



Addressing Intimate Partner Violence (IPV) as a Social Determinant of Health under Oregon's Health System Transformation: *Advocates as Traditional Health Workers*

The Problem

- Prevalence:** 53% women aged 16-29 in family planning clinics reported physical or sexual violence from an intimate partner in the last year. (Miller, 2010) In Oregon, two clinics in Tillamook and Portland found similar rates of intimate partner violence, with over 50% of their patients reporting a lifetime occurrence of IPV.
- Health cost:** A large Pacific Northwest-based health plan found that healthcare costs for women suffering ongoing abuse were 42% higher than for women who were not abused. (Bonomi, 2009)
- Clinical Importance:** Since experiencing abuse contributes to issues such as substance abuse and toxic stress, interventions aimed at these problems will not succeed without addressing IPV. Healthcare settings provide a unique opportunity for screening and intervention because of trusting relationships and confidentiality. *It is often the only time that a survivor has apart from his or her abuser's control.* However, clinicians report low rates of screening due to concerns around time and uncertainty of how they can support patients experiencing violence. (McFarlane, 1998)

The Solution

The U.S. Preventive Services Task Force recommends that clinicians universally “screen women of childbearing age for intimate partner violence.” **Community-based Advocates can play a role as members of the Traditional Health Worker umbrella, under the Personal Health Navigator (NAV) category, in support of clinicians who do not have time to address IPV.** Just as NAVs can help patients navigate a course of treatment for cancer, NAV-Advocates can help survivors navigate a course of treatment for IPV.

However, currently, clinics who partner with Advocates cannot support this practice through their CCO's global budget without increasing administrative costs. This will be solved by adding Advocates to the Traditional Health Worker umbrella, which sets forth policy and protocols for CCOs to contract with community-based, non-clinical providers, that enables use of Medicaid dollars that are non-administrative.

The Opportunity: 2017 House Bill 2304

Current: amends THW Peer Support Specialist definition to include Family Support Specialists

Amendment: to also amend THW Personal Health Navigator definition to include Advocates

Currently, Advocates are placed on-site in clinics across Oregon, or are responding to clinician-generated warm referrals for follow-up due to intimate partner violence (IPV) identified by the clinician. In Oregon, thanks to the 2015 Legislative Session, Advocates are now certified as a workforce under the following definition:

40.264. (1) As used in this section: (a) "Certified advocate" means a person who: (A) Has completed at least 40 hours of training in advocacy for victims of domestic violence, sexual assault or stalking, approved by the Attorney General by rule; and (B) Is an employee or a volunteer of a qualified victim services program.

The definitions for Traditional Health Workers (THWs) include five legislatively defined worker types. THWs help individuals in their communities by providing physical and behavioral health services. The five (5) types of THWs are: Community Health Workers, Peer Support Specialists, Peer Wellness Specialists, Personal health navigators (NAV), and Birth Doulas.

In partnership with the Traditional Health Worker Commission, OCADSV and THW stakeholders collaboratively agreed that Personal health navigators (NAV) was the best applicable category to include Advocates. This is because IPV survivors are not a community per se, nor are Advocates peers, as our certification requirements do not *require* lived experience of IPV. However, because Advocates are community-based services that are survivor-led and operate from an empowerment model, THW Commission stakeholders agreed that Advocates belonged under the NAV category as defined:

“Personal health navigator” means an individual who provides information, assistance, tools and support to enable a patient to make the best health care decisions in the patient’s particular circumstances and in light of the patient’s needs, lifestyle, combination of conditions and desired outcomes.