

CDC Coffee Break: Community-Clinical Linkages: A Practitioner's Guide

Refilwe Moeti, MA
Public Health Educator
Division for Heart Disease and Stroke Prevention

Magon Saunders, DHSc, MS, RDN, LD
Program Development Consultant
Division of Diabetes Translation

Nicole Flowers, MD, MPH
Chief Medical Officer
Division of Community Health



National Center for Chronic Disease Prevention and Health Promotion



MODERATOR:

- Welcome to today's Coffee Break presented by the Applied Research and Evaluation Branch at CDC's Division for Heart Disease and Stroke Prevention. **I, Refilwe Moeti, am a member of this Branch, and I am today's moderator.**
- We are fortunate to have **Dr. Magon Saunders and Dr. Nicole Flowers** as today's presenters. **Dr. Saunders** is from CDC's Division of Diabetes Translation, and she is a **Program Development Consultant** in the **Program Implementation Branch**. Also presenting is **Dr. Flowers**; she is from CDC's Division of Community Health, and is a **Chief Medical Officer** in the **Office of the Director**.

Before we begin

- ❑ All phones have been placed in SILENT mode.

- ❑ Issues or questions:
 - Q & A box on your screen
 - AREBheartinfo@cdc.gov



MODERATOR:

- Before we begin we have a few housekeeping items.

- All participants on the phone, please place your phones on mute.
- All participants listening through your computer, you have been muted.

- If you are having issues with audio or seeing the presentation, please message us using the Q & A box or **send us an email at** AREBheartinfo@cdc.gov

- If you have questions during the presentation, please enter it on the Q & A box on your screen. We will address your questions at the end of the session.

- Since this is a training series on applied research and evaluation, we do hope you will complete the poll and provide us with your feedback.

Disclaimer:

The information presented here is for training purposes and reflects the views of the presenters. It does not necessarily represent the official position of the Centers for Disease Control and Prevention.

MODERATOR:

- The information presented here is for training purposes and reflects the views of the presenters. It does not necessarily represent the official position of the Centers for Disease Control and Prevention.
- So, without further delay, let's get started. **Magon and Nicole**, the floor is yours.

Overview of Presentation

- ❑ **Describe CDC's "Community-Clinical Linkages: A Practitioner's Guide"**
 - **Background**
 - **Contents**

- ❑ **Share next steps for participants, that are related to the CCL Guide**

- Thanks Refilwe.

- Today, we're going to describe CDC's Community Clinical Linkages, or CCL, Practitioner's Guide.
 - a) We will highlight background information, such as the purpose of the Guide, and the steps we took to develop the Guide; and
 - b) We will also provide information on the contents of the Guide

- We're also going to share potential next steps for participants.

Authors and Reviewers

Authors

Allweiss, Pamela
Bethea, Brittaney
Chappelle, Eileen
Chowdhury, Farah
Flowers, Nicole
Gearing, Margaret (Jean)
Lane, Rashon
Mirambeau, Alberta
Moeti, Refilwe
Rammohan, Veda
Recasner, Chanel
Saunders, Magon

Reviewers

State Partners
Edelman, Robin (Vermont)
Patanian, Miriam (Georgia)

National Center for Chronic Disease Prevention and Health Promotion



- Refilwe, Nicole, and I would be remiss if we did not acknowledge and thank the Community-Clinical Linkages Work Group members listed on this slide who contributed to the development of this Guide, as well as state partners (Vermont and Georgia) who reviewed drafts of the Guide.

Purpose of Guide

- ❑ **Fill gaps in the field**
- ❑ **Define roles and potential action steps for public health practitioners**
- ❑ **Serve as a resource for key partners and grantees of the National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP)**

- This Guide has three purposes.
- One purpose is to fill gaps in the field.
 - There is little written about *how* to implement CCL strategies.
 - And several state and local grantees indicated there was lack of clarity regarding what “counts” as a CCL initiative.
- The second purpose is to define the roles and potential action steps for public health practitioners.
- And the third, but not least, is that we wanted to provide a resource for key partners and grantees working in chronic disease prevention.

Process of Developing the Guide

- ❑ **Collaborated with representatives from:**
 - Division for Heart Disease and Stroke Prevention
 - Division of Community Health
 - Division of Diabetes Translation
- ❑ **Conducted an environmental scan**
- ❑ **Garnered input from grantees**
- ❑ **Reviewed literature from:**
 - Peer reviewed journal articles
 - Grey literature

- So how did we get started?
- The Guide was developed collaboratively with several committed staff members from the 3 Divisions listed on the slide.
- An environmental scan was conducted to ensure that we were not duplicating existing resources
- We wanted to develop a product that is useful, practical, and meaningful to our state and local partners. So we garnered input from them along the way, by meeting with state and community representatives during the conceptual phase.
- We reviewed, translated, and synthesized science and research from the literature and incorporated the themes and key messages into the Guide.

What are Community-Clinical Linkages?

Community-clinical linkages (CCLs) are connections between community and clinical sectors to improve population health (CDC, 2016)

- So you might be wondering, what are community-clinical linkages?
- A foundational step of the Guide was to define community-clinical linkages
- We examined the grey and peer-reviewed literature, and after reviewing more than a dozen definitions, we landed on defining CCLs as “connections between community and clinical sectors to improve population health”.

What is a Community Sector?

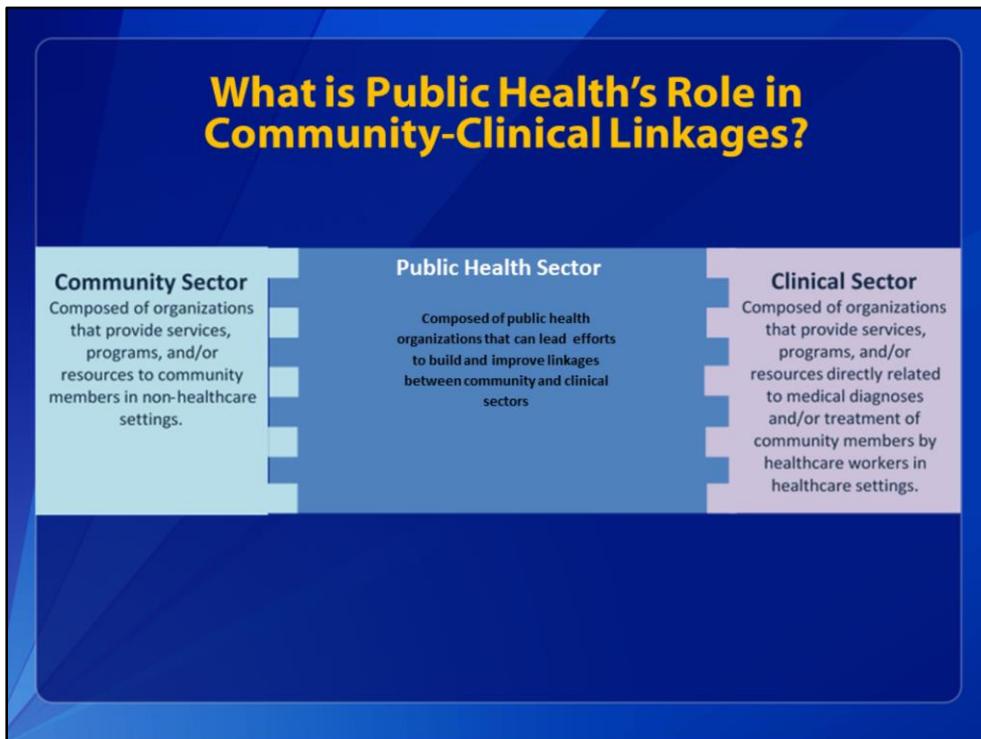
- ❑ **Organizations that provide services, programs, and/or resources to community members in non-healthcare settings.**
- ❑ **Examples include:**
 - Organizations that hire community health workers
 - Community pharmacies
 - Community centers (e.g., senior centers)
 - Faith-based organizations
 - Employers
 - Prisons

- For this guide we also needed to define a “community sector”.
- A community sector is comprised of organizations that provide services, programs, and/or resources to community members in non-healthcare settings.
- The Guide provides several examples of community sector organizations with which to partner, for example faith-based organizations, worksites and prisons.

What is a Clinical Sector?

- **Organizations that provide services, programs, and/or resources directly related to medical diagnoses and/or treatment of community members.**
- **Examples include:**
 - Federally Qualified Health Centers ,such as:
 - community health centers
 - public housing primary care programs
 - migrant health centers
 - Hospitals
 - Rural clinics
 - Group practices and Single practices

- Moving on, lets talk a little bit about defining a clinical sector.
- A clinical sector is comprised of organizations that provide services, programs, and/or resources directly related to medical diagnoses and/or treatment of community members.
- As with the community sector, examples of clinical sector organizations are provided.
- We hope our definitions clearly distinguish the differences between the community and clinical sectors for purposes of implementing linkages.
 - For example, using our definition, a pharmacy located within a hospital would be considered as belonging in the clinical sector, whereas a pharmacy in a grocery store would be in the community sector.



- So as you can see from the slide, public health serves a critical role in CCLs
- Although “public health” is not in the words “community-clinical linkages”, public health is a key pillar of population health.
- For example, public health can bridge the two sectors by:
 - establishing and maintaining strategic partnerships ;
 - providing evidence-based approaches and population-based perspectives related to chronic disease;
 - linking and aligning local and state CCL efforts to national initiatives, such as Million Hearts®.
- We developed this practitioner’s guide to highlight potential strategic actions that could be taken by public health practitioners to maximize the impact of CCLs.
- I will now turn it over to Nicole to continue to discuss the contents of the Practitioner’s Guide. Nicole, over to you.

What is the Evidence of Effectiveness of Community-Clinical Linkages?

□ Clinical conditions

- Blood pressure
- Prediabetes
- Diabetes

□ Behavioral changes

- Nutrition
- Physical activity
- Diabetes self-management behaviors



¹ Porterfield DS, Hinnant LW, Kane H, et al. Linkages between clinical practices and community organizations for prevention: a literature review and environmental scan. *American Journal of Preventive Medicine*. 2012;42(6, Supplement 2):S163-S171.

- The Guide has its foundation in the growing body of evidence which documents that clinical conditions, such as blood pressure, prediabetes, and diabetes can be improved through community and clinical linkages.
- In addition, there have been improvements in behavioral changes, such as nutrition, physical activity, and diabetes self-management behaviors.

Why Implement Community–Clinical Linkage Approaches?

- ❑ Increase access to community and clinical resources and support
- ❑ Engage both the clinical and community stakeholders in population health
- ❑ Enhance capacity of both sectors to carry out their missions
- ❑ Maximize the collective impact of multiple clinical and community stakeholders who can contribute to population health



- There are several compelling reasons to implement CCLs. Example include:
 - increasing access to resources and support in both sectors;
 - engaging stakeholders in both sectors;
 - enhancing the capacity of both sectors to carry out their missions; and
 - maximizing the collective impact of multiple stakeholders in both sectors.



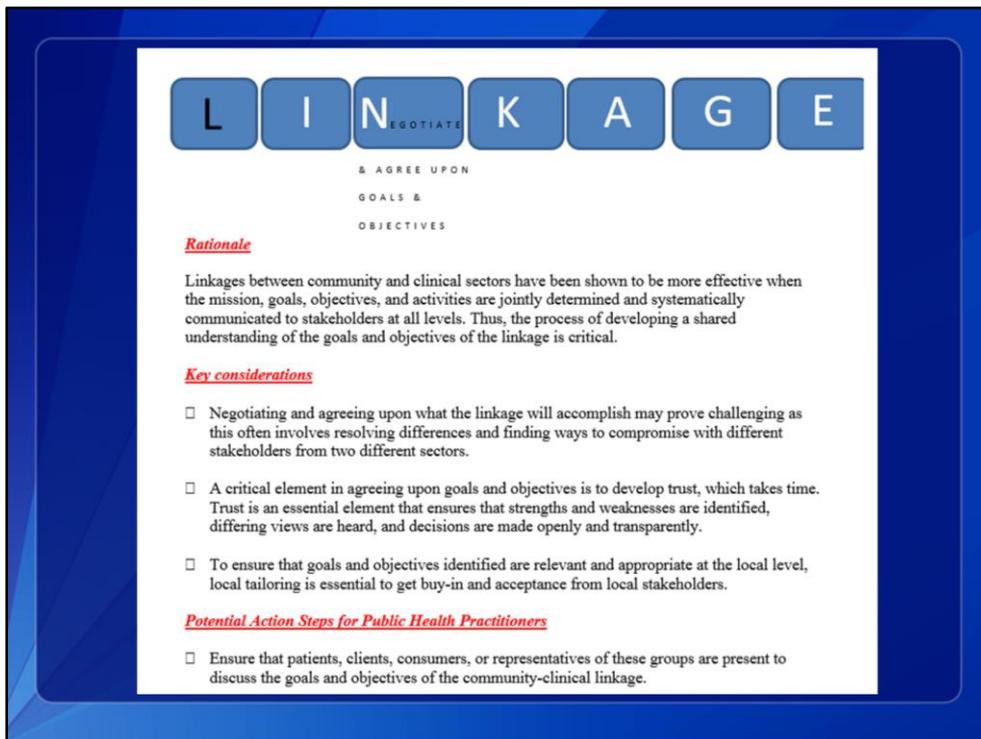
- With CCLs, there is a spectrum of how the community and clinical sectors can link.
- Linkages can range from networking (which is simply exchanging information) to merging (where two entities have a blended role and culture and operate as one entity).

7 Strategies for Implementing Community-Clinical Linkages

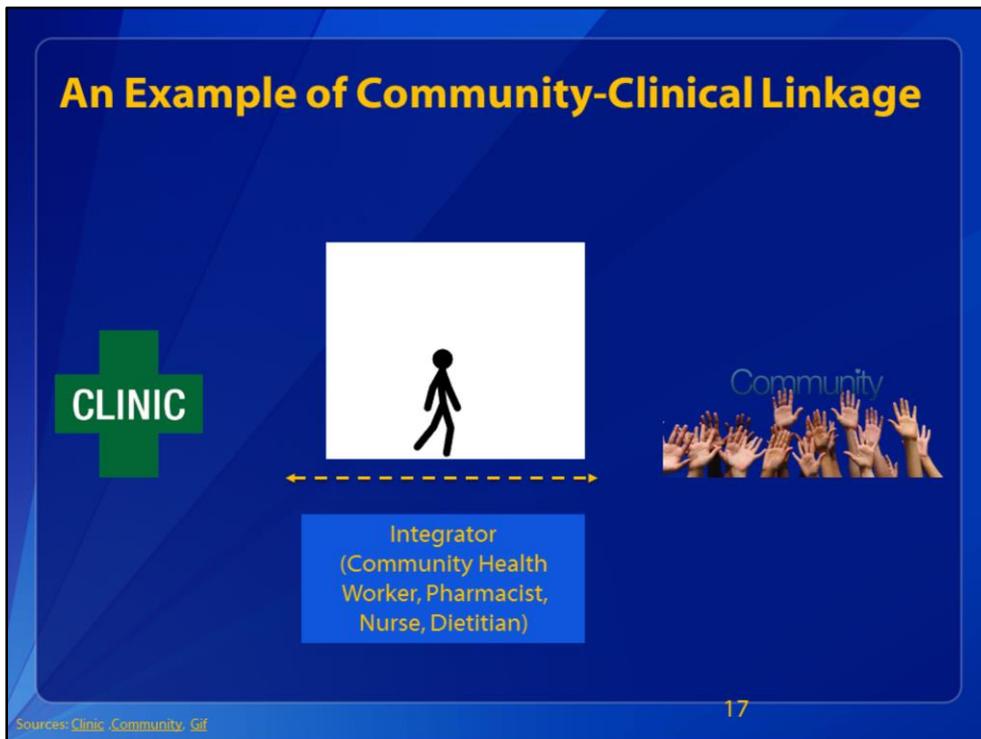
L I N K A G E

Learn about the community clinical sectors
Identify and engage key partners from the community and clinical sectors
Negotiate and agree upon goals and objectives of the linkage
Know which operational structure to implement
Aim to coordinate and manage the linkage
Grow the linkage with sustainability in mind
Evaluate the linkage

- In the guide, we present 7 strategies which have been noted as especially effective in implementing community-clinical linkages. These strategies are:
 - Learn about the community and clinical sectors
 - Identify and engage key partners from the community and clinical sectors
 - **N**egotiate and agree upon goals and objectives of the linkage
 - **K**now which operational structure to implement
 - **A**im to coordinate and manage the linkage
 - **G**row the linkage with sustainability in mind, and
 - Evaluate the linkage



- This is simply a screen shot from the guide.
- As you can see, each 'linkage' strategy has a rationale, key considerations, and potential action steps for public health practitioners.



- As an example of a community-clinical linkage, you may have a state where community health workers (who are referred to as CHWs) are trained and deployed to identify church congregants who meet certain criteria (for example, Medicare adult beneficiaries with uncontrolled hypertension and/or type 2 diabetes), and link them to clinics.
- Through home visits, CHWs connect patients to clinical and community resources and support, and provide them with education and tools to manage their conditions.
- After home visits are conducted, CHWs provide feedback to clinical providers.
- Clinical providers might review patient notes provided by the CHWs prior to seeing the patient; thus a routine feedback loop is established between CHWs and clinical providers.

Next Steps: What You Can Do

- ❑ Use the Guide
- ❑ Disseminate the message that the Guide is available
- ❑ Gather and report actual stories from the field
- ❑ Share emerging knowledge on clinical and community linkages



- In terms of next steps and what you can do
- This Guide will be published soon. We'd like to encourage you to:
 - use the Guide;
 - spread the word that the Guide is available;
 - share your stories from the field; and
 - if you come across new developments in the field of CCL, feel free to share them with your CDC points of contacts.

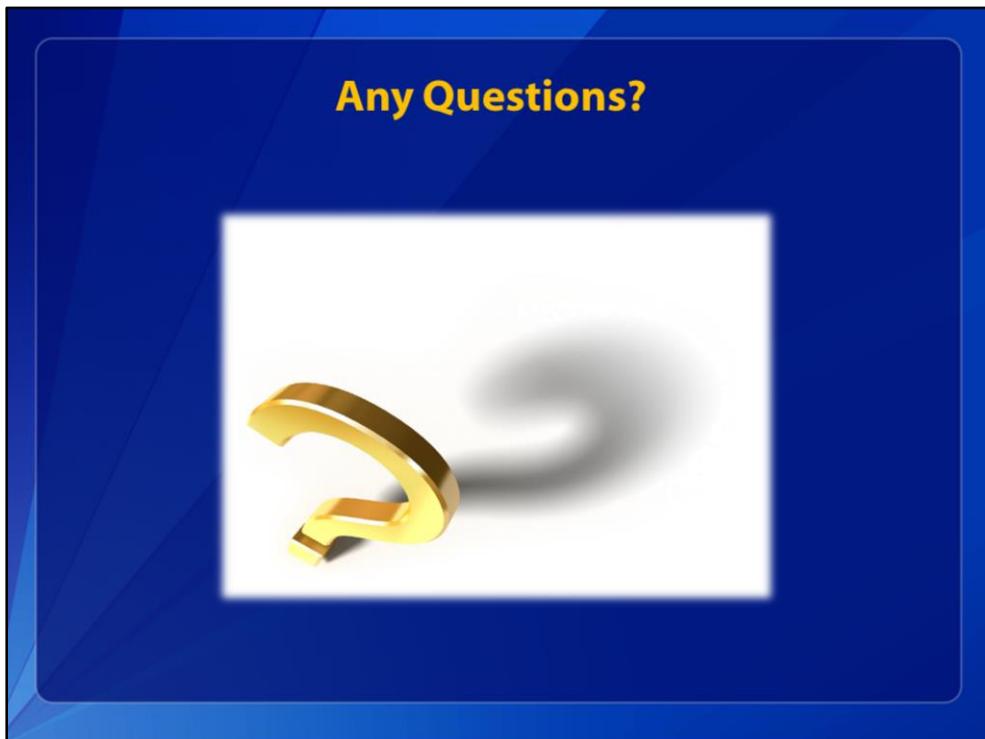
Contacts

- **Nicole Flowers**
 - Division of Community Health
 - NFlowers@cdc.gov

- **Refilwe Moeti**
 - Division for Heart Disease and Stroke Prevention
 - RMoeti@cdc.gov

- **Magon Saunders**
 - Division of Diabetes Translation
 - MSaunders@cdc.gov

Here is the contact information for today's presenters. Please don't hesitate to contact any of us with any questions or comments about the Guide. Thank you!



MODERATOR:

- At this time, we'll take any questions that the audience may have. You may submit questions through the Q&A box.
- Here we have a few questions:

1) How do you see the Guide being used by 1305 and 1422 grantees?

The Guide can enhance grantees' work with community health workers, worksites, the National Diabetes Prevention Program, etc. The hope is that the information provided will offer strategies and potential action steps for public health practitioners to implement community-clinical linkages, and that they could be used to extend the reach and impact of the work across all Domains, especially Domains 3 and 4.

Grantees could also share this with their partners, so that their understanding of CCLs is strengthened.

2) When will the Guide be available?

Response: June 10

3) Will the Guide be available in Spanish?

Response: No

- Thank you Dr. Flowers and Dr. Saunders.

Please stay with us

❑ **Short evaluation poll questions**



MODERATOR: Please stay with us for a three short poll questions.

(Action: don't read) Pull up on polls and pause for 15 seconds after each poll question.

The information presented was helpful to me.

Yes

Somewhat

No not at all

The level of information was

Too basic

About right

Beyond my needs

Do you anticipate using the CCL guide in your work?

Yes

Maybe/ Not sure

No

Reminders!

All sessions are archived and
the slides and script can be accessed at:

<http://www.cdc.gov/dhdsp/pubs/podcasts.htm>

If you have any questions, comments, or topic
ideas send an email to:

AREBheartinfo@cdc.gov

MODERATOR:

All sessions are archived and the slides and script can be accessed at our
Division website. Today's slides will be available in 2-3 weeks.

If you have any ideas for future topics or have any questions, please contact us
at the listed email address on this slide.

Next Coffee Break

When: June 14 at 2:30pm

Topic: Data quality as it relates to performance measures

Presenter: Rachel Davis, MPH



Division for Heart Disease and Stroke Prevention



MODERATOR:

Our next Coffee Break is scheduled for Tuesday, June 14th, 2016 and is entitled **“Data quality as it relates to performance measures”**.

Thank you for joining us. This concludes today’s call. Have a terrific day everyone.