



April 23, 2010

Re: Developing a patient resource referral network

**Department of Health
& Family Support**

250 South 4th Street – Room 510
Minneapolis, MN 55415-1372

Office 612 673-2301
Fax 612 673-3866
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www.ci.minneapolis.mn.us/dhfs

Dear Clinic Representative:

The Minneapolis Department of Health and Family Support was recently awarded a Minnesota State Health Improvement Program (SHIP) Grant. This grant will allow us to work with healthcare clinics in building partnerships between healthcare providers and community resources to facilitate active referral of patients to local resources that increase access to high quality nutritious foods, opportunities for physical activity, and tobacco use cessation.

We are in the process of recruiting clinics to participate in this project which will include the following activities:

- Clinics work with health department staff to describe their clinic processes around making referrals to clinic- and community-based resources for physical activity, healthy foods, and tobacco use cessation.
- Clinics participate in clinic and provider baseline and follow-up assessments of their activities related to referrals to clinic-and community-based resources.
- Clinics participate in a provider focus group and patient survey to inform the development of a resource referral network.
- Clinics will work to implement the resulting resource referral network into their clinic referral processes and participate in an assessment on its implementation and use.
- Clinics will receive a \$2,000 stipend for participation

If your clinic is interested in participating in this project, please contact Kristen Godfrey by May 14, 2010 at 612-673-2075 or kristen.godfrey@ci.minneapolis.mn.us. We expect to work with intervention clinics from May 2010 through June 2011.

Sincerely,

Kristen Godfrey, MPH
Health Care Specialist, Minneapolis Statewide Health Improvement Program

Resource and Referral Network Project Clinic Agreement

Clinic: _____

Date: _____

Project Goal:

Develop a referral system that health care providers can use to refer patients to clinic-and community-based programs and services for physical activity, healthy foods and tobacco use cessation.

Agreement specifications:

1. Agreement period: One year.
2. Payment: \$2,000 per clinic.

Clinic agrees to do the following:

- Designate a contact person to meet with health department staff and provide assistance in facilitating, planning, and implementing the project and evaluation activities.
- Work with health department staff to describe clinic processes around making referrals to clinic-and community-based resources for physical activity, healthy foods and tobacco use cessation.
- Participate in clinic and provider baseline and follow-up assessments of activities related to referrals to clinic-and community-based resources.
- Participate in a provider focus group and patient survey to inform the development of a resource referral network.
- Participate in additional assessments and/or provide feedback on broad based referral system development work throughout the agreement period.
- Work to implement the resulting resource referral system into clinic referral processes and participate in an assessment on its implementation and use.

SHIP Staff will provide the following:

- Provide existing community resource lists and database directories for referrals to physical activity, healthy foods, and tobacco use cessation.
- Provide technical assistance in developing clinic-specific community partnerships for referrals (dependent on available resources)
- Summarize assessment data provided by the clinic
- Share referral practices and resources from other clinics participating in the project
- Provide a toolkit that includes patient education materials for obesity and tobacco cessation.
- Provide technical assistance in planning the implementation, use, and assessment of the resulting resource referral system

Clinic Signature: _____

Date: _____

SHIP Signature: _____

Date: _____