

OFFICE OF RURAL HEALTH POLICY'S
OUTREACH GRANTS FOR DOMESTIC VIOLENCE

Sources:

Rural Health Outreach Grantees for Fiscal Year 2004, <ftp://ftp.hrsa.gov/ruralhealth/Outreach2004.pdf>

Rural Health Outreach Grantees for Fiscal Year 2002, <ftp://ftp.hrsa.gov/ruralhealth/outreach2002.pdf>

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FISCAL YEAR 2002 2003 2004

The Rural Health Outreach Project was developed to meet the health care needs of the growing resident Hispanic and migrant/seasonal worker population in 10 rural counties in southeast Georgia. The Hispanic and migrant population living in the service area faces transportation, language, and citizenship barriers to needed health care services. No public transportation system exists in the 10-county area, and 80 percent of the target population cannot access private transportation. Long hours working in the fields further restricts access to health care except for emergency facilities. Furthermore, Hispanic and migrant children are often eligible for Medicaid and Peach insurance, but their caretakers are usually ineligible for Medicaid or Medicaid-funded non-emergency transportation. A collaboration of health care, social service, and community agencies seeks to help overcome these barriers by establishing mobile health teams who will travel throughout the 10-county area to provide primary health care services to the target population. The members of the collaborative network include the Meadows Regional Medical Center, the lead agency; Meadows Regional Emergency Medical Services, which will provide drivers and emergency medical technicians; Women in Need of God's Shelter (WINGS), a domestic violence and sexual assault program, which will serve domestic violence victims among the target population; and the Episcopal Church of the Annunciation, which will provide volunteer manpower for the mobile clinics and establish a discretionary fund for the project.

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The purpose of the Regional Sexual Assault Nurse Examiner (SANE) Sexual Assault Team (SART) project is to expand the national SANE/SART model to provide direct outreach services to a rural five-county region in southeastern Idaho. The SANE/SART project, which will primarily serve women in the region, will provide for the development and implementation of a regional response to victims of violence through the use of mobile services. Education and training will focus on nurses (forensic evidence collection and the role of SANE); law enforcement, prosecutors, judges and advocates (development and implementation of the SANE/SART model); and community members. The provision of mobile services will ensure ongoing mentorship to rural areas to foster a high standard of care to rape victims, including a comprehensive exam necessary to support the conviction of the perpetrator. The target population for the project is 75 percent Caucasian and 25 percent Hispanic. Access barriers to

services are difficulties in accessing healthcare (access to healthcare is more challenging for Idahoans than for nearly any other state); transportation and distance problems, particularly for rural women; conservative rural values; the lack of resources; a cultural tradition of restricted and defined roles for women; and the unique problems facing rural women who are raped, including the lack of trained nurses and professionals to address their specific needs, the lack of established advocacy programs or shelters and the lack of consistency in caring for victims. The service area is a designated Health Professional Shortage Area. The network partners are Idaho State University, the lead applicant, Bannock Regional Medical Center and Family Services Alliance of Southeastern Idaho.

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Health professionals frequently treat survivors of domestic abuse and sexual assault, but physicians often treat injuries only symptomatically. As a result, important opportunities for intervention are missed and survivors continue to suffer adverse health consequences of physical and emotional abuse. Of the estimated 6.9 million intimate partner rapes and physical assaults committed annually, 2.6 million will result in an injury to the survivor, and over 695,400 will result in medical treatment. In addition to the climbing medical expenses resulting from domestic abuse, estimated between \$3 and 5 billion annually, businesses are forfeiting nearly an additional \$100 million annually in lost wages, sick leave, and non-productivity. Survivors of domestic abuse are more likely to experience numerous chronic health problems including depression, post-traumatic stress disorder, chronic pain syndrome, gynecological problems, irritable bowel syndrome, eating disorders and complications during pregnancy than others. To address these and other unmet health care needs of survivors of domestic abuse and sexual assault in Mahaska County and Keokuk County, Iowa, Crisis Intervention Services formed a consortium of local health agencies including the Keokuk County Health Center, Keokuk County Public Health, and the Mahaska Health Partnership (Community Health, Mahaska Hospital, & New Directions). Through a coordinated community response, with leadership and guidance from the Domestic Abuse/Sexual Assault Taskforce, the consortium seeks to provide intensive education for medical and mental health care providers of domestic abuse and sexual assault victimization issues, develop and implement effective screening protocols for medical and mental health providers, develop and implement a Sexual Assault Nurse Examiner (SANE) program, provide extensive education for teenagers and their parents, and develop and implement an extensive public awareness campaign on sexual assault prevention. The target population is 90 percent Caucasian, 4 percent Hispanic and a smaller mix of American Indian, African American, and Asian and Pacific Islander.

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The Appalachian Violence Outreach Network (AVON) seeks to provide rural women (more than 96 percent Caucasian) who live in the coalfield region of southeast Kentucky with opportunities to respond appropriately to episodes of domestic violence. Women living in the four adjacent counties of Breathitt, Lee, Owsley, and Wolfe are at higher risk of experiencing violence and are more likely to forgo treatment or intervention compared with women living in other parts of the State. The target population in the four counties is at extremely high risk of violence (ranging from 81 to 100 percent). A major barrier for victimized women is that health care providers often lack training to recognize symptoms associated with violence, especially psychological problems and substance abuse related to victimization. The rural nature of the target area presents additional barriers, such as limited education (fewer than 50 percent of adults aged 25 or older have completed high school) and poverty (an average of approximately 38 percent across the four counties). To serve 800 women, AVON will implement family violence resource centers at each county health department, develop new screening procedures and instruments to identify women who need intervention, restructure the referral process to eliminate barriers and facilitate intervention, and produce an ongoing psychoeducational program to educate women who resist treatment. The network partners that created this four-pronged approach include Kentucky River Community Care, Inc., Kentucky River Region Health Department, the University of Kentucky Center for Alcohol and Drug Research Women's Institute, and the LKLP Safe House.

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L.I.F.E.: A Union of Forces to Rescue Our Communities Health is a six-partner network dedicated to providing health care preventive education. L.I.F.E. stands for Linking the community with health care services, Improving key health indicators, Facilitating new partnerships in health care delivery, and Equipping health care providers with training and resources. L.I.F.E. will serve the residents of Union Parish in north-central Louisiana, which received the lowest score of the 50 States for overall health in a national ranking. The risk for heart disease in Union Parish is 16 percent above the national average. In fact, health statistics for Union Parish are well above the State and national average in several key indicators, including poverty, infant mortality, teen pregnancy, cancer, diabetes, and unemployment. For example, the infant mortality rate in Union Parish is 19.6 percent, whereas the State average is 9.1 percent and the national average is 7.1 percent. In African Americans, the infant mortality rate in Union Parish jumps to a staggering 41.2 percent. Union General Hospital (UGH), which provides the health needs of the community, is a Critical Access Hospital, and Union Parish is a Health Professional Shortage Area. The target population is approximately 70 percent Caucasian, 28 percent African American, and 2 percent Hispanic.

Under the L.I.F.E. program, a health care team consisting of a nurse education, a social worker, and a referral coordinator will provide outreach services in Union Parish. To increase equity and access to care for the area's most vulnerable populations, a referral coordinator will be hired to facilitate transportation services for the parish's elderly and disabled residents. To eliminate health disparities among the target population groups in Union Parish, a nurse and social worker will travel to schools, workplaces, and rural areas to present screenings, exercise classes, and preventive health programs. Assessment and referral to health care services will be a primary function of the health care team, as will education on teen pregnancy risks, prenatal and infant care, and drug abuse, which will be offered in the schools. To reduce the incidence of deaths due to chronic disease, the health team will provide information about exercise, nutrition, smoking, and diabetes. A social worker will educate the community on mental health issues, such as depression, ADHD, and domestic violence and rape. The health team also will work closely with ConAgra's nurses to conduct weight, cholesterol, diabetes, and blood pressure screenings. School-based outreach will be achieved by creating a referral system called the Student Assistance Program. Finally, the L.I.F.E. project will encourage training and continued education for current and future health care providers at UGH.

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Interpersonal violence within the family is a national concern, with estimates of at least two to four million women each year being physically abused across the country. The physical, emotional, and economic impact of this abuse is enormous for women victims and their children. The Texas Council on Family Violence (TCFV) conducted a telephone survey in 2002 regarding domestic violence. They found that 74 percent of all Texans experienced or know someone who has experienced some form of domestic violence. Of the 59 percent that had personal experience, 26 percent had been physically abused, and 31 percent report having been either physically abused, sexually abused, or threatened by their partner at some point in their lifetime. East Texas exemplifies these problems, as there is a high incidence of family violence and widespread poverty, which increases the risk of mental and physical health problems for women and children in this area. East Texas has a significant medically unserved and underserved population and faces a severe shortage of mental health services. All nine counties in the service area are designated as mental health professional shortage areas and 7 of the 9 counties are designated with a full medically underserved area status. CareLink, a collaborative initiative consisting of the Burke Center, a regional community mental health center, the Women's Shelter of East Texas (WSET), and East Texas Community Health Services, a federally-qualified health center, was formed to improve access to comprehensive health screening and treatment for victims of interpersonal violence in a nine county area of east Texas. The initiative will blend systematic screening and assessment for unmet health and mental health needs, health education, professional consultation and training, and the direct delivery of mental health and primary care to the target population of mostly women and children served through the WSET. The ethnic background of the target population is 65 percent Caucasian, 22 percent African American, 12 percent Hispanic, and 1 percent Native American.

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Silver Bow County in southwestern Montana is experiencing the negative effects of significant social and economic changes that have occurred in this relatively poor rural area over the past 15 years, including reported increases in family violence, addictive behaviors, suicide, and depression among residents. The purpose of this project is to demonstrate that the established Community Health Center can indeed help curb these destructive behaviors through a proactive, community-wide service program grounded in case management and social and mental health services to high-risk individuals. The target population is predominantly Caucasian. To improve the health care delivery system, a community-wide steering committee has collaborated on a community development process to identify priority needs and to develop effective intervention strategies for targeted families deemed at highest risk for continued destructive behavior. The committee includes 12 local organizational partners, including regional government agencies and health facilities. This community effort has developed because episodic, reactive health care delivery with disconnected social service systems and limited community resources was not addressing the needs of families with multiple issues. Therefore, this project helps overcome these problems by providing much-needed services with a case management team and a mental health care staff.

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The Family Resource Network is a collaborative effort of Good Samaritan Health Systems and other health care providers, law enforcement, Nebraska Health and Human Services, social service providers, schools, and county attorneys to address the problem of abuse of children and adults. The targeted population, which is primarily Caucasian, includes children

and women who have experienced domestic violence or sexual assault and adults who are elderly or who have disabilities. The network focuses on raising awareness for the community, providing education for professionals, and creating a coordinated response for victims at the Family Resource Center.

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The vision of the Yankton Sioux Tribe has been to create a vertically integrated rural health network to address one of its most significant problems in the community, namely alcohol and drug abuse and its family, social, and economic impacts. The network partnership has developed a multifaceted care system that encompasses detoxification services, medically based and outpatient treatment, education and employment services, job training, and family counseling for a predominantly American Indian population (95 percent). The network partners are the Yankton Sioux Tribe, Lewis and Clark Behavioral Health Services, and Ithanktonwan Community College.

The project is developing patient services that fit individual treatment needs; training service providers on the reservation; linking drug and alcohol treatment programs and personal support systems; reducing deaths associated with drug abuse; improving job productivity and performance by tribal members; and decreasing domestic violence, child abuse, and other criminal activity.

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Great Lakes Inter-Tribal Council's Honoring Our Children Project (HOC) seeks to address the disparity in infant mortality rates between Native Americans and other populations in Wisconsin by developing and implementing strategies to reduce the impact of risk factors that affect maternal and child health. The infant mortality rate in the 11 tribal service areas in Wisconsin is 11.4 per 1,000 live births, whereas the rate in the general Wisconsin population is 7 per 1,000 live births. Among the tribal areas' pregnant women, 50 percent smoke during pregnancy, 21 percent are teens, and 55 percent are Medicaid recipients. In addition, the 1990 census showed that 46 percent of Native American children in Wisconsin live in families with incomes lower than the Federal poverty level compared with 12.1 percent for all other races.

Through the collaboration of three tribal network partners (Great Lake Inter-Tribal Council, Inc., Bad River Tribal Clinic, and Peter Christensen Health Center), HOC will provide a maternal child health nurse, an onsite coordinator, and an outreach worker at network sites. Project staff will ensure family and community involvement in the project design, implementation, and evaluation; identify prenatal women early and recruit and maintain them and their infants in project services through outreach efforts; provide case management services for pregnant and parenting women and their infants; and provide health education to staff, service providers, participants and their families, and communities on positive lifestyle choices in nutrition, childbirth, breastfeeding, parenting, smoking cessation, HIV/AIDS, child abuse and neglect, family violence, and maternal depression.