

Issue Brief:

How Community Care Hubs Can Work with Health Departments to Get Further Faster

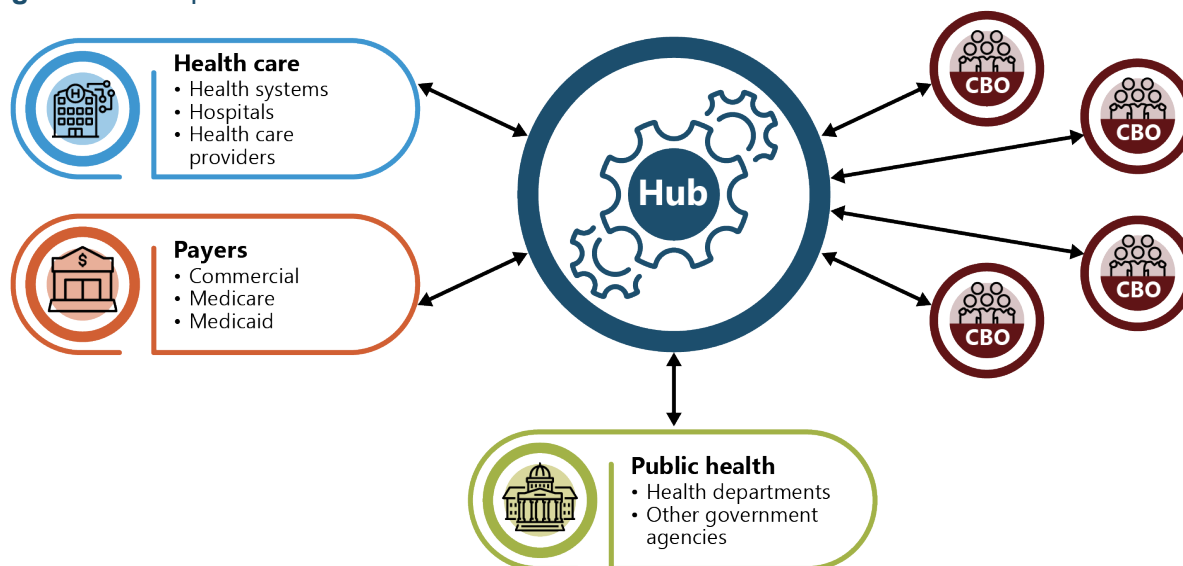
Overview

Multisector community coalitions and partnerships are increasingly creating and taking part in community care hubs to better address social determinants of health (SDOH) to advance health equity and reduce chronic disease. SDOH such as housing, access to healthy foods, transportation, income, and education are strong predictors of health outcomes and a major driver of health disparities.¹ This issue brief describes the benefits of taking part in hubs, how state and local health departments can partner with hubs to address SDOH, and recommendations for hubs partnering with health departments. Interviews with representatives of multisector coalitions addressing SDOH that work with or lead a hub and a review of existing literature informed this resource.

What is a community care hub?

Community care hubs are entities that coordinate administrative functions and provide operational infrastructure to support business relationships between the health care sector and a network of community-based organizations (CBOs) providing services to address SDOH.² A hub denotes a concept or category, rather than a model, as there are many types of hub structures. Hubs typically serve as a go-between for CBOs and health care entities, public health agencies, and payers (Figure 1).

Figure 1. Example of a hub



Note: Many organizations fit in more than one category of health care, payers, and public health. Hubs also partner with local businesses, foundations, education institutions, and faith-based organizations. Arrows represent the connections between organizations, including the provision of funding, contracting, technical assistance, or other formal or informal services.

Hubs serve as a single point of contact between health care and community service providers. Hubs can provide direct funding to CBOs or help find funding sources to support care coordination and service delivery. Hubs can also support CBOs and health care organizations by working with local public health authorities to ensure coordination of population health initiatives that address SDOH. By serving as anchor or backbone organizations, hubs can connect CBOs and health care entities to better align, coordinate, and deliver tailored services to historically and currently marginalized communities.

Benefits of community care hubs

Hubs provide the structure to support cross-sector collaboration that facilitates a community-based, coordinated system of health and social care that equitably meets people's needs.^{3,4} This support for a network of CBOs can in turn expand the capacity of individual CBOs.

Hubs can:

- **Contract with health care organizations.** Through a hub, health care organizations and payers can fund many services and CBOs under one contract, rather than deploying several small, parallel contracts.
- **Oversee payment operations.** Hubs can cover the cost of CBO employees embedded in other health care organizations.
- **Manage service referrals.** Hubs create standard processes and workflows that enable efficient and effective cross-sector referrals and service delivery between health care organizations and CBOs offering social services.
- **Provide technology and information security for CBOs.** Hubs maintain formal policies and procedures for data security, which keeps them in regulatory compliance with health care industry standards. This lowers the barriers around sharing protected health information across CBOs and health care organizations, while maintaining the privacy of this information.
- **Coordinate data collection and reporting.** Some hubs maintain secure, centralized, and scalable information technology platforms to support the sharing of data about referrals to services, health outcomes, and evaluation and process improvement. A single platform across partnering CBOs and health organizations can keep them from duplicating efforts and makes it more efficient to collect, analyze, and report on data across organizations.



Spotlight

The [Atlanta Regional Collaborative for Health Improvement](#) (ARCHI) regularly partners with the [Georgia Department of Public Health](#) (GaDPH). With GaDPH's support and funding, ARCHI has been able to lead in efforts to improve coordinated care services in the region and across the state. ARCHI serves as a convener for the [Georgia Community Health Worker Network](#) (GaCHW) and, along with GaDPH, coordinates multiple trainings, summits, and programs for CHWs and allies statewide.

Hubs nurture trusting relationships among local CBOs, health departments, health care organizations, and community members. Hubs work with CBOs, community leaders, and community members to better understand the needs and lived experiences of the people they serve. Hubs actively engage community members in all aspects of problem solving—from finding the relevant issues and deciding how to address them to evaluating and sharing the results. By engaging community members to develop solutions, hubs cultivate trust and can ensure that multisector efforts to address SDOH incorporate the community's priorities, goals, and culture.

Hubs foster cross-sector collaboration and connect diverse organizations, often by organizing regular opportunities for cross-sector work. Hubs enable collaboration among organizations that might otherwise work in silos, despite having shared goals. They can serve as connectors, for example, by creating a streamlined referral process between CBOs, health departments, and hospitals. By connecting CBOs, health care entities, payers, and government agencies, hubs can also achieve a broader geographic reach and expand the capacity of each CBO. Furthermore, hubs often have boards of directors, steering or advisory committees, or workgroups that guide their work. These leadership teams usually consist of representatives from diverse organizations that partner with the hub, which can support additional cross-sector collaboration.

Partnering with health departments

Effective partnerships between hubs and health departments enable the exchange of ideas and resources to achieve the shared goals of addressing SDOH, advancing health equity, and reducing chronic disease. Health departments have the infrastructure and programs as well as a solid understanding of governmental processes for facilitating policy, systems, and environmental changes.⁵ While health departments share their public health expertise, services, and other resources, hubs and their network of CBOs can share their own insights and experiences to collaborate with health departments to guide sustainable public health efforts.

Partnerships between hubs and health departments range in scope and formality. For example, some hubs have contractual relationships with health departments, while others include health department representatives on their leadership boards. Still others work with health departments only as needed.

Health departments can play many roles in hubs. Some health departments help raise the visibility of initiatives led by smaller CBOs, helping them collect, report, and share data. Health departments and hubs also collaborate to seek grants or connect with other funding. Moreover, hub members benefit from trainings provided by health departments, such as on how to use data.



Strategies for partnering with health departments

The following are strategies and examples for hubs to consider when partnering with health departments.



Include health departments in hub leadership. Including representatives from health departments in these leadership teams can help bring in a public health perspective and further connect the hub and its partners to training and resources.



Spotlight

The Lancaster County Council appointed a 16-member board to govern the [Lancaster County Health and Wellness Commission](#). The commission includes representatives from the local health department, school district, university, hospital, social service agencies, and businesses, along with community members. Having the health department on the board gives the commission strong government connections to collaborate on policy changes. The commission successfully used its robust partnership with elected officials, the health department, and other community partners to become [the first tobacco-free county in South Carolina](#), thus protecting the right of everyone in Lancaster County to breathe clean air.



Work with health departments to find funding. Hubs can work directly with health departments to identify and collaborate on funding opportunities that they might not otherwise know about or have the resources to pursue.



Spotlight

The [Maryland Living Well Center for Excellence](#) hub partnered with state and local health departments to apply for grants to provide more than 25,000 vaccinations throughout the state. Without these partnerships, the center would not have considered applying for the grant, given its limited resources. Through its health department collaboration, the center learned about the grant, received help applying for it, and worked with the health department to successfully launch the grant-funded project.



Use health department resources to support the hub and its partners. Hubs can draw on health department resources, such as trainings on topics of interest, subject matter expertise, or tailored technical assistance for the hub and its partners.



Spotlight

The [New York City Department of Health and Mental Hygiene](#) provides presentations and trainings for the [Staten Island Partnership for Community Wellness](#) hub and its partners. These sessions cover topics such as providing trauma-informed care.



Access data through health departments. Health departments have access to health and SDOH data at the state, county, and community level that can inform a hub's collaborative work. This can help hubs further understand the needs of the community, use metrics to inform current and future initiatives, and assess and align CBO capacity to meet community needs.



Spotlight

The Maryland Living Well Center for Excellence (MLWCE) hub has full access to Maryland's health information exchange system—the [Chesapeake Regional Information System for Our Patients](#) (CRISP), which includes information from health departments and health care systems. Smaller CBOs in the region do not have access to CRISP, even though it has helpful data about referral services and health outcomes. Using data from CRISP, MLWCE is building an SDOH platform to give its smaller CBOs access to CRISP data so that they can better understand the referral patterns and health outcomes in the communities they serve.

Resources

Get Further Faster. For more resources to support multisector community coalitions and partnerships addressing SDOH to advance health equity and improve chronic disease, go to gettingfurtherfaster.org.

Community Care Hubs. Multisector coalitions and partnerships addressing SDOH can use the following resources to learn more about hubs, including strategies for working as or with a hub and for partnering with health departments.

- Report from the Partnership to Align Social Care: [Functions of a Mature Community Care Hub](#)
- *Health Affairs* blog: [Improving Health and Well-Being Through Community Care Hubs](#)
- Report from the Office of the Assistant Secretary for Planning and Evaluation, the Administration for Community Living, and RAND: [Community Care Hubs: A Promising Model for Health and Social Care Coordination](#)
- Tip sheet from the Getting Further Faster Initiative: [How Public Health Agencies and Health Care Organizations Can Partner to Address Social Determinants of Health](#)

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Let's progress together. For questions or comments regarding this resource or to receive assistance with your SDOH work, contact NACCHO at chronicdisease@naccho.org or ASTHO at chronicdisease@astho.org. For more information about Mathematica, visit mathematica.org.

Endnotes

¹ Thornton, R.L.J., C.M. Glover, C.W. Cené, D.C. Glik, J.A. Henderson, and D.R. Williams. "Evaluating Strategies for Reducing Health Disparities by Addressing the Social Determinants of Health." *Health Affairs (Millwood)*, vol. 35, no. 8, 2016, pp. 1416–1423. <https://www.healthaffairs.org/doi/10.1377/hlthaff.2015.1357>

² Partnership to Align Social Care. "Community Care Hubs: Making Social Care Happen." 2022. <https://www.partnership2asc.org/wp-content/uploads/2022/12/CCH-Primer-Final.pdf>.

³ U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation and Administration for Community Living, and RAND Health Care. "Community Care Hubs: A Promising Model for Health and Social Care Coordination." 2023. <https://aspe.hhs.gov/sites/default/files/documents/5b8cba1351a99e904589f67648c5832f/health-social-care-coordination.pdf>

⁴ Partnership to Align Social Care and the Camden Coalition. "Functions of a Mature Community Care Hub." 2023. <https://www.partnership2asc.org/wp-content/uploads/2023/05/Functions-of-a-Mature-Community-Care-Hub-May-2023.pdf>.

⁵ Cheadle, A., C. Hsu, P.M. Schwartz, D. Pearson, H.P. Greenwald, W.L. Beery, G. Flores, et al. "Involving Local Health Departments in Community Health Partnerships: Evaluation Results from the Partnership for the Public's Health Initiative." *Journal of Urban Health*, vol. 85, no. 2, 2008, pp. 162–177.