

10-28-2019

Rx for Health Referral Toolkit to Promote Extension Programs

Holly Tiret

Michigan State University, tiret@msu.edu

Cheryl Eschbach

Michigan State University, cheryl@msu.edu

Cathy Newkirk

Michigan State University, newkirk@msu.edu

Follow this and additional works at: <https://scholarsjunction.msstate.edu/jhse>



Part of the [Medicine and Health Sciences Commons](#), and the [Social and Behavioral Sciences Commons](#)

Recommended Citation

Tiret, H., Eschbach, C., & Newkirk, C. (2019). Rx for Health Referral Toolkit to Promote Extension Programs. *Journal of Human Sciences and Extension*, 7(3), 9. <https://scholarsjunction.msstate.edu/jhse/vol7/iss3/9>

This Original Research is brought to you for free and open access by Scholars Junction. It has been accepted for inclusion in *Journal of Human Sciences and Extension* by an authorized editor of Scholars Junction. For more information, please contact scholcomm@msstate.libanswers.com.

Rx for Health Referral Toolkit to Promote Extension Programs

Holly Tiret

Cheryl Eschbach

Cathy Newkirk

Michigan State University Extension

The Cooperative Extension National Framework for Health and Wellness calls for the Cooperative Extension Service (CES) to partner with healthcare professionals to support their patients in preventing illness and promoting health through community education. Strategies to connect the healthcare system with coordinated referrals to community-based health programs can help patients improve health outcomes. The Rx for Health Referral Toolkit pilot project was developed as part of a strategy to align CES's strengths with the medical community to promote quality healthcare experiences for patients. The toolkit educates healthcare providers about the many health programs offered by CES in Michigan. It helps ease the burden on healthcare providers by providing a ready-to-use, simple referral tool. Extension staff were recruited to serve as the point of contact for healthcare provider referrals and conduct outreach with primary care practices utilizing the Rx for Health Referral Toolkit. As a result of the pilot project, CES educators had 56 new participant referrals directly from healthcare providers. Prior to this pilot, referrals from healthcare providers were rare. Feedback showed that patients also needed to know what CES is and what it has to offer. Partnerships between healthcare providers and CES can improve the health of patients nationwide.

Keywords: community-based programs, health education, program referrals, promoting Extension programs, Rx for health, referral toolkit

Introduction

The Cooperative Extension National Framework for Health and Wellness explains how the Cooperative Extension Service (CES) can respond to health trends and priorities that keep Americans healthy at all stages of the lifespan (Braun et al., 2014; Braun & Rodgers, 2018). Strategic partnerships are a key aspect of the framework and are needed to engage communities in creating cultures of health. CES can be the link between individuals that need lifestyle change educational programs and the physicians or clinics seeking community resources for patients. In recent decades, the focus of primary care has moved from sole dependence on healthcare providers transmitting knowledge to a greater reliance on family- and community-level resources for those managing chronic illness and disease (Ono et al., 2018). This shift in responsibility of

Direct correspondence to Holly Tiret at tiret@msu.edu

health to the patients and the communities in which they reside has created a need for supports (e.g., referral systems), evidence-based health curricula, and infrastructure innovation (e.g., classes held in healthcare settings) to improve the quality of healthcare delivery (Agency for Healthcare Research and Quality [AHRQ], 2014; Ono et al., 2018). A national primary care extension service has been suggested to connect physicians and patients to community resources (Grumbach & Mold, 2009; Phillips et al., 2013) as part of an overall strategy to assist primary care practice transformation. Ideally, a model of health extension that utilizes CES as an established network for community-based education can address goals set forth in both the Cooperative Extension National Framework for Health and Wellness and those proposed in the primary care extension program (Dwyer et al., 2017).

Clinical-Community Connections

Clinical-community connections is a strategy for reducing and preventing disease in communities (Phillips et al., 2013). Primary care practices need an infrastructure of local care coordination and support for patients to learn self-management strategies and participate in health education (Grumbach & Mold, 2009). Effective clinic-community connections provide patients with help in changing unhealthy behaviors through educational program referrals and research (Dwyer et al., 2017). Clinical-community connections afford healthcare providers the opportunity to refer patients to community programs that educate patients beyond what providers can address. Community agencies are helped through the establishment of connections to patients for whom their programs are designed (AHRQ, 2014). Finally, CES benefits from effective partnerships with healthcare providers (Braun & Rodgers, 2018). By providing relevant health education, CES is recognized as a local source of education and support for patients (Prevedel et al., 2018). CES is uniquely positioned to address the national health crises of growing expenditures and high prevalence rates of disease (Henning, Buchholz, Steele, & Ramaswamy, 2014; Scutchfield, Harris, Tanner, & Murray, 2007). CES's national network, aligned with land-grant universities, has the fiscal-management and staffing capacity to make meaningful impacts through the delivery of effective health education programs (Braun & Rodgers, 2018; Dwyer et al., 2017, Hill & Parker, 2005; Scutchfield, 2009).

Role of Healthcare Providers in Program Referrals

Healthcare providers play a critical role in guiding and educating patients in health promotion. Most patients rely on their healthcare providers for information on healthy lifestyle behaviors, such as beginning or maintaining an exercise program (Abramson, Stein, Schaufele, Frates, & Rogan, 2000). Diabetes and obesity are the most likely chronic conditions to prompt a healthcare provider referral. From 2000 to 2010, there was a 40% increase in adults with diabetes and obesity receiving recommendations for exercise from their doctors (Barnes & Schoenborn, 2012). One study showed that a recommendation alone had a moderate effect on patients' health (e.g., improved oxygen uptake, Hemoglobin A1c (HbA1c), Body Mass Index

(BMI), body weight, and self-reported health-related quality of life factors). Researchers also found greater effects when the recommendation was combined with a prescription for exercise (bi-weekly, 1-hour sessions, two months) from primary care providers (Sorensen, Kragstrup, Kjaer, & Puggaard, 2007).

Current medical care guidelines encourage the use of non-drug interventions for the treatment of chronic conditions (Dowell, Haegerich, & Chou, 2016). Non-drug interventions include self-management and other educational programs provided by community organizations outside of healthcare settings to patient populations (AHRQ, 2014). Healthcare providers may not know that these programs are available and may be unfamiliar with the organizations that provide them; yet, they are open to learning about them (Centers for Disease Control and Prevention [CDC], 2015). In rural areas particularly, CES plays a crucial role in connecting community resources to address chronic disease management (Gerrior & Crocoll, 2008; Kruger, Murray, & Zanjani, 2011). Healthcare providers may not be aware that CES also plays a vital role in providing health education.

A Robert Wood Johnson Foundation (RWJF, 2011) survey found that 85% of physicians who responded said patients' social needs are as important to address as their medical conditions. However, only 20% of physicians felt confident or very confident in their ability to address their patients' unmet social needs. Physicians reported if they had the power to write prescriptions to address social needs, such prescriptions would represent approximately one of every seven prescriptions they write (RWJF, 2011). Primary care physicians have also identified connections to external community resources, especially for mental health, as one of the most needed services to transform clinical care practices (Parisi & Gabbay, 2015). This evidence suggests that family practice physicians and allied healthcare professionals recognize the importance of supporting patients more holistically and could benefit from more familiarity with available programs.

The Agency for Healthcare Research and Quality (AHRQ, 2014) published a toolkit to help medical professionals more effectively connect patients to community resources, particularly to address obesity. The AHRQ Clinical Community Connections: Linking Primary Care Patients to Local Resources for Better Management of Obesity toolkit (AHRQ, 2014) offers insight and lessons learned in implementing a community referral system within a medical care practice. The AHRQ toolkit lists several helpful steps, from establishing motivation and interest of the practice to identifying, connecting, and evaluating potential patients and partners. Many of the strategies, however, put the burden of setting up a referral system on the medical practice itself.

One way to alleviate the burden on healthcare providers of developing a referral system is to provide a tool and process they can use to refer patients to community-based programs. Michigan CES developed the Rx for Health Referral Toolkit, informed in part by the AHRQ (2014) toolkit. The Rx for Health Referral Toolkit serves to educate healthcare providers about the many health programs offered by Michigan CES, as well as a means by which healthcare

providers can refer patients to those programs. The Rx for Health Referral Toolkit contains a paper referral pad and instructional guides. The referral pad tells patients how to contact their local CES office for program information and enrollment. The referral pad is intended as a simple, easy-to-use, and cost-effective way for healthcare providers to refer their patients to community resources.

This paper shares lessons learned from the pilot project conducted using the Rx for Health Referral Toolkit. The pilot project created an opportunity to promote CES health programs to a new audience of community-based medical professionals in Michigan. CES already provides a variety of health education programs in these same communities, so it is a logical choice for doctors and other medical professionals to use CES as an educational resource for their patients.

The Rx for Health Referral Toolkit Pilot Project

In 2016, an interdisciplinary team developed a referral tool to promote a variety of CES health-related programs. Formatting of the referral tool was based on a traditional prescription paper pad used by physicians (Figure 1). Examples of previous referral tools from Extension and elsewhere, such as the National Diabetes Prevention Program (Albright, 2012), informed the design of the referral pad. Existing referral tools promoted one specific program only, such as the Stanford Chronic Disease Self-Management Program (Ahn et al., 2013). The Rx for Health referral pad is different in that it lists broad topics, such as “preventing diabetes,” instead of specific curricula.

Figure 1. Rx for Health Referral Pad

Rx for Health MICHIGAN STATE UNIVERSITY | Extension

Free or low cost workshops for you and your family

MSU Extension has many educational programs to help you stay healthy.

Learn more about:

- Eating healthy & being active
- Raising kids
- Managing money
- Living well with diabetes
- Preventing diabetes
- Dealing with stress and anger
- Preventing foodborne illness
- Cooking for health
- Healthy aging
- Healthy relationships

MSU is an affirmative-action, equal-opportunity employer. Michigan State University Extension programs and materials are open to all without regard to race, color, national origin, gender, gender identity, religion, age, height, weight, disability, political beliefs, sexual orientation, marital status, family status or veteran status.

For more information contact:

msue.msu.edu

To test the efficacy of the referral pad promoting broad topics representing a variety of programs, a pilot project was designed. Additional materials were created to support CES educators and county office staff in the optimal use of the referral pad and to inform healthcare providers about CES health-related programs. The set of materials are collectively called the Rx for Health Referral Toolkit.

Goals of the pilot project were twofold:

- Raise awareness, specifically with primary care clinics and among the patients they serve, about CES health programs through the Rx for Health Healthcare Provider Guide.
- Increase enrollment in CES health programs by collaborating with primary care clinics and federally qualified health centers to make patient referrals.

Throughout the state, county-based CES educators with health expertise were recruited to participate in the pilot project. Members of the Rx for Health Referral Toolkit design team recruited educators by presenting the toolkit concept at internal statewide conferences and program team meetings, showing examples of the referral tool, sharing the goals of the project, and describing the role educators would play. Inclusion criteria for the pilot project included an educator indicating interest in the pilot project goals and willingness to follow through. The pilot design called for participation from eight to ten educators. Nine educators volunteered to participate, and all were accepted. Each educator committed to serve as the main point of contact for healthcare provider referrals and to conduct outreach with primary care practices utilizing the Rx for Health Referral Toolkit.

Rx for Health Referral Toolkit Materials

Table 1 shows the connections between topic areas listed on the Rx for Health referral pad and the CES educational programs that fit under those particular topic areas. The broad topic areas serve as a starting point for someone who is in the early stages of change and getting ready to take an active role in their own health care. The CES programs shown in Table 1 were chosen for two reasons. The first was the evidence-base of the programs' outcomes related to specific topics. For example, research and/or program evaluations show that several different curricula facilitate outcomes related to the topic area of eating healthy and being active. Therefore, those programs are provided as customized recommendations under that topic. The second reason that the programs were chosen was that these are signature CES programs, meaning they are provided statewide and available in most counties, are based on proven outcomes, and in some cases, are available online. More detailed program information, such as proven outcomes, was included in the instructional guides. The CES educators were encouraged to discuss programs in greater detail during meetings with providers.

Table 1. Connections between Rx for Health Referral Pad Topics and Michigan CES Educational Programs

Topic Listed on Referral Pad	Educational Programs Provided by Extension in Michigan
Eating healthy and being active	<ul style="list-style-type: none"> • Eat Healthy, Be Active (for adults) • Eat Smart, Live Strong (for seniors)
Cooking for health	<ul style="list-style-type: none"> • Cooking Matters (for youth and adults) • Healthy Harvest nutrition education and gardening • Show Me Nutrition (for youth)
Healthy aging	<p>A wide variety of nutrition and self-management programs are available, based on patients' needs, such as;</p> <ul style="list-style-type: none"> • Eat Smart, • Live Strong • Dining with Diabetes • Matter of Balance
Preventing diabetes	<ul style="list-style-type: none"> • National Diabetes Prevention Program
Living well with diabetes	<ul style="list-style-type: none"> • Chronic Disease Self-Management Program • Dining with Diabetes
Raising kids	<ul style="list-style-type: none"> • Nurturing Families • Co-Parenting, Parenting Education
Managing money	<ul style="list-style-type: none"> • Money Smart/ Dollar Works II • Who Gets Grandma's Yellow Pie Plate • Homeownership Education, Rent Smart
Dealing with stress and anger	<ul style="list-style-type: none"> • RELAX: Alternatives to Anger • Stress Less with Mindfulness
Healthy relationships	<ul style="list-style-type: none"> • Be SAFE, ABCs of Bullying Prevention
Preventing foodborne illness	<ul style="list-style-type: none"> • Cooking for Crowds • Cottage Food Law Basics and Business • Food Preservation

Each of the three Rx for Health Referral Toolkit instructional guides was produced for a different audience. One guide for CES educators outlined the purpose of the referral pad and the process they were to follow. Another guide was developed for healthcare providers (i.e., doctors, physician assistants, medical assistants, nurses, care managers, allied health staff) explaining Michigan CES and the various health-related programs offered, including evidence of the programs' effectiveness. The third guide was developed for CES administrative assistants or county support staff who typically answer the main office phone. One section of the third guide covered "what happens when someone calls," so that support staff were better able to receive calls from patients referred by healthcare providers' offices and able to direct them accordingly.

Implementation

Rx for Health Referral Toolkit materials were distributed to the nine CES educators in September of 2016. The pilot project team provided an online training session for all CES educators recruited. The educators were introduced to the three instructional guides and learned the recommended way to approach and communicate with healthcare provider staff. A package of materials containing one educator guide, one administrative assistant guide, three healthcare provider guides, and 27 personalized Rx for Health referral pads (50 sheets per pad) were given to each educator. The educators were asked to pick at least three sites in their areas (e.g., a doctor's office, medical clinic, and local hospital) and deliver up to nine pads per site (nine pads x three sites = 27 pads). Most of the educators identified three sites. Three educators selected more than three sites (6, 5, and 4, respectively). The numbers of referral pads were distributed accordingly. The total number of pads provided to educators statewide was 243. In addition, PDF versions of the three instructional guides were emailed to each educator so that additional guides could be printed, if needed, or emailed to medical offices as a way of introduction.

A Microsoft Excel data collection spreadsheet was created so educators could document program distribution efforts. A Microsoft Word document intake form was completed by each educator describing where the materials were placed (e.g., primary care, clinic, or other), the location (address, zip code, county), the date delivered, and the number of referral pads delivered per site. Educator feedback was solicited by the pilot project lead through phone conversations and email messages throughout the three-month pilot project to document challenges and successes.

Project Outcomes and Discussion

One measure of success for the pilot project was tracking how many pads were distributed and returned from each site after three months. By the end of the three-month pilot, 216 of the 243 Rx for Health referral pads were distributed to 30 sites, including private practices ($n = 18$), federally qualified health clinics ($n = 9$) and local hospitals ($n = 3$). One of the selected educators left her university position shortly after receiving the personalized Rx for Health referral pads, so 27 pads were undistributed.

Feedback was obtained from the CES educators involved in the pilot project. Educators first completed an online survey asking them to identify challenges in using the Rx for Health Referral Toolkit, effective outreach strategies, and other experiences that might inform future training or improve Rx for Health procedures and materials. Additionally, a project debriefing meeting took place through a video conference with the CES educators involved in the pilot. Questions were posed to the educators about what worked well and what needed to be addressed for the Rx for Health Toolkit to be successful in the future. This online meeting format provided a synergistic opportunity to discuss solutions and improvements for the program. The following outcomes related to the two original pilot project goals were found through the feedback from the participating CES educators.

Goal 1: Raise awareness, specifically with primary care clinics and among the patients they serve, about CES health programs through the Rx for Health Healthcare Provider Guide

Educators reported the healthcare provider guide was a valuable tool for increasing awareness of Michigan CES health programs. Providers told educators they were surprised by the number of research- and evidence-based programs provided by CES, and its statewide reach and longstanding presence in local communities. Educators stated that the healthcare provider guide furnished easy-to-use talking points to engage with healthcare providers in face-to-face meetings, through email introductions, and at community health fairs. Educators expressed appreciation for the guide developed specifically for them. It helped to increase CES's visibility to a new audience in Michigan, and it taught the participating educators the value of connecting healthcare providers to the health education programs they offer in their communities.

Goal 2: Increase enrollment in CES health programs by collaborating with primary care clinics and federally qualified health centers to make patient referrals

The participating CES educators had three months to promote and distribute the referral pads. During the subsequent three months, they continued to track incoming referrals as a result of the pilot project. At the end of six-months, educators reported referrals in the online pilot project survey. Survey results showed that four of the educators experienced an increase in enrollment over and above the number of referrals they typically received from community partners. They attributed this increase directly to their use of the Rx for Health Referral Toolkit. The educators reported a total of 56 program referrals directly from healthcare providers. This is significant because, prior to the pilot project, they reported receiving few, if any, referrals from healthcare providers. The 56 referred individuals enrolled in the following programs: Cooking Matters ($n = 19$), Chronic Disease Self-Management Program ($n = 18$), Dining with Diabetes ($n = 18$), and Eating Right is Basic ($n = 15$). Some participants enrolled in more than one educational series.

Feedback from Extension Educators to Improve Rx for Health

At the conclusion of the pilot project period, the participating CES educators provided feedback about the process and the materials that were part of the pilot project. Some requested the materials be translated and printed in Spanish and Arabic. There were specific counties where educators thought referrals would have been increased had they been able to provide Rx for Health Referral pads in those languages.

The participating CES educators also recognized the need to have classes scheduled ahead of time so that they had something to offer patients who were referred by healthcare providers. The educators realized the value of having classes available so that potential participants would not have to wait for a class to become available after they initially contacted the CES office.

Some healthcare providers were reluctant to keep track of and use a paper referral pad. Others had existing referral systems as part of their electronic medical records. To help address this issue, the Rx for Health referral pad could be electronic in the future for ease of use. That option is being explored through statewide platforms within Michigan.

If the Rx for Health Referral Toolkit is to continue in Michigan, ongoing training in its use will be necessary. Training for CES educators will encompass lessons learned from the pilot project, including an improved method of tracking referrals. How to best communicate with healthcare providers and how to best work within the healthcare systems will also be included.

The focus of the Rx for Health pilot project was to raise healthcare providers' awareness of CES's health programs. Educators' feedback suggested that patients also need to know about CES, to develop trust in the educators, and to value the health programs in their communities. To increase awareness, educators suggested that placing CES program materials and Rx for Health posters in healthcare providers' waiting rooms so that patients might learn about CES before physicians make referrals to programs during office visits.

The topics listed on the Rx for Health pad were purposely broad to be attractive to patients and less limiting. Yet, physicians told educators they preferred specific classes listed and wanted more details about each program listed in the healthcare provider guide. For example, they wanted to know program instructors' names and backgrounds, as well as program content, length, goals, outcomes, and costs. This was difficult to provide as CES offers so many programs at various times, taught by many different educators. However, future marketing options are being explored to honor the needs of healthcare providers.

Physicians also asked for a blank line on the Rx for Health pad to write in specific patient issues that needed to be addressed by a class or community resource. This customization may lead to a greater likelihood of patients following up with CES and is being considered for future iterations of the Rx for Health pad.

Limitations of the Pilot Project

This was an ambitious pilot project with many unknown factors related to implementation. First, getting into family practice clinics to talk about the referral pad can be challenging. Healthcare professionals are busy people with many demands. However, when there was a champion in a practice, more referrals were made to CES programs. That champion did not have to be a physician but could be a diabetes educator or care manager.

Second, the pilot project focused on healthcare providers becoming aware of CES and its community-based health programs, and it was assumed that patients were familiar and comfortable with contacting local CES offices. The pilot project demonstrated the need to educate patients and healthcare providers about CES and the educational programs it provides.

Third, this pilot project trained CES educators in relationship development with healthcare providers over a short period of time. Through their feedback, the participating educators expressed a need to learn how to better communicate with healthcare providers. There was excitement about the pilot project and the branded materials, but the educators found that nurturing the new relationships required time, both on their part and on the part of the healthcare providers. Some educators felt uncomfortable promoting programs they do not directly provide and in developing relationships with this new audience.

Another limitation to the Rx for Health pilot project was that the pilot project needed better tracking tools and more relevant ways to capture the distribution of materials and referrals received. An unexpected finding was participants enrolling in two educational series with one Rx for Health referral. The tracking tools were not designed to capture program participants who enroll in multiple CES programs.

Implications

A strength of this pilot project was that it encompassed more than one CES program. Therefore, referrals spanned the health and wellness subject matter spectrum. This outreach effort demonstrates the breadth of community-based CES programs focused on improving patients' health. The concept requires the support of all of the staff who offer health programs so that patients feel welcome when they contact CES and educators feel confident that they can direct patients to the appropriate programs within CES, even if the programs are outside their particular area of expertise. It may take time for educators to become comfortable promoting programs outside of their expertise. Educators using the Rx for Health Referral Toolkit should be well versed in all programs that promote health and wellness within the organization. This intentional expansion of knowledge will build their confidence in placing patients in programs.

Relationships between CES educators and healthcare providers need to be further developed so that medical professionals are comfortable referring patients to CES. Healthcare providers need to know that the programs to which they are referring are not only available locally but are also high quality and effective. Customizing the program referral pads was useful in showcasing local resources, but more information may need to be included to make program enrollment convenient for patients. CES educators must be sensitive to barriers that may keep patients from participating in CES programs. Many patients face challenges with schedules, transportation to programs, securing childcare during programs (Mendez, Carpenter, LaForett, & Cohen, 2009), and a lack of familiarity with CES, in general.

The Rx for Health pilot project created widespread interest in using the Rx for Health Referral Toolkit. Michigan SNAP-Ed and EFNEP have included the Rx for Health Referral Toolkit as an allowable expense to promote nutrition classes and additional CES health programs. Other Cooperative Extension Services can apply outcomes from the Rx for Health Referral Toolkit

pilot project as part of a strategy to align CES's strengths with healthcare providers' needs to promote quality healthcare experiences for patients.

Summary

One of the major findings of the Rx for Health pilot project was that marketing CES in communities is crucial when implementing a patient referral project of this type. Healthcare providers need to know what CES is and what it has to offer, and patients also need to be aware of CES as a resource for their needs. Referrals are more likely to be made and followed through if those involved know about CES's credibility, role in the community, and program expertise. CES can be the community-clinic link for addressing the prevention and management of chronic health conditions because of the breadth of programs it offers and the established network of community-level education through which it operates (Braun et al., 2014; Braun & Rodgers, 2018; Dwyer et al., 2017). Relationships between CES and healthcare providers will help to connect patients to needed community resources (Prevedel et al., 2018).

The Rx for Health Referral Toolkit can help ease the burden on healthcare professionals by providing a ready-to-use, simple referral tool. CES has over 100 years of experience working in communities providing research- and evidence-based education to help people improve their lives and their health (Dwyer et al., 2017; Hill & Parker, 2005; Scutchfield, 2009). Partnerships between healthcare professionals and CES can serve to improve the health of patients nationwide, and these partnerships can provide examples of one strategy used to address the goals within The Cooperative Extension National Framework for Health and Wellness (Braun et al., 2014).

References

- Abramson, S., Stein, J., Schaufele, M., Frates, E., & Rogan, S. (2000). Personal exercise habits and counseling practices of primary care physicians: A national survey. *Clinical Journal of Sport Medicine, 10*(1), 40–48.
- Agency for Healthcare Research and Quality (AHRQ). (2014). *Community connections: Linking primary care patients to local resources for better management of obesity*. Rockville, MD: AHRQ. Retrieved from <http://www.ahrq.gov/professionals/prevention-chronic-care/improve/community/obesity-toolkit/index.html>
- Ahn, S., Basu, R., Smith, M. L., Jiang, L., Lorig, K., Whitelaw, N., & Ory, M. G. (2013). The impact of chronic disease self-management programs: Healthcare savings through a community-based intervention. *BMC Public Health, 13*, Article 1141. Retrieved from <https://bmcpublikehealth.biomedcentral.com/articles/10.1186/1471-2458-13-1141>
- Albright, A. (2012). The National Diabetes Prevention Program: From research to reality. *Diabetes Care and Education Newsletter, 33*(4), 4–7. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4593752/>

- Barnes, P. M., & Schoenborn, C. A. (2012). *Trends in adults receiving a recommendation for exercise or other physical activity from a physician or other health professional* [Data Brief, No. 86]. Hyattsville, MD: National Center for Health Statistics. Retrieved from <https://www.cdc.gov/nchs/data/databriefs/db86.htm>
- Braun, B., Bruns, K., Cronk, L., Kirk Fox, L., Koukel, S., Le Menestrel, S., . . . Warren, T. (2014). *Cooperative Extension's national framework for health and wellness*. Retrieved from <https://nifa.usda.gov/resource/national-framework-health-and-wellness>
- Braun, B., & Rodgers, M. (2018). Health and wellness: Leading Cooperative Extension from concept to action. *Journal of Human Sciences and Extension*, 6(2), 3–14. Retrieved from <https://www.jhseonline.com/article/view/715/617>
- Centers for Disease Control and Prevention (CDC). (2015). *The 1-2-3 approach to provider outreach: Marketing chronic disease interventions to primary care practices*. Atlanta, GA: National Center for Chronic Disease Prevention and Health Promotion. Retrieved from <https://www.cdc.gov/arthritis/marketing-support/1-2-3-approach/index.html>
- Dowell, D., Haegerich, T. M., & Chou, R. (2016). CDC guideline for prescribing opioids for chronic pain —United States 2016. *Morbidity and Mortality Weekly Report* (No. RR-1), 65(1), 1–49. Retrieved from <https://www.cdc.gov/mmwr/volumes/65/rr/rr6501e1.htm>
- Dwyer, J. W., Contreras, D., Eschbach, C. L., Tiret, H., Newkirk, C., Carter, E., & Cronk, L. (2017). Cooperative Extension as a framework for health extension: The Michigan State University model. *Academic Medicine*, 92(10), 1416–1420. doi:10.1097/ACM.0000000000001640
- Gerrior, S. A., & Crocoll, C. E. (2008). USDA CSREES' role in broadening support for an aging nation. *Journal of Extension*, 46(1), Article 1COM2. Retrieved from <http://www.joe.org/joe/2008february/comm2.php>
- Grumbach, K., & Mold, J. W. (2009). A health care cooperative extension service: Transforming primary care and community health. *Journal of the American Medical Association*, 301(24), 2589–2591. Retrieved from http://publichealthok.org/IMPACT/resources/JAMA_PCEExtension_6_09.pdf
- Henning, J., Buchholz, D., Steele, D., & Ramaswamy, S. (2014). Milestones and the future for Cooperative Extension. *Journal of Extension*, 52(6), Article 6COM1. Retrieved from <https://www.joe.org/joe/2014december/comm1.php>
- Hill, L. G., & Parker, L. A. (2005). Extension as a delivery system for prevention programming: Capacity, barriers, and opportunities. *Journal of Extension*, 43(1), Article 1FEA1. Retrieved from <https://www.joe.org/joe/2005february/a1.php>
- Kruger, T., Murray, D., & Zanjani, F. (2011). Rural community members' perspectives on mental health and aging: An ecological approach to interpreting and applying focus group results. *Journal of Extension*, 49(2), Article 2FEA7. Retrieved from <https://www.joe.org/joe/2011april/a7.php>

- Mendez, J. L., Carpenter, J. L., LaForett, D. R., & Cohen, J. S. (2009). Parental engagement and barriers to participation in a community-based preventive intervention. *American Journal of Community Psychology, 44*(1-2), 1–14. doi:10.1007/s10464-009-9252-x
- Ono, S. S., Crabtree, B. F., Hemler, J. R., Balasubramanian, B. A., Edwards, S. T., Green, L. A., . . . Cohen, D. J. (2018). Taking innovation to scale in primary care practices: The functions of health care extension. *Health Affairs, 37*(2), 222–230. doi:10.1377/hlthaff.2017.1100
- Parisi, L. M., & Gabbay, R. A. (2015). What providers want from the Primary Care Extension Service to facilitate practice transformation. *Family Medicine, 47*(3), 210–216.
- Phillips, R. L., Jr., Kaufman, A., Mold, J. W., Grumbach, K., Vetter-Smith, M., Berry, A., & Teevan Burke, B. (2013). The Primary Care Extension Program: A catalyst for change. *Annals of Family Medicine, 11*(2), 173–178. doi:10.1370/afm.1495
- Prevedel, S. M., Nelson, C., Buys, D., Cronk, L., Duffy, V. B., Garden-Robinson, J. . . . Warren, T. (2018). Cooperative Extension as a partner in creating healthy communities: An environmental scan. *Journal of Human Sciences and Extension, 6*(2), 26–36. Retrieved from <https://www.jhseonline.com/article/view/717/619>
- Robert Wood Johnson Foundation (RWJF). (2011). *Health care's blind side: The overlooked connection between social needs and good health*. Retrieved from <http://www.rwjf.org/en/library/research/2011/12/health-care-s-blind-side.html>
- Scutchfield, F. D. (2009). The cooperative medical extension program: Translation of medical best practices to practicing primary care providers. *American Journal of Preventive Medicine, 37*(4), 374–376. doi:10.1016/j.amepre.2009.07.006
- Scutchfield, F. D., Harris, T. T., Tanner, B., & Murray, D. (2007). Academic health centers and Cooperative Extension Service: A model for a working partnership. *Journal of Extension, 45*(1), Article 1FEA5. Retrieved from <https://www.joe.org/joe/2007february/a5.php>
- Sorensen, J. B., Kragstrup, J., Kjaer, K., & Puggaard, L. (2007). Exercise on prescription: Trial protocol and evaluation of outcomes. *BMC Health Services Research, 7*, Article 36. doi:10.1186/1472-6963-7-36

Holly Tiret is a Senior Cooperative Extension educator with Michigan State University and is in her 18th year of service. Her work focuses on providing education and outreach to promote social emotional health across the life span.

Cheryl Eschbach is the director of the Health and Nutrition Institute at Michigan State University. She has extensive experience as an evaluation specialist for Cooperative Extension.

Cathy Newkirk was a Cooperative Extension educator for 35 years with Michigan State University prior to her retirement in 2018. She held a variety of administrative positions and facilitated health education programs in several counties.