New Referral Efforts in Montgomery County, MD Bound to Improve Community Health

Summary
CCI Health and Wellness Services and the Healthy Jumpstart Coalition (HJC) are dedicated to improving community health by providing residents of Montgomery County, Maryland comprehensive access to preventative health services and chronic disease management. According to the CDC, most Americans underuse preventive services and individuals experiencing social, economic, or environmental disadvantages are even less likely to use these services. By integrating a resource navigator at the Women, Infant and Children (WIC) centers, families will be guided through a seamless process in which they receive one on one referral assistance. This innovative program will provide more than 30,000 residents the opportunity to access more than 20 services throughout the county.

Challenge
There are many factors that contribute to Montgomery County’s high quality of life; however, pockets of poverty within the county are found to have poorer health outcomes. These areas tend to have a low per capita income, are predominately minority, have high rates of uninsured individuals and a large majority of individuals who receive SNAP or Medicaid benefits. While the WIC program has provided significant resources including supplemental foods, nutrition education and health referrals to residents in need, many families do not have access to primary care services. Many families may receive referrals, but do not have the self-efficacy to follow through. Other families may not choose to access primary care services due to the other competing priorities.

Solution
Referrals require considerable coordination and strong communication between clinical and community partners. A resource navigator will be made available at 5 WIC locations to enable families to access services within the organization and throughout the community. The resource navigator will be the link that assists families in accessing preventative services. Introducing the resource navigator to the family will facilitate the "warm handoff" technique assisting families in creating appointments with primary care physicians and encouraging them to attend their appointments. The earlier the intervention, the more likely the individuals will engage in healthy behaviors, ultimately preventing chronic illnesses.

"It takes a village to improve the health of the community! A resource navigator will become the bridge for our WIC families to access the primary and preventative services they need."
Olanrewaju Falusi, MD, FAAP
Your Involvement is Key
Chronic diseases such as heart disease, cancer, stroke, and diabetes account for 70% of all deaths in the United States each year. You can empower families to seek consistent and preventative services and discuss the importance of engaging in healthy behaviors at early stages of life. Recognize what areas lack primary care and disease management services and become an active voice in local campaigns to provide services to those areas.

Results
Lack of access to primary care can lead to deteriorating health status. The Montgomery County community health needs assessment conducted in 2012 indicates that 39.7% of Hispanics and 16.4% of African American do not have access to primary care in low income areas of Montgomery County. As we embark on the implementation stage of integrating services and creating a seamless referral process using the resource navigator, we anticipate positive results. Individuals who come into WIC will be able to access primary care, healthy food options, and other services as needed through the resource navigator. Ultimately, the HJC would like to increase community capacity to implement policy, systems, and environmental changes by starting with ensuring that the WIC population has consistent access to primary care services leading to increased opportunities for chronic disease prevention.

Sustainable Success
The initiative's goal is to link the WIC population to primary and preventative services by increasing the number of WIC centers that refer families to a patient-centered medical home from 5 to 9 health centers. AmeriCorps Community HealthCorps Members will spearhead the resource navigator program. A comprehensive training guide will be designed in order to ensure a robust training is available for each new volunteer. The HJC will conduct presentations of WIC and primary care services in the community while raising awareness of chronic disease prevention and healthy food options.

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