PARTNERING WITH YOUR LOCAL HEALTH DEPARTMENT
A TOOL FOR DOMESTIC VIOLENCE ADVOCACY PROGRAMS

WHAT IS A PUBLIC HEALTH APPROACH?
Public health focuses on the overall health of populations and aims to provide the maximum benefit for the greatest number of people. Unlike healthcare which takes a curative approach for individual patients, public health looks upstream to see how health problems in a community can be prevented or kept from getting worse. Public health works to achieve this by defining the problem, identifying the risk and protective factors, developing and testing prevention strategies, and promoting widespread adoption. Public health institutions exist at all levels of government, but it is local health departments who are primarily responsible for on-the-ground prevention efforts.

WHAT IS A LOCAL HEALTH DEPARTMENT (LHD)?
Local governmental public health agencies at the city and county level play a crucial role in the health and safety of our communities. LHD are typically responsible for many important health services in a community, including emergency preparedness, immunization, chronic disease prevention, communicable disease prevention and surveillance, food safety, environmental health, maternal and child health, and injury and violence prevention, and more.

LHDs play a key role in the prevention of both violence and HIV. According to the American Public Health Association, one of the 10 essential services of the public health system is to investigate, diagnose and address health hazards and root causes.
LOCAL HEALTH DEPARTMENT HIV/STI SERVICES

In many communities, the LHD is one of the best partners for your efforts to support survivors living with HIV and HIV prevention. LHDs receive federal funding through the Ryan White HIV/AIDS Program and other programs to provide regional HIV care networks, STI/HIV testing, access to PrEP, case management, and other patient care and support programs at low or no cost. Key services that are important for domestic violence (DV) advocates to know about include:

- **HIV Testing and Counseling (HTC):** A package service intended to allow people to make informed decisions regarding knowledge of their HIV status and the implications of those decisions. HIV testing must always be voluntary and confidential, conducted after obtaining informed consent and accompanied with pre- and post-test counseling, and is often available free of charge even without insurance. Services may be delivered through free-standing or mobile testing sites or integrated into services for people vulnerable to infection such as harm reduction or recovery programs, perinatal care, or STI clinics.¹

- **HIV Prevention:** In addition to HIV/STI testing services, many health departments are responsible for community and peer education about getting tested, safer sex practices, and Pre-Exposure Prophylaxis, or PrEP. PrEP, currently in the form of a daily pill or the latest injectable shot, is a safe and effective prevention strategy in which HIV-negative individuals are able to almost eliminate their chance of HIV acquisition. Research suggests that PrEP can be a crucial domestic violence harm reduction strategy for survivors of which advocates should be aware.²

- **HIV Care Coordination:** Health departments often serve as a community hub for treatment and care coordination for people living with HIV. In addition to case management and supportive services, the health department may offer medical treatment for HIV in the form of Antiretroviral therapy (ART). Though ART does not cure HIV, these daily medications help people with HIV live healthier and longer lives, and significantly reduce the chance of transmission to others.³

- **Harm Reduction:** Harm reduction is a movement and approach developed and led by people who use drugs to reduce harms associated with substance use and improve drug users' health and wellness, prevent overdose, and reduce disease transmission. Public health departments can be key partners in communities’ harm reduction efforts by providing infrastructure and resources such as Syringe Services Programs, overdose reversal medication Naloxone, fentanyl test strips, and more. Harm reduction programs incorporate strategies that meet people “where they are” on their own terms, and though recovery is not the goal of harm reduction, it can serve as a pathway to additional substance use treatment and recovery services.⁴

- **Violence Prevention:** Many local health departments have violence prevention departments or programs that may be partnered with the health department’s HIV program on efforts such as adolescent sexual health services and education.
PARTNERING WITH YOUR LOCAL HEALTH DEPARTMENT

Partnering with your local health department to ensure that participants in your advocacy program have access to HIV prevention, testing, and care coordination is crucial to the health of survivors in your community!

MODELS FOR PARTNERSHIPS BETWEEN DV PROGRAMS AND LOCAL HEALTH DEPARTMENTS

• **Cross training**: sharing information about your services and learning more about the LHD HIV/STI services can ensure an integrated response to violence and health. Your advocacy organization might offer regular DV101 trainings, how to address abuse, and safety planning around STI partner notification to the health department community health worker staff so that their staff is able to address abuse with their clients. Health department staff might offer training on HIV stigma, available services, and how to talk about PrEP with clients. You may elect to collaborate on trainings to other organizations in the community.

• **Bi-Directional Referral Procedure**: Learning about all the services your LHD offers will help you make the referrals that your clients need. Building a relationship with the individuals who run their programs will also encourage referral from the public health programs to your advocacy program.

• **Mobile Health Services**: Survivors in your program might find it helpful to receive mobile health services from the health department such as mobile STI testing and counseling, information about PrEP, and sexual health resources. Additionally, advocacy programs may also benefit from having a public health nurse have clinic hours at your program to increase health access.

• **Mobile Advocacy**: Does your LHD have a clinic or drop in center that would benefit from having a visiting or mobile advocate on site once a week? Onsite advocacy allows patients seeking care to be able to talk about what is going on in their relationship and safety plan right in the healthcare setting.

• **Onsite Harm Reduction + Sexual Health Resources**: Your LHD HIV/STI may be able to provide your program with crucial harm reduction and sexual health resources for you to have onsite for survivors in your program such as HIV/STI self-testing supplies, condoms, emergency contraception and pregnancy testing, syringe exchange, overdose reversal medication naloxone, and more.
STEPS TO PARTNERSHIP

1. **Find your Local Health Department**: consult the National Association of County and City Health Officials (NACCHO) Directory of Local Health Departments or reach out to your state's HIV public health contact to learn more. Your LHD will have a division or department that is focused on STIs, HIV, and other communicable diseases that may be a good first point of contact for you to connect with. These departments have names similar to “Division of Communicable Disease Control & Prevention”, "Sexual Health Services", "STI + Hepatitis Clinic". Other divisions or departments to consider connecting with include maternal and child health and violence prevention. These divisions may have similar names to “Women, Infant, and Community Wellness”, “Prenatal, Maternal, and Child Health”, “Community Violence Intervention & Prevention”, and “Community Health and Violence Prevention”.

2. **Share information and getting buy-in**: What services do you provide to your patients/clients? Be able to share why a collaboration with the health department would benefit survivors in your program and users of health department HIV services.

3. **Determine shared values and purpose**: Why are we doing this? What collaborative efforts have been initiated before (if anything) and what was the outcome?

4. **Decide on shared goals**: What partnership models do you want to explore? What is the most pressing need for survivors in your program? What do you want to build together? How will you leverage funding sources to achieve your goals? It may be useful to outline structure for these goals in an action plan and Memorandum of Understanding.

5. **Track Your Successes**: How can you document warm referrals from health department? How can you track how many clients/patients utilize health department services? This data can be immensely important to demonstrate the impact of the partnership, program development, and even state policy.

Questions about partnering with your local health department? Email dvhiv@nnedv.org.
KEY RESOURCES AND MORE INFORMATION

Positively Safe: Addressing the Intersection of DV and HIV/AIDS Toolkit
IPVHealth.org: Building Partnerships

National Association of County and City Health Officials (NACCHO)

NASTAD: Info on state level HIV, self-testing, and more

Public Health 101 for Organizers: What is governmental public health, and how can you engage the field to advance your next campaign?

Local HIV Data

POSITIVELY SAFE

National Network to End Domestic Violence
dvhiv@nnedv.org | nnedv.org/positivelysafe | nnedv.org/dv-hivaids-toolkit

NATIONAL HEALTH RESOURCE CENTER ON DOMESTIC VIOLENCE

Futures Without Violence

health@futureswithoutviolence.org | ipvhealth.org | futureswithoutviolence.org/health

REFERENCES

1. http://www.emro.who.int/asd/about/testing-counselling.html