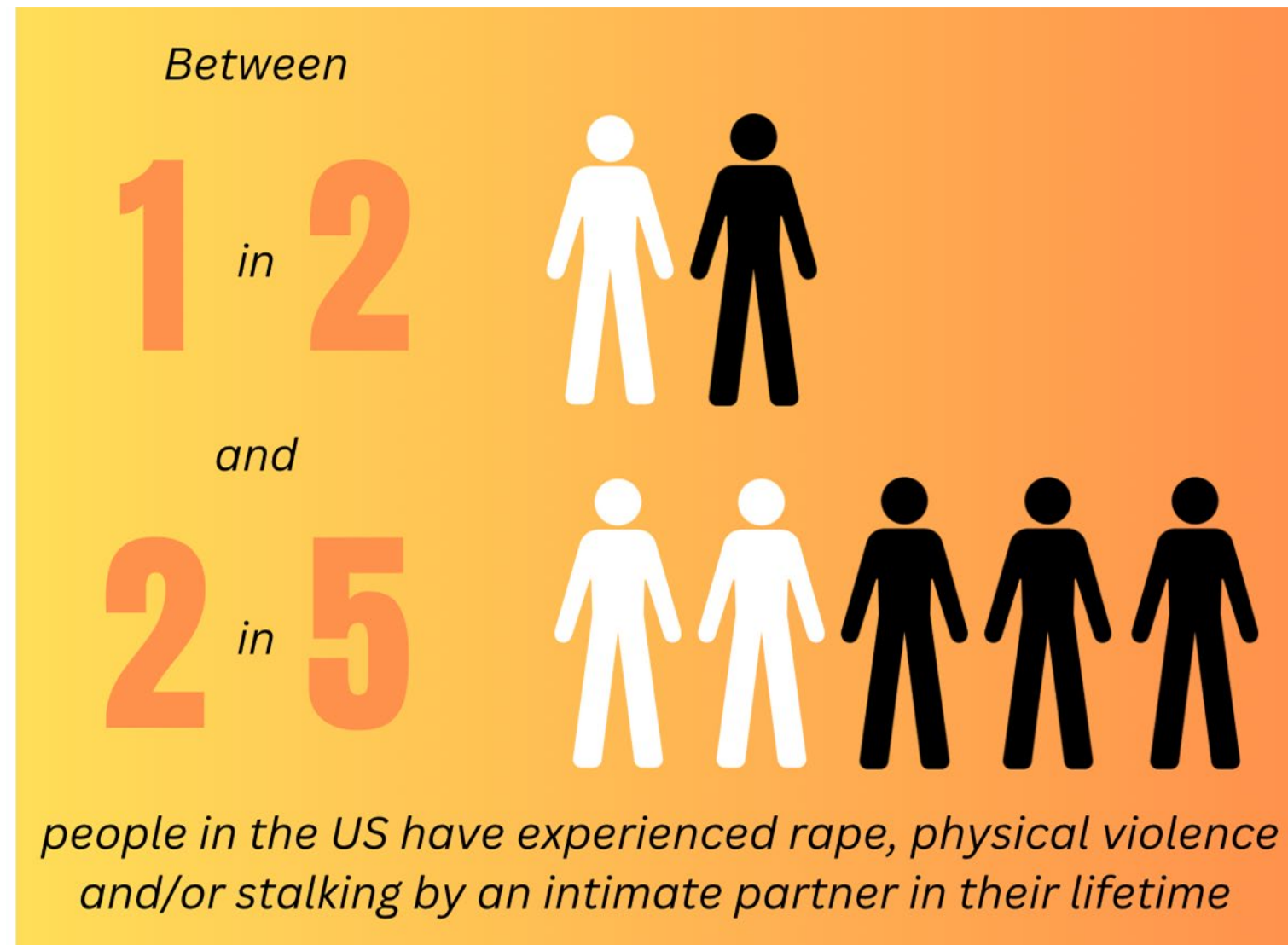


Does your health center
currently support staff
around intimate partner
violence (IPV)?

(Type answers in the chat)

Prevalence

Intimate Partner Violence



Sexual Violence



Because of intersecting forms of sexism, racism, trans/homophobia and other forms of oppression, marginalized and/or historically exploited peoples experience higher rates.





2023-2025

HRSA Strategy to Address Intimate Partner Violence



Aims, Objectives, and Activities

AIM 1: Enhance coordination between and among HRSA projects to better focus IPV efforts

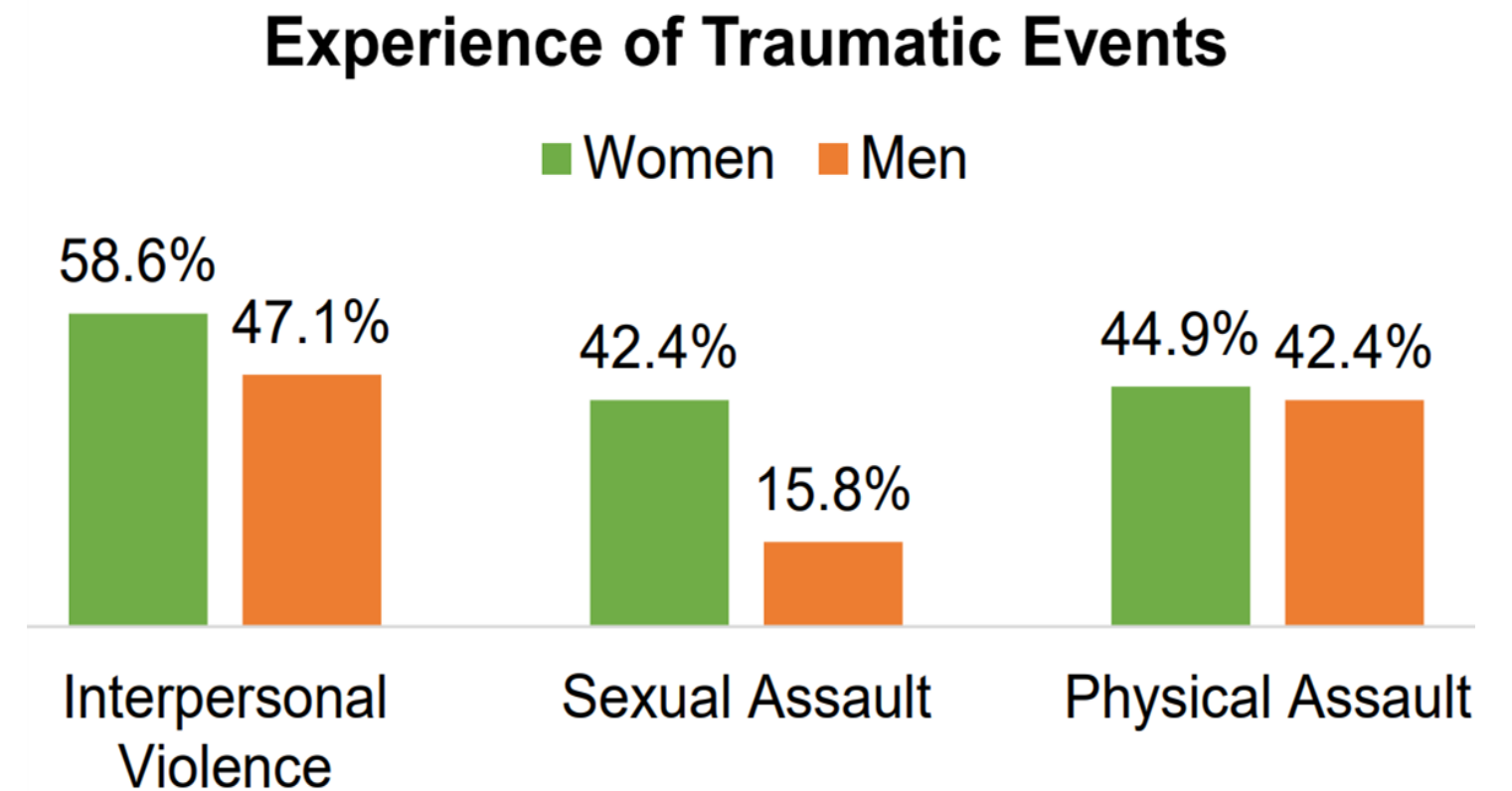
AIM 2: Strengthen infrastructure and workforce capacity to support IPV prevention and response services

AIM 3: Promote prevention of IPV through evidence-based programs

<https://www.hrsa.gov/sites/default/files/hrsa/owh/2023-2025-hrsa-ipv-strategy.pdf>

Workforce Characteristics

- A national study found that 89.7% of U.S. adults had been exposed to at least one traumatic event in their lifetime
- Majority female identifying workforce
- Significant variation in diversity by job category

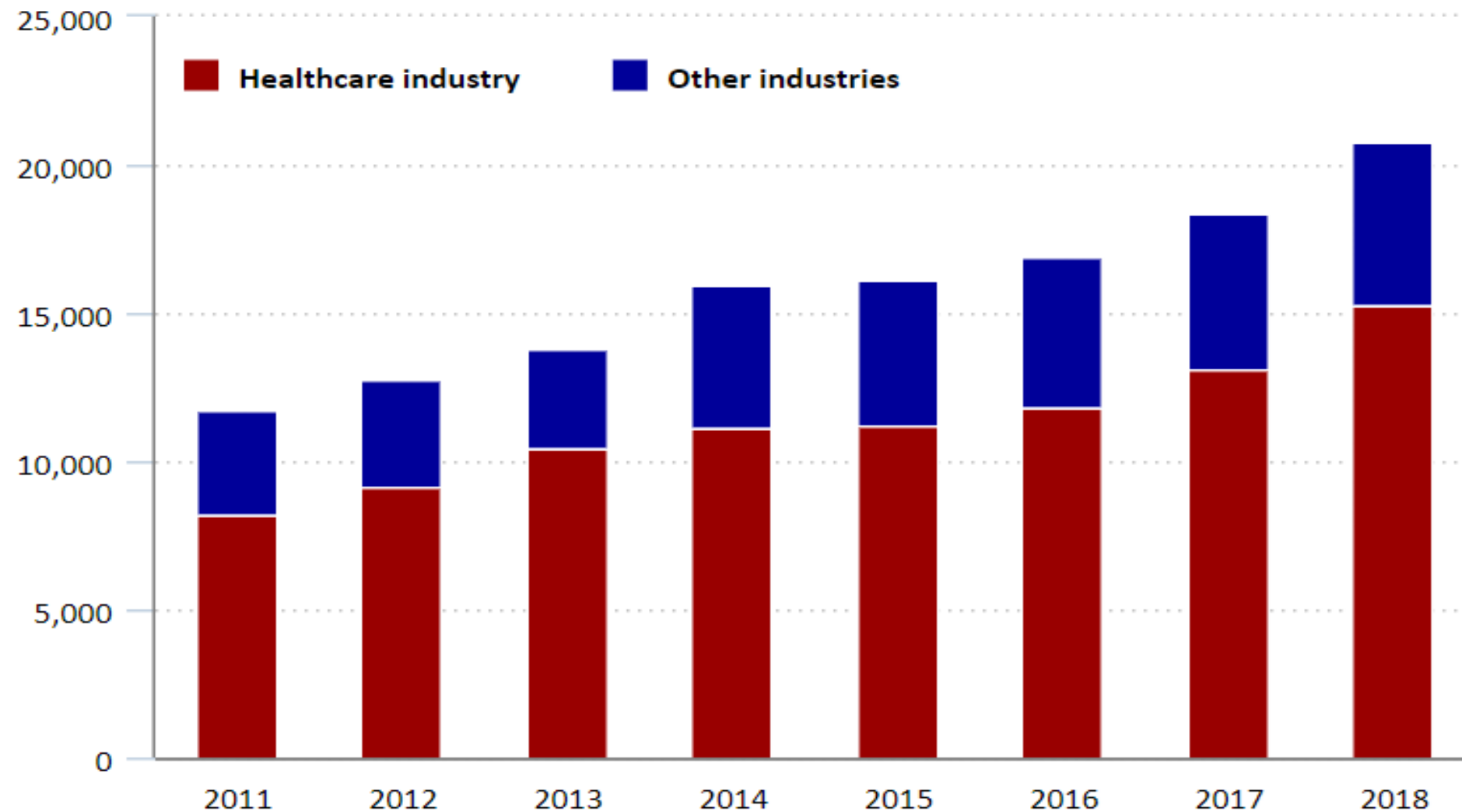


Source: Kilpatrick, Dean G, Heidi S Resnick, Melissa E Milanak, Mark W Miller, Katherine M Keyes, and Matthew J Friedman. "National Estimates of Exposure to Traumatic Events and PTSD Prevalence Using DSM-IV and DSM-5 Criteria." *Journal of Traumatic Stress* 26, no. 5 (October 2013): 537–47. <https://doi.org/10.1002/jts.21848>



Workplace Violence in the Healthcare Industry

Chart 2. Number of nonfatal workplace violence injuries and illnesses with days away from work, 2011-18



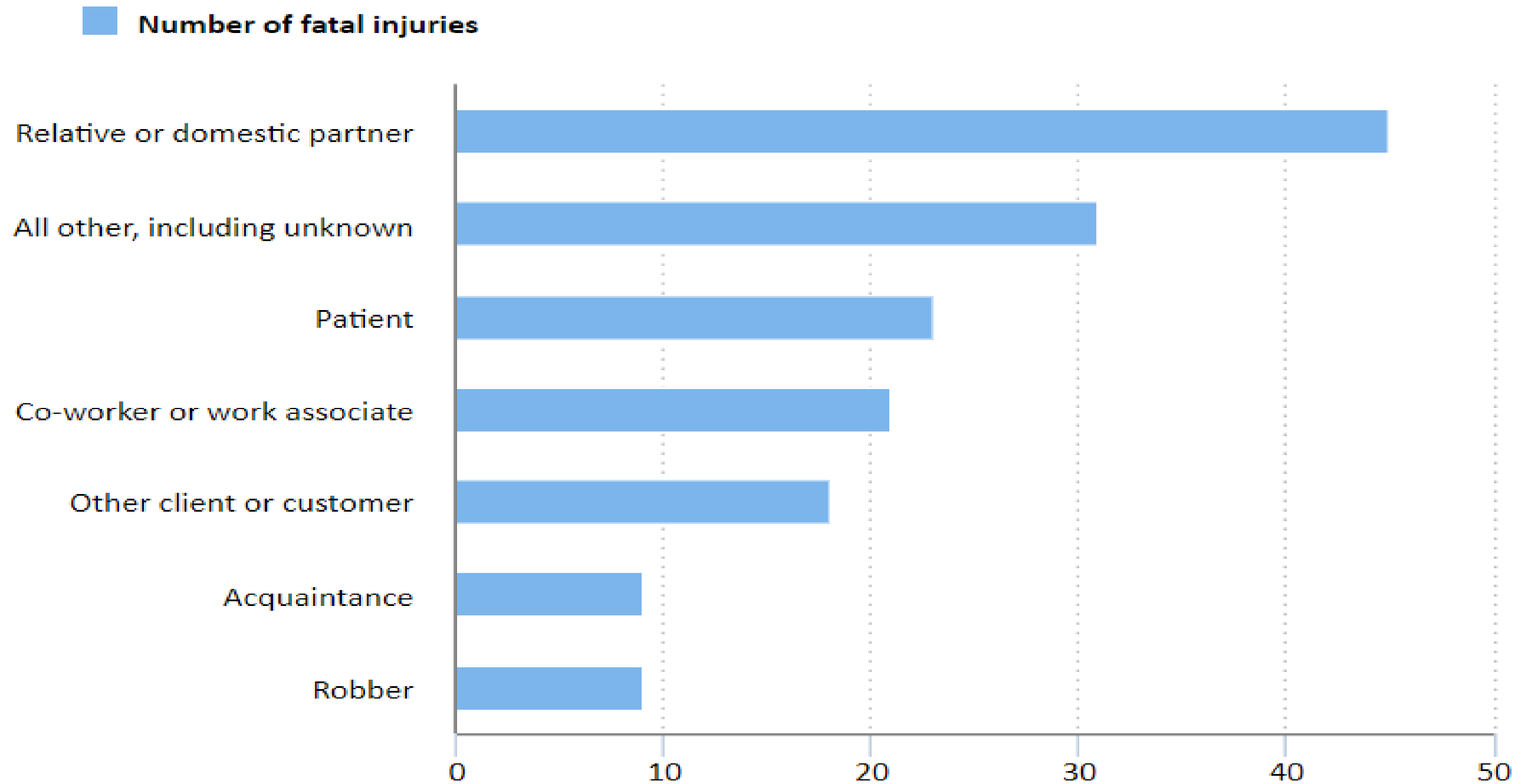
Health care workers represented 73 percent of the victims of nonfatal workplace violence in 2018.

Click legend items to change data display. Hover over chart to view data.
Source: U.S. Bureau of Labor Statistics.

<https://www.bls.gov/iif/factsheets/workplace-violence-healthcare-2018.html>



Chart 3. Workplace homicides to healthcare workers, by assailant, 2011-18



Click legend items to change data display. Hover over chart to view data.
Source: U.S. Bureau of Labor Statistics.

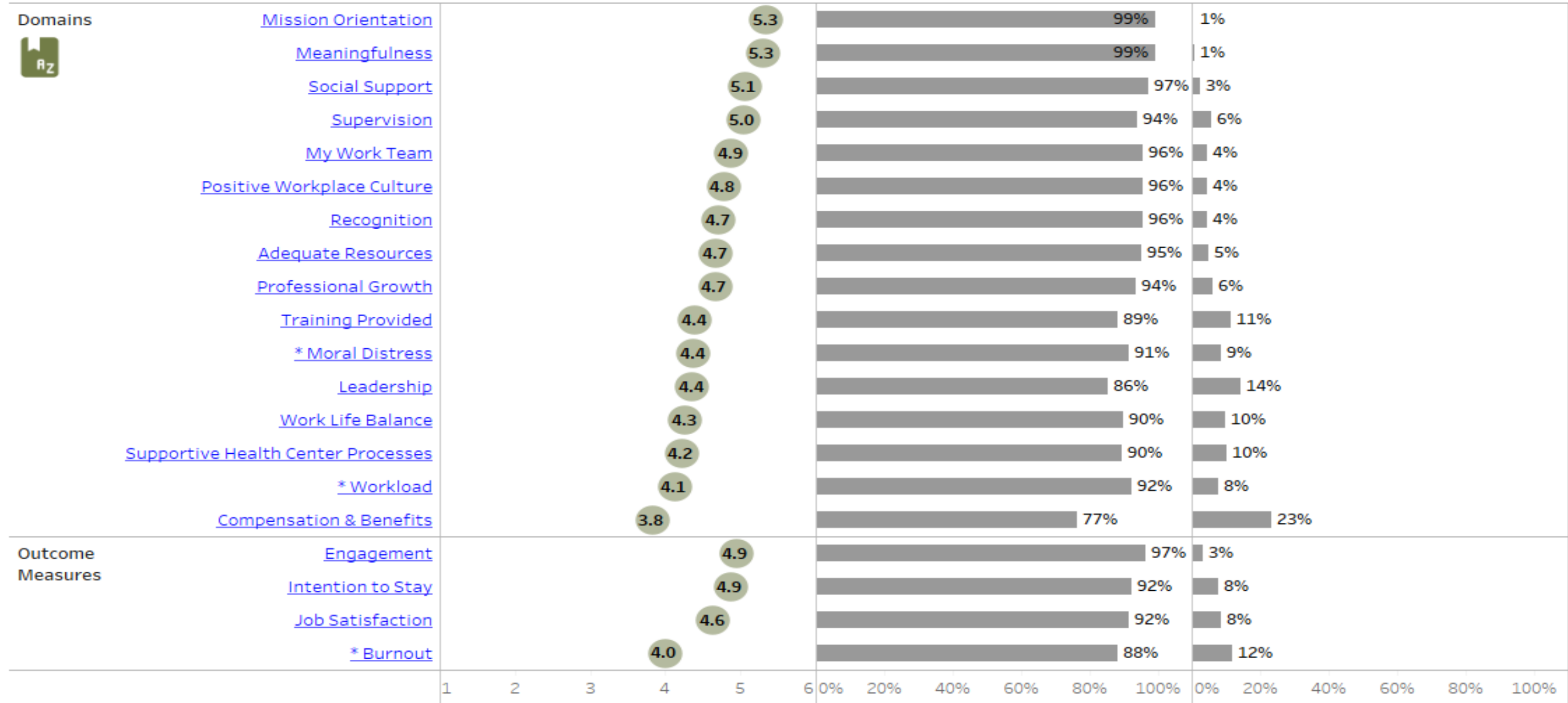
[Workplace Violence in Healthcare, 2018 : U.S. Bureau of Labor Statistics](#)





Health Center Workforce Well-being Survey Dashboard

Click a Domain/Outcome heading below to jump to its Domain Detail Report



Intimate Partner Violence and Harassment are Workplace Issues

Gender-Based Violence and Harassment Occurs In the Workplace

There are structural factors and job characteristics that increase workers' risk of gender-based violence, particularly sexual harassment, in the workplace:

- Power differentials
- Working in isolation
- Focus on customer satisfaction
- Decentralized workforce (decision makers disconnected from front line workers)

High rates of violence and harassment against healthcare professionals:

- Reports of sexual harassment is highest in (1) accommodations and food service; (2) retail; (3) manufacturing; **(4) healthcare and social assistance industries**





What are some implications of not addressing IPV within the workplace?

(Type in the chat)

Impact

Physical signs of injury or chronic illnesses

Increased absenteeism and tardiness

- Survivors of stalking lose an average of 10.1 days of paid work per year, rape lose 8.1 days; and physical violence lose 7.2 days

Inability to concentrate

Increase in personal calls or visits from a partner



Impact

Appearing agitated, bored, angry, sad, or hypervigilant

Job loss

- Up to 60% of survivors of domestic violence lost their job as a result of abuse
- Women who experience sexual harassment are 6.5 times more likely to leave their job than those who had not

Homicide



Impact

Decreased performance and productivity

Decreased staff morale; trust in leadership and the workplace

Decreased safety for all, not just the immediate parties involved

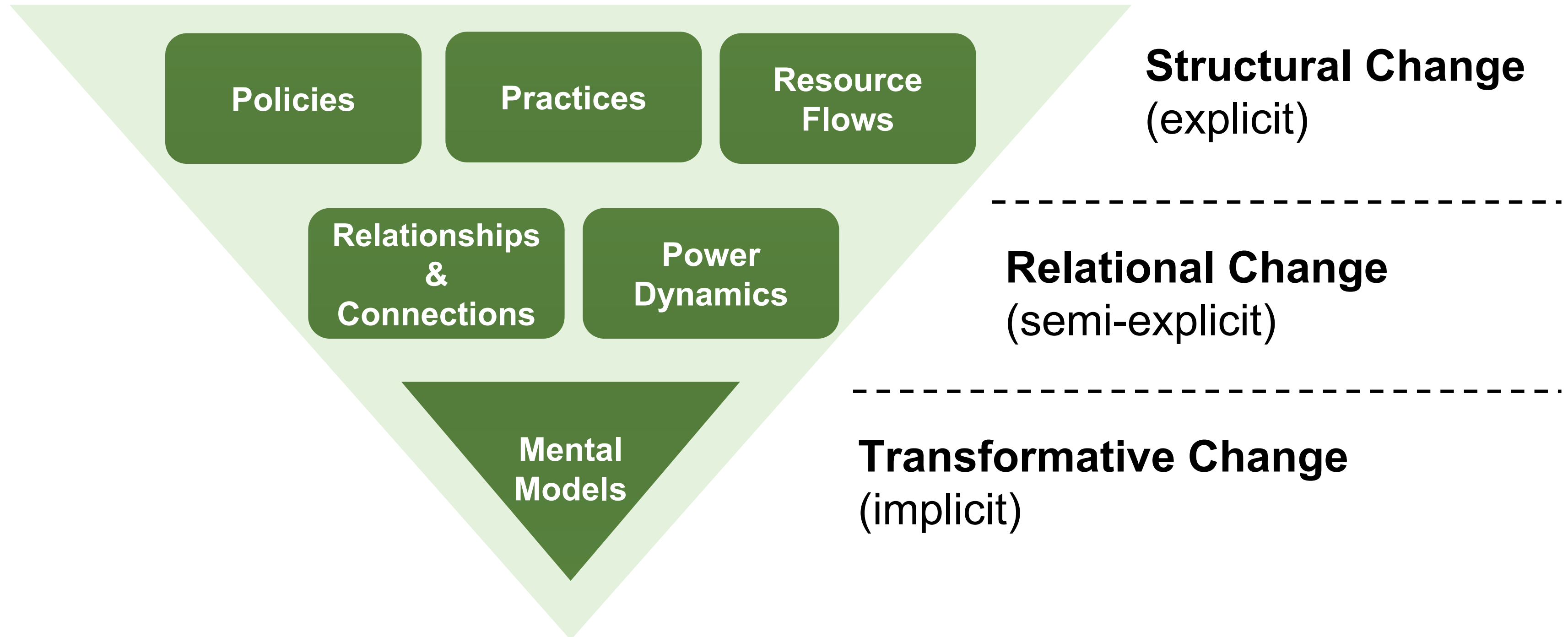
Increased staff turnover



Trauma- Informed Culture Change Approach



Trauma- Informed Culture Change Approach



Structural Factors - Policies (formal)

Living Wage

PAID Sick and Safe Leave

Partnerships with local DV programs

Robust Mental Health Coverage

Policy on GBVH in the workplace

Transparent Policies

DEIA initiatives **MUST** include GBVH



The Heart of the Model: Building Meaningful Partnerships



Download a sample MOU: <https://healthpartnersipve.org/resources/sample-memorandum-of-understanding/>
For additional information on partnership, visit: <https://ipvhealthpartners.org/partner>



Domestic/Sexual Violence Advocacy Programs

Domestic violence and sexual assault programs have vast experiences working with survivors of violence and assist them to identify ways to increase personal safety while assessing the risks.

Advocates connect patients to additional services like:

- Crisis safety planning (usually 24/hour hotline)
- Housing (emergency and transitional)
- Legal advocacy
- Support groups/counseling
- Children's services
- Employment support



Find your State, Territory, or Tribal Coalition:

- <https://nnedv.org/content/state-u-s-territory-coalitions/>
- <https://www.niwrc.org/tribal-coalitions>



Structural Factors - Practice (Informal)

- Adequate staffing to ensure reasonable workloads
- Clear mission and values that is connected throughout the work
- Provide clarity around roles and expectations
- Value and celebrate every role
- Clear and transparent communications from leadership



Relational Factors

-
- Examine power differences and seek to promote greater power sharing and collaboration
-
- Build connections across roles
-
- Foster mentorship opportunities
-
- Trust and empower employees
-
- Make employee well-being a part of a supervisor's job description
-
- Conduct regular climate and culture surveys and address findings through action
-



Transformative Change

- Education and leadership training.
- Recognition that addressing IPV is **EVERYONE's** responsibility.
- Conduct listening sessions with employees. Let these guide the learning objectives and content.
- Uplift survivor perspectives by inviting survivor speakers and advocates to join trainings and events and provide payment for their engagement.
- Include in onboarding for all new employees.
- Identify the champions and leaders, both formally and informally.



Benefits of addressing IPV at workplace



Benefits

- Increased retention
- Decreased investigations
- Decreased litigation
 - Increased time and money for professional development
- Increased engagement
- Safer workplace
- Safer communities
- Increased productivity
- Better health outcomes for staff



Key Summary Points

- Intimate partner violence (IPV) is a workplace issue.
- Health centers have a key role in supporting staff who experience IPV.
- Community-based advocates are important partners to support safety for both staff and patients experiencing IPV.
- Policies should be accompanied with practices (awareness and education, social norms change, onboarding, etc.) to support staff.



Resources

WORKPLACES RESPOND
TO DOMESTIC & SEXUAL VIOLENCE
A NATIONAL RESOURCE CENTER

HEALTH PARTNERS 
ON IPV + EXPLOITATION

Workplaces Respond

The National Resource Center (Workplaces Respond) works in partnership with employers, unions, workers, and advocates to create workplaces that are free from violence.

Workplaces Respond provides free resources, consultation, and training programs to prevent and respond to the impacts of domestic and dating violence, sexual violence and harassment, and stalking in the world of work through culture change.

www.WorkplacesRespond.org



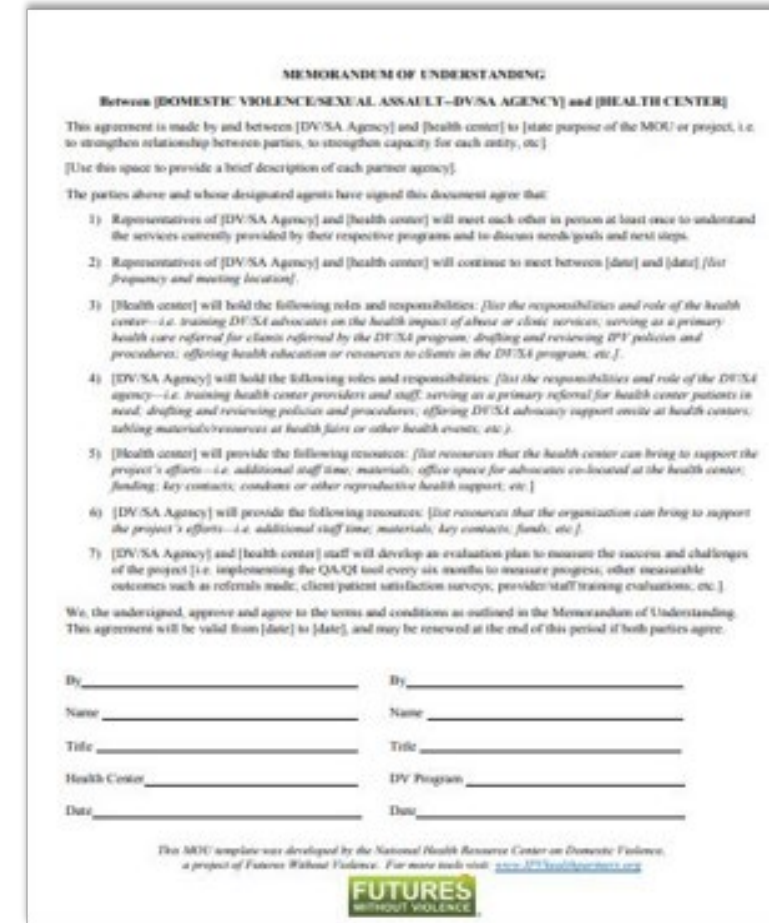
Workplace Resources

- Addressing the Impacts of Violence and Trauma in the Workplace:
<https://www.workplacesrespond.org/resource-library/impacts-of-violence-trauma/>
- Tips for Creating a Resilient Workplace: <https://www.workplacesrespond.org/resource-library/tips-for-creating-a-resilient-workplace/>
- Six Supportive Ways to Address Trauma that Shows Up at Work:
<https://www.workplacesrespond.org/resource-library/impacts-of-violence-trauma/>
- Self-Care Toolkit: <https://www.workplacesrespond.org/resource-library/self-care-interactive-tool/>
- Model Training for the Healthcare Industry:
<https://www.workplacesrespond.org/resource-library/model-healthcare-industry-trainings/>



Partnership Resources

- Adaptable Memorandum of Understanding (MOU)- Available both in English & Spanish
- Quality Assessment / Quality Improvement Tool
- Increasing Health Care Enrollment for Survivors of Domestic Violence



healthpartnersipve.org

Partnerships between health centers and domestic and sexual violence (DSV) advocacy programs are crucial to support survivors in your community.

To start and grow a partnership:

Assess the needs of your community

What communities does your health center serve? What kinds of support services would benefit survivors in these communities? Engage survivors to get their input.

Identify champions in your health center and community

Who can research what DSV resources exist in your area? What services already exist to support survivors in your health center?

What are the benefits for staff and patients?

Partnerships between health centers, community-based organizations, and DSV advocacy programs provide benefits for health center staff, survivors, and all patients:

- Increased access to healthcare enrollment and services
- Safety planning for survivors and connection to DSV advocates
- Addressing intersecting needs like food access, legal support and housing
- Relying on the expertise of your partners—you don't have to be an expert on violence!
- Support for staff wellness and healing

Connect with community-based DSV advocates

What organizations exist to meet the needs of survivors in your community? What are their services? Identify a point of contact. Find your local DSV program through:

- The National Domestic Violence Helpline: 1-800-799-SAFE and thehotline.org, 24/7 DSV advocate responders, 170+ languages.
- State Coalitions: nadv.org/coalitions or a tertiary coalition.
- Tribal Coalitions: www.nadv.org/tribal-coalitions

Define the partnership

Collectively come to an agreement on how the working relationship will be carried out. This could include: the roles of each partner; the timeline for partnership roll out; process for decision making and communication. These agreements and processes can be outlined in a Memorandum of Understanding.

Key resource:
Sample Memorandum of Understanding

Promote privacy and confidentiality

Robust partnerships between health centers and CBOs do not have to compromise survivor privacy and confidentiality to work effectively. Programs can take steps to ensure survivors' information is protected.

Key resources:

- [Trauma Principles for Protecting Survivors of IPV and Human Trafficking](#)
- [FAQ: Protecting Survivor Privacy](#)

Develop a procedure for bi-directional warm referrals between your health center and the DSV advocacy program

How can health center staff be trained to offer a supported connection to a DSV advocacy program when a patient discloses experiences of abuse? How can survivors referred from the DSV program to the health center partner get to gain access to next day appointments for immediate medical needs?

What is a Domestic and Sexual Violence (DSV) Advocate?

DSV advocates:

- are community based providers trained to support safety and self-determination of survivors
- offer confidential and free services
- provide 24-hour crisis intervention, emotional support, emergency services, legal info, and more.

Access resources here:
<https://healthpartnersipve.org/general-resources/>
<https://ipvhealthpartners.org/partner>

Addressing Intimate Partner Violence, Human Trafficking, and Exploitation in Community Health Centers

Quality Assessment/Quality Improvement (QA/QI) Tool

The following quality assessment/quality improvement (QA/QI) tool is intended to provide community health centers with guiding questions to assess quality of care related to promotion of healthy relationships and intervention related to intimate partner violence (IPV), human trafficking (HT), and exploitation (E) within their health care delivery. The information is to be used as a benchmark for each health center to engage in ongoing quality improvement efforts.

This tool was designed by [Health Partners on IPV + Exploitation](#), a project of Futures Without Violence, to increase the capacity of community health centers to prevent, educate about, and respond to IPV/HT/E. Health Partners on IPV + Exploitation provided training and technical assistance on implementing clinical interventions, establishing partnerships with community-based domestic violence programs, and enacting policy change to address and prevent IPV/HT/E within health centers. Please complete the tool as honestly and completely as you can. The following questions ask about recommended policies, protocols, and practices. For questions that you respond "no" to, it may be helpful to review the corresponding form, policy, and resources listed at end to guide implementation in your community health center.

It may be helpful to complete this tool every six months to track policy changes and implementation status of the recommended IPV/HT/E protocol. Please review our [health center IPV/HT/E protocol](#): <https://ipvhealthpartners.org/wp-content/uploads/2021/07/FUTURES-CHC-Protocol-June-30-2021-FINAL.pdf>

We hope that this tool will help provide guidance on how to enhance your community health center's response to IPV and HT/exploitation. For more information on how to implement these practices see the online toolkit: www.IPVHealthPartners.org.

About Health Partners on IPV + Exploitation
 Health Partners on IPV + Exploitation offers health centers training on trauma-informed services, building partnerships, policy development, and the integration of processes designed to promote prevention and increase the identification and referral to supportive services for individuals at risk for, experiencing, or surviving intimate partner violence, human trafficking and exploitation.
 Email: healthpartners@futureswithoutviolence.org
 Website: <https://healthpartnersipve.org/>

This resource was developed with support from the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award to Health Partners on IPV + Exploitation (Futures Without Violence) totaling \$650,000 with 0 percent financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more info visit HRSA.gov.

TOP 5 Ways Health Centers Can Promote Health Care Access for Survivors of Domestic Violence

Healthcare access is critical for survivors of domestic violence (DV) but it may feel difficult or even impossible for them to access. Fortunately, health center enrollment specialists can help by partnering with their clinic staff and local DV programs to identify survivors who need assistance, understanding the specific provisions related to DV and by educating staff at the health center who may be experiencing DV too.

- 1. Get to know the special enrollment periods that are available to domestic violence survivors**
 Survivors of DV and their dependents may purchase health insurance at any point during the year by starting a new application with the Call Center and asking for a Special Enrollment Period. They must say that they are a "victim of domestic violence." Review the "Healthcare.gov Enrollment for Survivors of Domestic Violence" guide memo to understand how you can help survivors enroll year-round.
- 2. Learn more about the financial supports for some survivors of domestic violence**
 Survivors of DV who are legally married but who do not live with their spouse and will file taxes separately, are not required to count the spouse's income towards their household income. This means that these consumers are able to qualify for financial help based on their own salary—making health insurance much more affordable. You can help survivors understand if they are eligible for financial assistance to help pay for a Healthcare.gov plan based solely on their own income.
- 3. Get to know your local DV program**
 As enrollment specialists in health centers you can plan an important role building a bridge between health care providers and staff in your center and local DV programs.

//HEALTH PARTNERS ON IPV + EXPLOITATION
2022

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U.S. DHHS Funded Hotlines

800-799-SAFE (7233)
Text LOVEIS to 22522
Chat at thehotline.org



800-RUNAWAY (786-2929)
Email: 1800runaway.org/crisis-online-services/
Chat at 1800runaway.org/
Forum: bulletinboards.1800runaway.org/forum



877-565-8860
www.translifeline.org/



www.thetrevorproject.org
866-488-7386 LGBTQ Youth



44-7NATIVE (762-8483)
Monday-Friday from 9am to 5:30pm CST
strongheartshelpline.org

<https://www.acf.hhs.gov/acf-hotlines-helplines>





Upcoming Events

**Strengthening Emergency Preparedness:
Supporting Survivors of IPV, Human
Trafficking and Exploitation**

HEALTH PARTNERS
ON IPV + EXPLOITATION

AAPCHO
ASSOCIATION OF ASIAN PACIFIC
COMMUNITY HEALTH ORGANIZATIONS

**NATIONAL
HEALTH CARE
for the
HOMELESS
COUNCIL**



Futures Without Violence
**Conference
on Health**

Strengthening Emergency Preparedness: Supporting Survivors of IPV, Human Trafficking and Exploitation (Learning Collaborative – 4 virtual sessions)

Integrating the needs of survivors of intimate partner violence (IPV), human trafficking (HT), and exploitation (E) into emergency preparedness for HCs and their partners.

Held via Zoom from January 22, 2025, to February 12, 2025 @ 7am HST/10am PST/11am MST/12pm CST/1pm EST (60-minute sessions) followed by an optional 15 min office hours consultation.

Deadline to Apply: Friday, November 22, 2024 midnight at your local time zone.



Oral Health and Intimate Partner Violence: Strategies for Providing Safe and Comfortable Patient Experiences (Webinar)

Learn about the barriers that IPV/HT survivors experience in accessing oral health care with NNOHA and HPIPVE and strategies to create safe and supportive environments that prioritize comfort and well-being.

- Featured speaker: Dr. Huang Le from Asian Health Services
- November 14th, 8am HT / 11 am PT / 12 pm MT / 1 pm CT / 2 pm ET (60 mins)
- Offering 1.0 CDE Units





Futures Without Violence

Conference on Health

Join us at the 10th Futures Without Violence Conference on Health

September 9 - September 11, 2025

Hilton Union Square, San Francisco

WHO SHOULD SUBMIT AND ATTEND?

Health center + primary care association staff, all health care workers, domestic and sexual violence advocates, survivors, policymakers, researchers, public health practitioners, behavioral health providers, students, healthcare administrators, and **YOU!**

CALL FOR ABSTRACTS IS NOW OPEN!!

- **ABSTRACT WEBINAR**
TUESDAY, NOVEMBER 19, 2024
- **ABSTRACT DEADLINE**
MONDAY, JANUARY 13TH, 2025
- **REGISTRATION OPENS**
FEBRUARY 2025

futureshealthconference.org

conference@futureswithoutviolence.org



Thank you and stay connected!

Please open the link that's posted in the chat box and complete the post-survey.

<https://redcap.link/reifr3z4>

Stay connected by signing up for our monthly e-list *Catalyst for Change*

To register, please see the bottom of the page:

www.healthpartnersipve.org



QUESTIONS



Thank you!
Please fill out the evaluation!





STAR² CENTER RESOURCES

- [Recruitment & Retention Self-Assessment Tool](#)
- [Health Center Comprehensive Workforce Plan Template](#)
- [Equal Pay for Work of Equal Value White Paper](#)
- [Financial Assessment For Provider Turnover Tool](#)
- [Building an Inclusive Organization Toolkit](#)
- [Onboarding Checklist](#)
- [Supporting Mental Health Through Compensation Equity Factsheet](#)
- [C-Suite Toolkit: Health Professions Education & Training for Recruitment and Retention](#)

[You can find all of the STAR² Center's free resources here](#)

[Sign up for our newsletter here for new resources, trainings, and updates](#)

INTERESTED IN TRAINING ON YOUR OWN TIME?



Check out the STAR² Center Self-Paced Courses: chcworkforce.elearning247.com

And the ACU & STAR² Center Video webpage:

www.youtube.com/channel/UCZg-CFN7Wuev5qNUWt69u0w/feed

And the STAR² Center Podcast page:

www.chcworkforce.org/web_links/star%c2%b2-center-chats-with-workforce-leaders/



UPCOMING EVENTS: REGISTER NOW!

Supporting A Diverse Workforce: Working with Health Center Staff that Exist at the Intersection of Different Identities

Second Session: November 13 from 3-4 PM ET

Third Session: November 20 from 3-4 PM ET

Register here: <https://tinyurl.com/2xhf83hp>



STAY IN TOUCH!

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844-ACU-HIRE

