



**Nutrition and Aging
Resource Center**

Current Trends in Healthcare and Social Care Partnerships

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Learning Objectives

- Describe current data and trends in healthcare and social care integration.
- Identify opportunities for enhanced partnerships between healthcare and aging nutrition services.

Webinar Agenda

1. Setting the Scene
2. Review of Healthcare and Social Care Integration Data
3. Findings from the Nutrition and Aging Resource Center's 2023 Needs Assessment Among Healthcare Providers
4. Summary & Takeaways

Professional Lens

Community
Health
Researcher



Registered
Dietitian



Clinical
Experience



Learning Philosophy:
Knowledge is a social and cultural
process, co-constructed with others



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Healthcare and Social Care Partnerships: Overview

- **Healthcare sector:** system of organizations and professionals that provide medical services (e.g., hospitals, clinics, private practice, insurance companies, pharmaceutical industry)
 - What constitutes medical care is defined by insurance
- **Social care services:** “activities that address health-related social risk factors and social needs”
- **Trends:**
 - Growing attention on addressing “upstream” factors impacting health
 - Shift toward value-based payment models
 - Broadening definitions of medical care to include social care

Review of Healthcare and Social Care Integration Data

Healthcare & Social Care Integration: “WHAT”

Complementary activities:	
Awareness	Identify social risks and assets of population
Adjustment	Alter clinical care to accommodate barriers
Assistance	Connect patients with social care resources
Alignment	Facilitate and invest in synergies between
Advocacy	Promote policies that facilitate the deployment of resources to address health and social needs

Healthcare & Social Care Integration: "WHAT"

Ways That Healthcare and Community-Based Organizations (CBOs) are Partnering

Service referrals	Beaudoin, 2024; Brewster et al., 2018; Brewster et al., 2019; Nguyen et al., 2021; Rosenbaum et al., 2023
Service provision to ↑ health outcomes	Kunkel & Lackmeyer, 2024; Rosenbaum et al., 2023
Data collection/sharing	Beaudoin, 2024; Brewster et al., 2018; Brewster et al., 2019
Coordinate joint interventions	Beaudoin (2024); Brewster et al., 2018; Brewster et al., 2019
Advocacy/Policy	Beaudoin, 2024
Fundraising	Beaudoin, 2024

Healthcare & Social Care Integration: “WHY”



↓ **healthcare utilization**

(McCarthy et al., 2022;
Brewster et al., 2020)



↓ **healthcare costs**

(McCarthy et al., 2022; Crook et al.,
2021; Brewster et al., 2020)

CBO Benefits (Kunkel & Lackmeyer, 2024)

New, diversified funding sources

Expanded/enhanced services

Heightened visibility

Increased number and types of clients served

Enhanced organizational sustainability

More revenue

Greater focus on continuous quality improvement

Healthcare & Social Care Integration: “WHY” *Continued*

Align with Healthcare Insurance Requirements / Incentives

- **Medicaid Managed Care** (Hinton & Raphael, 2025)
 - Upstream Drivers of health Screening
 - Partnerships with CBOs
 - Social service referrals
 - Track outcomes from social service referrals
- **Medicaid Waivers**
- **Medicare Advantage**

Healthcare & Social Care Integration: “HOW”

↑ Awareness

Data suggests many healthcare providers **lack knowledge** of community-based services for older adults

- Area Agencies on Aging (Curry et al., 2022)
- Congregate meal programs (Chaudhuri et al. 2024; Rudolph et al., 2024)
- Home-delivered meal programs (Rudolph et al., 2024)

Healthcare & Social Care Integration: "HOW" Continued

Area Agencies on Aging Behaviors

Attentive to External Environments

Monitor trends/opportunities

Actively seek to understand/
align with partners' goals, ways
of working, language

Define/market AAA expertise

Closely coordinate with partners

Strong Business Capabilities

Ability to define value of services

Well-positioned to obtain a
variety of funding streams

Open to Innovation and Change

Adapt roles, programs, and
operations

Develop workforce
capacity to innovate

Risk-taking

Embrace uncertainty

Balance calculated risks
with pragmatism

Accept short-term
losses/take actions to
anticipate future market

(Curry et al., 2022; Brewster et al., 2022)

Healthcare & Social Care Integration: “HOW” *Continued 2*

CBO Partnership Activities

Hiring board members and staff with ties to healthcare

Establishing performance metrics that align with healthcare

Adopting medical language to describe nonmedical work

Focusing on data and research, including record-keeping systems that can communicate with healthcare

Providing evidence of service impact (e.g., return on investment, outcome measures)

Aligning infrastructure and technical abilities

Familiarization with target health system

Healthcare & Social Care Integration: "HOW" *Continued 3*

Healthcare/Social Services Collaboration Attributes

Shared Purpose

Implementing structured planning processes

Creating accountability/performance measures

Community member involvement

Sharing Data, Technology Use

Linking to evaluation plan/collaboration goals

Engaging partners in designing systems

Non-expert guides

Governance

Building upon prior systems

Transparency, frequent meetings

Distributed leadership

Training/implementation support

Dedicated staff to serve as partnership liaisons

Finance

Collaborative funding

Managing resources

Performance-based incentives

(Brewster et al., 2022; Brewster et al., 2018; Durfey et al., 2021; Lanford et al., 2022; Rosenbaum et al., 2023)

Needs Assessment Findings

Study Overview

Sample: 160 healthcare providers of adults 60+

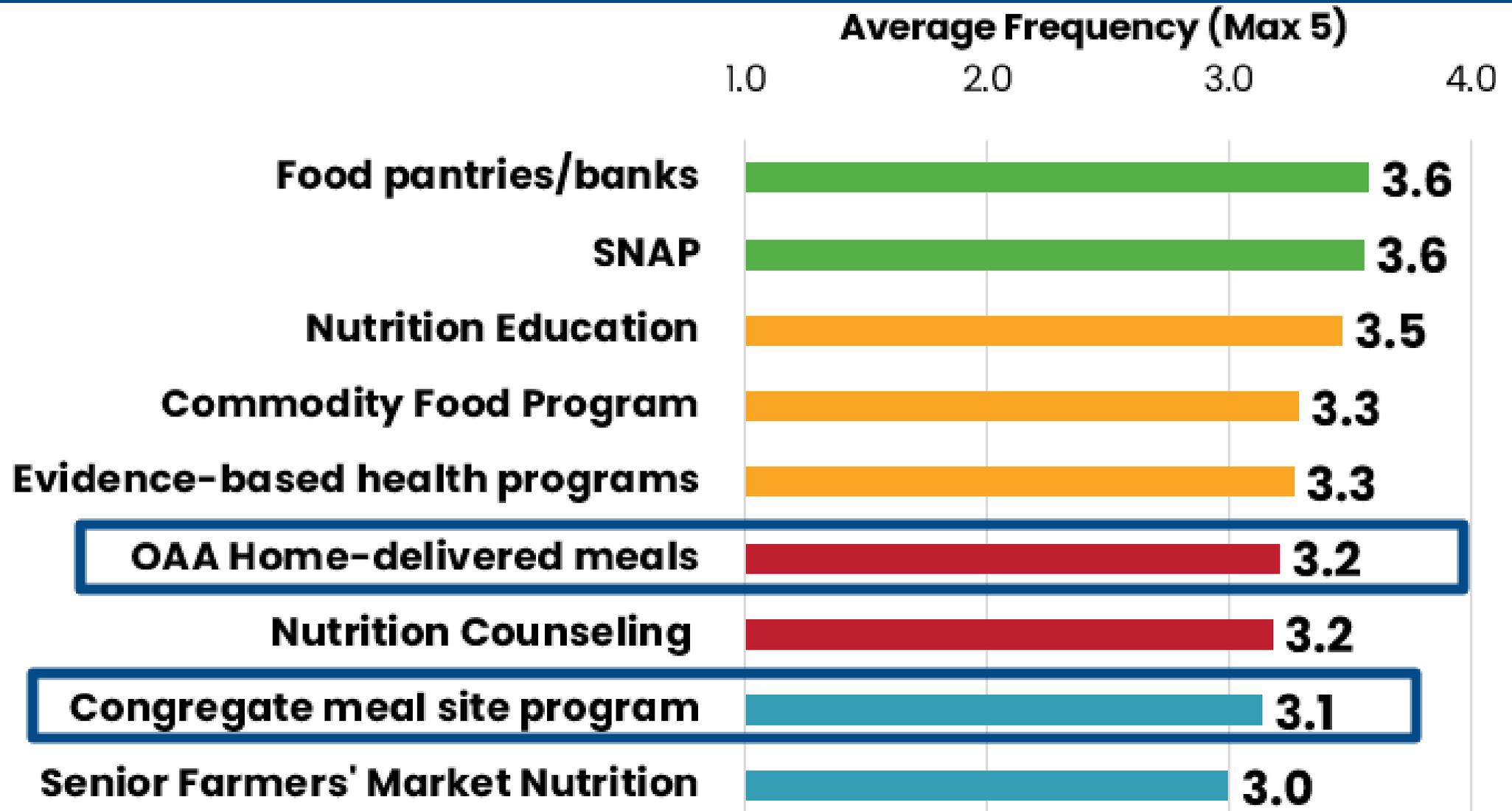
Factors Assessed:

- Awareness of, referrals to, interest in community-based food and nutrition programs
- Health and nutritional risk screening and barriers
- Information preferences

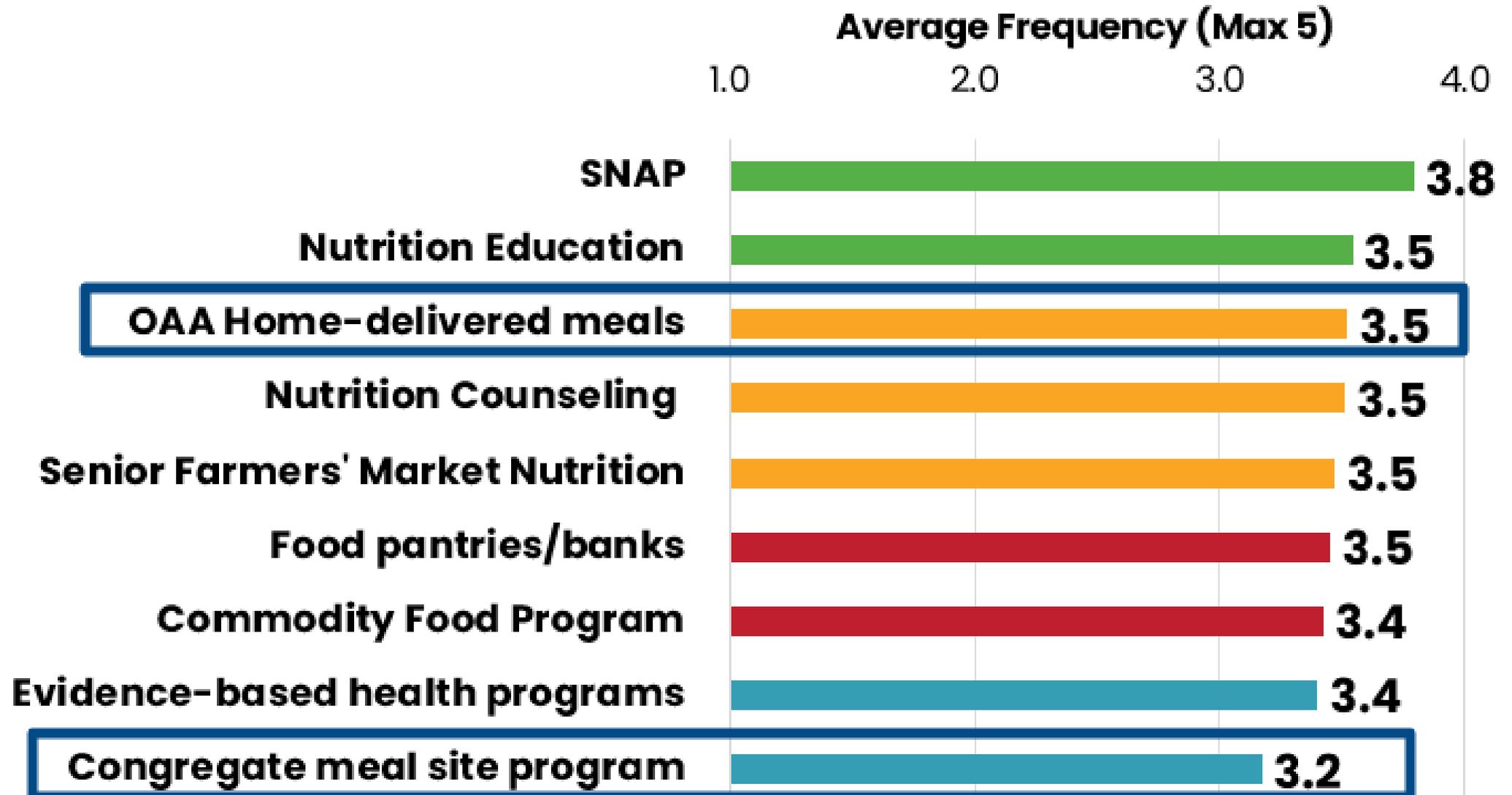
Design & Analysis:

- Subcomponent of 54-item Qualtrics survey
- Survey content and face validity checks
- Qualtrics™ market research panels
- Data quality checks
- Descriptive analysis via SPSS v.29

Awareness of Community-Based Food and Nutrition Programs



Frequency of Referrals to Community-Based Food and Nutrition Programs



Referral Methods and Barriers

Methods

Verbal information (52%)

Paper handout (50%)

Electronic medical record (43%)

Send patient information (42%)

Community-based resource platform (38%)

Top Barriers

Staffing Shortage (29%)

Lack Access to Programs (27%)

Unfamiliar with Services (23%)

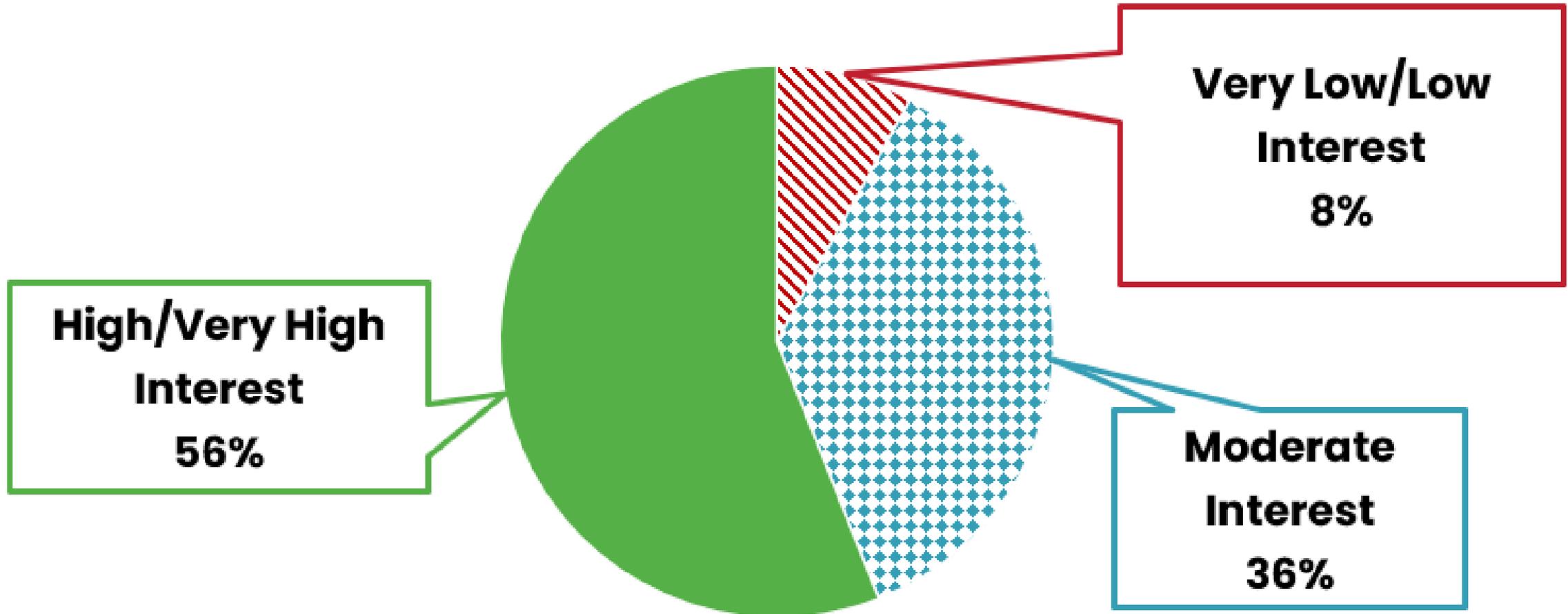
Unfamiliar with Referral Process (17%)

Lack of Training (17%)

Lack of Time (15%)

77% have established protocol at healthcare practice for community food support referrals

Interest In Learning More About Community-Based Food and Nutrition Programs



Upstream drivers of health screening

LEAST Frequently Screened

MOST Frequently Screened



Isolation
(23%)

Employment
(31%)

Housing
(33%)

**Food/Nutrition
Insecurity**
(40%)

**Healthcare
Access**
(56%)

Loneliness
(28%)

**Social/
Emotional
Health**
(33%)

Personal Safety
(40%)

**Mental
Health**
(53%)

Transportation
(28%)

**Nutritional
Risk**
(33%)

**Economic
Instability**
(38%)

Top Nutrition-Related Screening Barriers

Food/Nutrition Insecurity Screening

Concern for Patient Comfort/Stigma (28%)

Inadequate technology for screening (23%)

Doesn't seem necessary for practice setting (20%)

Unaware of referral process (19%)

Nutritional Risk Screening

Unaware of referral process (26%)

Unaware of screening tools (25%)

Doesn't seem necessary for our patients (18%)

Inadequate technology for screening (18%)

Top Training and Information Preferences

Training Settings

In-person conferences	(42%)
In-person peer-to-peer session	(41%)
Live online course	(34%)
Pre-recorded online course	(26%)
Virtual conferences	(25%)
Live webinar	(24%)
Peer-reviewed journal article	(23%)

Quick Information

Email (peer listserv)	(50%)
Colleagues	(41%)
Handouts	(40%)
FAQ page	(23%)
Social media posts	(20%)
Newsletter	(19%)
Infographics	(19%)
Website page	(19%)

Summary: Integration Activities

Healthcare and social care organizations partner through a **wide variety of activities**, including:

- Service referrals
- Exchange of services
- Data collection/sharing
- Coordinating joint interventions

Summary: Integration Benefits

Partnership Benefits include:

- ↓ healthcare costs and utilization
- More and new fundings sources
- Expanded services and reach
- Greater visibility
- Enhanced organizational sustainability

Summary: Integration Facilitators

Partnership characteristics that have **facilitated collaboration** include:

- Attentiveness to external environments
- Openness to innovation and change
- Strong business capabilities
- Willingness to take risks
- Organization around shared purpose, collective governance, data/technology, and collaborative financing

Summary: NRCNA Survey Findings

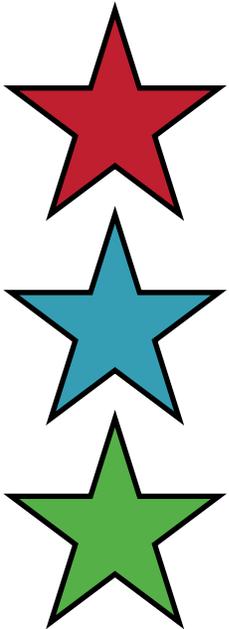
- Most at least **moderately aware** of community-based food and nutrition programs for older adults
- Over half were **interested in learning more** about these programs
- Awareness of and referrals to **congregate meal programs notably low**
- Most referrals occur through **passive methods**
- **Gap in health factors** being screened

Takeaways

- Despite potential challenges, there are **noteworthy benefits** to healthcare and social care integration
- Opportunity to **promote awareness of CBOs** and facilitate partnership opportunities of all types
- **Ongoing research** is important to track outcomes and justification

Takeaways (cont.)

- There is value in continuing to build and contribute to **our collective knowledge**.



Cue to Action:

Over the next 3-6 months, reach out to at least 1-2 people to learn from their knowledge/experience of healthcare and social care integration.

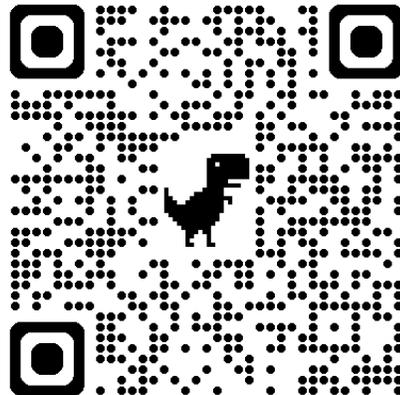
Resources

NRCNA Website: Business Management → Contracting, Healthcare, Partnerships



[Business Management page at the Nutrition and Aging Resources Center](#)

Aging and Disability Business Institute



[Aging and Disability Business Institute Home](#)

A screenshot of the Nutrition and Aging Resource Center website. The header is dark blue with the logo and navigation links: "About +", "Browse Resources +", "OAA & Requirements +", and "Nutrition Innovations +". A search bar is on the right. The main content area is white with a blue "Business Management" heading. Below the heading is a paragraph of text: "Business management is the coordination and administration of program activities, tasks, and resources to achieve an organization's objectives. Good business management skills can help ensure successful and sustainable operations, resulting in more people served, higher quality programs, and more. Below, find pages with information on specific areas of business management to help you meet and exceed your program goals." Below the text is a grid of 12 blue buttons with white text, arranged in 4 rows and 3 columns. The buttons are: "Business Skills", "Contracting", "Cost Containment", "Finances", "Health Care", "Marketing", "Partnerships", "Policies & Procedures", "Prioritizing Clients", "Staffing & Training", "Volunteers", and "Restaurant Partnerships".

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Thank You



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