Advancing Partnerships between Health Care and Community-Based Organizations to Address Social Determinants of Health: Executive Summary

With the recognition that social factors contribute significantly to poor health outcomes and unnecessary spending, particularly among low-income individuals, health care (HC) and community-based organizations (CBOs) across the country are entering into partnerships that aim to address the social determinants of health (SDOH). These partnerships are bringing together health systems and CBOs in new ways, building on complementary skills and expertise, and tackling structural and cultural differences between them. As these relationships develop, and other partners look to replicate promising models, there is a growing body of work that can be used to inform successful partnerships.

With support from Kaiser Permanente Community Health, the Center for Health Care Strategies (CHCS) and Nonprofit Finance Fund (NFF) partnered to explore the operational, financial, and strategic considerations required to make these partnerships impactful for consumers, health care providers, and CBOs. This executive summary draws from three unique health care-CBO partnerships and a set of resources to distill critical components of effective collaborations. This information can help refine existing partnerships or guide development of new joint ventures between health care organizations and community partners. This work builds on the Robert Wood Johnson Foundation-funded Partnership for Healthy Outcomes, which explored key elements for building effective health care and community-based organization (HC/CBO) partnerships.

Key Takeaways

The three case studies developed for this project revealed approaches that HC/CBO partnerships are taking to build on their capacities, skills, and existing connections to foster healthy living in their communities. Each of these partnerships serves as an integral component of a “community ecosystem” focused on addressing community needs and improving population health. Across these partnerships, the following factors emerged as critical components of success:

1. Building community ecosystems;
2. Managing through partnership evolution; and

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Health care and community-based organizations (CBOs) across the country are increasingly working together to better address the root causes of poor health among low-income and vulnerable populations. To assist these efforts, there is a need to identify the financial, operational, and strategic considerations necessary to make these partnerships a win-win for all parties: consumers, the communities being served, health care providers, and CBOs. Through support from Kaiser Permanente Community Health, the Center for Health Care Strategies and Nonprofit Finance Fund collaborated to identify new strategies for advancing effective health care-CBO partnerships, building on work done under the Partnership for Healthy Outcomes project funded by the Robert Wood Johnson Foundation.
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Resources Supporting Innovative Health Care-CBO Partnerships

Three case studies, developed by CHCS and NFF, explore ways that multi-sector partnerships can play a unique role in altering how health care is connected with the social and economic supports to improve health outcomes. Case studies include:

- **Community Information Exchange**, an online platform developed by 2-1-1 San Diego that assists health and social service providers in connecting vulnerable clients to community resources and enhancing care coordination.
- **Hunger Free Colorado**, which partners with health care providers to screen individuals for food insecurity and connects food-insecure individuals to food and nutrition services.
- **Community Assistance Program (C3CAP)**, which connects vulnerable patients in Portland, Oregon to non-medical services to ensure a safe transition out of hospital settings.

NFF and CHCS also developed a set of practical resources to help emerging and existing partnerships address common barriers to partnering and strengthen their efforts:

- **Integrating to Improve Health: Partnership Models between Community-Based and Health Care Organizations** outlines common partnership approaches and establishes a framework to describe integration between community-based and health care organizations.
- **Value Proposition Tool: Articulating Value Within Community-Based and Health Care Organization Partnerships** assists partners in articulating their value within an emerging or existing partnership through a series of reflection questions and considerations.
- **Community-Based Organization and Health Care Partnership: What Does It Cost?** is an Excel-based tool to guide partnerships in estimating their total cost to help align goals, prioritize decisions, communicate with stakeholders, and advocate for funding.

1. Building Community Ecosystems

**Cultivate Existing Community Capacity**

Aligning with partners already serving a priority population is a great starting point for HC/CBO partnerships. CBOs are often trusted members of their communities, with deep knowledge about the range of available community supports. HC partners can leverage these relationships and expertise to better serve priority populations. 2-1-1 San Diego, for example, has a long history of engaging community partners, providing health navigation for individuals and health care partners, and utilizing data and trend information to inform community planning. 2-1-1 San Diego leveraged this expertise to build the Community Information Exchange (CIE), which links multiple social service organizations and health systems to ease connections for vulnerable individuals.

**Expand Information-Sharing**

HC/CBO partnerships compel new ways of sharing information about the people served and services used. Partners noted that data-sharing agreements, as well as feedback loops, are essential to meeting partnership goals. Having the capacity to share utilization and outcomes data is a key component of effective HC/CBO interaction. Using a cloud-based data platform, for example, **Hunger Free Colorado** can track and share with HC partners the number of patient referrals to food and nutrition resources, as well as the degree of successful
enrollment in benefit programs. Both 2-1-1 San Diego and Hunger Free Colorado also use information gathered through their partnerships to monitor community trends and inform community planning.

2. Managing Through Partnership Evolution

*Evaluating Partnership Processes and Outcomes*

Evaluation is a critical element of demonstrating program effectiveness and desirable outcomes to partners. Ease of access to referral and utilization data allows health systems to collect data on patient utilization and related costs. However, evaluating whether the provision of social services actually results in avoided use of unnecessary care and hospitalizations remains challenging. Demonstrating return on investment is essential for hospitals, health plans, and CBOs to ensure the sustainability of these partnerships. This requires consensus on clear outcomes measures that are meaningful to each partner and the establishment of reporting processes to enable evaluation.

Both HC and CBO partners noted the importance of being flexible to program design modifications as well as the need for transparent communication to inform program changes. Hunger Free Colorado and its health partners shifted the food insecurity screening protocol to increase the number of connections to food and nutrition resources among patients. Most new partnerships will grow incrementally and partners need to address capacity and operational changes along the way. Initiating evaluations that assess both processes and outcomes will help refine partnership components.

*Financial Cost to Partnership*

Having a pulse on partnership costs at the outset and over time is a necessary step toward sustainability. Cost data, however, often driven by staff time and resource utilization, can be difficult to capture. Project Access NOW had to make several adjustments to fees charged to health care partners to more accurately reflect program and resource utilization, as well as PANOW’s time to administer referrals and follow up. Some partnerships have stable funding in place via agreements with health care partners, while others are exploring long-term sustainability options.

3. Building the Case for Partnering

*Provider Buy-In*

Making the case for partnership to health care providers and clinicians was cited as being challenging, but crucial. It can take considerable effort to educate clinicians about the impact of social factors and the value of referrals to social service providers and make adjustments to workflow so that referrals are not just “one more thing” on their to-do list, but rather a facilitator of their efforts to improve patient health. 2-1-1 San Diego is currently developing the value proposition for each partner within the CIE — demonstrating that the CIE can be many things to many entities —
and continues to communicate to all network partners that privacy features are in place to protect clients’ information.

**Business Case**

Demonstrating return on investment for partnerships is important to gain buy-in for both health care and community partners. Developing reliable outcomes data that resonate with stakeholders from the business perspective is critical for sustaining investment in the partnership. However, while making the business case is key to program sustainability, return on investment should not be the only measure of success. Many clinical procedures do not necessarily save costs, but are deemed worthwhile because they improve patient quality of life. Looking at the provision of social services through this lens will not only improve health equity, but help communities work toward population health goals.

**Mutual Benefit**

Understanding the value of health care-CBO partnerships for achieving mutual goals can help build the case among partners to pursue such alliances. CBOs can serve as a single point of contact for health care partners, linking target populations to a full range of non-medical services. This relieves hospital staff of the administrative burden of coordinating with multiple social service vendors, as well as the pressure health care providers often face when trying to connect patients with complex needs to necessary social services. CBOs benefit from successful partnerships with health systems by being able to grow their operations, meet the full demand of community needs, and support organizational sustainability. The C3 Community Assistance Program serves as a single point of contact for health care partners, connecting vulnerable patients to social services as they transition out of the hospitals. The program has reduced the burden on hospital staff, while also enabling the program lead, PANOW, to expand its reach within the community.

**Reducing Stigma**

Efforts to reduce stigma around seeking social assistance have helped to increase the number of consumers willing to accept services. For example, after reluctance to seek out food and nutrition resources was cited as a barrier, Hunger Free Colorado’s approach to engaging consumers — taking the referral from the health care partner and actively following up with the patient — has helped increase the number of patients receiving services. Hunger Free Colorado staff are careful to frame food assistance to assuage parents’ fears about being viewed as neglectful. Developing an informed approach and training staff to be mindful of consumer sensitivities can help remove barriers to getting families the help they need.

**Moving Forward**

Health care and community-based organizations contemplating new or enhancing existing partnerships can benefit from the diverse models and rich experiences of existing and emerging partnerships across the country. The stories of these partnerships also highlight areas of continued opportunity including conducting evaluations to demonstrate effectiveness and value to all partners; developing a business case and sharing this information effectively across partners; and identifying sustainable funding models to ensure partnerships are supported and continue to grow. Much progress has been made toward understanding the key elements that make these partnerships effective and successful.
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This case study is part of Advancing Community-Based Organization and Health Care Partnerships to Address Social Determinants of Health, a project of the Center for Health Care Strategies and Nonprofit Finance Fund, made possible through support from Kaiser Permanente Community Health. Other resources include:

- **Case studies** featuring a partnership in Colorado that is improving access to nutritious food for vulnerable populations, and a collaboration in San Diego, California that is using an online Community Information Exchange to allow health and social service providers to facilitate care coordination for at-risk community members.

- **Technical assistance resources** that can be used to establish a common language and framework among partnering organizations, articulate the value of collaborative relationships, and determine total costs for cross-sector partnerships.

For more information, visit [www.chcs.org/cbo-collaborate](http://www.chcs.org/cbo-collaborate) or [www.nff.org](http://www.nff.org).