

Social Needs Referral Practices Across a Collaborative Partnership with Leading Health Agencies

Abstract

Background

Systematic social needs referral processes enable efficient and impactful allocation of social resources. However, such formalized processes are often lacking. The Collaboration for Equitable Health (CFEH) is a multi-year, innovative capacity-building partnership between the American Cancer Society®, American Diabetes Association®, and American Heart Association®, with support from the Bank of America Charitable Foundation and evaluation by University of Michigan School of Public Health. Its mission is to support community organizations in 11 U.S. cities in preventing and treating the major causes of death across communities of color: cancer, diabetes, and hypertension. CFEH focuses on three areas: access to preventative care and screenings, policy advocacy, and education and capacity-building.

Objective

To assess change in community partners' social needs referral practices between baseline and one-year follow-up, and to understand partners' perspectives on referrals after the 2023 CFEH launch.

Methods

Data came from CFEH's multi-site evaluation of 38 community-based organizations and clinics. Baseline and one-year follow-up surveys were analyzed using descriptive statistics and paired sample tests to assess percent change in referral practices before and one-year post implementation. A rapid thematic analysis of 55 qualitative interviews with partners at one-year follow-up provided context around referral practices.

Results

At baseline, 68% (n=26) of partner organizations did not document referrals. Organizations reported barriers to providing referrals, including insurance coverage (79%), service access/location (76%), language (71%), service capacity (61%), cultural appropriateness, and staff shortages (both 45%). There was a 26% increase in referral documentation (35% to 65% (n=16)) between baseline and one-year follow-up, which partners attributed to increased funding from the initiative for staff. Staff capacity remained a challenge to providing referrals among some partners.

Conclusion

CFEH resources may have helped organizations adopt referral documentation processes, facilitating more formalized referral processes. The findings have implications for translating capacity-building initiatives like CFEH to improve referral practices.