

Responding to Intimate Partner Violence Tools & Resources for HCH Staff



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Speakers

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National Health Resource Center on Domestic Violence

Provides free technical assistance and tools including:

- Clinical guidelines
- Documentation tools
- Posters
- Pregnancy wheels
- Safety cards
- State reporting laws
- Training curricula

Phone: 415-678-5500

www.healthcaresaboutipv.org



Intimate partner violence: What is it?

One person in a relationship is using a **pattern** of methods and tactics to gain and maintain **power and control** over the other person.

- It is a cycle that gets worse over time – not a one time ‘incident’
- Abusers use jealousy, social status, mental health, money and other tactics to be controlling and abusive – not just physical violence
- Leaving an abusive relationship is not always the best, safest or most realistic option for survivors



Definitions of Domestic Violence

- Legal definitions are often more narrowly defined with particular focus on physical and sexual assault
- Public health definitions include a broader range of controlling behaviors that impact health including:
 - **emotional abuse**
 - **social isolation**
 - **stalking**
 - **intimidation and threats**

Homeless women, physical and sexual abuse

A Massachusetts study found:

- **92%** of homeless women had experienced severe physical or sexual assault at some point in their life.
- **63%** were victims of violence by an intimate partner.
- **43%** reported sexual abuse in childhood



NAEH Fact Checker, National Alliance to End Homelessness, 2007

DV and Homelessness

- In Minnesota, **one in every three** homeless women was homeless due to domestic violence in 2003. 46% of homeless women said that they had previously stayed in abusive relationships because they had nowhere else to go (American Civil Liberties Union, 2004).
- In Missouri, **27%** of the sheltered homeless population are victims of domestic violence (American Civil Liberties Union, 2004).
- In San Diego, a survey done by San Diego's Regional Task Force on the Homeless found that **50%** of homeless women are domestic violence victims (American Civil Liberties Union, 2004).
- Shelter providers in Virginia report that **35%** of their clients are homeless because of family violence (Virginia Coalition for the Homeless, 1995). This same survey found that more than 2,000 women seeking shelter from domestic violence facilities were turned away.

Homeless women and children

It is estimated that half of all homeless women and children have become homeless while trying to escape abusive situations (Browne & Bassuk, 1997, as cited in Evans & Forsyth, 2004).

Violence Across the Lifespan

Homeless women often report multiple episodes of violent victimization at the hands of multiple perpetrators, beginning in childhood and extending into adulthood.

Browne & Bassuk, 1997; Goodman, 1991; Goodman, Dutton & Harris, 1995; Felix, 2004; Lee & Schreck, 2005; Stermac & Paradis, 2001; Wenzel et al., 2004

ACEs <http://www.acestudy.org/index.html>

- ACEs are adverse childhood experiences that harm children's developing brains so profoundly that the effects show up decades later; they cause much of chronic disease, most mental illness, and are at the root of most violence.
- 5 minute primer video on ACES:

<https://acestoohigh.com/2016/04/05/five-minute-video-primer-about-adverse-childhood-experiences-study/>

Intimate Partner Sexual Assault

1 in 5 women in U.S. has been raped at some time in their lives and half of them reported being raped by an intimate partner.

(Source: 2010 CDC National Intimate Partner and Sexual Violence Survey)



Sexual violence and surviving on the streets

- Women who do not have children with them are at particularly high risk for sexual violence after the age of 18 (Zugazaga, 2004).
- Compared to their low-income housed counterparts, the sexual assault experiences of homeless women are more likely to be violent, and to include multiple sexual acts (Stermac & Paradis, 2001).
- In one study, 13% of homeless women reported having been raped in *the past 12 months* and half of these were raped at least twice (Wenzel, et al., 2000).

San Francisco Chronicle

Tent encampments harbor domestic violence: Vote for Prop. Q

By Kathy Black | September 20, 2016 | Updated: September 20, 2016 6:08pm



Survival sex, trading sex

Over the course of a year, one study found homeless women who panhandled or traded sexual favors for drugs or money were **three times more likely** to experience sexual assault and other forms of violence relative to their homeless peers who did not engage in sex trade.

Wenzel, Koegel and Gelberg (2000)

Male Victims

- 1 in 59 men have been raped in their lifetime.
- 1 in 7 men have been the victim of severe physical violence by an intimate partner
- 1 in 19 men have been stalked during their lifetime



(Source: 2010 CDC National Intimate Partner and Sexual Violence Survey)

LGBTQ Communities

- **61% of bisexual women** and **37% of bisexual men** experienced rape, physical violence, and/or stalking by an intimate partner in their lifetime.
- **44% of lesbian women** and **26% of gay men** experienced rape, physical violence, and/or stalking by an intimate partner in their lifetime.
- **Of transgender individuals, 34.6%** reported lifetime physical abuse by a partner and **64%** reported experiencing sexual assault.

(Breiding et al, 2011; Landers & Gilsanz, 2009)

**Why might a person
stay in a
relationship when
domestic violence
has occurred?**



Lack of emergency or transitional shelter

The National Network to End Domestic Violence reports that on a given day, 1,740 people could not be provided emergency shelter and 1,422 could not be provided transitional shelter.

(National Network to End Domestic Violence, 2007)

Considerations for Immigrant or non-English Speaking Survivors



Unique controlling behaviors:

- Threats of deportation
- Taking kids outside the U.S.
- Lying about immigration status
- Forbidding English classes
- Using language privilege
- Holding on to important documents

Provider Strategies:

- National Hotline as translation resource in over a hundred languages:
1-800-799-SAFE (7233)

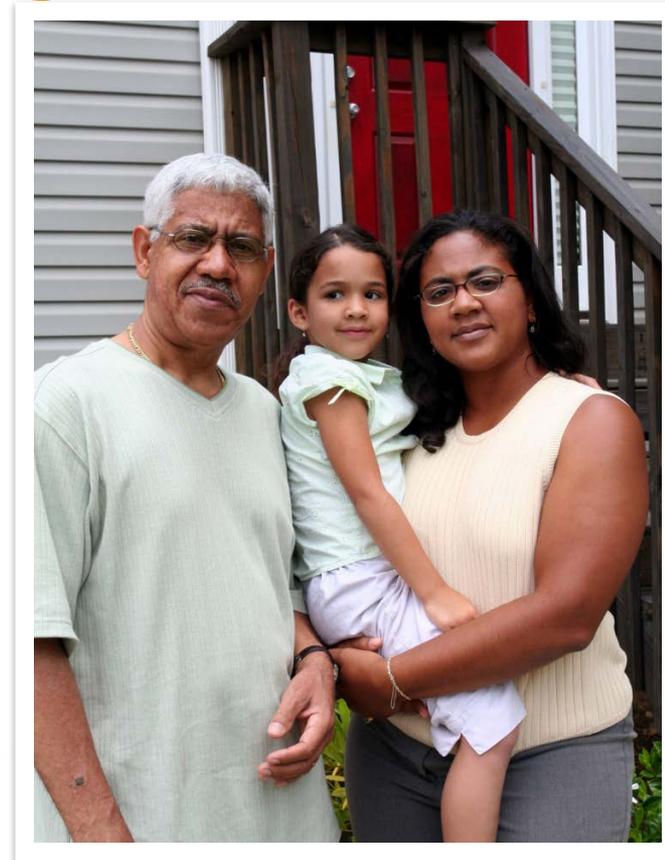
Increased barriers to accessing services/care

- Homeless women of color, lesbians and bisexuals, and women with physical, emotional, and developmental disabilities face even greater barriers to accessing services.
- Those who are mothers must take care of their children in chaotic situations while under the scrutiny of a range of social service providers in shelters, food pantries, and other settings.

Reflecting on Trauma

Historical, Cultural and Intergenerational

- **Cultural trauma:** an attack on the fabric of a society, affecting the essence of the community and its members
- **Historical trauma:** cumulative exposure of traumatic events that affect an individual and continue to affect subsequent generations
- **Intergenerational trauma:** when trauma is not resolved, subsequently internalized, and passed from one generation to the next.



(D.S. BigFoot, 2007 ©)

Video:

Making the Connection



- The following video clip defines reproductive coercion.

https://www.youtube.com/watch?v=KRazI66kLk4&list=PLaS4Etq3IFrWgqgcKstcBwNiP_j8ZoBYK&index=5

Reproductive and sexual health



- Women who disclosed abuse were at an increased risk for rapid repeat and unintended pregnancy
- Increased incidence of low birth weight babies, preterm birth and miscarriages

(Miller, 2010; Sarkar, 2008, Goodwin et al, 2000; Hathaway, 2000, Cocker, 2000)

Women who are sexually assaulted by their intimate partner are more likely to experience:

- Chronic headaches and backaches
- Chronic stress-related problems such as irritable bowel syndrome and hypertension
- Depression, poor self-esteem
- PTSD
- Pelvic pain
- Pelvic inflammatory disease
- Bladder infections
- Sexual dysfunction
- Vaginal and anal complaints
- Unintended pregnancies, STIs

Campbell et al, 2002; Bennice JA et al, 2003; Bergman & Brismar, 1991; Bonomi et al, 2007; Campbell & Lewandowski, 1997; Campbell & Alford, 1989; Chapman JD, 1989; Dienemann et al, 2000; Domino & Haber, 1987; Plichta, 1996

Sexual violence and homeless women

- Homeless women who experience sexual assault may suffer from a range of emotional and physical challenges
- In one study of homeless women who had been victimized most participants reported mental health problems ranging from suicide attempts (45%) and depression (47%) to alcohol or drug dependence (45%) and posttraumatic stress disorder (39%).

Adolescent Pregnancy and IPV



Adolescent girls in physically abusive relationships were **3.5 times** more likely to become pregnant than non-abused girls.

(Roberts et al, 2005)

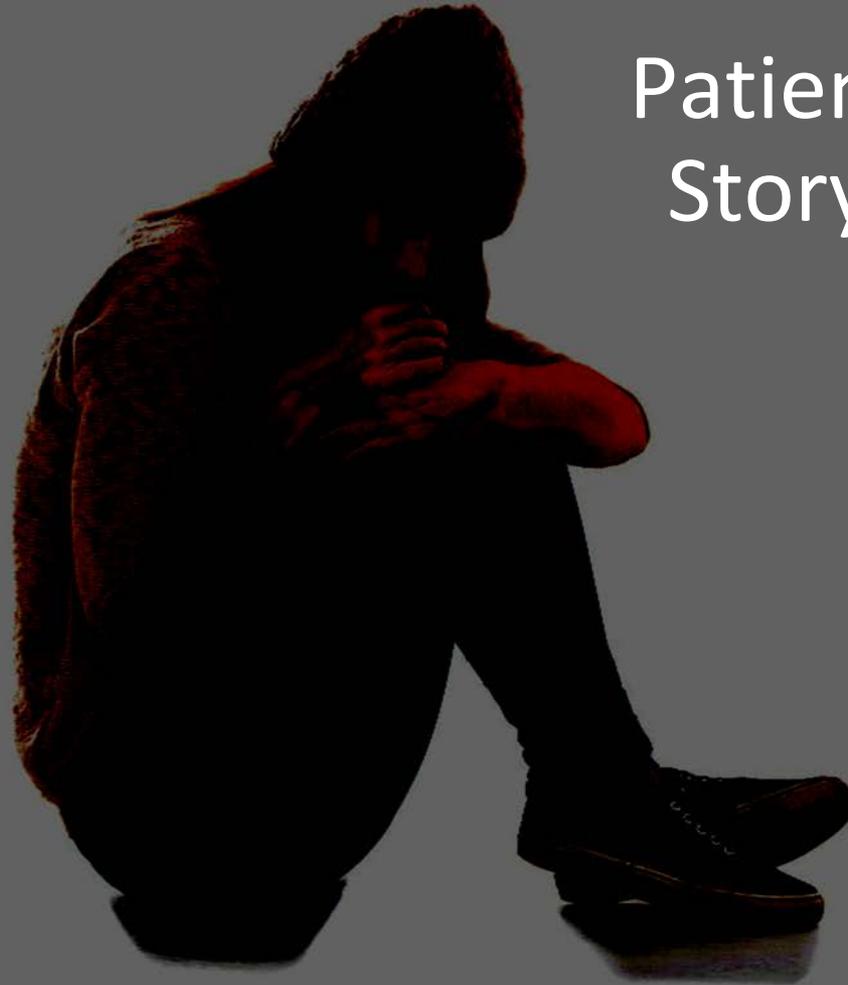
Emergency Contraception and IPV



Abused women are more likely to have used emergency contraception when compared to non-abused women.

(Gee et al, 2009)

Patient Story



HEALTH IMPACT



PTSD

Vision impairment

depression

injuries

Chronic pain

Heart disease

Suicidal ideation

Ulcers

IBS

STDs

Substance abuse

IMPACT ON QUALITY OF LIFE



Social
Determinants
of Health that
in turn, affect
physical and
mental
health...

IMPACT ON OTHERS

Substance abuse

Adverse birth outcomes



Economic costs

Violent relationships later in life

Psychological and behavioral problems

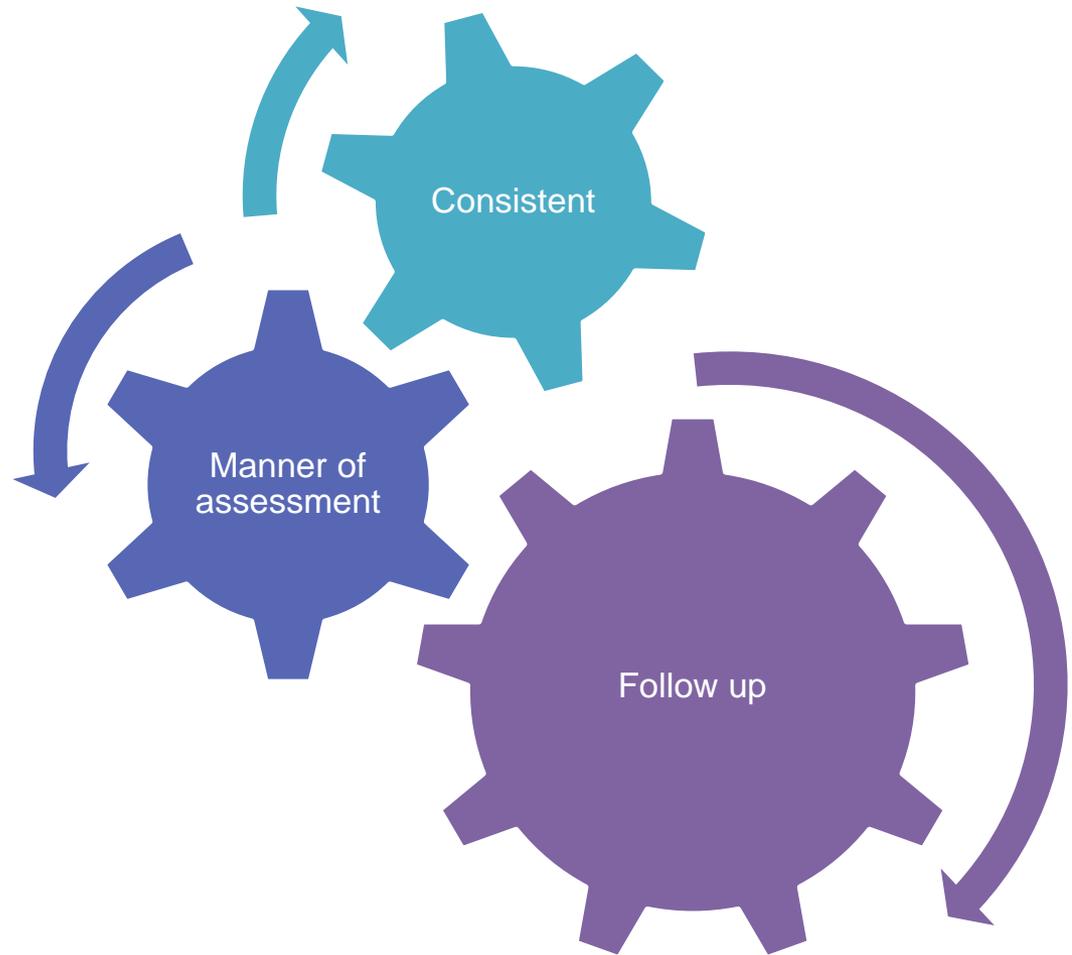
School problems



A DAY IN THE LIFE



WHAT THIS MEANS FOR SCREENING



WHAT THIS MEANS FOR SCREENING

Consistency

- Every patient, every visit
- % of patients screened



WHAT THIS MEANS FOR SCREENING

Consistency

- Every patient, every visit
- % of patients screened

Manner of Assessment

- Can take 5x or more to admit
- Cultural competency
- Non-verbal cues
- Safe space
- % of people who screen positive

WHAT THIS MEANS FOR SCREENING

Consistency

- Every patient, every visit
- % of patients screened

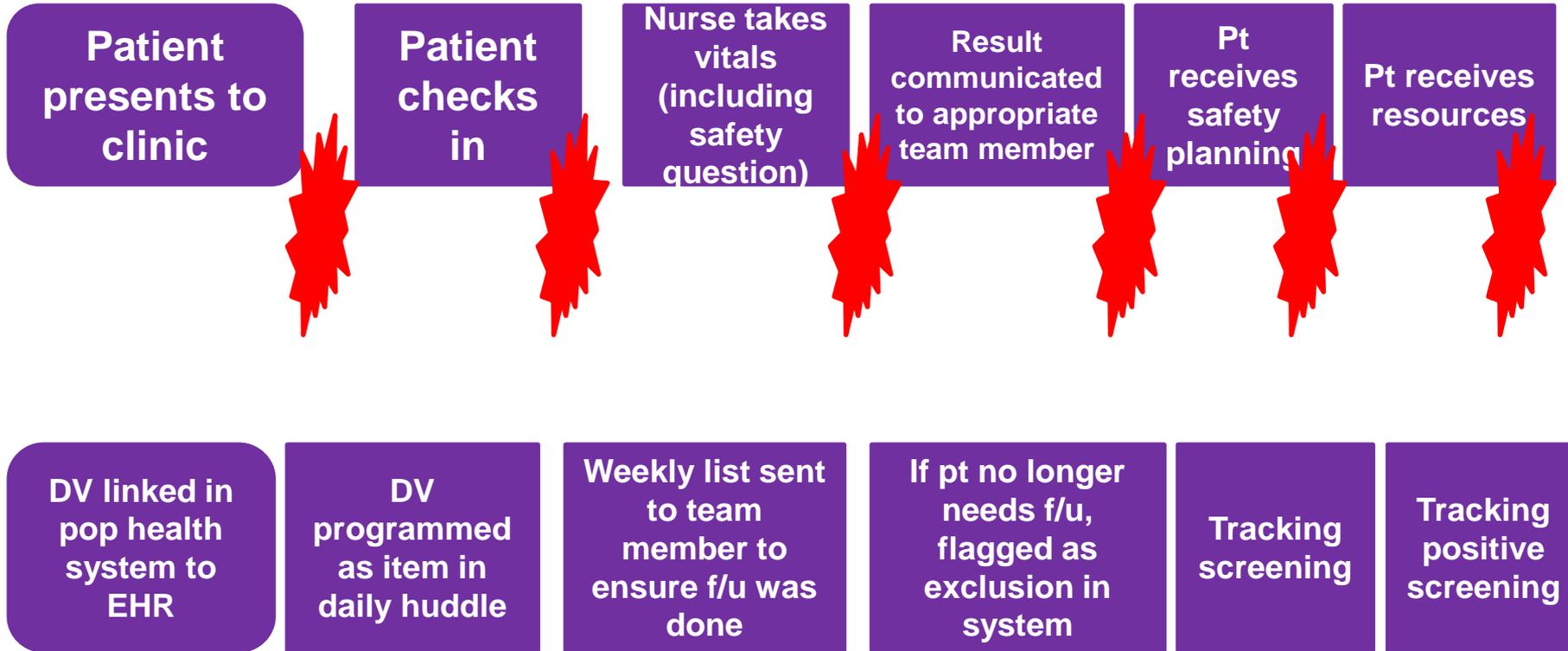
Manner of Assessment

- Can take 5x or more to admit
- Cultural competency
- Non-verbal cues
- Safe space
- % patients who screen positive

Follow Up

- Who
- How
- Avoiding re-victimization
- Safety planning
- % of patients who screened positive who were followed up on

Defining Workflows



Building Partnerships

- Lack of trust
- Anything you can do....
- Frustration at processes
- It's your job
- Silo
- Trusting relationship
- We can do better (together)
- Collaborative QI
- It's our responsibility
- Well-oiled machine

Where we started

Where we ended



Challenges within the HCH setting

Staff Challenges:

- We find ourselves in a unique situation
 - Primary and Secondary trauma to staff
 - Conflict in care
 - Advocacy for the survivor and the perpetrator
- 

Challenges within the HCH setting

Consumer challenges:

- Partner violence vs risk of street violence
 - The devil you know: safer with your abuser than without?
 - Victim isolation from staff
 - Inability to access shelter as a result of active substance use
- 

Training and supporting staff

- Universal precautions – be aware and always ask
- Staff support and supervision
- Minimize “couple interactions” in service provision, when possible
- IPV training and awareness
- Abusive relationships are complex
- Keep Pandora’s box open

What we have Implemented

- Creating safe spaces in all meetings
 - Reformatting of staff meetings
 - Client focused and staff focused
 - Critical Incident support meeting
- Creation of Trauma Informed Care Committee
- Outside trainers providing specialized IPV training
- Supervision, supervision, supervision

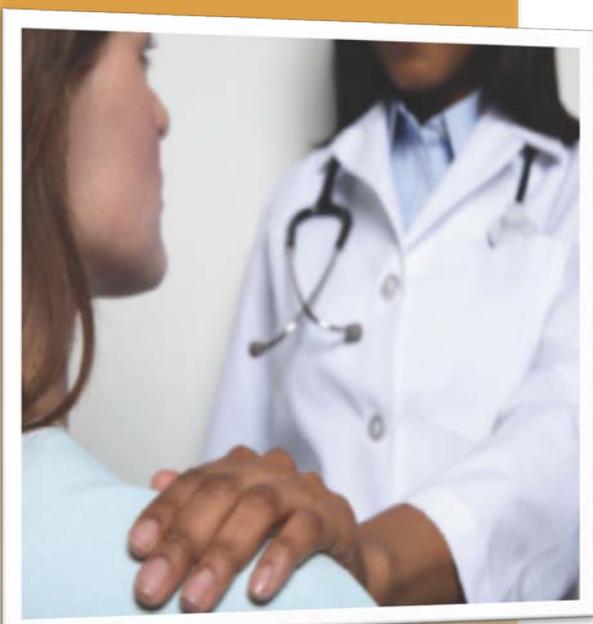


Successes

- Supporting staff
 - Providing a more Trauma Informed service
 - Creation of a safer space for staff and clients
 - Providing tools for staff to engage and manage
- 

**Stop and
Consider...**

Can you think of a time when a patient's presenting health symptoms made you suspect there was a problem at home, or in their relationship, but neither you nor your patient said anything?



Did You Know...

Many providers miss the underlying problem when they don't consider IPV.

- **Patients do not receive the care they need for the problem they have**
- **Treatment is often ineffective and the patient's health is further compromised due to a partial diagnosis**



What We've Learned from Research

Studies show:

- Patients support assessments when they are done in private one on one.
- No harm in assessing for DV
- Interventions improve health and safety
- Missed opportunities: patients fall through the cracks when we don't ask

Women who talked to their health care provider about abuse were:

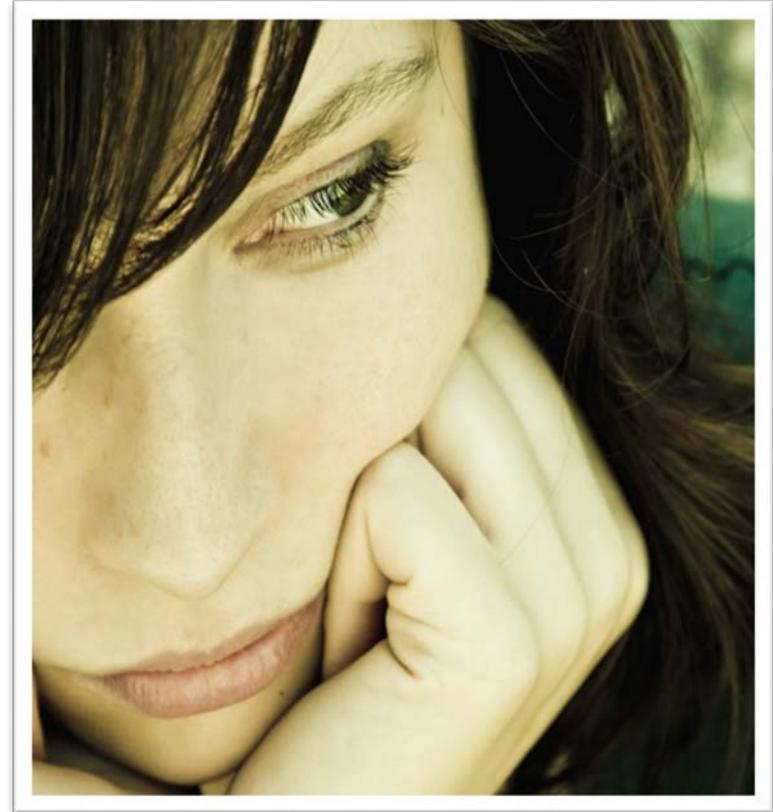
4 times more likely to use an intervention

2.6 times more likely to exit the abusive relationship

(McCloskey et al, 2006)

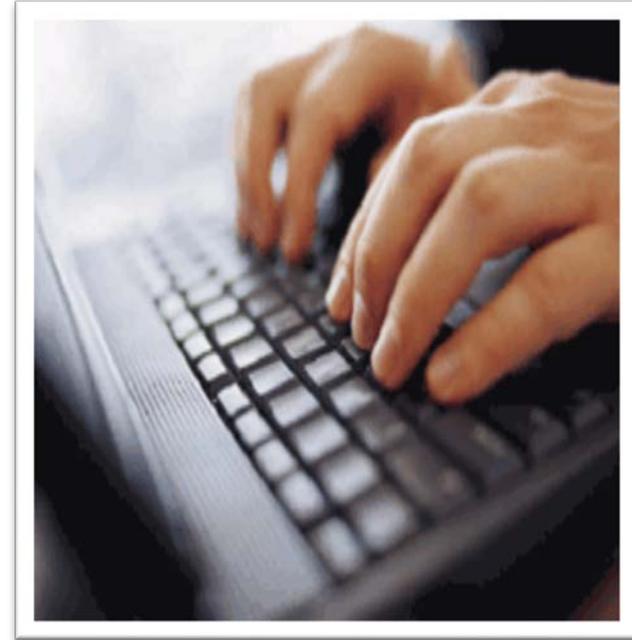
Group/Chat Discussion

- Starting and ending conversations about difficult or stigmatizing issues like domestic violence can be challenging.
- We take care of ourselves by presenting questions and educational messages in a way that feels most comfortable to us.



True Domestic Violence Screening Stories

- **“No one is hurting you at home, right?”**
(Partner seated next to client as this is asked)—How do you think that felt to the patient?
- **“Within the last year has he ever hurt you or hit you?”** (Nurse with back to you at her computer screen)—Tell me about that interaction...
- **“I’m really sorry I have to ask you these questions, it’s a requirement of our clinic.”** (Screening tool in hand)—What was the staff communicating to the patient?



What if we
challenge the
limits of disclosure
driven practice?



Universal Education provides an opportunity for clients to make the connection between violence, health problems, and risk behaviors

Addressing the Barriers

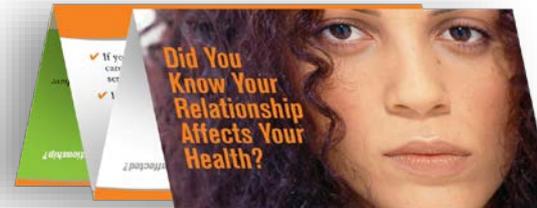
Simplify process of screening for and providing universal education about DSV for providers.



- Support staff first
- Connect DSV to health
- Safety card intervention
- Strategies for warm referral & support

FUTURES universal education patient safety cards

- General Women's Health
- Women's Reproductive Health
- Adolescent card (gender neutral-GN)
- HIV and Getting Tested (GN)
- Adverse Childhood Experiences (GN)
- Pediatric setting card
- Home visitation
- Perinatal
- Pregnant and parenting teens
- Mental health and wellness
- LGTB and Transgender communities (GN)
- Native American focused cards, and more!
- Multi-lingual cards



Group Activity

Take a couple of minutes and read the card.

- How does using the safety card support both staff and clients?
- Pay attention to what stands out for you



CUES Universal Education approach

C: Confidentiality: Disclose limits of confidentiality & see patient alone

UE: Universal Education + Empowerment:

Normalize activity:

"I've started giving two of these cards to all of my patients—in case it's ever an issue for you because relationships can change and also for you have the info so you can help a friend or family member if its an issue for them."

Make the connection: Open the card and do a quick review:

"It talks about healthy and safe relationships, ones that aren't and how they can affect your health."

S: Support: "On the back of the card there is a safety plan and 24/7 hotlines that have folks who really understand complicated relationships"

- Warm referral
- Follow up at next appointment.

Universal Education Sample Script:

- “We have started giving two cards to all our clients for two reasons—in case it might ever be useful for you and so you know how to help a friend or family member if it is an issue for them.”
- “It’s kind of like a magazine quiz—it talks about safe and healthy relationships and what to do for ones that aren’t.
- “It makes connections between how relationships can really affect your health and well being.”
- “It has hotlines on the back and gives simple steps to take to be safer.” (Go over panels generally)

S: Positive disclosure: One line scripts



- “I’m glad you told me about this. I’m so sorry this is happening. No one deserves this.”
- “You’re not alone.”
- “Help is available.”
- “I’m concerned for your safety.”

Your recognition and validation of the situation are invaluable

Providing a “Warm” Referral

When you can connect to a local program it makes all the difference.

- “If you would like, I can put you on the phone right now with [name of local advocate], and we can come up with a plan for you to protect your safety.”

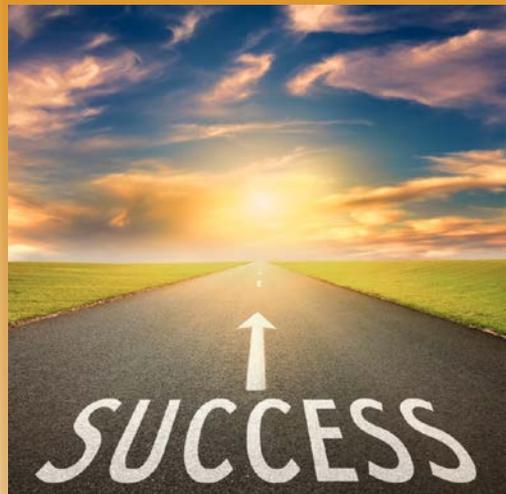


Role of the DV Advocate/Relationship Expert



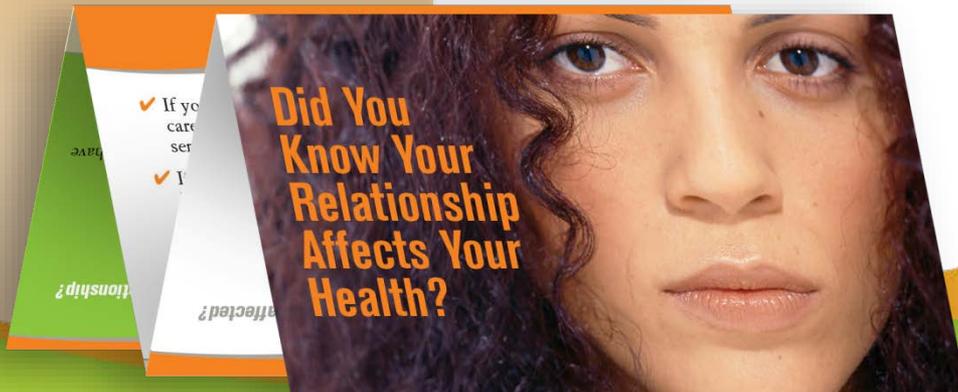
- Provide risk assessment, safety planning, and support
- Assist mothers and children who have experienced IPV to think and act in a way to increase personal safety while assessing the risks based on the perpetrators behaviors
- Connect clients to additional services like:
 - Housing
 - Legal advocacy
 - Support groups/counseling

DEFINING SUCCESS



- ✓ Safe environment for disclosure
- ✓ Supportive messages
- ✓ Educate about the health effects of violence
- ✓ Offer strategies to promote safety
- ✓ Inform about community resources—make warm, supported referrals
- ✓ Create a system-wide response

Reproductive Health Safety Card



Harm Reduction Counseling

Specific to sexual and reproductive health:

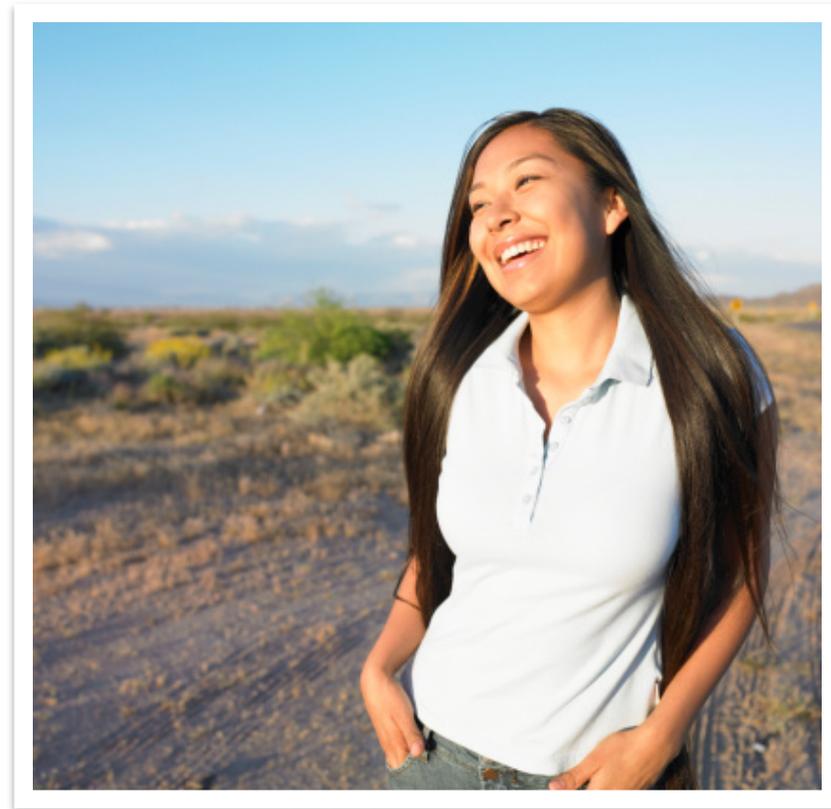
- Birth control that your partner doesn't have to know about (e.g. IUD, Implant)
- Emergency contraception
- Regular STI testing
- STI partner notification in clinic vs. at home



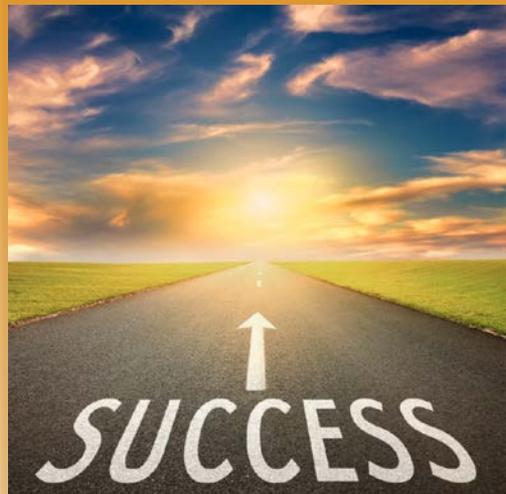
Among women who received the safety card intervention and experienced recent partner violence:

- 71% reduction in the odds of pregnancy pressure and coercion compared to control group
- 60% more likely to end an unhealthy abusive relationship compared to control

(Miller et al, 2011)



DEFINING SUCCESS



- ✓ Safe environment for disclosure
- ✓ Supportive messages
- ✓ Make the connection of how violence can impact reproductive health
- ✓ Share birth control options that can be more hidden (IUD, etc).
- ✓ Offer strategies to promote safety
- ✓ Inform about community resources—make warm, supported referrals
- ✓ Create a system-wide response

National Health Resource Center on Domestic Violence

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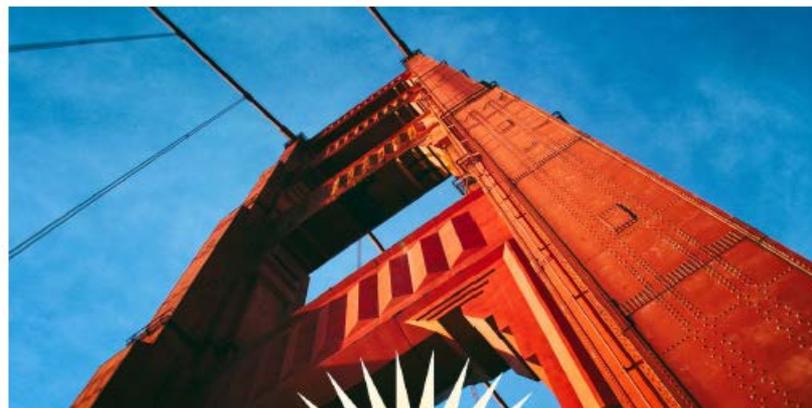
National Conference on Health & DV

September 26-28, 2017 in San Francisco, CA

Consider sharing your work on this topic by applying for a workshop, report, or poster presentation www.ncdv.org

*Call for
Abstracts
opens
Oct., 2016*

*Registration
opens
April, 2017*



NATIONAL CONFERENCE ON
HEALTH AND DOMESTIC VIOLENCE
September 26-28, 2017 | San Francisco



Youtube FUTURES Videos

<https://www.youtube.com/user/FutureswoutViolence>

The screenshot shows the YouTube channel page for 'Futures Without Violence'. At the top, there is a navigation bar with the YouTube logo, a search bar, and an 'Upload' button. Below this is a banner image of a brick building with a 'FUTURES WITHOUT VIOLENCE' sign. The channel name 'Futures Without Violence' is displayed in the center, with a 'Subscribe' button showing 289 subscribers. Below the channel name are tabs for 'Home', 'Videos', 'Playlists', 'Channels', 'Discussion', and 'About'. The 'Playlists' tab is selected, showing a list of playlists by 'Futures Without Violence'. The playlists are:

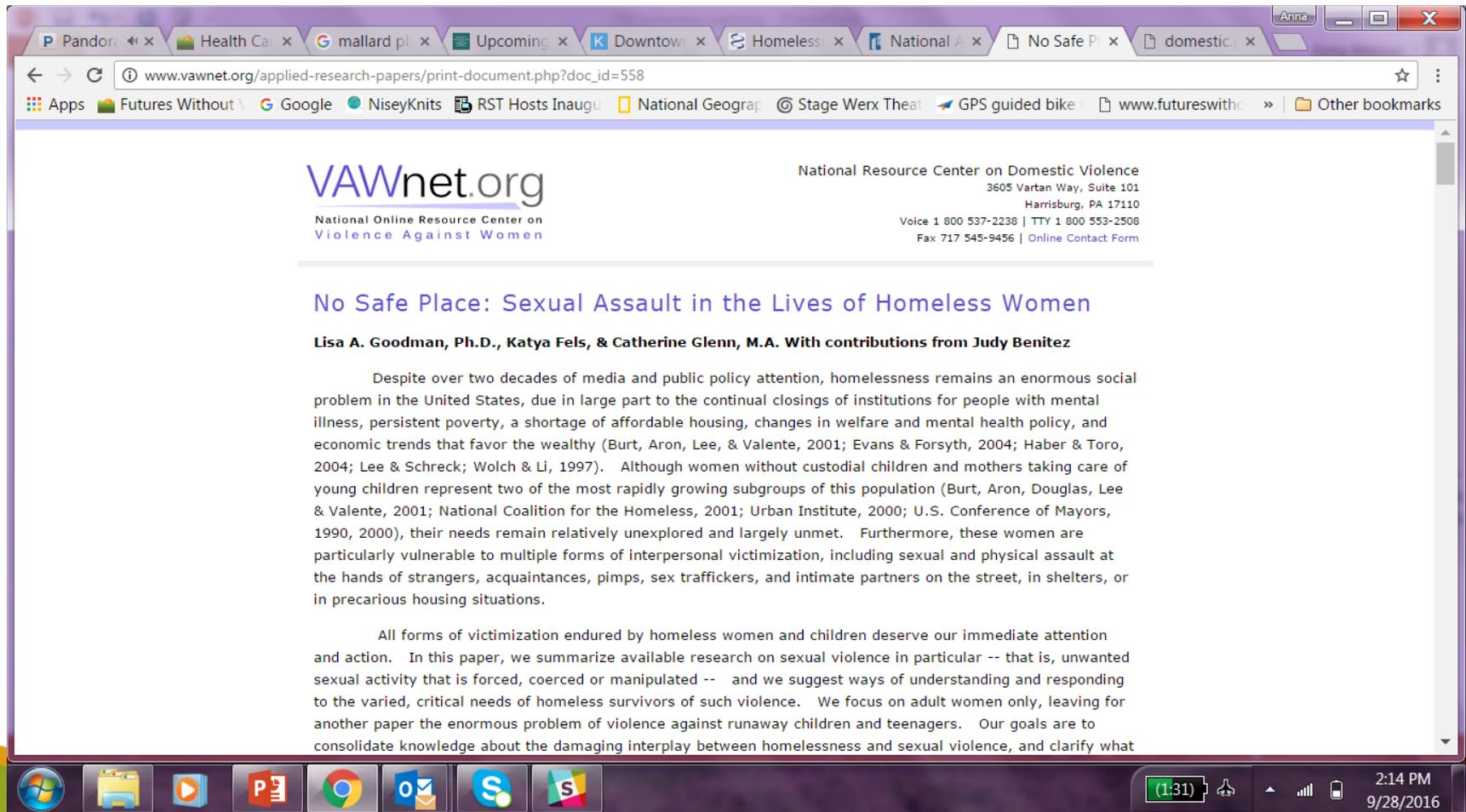
- Public Service Announcements (4 VIDEOS)
- Respect Challenge 2015 (3 VIDEOS)
- Mudderella 2016 (2 VIDEOS)
- 2015 Open Square Summit (29 VIDEOS)
- 2015 National Conference on Health and Domestic Violence (8 VIDEOS)

On the left side of the page, there is a sidebar with navigation options: Home, My Channel, Trending, Subscriptions (1), History, Watch Later (18), LIBRARY (90s hip hop, Indie, ballads, Show more), SUBSCRIPTIONS (up, madonna (1), Browse channels, Manage subscriptions), and YouTube Red.



VawNet.org, project of the NRCDV

- http://www.vawnet.org/applied-research-papers/print-document.php?doc_id=558
Resource library is home to thousands of materials on violence against women and related issues, with particular attention to its intersections with various forms of oppression.



The screenshot shows a web browser window with the address bar displaying www.vawnet.org/applied-research-papers/print-document.php?doc_id=558. The browser's address bar also shows several bookmarks, including 'Pandora', 'Health Car', 'mallard pl', 'Upcoming', 'Downtown', 'Homeless', 'National A', 'No Safe Pl', and 'domestic'. The VAWnet.org logo is prominently displayed at the top left, with the text 'National Online Resource Center on Violence Against Women' below it. To the right of the logo, contact information for the National Resource Center on Domestic Violence is provided: 3605 Vartan Way, Suite 101, Harrisburg, PA 17110, Voice 1 800 537-2238, TTY 1 800 553-2508, Fax 717 545-9456, and an Online Contact Form link. The main heading of the document is 'No Safe Place: Sexual Assault in the Lives of Homeless Women', followed by the authors: 'Lisa A. Goodman, Ph.D., Katya Fels, & Catherine Glenn, M.A. With contributions from Judy Benitez'. The text of the document begins with: 'Despite over two decades of media and public policy attention, homelessness remains an enormous social problem in the United States, due in large part to the continual closings of institutions for people with mental illness, persistent poverty, a shortage of affordable housing, changes in welfare and mental health policy, and economic trends that favor the wealthy (Burt, Aron, Lee, & Valente, 2001; Evans & Forsyth, 2004; Haber & Toro, 2004; Lee & Schreck; Wolch & Li, 1997). Although women without custodial children and mothers taking care of young children represent two of the most rapidly growing subgroups of this population (Burt, Aron, Douglas, Lee & Valente, 2001; National Coalition for the Homeless, 2001; Urban Institute, 2000; U.S. Conference of Mayors, 1990, 2000), their needs remain relatively unexplored and largely unmet. Furthermore, these women are particularly vulnerable to multiple forms of interpersonal victimization, including sexual and physical assault at the hands of strangers, acquaintances, pimps, sex traffickers, and intimate partners on the street, in shelters, or in precarious housing situations. All forms of victimization endured by homeless women and children deserve our immediate attention and action. In this paper, we summarize available research on sexual violence in particular -- that is, unwanted sexual activity that is forced, coerced or manipulated -- and we suggest ways of understanding and responding to the varied, critical needs of homeless survivors of such violence. We focus on adult women only, leaving for another paper the enormous problem of violence against runaway children and teenagers. Our goals are to consolidate knowledge about the damaging interplay between homelessness and sexual violence, and clarify what

Self-Care and Relationship Checklist

activity 2.3 Self-Care and Relationships Checklist

It may be helpful to take an inventory of how often we engage in specific relationship-building practices. Use the checklist below to assess what you already do to stay connected as well as to think about ideas for creating and sustaining relationships.

Using the scale below (1=never, 5=always), identify how frequently you currently do the following things to stay connected to others.

5 - Always 4 - Often 3 - Sometimes 2 - Rarely 1 - Never

Rituals

- Cook a meal with family/friends.
- Eat a meal with family/friends.
- Attend events that are important to your friends/family (e.g., concerts, team games, etc.).
- Take time to say good morning/good night/goodbye.
- Participate in spiritual/religious rituals in community.
- Celebrate life through rituals and routines with friends/family (special things you do every day).
- Celebrate birthdays/accomplishments and other ceremonies.

Reflection and Balance

- Prioritize relationships over work.
- Evaluate the quality of your current relationships.
- Let go of those connections that are unhealthy and serve as a barrier to self-care.
- Laugh with others, whether at work or at home.
- Be nurturing to others.
- Accept nurturing from others.
- Listen.
- Be open to new ideas from friends/family.
- Feel proud of yourself and your family/friends.

Activities

- Spend time relaxing with family/friends (e.g., play games, watch movies, other fun activities).
- Capture memories with photos.
- Read fun stories/ books with your family.
- Keep a family journal.
- Participate in volunteer activities with friends/family.
- Take a vacation with friends/family (day trip, mini vacation, and long weekends).

Communication

- Make time to check in with loved ones to let them know how much you love/care for them (e.g., phone calls, notes, emails, etc.).
- Give hugs, kisses, and/or other signs of affection.
- Discuss why relationships with family/friends matter.
- Seek family/couples therapy when needed.
- Ask for help from a friend/family member when needed.
- Communicate openly and effectively to those who are important to you.
- Express concerns constructively.
- Have a "phone date" with a friend/family member you haven't spoken with in awhile.

What About You?: A Workbook for Those Who Work with Others, The National Center on Family Homelessness. 2008.

<http://508.center4si.com/SelfCareforCareGivers.pdf>

Organizational Self-Care Check List

activity 3.3 The Organizational Self-Care Checklist

Instructions: Check off everything your organization currently does to support self-care.

Training and Education

- The organization provides education to all employees about stress and its impact on health and well-being.
- The organization provides all employees with education on the signs of burnout, compassion fatigue and/or vicarious traumatization.
- The organization provides all employees with stress management trainings.
- The organization provides all employees with training related to their job tasks.
- Staff are given opportunities to attend refresher trainings and trainings on new topics related to their role.
- Staff coverage is in place to support training.
- The organization provides education on the steps necessary to advance in whatever role you are in.
- Other: _____

Support and Supervision

- The organization offers an employee assistance program (EAP).

- Employee job descriptions and responsibilities are clearly defined.
- All staff members have regular supervision.
- Part of supervision is used to address job stress and self-care strategies.
- Part of supervision is used for on-going assessment of workload and time needed to complete tasks.
- Staff members are encouraged to understand their own stress reactions and take appropriate steps to develop their own self-care plans.
- Staff members are welcome to discuss concerns about the organization or their job with administrators without negative consequences (e.g., being treated differently, feeling like their job is in jeopardy or having it impact their role on the team).
- Staff members are encouraged to take breaks, including lunch and vacation time.
- The organization supports peer-to-peer activities such as support groups and mentoring.
- Other: _____

continued on next page

Like the self resiliency exercise, this organizational exercise helps supervisors and programs measure how well they are doing helping serve their clients.

What About You?: A Workbook for Those Who Work with Others, The National Center on Family Homelessness. 2008.

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Q & A

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