

Partnering4Health
Policy, Systems, and Environmental (PSE) Approach to
Promoting Community and Clinical Linkages Through Referrals

As part of the Partnering4Health project, the U.S. Centers for Disease Control and Prevention (CDC) selected three national organizations -- [the American Heart Association](#) (AHA), the [American Planning Association](#) (APA), and the [National WIC Association](#) (NWA) -- to work with 96 communities and address one or two priorities for improving their population’s health: improved access to healthy foods and beverages, more access to physical activity opportunities, more smoke-free environments, or improved access to clinical preventive services.

There is growing recognition that major public health problems will not be solved solely by individual actions and healthy choices, but by coming together to forge a society where healthy choices can be made more easily. Policy, systems and environmental (PSE) change represents a new way of thinking about how to effectively improve health in a community. PSE approaches seek to go beyond interventions focused on individual behavior to influence the systems that create the structures in which we work, live, and play. By changing laws and shaping physical landscapes, a big impact can be made with little time and resources. By changing policies, systems, and/or the environment, communities can tackle health issues such as obesity, diabetes, cancer, and other chronic diseases.

Policy, systems, and environmental change is a way of modifying the environment to make healthy choices practical and available to all community members.

Policy Change	Systems Change	Environmental Change
<ul style="list-style-type: none"> ▪ Policy change includes the passing of laws, ordinances, resolutions, mandates, regulations, or rules. ▪ Policies greatly influence the choices we make in our lives. Laws that are passed (like workplace policies, school policies) greatly influence the daily decisions we make about our health. ▪ Examples: Adding a tax on unhealthy food, passing a law allowing residents to plant community gardens in vacant lots, schools establishing a policy that prohibits junk food in school fundraising drives. 	<ul style="list-style-type: none"> ▪ System change involves change made to the rules within an organization. Systems change and policy change often work hand-in-hand. ▪ Systems change impacts all elements of an organization. Often systems change focuses on changing infrastructure within a school, park, worksite or health setting. ▪ Examples: Creating a community plan to account for health impacts of new projects, creating a certification system for school bake sales to ensure they are in line with school wellness policy. 	<ul style="list-style-type: none"> ▪ Environmental change is a change made to the physical environment. ▪ Environmental change can be as simple as installing bike signage on already established bike routes or as complex as sidewalk installation and pedestrian friendly intersections to promote walking and biking among its citizens. ▪ Examples: Municipality undertakes a planning process to ensure better pedestrian and bicycle access to main roads and parks; community development includes neighborhood corridors with pedestrian accommodations meeting the needs of seniors (e.g. adequate benches and ramped sidewalks).

Adapted from Cook County Public Health: <http://www.cookcountypublichealth.org/files/cppw/pse%20change.pdf>

Communities funded through the Partnering4Health project chose to work on one or more priority areas and focused their PSE approaches on a range of activities (Table 1). Creating sustainable, effective linkages between the clinical and community settings can improve patients' access to chronic disease prevention and management services by developing partnerships between organizations that share a common goal of improving the health of people and the communities in which they

Table 1: Priority Areas Communities Selected, by NGO			
Strategy	AHA	APA	NWA
Healthy Foods & Beverages	30	21	32
Physical Activity	11	27	0
Smoke-free Environments	6	0	0
Clinical Linkages	0	0	32

live. These linkages connect clinical providers, community organizations, and public health agencies such as WIC. Three models of clinical-community linkages used by local WIC agencies included coordinating services onsite at one primary location such as a hospital or health department, coordinating services between providers at different locations, and developing ways to refer patients to resources. 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 chronic disease in communities. With this in mind, several NWA communities chose to strengthen community and clinical linkages by partnering with local health care providers.

Local coalitions used a variety of strategies to increase referrals between local WIC agencies and health care providers. Novel approaches included the following:

1. Prescriptions for nonpharmaceutical interventions like exercise, WIC enrollment, and mental health services.
2. WIC 101 trainings for local service providers.
3. Integrating local service providers into strong referral networks.

Local project teams experienced mixed success with these approaches. NWA's cohort 1 evaluation report identified comprehensive referral systems for WIC and new tools for identifying community food and healthcare resources as overall project implementation successes. Richmond City Health District in Richmond, VA was also extremely successful with their WIC 101 trainings. The agency developed individual trainings for pediatricians, OB-GYNs and community-based organizations reaching 437 care providers. They are currently sustaining this work through a WIC infrastructure grant, allowing them to conduct WIC 101s and liaison outreach at neighboring health districts in Virginia (Crater, Chichkahominy, Henrico, Chesterfield).

A project implementation challenge identified in the cohort 1 evaluation report was implementing prescriptions for nonpharmaceutical interventions, which many agencies used as a referral tool for WIC.

“The feedback we got on green prescriptions was, ‘I don’t like this. I’m not using it’, although they felt the concept was very constructive. We’re actually turning that into something else in another program. We obtained some provider feedback and then we asked the physician’s group, ‘What do you think of this?’ For our diabetes program, we’re going to change it into a My Plan of Action so that we’re not handing something in prescription-like form.”

Agencies funded in cohort 2 of the project were able to learn from the experiences of cohort 1 and readjust their approach. As a result, the nonpharmaceutical prescriptions have been extremely successful in communities such as Sandpoint, Idaho and Kenosha, Wisconsin, where the coalitions have strong partnerships with local healthcare providers.

Physician Feedback from WIC 101 trainings:

“Great presentation- straightforward and easy to understand.”

“I learned personal-use breast pumps are issued after four weeks [of successful breastfeeding] and that a client needs a 395 form in order to receive special formula.”

“I learned WIC serves moms for one year after delivery if exclusively or mostly breastfeeding.”