

Northeast Diabetes Partnership



Through the Obesity, Diabetes, Heart Disease, and **Stroke Prevention (ODHDSP)** funding, the Community and Clinical Connections for **Prevention and Health Branch** (CCCPH), housed within the **Chronic Disease and Injury Section of the North Carolina** Division of Public Health, will work to implement systems and increase partnerships to facilitate bi-directional referral between community resources and health systems, including lifestyle change programs. These goals align with other initiatives being undertaken by the Branch, and will be implemented by **ODHDSP** regional staff in ways that add value to the overall goal of connecting health care providers with community resources.

## CONNECTIONS for Prevention & Health Branch NORTH CAROLINA Branch NORTH CAROLINA Branch NORTH CAROLINA

## Obesity, Diabetes, Heart Disease and Stroke Prevention (ODHDSP) Project

Northeast Diabetes Partnership: NC eHealth Refer & Track

## **BACKGROUND**

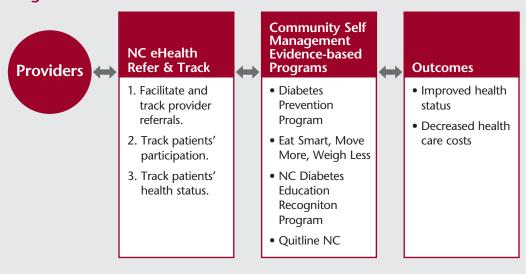
The Chronic Disease and Injury Section of the North Carolina Division of Public Health established a working group with the NC Division of Aging and Adult Services, Community Care of North Carolina, the Area Health Education Centers, NC Office of Rural Health, and NC Cooperative Extension in 2012 to explore options for a comprehensive referral and tracking system connecting clinical and community services. In 2015, the Kate B. Reynolds Charitable Trust awarded the Branch funds through the NC Public Health Foundation to pilot these ideas for community-based diabetes education programs in northeastern North Carolina. The Northeast Diabetes Partnership: NC eHealth Refer & Track will facilitate bi-directional communication links between primary care providers and community-based diabetes education programs to increase access to care and improve health outcomes for people with diabetes and pre-diabetes. This system will create community-clinical connections that bridge community prevention efforts with health care systems to streamline patient referrals and encourage timely follow-up to build support for healthy lifestyles among adults, particularly those at high risk.

## **APPROACH**

Since the bi-directional strategy of the ODHDSP grant, while specifically addressing the area of pre-diabetes, was similar to the larger goal of the Northeast Diabetes Partnership: *NC eHealth Refer & Track* and overlaps in some of its target areas, it was logical to coordinate efforts. ODHDSP regional staff will work with the Northeast Diabetes Project Coordinator and appropriate healthcare staff (often related to Area Health Education Centers) to facilitate bi-directional feedback around diabetes prevention programs using protocols developed through the pilot project and other tools developed with previous Community Transformation Grant funding.

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Figure 1. NC eHealth Refer & Track Process



This handout was produced by the Community and Clinical Connections for Prevention and Health Branch, Chronic Disease and Injury Section, Division of Public Health, NC Department of Health and Human Services. If you have any questions about information in this handout, please email contact@communityclinicalconnections. com. For more information on the Community and Clinical Connections for Prevention and Health Branch, please visit: www.communityclinicalconnections.com.