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.
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.
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.
• 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.
• 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.
• 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.
• 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.
• 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”.
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.
• Moving on, let's 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.
• 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.
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).
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
- 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
• 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.
• 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.
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.
MODERATOR: Please stay with us for a three short poll questions.

(\textit{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
MODERATOR:

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:
AREBheartininfo@cdc.gov

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