

Case Example on Monthly Health Celebrations:

Setting-Specific Tools for Integrating trauma-informed health education in advocacy settings

The Women’s Health Care Clinic of the Los Angeles Biomedical Research Institute at Harbor-UCLA Medical Center, and Interval House launched an innovative model project in 2014. Their project exemplifies key strategies and best practices that facilitate system-level improvements and cultivate enhanced response to DV in their community.

Overview of Partnership: The partners initiated their work together by implementing a bi-directional referral system to facilitate timely access to DV support services for clinic patients, and health services for shelter clients. The system provided a formal structure that institutionalized procedures for warm hand offs and making referrals. This included a referral form submitted by the clinician to the shelter; chart documentation for assessment and interventions offered; use of a back office number for immediate access between partners outside of normal business hours; weekly blocked clinic appointments for shelter clients; and on-site clinic appointment scheduling at the shelter. Cross-trainings were provided annually to introduce the new system, provide technical assistance to staff, and build meaningful relationships in-person allowing for trusted, warm-hand offs.

Universal Education and Response Policies: The clinic made vast improvements to all policies and protocols for DV assessment and response. Updates included new approaches for early identification of DV by using an evidence-based universal education approach on healthy relationships, and a more comprehensive workflow for direct inquiry and intervention. Assessment and education was integrated throughout clinic flow, essentially creating a culture of safe and healthy relationships throughout the visit—from the physical space (with resources in waiting rooms, patient restrooms, exam rooms), to the initial intake with the Medical Assistant, to the interview and exam with the provider. Prevention and universal education on safe and healthy relationships was also expanded outside the walls of the clinic into the community through regular outreach activities.

Addressing Health in DV Programs: With support of the clinic staff, advocacy staff was able to implement a baseline health screening for all shelter clients, and integrate an organizational framework for talking about health in the shelter setting. This included screening for immediate health needs on the intake questionnaire, providing universal education on how relationships affect health, normalizing the conversation of health in counseling and case management, providing clinic information to all clients, and offering on-site appointment scheduling. Partners taught shelter staff how to talk about clinic services, plug clients into the clinic schedule, and integrate basic health information into core shelter services.

Monthly Health Celebrations: In partnership with the clinic, the shelter implemented unique shelter-based health education sessions to provide on-site access to health information and services. These “Monthly Health Celebrations” essentially instilled a culture of health in the shelter and created a safe and celebratory community for DV survivors to learn and talk about health issues. Partners worked together closely to coordinate monthly sessions on various health topics. Clinic staff provided the health education in English and Spanish, while shelter staff provided support to clients during the sessions.

Overtime, partners applied train-the-trainer model so advocates could provide health education directly. This eventually streamlined a sustainable model for shelter-based health education integrated into regular DV programming without funding. The Monthly Health Celebration model was a unique way to integrate health education in a structured format that was inviting, engaging and familial.



Adopting the Celebration Model

This model can be adopted and adapted by other organizations easily and effectively. Below we outline the framework for structuring the Monthly Health Celebration approach within your organization. You are invited to adapt the core components of the Celebration model to make it workable, cost-effective and sustainable for your partnership. Perhaps with some

adjustments, it can be done, and can be done well.

I. The set up

For many survivors of domestic violence, urgent pressures such as relocation, legal issues, and emotional/physical stress pose overwhelming barriers to health care. During the planning process for this initiative, the partners worked together to determine who the target audience would be (both shelter and outreach clients) and how the workshops could effectively engage and entice survivors on a voluntary basis, given their instability and the heavy demands on their lives. They designed the Celebration model with a very client-centered, trauma-informed focus, ensuring that in addition to offering client incentives, the workshops are intentionally framed and promoted as fun, empowering events. This was central to the success of the Celebrations.

All advocates, counselors and leaders were scheduled to be a part of the Celebrations, to greet, welcome, and encourage all clients. The ability to provide a structured opportunity, in a celebratory environment, for clients to socialize and connect with staff who have helped them through their times of crises created an energy of comfortability that resulted in a high level of interest and engagement with clients in talking about their health and well-being—and ultimately, accessing health services.

II. Incentives

To remove logistical barriers in accessing care at the clinic, the partnership provided transportation vouchers to clients and actively arranged carpools and taxi rides to ensure that all clients are supported and encouraged in their efforts to access care. Clients also received a gift card upon attending their first Celebration. They worked together to create tracking systems to monitor appropriate distribution of gift cards. Although the gift cards were effective in helping to engage client participation, it is questionable as to whether or not they were sustainable. Furthermore, although incentives assist with launching new programs, the underlying goal is to inspire an intrinsic desire for participation that derives out of self-love, self-respect, and an inner willingness to take care of one's health, rather than through financial incentives. Adopt the pieces that fit for your partnership. For those interested in more cost-effective incentive ideas, consider relieving clients from certain house chores, extra privileges, or added shelter-based activities.

III. Health Education

Clinic staff provided a 90-minute health education workshop, simultaneously, in English and Spanish, at an Interval House shelter. Consider the space required in your setting to do this. If simultaneous groups are not feasible due to lack of space, consider scheduling different languages back to back.

Topics included women's health, family planning, sexually transmitted infections and HIV, breast cancer awareness, and nutrition. Topics can range based on whatever is most relevant within your partnership. Shelter clients were provided an opportunity to ask questions about their health in a safe, empowering space.



IV. Appointment Stations

The Celebration model created an opportunity for clients to be directly linked to the clinic through on-site appointment scheduling. Advocates set up onsite appointment stations outside the meeting rooms. After the workshop, where they received topic-specific education and information about clinic services, clients were invited to visit the appointment stations, to talk with their advocates and schedule an appointment at the WHCC. Advocates were trained on how to book appointments, how to talk with clients about clinic services, and how to briefly assess clients for eligibility of free care. All necessary intake/referral forms were provided at the station as well, to prepare clients for what to expect at their visit. Additionally, at the stations, clients could access clinic brochures/flyers, and patient education materials. Clients were given reminder cards for their appointment, and if needed, they were offered assistance with round-trip transportation to the clinic.



The appointment stations were resource tables set up outside the meeting rooms. Advocates worked the station, clinic staff assisted when needed. Consider who in your organization can manage the station. The Celebrations were attended by over 100 clients, which required 2-3 staff to be at the appointment station. Think about what's realistic, adequate and feasible for your group; smaller shelters may only need one staff person at the station. Also, if

advocates aren't available, health staff can easily take this on. Discuss in your partnership how and who can manage this aspect of the event.

IV. Special Events

To add an extra special touch to the Monthly Health Celebrations, the partnership coordinated special guests from time to time. This included a performance from a singer/songwriter who was a DV survivor, and a percussionist to lead a healing drum circle. The



special performances were scheduled as an additional part of the Celebration, for those who wanted to stay. They were in no way linked to the health education, nor the topic covered, but simply a special gift to bring to the clients and staff. Consider your community partners, circle of influence, close network, family and friends. Who do you, and others in your partnership, know that would be willing to donate their time to come out and support your event...a musician, singer, percussionist, artist, yoga teacher, movement teacher, cook, etc. Think about special days (Health Cares about DV Day, Mother's Day), holidays or awareness months (April is Sexual Assault Awareness Month, May is Women's Health Awareness Month, October is DV Awareness Month), and consider making your Celebration extra special on those days to honor the clients participating.

V. Results

As a result of the Monthly Health Celebrations, the partnership saw a remarkable increase in health care engagement and access, especially among victims who have reported never having had a well-woman exam, those who have had exams but had no knowledge of their medical results, and those who had not previously disclosed. They created a bridge to health care that has been so important in helping victims prioritize their health, utilize services, and develop a medical home. It was not uncommon that in one month's time, after one Celebration, over 50 clients would schedule an appointment at the clinic. In addition, the Monthly Health Celebrations provide a valuable avenue for cross-training and sustainability among the Interval House staff, who have the opportunity to grow, evolve, and continue to share the knowledge they've learned with clients well into the future.

Collectively, the culmination of these system-level improvements helped to create an effective reciprocal organizational response to DV. Through ongoing, committed collaborative efforts, the partners created a framework for enhancing and expanding the care network in their community. They strategically worked to reduce logistical barriers in reaching underserved DV survivors, and removed barriers in their ability to access support by cross-training staff, providing warm referrals and close care coordination, assisting with transportation and embedding aspects of co-located support services into the clinic and shelter.

Tools for adopting this model

Reflect on all the information shared and consider the following:

- How do you envision the Celebration model fitting within your organization?
- What would you need to change or shift?
- What would it take in your partnership to adopt the Celebration model?
- What staff would be involved?
- How would you promote and optimize attendance?
- How much staff time would be required and allotted to promote and inform clients of the event?
- How often would be realistic for your partnership...monthly? quarterly? semi-annually?
- What meeting space is available for your use?
- How much funding would it take?
- What health topics would be covered?
- Would you offer some variation of incentives or transportation?
- Could you do Celebrations in multiple languages?
- What materials would you need to create or purchase?

- What staff training would need to be provided?
- Would advocates or clinic staff manage follow up for appointments, including coordinating ride-shares, transportation, or reminder calls?
- How would you evaluate client satisfaction, effectiveness and impact?

Be creative, be flexible and have fun! Shape and reshape the Celebrations to fit your program and partnership, and benefit your clients, and lift up cultural humility in your geographical area.