

Developing Community-Clinical Linkages for WISEWOMAN Programs

This brief provides guidance and resources for managers of CDC-funded WISEWOMAN programs to support community-clinical linkages for delivering a coordinated portfolio of services to WISEWOMAN participants.

Community-Clinical Linkages for WISEWOMAN Programs

Community-clinical linkages are collaborations between health care practitioners in clinical settings and programs in the community—both working to improve the health of people and the communities in which they live. Developing strong community-clinical linkages connects health care providers, community organizations, and public health agencies so they can collectively improve access to preventive and chronic care services.^{1,2} Building such linkages is critical for improving health outcomes of participants in the WISEWOMAN program as well as improving the program's sustainability.

Beginning in 2013, WISEWOMAN programs were charged with the following tasks:

- Improving the management and control of hypertension by integrating innovative health system-based approaches.
- Strengthening community-clinical linkages; such as, team-based care and pharmacy medication management programs.

Community-clinical linkages enhance partnerships by emphasizing patient, family, and community involvement in coordinating community and clinical services that promote healthy behavior. One of the long-term outcomes of the program stated in the current cooperative agreement is to build and strengthen community-clinical linkages. This is in an effort to ensure that the women enrolled in the WISEWOMAN program have increased access to community-based resources that promote healthy behaviors.

Goals of Community-Clinical Linkages²

- Coordinating health care delivery, public health, and community-based activities to promote healthy behavior.
- Forming partnerships and relationships among clinical, community, and public health organizations to fill gaps in needed services.
- Promoting patient, family, and community involvement in strategic planning and improvement activities.

1 Centers for Disease Control and Prevention . (2013). Public Health Approach website <http://www.cdc.gov/chronicdisease/about/public-health-approach.htm>. Accessed December 8, 2014.

2 Agency for Healthcare Research and Quality. Clinical-community Linkages website <http://www.ahrq.gov/professionals/prevention-chronic-care/improve/community/>. Accessed December 8, 2014.



Steps for Putting Community-Clinical Linkages into Action³

Assessing Resource Gaps and Barriers to Referrals

The first step is to determine how connections to evidence-based programs can be improved. To assess resource gaps and barriers, WISEWOMAN programs should accomplish the following:

- Identify currently partnered clinical stakeholders that are familiar with the WISEWOMAN participant population and examine the community stakeholders roles already participating with the WISEWOMAN program.
- Work with existing partner clinics and community-based stakeholders to identify referral resources through general assessment processes (e.g., clinic assessment, provider surveys, provider focus groups, participant surveys).
- Identify gaps in programs at community sites (e.g., lack of cultural tailoring of services, services provided in multiple languages, services in convenient locations).
- Obtain feedback from providers on their current referral processes and needs. This step helps identify opportunities for process improvement within the provider sites and can also inform the development of a comprehensive referral directory.

Engaging Community- and Clinic-Based Stakeholders

WISEWOMAN programs can facilitate infrastructure development to support increased access to cardiovascular health promoting resources in health care facilities and in the community.

- Start by developing a list of key community stakeholders and agencies that might offer additional services of interest to WISEWOMAN participants. You may find it useful to obtain contacts from an inventory of existing community programs, if available. A list of potential community and clinical stakeholders is included in the table below.

Stakeholders for Community-Clinical Linkages

Community	Clinical
<ul style="list-style-type: none">● Local health departments● Community hospitals● YMCAs/YWCAs● Community centers● Senior centers	<ul style="list-style-type: none">● Physicians● Nurses● Pharmacists● Nutritionists● Behavioral counselors

³ Minnesota Department of Health. *Minnesota Department of Health Statewide Health Improvement Program:: Community-Community Linkages for Prevention: Guide for Implementation FY2014–15*; 2013. St. Paul: Minnesota. Minnesota Dept. of Health. http://www.health.state.mn.us/healthreform/ship/2013rfp/docs/healthcare_SHIP_3.pdf. Accessed December 8, 2014..

- Once identified, engage community and clinical stakeholders through key informant interviews to solicit community and culturally relevant feedback on the following:
 - Community resource access, barriers, and needs.
 - Needs and preferences for a referral or resource system.
 - Priorities for developing relationships among healthcare providers and community leaders to build partnerships for active referrals.
- Conduct separate engagement activities with community- and clinic-based stakeholders.
- Foster ongoing communication and planning activities that include both community- and clinic-based stakeholders.

A Practical Guide for Engaging Stakeholders in Developing Evaluation Questions (The Robert Wood Johnson Foundation Evaluation Series)

provides useful worksheets that can be tailored to help programs

1. identify relevant stakeholders;
2. determine stakeholder roles, priorities, and motivations;
3. assess stakeholder engagement strategies; and
4. select an engagement strategy (see <http://www.rwjf.org/en/research-publications/find-rwjf-research/2009/12/the-robert-wood-johnson-foundation-evaluation-series-guidance-fo/a-practical-guide-for-engaging-stakeholders-in-developing-evalua.html>)

Compiling an Inventory of Existing Resources, Populating a Resource Database, and Sharing Information

WISEWOMAN programs should compile existing clinical and community resources through research, interviews, and assessments that include the following:

- Develop an internal database or list to organize resources. The database can be filtered by the jurisdictions or areas served by WISEWOMAN clinics and communities where WISEWOMAN participants live.
- Enter key information about each health care provider and community organization into the database (e.g., cost, hours, key descriptions of services, languages).
- Conduct community agency outreach to notify providers and community organizations about this resource database and encourage their participation (e.g., hold meetings or social events to engage community organizations in this process and share the resources with other relevant agencies).
- Revisit the list of clinical stakeholders and community agencies as needed to ensure they are meeting the needs of WISEWOMAN participants.
- Develop memoranda of understanding with community and clinical organizations, as needed, to outline the nature and scope of specific relationships.

Monitoring and Evaluating Community-Clinical Linkages Processes and Outcomes

Monitoring and evaluation are critical to the success of community-clinical linkages and should be an integral administrative process of all WISEWOMAN programs. Working together with both clinical sites and community organizations, WISEWOMAN programs make a difference in program processes and participant outcomes over time. Findings from assessments can be used to improve referral activities, test hypotheses to determine clinical sites' and community organizations' contribution to program outcomes, and identify lessons learned for future linkage efforts. Potential evaluation questions include the following:

● Processes

- How many WISEWOMAN participants
- Were referred to community-based resources (e.g., nutrition, physical activity, and tobacco cessation)?
 - Were enrolled in community-based programs?
 - Completed all recommended activities offered through community-based programs?
- How were the results of community resource scans used in program planning and implementation?
- How were clinics and providers engaged?
 - What types of communication occurred between clinics and their external partners, and how frequently did this communication occur?
 - How did clinic staff and community partners share information about participants with each other?
 - What quality assurance mechanisms were in place to ensure high-quality care for WISEWOMAN participants at the clinic level and when interacting with external community partners?
 - How were the needs of participants assessed and met?

● Outcomes

- Did referrals to community-based resources or programs and greater collaboration between clinics and community programs contribute to
 - Increases in physical activity and healthy eating behaviors among WISEWOMAN participants?
 - Decreases in tobacco use for WISEWOMAN participants?
 - Desired decreases in participants' weight, blood pressure, cholesterol, blood sugar, and other biometric indicators?

In addition to these questions, your program may identify other evaluation questions to further inform and strengthen program planning and delivery.

Sharing Successes and Lessons Learned

WISEWOMAN programs should share successes and lessons learned from developing community-clinical linkages. Potential activities include the following:

- Develop products and publications that describe how community-clinical linkages supported program efforts.
- Identify opportunities to discuss successes and lessons learned with key stakeholders.
- Present findings at national, state, and local conferences.

Resources

Community-Clinical Linkages for Prevention Guide for Implementation FY2014-15 (Minnesota Department of Health): http://www.health.state.mn.us/healthreform/ship/2013rfp/docs/healthcare_SHIP_3.pdf

A Practical Guide for Engaging Stakeholders in Developing Evaluation Questions (Robert Wood Johnson Foundation): <http://www.rwjf.org/content/dam/web-assets/2009/01/a-practical-guide-for-engaging-stakeholders-in-developing-evalua>

Community-Clinical Linkages (Agency for Healthcare Research and Quality [AHRQ]): <http://www.ahrq.gov/professionals/prevention-chronic-care/improve/community/>

Building Relationships Between Clinical Practices and the Community to Improve Care (AHRQ): <https://innovations.ahrq.gov/scale-up-and-spread/building-relationships-between-clinical-practices-and-community-improve-care>

Delivering Preventive Services Through Clinical and Community Linkages: An Interview With Ruta Valaitis RN, PhD, Dorothy C. Hall Chair in Primary Health Care Nursing, Associate Professor, School of Nursing, McMaster University (AHRQ): <https://innovations.ahrq.gov/perspectives/delivering-preventive-services-through-clinical-community-linkages>

Linking Practice and Community Through a Focus on Capability (AHRQ): http://www.ahrq.gov/legacy/about/annualconf11/assaf_adams_ferrer/lewisferrer.htm

Integrating Evidence-Based Clinical and Community Strategies to Improve Health (U.S. Preventive Services Task Force): <http://www.uspreventiveservicestaskforce.org/uspstf07/methods/tfmethods.htm>

Community-Clinical Relationships Measures Atlas (AHRQ): <http://www.ahrq.gov/professionals/prevention-chronic-care/resources/community-clinical-relationships-measures-atlas/ccrmatlas.pdf>

Community-Clinical Relationships Evaluation Roadmap (AHRQ): <http://www.ahrq.gov/professionals/prevention-chronic-care/resources/clinical-community-relationships-eval-roadmap/index.html>