

DOVE Project Update

In the fourth and final year of Memorial Health Foundation's funding of the DOVE project advances were made to ensure the future of the project as a self-sustainable and integral part of the three partners who helped develop it: The YWCA, Madison Center and Memorial itself. “The whole idea behind funding the pilot project known as DOVE was that one day the funding would end and the project would be self-sufficient,” says Reg Wagle, Vice President of Memorial Health Foundation. But it didn't come without bumps along the road. “The implementation of DOVE was tougher than we thought. Originally intended to be a 3-year funding commitment of the Foundation, it took 4 years to get it fully operational,” says Wagle.

When it became clear that the end of funding was in sight there was some tension in anticipation of the transition. Both the YWCA and Madison Center expressed concern that they would be unable to maintain the program without outside support. What they learned was that, in terms of maintaining the project, neither partner would need to go outside of their core business to maintain it. The YWCA already provided shelter and counseling for victims of domestic abuse; and domestic abuse programs at Madison Center, such as the victims' advocate program, SOS (Sex Offense Services) are volunteer-driven and already in place. In the end these two mission-driven organizations have been very successful in folding these programs into their own operating budgets. It just required a willingness to change.

Memorial

Although in the first three years of the DOVE project Memorial had screened for domestic violence in departments such as ER and OB/Gyn, by the fourth year the screening was opened up hospital-wide to every woman over the age of 18, using WAST (Women Abused Screening Tool) questions. Admitting forms were changed and nursing and outpatient units had screening questions available to them so that they knew what to ask and how to ask it. “It's become part of the routine here at Memorial,” says Bev Teegarden, Executive Director of Cardiac and Critical Care Services. “That will not change.”

YWCA and the Madison Center

Both the YWCA and the Madison Center have made great strides since the inception of the DOVE project. Although it's normal for an organization to resist and push back when funding comes to an end, both organizations have adjusted. And while it was easy to continue the practices of the DOVE project at Memorial (the screening of patients has become a routine part of the admissions process) when it came to other areas of DOVE such as education in the schools, it was a gray area for the YWCA and the Madison Center. Although one organization may focus on education and the other on community involvement the success of the program is dependent on neither of them using DOVE as a ‘feather in their cap’. “The community needs to see this not as the YWCA's program or Memorial's program or Madison's,” says Bev Teegarden. “It needs to be a common face, a common cause with all parties being equal and talked about as DOVE and not about one individual organization or company's contribution.”

The Future

Another important goal of the DOVE project was to make the resource information available to the community at large, outside of the hospital setting. It was agreed that the program was very important and, no matter what, a way would be found to sustain it. The resources were there; it wasn't about adding resources but utilizing existing resources in new ways. And the methods to do so were relatively simple. It could come in the form of a sticker in the window of a business that says "We provide DOVE education". Inside would be information on domestic violence and how to get help. The staffs of these organizations would not be domestic violence experts but resources for women in trouble, a place where they can find the help to help themselves. Information and posters are located in places such as beauty salons, Laundromats, women's restrooms, locker rooms and grocery stores. "As soon as the posters went up, calls to the YWCA doubled," says Deb Gartee.

Tool Kits are now available to hospitals and communities nationwide interested in the DOVE project, providing the means for replication. The Kit contains the DOVE Learning History, Goals/Education information, Hospital Admission forms, Statistics, Financial Statements, the WAST Tool, Research, Inpatient/Outpatient Algorithm and a Self Learning Packet.

"We're not going to stamp out the problem of domestic violence entirely but we can do things to help make the system work more effectively," says Reg Wagle. And finally, has the Dove Project been worth the four year effort by Memorial? "I told our Board that there isn't anything our Foundation has done that I've been prouder of," he says. Adds Deb Gartee: " People can make a difference; we wouldn't be working in the health care field if we didn't truly believe that."

Statistical Overview

December 2001-November 2002

14,562 Patients 4,197 Screened

333 Positive Screens	8%
178 Advocate Visits	53%
104 Admitted to Shelter	31%
147 Referred to YWCA for Services	44%

June 1999-November 2002

43,757 Patients 15,505 Screened

1,169 Positive Screens	8%
419 Advocate Visits	39%
133 Admitted for Shelter	11%
342 Referred to YWCA for Services	29%

There are over 832,000 people in the 6 regions that Memorial services of which 319,212 are women age 18 and over. It is estimated that almost 160,000 of these women will be involved in abusive relationships.

2002 Finances – Final Year of MHF Funding

	YTD/Actual	YTD/Budget	VAR
<u>Labor Expense</u>			
Memorial	30,996	31,000	4.00
Madison	46,760	31,320	(15,440)
YWCA	59,094	56,400	(2,694)
Total Labor	\$136,850	118,720	(18,130)
<u>Supply Expense</u>	13,074	24,150	11,076
Total Expenses	149,924	142,870	(7,054)
DOVE Project			