

CJRR SHIP Active Referrals Provider Assessment Results from Cottonwood and Renville Counties

Cottonwood, Jackson, Redwood and Renville (CJRR) Counties are working with health care providers and community leaders on the SHIP Active Referrals Intervention, which focuses on building partnerships to better facilitate active referrals of patients to local resources. The project is part of a larger effort by CJRR, which is funded by the Minnesota Department of Health's Statewide Health Improvement Program (SHIP).

CJRR SHIP staff conducted a survey of health care providers in Cottonwood and Renville Counties to better understand their role in referring patients to resources that increase access to high quality nutritious foods, opportunities for physical activity, and tobacco use cessation. This information will be used to assist in facilitating the connection of patients to community-based resources.

Sixteen health care providers from Cottonwood County and 12 providers from Renville County completed the survey. Fifty-six percent of Cottonwood County respondents work at a Public Health Agency, and 31 percent work at a clinic. Three-quarters of Renville County respondents work at a Public Health Agency, and the remaining 25 percent work at a clinic.

Two-thirds of Cottonwood County respondents are RNs or LPNs and 19 percent are Public Health Nurses. In Renville County, two-thirds of respondents are Public Health Nurses, and 17 percent of respondents are Physicians.

Cottonwood County results

Patient characteristics

Respondents were asked to estimate the proportion of the patients they serve that have a particular health condition. Over half of respondents indicated that 50-74 percent of their patients are overweight or obese, and 4 out of 10 respondents stated that 50-74 percent of their patients have inadequate physical activity. (See Figure 1.)

1. What proportion are/have...

	Less than 25%	25-49%	50-74%	75% or more	Don't know
a. Overweight or obese, according to BMI?	6%	13%	56%	19%	6%
b. Poor/inadequate nutrition?	25%	25%	31%	13%	6%
c. Inadequate physical activity?	0%	6%	44%	38%	13%
d. Smokers?	44%	44%	0%	6%	6%
e. Chronic disease associated with poor nutrition, physical inactivity, and/or tobacco use?	19%	31%	31%	13%	6%
f. Over age 65?	25%	19%	31%	25%	0%
g. Under age 65?	25%	50%	0%	25%	0%

Patient assessments

About 4 out of 10 Cottonwood respondents do not assess any of their patients for overweight or obesity using BMI. Half of respondents, however, assess all of their patients for poor and/or inadequate nutrition. Eight out of 10 respondents also assess all of their patients for tobacco use. (See Figure 2.)

2. How many of your patients do you assess for...

	All patients	Most patients	Some patients	None
Overweight or obesity using BMI?	25%	13%	25%	38%
Poor and/or inadequate nutrition?	50%	38%	13%	0%
Inadequate physical activity?	25%	50%	19%	6%
Tobacco use?	81%	13%	6%	0%
Exposure to secondhand smoke?	31%	31%	38%	0%

Respondents were asked to describe the activities they engage in with patients who have poor nutrition and/or physical activity. About 4 out of 10 respondents discuss eating habits with 75 percent or more of their patients. One-third of respondents also provide diet and nutrition education materials to 75 percent or more of their patients. Forty percent of respondents, however, do not provide physical activity education materials to any of their patients. (See Figure 3.)

3. Of those patients who you assess and determine have poor nutrition and/or physical inactivity, with what proportion do you...

	None	Less than 25%	25-49%	50-74%	75% or more
a. Discuss their eating habits (including portion control, fruits and vegetables, and fat intake)?	0%	19%	25%	19%	38%
b. Negotiate mutually-agreed-upon healthy eating goals?	19%	31%	31%	6%	13%
c. Provide diet and nutrition education materials?	19%	25%	13%	13%	31%
d. Make referrals to community-based resources for diet and nutrition-related services and programs?	13%	50%	25%	6%	6%
e. Discuss their physical activity (including frequency and intensity)?	6%	31%	13%	19%	31%
f. Negotiate mutually-agreed-upon physical activity goals?	25%	56%	13%	0%	6%
g. Provide physical activity education materials?	40%	40%	7%	0%	13%
h. Make referrals to community-based resources for physical activity-related services and programs?	38%	50%	0%	6%	6%

Respondents were asked to describe the activities they engage in with patients who are tobacco users. Half of respondents assess readiness to change at-risk behaviors with 75 percent or more of their patients. Seven out of 10 respondents provide tobacco cessation education materials with less than 25 percent of their patients, and about 4 out of 10 patients do not prescribe tobacco cessation materials. (See Figure 4.)

4. Of those patients who you assess and determine are tobacco users, with what proportion do you...

	None	Less than 25%	25-49%	50-74%	75% or more	N/A
a. Assess readiness to change at-risk behaviors?	6%	19%	6%	19%	50%	0%
b. Negotiate mutually-agreed-upon tobacco reduction or cessation goals?	31%	19%	19%	0%	31%	0%
c. Prescribe tobacco cessation medications like Zyban or nicotine replacement therapies?	31%	6%	6%	6%	13%	38%
d. Provide tobacco cessation education materials?	31%	38%	6%	0%	25%	0%
e. Make referrals to community-based resources for tobacco cessation-related services and programs?	44%	25%	13%	6%	6%	6%
f. Make referrals using the statewide FAX referral line?	70%	13%	0%	6%	0%	13%

Patient follow-up

Cottonwood County respondents were asked how often they follow-up with patients after making a referral to nutrition, physical activity, or tobacco resources. Six out of 10 respondents never contact patients who have poor nutrition and/or physical inactivity between office visits to see if they are making changes. Fifty-six percent of respondents never contact patients after a visit to see if they are taking steps to reduce tobacco use or exposure to secondhand smoke. Fifty-six percent of respondents, however, always verbally acknowledge and positively reinforce their patients' healthy behaviors. (See Figure 5.)

5. How often do you...

	Always	Usually	Sometimes	Never
Contact patients who have poor nutrition and/or physical inactivity between office visits, to see if they are making changes?	0%	6%	31%	63%
Contact patients between office visits after you have made a referral, to see if they followed up on the referral?	0%	13%	44%	44%
Follow-up with patients after an office visit, to see if they are taking steps to reduce tobacco use and/or exposure to secondhand smoke?	6%	13%	25%	56%
Contact patients between office visits after you have made a referral for a tobacco cessation resource, to see if they followed up on the referral?	0%	14%	14%	71%
Verbally acknowledge and positively reinforce your patients' healthy behaviors?	56%	31%	6%	6%

Clinic readiness to change

Respondents were asked about policies and practices in their clinic to assess patient needs and follow-up with patients. About 9 out of 10 respondents strongly agreed or agreed that they support improving practices in their clinic related to primary prevention of chronic disease risk factors. About 70 percent of respondents also noted having policies, processes, or practices in place to help them assess patient needs related to physical activity, nutrition, and tobacco use. These policies and practices were noted to include triggers within the electronic medical record and asking patients about their diet, physical activity, and tobacco use as part of standard office visit policy.

Respondents were also asked whether there are any policies, processes, or practices in place at their site to support patient referrals to community-based resources for physical activity, nutrition, or tobacco prevention/cessation. Half of respondents indicated yes, and half indicated no. Three-quarters of respondents indicated that their site does not have any policies, processes, or practices in place to follow-up with patients after referrals are made.

Community-based resources

Cottonwood County respondents were asked how they identify which community-based resources to refer their patients to. Ninety-three percent of respondents indicated that location and convenience are the most important factors. Nearly 9 out of 10 respondents stated that cost of service is important, and patient interest was important for two-thirds of respondents.

Respondents were also asked what types of community-based resources are not currently available in their community but would be valuable for their patients who need help with nutrition, physical activity, or tobacco use. Fifty-seven percent of respondents would like opportunities for tobacco cessation. Forty-three percent of respondents would find farmer's markets and recreational centers helpful. Three out of 10 respondents would also like to have walking trails/facilities, health food stores, and nutritionists/dieticians available.

Supports and challenges

Cottonwood County respondents were asked what they believe to be the main benefits of using community-based resources for nutrition, physical activity, and tobacco cessation. Accessibility, increased chances of following through with the referral, socialization, and support were identified as the main benefits for patients.

Respondents were also asked what the main benefits for health care providers of referring patients to community-based resources for nutrition, physical activity, and tobacco cessation are. Responses include support for their patients, knowing that their patients are seeing a "specialist" for their concerns, and improved patient health.

Respondents were asked to identify the main challenges or barriers at their site that prevent them from assessing their patients' needs, making referrals to community-based resources, and following up on those referrals related to physical activity, nutrition, and tobacco use. Eight out of 10 respondents indicated that patient resistance to change (low adherence) is a major barrier. Two-thirds of respondents indicated that community-based resources are not available or not adequate, and half of respondents stated that time/billing constraints are a challenge. Four out of 10 respondents expressed a lack of information about community-based resources to refer to.

Health care providers were asked what supports would be most helpful to increase their patient referrals to nutrition, physical activity, or tobacco cessation community resources. Ninety-three percent of respondents would find brochures to give to patients with local resources listed helpful. Four out of 10 respondents would also like policy changes to allow more time for making and following up on patient referrals. Three out of 10 respondents would find billing changes to allow for patient referral time helpful, and 21 percent would like a website such as MNHelp.info where they can find regional sources. None of the respondents had ever used MNHelp.info for information about community-based resources to refer their patients to.

Respondents were also asked how likely they would be to use an easily accessible list of high quality community-based resources for the entire region such as MNHelp.info. Forty-three percent of respondents were very likely to use such a system and 57 percent

were somewhat likely. Respondents indicated that they would use a referral resource such as MNHelp.info if it were easy to use and easily accessible.

Renville County results

Patient characteristics

Respondents were asked to estimate the proportion of the patients they serve that have a particular health condition. Forty-six percent of respondents indicated that 50-74 percent of their patients are overweight or obese according to BMI. Two-thirds of respondents, however, stated that less than 25 percent of their patients are smokers. (See Figure 6.)

6. What proportion are/have...(n=11)

	Less than 25%	25-49%	50-74%	75% or more	Don't know
a. Overweight or obese, according to BMI?	9%	36%	46%	9%	0%
b. Poor/inadequate nutrition?	27%	18%	36%	18%	0%
c. Inadequate physical activity?	9%	9%	46%	36%	0%
d. Smokers?	64%	27%	9%	0%	0%
e. Chronic disease associated with poor nutrition, physical inactivity, and/or tobacco use?	36%	27%	18%	18%	0%
f. Over age 65?	36%	9%	36%	18%	0%
g. Under age 65?	18%	46%	9%	27%	0%

Patient assessments

About 4 out of 10 Renville respondents do not assess any of their patients for overweight or obesity using BMI. Half of respondents, however, assess all patients for poor and/or inadequate nutrition and tobacco use. (See Figure 7.)

7. How many of your patients do you assess for...

	All patients	Most patients	Some patients	None
Overweight or obesity using BMI?	9%	27%	27%	36%
Poor and/or inadequate nutrition?	50%	20%	30%	0%
Inadequate physical activity?	18%	55%	27%	0%
Tobacco use?	50%	50%	0%	0%
Exposure to secondhand smoke?	30%	30%	20%	20%

Respondents were asked to describe the activities they engage in with patients who have poor nutrition and/or physical activity. Half of respondents discuss eating habits with 75 percent or more of their patients. Six out of 10 respondents, however, make referrals to community-based resources for diet and nutrition-related services and programs for less than 25 percent of their patients. Eight out of 10 respondents also make referrals to community-based resources for physical activity-related services and programs for less than 25 percent of their patients. (See Figure 8.)

8. Of those patients who you assess and determine have poor nutrition and/or physical inactivity, with what proportion do you...

	None	Less than 25%	25-49%	50-74%	75% or more	N/A
a. Discuss their eating habits (including portion control, fruits and vegetables, and fat intake)?	10%	10%	0%	30%	50%	0%
b. Negotiate mutually-agreed-upon healthy eating goals?	20%	30%	20%	30%	0%	0%
c. Provide diet and nutrition education materials?	0%	30%	20%	30%	20%	0%
d. Make referrals to community-based resources for diet and nutrition-related services and programs?	10%	50%	20%	10%	0%	10%
e. Discuss their physical activity (including frequency and intensity)?	0%	20%	10%	30%	40%	0%
f. Negotiate mutually-agreed-upon physical activity goals?	20%	40%	20%	20%	0%	0%
g. Provide physical activity education materials?	10%	30%	20%	30%	10%	0%
h. Make referrals to community-based resources for physical activity-related services and programs?	10%	70%	0%	10%	0%	10%

Respondents were asked to describe the activities they engage in with patients who are tobacco users. Three out of 10 respondents assess readiness to change at-risk behavior with 75 percent or more of their patients. Half of respondents negotiate mutually-agreed-upon tobacco reduction or cessation goals with 25-49 percent of their patients. Eight out of 10 respondents, however, do not make referrals using the statewide FAX referral line for any of their patients. (See Figure 9.)

9. Of those patients who you assess and determine are tobacco users, with what proportion do you...

	None	Less than 25%	25-49%	50-74%	75% or more	N/A
a. Assess readiness to change at-risk behaviors?	0%	10%	30%	30%	30%	0%
b. Negotiate mutually-agreed-upon tobacco reduction or cessation goals?	10%	30%	50%	0%	10%	0%
c. Prescribe tobacco cessation medications like Zyban or nicotine replacement therapies?	70%	10%	10%	10%	0%	0%
d. Provide tobacco cessation education materials?	10%	50%	30%	0%	10%	0%
e. Make referrals to community-based resources for tobacco cessation-related services and programs?	30%	50%	0%	0%	20%	0%
f. Make referrals using the statewide FAX referral line?	80%	10%	0%	0%	10%	0%

Patient follow-up

Renville County respondents were asked how often they follow-up with patients after making a referral to nutrition, physical activity, or tobacco resources. All respondents always or usually verbally acknowledge and positively reinforce their patient’s healthy behaviors. Four out of 10 respondents, however, never contact patients who have poor nutrition and/or physical inactivity between office visits to see if they are making changes. Forty percent of respondents also never follow-up with patients after an office visit to see if they are taking the steps to reduce tobacco use and/or exposure to secondhand smoke. (See Figure 10.)

10. How often do you...

	Always	Usually	Sometimes	Never
Contact patients who have poor nutrition and/or physical inactivity between office visits, to see if they are making changes?	0%	10%	50%	40%
Contact patients between office visits after you have made a referral, to see if they followed up on the referral?	0%	40%	40%	20%
Follow-up with patients after an office visit, to see if they are taking steps to reduce tobacco use and/or exposure to secondhand smoke?	0%	10%	50%	40%
Contact patients between office visits after you have made a referral for a tobacco cessation resource, to see if they followed up on the referral?	0%	22%	44%	33%
Verbally acknowledge and positively reinforce your patients' healthy behaviors?	50%	50%	0%	0%

Clinic readiness to change

Respondents were asked about policies and practices in their clinic to assess patient needs and follow-up with patients. Eight out of 10 respondents strongly agreed or agreed that they support improving practices in their clinic related to primary prevention of chronic disease risk factors. Sixty percent of respondents also had policies, processes, or practices in place to help them assess patient needs related to physical activity, nutrition, and tobacco use. These policies and practices included assessing all patients during clinic visits, and addressing tobacco and alcohol use at each visit.

Sixty percent of respondents indicated that they have policies, processes, or practices in place at their site to support patient referrals to community-based resources for physical activity, nutrition, or tobacco prevention/cessation. Ninety percent of respondents also indicated that their site does not have any policies, processes, or practices in place to follow-up with patients after referrals were made.

Supports and challenges

Renville County respondents were asked what they believed to be the main benefits of using community-based resources for nutrition, physical activity, and tobacco cessation. Low cost, accessibility, increased chances of following through with the referral, and support were identified as the main benefits for patients.

Respondents were also asked about main benefits for health care providers of referring patients to community-based resources for nutrition, physical activity, and tobacco

cessation. Responses included increased use of resources by patients, better communication between providers, and improved patient health.

Respondents were asked to identify the main challenges or barriers at their site that prevented them from assessing their patients' needs, making referrals to community-based resources and following up on those referrals related to physical activity, nutrition, and tobacco use. All respondents indicated that community-based resources are not available or inadequate. Seven out of 10 respondents also stated there is a lack of information about community-based resources to refer to. Four out of 10 respondents indicated that patient resistance to change (low adherence) is a major barrier.

Health care providers were asked what supports would be most helpful to increase their patient referrals to nutrition, physical activity, or tobacco cessation community resources. Seventy-eight percent of respondents would find brochures to give to patients with local resources listed helpful. Fifty-six percent of respondents would also like policy changes to allow more time for making and following up on patient referrals. One-third of respondents would find billing changes to allow for patient referral time helpful, and 22 percent would like a website such as MNHelp.info where they can find regional sources. Ten percent of respondents had used MNHelp.info for information about community-based resources to refer their patients to. They found the site to be somewhat helpful, but did not have any suggestions to improve its usefulness.

Respondents were also asked how likely they would be to use an easily accessible list of high quality community-based resources for the entire region such as MNHelp.info. Half of respondents were very likely to use such a site, and half were somewhat likely. Respondents indicated that they would use referral resource such as MNHelp.info if it were easy to use, easily accessible, and fits into their practice.

Issues to consider

- Four out of 10 Cottonwood and Renville County respondents do not assess any of their patients for overweight or obesity using BMI. CJRR SHIP staff may consider ways to encourage health care providers to use BMI, as well as identify barriers to assessing overweight or obesity with patients.
- Most of the providers surveyed make referrals to community-based resources for diet, nutrition, and physical activity-related services and programs for less than 25 percent of their patients. This may be due to the lack of community resources available within Cottonwood and Renville Counties, as well as a lack of knowledge about existing resources. Respondents, however, were generally interested in an easily accessible list of high quality community-based resources for the region.

- A large percentage of Cottonwood and Renville County respondents never contact patients between visits to see if they are making changes or have followed up on a referral. The majority of respondents also indicate that their clinics do not have any policies or practices in place to follow-up with patients after a referral is made. CJRR SHIP staff may consider encouraging clinics to create systems for following up with patients after visits.



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For more information

This summary presents highlights of the *CJRR SHIP Active Referrals Provider Assessment*. For more information about this report, contact Nicole MartinRogers at Wilder Research, 651-280-2682.

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