

## Collaboration Between Community and Clinical Programs

### Collaboration between Community and Clinical Programs

The most effective CRC programs have fluid and integrated community and clinic programs. Although complete collaboration is optimal, it can often be challenging for community-based health programs and clinics to work completely collaboratively. Sometimes, clinics and/or community-based programs perceive that their efforts are seen and understood by their clinic or community counterparts, when in reality they are not.

For example, in one Northwest tribal focus group CRC screening rates were relatively high, but community focus group participants felt that the clinic was not effectively reaching out to the community. In contrast, according to clinical key informant interviews, the clinic promoted CRC screening in the community and increased screening rates. The focus group participants (most of who were in the target age group to get screened) said they had not had any contact with the clinic about being screened. This example shows why clinic and community collaboration is important, challenging and hard to measure.

This chapter is designed to help facilitate working partnerships between community-based programs and clinical services. Program and clinical services collaboration is important in comprehensive health care. When clinical services and community-based health programs work together, patients have improved understanding, access, and health outcomes. The information in this chapter is intended for both clinics (and other CRC screening providers) and community-based programs



***“Access to health care and the cancer centers is a barrier. The system for getting there is complicated and cumbersome.”***

***— Andy Joseph Jr.***

**Confederated Tribes of the Colville Reservation**

*"Our Contract Health Case Manager, keeps track of who is having CRC screening tests. There is an opportunity for free/open communication to discuss things like CRC on the elders bus"*

-Tribal Key Informant  
Interview - 2011

Although this chapter offers many ideas, there are numerous situations that may occur in different communities. This chapter will encourage a framework that guides clinics and programs towards collaboration. Some specific collaboration issues are addressed including reaching out to the community (for clinical services), relationship building, and aligning health promotion messaging.

An individual's decision to be screened for CRC is influenced by numerous factors. The most effective interventions address environment, attitudes, knowledge, policy, social beliefs (are my friends getting screened?), costs, transportation, childcare, community support, etc. To effectively address all of these and truly have the greatest impact on CRC prevention and screening rates in your community, clinics and community-based programs must collaborate

### **Comprehensive CRC Screening and Prevention**

First of all, it may be helpful to think about how an ideal program functions. It is important to keep this framework in mind as a goal. The most effective secondary prevention method (i.e., a colonoscopy) can be complicated because it is invasive, expensive, sometimes scary, and patients cannot go to their primary tribal clinic for this procedure. This demonstrates a need for resources from multiple sectors. Meaning, primary care providers are not necessarily the only people who will serve a person who needs to be screened for CRC. Depending on your tribal community, collaboration for a successful program may involve CHRs or Patient Navigators, primary care providers, health educators, benefit and transport coordinators. If your community clinic can offer screening services and a community-based program, then strong collaboration will include all of the following elements:

1. Community partners and clinicians meet regularly to discuss program details, timelines, challenges and success to screening and prevention in both clinics and community. Together they determine how to address any issues or challenges while sharing successes.
2. CHRs know about the CRC services at the clinic. They know hours, capacity, and challenges the clinicians are dealing with.



3. Clinicians know challenges in the community and work to address community barriers with CHRs (and other health promotion program coordinators).
4. Program objectives are mutually agreed upon and data is shared mutually (e.g., CHRs are aware of GPRA numbers and indicators). CHRs know if CRC screening rates have improved.
5. Program evaluation is conducted jointly.
6. Messaging and services are aligned. CHRs can tell patients what to expect at the clinic. Streamlined language is used regarding screening processes.
7. Clinicians and community partners identify and apply for program funding for their CRC program jointly.
8. If the clinic is part of the Improving Patient Care (IPC) program, then there should be an active IPC community liaison who clinicians know and work with.

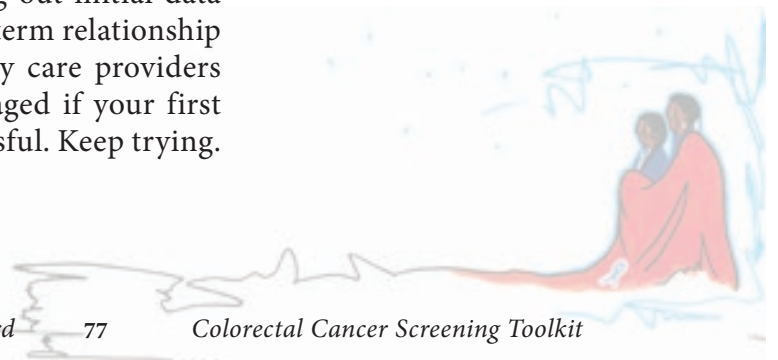
An ideal collaborative CRC prevention and screening program will have all of the above components and potentially more. Based on focus groups and research among Northwest tribes, collaboration is still a challenge for many communities. The following sections of this chapter identify some strategies for community-based programs to reach out to clinics, and clinic-based programs to reach out to community health. **It is always important to remember that the health of your community is a common goal that clinical and community-based health programs share.**

### Community-based Program Outreach to Clinics

This section is for community-based programs that are looking to connect with their clinic about CRC prevention and screening. It is a more in-depth version of chapter six's "Get to Know Your Clinic" section. That section focuses on setting up a preliminary meeting with the clinic to get an understanding of CRC screening services and screening rates. It is important to go beyond finding out initial data and clinic services and instead build a long-term relationship with the clinic. Keep in mind that primary care providers are incredibly busy. Try not to be discouraged if your first attempts to reach out to them are not successful. Keep trying.

*"By gentle persuasion; telling them the CRC statistics, giving them the education and letting them make up their mind, we created 'Cancer champions'. We found this to be helpful, encouraging others to get screened by sharing their story."*

- Tribal Key Informant Interviews, 2011



When you are establishing your program and looking for program partners, it is important that you build trust, a quality program, and increase visibility. You want potential partners to take your program seriously. You can build program credibility by including any potential partners in the community needs assessment and program planning process (as seen in chapters four and five). To maintain contact and continue building your relationship, consider having a list of contacts who are interested in your program and send them monthly updates of your program. If program staff is more than one person, make sure there are consistent messages and goals.

Program visibility is also important to realizing the partnership potential of your new program. You want to make sure your program is known and visible in the community. One way is to participate in committees or coalitions. For example, if you are a participant of the Northwest Tribal Cancer Coalition, other coalition members will know you and your program and may be able to offer their help or advice. If your tribe has a health committee, this would also be a great place to be involved. If your program is housed in a clinic, make sure you are an active and visible employee at the clinic. Get to know others at the clinic and let them know what your program offers.

The key to any successful partnership is a strong relationship. See Tool 7.1 for tips on building new professional relationships.

Once you have a formal meeting set up with the clinic, go over information you think you will need from them. Remember, a partnership is beneficial to both partners. Think about how your program can help the clinic and emphasize that your goal (decreasing the impact of CRC) is the same. Tool 7.2 is a list of questions to ask the clinic. These questions are in addition to the, "Get to know your clinic" questions presented in chapter six.

### **Clinic-based Program Outreach to Community Partners**

This section will be useful if your clinic is looking to partner with an existing CRC program or another health promotion program in the community. Many communities may not have a CRC prevention or screening program. If your clinic is looking to develop a new community program, please



see chapters two through six. The first step for clinics is to identify community program partners to approach (e.g., CRC prevention coordinator, tobacco coordinator, CHR, CHN, PHN, and/or tribal wellness coordinator). Tool 7.3 will help assess clinic workers knowledge of community-based programs and identify potential partners. Once you have set up a meeting, use tool 7.1 for useful tips on building new professional relationships. If you were unable to identify potential partners, consider making your cause known in the community. In other words, make your CRC program visible. If there are people interested in helping, they may step forward. For example, give community presentations frequently and ask for volunteers from the community.

### **Patient Navigators**

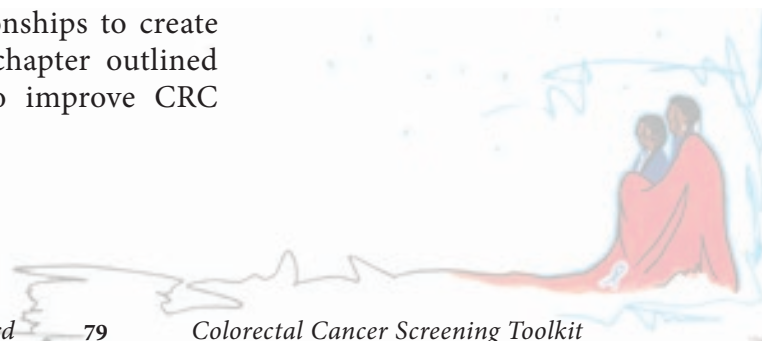
Some tribal health programs have patient navigators at their clinics to coordinate patients' cancer care and help patients overcome barriers to appropriate diagnosis and treatment of cancer. Navigators are in a position to be a strong partner for your CRC screening program. In many tribal communities they are involved in outreach and education in addition to case management.

### **Community-based Program Outreach without a clinic**

There are some tribal health programs that don't have clinical services. There are also tribes that have satellite offices with limited resources. These can be challenging situations, but the community program can still reach out to community members and connect them to nearby clinical services. Without a clinic, consider building capacity to improve transportation services to your closest clinic.

### **Community Chapter Summary**

The most effective CRC screening programs are collaborative efforts between the clinic and the community. Comprehensive programs will focus on community-level prevention and education as well as clinical processes to increase screening rates. Collaboration can be challenging, but can work if both groups take time to build trust and relationships to create a sustainable program partnership. This chapter outlined partnership building recommendations to improve CRC screening.



## Tool Box Description

7.1 Tips for building Professional Relationships

7.2 Questions to ask Your Clinic

- For community-based health program

7.3 Community program Assesment for Clinic Based Program

- This list is a good place to start for a quick self-assessment of how well clinicians know what preventative and screening promotion efforts already exist in the community. This tool can be used in addition to questions in tool 4.1 Community Readiness Assessment.





Northwest Portland Area Indian Health Board  
*Colorectal Cancer Program Toolkit*

Part Four:

# Clinic Programs



