

# Emerging Cross-Sector Solution for Health-Related Social Needs

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Health is profoundly impacted by one's access to housing, food, utilities, safety, and transportation. Unmet health-related social needs, such as food insecurity, are associated with increased risk to individual health outcomes, community well-being, and health care spending.<sup>1</sup> Social and economic determinants of health represent opportunities or barriers, meaning that some populations can benefit from their environment, whereas historically disadvantaged individuals and communities are disproportionately thwarted in the enjoyment and pursuit of safe and healthful environments.<sup>2</sup>

Clinical-community linkages offer promise in addressing both the health and social needs of patients. These are cross-sector partnerships engaging both health care (HC) organizations and human service community-based organizations (CBOs) to coordinate patient care. This approach involves integrating social-needs screening or assessment and referrals to resources—such as food pantries or housing assistance—into the patient care delivery process. Communities look to collaborative approaches to improve uptake of preventive services,<sup>3</sup> mitigate unmet social needs like food insecurity,<sup>4</sup> and address chronic diseases.<sup>5</sup>

There is emerging evidence that addressing health-related social needs through enhanced clinical-community linkages has positive outcomes on: clinical health and behavioral changes;<sup>6</sup> efficient use of health care system resources;<sup>7</sup> and a decrease in preventable hospital admissions.<sup>8</sup> However, literature reviews have also revealed sparse evidence for the effectiveness of linkages to access select preventive services;<sup>9</sup> limited studies with mixed results for outcomes related to health, care utilization, health care cost;<sup>10</sup> as well frequent methodological limitations of studies.<sup>11</sup> Overall, there is a call for more rigorous studies to affirm the emerging evidence.<sup>12</sup>

There is specifically much yet to learn about how to grow and sustain cross-sector relationships that improve health-related social needs. Similarly, more understanding is needed of how these relationships interact with and are impacted by culture, operations, finances, and technology.

The following overview provides some key lessons, considerations, and suggestions for HC organizations, CBOs, and research or other support organizations that aim to develop, fortify, or otherwise inform linkages.

## Developing Partnerships

Key lessons for functional linkages are emerging; among these is the simple yet foundational recognition that partners need a deep understanding of each other. This may even require a paradigm shift to allow for an awareness of the contributions CBOs can offer.<sup>13</sup>

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“[A] broadening recognition of the critical role of the social determinants of health is forging increasingly common ground for providers of health care and human services.”

– Elise Miller, Trishna Nath, and Laura Line



In a developmental stage, organizations must identify shared goals and the desired impacts for a specific population.<sup>14</sup> Partnerships are most viable if they start with a shared population; hold similar strengths, needs, and comparable missions; and are willing to understand each other's lexicon.<sup>15</sup>

Another key relationship task is for partners to formulate their value proposition, i.e., to be able to document and share data and information on one's achievements, strengths, experience, or assets.<sup>16</sup> Effectively documenting and sharing what one brings to the table better positions each organization to negotiate their role in a partnership, as well as elevate and leverage their collective strengths in defining and carrying out the work.

To develop a plan to integrate care and services, the partners must utilize existing assessments of community needs and assets and population health, with a focus on geography and particular conditions or burdens for specific populations—including health-disparities data. A commitment to health equity goals must be embedded in the shared work plan or else face the likelihood of limited success.<sup>17</sup>

Integrated care and services is a complex undertaking, requiring attention to multiple facets of operations and a defined level of coordinated care. Parties will need a formal agreement on a structure and process for decision making, including processes for coordinated services, work flow, data-sharing, and more. The service delivery and oversight must be managed in such a way that clients experience this as seamless.<sup>18</sup>

Data-sharing and the agreements and infrastructure to support it can be a complex challenge.<sup>19</sup> Capacity for patient-level data-sharing is a critical

feature of an effective partnership.<sup>20</sup> A shared platform to exchange data dramatically improves the ability to serve the health and social needs of clients.

The capacity to report on services and outcomes is also important for identifying successes and fostering further support for the partnership.<sup>21</sup> Documenting successes such as the return on investment is critical for sustaining the work,<sup>22</sup> particularly quantifying the benefits of partnerships.<sup>23</sup>

## Implications

Improving the evidence base about both the partnership process and the utility of social-needs interventions can help ignite an uptake in cross-sector solutions to improve health-related social needs.

## Key Questions to Consider

- What skills or resources are needed to build the capacity of CBOs to effectively document their value proposition as a linkages partner?
- How can HC partners be incentivized to integrate outcome metrics that are important to CBOs, such as food insecurity and patient experience of seamless and culturally responsive care?
- In what ways are intervention outcomes influenced by the characteristics of (and relationships between) health care providers and settings, community-based organizations, and patients?
- What is the relative weight of trust in developing evolving partnerships?

## Suggested Practices

Practitioners and researchers can better understand and enhance HC-CBO linkages with the following actions.

*Improve awareness of the varied roles that philanthropy and payers can have in clinical-community linkages.* Philanthropy can offer not only grants, but learning forums, investments in evaluation and cost studies, and advocacy for updated policy and payment models. Payers similarly can help support the development and sustainability of partnerships in various ways, such as early engagement to create alternative payment incentives, providing data, and engaging in dissemination of best practices.

*Provide a forum for HC and CBOs to prepare for partnerships.* Summaries of research findings, facilitated learning, and guidance based on emerging evidence could help organizations gauge their readiness to engage deeply across sectors and develop shared plans to improve outcomes for a shared client base.

*Prioritize rigor in research in order to build sufficiency of evidence.* Substantive research of high quality, including experimental and quasi-experimental designs, is needed to improve the evidence base for the value of clinical-community relationships (on care delivery, utilization, health behavior, patient outcomes, and viable payment models).

*Develop consensus on standardized measures of effectiveness.* The ability to compare outcomes across different types of interventions will be bolstered by agreement of core measures of patient outcomes such as resource uptake and health behaviors—as well as changes in organizational relationships and contextual dimensions that influence the effectiveness of linkages.

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