



Tip Sheet

How Public Health Agencies and Health Care Organizations Can Partner to Address Social Determinants of Health

Robust partnerships can help health care organizations and public health entitiesⁱ advance mutual goals and collaborate on initiatives that address social determinants of health (SDOH) to reduce chronic disease and improve health equity. This tip sheet describes the value of cross-sector collaboration in health care and public health, shares strategies for developing and maintaining effective partnerships, and features examples from public health entities and health care organizations in Pennsylvania, North Carolina, and Maryland.

Value of partnerships between health care organizations and public health entities

Drawing on the unique strengths of each organization, health care organizations and public health entities can build mutually beneficial partnerships to improve individual and community health.

“A lot of the barriers to and root causes of...unmet social needs...have to do with something that the city...can do. Having [the city] on our team, we can illuminate some of those issues that patients are experiencing...but [city officials] can also share with us what is going on in the city...and that helps when we're talking with our patients... to strategize [about]...what we can do next.”

—Coalition leader describing the value of partnership with a city public health agency

Benefits for health care organizations



Population health data: Public health entities manage population health and surveillance data, which can help health care organizations contextualize the population health challenges their patients experience.ⁱⁱ



Policy context: Public health entities can help health care organizations address patients' health-related social needs (HRSNs) by educating about, implementing, and enforcing relevant policies (such as housing quality regulations).



Policies and partnerships for addressing HRSNs: Public health entities can connect health care organizations with community-based organizations that offer services and supports. Furthermore, nonprofit hospitals are required to conduct a [community health needs assessment](#), invest in community benefit, and incorporate input from community groups, including at least one public health department, to identify and prioritize community health needs.^{iii,iv}

Benefits for public health entities



Granular clinical and HRSN data sharing: Partnerships with health care organizations help public health entities gain more granular insight into the prevalence of patients' HRSNs and changes in clinical outcomes, which can inform programmatic and policy decisions.



Community health improvement planning: Furthermore, these partnerships could increase the efficiency and impact of public health entities' efforts to implement [community health improvement plans](#) and develop multilevel, clinical interventions.^v For example, the [Baltimore City Local Health Improvement Coalition](#) collaborates with city hospitals to conduct a community health needs assessment and develop a Community Health Improvement Plan every three to five years. This work helps both the City and the health care organizations identify strategies to address health priorities such as diabetes, care coordination, and SDOH by implementing a city-wide landscape assessment of SDOH e-referrals.^{vi}



Building trust: [Recent surveys](#) showed many patients trust health recommendations from doctors and nurses more than from local and state health departments. Therefore, health care organizations with providers engaged in those [trusted relationships](#) might be a valuable resource for delivering public health entities' messages about programs and services to address SDOH.^{vii}

Key strategies to build and strengthen health care—public health sector partnerships



Identify partners with shared goals and diverse expertise

Understanding partners' activities, strengths, priorities, and needs can help health care organizations and public health entities align on specific goals for improving SDOH and preventing chronic disease. Reading Hospital, which has collaborated with the Pennsylvania Department of Health Office of Health Equity (OHE) and the City of Reading Department of Health Equity, engaged in initial exploratory conversations to learn about potential partners' specific goals, activities, and challenges. They approached these conversations with openness and framed questions to focus on opportunities for each organization to support the other, and positively impact communities served. Health care organizations and public health entities can also learn about partners' activities and goals by attending events hosted by potential partners.^{viii}

Health care organizations and public health entities can also strengthen their partnerships **by intentionally engaging staff with varied expertise**. For example, North Carolina DHHS convened a Community Council comprised of organizations from multiple sectors—including several health care organizations across the state—to identify, develop, and prioritize strategies and policies to improve SDOH indicators, including severe housing problems and limited access to healthy foods. North Carolina DHHS focused on diversity of race, gender, geographic location, and organizational affiliations when selecting council members to get a range of perspectives on evidence-based, evidence-informed, and best practices to improve health indicators, including social and economic factors, physical environment factors (for example, housing and access to healthy foods), health behaviors, clinical care factors, and health outcomes.^{ix} Reading Hospital also emphasized the importance of considering individual participants' roles when inviting them to collaborate in discussions. For instance, health care organization leaders are best positioned for conversations about resource allocation, while frontline staff should be engaged for operational discussions.



Share information to align efforts and build trust

Health care organizations and public health entities can strengthen their partnerships by **sharing information about their work** and **fostering connections within their networks**.

For example, Reading Hospital participated in committee meetings with the Pennsylvania OHE to discuss the state's health equity plan and connected the OHE with subject matter experts from its Community Connection Program (CCP) to help advance specific health equity objectives. The OHE shared information on lessons learned and knowledge gaps from statewide initiatives with Reading Hospital and other health care organizations. This information exchange encouraged collaboration, stronger networks, and reduced the chance of duplicating efforts.

Public health entities and health care organizations can also benefit from **gathering input from partners regularly to improve their efforts**. For example, North Carolina DHHS conducted listening sessions with Community Council members to gather input on their experiences and improve the state's facilitation processes. By collecting feedback intentionally, public health entities and health care organizations can foster trust among partners and improve how the partnership functions through such tactics as adjusting the frequency of meetings, roles, and meeting facilitation approaches. Gathering regular input from partners helps promote continuous quality improvement.^x



Use data to understand and act on individual-level HRSNs and population-level SDOH

Health care organizations and public health entities can **share data to develop a deeper understanding of individual-level HRSNs and community SDOH**. Reading Hospital begins its CCP meetings by presenting data on referral trends to foster discussion among members (including the City of Reading) about causes of HRSNs and potential strategies to address them. For example, Reading Hospital shared information about patients' housing concerns with the City of Reading Department of Health Equity based on demographic and social data from community referral platforms and electronic health records. The City of Reading also collects data about HRSNs, such as housing code violations that may affect health. Combining these governmental and clinical data provided a broader picture of population-level SDOH and housing disparities in Reading. By sharing and discussing data, health care organizations and public health entities can draw on their collective expertise to develop and improve clinical and community interventions to meet the needs of their populations.

Conclusion

Collaboration enables health care organizations and public health entities to support, supplement, and amplify each other's work to achieve broader systems change that advances health equity. The strategies outlined in this tip sheet can help foster mutual understanding and trust to establish or strengthen such partnerships and work towards shared goals for addressing SDOH and preventing chronic disease.

“/[The] key is...a mutual relationship where you are...trying to work together [toward a] common goal and being transparent and intentional about how you meet...and talk... through this journey together. It's all helpful in strengthening that partnership and finding new avenues to make a[n]... impact.”

—Coalition leader speaking about collaborating with state and local public health agencies

Endnotes

- ⁱ Public health entities are governmental agencies, departments, or offices that focus on addressing population health and equity at the state, local, territorial, and Tribal levels. Health care organizations include organizations that deliver health care services, such as hospitals, clinics, and health centers.
- ⁱⁱ Hacker, K., J. Auerbach, R. Ikeda, C. Philip, and D. Houry. "Social determinants of health—an approach taken at CDC." *Journal of Public Health Management and Practice*, vol. 28, no. 6, 2022, pp. 589-594.
- ⁱⁱⁱ For more information about hospitals' community benefit activities, see: Internal Revenue Service. Charitable Hospitals – General Requirements for Tax-Exemption Under Section 501(c)(3)." March 2024. <https://www.irs.gov/charities-non-profits/charitable-hospitals-general-requirements-for-tax-exemption-under-section-501c3>. Accessed April 18, 2024.
- ^{iv} Internal Revenue Service. "Community Health Needs Assessment for Charitable Hospital Organizations – Section 501(r)(3). March 2024. <https://www.irs.gov/charities-non-profits/community-health-needs-assessment-for-charitable-hospital-organizations-section-501r3>. Accessed April 18, 2024.
- ^v Centers for Disease Control and Prevention. "What is a Community Health Assessment." November 2022. <https://www.cdc.gov/publichealthgateway/cha/plan.html>. Accessed April 9, 2024.
- ^{vi} Bertrand, S. "Baltimore City Local Health Improvement Coalition." Presentation at Getting Further Faster Community of Practice Peer Learning Event on Scaling and Sustaining SDOH Initiatives Through Health Department Partnership in Multisector Coalitions, webinar, March 21, 2024. <https://virtualcommunities.naccho.org/gettingfurtherfaster/resources?773e2ae8-8a75-4332-8a22-01899faa5cdc=eyJsaWJyYXJ5ZW50cnkiOiJkN2lwYzM3ZC05ZWxLQT01ZTMtOWJhNC0wMThINjY2NTI5ODEiLjwYwDlaW5kZXZlOjF9>
- ^{vii} SteelFisher, G.K., M.G. Findling, H.L. Caporello, K.M. Lubell, K.G. Vidoloff Melville, L. Lane, A.A. Boyea, T.J. Schafer, and E.N. Ben-Porath. "Trust In US Federal, State, and Local Public Health Agencies During COVID-19: Responses and Policy Implications." *Health Affairs*, vol. 42, no. 3, 2023, pp. 328–337.
- ^{viii} Human Impact Partners. "Resources for Collaboration and Power Sharing Between Government Agencies and Community Power-Building Organizations," June 2022.
- ^{ix} North Carolina State Health Improvement Plan Community Council. "North Carolina State Health Improvement Plan." North Carolina Department of Health and Human Services, 2023. <https://schs.dph.ncdhhs.gov/units/ldas/docs/NCSHIP-2023-101723.pdf>
- ^x American Society for Quality. "Continuous Improvement." n.d. <https://asq.org/quality-resources/continuous-improvement>. Accessed April 18, 2024.

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