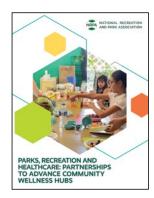


PARKS, RECREATION AND HEALTHCARE: PARTNERSHIPS TO ADVANCE COMMUNITY WELLNESS HUBS



Cover image: Children enjoy a healthy meal through the Summer Lunch Program hosted by Integral Youth Services. Photo courtesy of Integral Youth Services (Klamath Falls, Oregon).



2 The Role of Parks and Recreation and Healthcare Organizations
Building Block: Prepare to Partner
Building Block: Coordinate Your Partnership 7 7 Create Your Shared Vision 8 Identify Champion(s) 9 Define Partnership Roles and Responsibilities 9 Establish Transparent Protocols
Building Block: Put the Pieces Together
Building Block: Assess Your Initiative
Building Block: Sustain Your Partnership and Initiative
Conclusions
Acknowledgments

# Introduction



ark and recreation agencies are a cornerstone of communities and offer individuals the opportunity to be active, healthier, and connect with nature and each other. However, if there's one thing park and recreation professionals know, it's that through partnerships with other community stakeholders, agencies can play a much greater role in influencing the health

and well-being of their communities.

# Community Wellness Hubs

NRPA defines Community Wellness Hubs as trusted gathering places that connect every member of the community to essential programs, services and spaces that advance health equity, improve health outcomes, and enhance quality of life. Specifically, park and recreation agencies have a unique opportunity to contribute to local food and nutrition systems by serving as **Community Wellness Hubs**. Under this model, park and recreation agencies can engage key community players and coordinate services that expand access to and quality of food and nutrition services, while connecting people to additional health and social resources. Whether it be providing meal programs, hosting farmers markets, or supporting the Supplemental Nutrition Assistance Program (SNAP) and the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) enrollment and retention, park and recreation agencies have an opportunity to partner with community stakeholders to offer coordinated and integrated services that help address upstream challenges and barriers to the social determinants of health.

# The Role of Parks and Recreation and Healthcare Organizations

Park and recreations' reach and impact can be extended by partnering with healthcare organizations. Many community-based organizations (CBOs), including parks and recreation, are adapting to the changing healthcare landscape by exploring new opportunities to engage healthcare providers and payers in partnerships.

Much like parks and recreation, healthcare agencies often operate as a pillar of the community and aim to address population health challenges by advancing health and wellness. Moreover, there is increasing interest on the part of healthcare to engage in community-based partnerships, as they are increasingly recognizing the impact of social factors — such as access to food - on the health and longevity of their patients. For example, ensuring patients have access to healthy foods has been found to lower healthcare utilization and costs.1 In addition, there is emerging evidence that screening for and attempting to address unmet needs within a primary care setting can improve patient health.<sup>2</sup> Partnerships with healthcare organizations provide the opportunity to leverage their skills, resources and credibility to offer robust, dynamic and accessible services, as well as establish a system of health and wellness that supports the community at large.

However, establishing a successful and sustainable partnership requires thoughtful planning and investment on both ends. This toolkit walks park and recreation agencies through key steps to consider when planning, coordinating and implementing a partnership with a healthcare organization.

# What Are Payers?

Payers are organizations — such as health plan providers, Medicare and Medicaid — that are responsible for processing patient eligibility, enrollments, claims and payments. Payers are not the same as providers.

<sup>2</sup> Berkowitz S.A., Hulberg A.C., Standish S., Reznor G., Atlas S.J. (2017). "Addressing Unmet Basic Resource Needs as Part of Chronic Cardiometabolic Disease Management." JAMA Internal Medicine. 177(2):244–252. doi:10.1001/jamainternmed.2016.7691



<sup>1</sup> Tsega M., Lewis C., McCarthy D., Shah T., Coutts, K. (2019, July 19). Review of Evidence on the Health Care Impacts of Interventions to Address the Social Determinants of Health. CommonWealth Fund. Retrieved from: https://www.commonwealthfund.org/ publications/2019/jun/roi-calculator-evidence-guide

# Building Block: Prepare to Partner



prior to implementing a new or expanding an ongoing initiative, such as a community wellness hub, it is important to pause and take steps to understand your community's efforts to date, priorities, assets and key players. This will equip you with the information needed to conceptualize what a successful healthcare partnership supporting community nutrition might look like.

# **Conduct a Community Assessment**

Before approaching prospective partners, it is important to authentically engage the community to better understand key needs and priorities and examine past community-level efforts to address food access and nutrition security. This might include reaching out to other CBOs and partners or central community leaders, and it should involve speaking directly with community members to conduct a community needs assessment. Engaging in a community needs assessment exercise increases your understanding of the complex factors that contribute to gaps in the food access landscape and provide you with the information needed to more efficiently address the root causes and symptoms of food insecurity within your community. Understanding the ways in which community members access food, as well as examining the past efforts of other organizations can help your agency either identify successful efforts that you might be able to build upon, or identify unsuccessful efforts from which you can learn.

#### Key challenges to prepare for:

➤ **Temptation to skip this step**. It can be challenging to prioritize conducting an assessment of the community's past efforts and current resources, especially when you're working under a tight timeline with limited resources. However, taking the time to do this is imperative to centering community voices in your partnership; to preventing you from reinventing the wheel and making mistakes that already have been made; and to helping you maximize lessons learned.

#### Resources:

- ➤ (Template) Root Cause Analysis Resources The 5 Whys³
- ➤ (Template) Root Cause Analysis Template Collection<sup>4</sup>
- ➤ (Tool) Conducting a Community Needs Assessment<sup>5</sup>
- (Trainings and Tools) Community Health Assessment (CHA)/Community Health Improvement Plan (CHIP) Trainings and Tools<sup>6</sup>

# **Conduct an Organizational Self-Assessment**

The next step is to conduct an organizational self-assessment in relation to your readiness to work and partner with a healthcare organization. Many CBOs, including park and recreation agencies, are adapting to the changing healthcare landscape by exploring new opportunities to engage healthcare. Often, these cross-sector partnership opportunities encourage CBOs to adapt and change in many ways, in order to successfully attract and retain healthcare partners. A self-assessment can help your agency gauge its current level of healthcare partnership readiness and offer examples of what readiness looks like across different areas, such as Information Technology (IT) infrastructure and resources, leadership buy-in, and marketing and outreach.

#### Resources:

➤ (Tool) Readiness Assessment<sup>7</sup>

# **Identify Potential Partners**

Next, you want to take stock of those stakeholders in your community who may be beneficial partners, such as those working on efforts related to chronic disease, food access and nutrition security, park accessibility, etc.

You can start this process by conducting a stakeholder mapping exercise. Stakeholder maps help you lay out who is working in the food access and nutrition security space, what they bring to the table, and how you may be best positioned to support these efforts. While you ultimately want to narrow in on a healthcare partner, this exercise prevents you from overlooking key community players and increases the chances of securing widespread buy-in and support during the implementation phase. This community-level engagement and buy-in is critical to ensuring your community wellness hub strategies are well supported, coordinated and sustainable.

A key element of this exercise is assessing the degree of financial and nonfinancial influence your prospective healthcare partner has. For example, a local private physician practice and a regional hospital have different funding streams and spheres of influence. These are important factors when considering the sustainability of your community wellness hub initiative and moving beyond grant funding.

<sup>3</sup> National Implementation Research Network. "Root Cause Analysis Resources: Understanding Community Need." Retrieved from https://unc.live/3gVOGEQ

<sup>4</sup> Smartsheet. (2017, January 30). Free Root Cause Analysis Templates: The Complete Collection. Retrieved from https://www.smartsheet.com/free-root-cause-analysis-templates-complete-collection

<sup>5</sup> National Recreation Park Association (NRPA). Community Needs Assessment. Retrieved from https://www.nrpa.org/publications-research/evaluation-resource-hub/community-needs-assessments

<sup>6</sup> National Association of County and City Health Officials (NACCHO). Community Health Assessment (CHA)/Community Health Improvement Plan (CHIP) Trainings and Tools. Retrieved from https://bit.ly/3rWmBBO

<sup>7</sup> Aging and Disability Business Institute. Readiness Assessment. Retrieved from https://www.aginganddisabilitybusinessinstitute.org/assessment-tools/readiness-assessment



#### Key challenges to prepare for:

- Find a partner that honors and respects your community participants. It can be difficult to assess whether a prospective partner's support for your community wellness hub comes from a desire to advance food justice and promote sustainable, community-led development, or because it meets other financial or reputation-related priorities. Depending on the power dynamics at play, this imbalance could ultimately come into conflict with both your priorities, and the community at large. It is critical to research your prospective partner's mission, values and goals to ensure that you are aligned. Creating memorandums of understanding (MOUs) also is an effective way of reinforcing the value and power that a community organization brings to the partnership (see the Establishing Transparent Protocols section for more information).
- Consider how you plan to connect with healthcare partners. Getting your "foot in the door" with a healthcare partner can be challenging and cultivating a relationship into a partnership may be a long-term commitment. During your stakeholder mapping exercise, you may have identified some existing partnerships or found that you overlap with community organizations that intersect with your prospective healthcare partner. You also may already participate in task forces or committees together. Consider these touchpoints, as these may make it easier to establish a connection with a prospective healthcare partner.

#### Resources:

➤ (Tool) Sample Stakeholder Mapping Template<sup>8</sup>

## **Assess Partner Readiness**

Before approaching your prospective partner, it is helpful to have a sense of their level of readiness so that you can determine the support you may need to provide, and the strengths you may need to leverage to make this a successful partnership. Take a look at the following four levels of readiness and identity which level your prospective partner falls in:

"We have a child hunger coalition that has the same goals around sustainability and food security."

Integral Youth Services,
 Klamath Falls, Oregon

"The local park and recreation agency has been a thriving force for over 10 years and is trusted.

When ideas sparked about potential projects, their transparency and constant open lines of communications allowed for a push in community involvement."

 Memorial Hermann Community Benefit Corporation, Houston

- Level 1: Wants to address food access and nutrition security, but hasn't done so because they lack information about why food insecurity should be a priority and an understanding of how to approach the issue
- Level 2: Wants to address food insecurity, but it isn't a high organizational priority due to competing factors
- **Level 3:** Wants to more effectively reach individuals and families in the community with health/nutrition education messages and/or health/nutrition education programming
- **Level 4:** Wants to implement an intervention to effectively and immediately address the needs of their food insecure patients

#### Resources:

(Additional Reading) "Assessing Readiness and Creating Value Through Food Bank-Health Care Partnerships"

<sup>8</sup> Health Service Executive. (2018). People's Needs Defining Change: Health Services Change Guide. "Guidance on Stakeholder Mapping and Analysis." Retrieved from https://bit.lv/3LF484N

<sup>9</sup> Feeding America. (2018). "Assessing Readiness and Creating Value Through Food Bank-Health Care Partnerships." Retrieved from https://bit.ly/3gTE2wz

## **Establish Your Value Proposition**

It is now time to prepare and deliver your value proposition pitch to your prospective partner. A well-thought-out value proposition can help you differentiate your agency, highlight your strengths and value add, and articulate how a partnership with you can help them to meet their needs or fill service gaps within the community. Your value proposition should be clear, concise and compelling, as well as elevate your credibility and high-level goals.

In putting together a value proposition, work with your internal team to prepare responses to the following questions:

- 1. Whom are you addressing?
- 2. What do they want and/or need? What are their biggest concerns/unmet needs?
- 3. What can parks and recreation provide? What are you offering?
- 4. What's the benefit to the patient/client? What problem does it solve for them?
- 5. What makes this a unique proposition compared to alternatives?

## Key challenge to prepare for:

Parks and recreation may be only thought of as providers of physical activity or traditional recreation services: When people think of parks and recreation, they are often thinking about physical activity. While this could be where your partnership starts, it is important to be clear from the beginning that your aim is to leverage parks and recreation's position to support initiatives that address key community challenges in addition to physical activity, such as food access, nutrition security, chronic disease and mental health.

#### Resources

(Tool) "Value Proposition Tool: Articulating Value within Community-Based and Health Care Organization Partnerships" 10



<sup>10</sup> Nonprofit Finance Fund. "Resources for Community-Based Organization and Healthcare Partnerships." Retrieved from https://nff.org/fundamental/resources-communitybased-organization-and-healthcare-partnerships



ow that you've conducted assessments at the community, organizational and partnership levels, you have, hopefully, identified a partner that you are well-positioned to collaborate with. Next, you must take steps to create a sense of common purpose and vision for success to increase the ease and effectiveness of your partnership.

# **Create Your Shared Vision**

Partners are more likely to commit to an initiative if they believe that its goals and mission align with their own. This is why it is recommended that you collaborate with your healthcare partner to develop a shared vision for your community wellness hub initiative. This could come in the form of a vision statement, which is essentially a set of guiding principles that outline the goals of the partnership and articulate a mission of promoting food access and nutrition security for all people. The mission and goals of your partnership should focus on clearly defined food access and nutrition security opportunities within the community. Given that goals may change over time, it is important that you continue monitoring these opportunities within your community and your partner priorities, so that you are able to make adjustments as you move forward.





## Key challenge to prepare for:

➤ **Reconciling differing priorities**. While you and your healthcare partner likely share a common vision for improving health outcomes by addressing food security, there may be other differing priorities to be aware of. These could be optimizing revenue, receiving recognition or increasing opportunities for other partnerships. You need to work closely with your partner to build consensus around opportunities to expand your vision beyond promoting food access to promoting nutrition security and food justice, as well. As you and your partner work toward a shared vision, ensure that you are working together to reconcile these differing priorities through transparency.

#### Resources:

- ➤ (Templates and Samples) Public Health Infrastructure: MAPP Visioning<sup>11</sup>
- ➤ (Tool) "Sample Visioning Process for Partnerships" 12

# **Identify Champion(s)**

Identifying a champion within your partner's healthcare organization is essential to ensuring that your initiative is continuously prioritized. Champions are well-respected, influential, and offer a level of expertise that can increase the legitimacy of your initiative within the eyes of the healthcare organization, as well as the community at large. Champions can offer access to networks, convene community members and stakeholders, and create a sense of trust in the initiative. While a healthcare champion is often a staff member who helps connect patients to community resources, such as a community health worker or patient coordinator/navigator, do not overlook other team members — such as electronic health record (EHR) champions, project managers and providers.

#### Key challenges to prepare for:

> Staff turnover. While having a healthcare champion in addition to your own organization's community wellness hub champion can dramatically increase the chances of a successful partnership, this success cannot hinge on a single individual in either organization. Staff turnover and burnout pose a huge risk to partnerships, particularly between community-based and healthcare organizations, which both often have high turnover rates. In order for your partnerships to withstand the threat of staff turnover, ensure that multiple staff members are aware of and involved in ongoing partnership initiatives, and that communication protocols and workflow processes are well-established.

#### Resources:

- ➤ (Additional Reading) "To Close a Deal, Find a Champion"<sup>13</sup>
- ➤ (Additional Reading) Using Champions and Opinion Leaders to Support Learning, Evidence-Based Practice and Quality Improvement<sup>14</sup>

<sup>11</sup> National Association of County and City Health Officials (NACCHO). Mobilizing for Action through Planning and Partnerships (MAPP). Phase 2: Visioning. Retrieved from https://bit.ly/3sR9ktk

<sup>12</sup> Youth Development Executives of King County. "Sample Visioning Process for Partnerships." Retrieved from https://ydekc.org/wp-content/uploads/2018/11/Sample-Visioning-Process-for-Partnerships.pdf

<sup>13</sup> Weinstein, P.V. (2014, September 12). "To Close a Deal, Find a Champion." Harvard Business Review. Retrieved from https://hbr.org/2014/09/to-close-a-deal-find-a-champion

<sup>14</sup> Brach, C. (2018, August). Using Champions and Opinion Leaders to Support Learning, Evidence-Based Practice, and Quality Improvement. Agency for Healthcare Research and Quality. Retrieved from https://www.ahrq.gov/sites/default/files/wysiwyg/evidencenow/tools-and-materials/using-champions.pdf

## **Define Partnership Roles and Responsibilities**

Your initiative is more likely to be successful if each partner is able to meaningfully engage and contribute. It is important that you set clear expectations of what meaningful engagement and contribution look like, and identify who is responsible for what. Contributions, particularly from healthcare organizations, must extend beyond providing funding or leveraging an established reputation. While CBOs may be responsible for community engagement, coordination and service delivery, healthcare partners should consider offering facility space and utilities, staff and volunteers, data sharing and analytic capabilities, nutrition education curricula, grant writing assistance and/or IT support. Documentation of these roles can help all parties prepare for inevitable turnover.

### Key challenges to prepare for:

➤ Power Imbalances. In certain spheres and communities, healthcare partners may have more funding, resources and credibility than CBOs. This means that community/healthcare partnerships are at risk of prioritizing the goals and objectives of the healthcare partner over those of the community-based partner. That said, establishing your partnership's program delivery model (see the Determine Implementation Model section below for more information) and roles and responsibilities before deploying interventions can help to mitigate these power imbalances. If expectations are made clear early on, there will be less opportunity for either partner to step outside of these agreements to prioritize their own objectives.

# **Establish Transparent Protocols**

Establishing systems to document decisions, as well as creating transparent communication protocols help to ensure that both parties are fully involved in the implementation process. Documenting vision statements, financial plans, action plans, and roles and responsibilities can help the partnership operate more efficiently and set the partnership up to persist if/ when staff leave. Scopes of work, contracts, pledges and signed letters of agreement are all helpful ways to capture protocols and procedures that have been agreed upon by both parties. MOUs or Business Associate Agreements (BAA) are particularly important to secure if you plan to share data between partners.

Setting expectations for communication is particularly important as you establish your partnership. Given that individual staff play key roles in the implementation of joint programming, there must be open lines of communication between main points of contact. This also increases your partnership's ability to withstand staff turnover or organizational changes that might occur. Ongoing communication is necessary to discuss progress and challenges, programs and referral timeline, and any changes to key staffing and responsibilities that might impact the referral process.

#### **Resources:**

- (Tool) "Sample Memorandum of Understanding Template"<sup>15</sup>
- (Tool) "Business Associate Agreement Template" 16

> – Memorial Hermann Community Benefit Corporation, Houston

<sup>15</sup> Centers for Disease Control and Prevention. "Sample Memorandum of Understanding Template." Retrieved from https://www.cdc.gov/cancer/ncccp/doc/samplemoa template.doc

<sup>16</sup> Fairview Physician Associates Network. "Business Associate Agreement Template." Retrieved from http://www.fpanetwork.org/fv/groups/internet/documents/web\_content/c\_816005.pdf

# Building Block: Put the Pieces Together



uring the implementation phase, you should determine a model that makes the most sense for your program and develop formalized workflows for the elements that each partner is responsible for.

# **Determine Implementation Model**

Partnerships between CBOs and healthcare providers have the potential to leverage complementary skills and expertise to address needs in the community, while increasing the accessibility of community-based preventive and chronic-care services. You and your healthcare partner must be intentional about how you deliver this care and implement your project. Approaches to project implementation in the context of a community/healthcare partnership often fall into two categories:

- 1. Co-location of services at a centralized location
- 2. Coordination of services between organizations

**Co-location of services at a centralized location**. Under this model, both members of the partnership come together to deliver programs and services in a central location. This may take the form of a "hub," where interdisciplinary and cross-sector health and wellness efforts take place in a single location. If your priority population is not centrally located, partners can come together to ensure that comprehensive services are offered to those who would benefit from them.

Examples of co-located services include: cooking classes, food lockers, and farmers markets at park sites where healthcare services are being provided. Within a clinic setting, these could include health/wellness fairs, nutrition education classes, or enrollment and participation in federal nutrition programs (e.g., SNAP, The Summer Food Service Program [SFSP], The National School Lunch Program [NSLP], Child and Adult Care Food Program [CACFP], etc.).

Coordination of services between organizations. Under this model, both members of the partnership offer discrete, yet coordinated, services that provide care at different points along the same continuum. This often takes the form of the health-care partner screening for food access and nutrition security and referring patients to programming and services delivered by you, the CBO. This implementation model often requires an extra level of investment in workflow and procedural development, considering that it's a heavier lift for healthcare partners and requires an alteration of their day-to-day operations. For this reason, we will go into a deeper explanation of how to establish referral networks from your healthcare partner to your community-based programs and services.

Example of coordinated services include: a fruit and vegetable prescription program, such as a food pharmacy or healthcare referral to nutrition hubs or other food security services run by park and recreation partners.



A depiction of the ways services are coordinated with and without a central location. For more information on referral systems, visit NRPA's resource, *Increasing Referrals to Community-Based Programs and Services: An Electronic Health Record Referral Process.*<sup>77</sup>

<sup>17</sup> NRPA. Increasing Referrals to Community-Based Programs and Services: An Electronic Health Record Referral Process. Retrieved from https://www.nrpa.org/our-work/partnerships/initiatives/healthy-aging-in-parks/community-integrated-health-strategies/



# Level Set: Agreeing on a Screening and Referral Approach

If your partnership is interested in establishing a community-based screening and referral system for food access and nutrition security, it is important to come to a consensus about what tools and processes will be used. Understanding these

"We are creating a community hub that we can use with partners to provide additional services to combat inequity."

 Integral Youth Services, Klamath Falls, Oregon

"They [healthcare provider]
were excited about this as
it will connect people with
resources in the community.
We don't always have
resources in the larger area
because we're rural."

– City of Kerman Parks and Recreation Kerman, California dynamics can help identify opportunities for synergy and integration between your team and your healthcare partner.

To start, you could consider discussing the following questions with your healthcare partner:

- 1. Why is this screening and referral process relevant to the healthcare setting? By conducting food access and nutrition security screenings and referrals, health centers can improve health outcomes for individuals, design better care teams to deliver patient-centered services and execute payment models that sustain value-based care. By partnering with a CBO and expanding its cross-sector relationships, healthcare organizations also have the opportunity to address community-level needs, redesign systems of prevention, and advocate for change on local policies. Identifying which of these outcomes are most meaningful to your healthcare partner can help you find opportunities for collaboration.
- 2. How will the screening and referral process be implemented in the context of the healthcare setting? To implement an integrated, coordinated screening and referral process, it is helpful to have a strong understanding of what data collection and documentation methods your partner already is using. For example, does your healthcare partner currently use a standardized screener for food insecurity? If they don't have a screener in place, you can work with them to figure out what makes the most sense for their setting and care processes, and how this might intersect with your goals.

3. What can parks and recreation do once the screening has been completed and a patient is referred? This is where you have the chance to shine and offer direct involvement in your healthcare partner's workflow. One common barrier for healthcare organizations in conducting food access and nutrition security screenings is a lack of community-level partnerships and ongoing availability of community resources, which prevents them from confidently making a referral. However, through your partnership's community-based referral agreement, healthcare partners have a greater capacity to understand the resources available within the community and how patients can access those resources.

"Aunt Bertha (now findhelp.org) has a capacity for us to refer to resources. If there were something like a regularly scheduled connection point or service we knew we could connect people to, I could then use the tool to refer people. I wouldn't regularly refer though, if it was an event, versus a regular service. For example, a quarterly health event isn't something we would refer to. If there was regularity though; for instance, on the first Saturday of the month, it could be made available as a referral resource within a ZIP code. We haven't yet figured out the mobile food pantry and how referrals would happen there, but if it's regularly scheduled, then that could be a referral point for us. When people look for resources, they are searching by topic like food insecurity, and by ZIP code, so we are referring to resources that are available with regularity."

- Arkansas Children's Hospital, Little Rock, Arkansas

4. How might parks and recreation help close the referral loop for referred patients? Another common challenge health-care organizations face in community-clinical partnerships is retrieving information on their patients once a referral has been placed. You could consider working with your healthcare partners to identify a simple and secure system for sharing data related to patients' referral uptake, services received, etc. (see the Identify Key Metrics and Measures of Success section below for more information).

Walking through these questions and developing a shared understanding of workflow processes within the healthcare setting can help you to assess the level of buy-in from your healthcare partner and ensure that your partnership develops an effective referral system.

#### Resources:

- ➤ (Additional Reading) Screen and Intervene: A Toolkit for Pediatricians to Address Food Insecurity<sup>18</sup>
- (Additional Reading) "Strategies for Supporting Health Center Patients Experiencing Food Insecurity"
- ➤ (Tool) "The Hunger Vital Sign"<sup>20</sup>

<sup>18</sup> Ashbrook, A., Essel, K., Montez, K., and Bennet-Tejes, D. (2021, January). Screen and Intervene: A Toolkit for Pediatricians to Address Food Insecurity. American Academy of Pediatrics and Food Research & Action Center. Retrieved from https://frac.org/wp-content/uploads/FRAC\_AAP\_Toolkit\_2021.pdf

<sup>19</sup> Health Information and Technology, Evaluation and Quality Center. (2021, May). "Strategies for Supporting Health Center Patients Experiencing Food Insecurity." Retrieved from https://hiteqcenter.org/Resources/HITEQ-Resources/strategies-for-supporting-health-center-patients-experiencing-food-insecurity

<sup>20</sup> Children's HealthWatch. (2014, May). "The Hunger Vital Sign: A New Standard of Care for Preventive Health." Children's HealthWatch Policy Action Brief. Retrieved from https://bit.ly/3gQlVaS



Key steps to develop a referral process strategy.

# **Develop the Implementation Plan**

Park and recreation and healthcare staff must develop a joint strategy around the referral process. While this looks different depending on the size of your organization, resources available, and the level of experience implementing community-based referrals, this strategy should outline and document:

- 1. Workflows of both the healthcare partner and parks and recreation
- 2. Identification of key staff and their roles/responsibilities
- 3. Communications plan
- 4. Specifics of implementation efforts (e.g., outline of the location, dates and times programming is being offered)
- 5. Marketing strategy and communication materials (e.g., parks and recreation may consider developing communication materials that can be shared with healthcare partners and their patients, describing their services)
- 6. Training of healthcare and park and recreation staff on engaging referred participants (as needed)
- 7. Outline of evaluation activities for both the healthcare partner and parks and recreation

Many of these assessments and decisions already have been made through steps outlined earlier in this resource; however, it is important to document the specifics once the program and partnership have been refined.

#### **Resources:**

➤ (Tool) Workflow and Process Analysis for Community Care Coordination<sup>21</sup>

# **Pilot Your Implementation Plan**

The implementation of this referral will look different for your agency and your healthcare partner. For example, your healthcare partners are responsible for developing processes to identify and refer patients to community-based services, communicating that referral to the patient, and following up with both parks and recreation and the patient to close the loop. Park and recreation staff are responsible for delivering and evaluating services to patients who are referred for food and nutrition services. Determining exactly what this looks like for your partnership takes some iteration — begin by piloting the implementation plan you have agreed on for a specified period of time (e.g., one to three months). After the pilot has concluded, come together to discuss what went well and what did not, and how to modify/improve it. The ultimate goal is expansion of the pilot.

Some discussion topics could include:

- Whom did we elicit feedback from? Whom have we not reached out to?
- What have been the major pain points of our pilot rollout? What did we overlook in our planning?
- What data are we collecting? Are we successfully collecting the data we need?
- What about our partnership communication was effective? What was ineffective?

<sup>21</sup> Stratis Health and KHA REACH. (2014). Workflow and Process Analysis for CCC. Retrieved from https://stratishealth.org/wp-content/uploads/2020/07/3-Workflow-and-Process-Analysis-for-CCC.pdf



aking data collection and sharing a central component of your initiative increases your ability to draw a clear line between intervention and impact. Collecting and intentionally communicating data is a critical component of your community wellness hub's sustainability. For example, beyond helping you identify ways to strengthen your initiative, you can use data to communicate the project's successes to policymakers and stakeholders, identify and establish new partnerships, and secure additional funding.

# **Identify Key Metrics and Measures of Success**

In order to properly assess your impact on improving nutrition security, partnering organizations must work together early on to identify a common set of key metrics and measures of success. Each organization will likely be interested in different types of data that align with their respective long-term objectives. For example, your healthcare partner may be more interested in using outcome data to ultimately secure administrative buy-in, while park and recreation agencies may be more interested in using outcome data to assess program success or secure future funding.

"If we can't measure impact, it's challenging to sustain in the long run."

– Arkansas Children's Hospital, Little Rock, Arkansas

Of the data you are interested in collecting, it is important for you to come together with your healthcare partner to determine what data would be valuable to share with one another as part of the partnership. Be sure to also consider the data needed from a quality improvement lens. Once you've laid this foundation, you can consider other metrics and measures that might be useful or advantageous to collect for long-term purposes.



#### Potential metrics may include:

<b>Process measures:</b> Focused on program participation or reach	<ul> <li>Number of screenings done (by healthcare partner)</li> <li>Number of referrals to parks and recreation (by healthcare partner)</li> <li>Number of contacts made with patients who were referred</li> <li>Number of completed referrals, or the number of people assisted by parks and recreation, who were referred from the healthcare partner</li> <li>Percentage of completed referrals made to parks and recreation</li> <li>Number of attendees at shared events</li> </ul>
Outcome measures: Typically focused on specific health results related to program intervention or impact on community needs and population health status	<ul> <li>Health outcome measures (e.g., HbA1c blood test for patients who are diabetic and received services through a community wellness hub)</li> <li>Results of subsequent food security or social need screening (i.e., responses to food security or social need screening questions and whether those show improvement) for patients who received services through a parks and recreation partnership</li> </ul>

# **Identify a Data-Sharing Plan**

After you have identified what information will be shared between you and your partner, the next step is to determine *how* this information will be shared. It is likely that you and your healthcare partners have different systems and processes for storing and sharing data.

Early on in your partnership, discuss and come to an agreement on the following questions:

- ➤ Who holds the data that results from the partnership/program?
- ➤ How is the data shared (e.g., Stored in a shared location? Shared via secure email)?
- ➤ Who has access to the data?
- How is the data shared outside of your organizations (e.g., for reporting, decision-making purposes, etc.)

#### **Healthcare Considerations: HIPAA**

The Health Insurance Portability and Accountability Act (HIPAA) considerations are a key healthcare concern, and you need to work together to determine how to safely and securely collect and share data. Your partnership agreement outlines how data is shared; however, if it is determined that personal identifying information cannot be shared between park and recreation agencies and your healthcare partner, there are other approaches you can take to exchange critical information while remaining HIPAA compliant. These include:

- 1. Healthcare partner and parks and recreation use a shared, secure method for referrals, such as secure email (e.g., Virtru) or a secure online platform (e.g., UniteUs or findhelp.org)
- 2. Responsibility is placed on the patient to contact the CBO
- 3. Only aggregate information is shared between park and recreation agencies and the healthcare provider

## Key challenge to prepare for:

➤ Capacity to securely store and share data. If you're interested in implementing a robust data sharing system with your healthcare partner, it is likely that you will need to implement a secure system, in order to protect personal identifiable information (PII). It's important to consider your internal capacity to securely store information (e.g., spreadsheet on a secure drive) or share information with your healthcare partner (e.g., Virtru).

## Resources:

(Additional Reading) Increasing Referrals to Community-Based Programs and Services: An Electronic Health Record Referral Process<sup>17</sup>

# Building Block: Sustain Your Partnership and Initiative



There are a number of elements that you can mediate throughout the implementation process to ensure sustainability, such as preventing disruptions from staff turnover by establishing clear and transparent protocols, or continuously monitoring your efforts to engage in necessary quality improvement. However, there are some larger questions that you and your partner likely need to consider, such as how to sustain funding and scale up your initiative once you have demonstrated its success.

# **Expand Financial Streams**

CBOs like parks and recreation are well-versed in the conflicting relationship between program sustainability and grant-based funding. In order to sustain your initiative past grant funding, you need to look to alternative funding streams.

If your healthcare partner is a hospital, you may be able to take advantage of its community benefits program under the Patient Protection and Affordable Care Act (ACA). For a hospital to maintain its nonprofit status, it must engage in and report on activities that demonstrate the hospital's promotion of community health, which includes community-based referrals to food access and nutrition security programming. Other possible funding streams include the healthcare institution (beyond the Community Benefits program), local health foundations, private foundations, corporate sponsorships, individual donations or crowdsourcing.



To take it a step further, you might consider advocating for more sustainable funding models on a county or statewide level. For example, you could work with other community leaders to advocate for changes to state policies to enable reimbursement of food insecurity screenings and referrals within healthcare.

# **Scale Up Your Initiative**

If your initiative is ongoing, successful and well-funded, you may consider scaling up your initiative. This could include engaging additional healthcare partners or tapping into alternative funding streams to expand the scope of services. You can expand the number of days a week or month that you offer programming, expand to different park and recreation sites/locations or partner with other park and recreation agencies to integrate your services. Participating in a multi-sector partnership or community coalition is an especially effective approach to reaching a wider audience and identifying opportunities for growth within your community.

"But with [the] program, it's only for six weeks. They're dosed with heavy activities and when they're back in the fall, we don't have that consistent messaging. Through a grant, we're able to do this work year-round. [The hospital] has a tested curriculum and we have their [hospital's] support when training our staff. So, it's not just a wellness project, it's a city-wide project. This has helped us get our footing."

– Chicago Parks District, Chicago

# **Conclusion**

Park and recreation agencies and healthcare providers share the common goal of improving the health and well-being of their communities. As healthcare providers become increasingly invested in addressing the social needs of their patients, through community-clinical partnerships, parks and recreation have the unique opportunity to leverage their position and complementary skills to improve access to community-based preventive and chronic-care services. The nature of this partnership will look different, depending on each partner's resources, size, readiness to engage and level of experience. However, through intentional coordination, integration and accountability, park and recreation agencies and healthcare partners have the opportunity to successfully and sustainably improve health outcomes in their communities.

# **Acknowledgements:**

The National Recreation and Park Association (NRPA) would like to thank the following organizations and individuals for contributing, providing feedback, and developing this toolkit.

## **Product Coordinator - NRPA**

Allison Colman, Director of Health Maureen Neumann, Senior Program Manager

#### Consultant - John Snow, Inc. (JSI)

Amelia Fox, Project Associate Nicole Giron, Consultant Jillian Maccini, Senior Consultant Amanda Ryder, Senior Consultant

### Project Review - NRPA

Tiff Cunin, Senior Program Manager Lauren Kiefert, Program Manager Liliana Ruiz Fischer, Program Specialist

NRPA also would like to thank the park and recreation professionals and healthcare professionals who contributed their time and expertise in the formative research stage of product development.

Thank you to Kim Mabon, Jennifer Nguyen and Vitisia Paynich for making this resource possible. In addition, thank you to the many park and recreation agencies that contributed the images featured throughout this report.

This resource was made possible by the support from the Walmart Foundation. Its contents are solely the responsibility of the authors and do not necessarily represent the views of the Walmart Foundation.

Contact Maureen Neumann at mneumann@nrpa.org with any questions or comments.



22377 Belmont Ridge Road, Ashburn, VA 20148 800.626.NRPA (6772) | nrpa.org