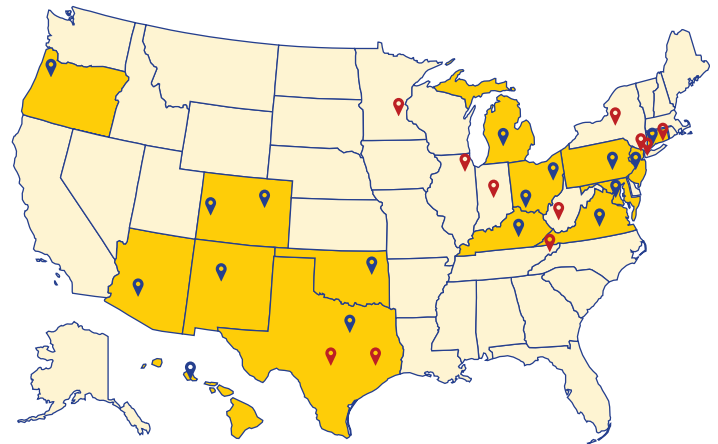


LEVERAGING COMMUNITY PARTNERSHIPS: HOW ADVISORY BOARDS ADVANCE SCREENING, REFERRAL, AND NAVIGATION EFFORTS

The [Accountable Health Communities \(AHC\) Model](#) addresses critical gaps in the current health care delivery system by examining whether systematically identifying and addressing Medicare and Medicaid beneficiaries' health-related social needs (HRSNs) through screening, referral, and community navigation services impacts health care costs and reduces health care utilization. Since 2017, the AHC Model has supported its awardees, known as bridge organizations, to connect beneficiaries with HRSNs to community services to address those needs. Bridge organizations, which represent entities such as health systems, hospitals, and community-based organizations, participate in one of two tracks. This document focuses on the Alignment Track bridge organizations, which were required to establish multisector advisory boards to help ensure that community services are available and responsive to the needs of the beneficiaries. Advisory boards help with identifying community needs, use data to assist with planning for a gap analysis, and consider how to develop quality improvement processes.

Mathematica conducted a series of optional focus groups with advisory board members and staff representing 17 Alignment Track bridge organizations (see map for their locations). Attendees shared their diverse experiences with recruiting advisory board members, engaging their advisory boards, and effecting and sustaining change. This summary highlights key takeaways from the focus groups.



 AHC Alignment Track bridge organizations that participated in the focus groups

 All other AHC bridge organizations

FORMING AN ADVISORY BOARD

Bridge organizations included representation from a range of stakeholders on their advisory boards, including health care providers from clinical delivery sites, community service providers, state Medicaid agencies, as well as beneficiaries. Helpful strategies to recruit advisory board members include the following:

Draw on existing relationships to develop advisory boards. Bridge organizations recruited local stakeholders from clinical and community service providers. Typically, these providers had been involved in the early stages of planning the screening, referral, and navigation processes.

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 "The clinical side for us, in terms of recruiting, was pretty easy, because those people were already invested, even in the application process... [For] the [community-based organization] side, we put lots of feelers into our community and saw who had the time and capacity."

—MyHealth Access Network Inc. (Oklahoma)



Encourage beneficiary and community member participation



Eliminate barriers to participation. For example, providing transportation and child care might enable community members to attend meetings. If meetings are held virtually, ensure that community members have access to the technology they need to participate.



Compensate them for their time. A few bridge organizations pay beneficiaries for their work on the advisory board, including meeting preparation, attendance, and debriefing.

Consider how to include community members, such as people with HRSNs. Community members give bridge organizations insight into the need for services that address HRSNs. While some bridge organizations successfully keep community members engaged by providing transportation and financial incentives, most bridge organizations struggle to fill these roles. Bridge organizations cited a variety of reasons for this difficulty, including staffing and time constraints that prevent them from recruiting and supporting community members, lack of interest among community members, and concern that community members might perceive the request to participate as coercive. Identifying potential barriers to participation offers an opportunity to preemptively problem-solve and promote greater inclusion.



Collaborate with community and clinical service providers



Connect with leaders from service sectors that aim to address the unique HRSNs of your patients. Advisory board members from diverse sectors, including housing, food, transportation, utilities, and safety, offer different perspectives and an awareness of resources that bridge organization staff might not otherwise know.



Develop an inclusive advisory board that reflects the racial, ethnic, and cultural diversity of the populations you serve. Some bridge organizations increased diversity by recruiting community members with HRSNs to serve on advisory boards.

ENGAGING AND RETAINING ADVISORY BOARD MEMBERS

Bridge organizations draw on members' expertise to address HRSNs; share data to keep members invested in the work and identify opportunities for improvement; and include specific activities, such as networking and forming committees, to enable collaboration. To engage and retain advisory board members, bridge organizations have used the following approaches:

Focus on developing relationships among advisory board members. Include structured networking time during advisory board meetings and form committees to lead small group discussions; give board members a shared task to foster collaboration. Relationship building can be challenging, particularly when there is turnover among membership. Cultivating relationships is a continuous process.

Take advantage of the backgrounds and expertise of advisory board members to address HRSNs. Advisory board members with HRSN-specific expertise can problem-solve and identify new resources. Bridge organizations noted that advisory board members provide important insights into identifying and addressing community needs and resources.

To address HRSNs and identify gaps, engage advisory board members with the data.



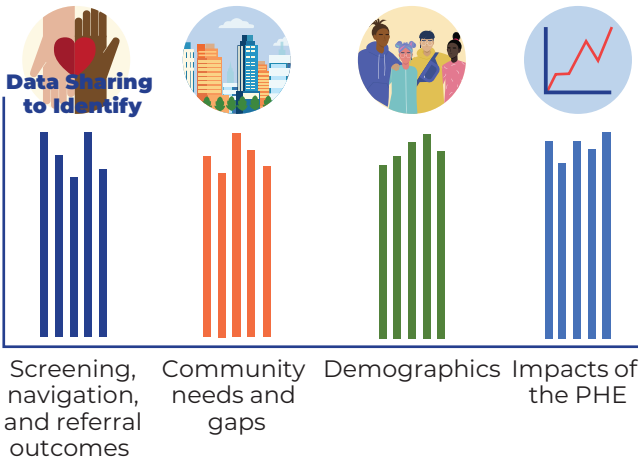
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 "We start every advisory board meeting with a review of the data. So, we show our dashboards [and] we bring everyone up to date in terms of where we are with screenings, navigations, [and] what the results and resolutions are."

—Health Net of West Michigan

Share program data to inform the advisory board and identify opportunities for quality improvement.

Data can provide critical updates on community need and progress toward project goals. Several bridge organizations reported that data sharing informs advisory board efforts, engages advisory board members, and might provide incentive to join the advisory board.

Share data to identify opportunities for improvement in areas such as:



Collaborate during challenging times

Although the COVID-19 public health emergency (PHE) continues to present innumerable challenges, bridge organizations pointed out bright spots for engaging and retaining advisory board members. In challenging times, look for opportunities to do the following:



Connect with community members facing similar challenges.

Some advisory boards collaborated more during the PHE and described a willingness to address issues that they might not have previously. Examples include focusing on challenges related to the PHE, such as health disparities within racial or ethnic groups, and considering shared technology systems, such as closed loop referral systems or shared data platforms, to improve coordination in responding to the PHE.



Consider a hybrid approach to encourage attendance when the PHE ends.

When community members have access to the technology they need to participate, virtual meetings may help increase attendance. For some bridge organizations, the shift to virtual meetings reduced barriers to attendance by making advisory board meetings more convenient to join.

SUSTAINING CHANGE

As they look to the future, many bridge organizations plan to incorporate screening, referral, and navigation into existing internal or new external infrastructure; continue working with their advisory boards beyond the AHC Model; and identify sustainable funding streams for nonmedical services. To sustain the activities they have implemented during the AHC Model, bridge organizations emphasize the following:

Focus on directed, flexible funding. Sustainable funding is critical to support collaboration, drive action, and foster change. Bridge organizations discussed the ongoing need for funding streams to pay for nonmedical services (such as navigation) and providers (such as community health workers). Some bridge organizations described exploring future opportunities for flexible funding, including participation in alternative payment models and dedicated funding from state legislatures.

"If we want to make a system-level change...[it needs to be] linked to money that sustains programs. It's really about having financial support."

—Baltimore City Health Department (Maryland)

Consider other ways to sustain AHC Model activities.

In addition to funding, bridge organizations can leverage data sharing, continued advisory board work, and alignment with state Medicaid priorities to sustain the AHC work. Some promising practices include integrating shared data platforms to facilitate closed-loop referrals with community service providers and focusing on strong strategic partnerships with community-based organizations to identify and address needs.

Support nonmedical services and providers such as:



Look to what others in the community are doing with screening for HRSNs, referral, and navigation to complement efforts and avoid duplication. Some bridge organizations plan to incorporate screening, referral, and navigation into an existing internal data system, while others plan to integrate into new external networks. Several bridge organizations discussed parallel efforts in their communities to conduct universal HRSN screening.

Support long-term collaborations. Advisory board membership is vital to support and sustain referral and navigation activities to address HRSNs. As a result, some bridge organizations plan to work with their

advisory boards beyond the AHC Model. Supporting these relationships through formal meetings or another format can promote ongoing awareness of changes in community needs and identify ways to address them.

Prepare to face challenges. A few bridge organizations expressed an interest in advancing large-scale, systemic change. But they also described challenges focusing on the “bigger picture” when they are required to focus on day-to-day issues. To address those challenges, teams can dedicate staff time to strategize around big-picture thinking and to implement changes.



Use existing tools



Use existing tools, such as the [AHC Screening Tool and Guide](#), to expand and scale the work. This document describes the HRSN Screening Tool from the AHC Model and shares promising practices for universal screening.

For other AHC Model resources, such as AHC spotlights, please click on the links below.

[Aligning Provider and Payer Activities to Address Social Determinants of Health](#)

[You've Got Mail! A Spotlight On Using Email To Screen For Health-Related Social Needs](#)

[Building Stronger Community Partnerships to Address Social Needs: A Case Study in Effective Advisory Board Collaboration](#)

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 “All community alignment and engagement is inherently very messy and nonlinear. There are times when organizations are more involved and less involved because of their capacity or because of their staffing . . . One of the things we’ve tried to do is really invest in relationships and not necessarily outcomes, and knowing that if we work on a project or we have an idea that doesn’t go anywhere this year, in two years it might come back around, and it’s important to kind of try and maintain those relationships with organizations and with individuals.”

— Camden Coalition of Healthcare Providers (New Jersey)

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