

Reducing Health Disparities through Community Partnerships: Implementation Strategies

April 22, 2020



In case of technical difficulties
- yours or ours - relax!

This session will be recorded and available for you to
share with your team.

**Please alert Chloe of any
technical challenges with GoToWebinar
through the chat box feature.**

About the 2020 Learning Collaboratives

- **Target Audience:** Staff from health centers, PCAs & health center-controlled networks
- **Time Commitment:** Each LC includes two 90-minute sessions (60-min training + 30 min of office hours). Participate in one or both of a collaborative's sessions.
- **Registration:** Use the link at the end of this presentation or in the chat box to register for each session you plan to attend.
- **Recordings:** All trainings are recorded and made available under the “SDOH Trainings” tab on the SDOH Academy website.

2020 Steering Committee

National Center for
Medical  Legal
Partnership
AT THE GEORGE WASHINGTON
UNIVERSITY

 Health
Outreach
Partners
HEALTHY PEOPLE. EQUITABLE COMMUNITIES.

 CSH
The Source for
Housing Solutions

NATIONAL
HEALTH CARE
for the
HOMELESS
COUNCIL

 NATIONAL
NURSE-LED CARE
CONSORTIUM
a PHMC affiliate

2020 SDOH Academy Faculty

2020 Additional Faculty


AAPCHO

 acu
association of
clinicians for the
underserved

 CAPITAL LINK


FARMWORKER
JUSTICE

MIGRANT CLINICIANS NETWORK



MHP Salud

 NATIONAL ASSOCIATION OF
Community Health Centers[®]


National Center for Health in Public Housing


NATIONAL CENTER
FOR EQUITABLE CARE FOR ELDERLY

 NCFH
National Center for Farmworker Health, Inc.


NATIONAL LGBT HEALTH
EDUCATION CENTER
A PROGRAM OF
THE FENWAY INSTITUTE


The Social Determinants
of Health Academy

2020 LC Topics Addressing SDOH



1. Humanizing Your Enabling Services Data for Patient Care

- February 12 and 26: 2 - 3:30pm Eastern Time

2. Fostering a Health Care Workforce Able to Address Current & Emerging Needs

- March 11 and 25: 2 - 3:30 pm Eastern Time

3. Reducing Health Disparities through Community Partnerships

- April 8 and April 22: 2 - 3:30 pm Eastern Time

4. Equitable Preparedness for Vulnerable Populations

- May 20 and June 3: 2 - 3:30 pm Eastern Time



SDOH Academy Core Competencies

1. Improve Access to Quality Health Care and Services
2. Foster a Health Care Workforce Able to Address Current and Emerging Needs
3. Enhance Population Health and Address Health Disparities through Community Partnerships
4. Understand Emerging Issues

Reducing Health Disparities through Community Partnerships *Presented by*

- **Capital Link**
Allison Coleman, *CEO*
- **National Center for the Equitable Care for Elders**
Arielle Mather, *Project Manager*
- **Brockton Neighborhood Health Center**
Sue Joss, *CEO*
- **National Center for Health in Public Housing**
Saqi Maleque Cho, *Director of Research, Policy, and Health Promotion*
- **National Center for Medical-Legal Partnership**
Ellen Lawton, *Co-Director*
Danielle Rahajason, *Administrative Coordinator*
- **HealthLinc**
Beth Wrobel, *CEO*

Meet the presenters!



Allison Coleman
Capital Link



Saqi Maleque Cho
NCHPH



Sue Joss
Brockton NHC



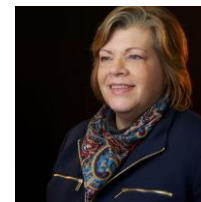
Ellen Lawton
NCMLP



Arielle Mather
NCECE



Danielle Rahajason
NCMLP



Beth Wrobel
HealthLinc

Today's Learning Objectives

1. Increase your understanding of how to **build partnerships** in the community that can address SDOH for patients
2. Build capacity on **integration of services** to address SDOH within clinic doors
3. Discuss strategies to employ **delivery system transformation** including value-based HC for SDOH; and
4. Explore opportunities to improve **data analysis** for population health management, including building competencies around collection, validation, analysis, management, utilization, visualization, and risk stratification segmentation.

Today's Agenda

1. **Introductions/Housekeeping:** Allison Coleman, Capital Link (5 min)
2. **Case Study I:** Brockton Community Health Center & Vicente Foods - Sue Joss, CEO, BCHC & Allison Coleman, Capital Link (35 min - incl. Q & A)
3. **Case Study II:** Discuss strategies to employ delivery system transformation including value-based HC for SDOH - Ellen Lawton, National Center for Medical-Legal Partnership & Beth Wrobel, HealthLinc (35 min - incl. Q & A)
4. **Office Hours Q & A:** Additional questions/comments - All faculty (15 min)

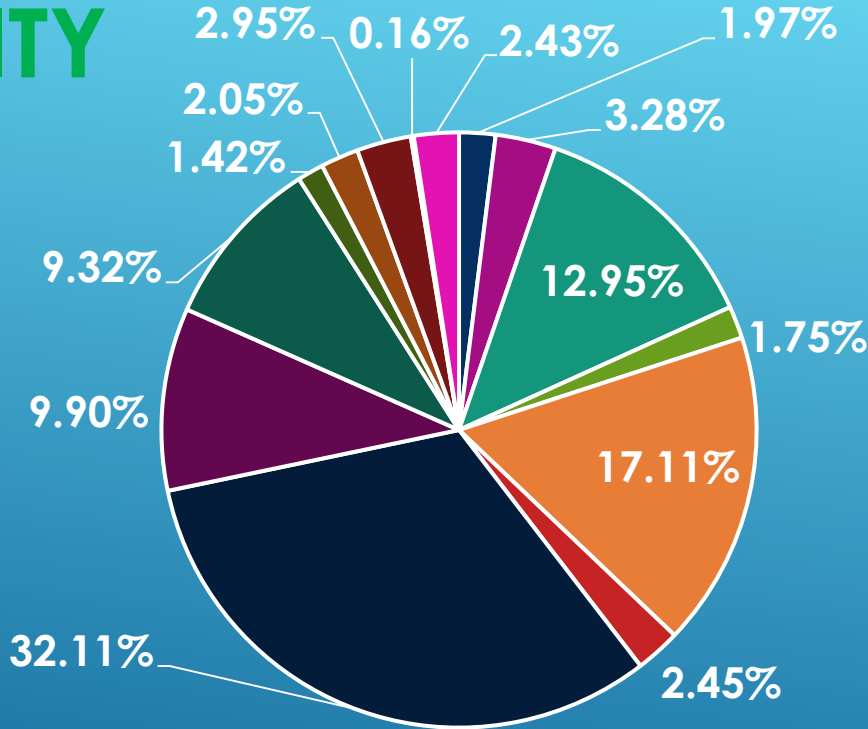


NUTRITION COLLABORATION

**Sue Joss, CEO,
Brockton Neighborhood Health Center**



ETHNICITY



HIGHEST % GROWTH

2016-2019

Brazil	82%
Dominican Republic	33%
Equador	43%
Nigeria	67%

Central America

Carribeian

Cabo Verde

South America

Haiti

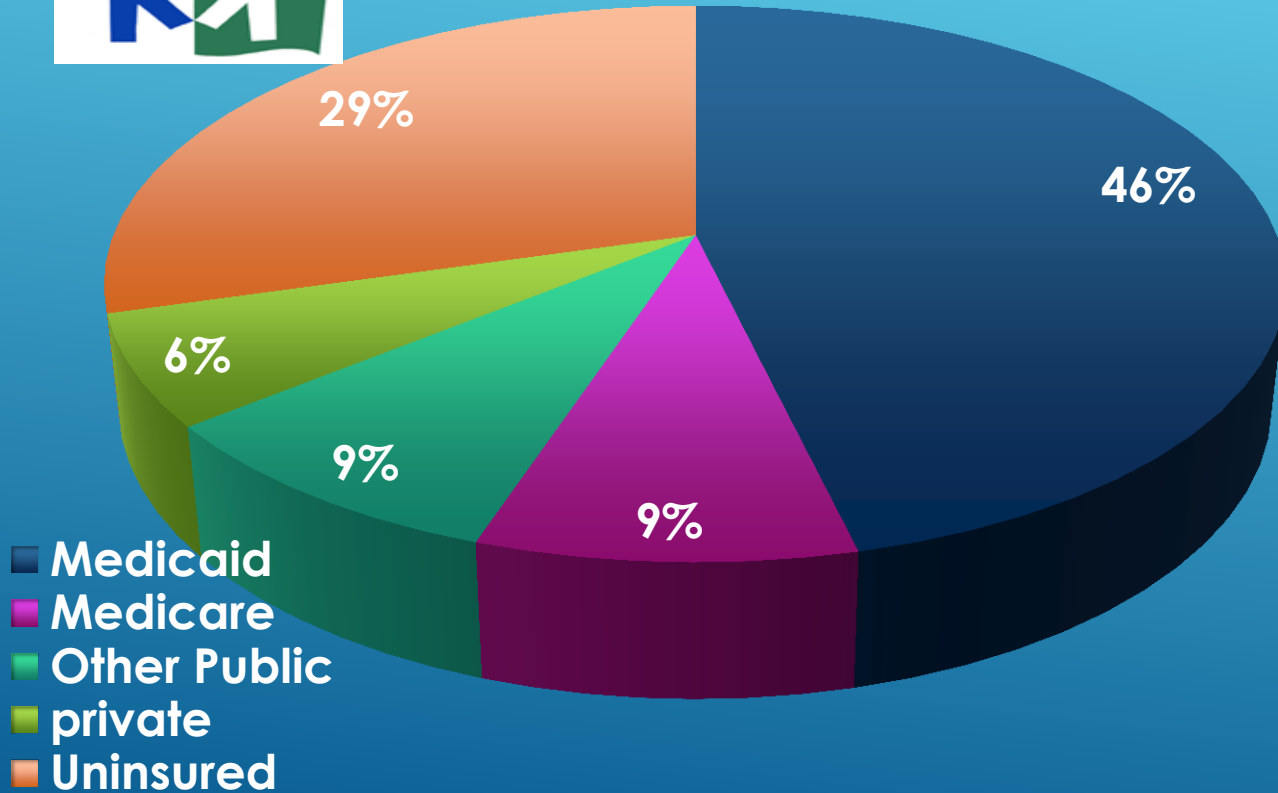
African American

Brazil

Africa

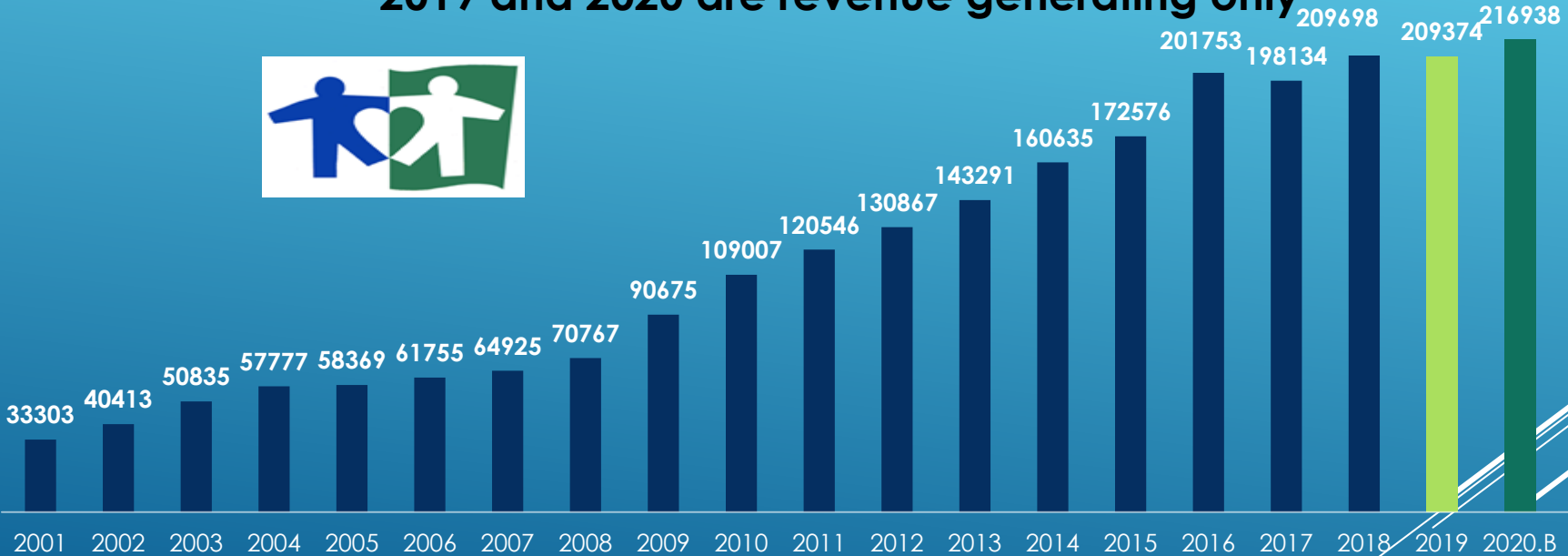
American white

Payor Mix 2018 UDS



Brockton Neighborhood Health Center Visits by Fiscal year

2019 and 2020 are revenue generating only











 Brockton
Neighborhood
Health Center

11513

11513


Vicente's
SUPERMARKET

Granizado
Welcome
Beverages
Granizado


Vicente's
SUPERMARKET



Long thick-skinned edible fruit that is yellow when ripe unripe bananas are often cooked, fried or deep-fried

When picking the perfect banana, look for a stem that is green and firm. The stem should be yellow with a few brown spots.

When picking the perfect banana, look for a stem that is green and firm. The stem should be yellow with a few brown spots.

Apples
Both in Home and Plant

Apples
Both in Home and Plant

Apples
Both in Home and Plant

PRODUCE
FRESH • HAND-PICKED • LOCAL

Fresh Picked

Quality

Healthy

Fresh

EXIT

Fresh

VALUES
great prices everyday

1.29
1.29
1.49

4.11
1.29





FRESH • FRUIT

Tropical

Special Seasonal Freshness



PRICE
\$3.99

Mark P. Coyne

Vicente's
Seafood Market









DASH COOKING

Cook Healthy with

Nutritionists & Community
Health Workers.

Learn how to lower blood
pressure and cholesterol.

DIABETES GROUPS

Diabetes Basics

This is the first group for
patients with
Diabetes.

Diabetes Follow Up

This is for patients who
have been to a **Diabetes
Basics** Group.

November 2017 BNHC Nutrition Group Schedule



DASH Cooking Group

11:00am -12:00 pm

Tuesdays - November 7, 14, 28

Diabetes Basics

Thursdays 1:15-2:30 pm

November 2 - Cape Verdean/English/Spanish

November 16 - Haitian Creole/English

Diabetes Follow Up

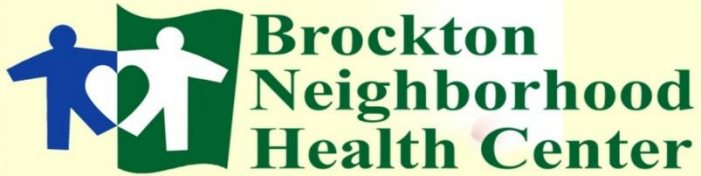
Thursdays 1:15-2:30 PM

November 9 - Cape Verdean/English/Spanish

November 30 - Haitian Creole/English

**158 Pleasant St
Vicente's Site**

Questions? Contact:
Judith, Carlos, or Joceberlyne
508-559-6699



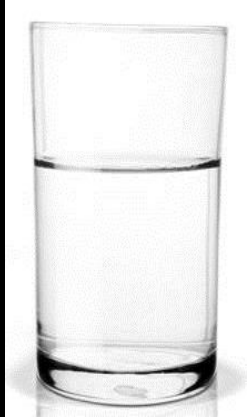
BNHC COOKS

“Healthy Eating on A Budget”



Wednesday, 11:00am at the New BNHC Teaching Kitchen





Nutrition Facts

Serving Size: 1 Bottle (355ml)

Amount Per Serving

Calories 0 **Calories from Fat 0**

%Daily Value

Total Fat 0g **0%**

Sodium 90mg **4%**

Total Carbohydrate 0g **0%**

Sugars 0g

Protein 0g

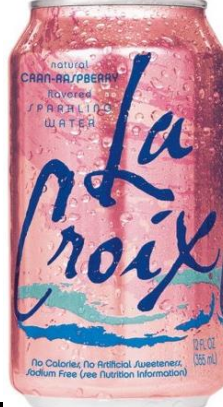
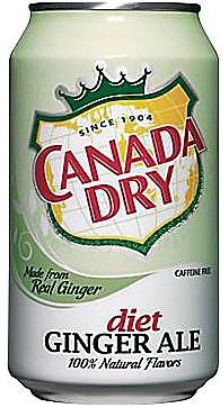
Vitamin C 10% • **Niacin 25%**

Vitamin B6 25% • **Vitamin B12 25%**

Pantothenic Acid 25% • **Magnesium 6%**

Not a significant source of saturated fat, trans fat, cholesterol, dietary fiber, vitamin A, calcium and iron.

*Percent Daily Values are based on a 2,000 calorie diet. Your daily values may be higher or lower depending on your calorie needs.



Siga a seta
verde para a
[saúde]



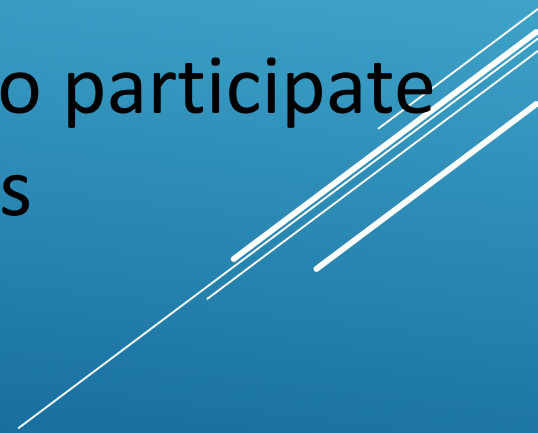
The Regents of New Mexico State University


CENTER FOR COMMUNITY HEALTH AND EVALUATION 1

WWW.CCHE.ORG




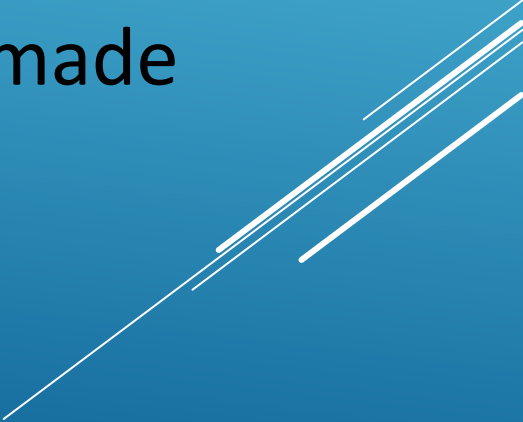
IMPACTS

- Increased access to medical care and healthy food in a former food desert
 - Better HbA1c control for those who participate in the nutrition and cooking groups
- 
- A decorative graphic consisting of several parallel white lines of varying lengths and orientations, located in the bottom right corner of the slide.

- Approximately 200 jobs at the new site
 - Improved public safety and neighborhood pride since the health center and Vicente's opened and replaced a long-vacant property
- 

FACILITATING FACTORS


- Organizational leaders had knowledge and respect for each other prior to partnering
 - Serving the same populations
 - Aligned visions of a healthy community
- 

- Ongoing joint planning sessions
 - Experienced developer
 - Condominium structure so the health center could buy its clinic space rather--made financing work for the lenders.
- 
- A decorative graphic consisting of several parallel white lines of varying lengths and orientations, located in the bottom right corner of the slide.

Vicente's changes:

- Family business has more than doubled in size
- New business systems and processes



- New services (fresh bakery, fresh fish section, and full-service meals-to-go-kitchen) for customers
 - Growing awareness of social determinants of health
- 

Questions?

Q?

A.



MEDICAL-LEGAL PARTNERSHIP

is an intervention where legal and health care professionals collaborate to help patients resolve

**SOCIAL, ECONOMIC &
ENVIRONMENTAL FACTORS**

that contribute to

HEALTH DISPARITIES

and have a remedy in civil law.

MLPs embed lawyers as members of the healthcare team



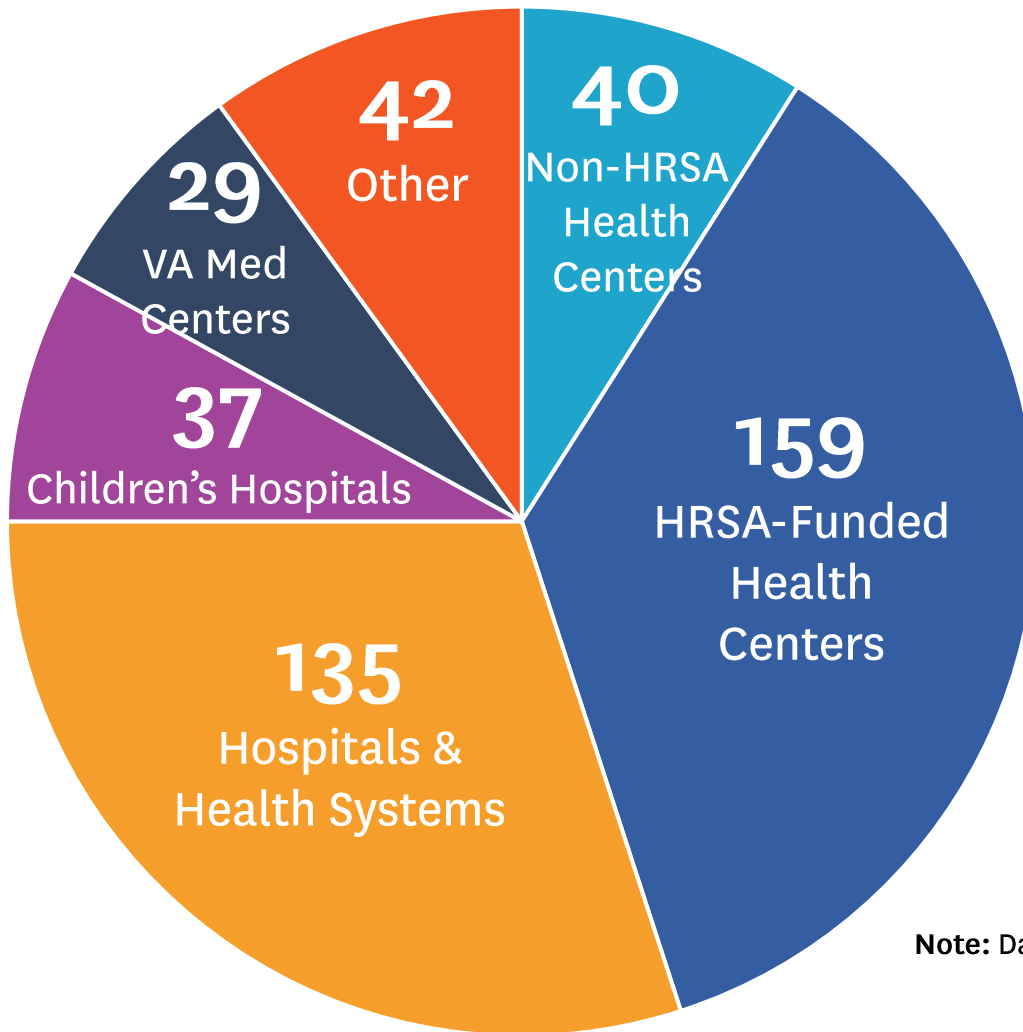
- Resolve patients' problems
- Consult with clinical & non-clinical staff
- Leverage expertise to advance local & state policies

Health orgs commonly screen for social problems with tools like PRAPARE & Accountable Health Communities Tool

What workforce can solve the problems once they are found?






Personal Characteristics		
1. Are you Hispanic or Latino?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> I choose not to answer this question
2. Which race(s) are you? Check all that apply.		
<input type="checkbox"/> Asian	<input type="checkbox"/> Native Hawaiian	
<input type="checkbox"/> Pacific Islander	<input type="checkbox"/> Black/African American	
<input type="checkbox"/> Other (please write)	<input type="checkbox"/> I choose not to answer this question	
3. At any point in the past 2 years, has season or migrant farm work been your or your family's main source of income?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> I choose not to answer this question
4. Have you been discharged from the armed forces of the United States?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> I choose not to answer this question
5. What language are you most comfortable speaking?		
<input type="checkbox"/> English		
<input type="checkbox"/> Language other than English (please write)		
<input type="checkbox"/> I choose not to answer this question		
Family & Home		
6. How many family members, including yourself, do you currently live with? _____		
<input type="checkbox"/> I choose not to answer this question		
7. What is your housing situation today?		
<input type="checkbox"/> I have housing		
<input type="checkbox"/> I do not have housing (staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a car, or in a park)		
<input type="checkbox"/> I choose not to answer this question		
8. Are you worried about losing your housing?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> I choose not to answer this question
9. What address do you live at?		
Street: _____		
City, State, Zipcode: _____		
Money & Resources		
10. What is the highest level of school that you have finished?		
<input type="checkbox"/> Less than high school degree	<input type="checkbox"/> High school diploma or GED	
<input type="checkbox"/> More than high school	<input type="checkbox"/> I choose not to answer this question	
11. What is your current work situation?		
<input type="checkbox"/> Unemployed	<input type="checkbox"/> Part-time or temporary work	<input type="checkbox"/> Full-time work
<input type="checkbox"/> Otherwise unemployed but not seeking work (ex: student, retired, disabled, unpaid primary care giver) Please write: _____		
<input type="checkbox"/> I choose not to answer this question		
12. What is your main insurance?		
<input type="checkbox"/> None/uninsured	<input type="checkbox"/> Medicaid	
<input type="checkbox"/> CHIP Medicaid	<input type="checkbox"/> Medicare	
<input type="checkbox"/> Other public insurance (not CHIP)	<input type="checkbox"/> Other Public Insurance (CHIP)	
<input type="checkbox"/> Private Insurance		

MLPs at
442
health care
orgs in
48
States & D.C.



Note: Data current as of
Nov 25, 2019.

How lawyers help solve SDOH problems

I-HELP™		How Lawyers Can Help
Income & Insurance		Food stamps, disability benefits, cash assistance, health insurance
Housing & utilities		Eviction, housing conditions, housing vouchers, utility shut off
Education & Employment		Accommodation for disease and disability in education and employment settings
Legal status		Assistance with immigration status (e.g. asylum applications); Veteran discharge status upgrade; Criminal background expungement
Personal & family stability		Domestic violence, guardianship, child support, advanced directives, estate planning

Components of an MLP

1

“Lawyer in residence”



2

Formal agreement
b/t health & legal orgs



3

Target population



4

Patients screened for
legal needs



8

Designated resources



7

Information-sharing



6

Training on SDOH



5

Legal staffing



Classifying civil legal aid: By funding

No unified delivery system or funding source in the U.S.



Federally Funded Legal Aid Services

- Funding: \$425M



State & Locally Funded Legal Services

- Funding: \$600M
(estimate)



Private Pro Bono Resources

- Funding: \$180M



Academia: Law School Clinic

- Funding: \$75M
(estimate)

56%
PERCENT

of low-income older adult households experienced a civil legal problem in the past year.

The **MOST COMMON PROBLEMS** reported in these households were related to:

33%
HEALTH

23%
CONSUMER & FINANCE

LOW-INCOME OLDER ADULTS

only seek professional legal help for

19%
OF THEIR CIVIL LEGAL PROBLEMS.

10%
EXPERIENCED
6+
PROBLEMS.

13%
INCOME MAINTENANCE

12%
WILLS & ESTATES

87%
OF PROBLEMS

receive inadequate or no professional legal help.

THE TOP REASONS THIS POPULATION GIVES FOR NOT SEEKING LEGAL HELP ARE:



Not knowing where to look or what resources were available



Deciding to deal with the problem on their own



Not having time



Not being sure if it is a legal issue

Source: Legal Services Corporation; [Justice Gap](#)



FROM PATIENTS-TO-POLICY

The MLP at Erie Health Center built a multi-state coalition that got HUD to update its public housing lead regulations. Now, they are working to pass a federal bill that will require lead inspections of all federally assisted housing units before families move in.

Available at: medical-legalpartnership.org/resources

The only way to make legal care
visible and necessary
to healthcare is to talk about it in the
words and values
of that community.

USING THE LAW TO INFORM EMPOWERED PATIENT CARE IN AUSTIN

The Story of People's Community Clinic's
Evolving Medical-Legal Partnership with
Texas Legal Services Center

September 2018



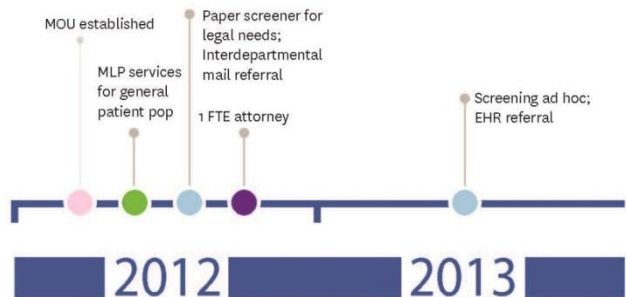
“ It is important that leadership and staff at both organizations are passionate about the program from the beginning, but very quickly you have to move beyond a philosophical desire to do good. Becoming an integrated part of care comes down to figuring out how the nuts and bolts of two very different systems go together. ”

Bruce Bower
DEPUTY DIRECTOR, TEXAS LEGAL
SERVICES CENTER

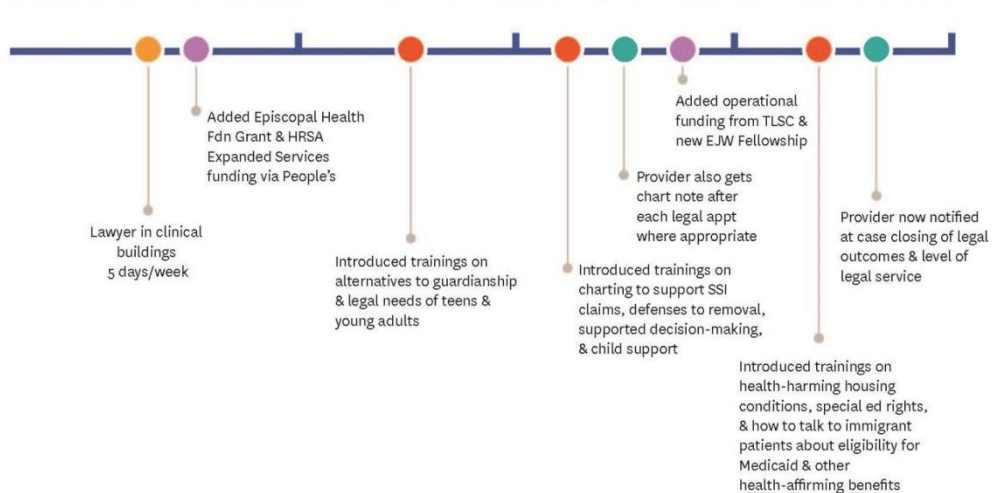
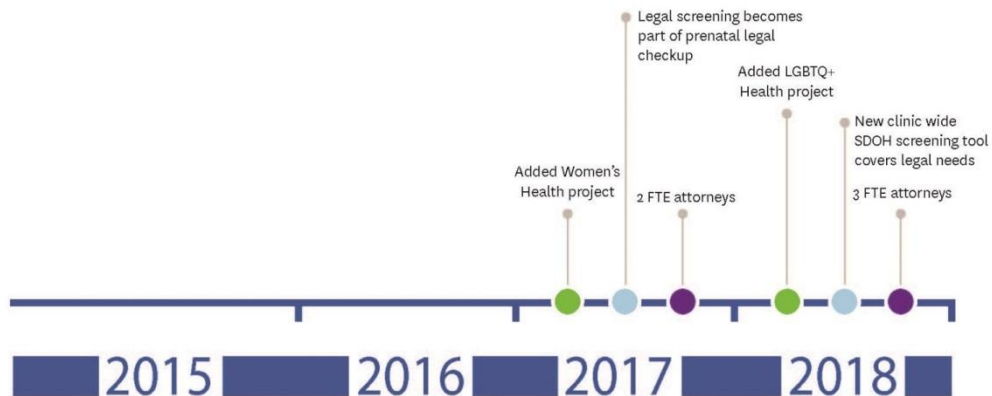
[Available at: medical-legalpartnership.org/resources](https://medical-legalpartnership.org/resources)

THE MEDICAL-LEGAL PARTNERSHIP AT PEOPLE'S COMMUNITY CLINIC

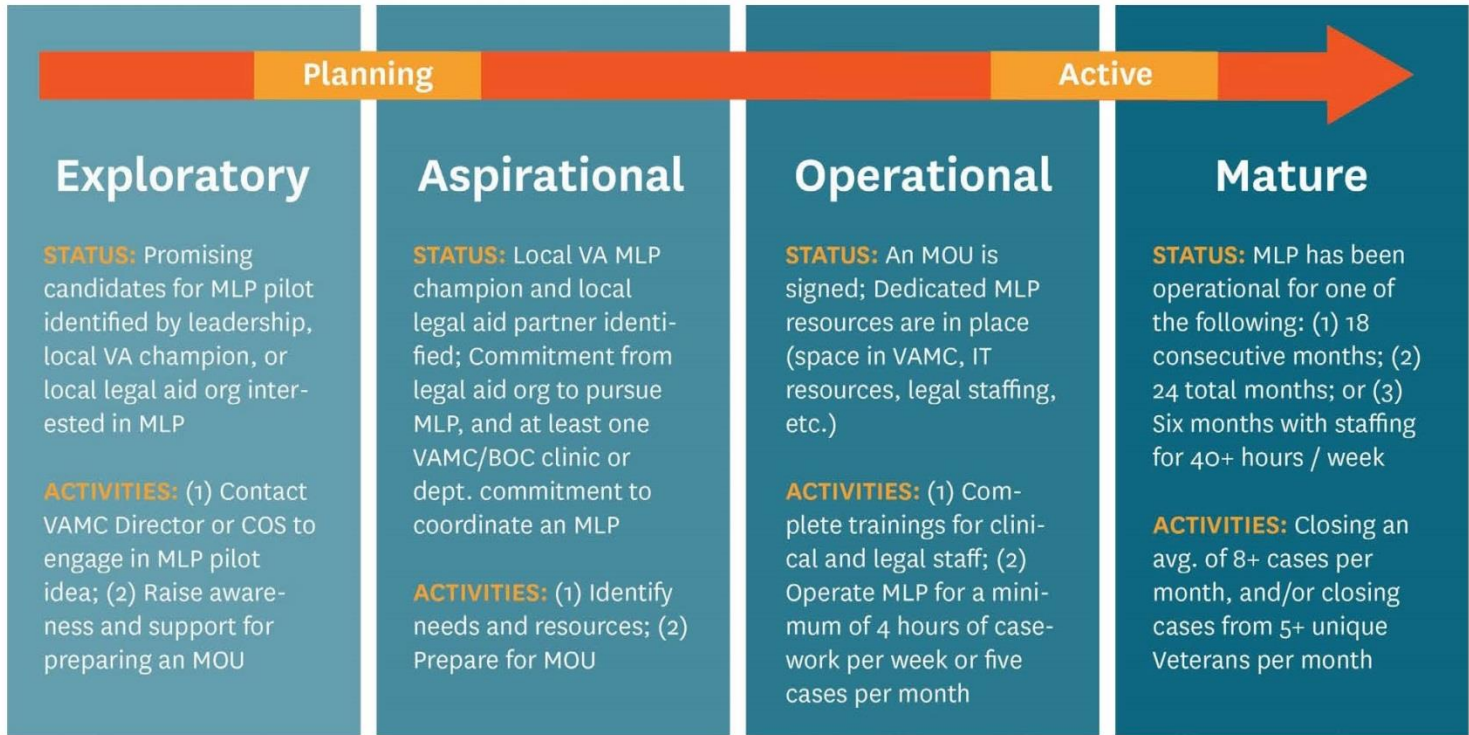
TIMELINE OF CORE OPERATIONS & GROWTH



FUNDING CHALLENGES
MLP pauses
(Sept 2014 to August 2015)



The VA MLP Pipeline



Learn more about us: www.medical-legalpartnership.org

National Center for Medical  Legal Partnership [ABOUT](#) | [NEWS](#) | [SUMMIT](#) | [WEBINARS](#) | [SDOH ACADEMY](#) 

[HOME](#)

[THE NEED](#)

[THE RESPONSE](#)

[THE PARTNERSHIPS](#)

[THE IMPACT](#)

[RESOURCES](#)

We're helping to build an integrated health care system that better addresses health-harming social needs by leveraging **legal services and **expertise** to advance individual and population health.**

Medical-legal partnerships integrate the unique expertise of lawyers into health care settings to help clinicians, case managers, and social workers address structural problems at the root of so many health inequities.

[Read the Success Stories](#)



LATEST NEWS

New grant from Bob Woodruff Foundation will help grow MLP services for Veterans

AAMC learning cohort releases new tools to measure impact of medical-legal partnership services

2019 medical-legal

FINANCING

MEDICAL-LEGAL

PARTNERSHIPS:

VIEW FROM THE FIELD

BY JENNIFER TROTT, MPH, ALANNA PETERSON,
& MARSHA REGENSTEIN, PHD

This report is possible thanks to generous support from the Robert Wood Johnson Foundation.

The health care landscape is shifting toward incentivizing organizations that deliver care to address social determinants of health.¹ Progress is slow, however, with interventions that target patients' social and environmental needs financed through in-kind supports or a patchwork of philanthropy and government grants.² Medical-legal partnership (MLP) is an example of a social determinants intervention that has taken hold without a stable or predominant funding stream. The model embeds attorneys specializing in civil law into the health care setting to address patients' unmet legal needs. MLP attorneys—usually sourced by civil legal aid nonprofits or law schools—assist patients with health-harming legal needs by enabling access to public benefits, resolving substandard housing conditions, removing unlawful barriers to education or employment, assisting with guardianship and immigration issues, and more.³

To date, nearly 350 health care organizations nationwide have implemented medical-legal partnerships. This fact sheet draws on national survey data from these organizations and their partnering legal organizations to describe how medical-legal partnerships are adapting to meet their funding challenges.⁴

MLP FUNDING SOURCES



HEALTH CARE COMMUNITY

- Operational revenue
- Federal, state, and local health and public health funding and appropriations (e.g. Section 330 of Public Health Services Act, chronic disease management programs, innovation and prevention funds)
- Academic research grants
- Managed care demonstration projects and contracts



LEGAL COMMUNITY

- Federal and state legal aid appropriations and contracts (e.g. Legal Services Corporation, Administration on Aging)
- Public interest legal fellowships (e.g. Equal Justice Works, Skadden, AmeriCorps)



PRIVATE & CORPORATE PHILANTHROPY

- Health and health care foundations
- Community and corporate foundations
- Social impact bonds

HealthLinc and Indiana Legal Services Medical-Legal Partnership

Addressing the Social Determinants of Health impacting low-income patients in Northern Indiana.



HEALTHLINCCHC.ORG

EAST CHICAGO | KNOX | LA PORTE | MICHIGAN CITY | MISHAWAKA | SOUTH BEND | VALPARAISO

Learning Objectives



- Understand the unique structure of the HealthLinc Multi-Site MLP, and ways to implement an MLP model in a multi-site outpatient primary care setting.
- Understand how to implement a process to utilize the EHR for referring patients, tracking results, and to identify MLP performance metrics.
- Identify how to link MLP referral process to PRAPARE and screening process for social determinants of health.
- Gain an understanding of the lessons learned by rollout across multiple sites.

HealthLinc's Service Area



- HealthLinc operates out of 5 counties in Northern Indiana with 11 stand alone clinics, 2 school-based telehealth centers, and a mobile unit.
- Service lines include medical, dental, optometry, podiatry, chiropractic care, behavioral health, pharmacy, pediatrics, women's health, MAT, Mobile Integrated Response Services, community outreach, enrollment assistance, and Medical-Legal Partnership.



Beginnings

An Issue

- In 2016, a federal designation triggered the Environmental Protection Agency to start developing a plan to clean up lead and arsenic contamination around homes in East Chicago. Families were displaced and forced to move.

A connection and pilot launch

- HealthLinc's CEO, Beth Wrobel, attended a conference that presented on MLPs.
- HealthLinc's board member also served on ILS board and introduced ILS and HealthLinc.
- A pilot was launched with seed funding from the Legacy Foundation. MLP began at one site in partnership with Merrillville ILS Office.



The Pilot: Elements of a Successful Launch

Build the Partnership

- MOU
- Set expectations
- Outline processes
- Meetings and emails
- Establish good communication practices.

Identify Key Staff

- Establish the go-to's for both the medical and legal teams.
- Key point of contact at each clinic

Get Staff and Patient Buy-In

- Lots of reminders
- Staff training
- Informational materials
- Communicate as an integrated model of healthcare and part of the care team model

Stick with it

- Flexibility to change workflows as the clinics change (add of CHWs and MAT service line).
- Seeking funding and be strategic!

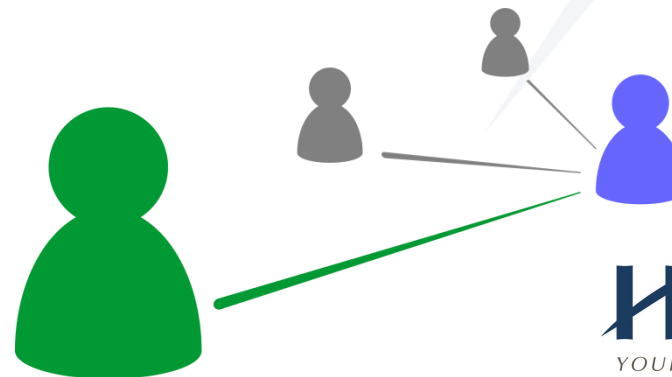


Expansion to All Sites

- After a year in East Chicago, HealthLinc expanded MLP to all sites.
- Each site was aware of the program. The attorney provided training at each site.
- This was announced in the staff newsletter and email list.
- Corporate staff spoke to sites regarding the program on the site medical directors' call to gain buy in from providers.
- Orientation training was added for new employees.

• Structure

- We identified key staff in charge of referrals at each site called **"MLP Coordinators."**
- A referral process was designed and followed.
- Referral process changed with the addition of Community Health Workers.
- Success stories are shared with staff members through the newsletter.



HealthLinc
YOUR COMMUNITY HEALTH CENTER®



Connection to Social Determinants of Health

- Social determinants impact the health and wellbeing of individuals and communities.
- Many of the social conditions at the root of poor health can be traced back to civil laws that are unfairly applied or under-enforced, often leading to improper denial of services and benefits that are designed to help people lead healthy lives.
- Integration of a civil-legal attorney into the healthcare team assists providers and patients.
 - Training- healthcare providers through collaboration
 - Treating- patient's health harming social and legal needs
 - Transforming- clinical practice to better respond to patient needs
 - Preventing- improving policies that have a broader impact on population health



Referrals and Connection to PRAPARE

- Any staff member is able to make a referral to the Medical-Legal Partnership!!!
 - Staff members contact their MLP Coordinator or Community Health Worker to assist in placing the order.
 - This can be done in two very similar ways.



Referrals and Connection to PRAPARE

Option 1:

1. Patient is identified either by self-referring through a provider or provider identified civil legal need.
2. CTN is alerted, patient filled out referral form and release of information sheet.
3. Both forms are scanned into the patient's chart.
4. MLP Coordinator places order in the EHR titled "Legal Services: MLP."
5. Strategy Manager is tasked in the EHR.
6. Strategy Manager uploads referral into SharePoint, updates a shared spreadsheet, closes EHR task.
7. ILS contacts patient to complete intake.

Option 2:

1. Patient is screened using PRAPARE. CHW is alerted for positive responses and becomes aware of a civil legal need.
2. CHW speaks to patient about the MLP, fills out a referral form and release of information sheet.
3. Both forms are scanned into patient's chart in EHR.
4. CHW enters an order via EHR. This is sent to the Strategy Manager.
5. Strategy Manager uploads the referral into SharePoint, updates a shared spreadsheet.
6. ILS contacts patient to complete intake.



The Benefits of Electronic Referrals

- HealthLinc is heavily data driven. By using the existing referral capabilities built into the electronic health record allows:
 - Referrals to be tracked electronically- streamlining the process.
 - Builds the structure of the attorney as part of the care team.
 - The MLP team to send follow up tasks to providers with questions as needed.
 - Enables HealthLinc to monitor any health improvements of patients after they receive legal care.
 - Linking back to PRAPARE database.
 - Enables HealthLinc to build a data-driven strategic plan for MLP growth.
 - Centralized spreadsheets in SharePoint give access to most updated referral and patient information.



Patient Numbers and Trends



2018 (First year expanded to all sites)

- MLP received 334 referrals.
- MLP served 157 patients in some capacity.

2019

- MLP received 374 referrals.
- MLP served 147 patients in some capacity.



The Addition of Community Health Workers and “Closing the Loop.”

- In 2019, HealthLinc began hiring Community Health Workers (CHWs) for each clinic. Today, all sites have at least one CHW. Among their responsibilities, includes follow up on PRAPARE screening and referring patients to community resources.
- In order to allow the MLP Attorney to work at the top of her scope, we are utilizing CHWs to “close the loop” with referrals back to the site.
- When the Attorney finishes with a patient, but barriers continue to exist, she can refer back to the CHW to assist with further referrals and case management tasks that would be better served by the HealthLinc clinic staff.
- This is a new development in our Medical-Legal Partnership Program. We are looking forward to serving our patients in a way that enriches their health and lives.



Success Story: Staying Housed During COVID-19

- 60 y/o women w/ disabilities & a heart condition received a letter from State Dept. of Health that her mobile home community was being shut down (utilities shut off, entrance barricaded). Staying = trespassing.
- She could not move home. Complying would mean becoming homeless and at increased risk of COVID-19 exposure.
- Client was told by mobile park mngmt & local and state health depts that COVID-19 protections did not apply bc this was not an eviction.
- Attorney threatened to file a complaint for damages and Injunctive Relief – mobile park mngmt relented, reinstated services.
- Client is able to shelter in place.



Questions??

Thanks for listening!



Questions?

Q?

A.

Brief Session Evaluation

Please complete the brief follow up survey that will be launched immediately following this session and also will be emailed to participants through GoToWebinar.



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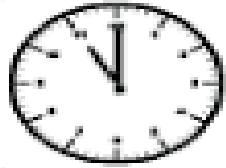
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Thank you!

<https://sdohacademy.com/collaboratives>



Office Hours



30
minutes

What concerns would your health center like to address through community partnerships?



What feels most challenging about maintaining partnerships?



How does your health center currently use data in collaborations?



THANK YOU!!

