THE IMPACT OF HEALTH ADVOCACY ON SURVIVOR HEALTH ACCESS: KEY FINDINGS AND RECOMMENDATIONS FROM A DATA PILOT

November 14, 2018

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Meet the speakers

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CA Partnership to End DV

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Futures Without Violence

**Dana Knoll**
Watts Health Care Corporation

**Jobi Wood**
Family Assistance Program

**Kelsey Burgess**
YWCA of San Gabriel Valley
Christine Smith
Public Policy Coordinator
California Partnership to End Domestic Violence (CPEDV)
Learning Objectives

By the end of today’s webinar, you will be able to:

1. Define *health advocacy*, its importance and implementation strategies;

2. Discuss *key findings and lessons* from the data pilot, such as improved STI testing and treatment rates;
Learning Objectives…

3. Identify *strategies for measuring the impact of cross-sector collaboration* on referral outcomes and access to services;

4. Discuss *key recommendations, tools and resources* to strengthen health advocacy, data collection and evaluation practice in your program.
Domestic violence is a health issue

- A public health epidemic
- One of the most significant social determinants of health
- Contributes to injuries and chronic health issues
- Strains the healthcare system and associated costs
Addressing the intersection of health and DV in California

- Increase capacity of DV programs to address health needs with survivors
- IPV & Health Policy Leadership Cohort
- CPEDV resource library now includes health and health advocacy resources

www.cpedv.org/national-and-state-links
Jennifer Haddad Bell
Program Consultant
Futures Without Violence
Poll #1

How many of you have formal partnerships with local organizations to integrate health and DV services?
Partnership work in CA

Domestic Violence Health Care Partnerships (DVHCP) Project, 2014-2017

- Funded by Blue Shield of CA Foundation
- Formal partnerships (MOUs)
- Integrated health and DV services
- Changed practice, policy and systems for responding to health and violence

www.dvhealthpartnerships.org
DV and Health Care Partnerships

**DV Advocacy Partner**
- Improve health and wellness for survivors
- Implement health assessments

**Health Partner**
- Improve health and safety for survivors
- Implement DV assessments and universal education

**Warm referral**
- from DV agency to health center
- from health center to DV agency

*Staff training, new policies and procedures, written protocols*
*Established champions*
Pilot Inspiration

• Anecdotes vs. data

• Need for more data on impact of partnerships

• Making the case for addressing the intersection of health and DV
Pilot Inspiration

- Examining referrals made from DV advocacy sites to health sites

- Key question: What impact does health advocacy have on survivor access and outcomes?
Data is Important

- Uncovers gaps in services
- Leverages funding opportunities
- Informs policy change
What is Health Advocacy?

Addressing and responding to survivor health needs in DV programs

Advocates play a critical role in improving survivor health, educating on the health impacts of DSV, and linking survivors to medical services

Promotes survivor health, wellness, and prevention
Poll #2: For DV program staff

Does your organization include health assessments for survivors as a core service?
Key Health Advocacy Strategies

- Create and formalize partnerships between health and DSV programs
- Integrate *health assessments* as part of the intake process in DV programs
- Provide ongoing staff training
- Create a cross referral system for making warm handoffs to link survivors to care
Health Assessment in DV Programs

- Simple 1 page assessment
- Performed by advocates at intake
- Addresses and assesses health needs
- Universal education on health and safety
- Helps survivors make the connection: *Is your relationship affecting your health?*
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<thead>
<tr>
<th></th>
<th>Question</th>
<th>Response</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Do you see a health care provider on a regular basis?</td>
<td>Yes/No</td>
</tr>
<tr>
<td>2</td>
<td>Have you had a physical in the last year?</td>
<td>Yes/No</td>
</tr>
<tr>
<td>3</td>
<td>Do you currently have health insurance or medical coverage? If so, what?</td>
<td>Yes/No</td>
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<tr>
<td></td>
<td>If NO, would you like assistance with enrolling in medical coverage?</td>
<td>Yes/No</td>
</tr>
<tr>
<td>4</td>
<td>Do you have any allergies that staff should be aware of? If YES, please list:</td>
<td>Yes/No</td>
</tr>
<tr>
<td>5</td>
<td>Do you have any medical concerns (if no, skip to question 9)? If YES, please list:</td>
<td>Yes/No</td>
</tr>
<tr>
<td>6</td>
<td>Are you experiencing any health issues that you feel need immediate treatment? [If yes, make warm referral to health partner for urgent appointment]</td>
<td>Yes/No</td>
</tr>
<tr>
<td>7</td>
<td>What medications (if any) do you take?</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>On a scale from 1 to 10, with 1 being no control and 10 being complete control, how much control do you feel you have over your own health?</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>How do you rate your overall health?</td>
<td>Excellent, Good, Fair, Poor</td>
</tr>
<tr>
<td>10</td>
<td>Even if no active medical concerns, offer the educational safety card and make connection to health services:</td>
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## Alcohol and Substance Use

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<tr>
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<th>Question</th>
<th>Answer Options</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Do you drink alcohol? If YES how much?</td>
<td>Yes/No, Amount:</td>
</tr>
<tr>
<td>2</td>
<td>Do you smoke cigarettes? If YES, how many:</td>
<td>Yes/No</td>
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## Sexual and Reproductive Health

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<thead>
<tr>
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<th>Question</th>
<th>Answer Options</th>
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<tbody>
<tr>
<td>1</td>
<td>In the last year, have you had an annual women’s health or sexual health exam?</td>
<td>Yes/No</td>
</tr>
<tr>
<td>2</td>
<td>At this time, are you experiencing any symptoms that you feel should be seen by a reproductive health care provider?</td>
<td>Yes/No</td>
</tr>
<tr>
<td>3</td>
<td>In the past week, have you had unprotected sexual intercourse?</td>
<td>Yes/No</td>
</tr>
<tr>
<td>4</td>
<td>If yes, are you interested in receiving emergency contraception (the morning after pill) to help prevent pregnancy?</td>
<td>Yes/No</td>
</tr>
<tr>
<td>5</td>
<td>If no immediate symptoms – Are you interested in meeting with a reproductive health care provider to discuss pregnancy prevention and/or sexual health?</td>
<td>Yes/No</td>
</tr>
</tbody>
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New Resource

• Created by CA IPV & Health Policy Leadership Cohort

• Lessons, recommendations and resources

Health Assessment in DV Programs

Kelsey Burgess
Violence Prevention Specialist
YWCA of the San Gabriel Valley
The Pilot

- Tested procedures to measure health advocacy impact on survivor outcomes
  - Establishing a medical home
  - Healthcare utilization
  - Health outcomes

- Focused on referrals from DV → Health
The Pilot

- Funded by Blue Shield of CA Foundation
- July 2017-August 2018
- 3 pilot partnerships in Southern CA
  1. Jenesse Center + Watts Health Care Corporation
  2. YWCA of San Gabriel Valley + East Valley Community Health Center
  3. Family Assistance Program + San Bernardino Public Health Clinic
The Pilot

- 6 month data collection period
- Staff training
- Regular partnership communication
- Ongoing technical assistance and evaluation support
Pilot Tracking Tools

- Paper tracking and electronic health records (EHR)

- Tracking tools:
  - Health assessment tool in DV programs
  - DV assessment in health centers
  - Site specific tool to track client data and referrals
  - Feedback loop tool to track referral outcomes
Poll #3

Does your organization have a process to track whether referrals you make are “successful”/completed?
Feedback Loop

• Key to tracking referral outcomes

• Requires:
  • Data tracking in health and DV programs
  • Ongoing communication between partners
  • Compliant data sharing
Feedback Loop

**DV Advocacy Partner**
Implement health assessments

Receives referral outcome data from health partner

**Health Partner**
Track referral and visit outcomes

Shares outcomes with DV partner

**Ongoing communication on referral outcomes**

**Warm referrals**
from DV agency to health center

**Compliant data sharing between partners**
Creating a Feedback Loop

- Cross referral system includes feedback loop process

- Identify staff roles – Who will:
  - Make referrals?
  - Track and follow-up on referrals?
  - Talk with partner about referral outcomes?
  - Document and monitor outcomes?
Compliant Data Sharing

- Integrate agreement for data sharing between partners
- Consent form signed by client at both locations
- Designed only for limited PHI on referral and visit outcomes
- Integrated into the MOU
Tracking Data + Feedback Loop

Jobi Wood
Domestic Violence/Health Advocate
Family Assistance Program
Impact of coordinated response on survivor outcomes:

- **Assessment**
- **Warm Referrals, Access and Healthcare Utilization**
  - Initial referrals and outcomes as a result of coordinated response
  - Services accessed
  - Follow up referrals and outcomes
- **Short term health outcomes**
  - Depression (PHQ9) + Sexually transmitted infections
Data Findings: Referrals

- 152 Health assessments completed
- 84% Referral to health
  - 63% Led to scheduled appointment
    - 80% Completed a health visit
Completed health visits:

- 68% - general medical care
- 21% - reproductive health
- 11% - mental health and/or substance abuse
- 12% - received follow-up or ongoing care
Other Data

- **53% no-show rate (failed appointments)**
- Self sufficiency in appointment scheduling:
  - 30% survivor scheduled
  - 70% advocate scheduled
- DV and health partners communicated on referral outcomes **62%** of the time
What does the data mean?

43% of survivors who received a health assessment actually accessed health services.

51% success rate of referrals from DV → health.
100% of survivors who tested positive for sexually transmitted infections were treated and completed their follow-up 3 months post screening.
Imagine if the health assessment was not offered to these survivors?
Survivor Stories
Data Findings: Qualitative

Reported reasons for failed referrals:

• Exited program prior to visit
• Survivor ineligibility for health services
• Survivor lost to follow up
• Location/transportation issues
• Legal issues
Data Findings: Qualitative

10% of referrals were declined by survivors

Reported reasons survivors declined referrals:
- Seeking care elsewhere
- Desire to self-refer
- No identified health issues by advocate
- Survivors feel they are in good health
- Convenience and timing concerns
- Location or near “danger zone”
Data Findings: Qualitative

Reported concerns on health assessments:

- Depression/anxiety
- Insomnia
- Chronic PTSD
- Dermatological issues
- Asthma
- Overweight/obesity
- IBS
- Migraines
- High STI risk
- Pregnancy/post-partum
- Access to medications
Data Collection Challenges

- Confusion with tracking tools
- Incongruence in the data
  - Data fields left blank
  - Inconclusive data
- Trial and error process
- Greater challenges for health sites
  - EHR integration
Poll #4: For health programs

Do you have a workflow for DV assessment, response and referral?
Clinical Workflow + EHR

Dana Knoll
Vice President Administrative Operations
Watts Health Care Corporation
Lessons + Key Recommendations
Lesson #1

Data collection is vital and has its challenges.

- Demonstrates impact
- Improves quality care
- Takes time!

**Best Practice: Do data.**

- Organization-wide priority
- Evaluate your current practices
- Start small and scale up
Lesson #2

Survivors face real barriers to accessing services.

- High rates of declined and failed appointments
- Feedback loop uncovers barriers

**Best Practice:** Understand and reduce the barriers.

- Track declined and no-show rate
- Follow-up on failed appointments
- Understand coverage and eligibility in your region
Lesson #3

Confidential data sharing across partners is possible.

- Key for feedback loops
- Proper consent, unique identifiers and clear protocol

**Best Practice:** Establish a system for compliant data sharing with your partner(s).

- Know the value of data sharing for your site
- Integrate in the partnership MOU
- Develop a protocol with staff roles
Lesson #4

EHR presents a different set of challenges.

• Accurate and efficient
• Initial challenges with set up and targeting data

Best Practice: Use EHR strategically and thoughtfully.

• Understand your software
• Engage key staff (IT, billing)
• Provide ongoing staff training
Lesson #5

Training is needed and critical to advancing data.

- On-boarding and booster training
- Interventions are necessary for tracking impact

**Best Practice**: Provide ongoing staff training and promote universal education.

- Embed policies for ongoing staff training
- Integrate tools/interventions to support skill building
  - CUES and safety cards
Lesson #6

Cross sector collaboration and clearly identified staff roles are vital to data collection.

- Trust, respect and ongoing communication

**Best Practice**: Develop strong, mature models for collaboration and formal referral systems.

- Prioritize intentional partnerships
- Formalize cross referral systems
- Written protocols for collaboration
Final recommendations for the field

- YWCA of SGV
- Family Assistance Program
- Watts Health Care Corp.
Tools and Resources


• Access the pilot tracking tools at www.dvhealthpartnerships.org
Domestic and Sexual Violence Advocates: Key members of the care team

Why should advocates support survivor health?

Serving a vital and unique role in communities, advocates have the important opportunity to promote survivor
Free training + technical assistance tools

National Health Resource Center on Domestic Violence

- Safety cards
- Training curricula
- Clinical guidelines
- State reporting information
- Documentation tools
- Pregnancy wheels
- Posters
- Policy papers

For more information, please visit [www.futureswithoutviolence.org](http://www.futureswithoutviolence.org)
Applying Our Learning

What is one thing you will implement that will help you do your job better?
Q+A

Unmute yourself or use the chat box
THANK YOU!

Jennifer Haddad Bell

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