Robert Wood Johnson Foundation

Washington University in St. Louis
School of Medicine

DIABETES INITIATIVE
A National Program of The Robert Wood Johnson Foundation

Clinic-Community Partnerships

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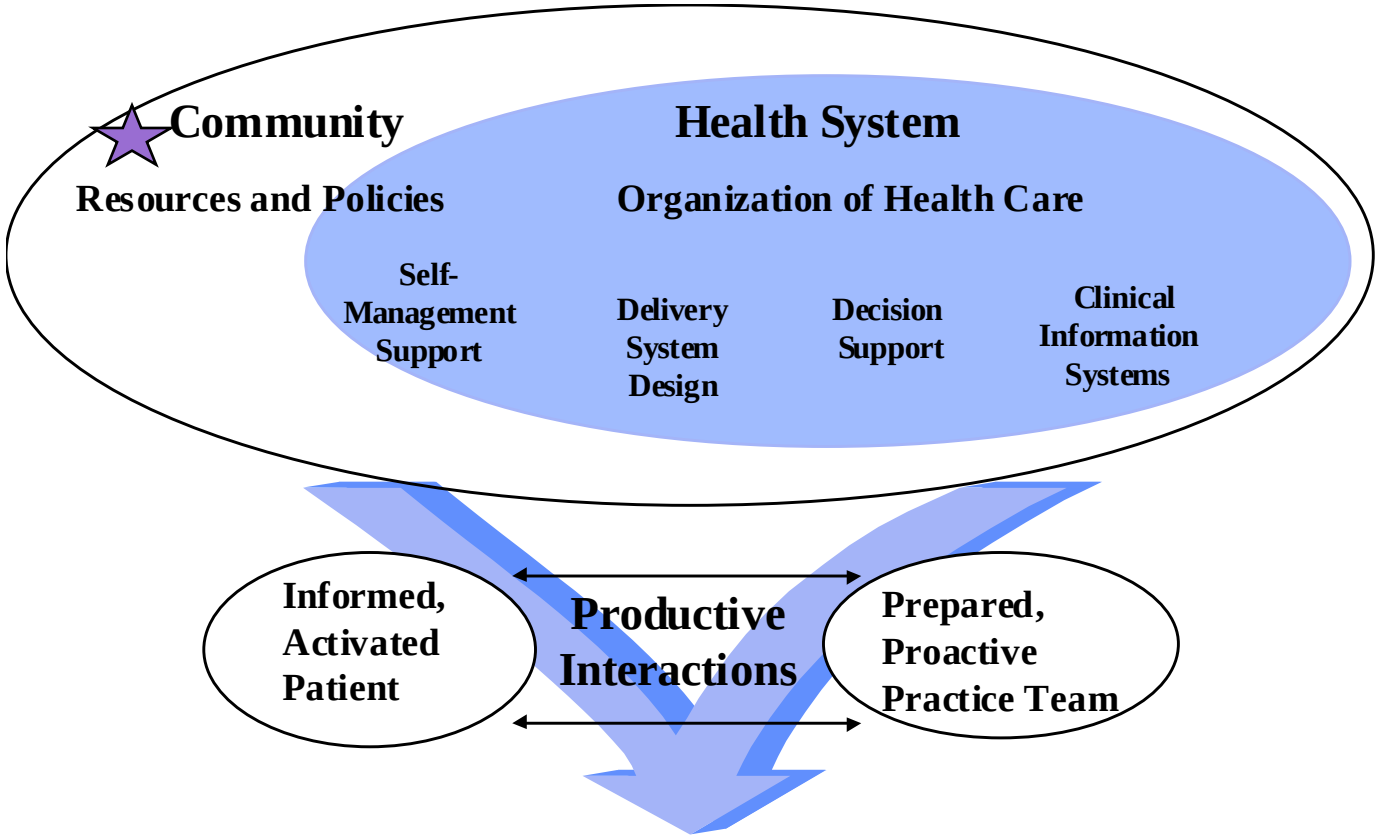
Chronic Care Model



Functional and Clinical Outcomes

Community…..what is it?

Many definitions, none universally accepted…

- Physical location; place with people
- Shared perspectives; common interests
- Joint action or activities
- Social ties; relationships

"a group of people with diverse characteristics who are linked by social ties, share common perspectives, and engage in joint action in geographic locations or settings" MacQueen et al, 2001

How can we help create linkages and build community supports for self management?

Examples from the Diabetes Initiative

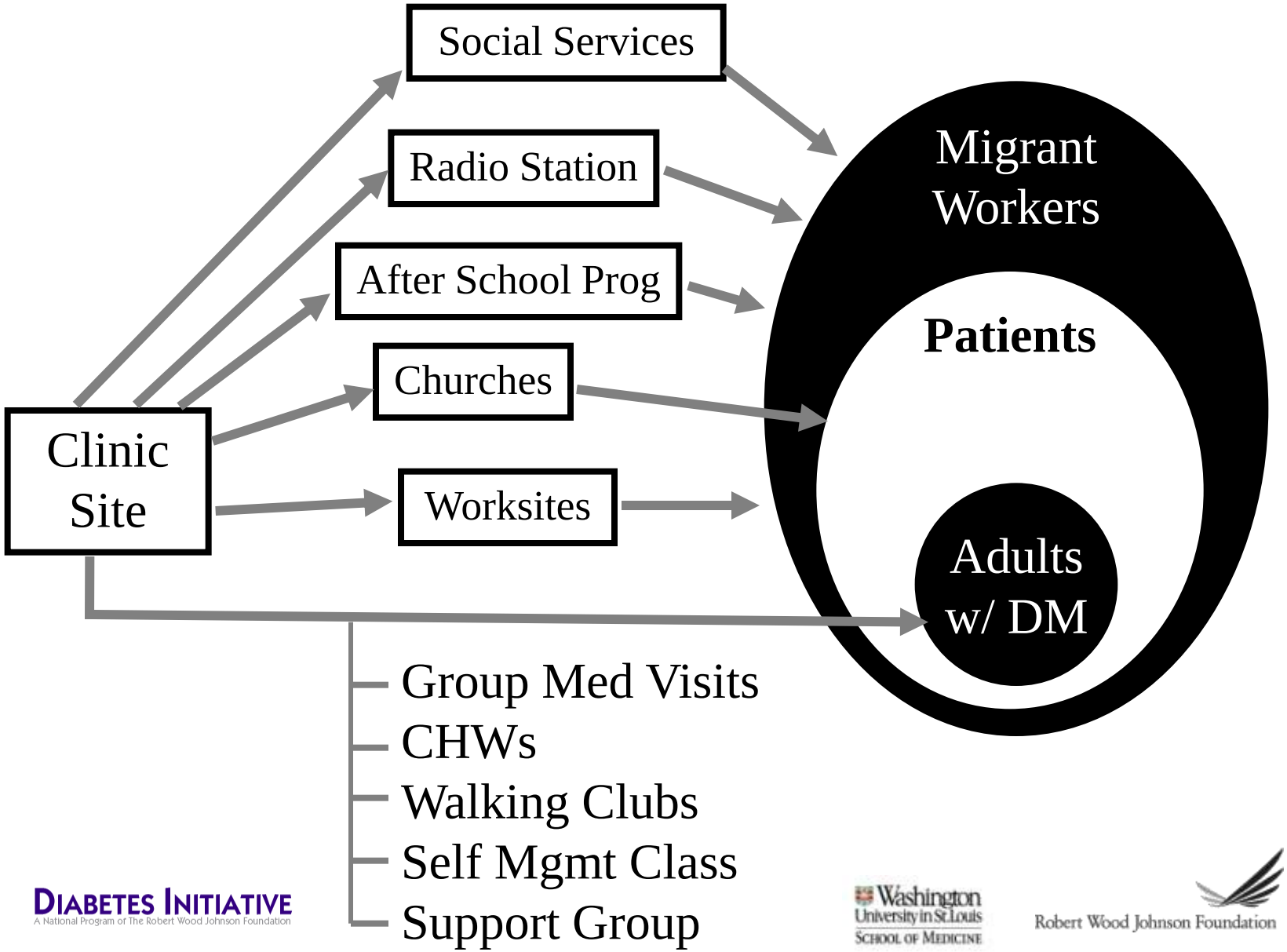
- Leveraging changes within organizations
  - Tasty Fork
  - Lay health educators at worksites
  - Healthy breakroom
  - Walking patient visits

- Linkages with organizations/ departments
  - Referrals to community exercise center with incentives for continued participation
  - Sharing intake data across health and social services to aid referrals and seamless care
  - Shared positions

Examples of Types of Coordination between Clinic and Community

- Development of coalitions or partnerships
- Use of clinics and their resources as a base for supporting key community programs for intended audiences
- Expansion of group medical visits to include group support, education and activity sessions
- Use lay health workers to bridge clinic and community

Clinic as Platform for Community Program



Pros of Coordination between Clinic and Community

- Coordination of care and goals
- Delivery of clear messages and avoidance of conflicting messages
- Sharing of resources
- Consistent web of influences to support maintenance of individuals' health behavior

Clinic Linkage with Community

- Having patient representatives on clinic board (not same as "community leaders")
- Locating self management programs in community settings
  - Clinic branch in churches
  - Church programs as point of entry for identification and treatment
- Promoting programs/recruiting through community settings
- Using CHWs to facilitate patient advocacy with clinic as well as community organizations

Clinic Linkage with Community

- Facilitating use of community resources
  - Directories of community resources
  - Referrals to community exercise groups, weight management classes, etc.
- Providing services to community based organizations and groups – presentations in classes and activities, consultation, board membership
- Initiating organizational linkages with community-based organizations
- Using clinic-based participation activation

Community Linkage with Clinic

- Community based *patient activation*
  - e.g., Michigan bumper stickers: "Do you know your Hemoglobin A1c?"
- Community based self management groups
  - Market to providers as referral source
  - Held at clinic
- Co-sponsored screenings and health fairs to encourage disease detection and awareness
- Marketing of services

Community Linkage with Clinic

- Community Health Worker shared between community group and clinic – to function as bridge
- Reciprocal referrals among clinic staff and Community Health Workers of community organization

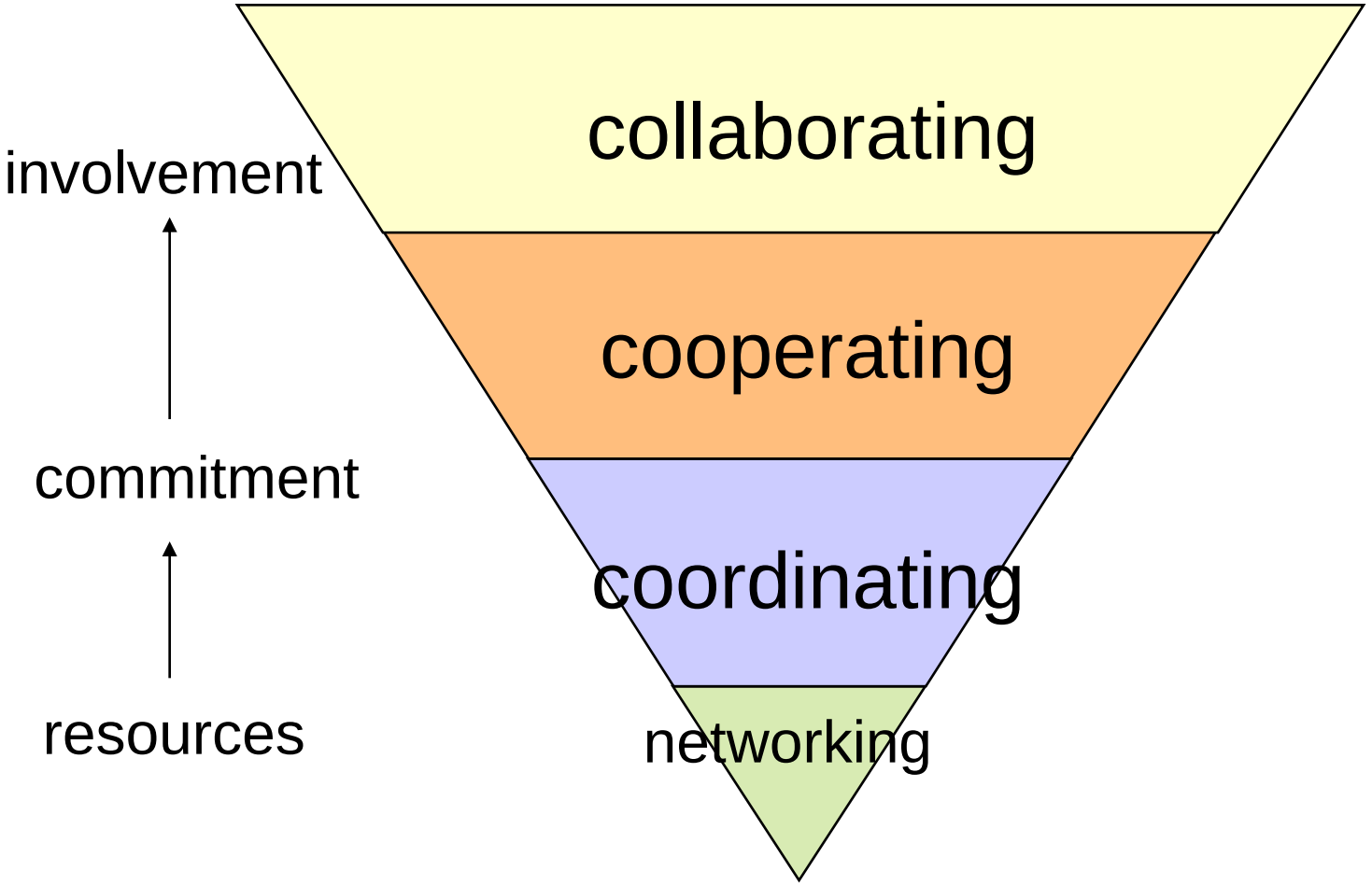
Examples of Reciprocity: Community-Clinic

- Hiring of case manager by clinic as a direct result of input from community council
- Use of community council for program planning
- Clinic staff participation in community meetings and classes
- Shared case-management staff between clinic and community agency to formalize collaborative nature of programs

Barriers to Coordination of Clinic with Community

- Lack of knowledge of community resources among providers!
- Provider concerns over quality/appropriateness of community programs
- Variety of perspectives among primary care and community organizations
- Differences in organizational cultures
  - especially regarding who is responsible for individual's behavior
- Differences in perspectives can slow program development and implementation
  - e.g., "need" for medical approval of benign promotion of physical activity

Partnering Relationships



Levels of Partnering Relationships

- Networking—exchanging information for mutual benefit
- Coordinating—networking and altering activities to achieve a common purpose
- Cooperating—coordinating and sharing resources
- Collaborating/ co-creating—cooperating and enhancing the capacity of another for mutual benefit to achieve a common purpose

TOOLS FOR BUILDING CLINIC-COMMUNITY PARTNERSHIPS

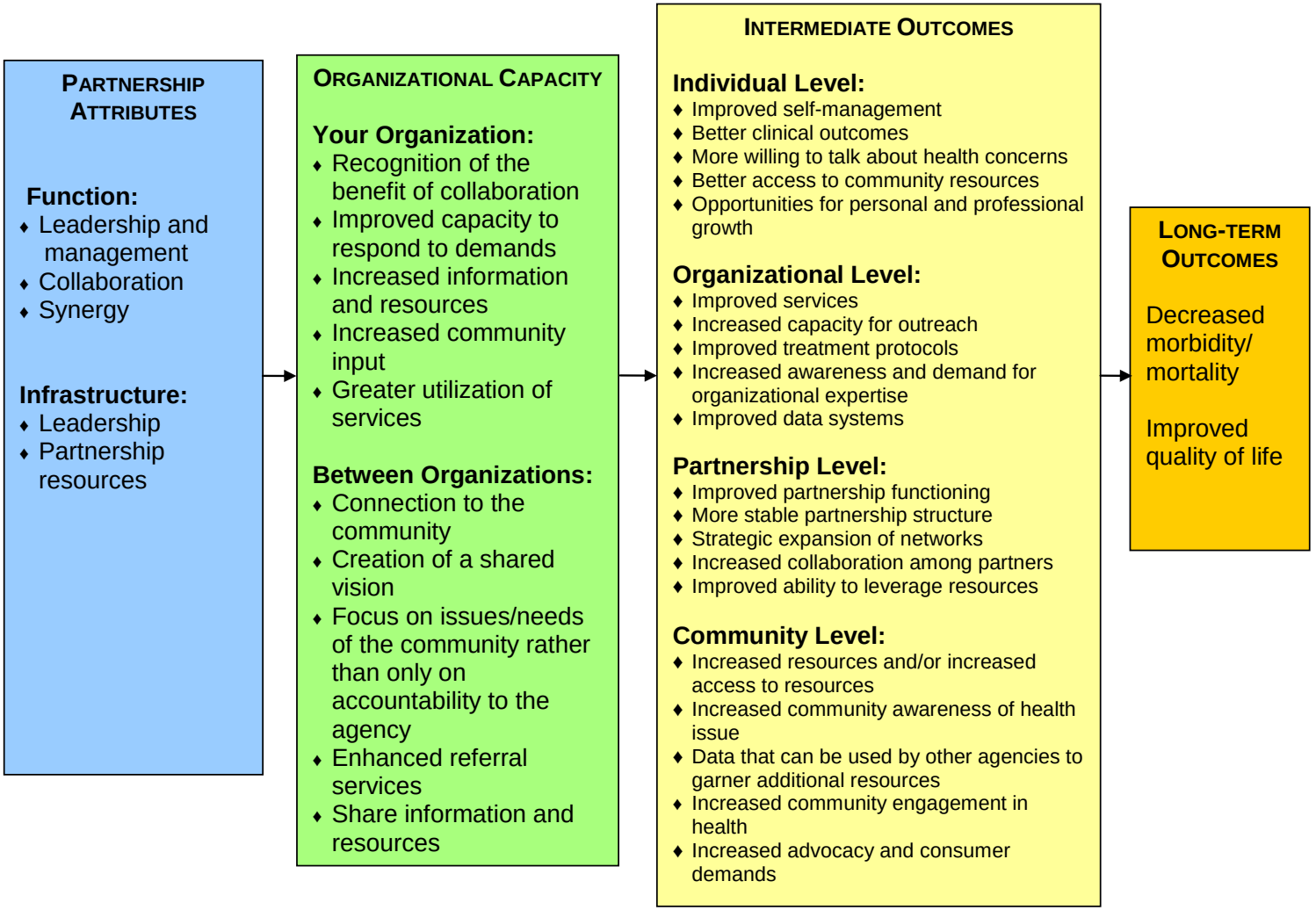
Tools…

- Framework
- Checklists
  - Partnership
  - Organizational capacity
  - Intermediate outcomes
  - Long term outcomes
- Taking Action-Making Improvements

The Framework

- Created to explore the "value added" of partnerships to diabetes (or other chronic disease) self management outcomes
- Created by a workgroup consisting of BCS grantees, program staff and expert consultant
- Created through group processes over life of BCS project (Grantees funded 2003-2006)

Framework for Building Clinic-Community Partnerships to Support Chronic Disease Control and Prevention



Examples from the Diabetes Initiative

- Advocacy for walkable towns
- Advocacy for food choices in grocery stores
- Placing educational materials in libraries
- Walking maps and signage in neighborhoods
- Participation in community events, coalitions and partnerships

The Checklists

- Relate to phases of partnership development depicted on framework

- History
  - Literature review
  - Focus groups
  - One on one interviews
  - Pilot test

The Checklists

- Purpose
  - Assess where the partnership is
  - Identify how the partnership can move forward

- Structure
  - Perception
  - Extent of agreement
  - Satisfaction

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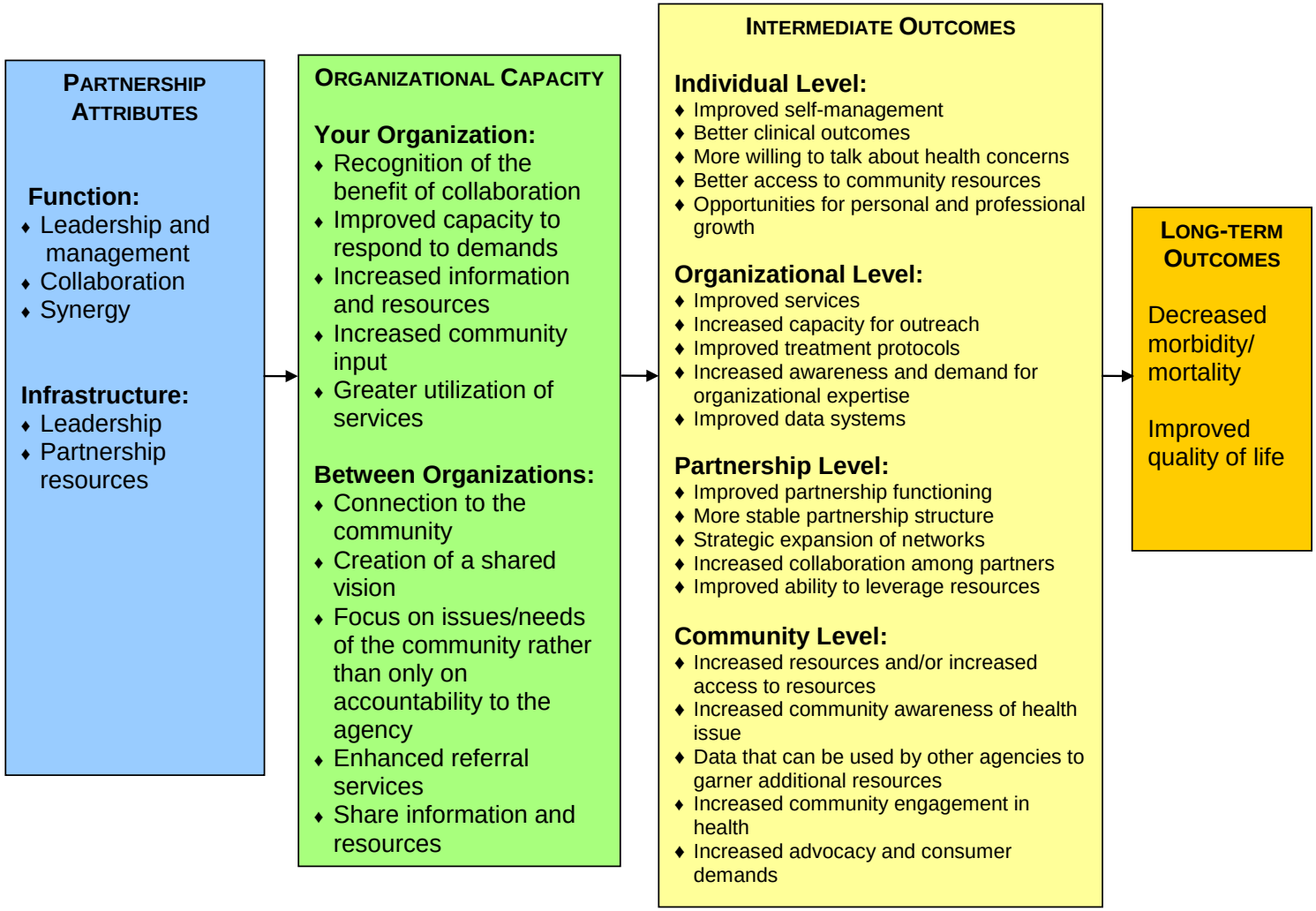

Checklists – Partnership Attributes

Purpose: informally evaluate partnerships function & structure

- Partnership function
  - Leadership and management
    - Communication methods
    - Well coordinated activities
    - An environment that fosters respect and trust
  - Collaboration
    - Processes to establish common goals and objectives
    - Processes that allow all partners to participate and influence decision-making
  - Synergy
    - Working together

Checklists – Partnership Attributes

- Partnership infrastructure
  - Leadership
    - Formal with defined roles and responsibilities
    - Leadership is shared
  - Partnership resources
    - Dedicated staff
    - Tangible and intangible resources
    - All partners are able to use resources

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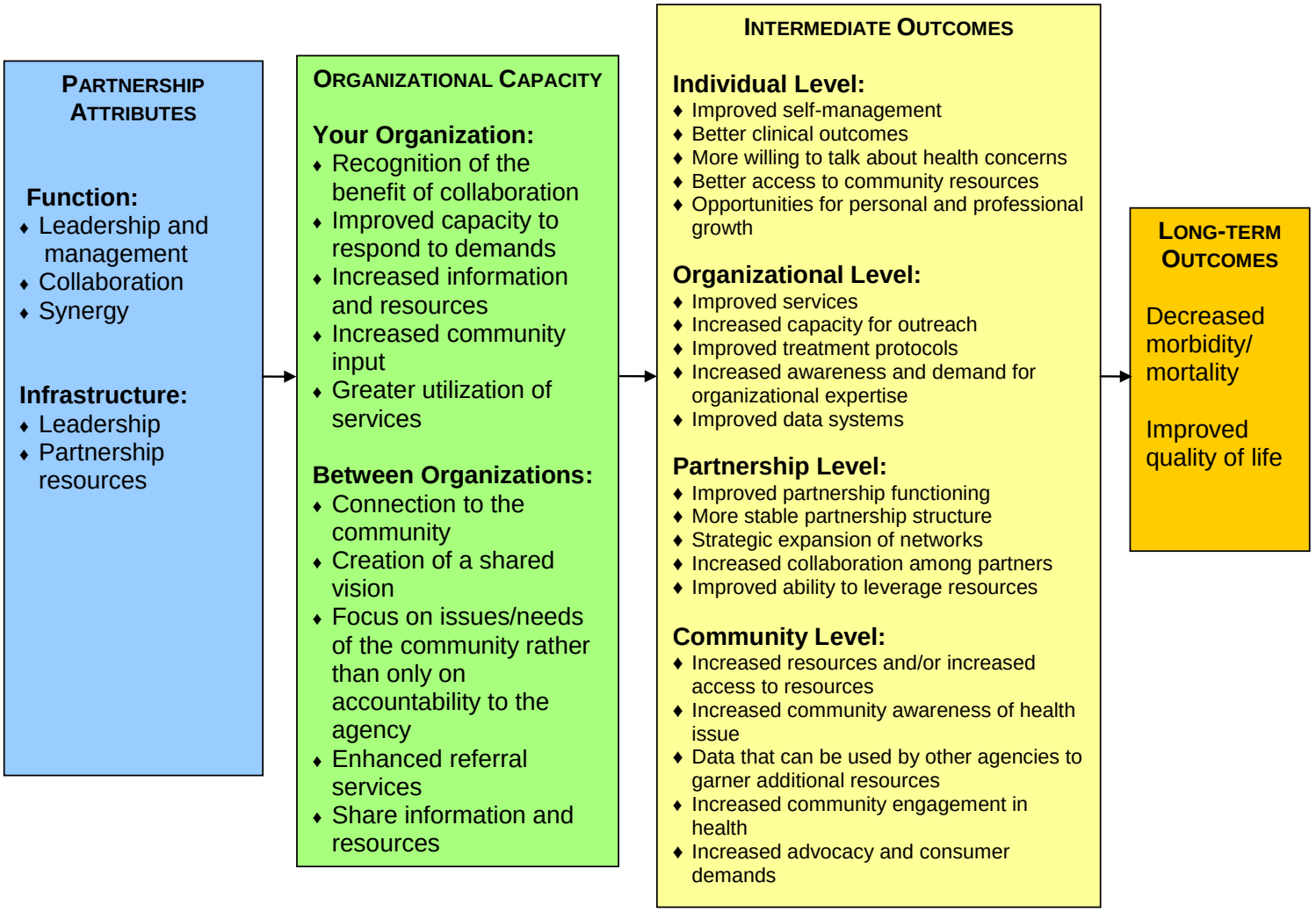

Checklists – Organizational capacity

Purpose: assess how organization's abilities have changed as a result of the partnership

- Your organization's capacity
  - Benefit
  - Enhance abilities and skills
  - Increase referrals and services
- Capacity between partner organizations
  - Increase connectedness to community
  - Shared vision
  - Formalized systems

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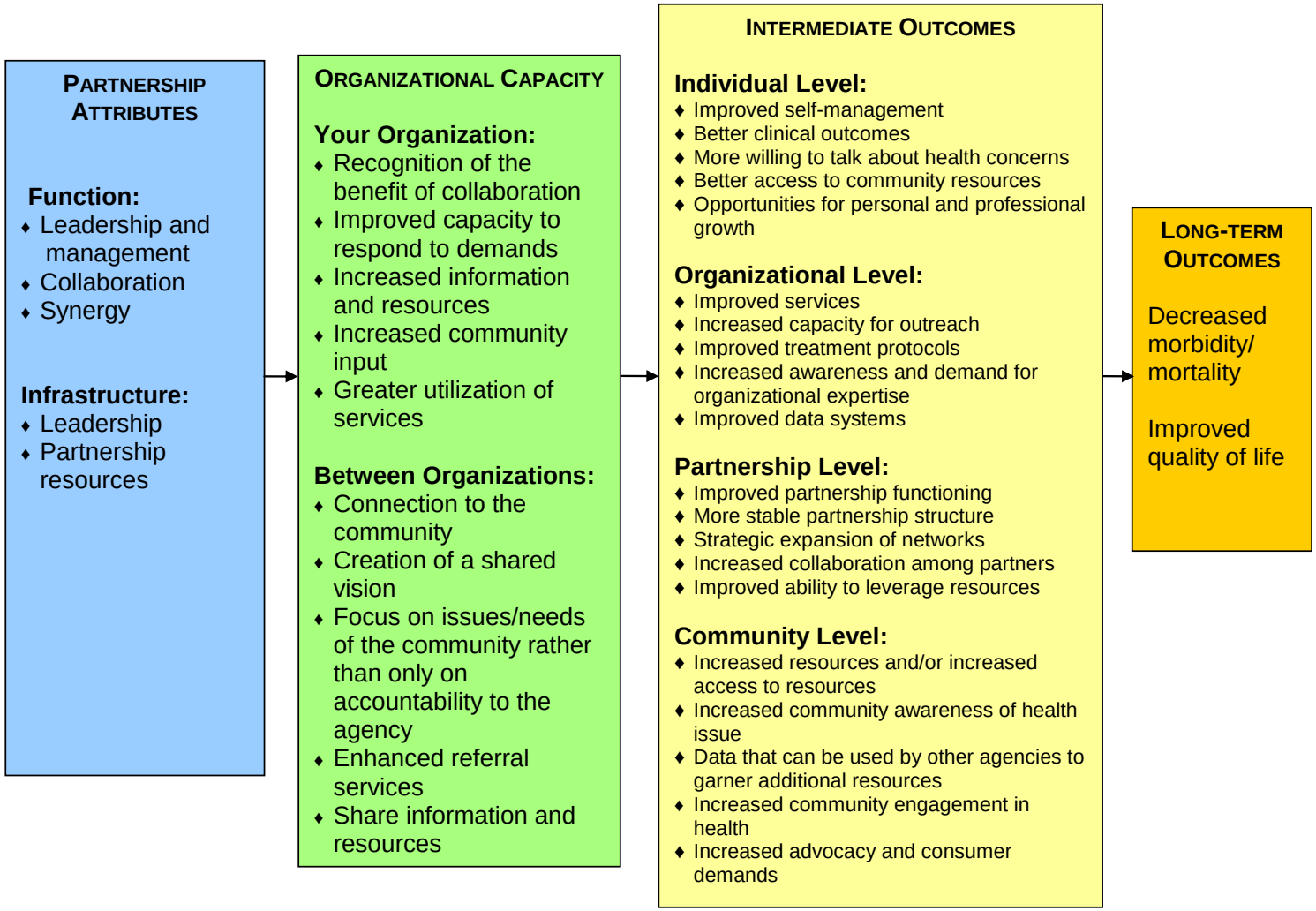

Checklists – Intermediate Outcomes

Purpose: assess what has happened as a result of the partnership

Individual level outcomes

- Addresses outcomes for the clients or patients that the partnership organizations serve
  - Improved behaviors
  - Improved outcomes
  - Improved knowledge

Checklists – Intermediate Outcomes

Organizational level outcomes

- Addresses outcomes for each organizational partner
  - Increased organizational support
  - Increased access to services
  - Improved treatment protocols

Checklists – Intermediate Outcomes

Partnership level outcomes

- Addresses how partnership has changed over time
  - Increased trust
  - Improved conflict resolution
  - Increased likelihood partnership sustainability
  - Creation of local and state policies

Checklists – Intermediate Outcomes

Community level outcomes

- Addresses how the partnership's work has affected the larger community
  - More information, services and programs
  - Access to data
  - Increased access to environments that support healthy behaviors

Taking Action – Making Improvements

- Identifies areas of agreement and disagreement
- Leads to discussion of differences of opinion
- Helps ensure consensus on issue of focus for improvement
- Promotes accountability

Conclusions

- Clinic-community partnership have the potential to enhance resources and supports for chronic disease prevention and care
- The tools can help
  - provide a way to assess partnership progress
  - help identify opportunities to work together to improve programs and services
  - increase the ability of the partnership to affect positive changes in health

Select Resources

- *From the Ground Up! A workbook on coalition building and community development*, http://www.amazon.com
- *Working Together, Moving Ahead: A manual to support effective community health coalitions*, http://www.rwjf.org/pr/product.jsp?id=14762
- *Organizations working together,* Alter and Hage
- *Collaborative Leadership,* Turning Point Initiative, www.turningpointprogram.org
- *Developing Effective Coalitions: An Eight Step Guide,* http://www.preventioninstitute.org/pdf/eightstep.pdf
- *Collaborating to Improve Community Health*, Johnson, Grossman, Cassidy, eds. http://www.amazon.com

For more information, see

www.diabetesinitiative.org