

## SHIP Active Referrals Intervention

Progress report: July 2010 – December 2010

*Prepared for CJRR Public Health as part of their SHIP evaluation*

Cottonwood, Jackson, Redwood, and Renville (CJRR) Counties are working with healthcare 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).

This report provides a snapshot of progress from July 2010 through December 2010. It was prepared by Wilder Research. CJRR SHIP staff compiled existing data and collected original data as a part of this evaluation, using tools developed by Wilder Research.

### Reach

There are a total of 27,885 people living in Cottonwood and Renville Counties. CJRR SHIP is working with two partnerships among health care providers within these Counties in order to create improvements in the health care referral system. The partnerships in Cottonwood and Renville Counties include clinics, hospitals, and public health agencies. The table below indicates the health care organizations SHIP staff is collaborating with on this initiative and their provider reach.

Health care organization	County	Provider reach
Sanford Windom	Cottonwood	2,500
Sanford Mt. Lake	Cottonwood	2,750
Windom Area Hospital	Cottonwood	14,254
United Medical Avera Clinic	Cottonwood	4,000
RC Hospital and Clinics	Renville	10,000

Therefore, this intervention has the potential to reach 33,504 people within the Cottonwood County and Renville County areas.

## **Activities**

CJRR SHIP staff have conducted various activities related to this initiative. These efforts will assist with reaching the short-term initiative goal of increasing awareness among primary care providers about the importance of active referrals. These include:

- CJRR SHIP staff have participated in the Health Care Active Referral Work Group to learn what has worked in other related SHIP projects
- To enhance the reach of the intervention, initial meetings were held in each of the two communities and were later expanded to include public health as a provider
- A health care active referral assessment was designed to help CJRR SHIP learn more about the attitudes of health care providers on providing referrals to community resources. The assessment will be implemented in early 2011 and will be used as a baseline to determine current practices and opportunities for improvement. Results will be shared with key stakeholders in provider settings
- An initial informal assessment in the Windom provider group indicated a lack of tobacco cessation programs among providers. Providers in the Cottonwood County partnership were trained on the tobacco fax referral system, and are in the process of implementation in early 2011. CJRR SHIP will provide support as needed. Reports on the use of this system will be reviewed to determine utilization, as well as for evaluation
- The partnerships are updating local community resource guides, developing communication methods to educate the community about obesity and tobacco use, as well as connecting with local community resources to update their information on the MNhelp.info website

## **Policy, systems, and environments**

One of the goals of SHIP is to change policies, systems, and environments to make the healthy choice the easy choice and to ensure sustainability beyond the end of any one particular program or funding stream. In the case of the Active Referrals Intervention, it means specifically changing policies, systems, and environments in healthcare settings to promote referrals of patients to local resources that increase tobacco use cessation. The tobacco fax referral system that will be implemented in Cottonwood County is one example of an environmental change that will help CJRR SHIP staff meet their intervention goals.

## Impact

CJRR is focusing on tobacco cessation using a broad approach that coordinates the efforts of both the medical community and local community resources through active referral systems. This system will support patients beyond routine healthcare visits.

As all of these efforts continue, short-term outcomes will include the creation of a tobacco fax referral system, the development of active HCWGs, and increased awareness among primary care providers about the importance of active referrals related to tobacco cessation. Intermediate outcomes will be a well-established active referral system, increased referrals of patients to local health resources, and an increased percentage of CJRR Counties' residents consuming a healthy diet, engaging in physical activity, and ceasing tobacco use. This will ultimately lead to a decreased percentage of CJRR Counties' residents with chronic diseases.



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