Breast & Cervical CANCER EARLY DETECTION Program of Alabama

COMMUNITYCLINICAL LINKAGE GUIDE

ALABAMA CANCER PREVENTION & CONTROL

ALABAMA PUBLIC HEALTH

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GOAL:

Improve breast and cervical cancer screening rates through collaboration with community partners to reach, refer, and complete screenings on low-income, high-risk women.

- Public Health: Serve as a resource and to provide technical assistance that lead efforts to build and improve linkages between community resources and clinical resources.
- Community Resources: Organizations that provide services, programs, and/or resources to the community.
- Clinical Resources: Providers, facilities, and/or organizations that provide services, programs, and/or resources directly related to screening, follow up testing, diagnosis, and treatment through health care workers in health care settings to members of a community.

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COMMUNITY CLINICAL LINKAGES

MAIN STRATEGY

L EARN ABOUT COMMUNITY AND CLINICAL RESOURCES.

I DENTIFY AND ENGAGE KEY STAKEHOLDERS FROM COMMUNITIES AND CLINICS.

N EGOTIATE AND AGREE ON GOALS AND OBJECTIVES.

K NOW WHICH OPERATIONAL STRUCTURE TO IMPLEMENT.

A IM TO COORDINATE AND MANAGE THE LINKAGE FOR CHALLENGES, BARRIERS, SUCCESSES, ETC.

G ROW THE LINKAGE WITH SUSTAINABILITY IN MIND.

E VALUATE THE LINKAGE.

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COMMUNITY CLINICAL LINKAGES

LEARN:

The first step in implementing a community-clinical linkage is to learn as much as possible about organizations and resources in the community and clinics. Thoughtful, systematic planning will help prepare and plan for implementation of evidence-based approaches and interventions through a community-clinical linkage that is responsive to the target population's needs.

IDENTIFY AND ENGAGE:

Community-clinical linkages are most successful when key stakeholders are engaged. By soliciting the opinions, interests, concerns, and priorities of key stakeholders from the beginning, the more likely we will be in addressing stakeholders' needs and obtaining their buy-in. By engaging diverse stakeholders who represent or influence both the community and clinical sectors, we can ensure that the linkage is relevant and meaningful to stakeholders and develop consensus and support for the linkage.

NEGOTIATE AND AGREE ON GOALS AND OBJECTIVES:

Linkages between community and clinical resources have been shown to be more effective when the mission, goals, objectives, and activities are jointly determined and systematically communicated to stakeholders at all levels. Thus, the process of developing a shared understanding of the goals and objectives of the linkage is critical.

KNOW WHICH OPERATIONAL STRUCTURE TO IMPLEMENT:

Establishing an operational structure makes the best use of differing perspectives, resources, and skills to foster solutions that maximize partnership synergy. The operational structure should address the following three components, and communities and clinics should participate in at least one of them:

- REACH/Engagement—Examples include raising public awareness, identifying people who need services, and encouraging them to receive the service.
- REFER/Administration—Examples include ordering, sending, and receiving screening results, counseling and supporting a patient.
- COMPLETE/Follow-up—Examples include follow-up for additional testing or procedures, diagnosis, support to resources, and treatment.

AIM TO COORDINATE AND MANAGE:

Coordinating and managing the community-clinical linkage requires ground rules that define roles, responsibilities, and communication protocols. Coordination and management of a community-clinical linkage involve issues such as the following:

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- Engaging and maintaining stakeholders' interest in the agreed-upon goals and objectives of the linkage.
- Implementing the chosen strategies by providing appropriate infrastructure, resources, and coordination mechanisms.
- Developing ways to promote constructive conflict and manage destructive conflict.
- Implementing information systems to monitor progress over time.
- Adjusting when leaders or stakeholders leave their jobs or are no longer involved with or committed to the linkage.
- Creating methodology for data collection, as well as a reporting systems to track results and improve performance.

GROW THE LINKAGE WITH SUSTAINABILITY IN MIND:

To work towards and achieve measurable results, such as improved health outcomes, community-clinical linkages must be sustained across a significant period of time. Achieving desired short-term outcomes keeps stakeholders engaged and motivated to strive for long-term outcomes. These "small wins" can set the stage for expanding your efforts, particularly those that are comprehensive, systemic, and state- or community-wide. By starting small, implementation efforts can be refined before the partnership activities are rolled out more broadly throughout the entire community or state. Further, focusing on short-term goals in a small area can lead to small wins, which can build momentum, commitment, and trust among stakeholders.

EVALUATE THE LINKAGE:

Evaluating a community-clinical linkage may require both process and outcome evaluation approaches. It offers opportunities to understand what processes and dynamics can make an effective linkage and affect health outcomes.

FIVE LEVELS OF COMMUNITY CLINICAL LINKAGES:

- Networking - Exchanging information for mutual benefit. The primary focus is on sharing information, and it involves minimal levels of time and trust.
- Coordinating - Exchanging information and altering activities for mutual benefit and to achieve a common purpose. The primary focus is on increasing accessibility to services and resources, and it involves moderate levels of time and trust.
- Cooperating - Exchanging information, altering activities, and sharing resources for mutual benefit and to achieve a common purpose. The primary focus is on extensive sharing of resources, risks, responsibilities, and rewards. Cooperating involves substantial levels of time, trust, and access to each other's resources.

- Collaborating—Exchanging information, altering activities, sharing resources, and enhancing each other's capacity for mutual benefit and to achieve a common purpose. The primary focus is on full sharing of resources, risks, responsibilities, and rewards. Collaborating involves significant levels of time, trust, and access to each other's resources.
- Merging—Integrating information, activities, and resources to enhance each other's capacity for mutual benefit and to achieve a common purpose. The primary focus is on organizational restructuring to achieve full integration and to operate as one entity.

BREAST AND CERVICAL COMMUNITY ACTION TEAMS:

Establish a community action team in each region (or join an active organization that is already established and working toward the same goals), to promote and participate in developing and implementing community-clinical linkage efforts. This group can establish the community-clinical linkage's goals and objectives and delineate roles and responsibilities among committee members.

In time, this committee should:

- Include stakeholders critical to community-clinical linkages.
- Engage an appropriate organization that represents patients or community members and ensures that they are fully engaged (e.g., ensure that they attend meetings and assign staff to help with the effort).
- Gain commitment, support, and integral involvement from senior staff of the organizations on the community-clinical linkage advisory committee. Making structural or organizational changes requires the commitment and involvement of senior leaders because it requires time and resources. Examples of senior staff in the clinical sector include physicians, clinical directors, nurse supervisors, and chief operating officers. Examples of senior staff in the community sector include executive directors, program managers, and religious leaders.
- Establish and maintain co-leadership on your advisory committee to balance the interests of both the community and the clinics.
- Ensure representation and buy-in from frontline staff in the clinics (e.g., nurses, physician's assistants) and in the community (e.g., program coordinators), as they are critical partners in addressing any issues, conflicts, or misunderstandings.
- Share state and local data to inform members about the benefits of community-clinical linkages.

Community Clinical Linkages

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What are community clinical linkages?

Community clinical linkages are connections and partnerships between healthcare providers, community organizations, and public health. These connections improve access to preventive services among people with diseases like cancer, and they ensure that people have access to community resources and support in order to prevent, delay, or manage chronic conditions.

Why are community clinical linkages in breast and cervical important?

According to the Agency for Healthcare Research and Quality, improving access to clinical preventive services like cancer screening, community-level activities, and appropriate medical treatment has been shown to reduce and prevent disease. Some of the benefits that community clinical linkages offer to patients include:

- Increase in patient ability to self-manage conditions
- Improvement in patient quality of life
- Prevention or delayed onset of disease progression
- Prevention of disease complications
- Reduction in the need for additional healthcare

Community clinical linkages also benefit healthcare providers and community organizations by connecting them with patients and allowing them to offer more services.

What are some examples of community clinical linkages?

Examples of community clinical linkages may include:

- Working with a local county extension office to promote healthy lifestyles and nutrition with cancer screenings playing a role in healthier living.
- Collaborating with the local food pantry/bank to educate on the importance of screening as a preventive measure to chronic disease.
- Utilizing social workers, community volunteers, or patient navigators to educate and navigate patient to needed community resources.
- Employers allowing employees time off work during the day without having to take leave in order to receive annual cancer screenings.

How can my Agency or Organization get Involved?

The Alabama Breast and Cervical Cancer Early Detection Program would like the opportunity to establish a community clinical linkage with you. We are interested in sharing and reporting your successes!

For more information about community clinical linkages, contact your ABCCEDP Regional Coordinator:

_____ at _____ or _____.

ABCCEDP Regional Coordinator Phone Number Email Address

Community Clinical Linkages Template

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NAME OF PARTNER ORGANIZATION(S):	CONTACT PERSON(S):	CONTACT PHONE: CONTACT EMAIL:
OVERALL PURPOSE OR GOAL OF PROJECT: **(need to include reaching, navigating, referring, and following women to completion or diagnosis as appropriate)**	*(Example: The goal of this project is to increase the number of women who receive services at XYZ Food Bank have been reached, referred, and completed breast and cervical cancer screening at Autauga County FQHC. Appropriate follow up will also be tracked to ensure patient receives all services.)*	
TARGET AUDIENCE OF PROJECT: **(priority populations, rarely or never screened, high risk, minority, uninsured, underinsured)**	*(Example: Target for this project is women living in Autauga County who receive services at XYZ Food Bank, are uninsured/underinsured, who are not current with their breast and/or cervical screenings.)*	
SHORT NARRATIVE DESCRIPTION OF PROJECT:	*(Example: Coordinator will work with XYZ Food Bank to identify and refer eligible women to breast and/or cervical cancer screening at the Autauga County FQHC. Women will be followed throughout the process. XYZ Food Bank will report identifiers for the women back to the Coordinator who will then match to Med-IT records to confirm the women have been seen for their screening and any appropriate follow up. To those lost in the process, Autauga County FQHC's social worker/patient navigator will follow up to help patients with barriers to screening.)*	

Community Clinical Linkages Template

Breast & Cervical CANCER EARLY DETECTION Program of Alabama

L - LEARN ABOUT COMMUNITY AND CLINICAL RESOURCES

Think about potential partners: ABCCEDP providers, county or local government departments, non-profit organizations, past partnerships or collaborations:

- ☐ Brainstorm potential community partners in your region (HUD, Meals on Wheels, Food Pantries, County Extension Offices, Non Profit Organizations, Church Outreach Programs, Beauty Salons, Community Groups working on health issues, etc.) and establish contacts
- ☐ Identify the ABCCEDP Providers in your region (How many are there? Are they close to other community services, where are they referring to for follow up services)
- ☐ Look at cancer data and other information for your chosen County or area (cancer statistics, demographics, poverty levels, etc. Dana can help you get information needed for this step if you need help.)

I - IDENTIFY AND ENGAGE KEY STAKEHOLDERS FROM COMMUNITIES AND CLINICS

Select and engage healthcare provider, agencies, and organizations to participate. Set up meeting(s) to discuss and agree upon goals for the linkage.

N – NEGOTIATE AND AGREE ON GOALS AND OBJECTIVES

Finalize goal(s) and objective(s), establish roles, responsibilities, strategies, implementation steps, measures and evaluation plans. (Stephen and Dana will assist in creating a work plan, timeline and evaluation plan.)

K - KNOW WHICH OPERATIONAL STRUCTURE TO IMPLEMENT

Begin implementation of the project, strategies and interventions. Adjust work plan and timeline as needed.

A- AIM TO COORDINATE AND MANAGE THE LINKAGE FOR CHALLENGES, BARRIERS, SUCCESSES, ETC.

Regional Coordinator to conduct bimonthly check-ins, reports to Amy, Stephen and Dana on successes and challenges. Report back on process and outcome evaluation pieces (Dana will assist you with identifying what needs to be measured.)

G - GROW THE LINKAGE WITH SUSTAINABLITY IN MIND

Are stakeholders vested in the project, do they see the value in the project, are they willing to continue and possibly serve as champion for other areas, organizations or providers. What "story" is the data telling about the efforts?

E - EVALUATE THE LINKAGE PROJECT

Providers, organizations, and Regional Coordinators to work with Dana to evaluate the project, give feedback, facilitate a survey, utilize database (Med-IT) to determine reach, refer, and complete. Provide technical assistance for the project.

Implementation Reporting Tool

This tool is designed to assist the Alabama Breast and Cervical Cancer Early Detection Program (ABCCEDP) to collect success stories and records of the implementation of goals, objectives, and strategies from community clinical linkage projects. Please share your project information with us. Please be sure to answer Who, What, When, Where, Why, and How in your project description so that we have as much information as possible.

Project Contact: _____ **Date Submitted:** _____

Contact Email: _____ **Contact Phone:** _____

Program/Organization: _____

Project Name: _____

Project Description – Please provide details including:

- **Who** (target population, partners, etc.)
- **What** (project objective, current project status, etc.)
- **When** (project timeframe, key dates, etc.)
- **Where** (project location)
- **Why** (reason/issue/problem that inspired the project)
- **How** did you measure success?

RETURN FORM TO:
Stephen Jaye, Community Clinical Linkage Manager
201 MONROE ST, SUITE 1310, MONTGOMERY, ALABAMA 36104
P: 334-206-3336 * F: 334-206-3738 * Stephen.Jaye@adph.state.al.us

Other Information (Please feel free to email additional information, promotional materials, photos, etc.):

_____

_____

_____

_____

_____

_____

_____

Goal/Objective, and Strategy:

_____

_____

_____

_____

Strategy status as of *(insert date)*: _____

- ☐ **Not achieved**
- ☐ **Partially achieved**
- ☐ **Fully achieved**
- ☐ **Other (explain):** _____

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P: 334-206-3336 * F: 334-206-3738 * Stephen.Jaye@adph.state.al.us

Photo, Video, and Voice Recording Release Form

I hereby consent to be interviewed, recorded, photographed, videotaped or filmed by representatives of the Alabama Department of Public Health, Cancer Division for purposes of publication, education, display or broadcast (print, web, digital display, and all other forms of media).

I agree that such interviews, recordings, articles, quotes, photographs, films, audio or video and/or any reproductions of same in any form, are the property of the Alabama Department of Public Health. I understand that I am not being paid to participate in this activity and any claim for reimbursement has been discussed and will be denied.

I hereby release the Alabama Department of Public Health, its affiliates, employees, representatives, partners, and agents from any and all claims, demands, costs, and liability that may arise from the use of these interviews, recordings, photographs, videotapes or films, and/or any reproductions of same in any form, as described above, arising out of being interviewed, recorded, photographed, videotaped or filmed.

I acknowledge that I have read this consent form in its entirety, or it has been read (or translated) to me, and I have had the opportunity to ask questions about it and understand it.

Date: _____

Name (print): _____

Signature: _____

Witness: _____

{Practice Name}
{Address}
{Phone Number}
{Fax Number}
{Email Address}

COMMUNITY REFERRAL FORM

REASON FOR REFERRAL: _____

NAME OF PROGRAM: _____
NAME OF CONTACT PERSON: _____
PHONE: _____ **EMAIL:** _____

LOCATION OF COMMUNITY RESOURCE:

_____
_____

NAME OF RESOURCE: _____
PHONE: _____

DETAILS/EXPLANATION FOR REFERRAL: _____

_____
_____
_____
_____
_____
_____
_____
_____

_____ _____
Signature **Date**

Breast & Cervical CANCER EARLY DETECTION Program of Alabama

Community Clinical Linkage Readiness Assessment Check-list

Purpose: This check-list is to assist the Regional Coordinator to identify whether or not an organization/facility/agency/provider is a good candidate for engaging in a community clinical linkage project.

Name of Organization:
Contact Email:
Contact Phone:
Date Submitted:

INDIVIDUAL (personal knowledge, attitudes, skills)	Yes	No
Is there strong leadership or a champion?		
Are staff members aware of the project/potential for a project?		
INTERPERSONAL (formal and informal social network and social support systems)		
Are the staff in the organization cohesive/team players? (i.e. have a high commitment to meeting the organization's goals)		
INSTITUTIONAL (formal and informal goals, objectives, policies, procedures, regulations for operations)		
Does the organization/facility/agency/provider have a large reach and impact?		
Does the organization/facility/agency/provider provide breast and cervical cancer services to the target population?		
Does the organization/facility/agency/provider have a social worker, patient navigator, or community health worker on staff?		
Does the organization/facility/agency/provider have a quality improvement/data manager on staff?		
Does the organization/facility/agency/provider have policies and procedures for following up on a patient with an abnormal Pap test and/or mammography result?		
Will the organization/facility/agency/provider be able to participate in community clinical linkages outside of normal business hours to establish, implement, and build relationships that support community clinical linkages?		
Is the organization/facility/agency/provider within close proximity to resources available to reach, refer, and complete breast and cervical cancer services.		
Is funding stable in the community related to resources and the clinical organization to be able to support a community clinical linkage project?		
COMMUNITY (relationships among organizations, facilities, agencies, and institutions within a identified geographic area)		
Is there funding within the organization/facility/agency/provider and the community to support a community clinical linkage project?		
Has the community through one or more organizations/facilities/agencies/providers collaborated on any projects in the past?		
PUBLIC POLICY (local, state, or national)		
Is there any local, state, or national mandates, incentives, reasons for collaborating to establish linkages? (grants, matching funding)		

Cancer Prevention Works

Community Clinical Linkages

INFORM | EDUCATE | LINK

NBCCEDP/CRCCP

The goals of this strategy are to reach high-need individuals in the community, facilitate their access to clinical services, and ensure screening completion.

Use data to identify people:

Where do they work?

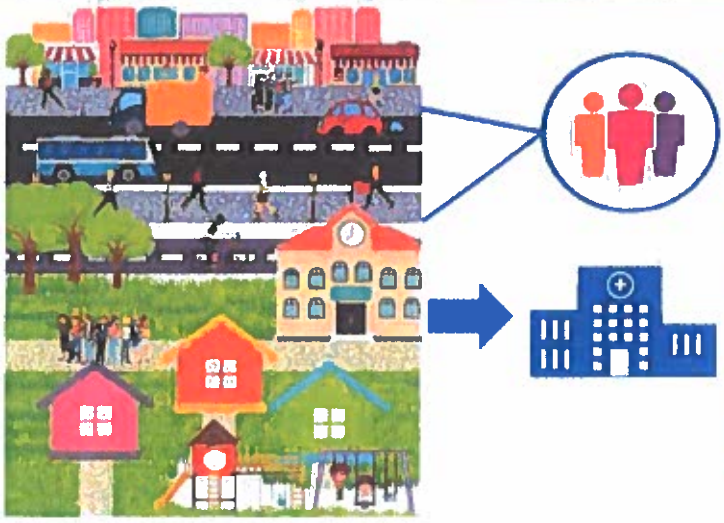
Where do they access care?

Where do they live?

What community resources do they use?

Then meet them where they are

Connecting Communities to Clinical Services



Inform — Individuals and community partners about your program (e.g., what it covers, screening sites, referral process).

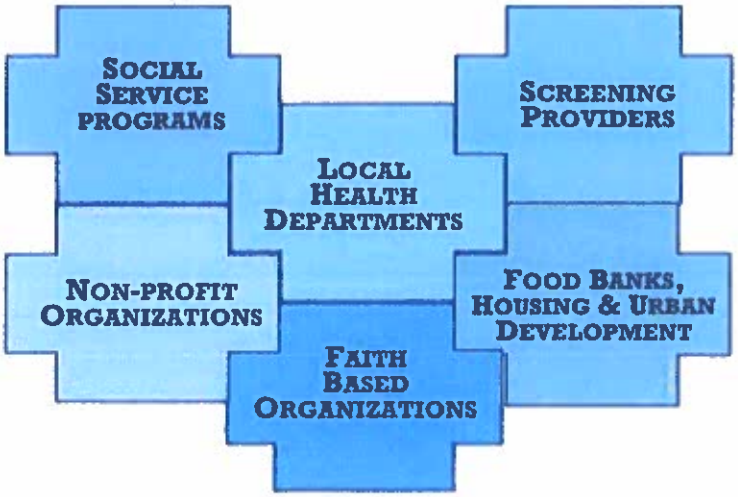
Educate — Individuals and community partners about cancer screening.

Link — Individuals to health systems through community-based referrals.

Community Clinical Linkages work when grantees

- **Use data** to identify high-need individuals and **focus** where there is highest potential impact.
- **Partner** with organizations that have access to low income, underserved individuals.
- Work with partners to **employ community-based strategies** to educate, inform, and link to screening.
- **Expand access** by engaging new clinics to provide screening services.
- **Facilitate** partnerships between public health, health systems, and community-based organizations.

Choose the Right Partners



- Does the partner have access to and provide reliable services to women who are low income, underserved, and unscreened?
- Does the partner have the capacity to expand your program's reach?
- Will the partner agree to specific recruitment/outreach goals?
- Can the partner provide data for program planning and/or monitoring and evaluation?

The **RIGHT** partners will have

- ❖ Access to the priority audience
- ❖ Compatible Goals
- ❖ Sufficient Reach
- ❖ Commitment to Outcomes

Establish Partnerships and Provide Technical Assistance

1. Assess community access to screening and form clinical partnerships to support service delivery.
2. Work with partners to set objectives and determine strategies to link people to clinical services.
3. Establish an agreement defining roles, responsibilities, and commitments.
4. Provide resources and technical support for implementation and evaluation.
5. Establish an agreement to collect and share data on individuals served and completing screening.

Monitor and Evaluate

Document and Report

- CCL activities conducted
- How many individuals...
  - Received the CCL intervention?
  - Completed screening?
  - Overall completed screening as a result of the intervention?

→

Review

- Were goals and outcomes met?
- Was the effort implemented as planned?
- Which strategies/processes worked well?
- What lessons were learned?
- Was it worth your investment?

↓

Revise

- What should be modified?
- What can be improved?
- Should the activity continue?

→

Share

- What successes and challenges can be helpful to others?
- What promising practices can inform the field?

This document builds on the community-clinical linkage (CCL) infographic. You will find:

- Guidance on applying an evaluation approach to your planning
- Information on reporting to CDC about CCL activities

Evaluation Guidance

The strategy goals are to reach high-need individuals in the community, facilitate their access to clinical services, and ensure screening completion. At the time of initial outreach, individuals may or may not be affiliated with a health system. CCL activities should be designed to link individuals to primary care for healthcare needs, including screening. You should aim to design activities so that screening completion can be confirmed using medical records.

Evaluation-Centric Program Planning

In planning, consider these questions to ensure that you will be able to evaluate your CCL activities:

- How will we follow/track the individuals reached in the community and confirm screening completion verified by medical records?

- What data can be collected to monitor how CCL activities are delivered (e.g., number of individuals reached, number of individuals referred for clinical services)?

- Will individuals reached through CCL activities receive CDC-funded screening and/or CDC-funded navigation? If so, are processes in place to collect Minimum Data Elements (MDEs)?

- How will we obtain confirmation of screening completion for individuals who do not receive CDC-funded screening or navigation?

As you explore CCL strategies, consider:

- Developing agreements between all involved organizations (e.g., your program, community-based partner, and health system/clinic) that support linking individuals to clinical services (screening), sharing client information for referral purposes, and collecting evaluation data.

- Collecting reliable evaluation data that will support continuous feedback for program improvement and help to demonstrate outcomes (e.g., screening completion).

Review the peer reviewed and grey literature to identify model CCL strategies and inform your planning and evaluation. The following resource provides criteria for identifying organizations to work with and sample elements for evaluation:

> Centers for Disease Control and Prevention. *Community-Clinical Linkages for the Prevention and Control of Chronic Diseases: A Practitioner's Guide.* Atlanta, GA: Centers for Disease Control and Prevention, U.S. Department of Health and Human Services; 2016.

Reporting to CDC

Continuing Application and Evaluation Reports

Your CCL plans should be reflected in your reporting to CDC. Below are some examples, and there may be other opportunities. Work with your CDC Program Consultant to discuss your plans and ensure you are including the right information.

- Workplan – As you plan for each program year, *set an annual target for the number of individuals to be screened due to your CCL efforts*. Goal setting can help keep the focus on your outcome of getting individuals from the community to clinical services and ultimately to ***complete screening***. The workplan template includes a column for baseline and target values. As you plan your CCL activities and set targets, consider how you will collect reliable data to assess progress in meeting your targets.

  - ❖ State your objective and target for the number of individuals to complete screening based on CCL. Screening completion should be verified by medical records.

  - ❖ Include other objectives for your CCL activities and include targets where appropriate, whether performed by a contractor or grantee personnel. For example, if you propose:

    - Group education and navigation for individuals participating in the groups - set targets for the number of individuals educated, navigated, and screened.

    - A partner refers and tracks individuals into clinical services - set targets for the number of individuals referred, followed-up, and screened.

  - ❖ Indicate your plans for monitoring, evaluation, and oversight, including training and technical assistance for your partners and staff.

- Budget – The contractual elements "scope of work," "itemized budget and justification," and "methods of accountability" can be used to specify what CCL activities a contractor will do (scope of work), the payment structure (itemized budget and justification), and the processes that you and the contractors will perform to evaluate the contracted work (method of accountability that is outcome driven and has clear deliverables). Note: This aligns with the CDC Budget Preparation Guidelines which you should review and use.

- NBCCEDP Service Delivery Projection Worksheet – If your CCL plans include CDC-funded navigation from the community to the health system or through completed screening, account for this as you prepare this worksheet. Additional details are included in the section below on MDEs.

- Progress Reports and Evaluation Reports – These reports should include a summary of the CCL activities conducted and related evaluation data, including whether targets were met. If targets were not met, describe barriers to meeting the targets and proposed changes to your CCL activities to improve program efforts. These reports should also document process measures or information lessons learned, and challenges.

Annual NBCCEDP Grantee Survey*

Types of CCL information that you can anticipate being collected include:

- Description of your CCL activities
- CCL activities conducted by partners
- Use of patient navigators or community-based workers (e.g., health educator, community health worker, community nurse, promotora)
- Whether individuals reached through CCL activities were tracked through the completion of screening
- Numbers of individuals reached through CCL activities that completed screening/diagnostics
- Data source used to confirm screening completion for individuals participating in CCL activities
- Planning activities regarding future CCL efforts
- Where individuals were identified for patient navigation (in the community and/or in a clinic/hospital)
- *The survey will be fielded in 2019.

Minimum Data Elements (MDEs)

As part of CCL activities, individuals may be identified in the community, linked to clinical services, and navigated to or through screening. If CDC funds are used to pay for an individual's navigation/or clinical services, an MDE record should be reported. See the NBCCEDP policy and manual on patient navigation posted at www.nbccedp.org.

This documents accompanies two others, the CCL strategy infographic and *Applying an Outcomes Driven Approach to Community-Clinical Linkages: Guidance for Grantees*. It includes grantee examples that align with CDC guidance, specifically:

1) Identifying high-need individuals in the community, facilitating their access to clinical services, and ensuring screening completion.

2) Focusing on meeting individuals through community outreach and partnership.

3) Evaluating through screening completion, using medical records.

It is important to emphasize that these examples are promising, not perfect. Most are in the early stages of implementation or evaluation, or both. Hopefully they can stimulate thinking about how you might implement CCL strategies. So you can learn more, we have included grantee contact information.

We encourage you to leverage the experiences, expertise, and resources of others in your state, tribe, territory, or jurisdiction. This may lead to a more cost-effective approach to CCL. During planning and assessment, identify potential collaborators. That is, collaborators from other programs, organizations, or groups that are both experienced and effective in the community-clinical linkage arena.

CHWs at Health Department Conduct Community Outreach and Refer Women - Nebraska

The Nebraska program conducts statewide outreach through a network of 19 "Community Health Hubs," which are mostly local health departments. Community Health Workers (CHWs), funded through the hubs or local health departments, connect with women in the community and navigate them to more than 400 screening providers. They document contacts and risk assessments for each woman in an electronic *CHW Encounter Registry*. If a woman is deemed eligible for Nebraska's program, the CHW assists her in completing an enrollment form, which is then sent to the program for review and follow-up. The program uses the *Encounter Registry* data to assess the type of outreach or navigation provided to non-program eligible women and determines if they complete screening at one of their provider sites. The program has a CHW training curriculum for program-affiliated CHWs and manages the *Encounter Registry* to monitor community outreach progress. To learn more: Melissa.Leypoldt@nebraska.gov

Grantee Staff Conduct Outreach and Navigation at Community-Based Organization - Louisiana

The Louisiana State University program partners with six *Second Harvest Food Bank* pantries in New Orleans. The program's navigator and nurse practitioner conduct outreach and education, navigating eligible women to four breast and cervical cancer screening providers in the area. Methods for education and outreach depend on the pantry's food distribution operations and may include group and/or 1:1 education activities, stationed in or near the waiting area. The program initially conducted an assessment at each pantry. Among the information collected was the number of women and federal poverty level served, the best days to conduct outreach, the availability of space (for education and outreach), and whether the women had a primary care provider. Since grantee personnel are providing the navigation, they are able to enter data into the program's data management system, Catalyst, used to report MDEs and PN-Only MDEs. The community navigation program will be expanding to additional parishes in 2019. To learn more: Jasmine Meyer, jmeye6@lsuhsc.edu

Tribal Health Educator Conducts Outreach and Clinic-Based Navigators Follow-Up - Cherokee Nation

The Cherokee Nation program serves a 14-county area in Oklahoma. The tribe manages their own health system consisting of nine facilities. Their public health educator conducts outreach at community venues in the 14-county area, including at clinics. She provides the names of women she has met in the community to the clinic-based case managers. The case-managers follow-up with the women to schedule their screening. To learn more: Andrea-Carpitcher@cherokee.org

External Partner, YWCA, Conducts Outreach and Navigation - New Mexico

In the last grant cycle, the New Mexico program implemented a community outreach and navigation program, funding multiple contractors. During this time, the program developed standardized reporting processes, policies, forms, and a short training for these contractors. Among them was the YWCA. Many of the women navigated by the "Y" were identified through their own 20-year database which included over 3,000 women. The New Mexico program and providers could refer women for navigation as well. The "Y" used a voucher/coupon system to determine if women were screened by their screening providers and reported this data to the program. To learn more: Beth.Pinkerton@nm.state.us

Navigators Housed at Program Screening Providers Conduct Outreach, Follow-up, and Navigation - Wisconsin

The Wisconsin program currently supports three navigators that are housed at three health systems including the largest health system in Wisconsin; a health system focusing on rural communities; and the University of Wisconsin's Cancer Center Health Disparities initiative. In addition, another navigator, based at the City of Milwaukee Health Department, serves both NBCCEDP and WISEWOMAN clients. The program also supports a community health worker at the Milwaukee Consortium for Hmong Health. The navigators and community health worker conduct community outreach, follow-up, and navigation. To learn more: Gale.Johnson@dhs.wisconsin.gov

Partnering with the Hepatitis C Program to Schedule Screening at their Outreach Event - Cherokee Nation

The Cherokee Nation program is in the early phases of partnering with the Hepatitis C Program. The latter program is piloting a project to provide education and screening at food distribution centers. Referred to as "food warehouses", low-income people shop for free at these grocery-like stores. The breast and cervical program's health educator and clinic-based case manager will work alongside the Hepatitis program staff. While screening will be provided on-site for various health maintenance screenings such as HbA1c, cholesterol, Hepatitis C, and HIV, the breast and cervical program will schedule appointments on the spot for cancer screening. To learn more: Andrea-Carpitcher@cherokee.org

Facilitating Referrals through Direct Mailings to Women Denied Medicaid - Maine

In Maine, individuals who are denied Medicaid receive an automated letter that identifies alternate state Department of Health and Human Services resources. Monthly, the breast/cervical program receives a list of the denied women, ages 40-64 years, and sends them "direct mail". Approximately 50% of the program's new enrollees identify "direct mail" as the reason they enrolled. This is a low-cost strategy for Maine. While this strategy is not community-based in a physical sense, they are still reaching their eligible population. Please consider this "systematic referral" strategy with community-based partners or those serving your priority populations. To learn more: Maryann.M.Zaremba@maine.gov

Using Non-Traditional Partners, such as Emergency Medical Services.
We heard through the grapevine of an effort with Emergency Medical Services (EMS). On their "down time," EMS workers conduct outreach for the program. If this is your program, tell us about it, so we can learn about your successes and challenges and how women are connected to screening.

KEEP IN MIND...

We hope these examples are helpful to your planning efforts. As you explore these and other strategies, it may be fruitful to consider:

- Developing a three-way agreement between your program, community-based partner, and health system/clinic to link women to screening, and share data and referral information. Public health is a valuable partner to healthcare systems by helping communities access needed care.
- These three-way partnerships may offer a mechanism for continuous feedback and demonstrating outcomes (i.e. obtaining requisite data on screening outcome) and the importance of such partnerships.

Breast & Cervical CANCER EARLY DETECTION Program of Alabama

A G E N D A

[DAY AND DATE]

[Face-to-Face or WebEx or Conference Call]

[LOCATION AND TIME]

NEXT STEPS:

ALABAMA PUBLIC HEALTH

Community Clinical Linkage
Step One: "L"

L-LEARN ABOUT COMMUNITY AND CLINICAL RESOURCES

Community clinical linkages are collaborations between health care providers 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. Building such linkages is critical for improving health outcomes for participants as well as improving the program's sustainability.

Community clinical linkages enhance partnerships by emphasizing patient, family, and community involvement in coordinating community and clinical services that promote healthy behavior. Building and sustaining community clinical linkages ensures that women being screened for breast and cervical cancer have increased access to community based resources that promote healthier living.

- ☐ Brainstorm potential community partners in your region (HUD, Meals on Wheels, Food Pantries, County Extension Offices, Non Profit Organizations, Church Outreach Programs, Beauty Salons, Community Groups working on health issues, etc.) and establish contacts
- ☐ Identify the ABCCEDP Providers in your region (How many are there? Are they close to other community services, where are they referring to for follow up services)
- ☐ Collaborate with ABCCEDP contracted providers to identify current partnerships that exist as referral resources through general assessment processes (Utilize the Readiness Assessment Tool)
- ☐ Identify gaps in community resources (lack of cultural tailoring of services, language gaps, and transportation issues)
- ☐ Look at cancer data and other information for your chosen County or area (cancer statistics, demographics, poverty levels, etc. Dana can help you get information needed for this step if you need help.)
- ☐ Assess how connections to programs can be improved
- ☐ Assess resource gaps and barriers

Community Clinical Linkage
Step 2: "I"

I-Identify and Engage Key Stakeholders from Communities

Engaging stakeholders is essential to building successful community clinical linkages. By soliciting the opinions, interests, concerns, and priorities of key stakeholders from the beginning, one is more likely to address stakeholders' needs and obtain better buy-in. By engaging diverse stakeholders who represent or influence both the community and clinical sectors, one can ensure that the linkage is relevant and meaningful to stakeholders and develop consensus and support for the linkage. Relationships grow out of initial conversations between providers, organizations/agencies providing community services, and public health efforts to improve the population's needs and how all three work together to better reach, refer, and complete cancer screening services.

Some action steps include identifying and engaging representatives from multiple levels of each organization to ensure that activities are integrated and supported by all members of the team (i.e. administration/management, clinic leadership, providers/practitioners, and recipients of services). Identifying a champion from within each stakeholder organization/agency to promote linkage activities and ensure priorities are aligned, evidence-based, and measurable.

- ☐ Set up meetings with the selected partners/stakeholders
- ☐ Articulate the vision for the community clinical linkage
- ☐ Establish the mission to be achieved by the community clinical linkage
- ☐ Identify how the project can potentially connect to other local, county, state, or national initiatives or health measures/goals

Community Clinical Linkage
Step 2: "I"

I-Identify and Engage Key Stakeholders from Communities

Meeting Notes with Partners/Stakeholders

DATE:		**PARTNER/ STAKEHOLDER:**	
PHONE #:		**EMAIL:**	
CONTACT PERSON:			
MEETING ATTENDEES:			
NOTES:			
NEXT STEPS:			

Community Clinical Linkage
Step 2: "I"

I-Identify and Engage Key Stakeholders from Communities

WHAT IS THE VISION FOR THE COMMUNITY CLINICAL LINKAGE?

Strategies that improve access to clinical preventive services, community-level activities, and appropriate medical treatment have been shown to reduce and prevent disease in communities. Collaborations between clinical, community, and public health organizations offer a win-win scenario for participating organizations, clinical teams, and patients.

By establishing community clinical linkages:

- Patients get more help in changing unhealthy behaviors
- Clinicians get help in offering services to patients that they may otherwise not be able to provide
- Community programs get help in connecting with clients whom their services were designed

VISION:	

WHAT IS THE MISSION TO BE ACHIEVED BY THE COMMUNITY CLINICAL LINKAGE?

Research has shown that addressing barriers to care is an effective approach to prevent and control chronic disease. CDC's National Center for Chronic Disease Prevention and Health Promotion recommends coordinating chronic disease prevention efforts in four domains:

- Community clinical linkages
- Epidemiology and surveillance
- Environmental approaches
- Health care system interventions

MISSION:	

Community Clinical Linkage
Step 2: "I"

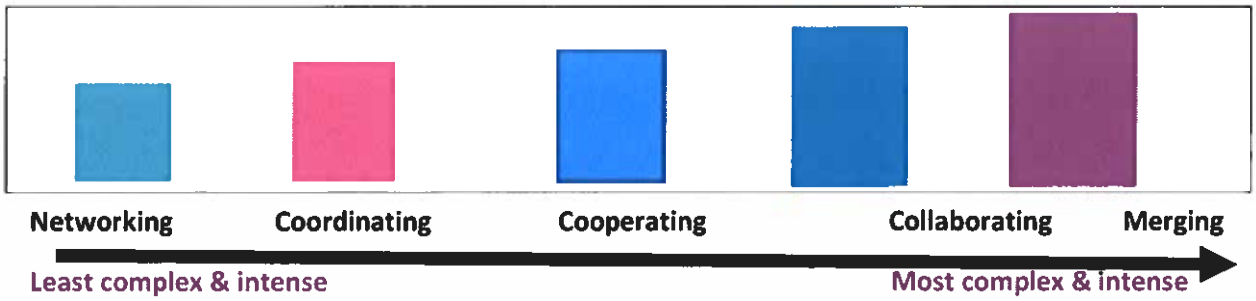
I-Identify and Engage Key Stakeholders from Communities

Potential Community Clinical Linkage Partnerships May Include:

- Community pharmacies (as opposed to a pharmacy in a health care setting, such as a hospital)
- Employers
- Prisons and Jails
- Faith-based organizations
- Barbershops and Hair Salons
- Nail Salons
- Community/Senior Centers
- Volunteer organizations
- Non-profit organizations
- Hospitals
- FQHCs
- Rural clinics
- Public/Subsidized housing
- Food banks/pantry's
- Group practices
- Single practices

The level of community clinical linkage will be based on your projects goals and objectives. The overarching aim is not to have a complete merger, with one organization replacing formerly distinct organizations. Rather, the aim is to strive for more complex and intense linkages where more is better for leveraging improvement efforts. Levels of community clinical linkages include:

- **Networking**-Exchanging information for mutual benefit. The primary focus is on sharing information, and it involves little time or trust.
- **Coordinating**-Exchanging information and altering activities for mutual benefit and to achieve a common purpose. The primary focus is on increasing accessibility to services and resources, and it involves moderate levels of time and trust.
- **Cooperating**-Exchanging information, altering activities, and sharing resources for mutual benefit and to achieve a common purpose. The primary focus is on extensive sharing of resources, risks, responsibilities, and rewards. This involves time, trust, and access to sharing resources.
- **Collaborating**-Exchanging information, altering activities, sharing resources, and enhancing each other's capacity for mutual benefit and to achieve a common purpose. The primary focus is on full sharing of resources, risks, responsibilities, and rewards. This involves time, trust, and access to sharing resources.
- **Merging**-Integrating all of the above to enhance capacity for mutual benefit and to achieve a common purpose. The primary focus is on organizational restructuring to achieve full integration and to operate as one entity.



Community Clinical Linkage
Step 3: "N"

N-Negotiate and Agree on Goals and Objectives

The process of developing a shared understanding of goals and objectives for a community clinical linkage is critical. Key considerations include:

- Negotiating and agreeing on what the linkage will accomplish
- Developing trust among the stakeholders. This ensures strengths and weaknesses are identified, differing views are heard, and decisions are made openly and transparently
- Ensuring the goals and objectives are relevant and appropriate at the local level. This is essential to get buy-in and acceptance from local stakeholders.

☐ Discuss the goals and objectives to be achieved

☐ Establish the "who, what, when, where, and how" to reach consensus and a common understanding of what the linkage will entail

☐ Establish roles and who will be responsible for what part(s) of the project

☐ Determine the resources that will be needed to achieve activities

☐ Develop a timeline with actionable steps to be achieved

☐ Begin thinking about sustainability, replication, and expansion

Community Clinical Linkage
Step 3: "N"

N-Negotiate and Agree on Goals and Objectives

ESTABLISHING "SMART" GOALS AND OBJECTIVES

S

SPECIFIC: When setting a goal, it's important to be as specific as possible. Being specific will help you have a clear vision of exactly what you want to accomplish. Having a clear picture of your goal will help you set realistic checkpoints to keep yourself on track. Here's an example of how you can take a goal and rework it to be more specific: A general goal of losing 25 pounds is vague. To improve this goal and make it more specific, you could say, "I want to lose 25 pounds by cutting refined sugar from my diet and exercising for 30 minutes three days a week." As you can see, the specific goal paints a much clearer picture.

M

MEASURABLE: A goal needs to be measurable; otherwise, you won't know how close you are to attaining it. How will you know when you reach your goal? You set checkpoints. Checkpoints are miniature goals that will help you reach your main goal. For example, a goal of making more money could be made measurable by setting a series of mini goals to reach on your way to the main goal. Keeping a goal measurable will help you stay on track. Furthermore, reaching these mini goals along the way will help you stay motivated as you witness your own progress.

A

ATTAINABLE: Unrealistic goals will only discourage you, since they aren't attainable. When setting a goal, make sure it's something that you can realistically achieve. This means giving yourself enough time and making sure you have the resources (money, supplies, education, outside help) to achieve your goal.

R

RELEVANT: If your goal isn't relevant to you, you will most likely struggle to see it to completion. A goal needs to hold meaning to your life, whether it's a personal goal or a business goal. Setting a relevant, meaningful goal will give you the motivation you need to keep your focus on the main objective.

T

TIMELY: Breaking down a goal and making deadlines will keep you focused. When creating a timeline for your goal, be sure to take into account how much each task will take. Give yourself enough time to follow through, but not too much time. Giving yourself more time than necessary could lead to distractions and time-wasting.

Community Clinical Linkage
Step 3: "N"

N-Negotiate and Agree on Goals and Objectives

GOALS AND OBJECTIVES WORKSHEET

Draft Goal:		
	Objectives	Notes
SPECIFIC What is the desired result? (who, what, when, why, how)		
MEASURABLE How can you quantify (numerically or descriptively) completion? How can you measure progress?		
ACHIEVABLE What skills are needed? What resources are necessary? How does the environment impact goal achievement? Does the goal require the right amount of effort?		
RELEVANT Is the goal in alignment with the overall mission or strategy?		
TIMELY What is the deadline? Is the deadline realistic?		
FINAL GOAL:		

Community Clinical Linkage
Step 3: "N"

N-Negotiate and Agree on Goals and Objectives

ROLES AND RESPONSIBILITIES

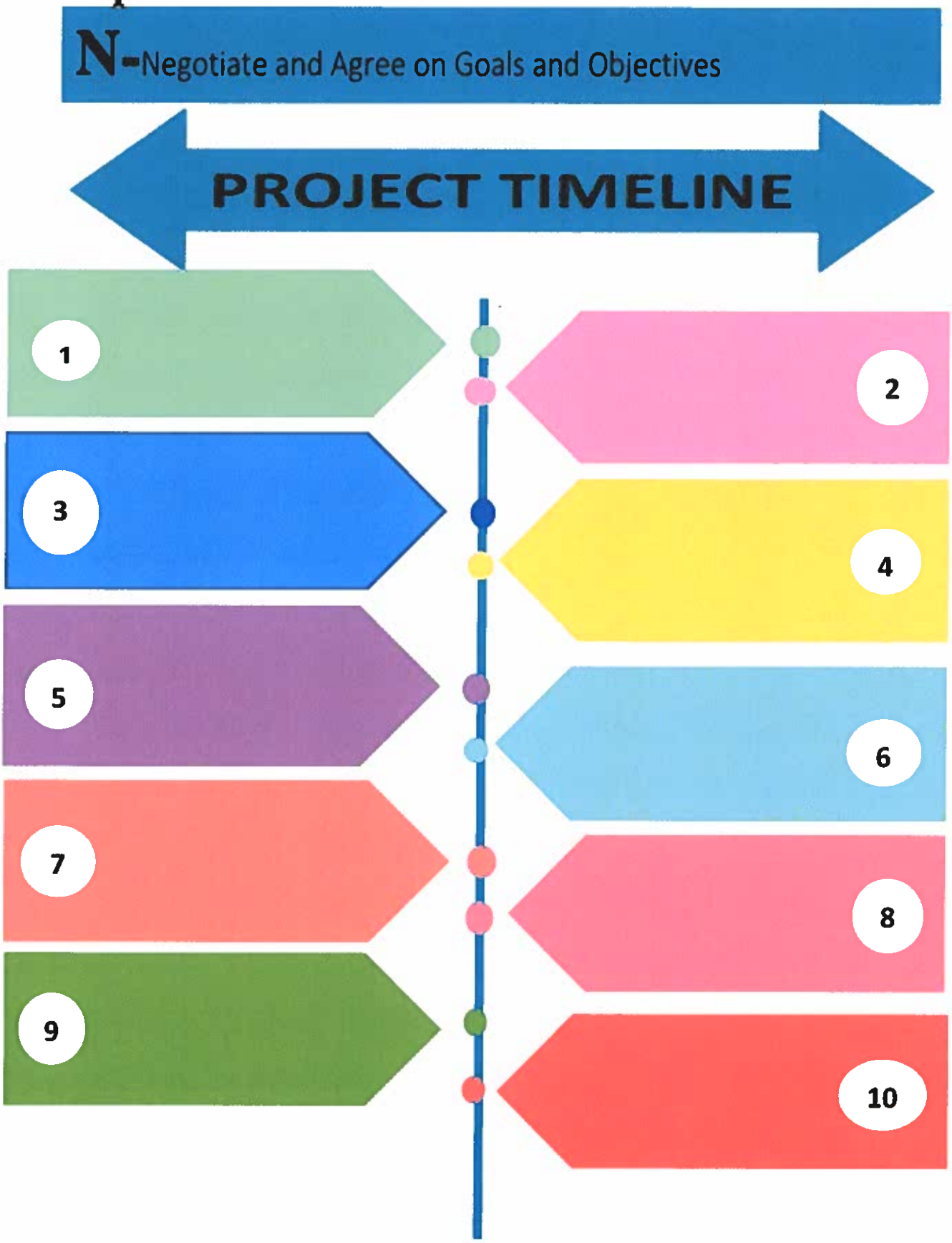
MEMBERS	RESPONSIBILITIES

Community Clinical Linkage
Step 3: "N"

N-Negotiate and Agree on Goals and Objectives

RESOURCES NEEDED TO CARRY OUT THE PROJECT

Community Clinical Linkage
Step 3: "N"



Linkage Work Plan Template

Agency/Organization:	
Contact Person:	
Phone:	
Email:	
Date:	

Instructions: This customizable template provides a structure for you to create a Work Plan for a 12-month planning horizon.

- *Begin by filling out the table above to record who will be your point person. This person will be contacted for updates or feedback about the Work Plan.*
- *Below in Step #2, you'll see 12 potential topic areas organized into 3 categories of planning. As you consider which topic areas are most relevant for your project to focus on this year, consult with your Linkages Implementation*
- *In Step #4, you'll be customizing the template to meet your needs. For each topic area you choose in Step #2, you'll copy & paste a table to fill in with information about implementation objectives, action steps and the like. Consider the template a baseline structure from which you can build a work plan to suit your unique needs.*
- *If your Implementation Team has questions about completing your Work Plan, email Stephen Jaye at: Stephen.Jaye@adph.state.al.us*

Step #1 – Identify the overall result your project wants to accomplish through coordination/collaboration over the next 12 months. Write this result as your Linkages Goal into the blank cell below.

LINKAGES GOAL *for the next 12 months*

Linkage Work Plan Template

Step #2 – Build your work plan using the following Work Plan Topic Areas. Check as many boxes as needed to meet your Linkages Goal for this year. Type additional Topic Areas into the "Other" cell.

WORK PLAN TOPIC AREAS		
Program Launch or Expansion ↓	**Practice Development ↓**	**Administration ↓**
☐ Strategic Direction	☐ Client Identification	☐ Project Management
☐ Target Population	☐ Information Sharing	☐ Staff Training
☐ Infrastructure of Coordination	☐ Coordinated Case Planning Protocols	☐ Funding
☐ Communication	☐Confidentiality	☐ Outcomes Evaluation
☐ Other:	☐ Other:	☐ Other:

Step #3 – For ***each*** Work Plan Topic Area selected in Step #2, fill out the information in a table like the one below…

Work Plan Topic Area:			
Implementation Objective: *A year from now, what has been accomplished in this topic area?*			
Target Date: *to complete the Implementation Objective*			
What are the Action Steps to be taken? *List below*		**Who is Assigned?**	**Due Date**
1.			
2.			
3.			
4.			

Linkage Work Plan Template

Work Plan Topic Area:	
Implementation Objective: *A year from now, what has been accomplished in this topic area?*	
Target Date: *to complete the Implementation Objective*	

What are the Action Steps to be taken? *List below*	**Who is Assigned?**	**Due Date**
1.		
2.		
3.		
4.		
5.		

Work Plan Topic Area:	
Implementation Objective: *A year from now, what has been accomplished in this topic area?*	
Target Date: *to complete the Implementation Objective*	

What are the Action Steps to be taken? *List below*	**Who is Assigned?**	**Due Date**
1.		
2.		
3.		
4.		
5.		
6.		

Linkage Work Plan Template

Work Plan Topic Area:	
Implementation Objective: *A year from now, what has been accomplished in this topic area?*	
Target Date: *to complete the Implementation Objective*	

What are the Action Steps to be taken? *List below*	**Who is Assigned?**	**Due Date**
1.		
2.		
3.		
4.		
5.		

Work Plan Topic Area:	
Implementation Objective: *A year from now, what has been accomplished in this topic area?*	
Target Date: *to complete the Implementation Objective*	

What are the Action Steps to be taken? *List below*	**Who is Assigned?**	**Due Date**
1.		
2.		
3.		
4.		
5.		

Linkage Work Plan Template

Work Plan Topic Area:	
Implementation Objective: *A year from now, what has been accomplished in this topic area?*	
Target Date: *to complete the Implementation Objective*	

What are the Action Steps to be taken? *List below*	**Who is Assigned?**	**Due Date**
1.		
2.		
3.		
4.		
5.		
6.		
7.		

Linkage Work Plan Template-Sample/Example

County:	Any County, CA
Contact Person:	
Phone:	
Email:	
Date:	Nov 21, 2014

Instructions: This customizable template provides a structure for you to create a Work Plan for a 12-month planning horizon.

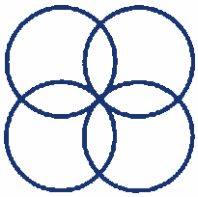
- *Begin by filling out the table above to record who will be your point person. This person will be contacted for updates or feedback about the Work Plan.*
- *Below in Step #2, you'll see 12 potential topic areas organized into 3 categories of planning. As you consider which topic areas are most relevant for your county to focus on this year, consult with your Linkages Implementation Team and use the guidance in the Linkages Toolkit (Assessment & Planning Toolkit).*
- *In Step #4, you'll be customizing the template to meet your needs. For each topic area you choose in Step #2, you'll copy & paste a table to fill in with information about implementation objectives, action steps and the like. Consider the template a baseline structure from which you can build a work plan to suit your unique needs.*
- *If your Implementation Team has questions about completing your Work Plan, email Danna Fabella: danna.fabella@cfpic.org.*

Step #1 – Identify the overall result your County wants to accomplish through coordination of CalWORKs and Child Welfare Services over the next 12 months. Write this result as your Linkages Goal into the blank cell below.

LINKAGES GOAL *for the next 12 months*
To enhance service coordination between CalWORKs and Child Welfare in the West County Office to help families achieve economic stability and ensure child safety.

Step #2 – Build your work plan using the following Work Plan Topic Areas. Check as many boxes as needed to meet your Linkages Goal for this year. Type additional Topic Areas into the "Other" cell.

WORK PLAN TOPIC AREAS		
Program Launch or Expansion ↓	**Practice Development ↓**	**Administration ↓**
☒ Strategic Direction	☒ Client Identification	☐ Project Management
☒ Target Population	☐ Information Sharing	☒ Staff Training



Linkage Work Plan Template-Sample/Example

☐ Infrastructure of Coordination	☒ Coordinated Case Planning Protocols	☐ Funding
☐ Communication	☒ Confidentiality	☐ Outcomes Evaluation
☐ Other:	☐ Other:	☐ Other:

Step #3 – For ***each*** Work Plan Topic Area selected in Step #2, fill out the information in a table like the one below…

Work Plan Topic Area:	**Strategic Direction**		
Implementation Objective: *A year from now, what has been accomplished in this topic area?*	Leadership actions, program operations, staff behavior & client results in the West County office and throughout the agency are guided by a vision, mission & guiding principles for the Linkages program.		
Target Date: *to complete the Implementation Objective*	Mar 2015		
What are the Action Steps to be taken? *List below*		**Who is Assigned?**	**Due Date**
1. Engage with Planning Team to generate V/M/GP that reflects the purpose, approach and desired result of achieving economic stability and child safety for every family.			Nov 14
2. Refine vision, mission and guiding principles based on stakeholder review.			Jan 15
3. Distribute revised V/M/GP for incorporation into appropriate program documentation and activities, such as Coordinated Case Planning Handbook and Staff Orientation Curriculum.			Feb 15
4. Design & produce posters or other formats to communicate the vision, mission and guiding principles to staff, stakeholders and community.			Mar 15

Work Plan Topic Area:	**Target Population**		
Implementation Objective: *A year from now, what has been accomplished in this topic area?*	West County Office families most likely to benefit from Linkages service coordination are being identified by an agreed upon set of eligibility criteria.		
Target Date: *to complete the Implementation Objective*	Apr 2015		
What are the Action Steps to be taken? *List below*		**Who is Assigned?**	**Due Date**

1. Review the characteristics of families currently served by both CalWORKs and Child Welfare.	IT Analyst	Dec 14
2. Identify circumstances and conditions where client outcomes are negatively impacted by lack of coordination between child welfare services and CalWORKs services.	Planning Team	Jan 15
3. Assess any legal requirements (or opportunities) for service coordination (AB 429, CalWORKs diversion, DV assessment in CalWORKs).	LCs & County Counsel	Feb 15
4. Define initial target population(s) for West County Office.	Planning Team	Mar 15
5. Draft eligibility criteria for each target population defined.		Apr 15

Work Plan Topic Area:	**Client Identification**
Implementation Objective: *A year from now, what has been accomplished in this topic area?*	West County Office staff are utilizing an intake screening tool & protocols to identify eligible families for participation in Linkages.
Target Date: *to complete the Implementation Objective*	Jun 2015

What are the Action Steps to be taken? *List below*	**Who is Assigned?**	**Due Date**
1. Based on organizational structure selected for Linkages program, interview staff performing initial screener role to analyze current intake screening procedure.		Jan 15
2. Identify decision points during intake process where eligibility for Linkages would be made.		Jan 15
3. Recommend modifications to current intake screening protocols & tools to support identification of Linkages families.	Planning Team	Feb 15
4. Develop prototype protocols and tools for field testing.		Feb 15
5. Conduct field test of protocols and tools.	West County Intake Screeners	Mar 15
6. Refine protocols and tools based on field test results.		Jun 15

Work Plan Topic Area:	**Confidentiality**
Implementation Objective: *A year from now, what has been accomplished in this topic area?*	West County Office personnel adhere to a confidentiality policy that guides information sharing regarding Linkages families between CalWORKs and Child Welfare Services for the purposes of service coordination.

Linkage Work Plan Template-Sample/Example

Target Date: *to complete the Implementation Objective*	Jun 2015	
What are the Action Steps to be taken? *List below*	**Who is Assigned?**	**Due Date**
1. Examine current confidentiality policies & protocols of county's CalWORKs and Child Welfare Services operations to identify inconsistencies and gaps in ensuring client privacy protections.	Policy Analysts	Jan 15
2. Use Linkages Toolkit to research confidentiality policies & practices in other counties.		Jan 15
3. Develop consistent, standard confidentiality protocols that can be applied to Linkages families; circulate to stakeholders for review & comment.		Feb 15
4. Submit revised confidentiality protocols to county counsel for review & approval.	LCs & County Counsel	Mar 15
5. Develop training module for supervisors and caseworkers on confidentiality policy & protocols.		Jun 15

Work Plan Topic Area:	**Coordinated Case Planning Protocols**	
Implementation Objective: *A year from now, what has been accomplished in this topic area?*	Linkages families in West County Office have coordinated case plans to increase access to benefits, leverage resources and eliminate conflicting case plan expectations.	
Target Date: *to complete the Implementation Objective*	Sept 2015	
What are the Action Steps to be taken? *List below*	**Who is Assigned?**	**Due Date**
1. Use findings from Linkages Survey, Linkages Toolkit &/or TA consultation to identify 1 – 3 Linkages counties who currently serve similar target populations.		Mar 15
2. Engage with exemplar counties to review coordinated case planning protocols (e.g., consult with Linkages Coordinators, review program documentation, discuss impact on clients and families, etc.).		May 15
3. Assess existing case planning practice in West County Office to identify decision points that can trigger coordination, supervisory support needed to reinforce coordination & communication channels for feedback & coordinated plan updates throughout family's involvement in Linkages.		Jun 15
4. Develop draft coordinated case planning protocols and circulate for stakeholder review.		Aug 15

5. Finalize coordinated case planning protocols based on stakeholder input.		Sep 15

Work Plan Topic Area:	**Training**		
Implementation Objective: *A year from now, what has been accomplished in this topic area?*	West County Office personnel are oriented to the values & principles of Linkages and have the introductory knowledge and skills necessary to test out Linkages service coordination practice in their location.		
Target Date: *to complete the Implementation Objective*	Nov 15		
What are the Action Steps to be taken? *List below*		**Who is Assigned?**	**Due Date**
1. Determine target audiences for training curriculum.		Planning Team	Jun 15
2. Review basic orientation training materials available on Linkages Toolkit & adapt to fit our county's needs.			Jun 15
3. Identify & prepare trainers (members of Planning Team).			Jul 15
4. Schedule training session dates, times & locations.		Staff Dev. & Training	Jul 15
5. Communicate training in advance to encourage attendance.		Staff Dev. & Training	Aug 15
6. Design simple evaluation form to be completed by attendees at end of training.		Planning Team & Staff Dev. & Trng	Aug 15
7. Deliver training sessions.		Trainers	Oct 15 - Nov 15

Community Clinical Linkage
Step 4: "K"

K-Know which Operational Structure to Implement

It is important to note that the "K" is a living, working document. It will be adjusted and changed as the work plan and timeline changes. Also important is to consider what is measurable and what can be evaluated as the operational structure begins to be implemented. Consider the big picture, not just the here and now of the project.

The operational structure should address three components with community and clinical sectors participating in at least one of them:

- **Engagement**-Public awareness, target population, and recruitment to services
- **Administration**-Counseling, patient support, interpretation of tests, and providing services such as prescribing medication
- **Follow-up**-Documentation of services/care, long-term support for healthy behaviors/lifestyles, and medication compliance

☐ Ensure stakeholders understand different terms that are often used synonymously, but have different meanings, measurements, and accountabilities. This will ensure goals and objectives are clear, correct, and interrupted appropriately

☐ Promote communication between senior leadership and staff members who interact directly with patients, community members, and partner organizations to ensure the priorities of the community clinical linkage are clear and supported

☐ Establish a list of bi-directional referral sources available in and around the project area/region

☐ Encourage and/or support memorandums of understanding and/or agreement or contracts and abide by all federal and state privacy laws

☐ Collaborate with Dana and/or Stephen to conduct an on-site visit

☐ Establish data submission requirements with concrete dates

MEMORANDUM OF UNDERSTANDING
BETWEEN
THE ALABAMA DEPARTMENT OF PUBLIC HEALTH
AND

This Memorandum of Understanding (MOU) entered into by and between the **Alabama Department of Public Health**, hereinafter **"Department,"** and , hereinafter **"Contractor,"** is effective and terminates .

WHEREAS, the Department shall:

.

WHEREAS, the Contractor shall:

.

This Memorandum of Understanding may be canceled at any time by either party providing a thirty (30) day written notice to the other party.

Contractor hereby indemnifies and holds harmless the State of Alabama and the Department and their officers, agents, servants and employees from any and all claims arising out of acts or omissions committed by Contractor or any Subcontractor, agent, or servant or employee of Contractor while in performance hereunder.

The rights, duties, and obligations arising under the terms of this Memorandum of Understanding shall not be assigned by any of the parties hereto without the written consent of all other parties.

Contractor:

Signed: _____

Date: _____

Address:

Telephone:
Fax:

Sub-Recipient please type or print your email address:

Social Security or FEIN:

Alabama Department of Public Health
This MOU has been reviewed as to content

Signed: _____
(Bureau Director or District Administrator)

Date: _____

APPROVED:
Alabama Department of Public Health

Signed: _____
Scott Harris, M.D., M.P.H.
State Health Officer

Date: _____

SAMPLE SITE VISIT AGENDA

{SITE TO BE VISITED}
{ADDRESS}
{DATE}
{TIME}

Below is a generic agenda. The site and ADPH will work together to hone the objectives of the site visit and to develop a comprehensive agenda that is geared toward the needs of the organization. Key staff/senior leadership/quality improvement should be included to give the reviewer a complete view of the organization.

Days available for a site visit include:
Option 1: _____
Option 2: _____
Option 3: _____

Primary Contact Person: _____
Phone: _____ Email: _____

10:00 AM	Welcome & Introductions
10:15 AM	Clinic Tour/Facility Layout
10:30 AM	Project Overview
10:45 AM	Introduction to staff/Roles and Responsibilities
11:30 AM	Meeting with Staff
12:30 PM	Lunch
1:00 PM	Shadowing Staff in Clinic
2:30 PM	Review Clinic Findings/Summary
3:00 PM	Q & A
3:30 PM	Adjourn

This agenda is meant to be an example and a place to start building. Every visit agenda will vary depending on the clinic, assessment type, objectives, and other factors.

Breast & Cervical CANCER EARLY DETECTION Program of Alabama

Project Status Assessment Tool

Purpose of the tool: This tool helps assess strengths and opportunities for improving project processes and status.

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Directions: Your team should collectively complete one Project Status Assessment Tool every month and submit it to Stephen Jaye. The information collected will be used for individual coaching assistance and assessment purposes.

Project General Location:

General Purpose/Goal of the Project:

ABCCEDP Regional Coordinator:

Date:

		Knowledge/Skills	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
	1	Five randomly selected project members (e.g., nurses, physicians, social workers, other staff) can list at least two interventions that are part of the project?					
	2	Project members are confused or dis-engaged with project activities and little progress is being made.					
	3	All project members can communicate the project's goals.					
	4	Project members want quality improvement and system changes in place that improve services to women.					

	5	There are good systems within our organizations to ensure the project is successful.					
	6	There is a lack of quality improvement skills on our project team.					
	7	We have made at least one system or process change to improve screening rates as a result of this project.					
		Attitudes/Beliefs	**Strongly Disagree**	**Disagree**	**Neither Agree nor Disagree**	**Agree**	**Strongly Agree**
	1	We have experienced accountability from staff members as a result of this project.					
	2	We have experienced positive provider involvement and accountability as a result of this project.					
	3	We have had good buy-in from other staff as a result of this project.					
	4	Providers do not believe that cancer screening rates for breast and cervical are an issue that needs addressing.					
	5	Staff members are actively involved in this project and see the value of it. feels comfortable questioning a more senior staff member who is not following the <Insert a safety measure here>.					
	6	Our senior executive(s)/management are actively involved in this project and see the value of it.					

		Resources	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
	1	Our project team meets at least once a month.					
	2	There is not enough time to get our project work done.					
	3	Leadership (managers, physicians, opinion leaders) is stable (i.e., low turnover).					
	4	Data collection has not been a burden.					
	5	Submission of paperwork requests have not been too cumbersome or a burden.					

Successes:

Challenges/Barriers:

Comments/Questions/Concerns:

Community Clinical Linkage
Step 5: "A"

A-Aim to Coordinate and Manage the Linkage

Coordinating and managing a community clinical linkage project requires clear ground rules that define roles, responsibilities, and communication protocols. It involves bringing multiple agencies and organizations who have their own roles, protocols, and procedures already in place and collectively combining them to align activities.

Coordinating and managing a community clinical linkage project includes:

- Maintaining engagement and participation in the agreed upon goal and objectives
- Implementing the selected strategies by maintaining infrastructure, resources, and coordination of the project
- Setting boundaries for managing destructive conflict and promoting constructive conflict
- Establishing and implementing data elements and information systems to monitor the project's progress over time
- Adjusting to fluctuations in job changes, leadership, and project commitment
- Creating a manageable and workable reporting system to track results and improve performance without stifling the momentum

☐ Have a clear vision of what needs to be the focal point for the project

☐ Listen to all ideas, but act on the ones that have the end goal in mind

☐ Remember to engage the community; they tend to be good collaborators, work well with partners, and are generally influential communicators

☐ Asses each activity, make changes when appropriate through the agreed upon structure and chain of communication. Coordination and management efforts should continually be refined on the basis of lessons learned

☐ Clearly define the roles of each organization and identify the point people from the organization to facilitate communication and actions to complete tasks

☐ Encourage, support, and (as needed) facilitate the point people to meet, review data, discuss successes, challenges, barriers, and develop solutions. This will promote implementation and process improvement as well as build trust and foster positive relationships

☐ Ensure and maintain good, open communication. Encourage process training and feedback

☐ Utilize multiple and varied strategies to engage stakeholders and partners to build public will, share best practices and outcomes to engage and educate decision makers

☐ Coordinate and manage the linkage with the intent to sustain and replicate

Community Clinical Linkage
Step 5: "A"

A-Aim to Coordinate and Manage the Linkage

Team Members and Project Roles and Responsibilities

Project Title:	
Date:	
Document Version:	

Name/Title	Agency/Organization	Mailing Address	Phone/Fax/Cell	Email Address

Community Clinical Linkage
Step 5: "A"

A-Aim to Coordinate and Manage the Linkage

This document sets out the roles and responsibilities for each position on the project team. Update the document when project roles are added or removed from your team.

Project Initiator/ Sponsor	• Project owner • Point of escalation for issues • Approves the plan • Owner of the budget • Approves changes to the plan, scope, budget, & timeline
Change Agents/ Organizations	• Organizations leadership • Chairs project meetings • Provides senior level guidance, oversight, & insight • Decision makers, motivators
Champions for Change/ Team Members	• Generates ideas, strategies, and interventions • Champions the project among peers • Provides leadership as required • Participates in meetings • Commits to the work of the project
Resource Agents/ Referral Partners	• Generates ideas, strategies, and interventions • Communicates with the public to promote the project • Provides direct serves to recipients participating in the project • Commits to the work of the project
Evaluator/Data Manager	• Establishes the evaluation approach • Timelines for data submission • Conduct audits • Analyzes data • Communicates data

PLAN DO STUDY ACT (PDSA) FORM

Cycle #:

Start Date: **End Date:**

Project Title: **Project Lead:**

State: ☐ Task-related; Task:

☐ Internal Process

Objective of this Cycle:

☐ Develop a Change ☐ Test a Change ☐ Implement a Change

Aim Statement (WHAT YOU ARE TRYING TO ACCOMPLISH):

- *Specific- targeted population:*
- *Measurable- what to measure and clearly stated goal:*
- *Achievable- brief plan to accomplish it:*
- *Relevant- why is it important to do now:*
- *Time Specific- anticipated length of cycle*:

PLAN

Test/Implementation Plan (THINK ABOUT WHAT CHANGES YOU CAN MAKE THAT WILL RESULT IN IMPROVEMENT):

What change will be tested or implemented? Include how change will be conducted, who will run it, where it will be run and when it will be run unless already noted in Aim Statement above. (If needed, include specifics on tasks, responsibilities and due dates.)

Prediction:

Data Collection Plan (THINK ABOUT HOW YOU WILL KNOW THE CHANGE IS AN IMPROVEMENT):

What data/measures will be collected?

Who will collect the data?

When will the collection of data take place?

How will the data (measures or observations) be collected and displayed?

What decisions will be made based on data?

DO

Activities/Observations:

Record activities/observations that were done in addition to those listed in plan (above):

STUDY

Questions: Copy and paste Prediction from Plan above and evaluate learning. Complete analysis of the data. Insert graphic analysis whenever possible.

Prediction:

Learning (Comparison of questions, predictions, and analysis of data):

Summary (Look at your data. Did the change lead to improvement? Why or why not?):

ACT

Describe next PDSA Cycle: Based on the learning in "Study," what is your next test?

Community Clinical Linkage
Step 6: "G"

G-Grow the Linkage with Sustainability in Mind

Improving the health and well-being of a community is no simple task. It takes long-term policy strategies for sustaining change in systems and environments. It takes the necessary community and organizational infrastructure for carrying out those strategies. In short, a community clinical linkage needs a comprehensive plan for sustaining its public health efforts, one that can help it manage internal and external challenges.

Sustainability is about creating and building momentum to maintain community-wide change by organizing and maximizing community assets and resources. It means institutionalizing policies and practices with communities and organizations. From the outset, sustainability requires an approach that emphasizes the development of a network of community practitioners who understand and can lead a community clinical linkage project. It also means involving a multiplicity of stakeholders who can develop long-term buy-in and support throughout the community for project efforts. Finally, it means the community is able to continue the strategies independently; continuation of efforts cannot be dependent on the ABCCEDP Regional Coordinator. Expansion of strategies and efforts to additional and new communities ensures replication and sustainability. These elements are crucial to ensuring lasting change and making a difference in people's lives.

- ☐ Start by implementing a small-scale community clinical linkage project
- ☐ Make the project challenging but achievable and significant enough to make a community wide impact
- ☐ Think "outside the box" and consider organizations that were not included during the initial outreach efforts but have an impact on the health and wellness of the community's population
- ☐ Utilize champions and change leaders to promote efforts on social media and social outreach so the project is visible by the community
- ☐ Work with city, county, community leaders to obtain resources, support, funding (if necessary)
- ☐ Provide training and ongoing technical assistance to the project
- ☐ Utilize performance monitoring and/or evaluation results to make necessary changes along the way
- ☐ Research and talk with other states who have conducted similar projects to learn how to prevent barriers or challenges with their project and avoid making the same
- ☐ Start early developing a sustainability and reproducible plan that addresses how organizations, stakeholders, and partners can maintain or grow efforts when startup resources end.

Community Clinical Linkage
Sustainability Assessment Tool

Agency/Organization		Email	
Contact Person		Date	

Assessing Your Current Reality to Focus Work Planning Efforts

Instructions: For each indicator of sustainability for Linkages listed below, read the statement and mark an "X" below the number that most accurately depicts your organization's current reality.

PROGRAM EXPANSION OR RENEWAL
Strategic Direction ♦ Target Populations ♦ Infrastructure of Coordination ♦ Communication

1. Our agency has written vision, mission and guiding principles that endorse Linkages as a sustainable method to improve cancer screening rates.

VMGP are not written		VMGP are written, but not aligned with sustaining Linkages into the future		VMGP are written & fully aligned with sustaining Linkages into the future
1	2	3	4	5

2. Our written vision, mission and guiding principles shape the policies, practices and operations that support promoting and improving cancer screenings.

VMGP have no influence on our Linkages policies practices & operations		VMGP shape some of our Linkages policies, practices & operations		VMGP actively shape all our Linkages policies, practices & operations
1	2	3	4	5

3. Agency management, staff and partners are engaged in the project and demonstrate commitment to sustaining the strategic direction of coordinated resources and services to reach, refer, and complete cancer screenings.

Little or no commitment to sustain strategic direction of Linkages		Inconsistent or uneven commitment within programs		Management, staff, & partners show full commitment to sustain strategic direction of Linkages
1	2	3	4	5

4. Linkages continues to be visible as an organizational priority in our agency.

Linkages is no longer an organizational priority		Linkages is a priority, but is often eclipsed by competing priorities		Linkages is visibly & consistently supported as a #1 priority
1	2	3	4	5

5. There is a clear understanding among partners/collaborators as to why Linkages are being sustained and strengthened.

No understanding of rationale for Linkages growth		Inconsistent or uneven understanding of rationale for Linkages growth		There is full understanding of rationale for Linkages growth
1	2	3	4	5

6. There is sufficient organizational leadership to promote the sustainability of Linkages.

No organizational leadership to sustain Linkages		Inconsistent or uneven leadership to sustain Linkages		Strong, consistent leadership in to sustain Linkages
1	2	3	4	5

7. Our organizational structure supports inter-program collaboration and does not reinforce "working in silos."

Collaboration is nearly impossible due to our current org. structure		Collaboration is moderately limited by our current organizational structure		Service coordination is maximized by our organizational structure
1	2	3	4	5

8. After reviewing our current organizational structure and future direction of Linkages, we have selected and documented the coordinated case planning model to be used for our project.

No coordinated case planning (CCP) model identified		Current CCP model no longer fits our future Linkages direction		Current CCP fully supports our future Linkages direction
1	2	3	4	5

9. A new or expanded target population to receive coordinated services has been specifically identified and agreed upon

No new target population identified		Working on consensus to select new target population		New target population identified & agreed upon
1	2	3	4	5

Community Clinical Linkage
Sustainability Assessment Tool

10. A decision has been made about how Linkages will be sustained and grow (e.g., by implementing selected coordinated services model in new service locations; tighter service coordination at existing sites; etc.).

No decision on how Linkages will grow		Building consensus on how Linkages will grow		Both programs fully agree on how Linkages will grow
1	2	3	4	5

11. The capacity of our current data systems to support client identification, reminders, coordinated referrals, and outcome tracking to sustain Linkages growth has been evaluated.

No evaluation done of data system capacity to sustain Linkages growth		Some evaluation done of data system capacity to sustain Linkages growth		Current data systems fully capable of sustaining Linkages growth
1	2	3	4	5

12. There is agreement across among partners/collaborators about what constitutes "success" for sustaining and strengthening our Linkages initiative in terms of client outcomes and benefits for staff.

Linkages success has not been defined		Current definition of Linkages success needs modification		Both programs fully agree on definition of Linkages success
1	2	3	4	5

13. Partners/collaborators policies support rather than impede the ability to sustain project efforts and the potential for expantion into other agencies/organizations.

Current policies Impede the ability to sustain Linkages		Current policies need adjustments to sustain Linkages		Current policies fully support Linkages sustainability
1	2	3	4	5

Community Clinical Linkage
Sustainability Assessment Tool

PRACTICE DEVELOPMENT

Client Identification ♦ Coordinated Case Planning Protocols ♦ Information Sharing ♦ Confidentiality

1. Written protocols guide identification and/or screening of clients in our **existing** target population(s).

No written protocols to identify target pop.		Developing protocols to identify target pop.		Written protocols guide identification of target pop.
1	2	3	4	5

2. Written protocols guide identification and/or screening of clients in our **new** target population(s).

No written protocols to identify **new** target pop.		Developing protocols to identify **new** target pop.		Written protocols guide ID of **new** target pop.
1	2	3	4	5

3. Confidentiality protocols are well-understood and consistently followed in order to respectfully share client-related information for service coordination purposes.

No adherence to confidentiality protocols		Inconsistent adherence to confidentiality protocols		Both programs consistently follow confidentiality protocols
1	2	3	4	5

4. Procedures for coordinated care planning and access to partnering resources are documented with written protocols.

No written CCP protocols		Adjusting CCP protocols to support Linkages growth		CCP protocols support Linkages growth
1	2	3	4	5

5. Coordinated case planning (CCP) protocols are well-understood and consistently followed by personnel (including training new staff and conducting annual competency refresher training).

No adherence to CCP protocols		Inconsistent adherence to CCP protocols		Consistently follow CCP protocols
1	2	3	4	5

6. Decisions have been made about how data systems will support protocols for client identification, coordinated case planning, and outcome evaluation to sustain Linkages.

No decisions made about Linkages data support		Developing data support plan for Linkages growth		Data support plan for Linkages growth defined
1	2	3	4	5

Community Clinical Linkage Sustainability Assessment Tool

ADMINISTRATION

Project Management ♦ Staff Training ♦ Funding ♦ Outcomes Evaluation

1. Linkages Coordinator(s) has(have) been identified for our project.

No Linkages Coordinator(s) identified		New Linkages Coordinator is getting "up to speed"		Experienced Linkages Coordinator(s) in place
1	2	3	4	5

2. The Linkages Committee has representation from the program, finance, data management, training and human resources, as necessary.

No Linkages Committee established		Adjusting committee structure/members to support Linkages growth		Linkages Committee being fully utilized
1	2	3	4	5

3. The Linkages Committee actively functions to plan, implement and sustain the improvement of cancer screening rates in Alabama.

Linkages Committee currently inactive		Adjusting cmte functions to sustain Linkages		Linkages Committee fully functional
1	2	3	4	5

4. A written work plan guides policy, operational and administrative enhancements necessary to sustain Linkages.

No valid Work Plan currently exists		Modifying work plan to sustain Linkages		Work Plan written to guide Linkages activities
1	2	3	4	5

5. Client outcomes data and staff feedback are routinely collected and analyzed to guide program improvements.

No evaluation data on Linkages gathered		Re-defining evaluation data needed to sustain Linkages		Evaluation data being used to sustain Linkages
1	2	3	4	5

6. Resources for sustaining have been identified through matching or other flexible funding mechanisms.

No resources identified to sustain Linkages		Developing resources to sustain Linkages		Resources to sustain Linkages secured
1	2	3	4	5

7. An advanced training curriculum has been developed to educate all staff and collaborating partners about the target population(s) or other strategies to sustain Linkages.

No advanced Linkages training developed		Advanced Linkages training being developed		Advanced Linkages training developed
1	2	3	4	5

8. New hires learn the basic philosophy, principles and protocols of the project during new employee orientation.

Linkages not part of new employee orientation		Developing Linkages training for new employees		All new hires in both programs learn Linkages
1	2	3	4	5

9. Linkages has been integrated into our organizations chart and staff training to build the desired knowledge, attitudes and skills for effective screening assessments and service coordination.

Linkages not part of new employee orientation		Developing Linkages training for new employees		All new hires in both programs learn Linkages
1	2	3	4	5

10. Linkages is institutionalized in our agency and no longer considered a "pilot" project.

Linkages considered "pilot project"		Linkages moving toward being "how we do business"		Linkages fully integrated as mainstay of both programs
1	2	3	4	5

Some Assembly Required

How to Start (or Jump Start) Your Linkages Program

(Name and Credentials)
ABCCEDP Coordinator
Alabama Department of Public Health-
Bureau of Family Health Services

Workshop Overview

- What have we learned are the key ingredients for a successful Linkages program?
- What does implementation science tell us are the drivers for Linkages becoming a "way of doing business"?
- What strategies can you use to create and/or sustain Linkages in your location?

What are the key ingredients for Linkages to thrive?

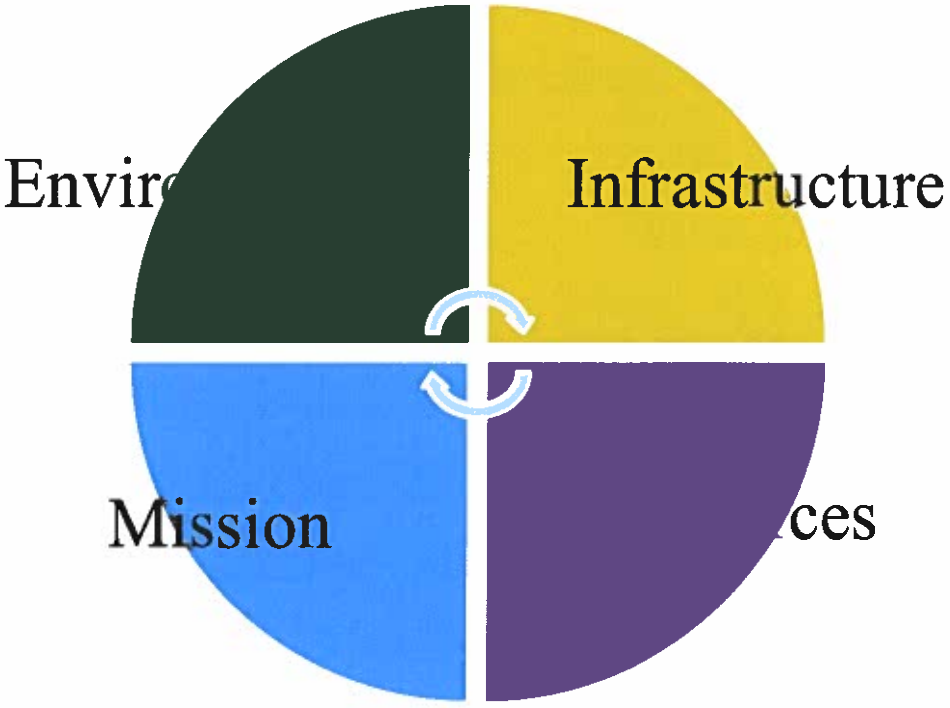
Key Ingredients for Linkages Success

- Shared vision of Linkages
- Consistent, visible commitment from joint leaders
- Accurate, systematic identification of target population
- Deliberate service coordination between resources and services
- Jointly trained workforce

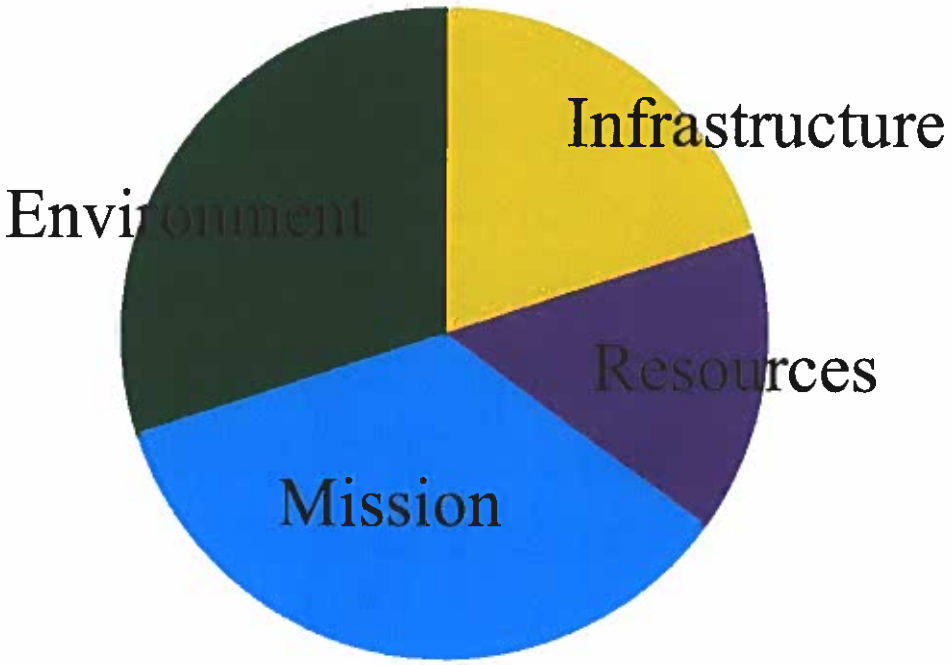
Key Ingredients for Linkages Success

- Commitment to leveraging resources
- Shared accountability
- Robust communication between partners and stakeholders

Relational World View:
Forces in Balance



Relational World View: Forces at a Time of Imbalance



Getting Linkages Started

- Assess your readiness
- Create a work plan
- Customize the program
  - Establish an Implementation Team
  - Mission, Vision, Guiding Principles
  - Define the target population
  - Select type of Linkages program that fits
  - Clear the path for collaboration to happen
  - Establish policies & procedures to guide practice

Setting the Stage for Implementation

- Plan for training staff on Linkages values & practice
- Plan for evaluation of Linkages success
- Plan for communicating about Linkages
- Plan how to maximize funding for Linkages
- Plan for managing and sustaining Linkages

Keeping Linkages Going

- Assess sustainability of your project
  - Sustainability Assessment Tool
- Prioritize areas for growth & sustainability
- Develop sustainability strategies
- Revise work plan to promote sustainability

Common Barriers to Implementation & Sustainability

- Competing Demands
- Maintaining Commitment
- Reaching Full Implementation

Strategies to Address Competing Demands

- Reinforce the integrative power of Linkages
- Connect milestones and success of Linkages to goals of other priorities
- Stay focused on what matters most
- Let go of what doesn't matter
- Form alliances across organizational boundaries

Strategies to Address Maintaining Commitment

- Communicate successes
- Increase the "Emotional Quotient"
- Advocate, inquire and repeat, as needed
- Build trust across functions
- Set the bar high in the public view

Strategies for Reaching Full Implementation

- Appreciate the "Implementation Dip"
- Utilize informal networks
- Pace the process for faster results
- Cope with the challenge of diffusion
  - Build coaching capacity
  - Promote permeability of organizational boundaries
  - Information infrastructure
  - Establish a learning culture

Domains of Sustainability

Factors Affecting Sustainability

- Commitment to making & maintaining improvements
- Existence of ongoing administrative leadership
- Strong partnerships
- Inclusion of key stakeholders at all levels of Linkages development, operations & oversight
- Presence of a "champion" with power/ influence to consistently advocate

Factors Affecting Sustainability (cont.)

- Incorporate Linkages into larger system, not separate initiative
- Provision of ongoing training
- Collect evaluation data on Linkages efficacy
- Engagement of political/policy leaders
- Existence of formal policies and regulations supportive of Linkages
- Integrate Linkages into strategic plans

Strategies to Sustain Linkages

Strategy

- Conduct social marketing campaign to build support
- Provide refresher or ongoing Linkages training
- Cultivating strong & trusting relationships
- Create & disseminate evaluation results
- Create an advocacy base

Tools

- Linkages video & communications material
- Linkages curriculum from Training Academy & CFPIC
- Meet 'n' Greets, co-location, joint strategic planning
- Outcome worksheets; track results, even on small scale
- Video; communications material; evaluation findings

Strategies to Sustain Linkages (cont)

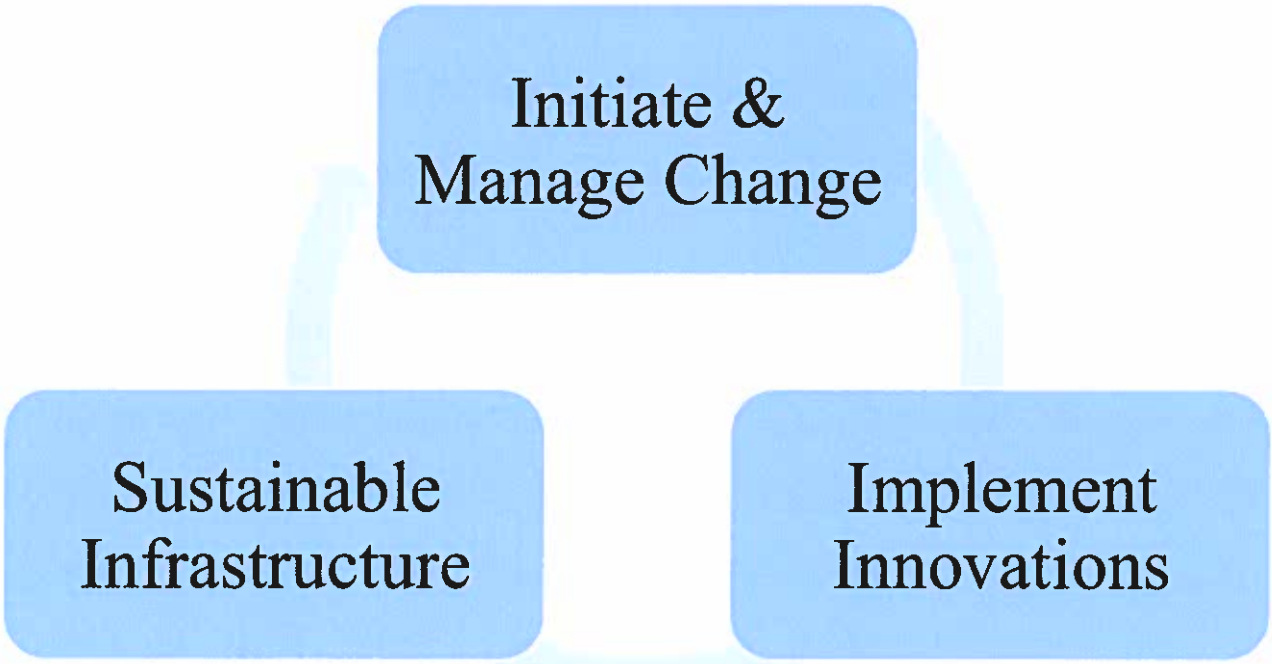
Strategy

- Cultivate Linkages leaders for succession planning
- Maximize funding source for mutual clients
- Anchor Linkages model in context of community safety net
- Ensure available resources reach all eligible clients

Tools

- Newsletters, bulletin boards, staff recognition
- Fiscal case plans, track cost savings, inform leadership of cost outcomes data
- Coordinate services for mutual clients as prevention, intervention & after care
- Resource Support Teams; court endorsement

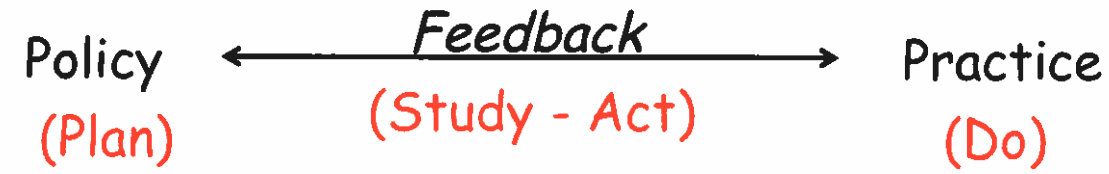
Tips from Implementation Science



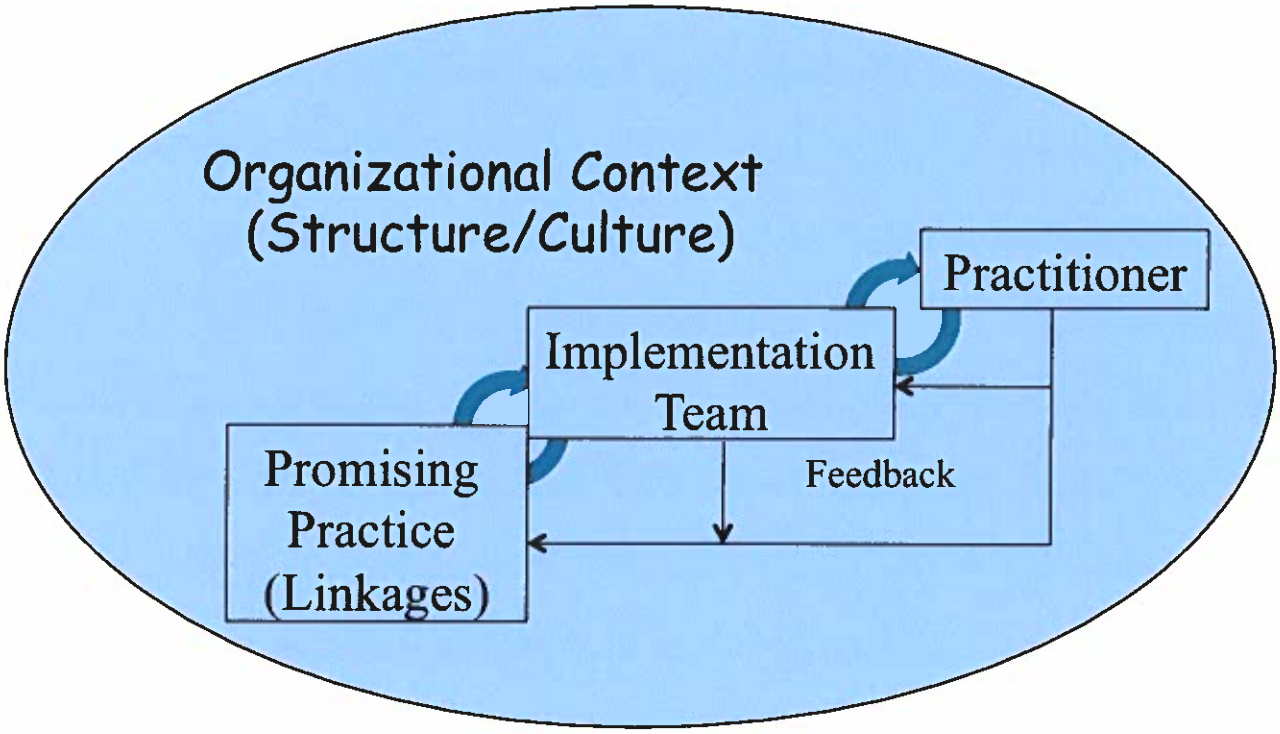
Initiate & Manage Change

- Can't change a whole system at one time
- Manage the old while creating the new
- Build on the best of current reality
- Reduce impact of mistakes
  - Minimize damage
  - Increase flexibility
  - Repair rapidly
  - Learn from errors

Form Follows Function



Implement Innovations



Adapted from Fixsen, Naoom, Blase, Friedman, & Wallace, 2005

Sustainable Infrastructure

- Become addicted to feedback & assessment of results
- Focus on function—measurable benefits to consumers
- Feedback loop enables the learning process
- Feedback loop provides a trusted guidance system
  - Approximates overall goals of the system at each level
  - Prompts action in the Plan-Do-Study-Act cycle

What's Your Sustainability Plan?

Sustainability Planning

- Assess balance in your project across sustainability domains
- Select 1-2 priority areas for action
- Create action plan

Questions?

{Day of the Week, Date}: Among women in the United States (U.S.), breast cancer is the most common cancer, the second most common cause of death from cancer, and a leading cause of premature mortality as measured by the average and total years of life lost. In 2019, the American Cancer Society (ACS) estimated there were 268,600 cases of invasive breast cancer and 41,760 deaths in women in the U.S. The ACS estimated 13,170 women were diagnosed with invasive cervical cancer and 4,250 women who died from the disease in 2019. Cervical cancer incidence and mortality rates have continued to decline since the introduction of the Pap/HPV tests. However, there remains a disparity among groups of women who are less likely than others to be screened. A number of factors have been associated with lower rates of cancer screenings among low income, less educated, and those without health insurance.

As a result, the Alabama Department of Public Health – Cancer Prevention and Control Division and {Your Agency Name} are working together to create community clinical linkages, which are connections among the community, healthcare providers, and other agencies where care is provided to improve breast and cervical cancer screening rates. {Add a quote from Nancy on addressing CCL and improving cancer screening rates}

When linkages among healthcare systems, community partners, and public health are strengthened, patients have better access to services and resources in their community to prevent or manage diseases and improve their quality of life. Some of the benefits that community clinical linkages offer to patients include:

- Increase in patient ability to self-manage conditions
- Improvement in patient quality of life
- Prevention or delayed onset of disease progression
- Prevention of disease complications
- Reduction in the need for additional healthcare

To help guide the collaboration, seven steps are followed using the acronym LINKAGE. The steps are: learn about community and clinical resources; identifying and engaging key stakeholders; negotiating and agreeing on goals and objectives; knowing which operational structure to implement; aiming to coordinate and manage the linkage; growing the linkage with sustainability in mind; and evaluating the linkage.

A Community Clinical Linkages Guide has been developed to help implement the seven LINKAGE strategies. The information included in the guide was obtained from national, state, and local organizations and is organized by strategy.

{Your agency's name} is excited to work with ADPH to {Explain in one or two sentences what your agency will do to increase breast and cervical cancer screening rates}. {Add a quote here from someone involved in your agency's project and what you hope to achieve through participation in the project}.

For additional information about breast and cervical cancer screening, go to: {your agency's contact information [email and/or phone number]}.

Community Clinical Linkage
Step 7: "E"

E-Evaluate the Linkage Project

Strategies that improve access to clinical preventive services (such as screening and counseling), community level activities, and appropriate medical treatment have been shown to reduce and prevent disease in communities. Collaborations between clinical, community, and public health organizations offer a win-win scenario for participating organizations, clinical teams, and patients.

Effective community clinical linkages offer:

- Patients more help in changing unhealthy behaviors
- Clinicians help in offering services to patients that they cannot provide themselves
- Community programs help in connecting with clients for whom their services were designed

Evaluating a community clinical linkage is based on an understanding of community clinical resource relationships rooted in a conceptual framework. The conceptual framework describes six interrelated components that may influence the effectiveness of a clinic's effort to connect a patient with a community resource to successfully receive a clinical preventive service. The six components include:

Three basic elements:

- Client/clinician
- Patient
- Community resource

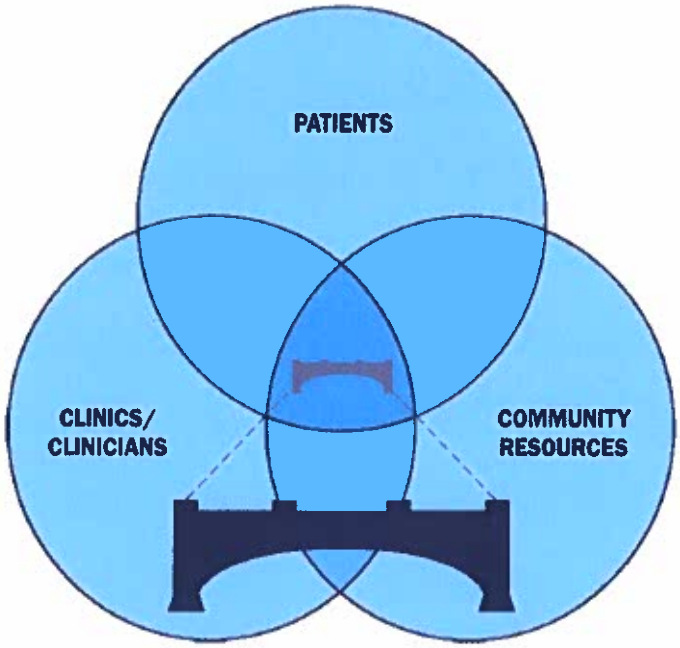
Three dyadic relationships between these three basic elements:

- Clinician-patient relationship
- Clinical-community resource relationship
- Patient-community resource relationship

Evaluating a community clinical linkage may require both process and outcome evaluation approaches. It offers opportunities to understand what processes and dynamics can make an effective linkage and affect health outcomes. For these reasons (and many more), it is important to establish the relationship, engage stakeholders, agree on goals, activities, and desired outcomes. After this, it is essential to work closely with ADPH Epidemiologists to discuss what evaluation data needs to be collected, measured, and analyzed.

Community Clinical Linkage
Step 7: "E"

E-Evaluate the Linkage Project



E-Evaluate the Linkage

□ Conduct an informal assessment of how and when each partner should be engaged in the planning and implementation of the evaluation
□ Consult with ADPH's Epidemiologist to determine the feasibility of the evaluation plan, methods, data to be collected, timelines for collection, and available data sources in which to pull data from
□ Work with partners and stakeholders to determine what resources are available for data collection currently and what will need to be developed and/or phased in for collecting the needed data
□ Think about what the end goal is and with that in mind what data will need to evaluated over the life of the project and not just what data will be collected when the project is getting started
□ Always be reminded that data has to be beneficial to the stakeholders in order to get and maintain buy-in. It cannot just be collected to be collecting or just be collected for public health's benefit

Community Clinical Linkage
Step 7: "E"

E-Evaluate the Linkage Project

Goals of Evaluation

- Track how well the project is being implemented
- Assess the project's success
- Determine what went well, what did not, and why
- Make project improvements using the evaluation results
- Determine the strength of the partnerships
- Provide support for individual partners to seek funding for their ongoing work
- Document what the partnership has provided for the community as an aid to strengthening their support
- Present successes, challenges, barriers, and data
- Determine outcomes, measures, and data sources using the goals and objectives outlined at the start of collaboration
- Identify the availability of data needed to address evaluation questions
- If needed or necessary, begin developing data sharing agreements early
- Consider how much primary versus secondary data collection is needed for the evaluation

Breast & Cervical CANCER EARLY DETECTION Program of Alabama

Community Clinical Linkage Notes:

Breast & Cervical CANCER EARLY DETECTION Program of Alabama

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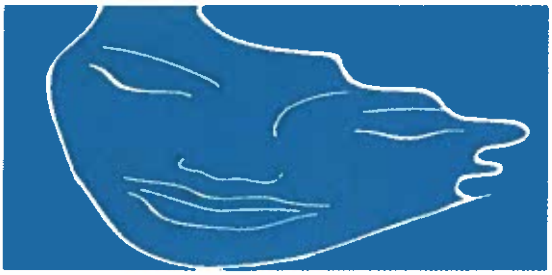

Breast & Cervical CANCER EARLY DETECTION Program of Alabama

Community Clinical Linkage Notes:

PUBLIC HEALTH DISTRICTS

EAST CENTRAL DISTRICT
Richard Burleson, District Administrator
3060 Mobile Highway
Montgomery, AL 36108
(334) 293-6400
Tim Hatch, Assistant District Administrator
812 Hospital Rd., Tuskegee, AL 36083
(334) 727-1800

JEFFERSON COUNTY
Mark E. Wilson, M.D., County Health Officer
David Hicks, D.O., M.P.H., Deputy Health Officer
1400 Sixth Ave. S.
Birmingham, AL 35233
(205) 933-9110

MOBILE COUNTY
Bernard H. Eichold, II, M.D.
County Health Officer
251 N. Bayou St.
Mobile, AL 36603
(251) 690-8827

NORTHEASTERN DISTRICT
Karen Landers, M.D., District Medical Officer
Mary Gomillion, District Administrator
Mark Johnson, Assistant District Administrator
709 E. Broad St.
Gadsden, AL 35903
(256) 547-6311

NORTHERN DISTRICT
Karen Landers, M.D., District Medical Officer
1000 S. Jackson Hwy.
Sheffield, AL 35660
(256) 383-1231
Judy Smith, District Administrator
Michael Glenn, Assistant District Administrator
3821 Highway 31 S.
Decatur, AL 35603
(256) 340-2113

SOUTHEASTERN DISTRICT
Corey Kirkland, District Administrator
1781 E. Cottonwood Rd.
Dothan, AL 36301
(334) 792-9070
Kyle Odom, Assistant District Administrator
2841 Neal Metcalf Rd.
Enterprise, AL 36330
(334) 347-9574

SOUTHWESTERN DISTRICT
Chad Kent, District Administrator
1115 Azalea Place
Brewton, AL 36426
(251) 947-1645
Suzanne Terrell, Assistant District Administrator
303 Industrial Drive
Linden, AL 36748
(334) 295-1000

WEST CENTRAL DISTRICT
Stacey Adams, District Administrator
2350 Hargrove Rd., E.
Tuscaloosa, AL 35405
(205) 554-4500

Alabama Breast and Cervical Cancer Early Detection Program Regional Coordinators

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251-575-3109
Fax: 251-575-7935

Hazel Cunningham
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Jackie Wilson
Coffee Co. Health Dept.
2841 Neal Metcalf Road
Enterprise, AL 36330
334-393-5568
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Cancer Screening Toll Free Hotline:
1-877-252-3324

Breast & Cervical CANCER Program of Alabama
Alabama Department of Public Health