



Building Healthier Communities:

A Community Action Framework



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Purpose

The purpose of this white paper is to establish an evidenced-based, data-driven framework for use by Unite Us and our partners to systematically define, measure, and improve the community infrastructure necessary to advance health equity. We describe key evidence-based domains which Unite Us will use to establish a Unite Us Community Action Framework focused on creating healthier communities. The domains include:



Community engagement



Integration and coordination across networks



Partnerships across communities



Sustainability and financing



Equitable impact on social care outcomes

In this paper, we will (1) summarize and draw from existing community action frameworks for strengthening communities; (2) present the Unite Us framework for using Unite Us data to monitor and evaluate the key domains that lead to community health outcomes; and (3) provide an action plan for operationalizing the Unite Us framework in pursuit of more equitable community health outcomes.

Introduction



Despite an increasing interest in community health and the abundance of data available to better understand drivers of health across communities, there remains insufficient information available on *how* to systematically change community landscapes for better health. How do we increase and improve relationships among sectors with the goal of better coordination? When it comes to ensuring people’s basic social needs are met, what kinds of community infrastructure need to be in place? How should communities participate in improving their own living conditions? How do we braid and align funding from many sources into a sustainable stream that improves social conditions for the benefit of multiple sectors simultaneously?

In this paper, we propose an evidenced-based, data-driven approach to measuring coordinated social care networks in pursuit of creating “community platforms for health” that can be systematically defined, measured, and improved along key dimensions. It is our hope that community platforms for health become the appropriate community infrastructure necessary to advance health equity and improve community-level outcomes.

Background

Decades of research have demonstrated the vital role communities play in generating outcomes related to health and well-being. Growing interest in community outcomes has led to the increasing availability of community-level outcomes data. This includes categories of measures that encompass public health outcomes, chronic disease, medical costs, and access to care as well as non–health specific outcomes such as crime rates, life expectancy, and educational attainment, among others.

A growing number of public data sources can be used to measure outcomes across communities. [The American Community Survey](#) measures factors such as demographics, employment status, educational attainment, and poverty. Public health outcomes are captured through sources such as the [Behavioral Risk Factor Surveillance System](#), [Prevention Status Reports](#), and many other databases such as the [PLACES project](#), which allows counties, places, and local health departments to better understand geographic distribution of health-related outcomes. For outcomes specific to medical care, the [Dartmouth Atlas of Health Care](#) serves as a rich resource for measuring access and use of health care services across U.S. regions.



As the availability of data to understand health outcomes has grown, so has interest in measuring community-level factors that drive outcomes.

A collaboration between the Robert Wood Johnson Foundation and University of Wisconsin Population Health Institute resulted in the [County Health Rankings](#), a framework and data resource widely used across the U.S. to understand how community-level factors lead to outcomes. Other rich sources of data being studied in the context of improving community health include the [Area Deprivation Index](#) (ADI) and [Well Being in the Nation](#) (WIN), both with measures focused on community factors that predict health outcomes. These indices and datasets include measures about health behaviors, access to care, income and employment measures, housing quality, crime, and environmental factors, among others. At a more local level, [Community Needs Assessments](#) allow public health departments and nonprofit hospitals to assess and track factors related to health outcomes across their geographic areas. Data that helps us understand how community factors are associated with health outcomes has never been richer.

Despite this richness of available data on community health drivers and outcomes, data on how communities partner across sectors to address social determinants has been lacking. Defining key inputs describing how sectors work together to address key determinants of health has been difficult, due in part to lack of connecting infrastructure and available data on community health networks. Unlike healthcare networks which are well defined, technologically connected, and provide the robust data needed to understand the system and how it works, connections among community-based organizations, social services, healthcare, the criminal justice system, education, and other sectors have been historically limited in terms of scope, technology, and available data. Without measures describing how communities work together toward shared community improvement goals, measuring the levers necessary to change community-level outcomes has been difficult.

Overview of Unite Us



Unite Us is in a unique position to measure and advance community health through its coordinated care network infrastructure. A coordinated care network is composed of cross-sector providers connected through Unite Us' shared technology platform to work together in real time to support the complex needs of local individuals and families. The network includes partners who provide a broad range of services such as housing, employment, food assistance, behavioral health, and utilities, as well as healthcare entities, educational institutions, United Ways, and other organizations representing a range of sectors. The Unite Us Platform enables secure, HIPAA-compliant coordination of services and outcome tracking among service providers. Impact can be measured and analyzed across all partners in the network to generate a community-wide data set that can be used to better understand the needs of community members and identify gaps in services available to meet community needs.

Unite Us technology, coupled with its community experts working directly with local partners on the ground, changes the traditional care delivery model to one that goes beyond just making a referral to ensuring social needs are met through a closed-loop referral system. Community health and social care providers no longer have to operate in fragmented silos; instead, with complex permissioning systems embedded in the platform to protect privacy rights, they can each follow a person's journey through social care organizations to ensure that individuals' needs are being met.

For the past seven years, communities in more than 42 states have launched local networks. In some cases, networks form because local or state governments want to support the acceleration of health and social care organizations collaborating across sectors to improve community health. In other cases, health systems or health plans view Unite Us' offerings as an ideal way to amplify the referral relationships they already have with social care providers in their communities, but in a more efficient, equitable, and outcomes-focused manner.

Regardless of the partner that catalyzes the network, the Unite Us Platform tracks actual service delivery outcomes and collects rich data at the network level on types of services and community-based organizations (CBOs) participating in the network, the volume of social needs being identified and sent for referral versus the capacity of the community to meet those needs, identification of disparities in social care, and ranking of needs by volume throughout a network. Further, the connections Unite Us is building, both in terms of technology and community relationships, positions Unite Us to provide the cross-sector infrastructure necessary to be a "community platform for health," on top of which initiatives to improve community health can be implemented, tracked, evaluated, and improved upon.

Building a Measurement Framework



Evaluating Existing Community Action Frameworks

Before defining the Unite Us community action framework for improving community health, Unite Us conducted a landscape analysis of existing community action frameworks to draw from. Several frameworks stood out as most aligned with the goals of identifying key constructs for generating change in community health outcomes. The first was [Robert Wood Johnson Foundation's Action Framework](#), which was designed to provide a roadmap for stakeholders to measure and accelerate progress on improving health and well-being. The Action Framework is composed of five action areas:

- 1 Making Health a Shared Value
- 2 Fostering Cross-Sector Collaboration
- 3 Creating Healthier, More Equitable Communities
- 4 Strengthening Integration of Health Services and Systems
- 5 Outcomes: Improved Population Health, Well-Being and Equity Action Areas



Ongoing work to advance [Accountable Communities for Health](#) also offers a framework to assess how key elements support success or failure of Accountable Community for Health Initiatives. These include:

- 1 Governance
- 2 Leadership
- 3 Financing
- 4 Shared Vision
- 5 Community Engagement and Partnerships
- 6 Continuous Learning
- 7 Data and Measurement



A related approach taken by the National Academies for Medicine ([NAM](#))'s [approach to accelerating Accountable Communities for Children and Families](#) included the following elements:

- 1 Shared Goals/Vision
- 2 Integrator
- 3 Trusted Relationships
- 4 Governance and Shared Decision Making Structure
- 5 Multisector Partnerships Including Families
- 6 Navigators to Help Address Individual Needs

Another framework for measuring features of communities that drive health outcomes is the [DCP3 Community Platforms for Health](#). This framework was built by examining evidence from public health on how to measure “community platforms for health,” which are “partnerships formed to assess and ensure public health.” The key features that define Community Platforms for Health are:

- 1 Community Engagement
- 2 Role of Government
- 3 Partnerships Across Community
- 4 Sustainability
- 5 Health Outcomes
- 6 Type of Integrator



The DCP3 framework offers an especially relevant perspective from which to think about Unite Us’ role in advancing community health, as it offers a continuum on which to measure these key features, ranging from Level 1 (poor functioning, not accountable), to Level 4 (frontier of intersectoral collaboration, in which all sectors and community are involved in creating health aspects in all policies, intersectoral action, existence of a global budget, and successful health outcomes). Further, the technology built by Unite Us can serve as a “platform for health” on which cross-sector or cross-organizational interventions are facilitated, sustained, funded, and tracked across communities. With Unite Us’ geographic reach, data infrastructure, and relationships within communities, we have an opportunity to grow our networks into the infrastructure that supports healthier communities.

To draw on evidence from existing frameworks, Unite Us identified key themes that emerged from the elements identified in each of the four action frameworks described above. The following table describes these key themes:

Table 1: Key Themes Across Action Frameworks for Improved Health Outcomes

	Rand/RWJ's Action Framework	DCP3's Community Platforms for Health	ACH Assessment Framework	NAM Perspective on Accountable Communities for Child and Family Health
Health as a shared value	✓	✓	✓	✓
Number and quality of partnerships across sectors	✓	✓	✓	✓
Policies and governmental support for community level initiatives	✓	✓	✓	✓
Investment in cross sector partnerships and sustainability of funding sources	✓	✓	✓	✓
Integration and coordination across sectors	✓	✓	✓	✓
Data collection and sharing across sectors	✗	✗	✓	✗
Improved equity and improved health outcomes	✓	✓	✓	✗

Vision for a Unite Us Community Action Framework

Drawing on commonalities across these frameworks, and considering the data collected through Unite Us networks, Unite Us proposes a vision for how we will measure progress towards creation of healthier communities, and offers a framework for measuring how implementation and maturation of Unite Us networks can help communities move toward more equitable outcomes. Unite Us has the infrastructure, partnerships, engagement with key stakeholders, geographic reach, and data to help communities achieve outcomes. **With a measurement framework through which we can hold ourselves accountable for contributing to community outcomes and advancing health equity, Unite Us can work transparently with community stakeholders toward a shared vision of healthier communities, and can be the infrastructure that facilitates cross-sector action.**

Defining a Unite Us Community Action Framework



Using common themes that emerged from existing frameworks, and combining similar concepts into distinct domains for action, Unite Us offers a framework covering five domains critical to achieving a successful coordinated care network. Each domain reflects a key concept that emerged from multiple frameworks and was feasible to measure using data captured through the Unite Us Platform. See Table 2 for a description of domains and example measures that could be used to quantify each domain.

Table 2: Key Domains for Action on Improving Community Health and Equity Outcomes

Key Unite Us Domains for Action	Evidence-Based Themes Included	Description	Example Measures
Community Engagement	<ul style="list-style-type: none"> Health as a shared value 	<ul style="list-style-type: none"> Breadth and depth of engagement with CBOs and social services Targeted outreach to underserved communities 	<ul style="list-style-type: none"> Percent of nonprofit organizations providing key service types in the geography who are in-network partners Example: 45% of nonprofit organizations providing core service types in the metropolitan statistical area participate in Unite Us' network.
Partnerships Across Communities	<ul style="list-style-type: none"> Number and quality of partnerships across sectors 	<ul style="list-style-type: none"> Communication across network partners Engagement of community advisory group 	<ul style="list-style-type: none"> Percent of partners who have sent or received referrals for services per month Example: 45% of employment assistance providers used the network to send and receive referrals to other providers on behalf of clients.
Integration and Coordination Across Networks	<ul style="list-style-type: none"> Integration and coordination across sectors Data collection and sharing across sectors 	<ul style="list-style-type: none"> Better integration of health, social care, and other sectors Improved efficiency of referral connections Data sharing across sectors 	<ul style="list-style-type: none"> Time to referral acceptance Example: 75% of accepted referrals were accepted in 4 days or less, meaning a person who was referred for social services was quickly able to get the services they needed.
Sustainability and Financing	<ul style="list-style-type: none"> Policies and governmental support for community level initiatives Investment in cross sector partnerships and sustainability of funding sources 	<ul style="list-style-type: none"> New funding streams available to pay for social care, areas with greatest need funded to meet capacity Improved rates of social needs met Shared funding model with contributions from different sectors Participation of governmental entities in supporting Unite Us networks 	<ul style="list-style-type: none"> Percent of CBOs with diversified funding streams as a result of participation in a Unite Us network Example: 25% of CBOs in a given network participating in payment arrangement with a healthcare entity as facilitated through Unite Us Percent of social needs successfully resolved Example: 70% of referrals for social needs resulted in the person having their needs successfully resolved
Equitable Impact on Social Care Outcomes	<ul style="list-style-type: none"> Equitable access to social care resources and reduced disparities in social needs 	<ul style="list-style-type: none"> Equitable access to health and social services Measurable reductions in disparities 	<ul style="list-style-type: none"> Declining disparities in key outcomes across demographics Example: There is no statistically significant difference between referral acceptance rates for clients identifying as Black and those identifying as White.

Finally, we take the key domains that emerged and create a tiered system by which we can assist networks in maturing and growing over time in pursuit of healthier communities. As shown in Table 3, we propose a framework that allows us to measure how communities move from a fragmented and siloed landscape with poor health outcomes to communities connected across sectors, working towards a common vision of addressing social needs, improving health outcomes and reducing inequities across geographies in a sustainable way.

As described in Table 3, *Community Engagement* reflects the active engagement with local communities across sectors towards a shared vision, and connections built between CBOs and with other sectors such as healthcare and education. *Partnerships Across Communities* describes relationships between social care providers that grow as they become more familiar with each other and the services each provides, as well as leadership from community advisory groups to help guide problem-solving efforts across the community. The third domain, *Integration and Coordination Across Networks*, covers integration and coordination within community networks: the ability for partners to efficiently match individuals' social needs with social services available to address them appropriately. Next, we measure *Sustainability and Financing*, which is the ability to facilitate increased funding for social services and capacity building to ensure communities have the supply of resources to meet the demand of their communities. *Equitable Impact on Social Care Outcomes* describes the need to ensure individuals of all backgrounds in a community are able to get their social needs met.

As networks develop along the continuum of each of these domains, we can expect to see equitable improvements in health outcomes move from small groups of individuals whose needs were met to larger and broader populations. Unite Us sees its role as providing the framework, tools, engagement, and data necessary to support communities in the work they are already doing to move from under-resourced and highly fragmented to connected, sustainable, and more equitable places to live.

Table 3: Building Healthier Communities: A Community Action Framework

	Level 1 No coordination between health care and social care, fragmented system that is difficult for individuals to navigate.	Level 2 One-off relationships between health care and community organizations, largely uncoordinated across sectors. Health outcomes variable.	Level 3 Growing network of community-based organizations linked to each other and to health care, increasing referrals and coordination across at least several sectors. Health outcomes improving for individuals getting social needs met.
Domain			
Engagement of Community Based Organizations	<ul style="list-style-type: none"> No common platform exists to connect individuals to services across sectors, or a common platform exists but is only primarily used by one sector. One-off relationships between health care organizations and CBOs, if any. 	<ul style="list-style-type: none"> Limited number of organizations connected within a community network to provide services; organizations do not cover all service types. 	<ul style="list-style-type: none"> Increasing number of organizations working together across a network to provide services; increased service type coverage and sectors represented in the community network.
Partnerships Across Communities	<ul style="list-style-type: none"> No substantial partnerships exist across sectors and no formal networks exist across CBOs. Needs, referrals, and outcomes are difficult to track. 	<ul style="list-style-type: none"> Only limited partnerships exist between sectors, or existing partnerships are not yet joined together in a single network. Limited referrals between CBOs; most referrals flowing from health care to social care. No community advisory structure identified or established and few network partners are seeking data from the network. 	<ul style="list-style-type: none"> Community organizations begin to grow relationships with one another. Referral relationships that existed before the network (sent via fax, phone, email) are now increasingly supported by a single community network. A limited number of network partners seek data from the network. A community advisory structure has been established, but is not yet actively strategizing on how to improve gaps in social care and community outcomes.
Integration and Coordination Across Networks	<ul style="list-style-type: none"> Health system and social care landscape are fragmented and the community lacks a coordinated system that connects people to needed social services. No accountability exists. 	<ul style="list-style-type: none"> No coordinating entity available to direct referrals, referrals being sent and followed up on by health care entities or CBOs based on existing care coordination bandwidth. Unite Us monitors network health and identifies opportunities to optimize partners' use of the platform. 	<ul style="list-style-type: none"> Coordinating entity operationalized to facilitate referrals across network partners, take on the role of day-to-day monitoring, and follow up on referrals that are pending after an identified number of days; referral accuracy and efficiency increases, increasing success in needs being met.
Sustainability	<ul style="list-style-type: none"> Health spending focuses on medical care and neglects key determinants of outcomes; health care spending on an unsustainable trajectory. Social services are underfunded and lack payments between health care funders and CBOs. Insufficient capacity to meet community needs results. 	<ul style="list-style-type: none"> Sustainability is low. Funding for integrating social and health care currently comes from Community Health Improvement Plan and foundation grants. The number of organizations working together as part of a community network are low and capacity doesn't exist to meet the breadth and depth of social needs in the population. 	<ul style="list-style-type: none"> Sustainability is moderate: intersectoral action improves efficiency and reduces duplication of efforts. However, continued capacity issues serve as barriers to meeting community needs. Organizations begin piloting new systematic ways to fund specific services for targeted populations.
Equitable Impact on Social Care Outcomes	<ul style="list-style-type: none"> Access to social care and intensity of social care needs shows large disparities by race, gender, or language. Only some groups able to get social needs met. 	<ul style="list-style-type: none"> Access to social care and intensity of social needs improving, but only for small groups of individuals. Little impact on equity. 	<ul style="list-style-type: none"> Inequities in social care access are reduced among individuals whose needs are being met through networks, and intensity of social needs declines across smaller populations with access to social services.

Table 3: Continued

Domain	Level 4 Partnerships to improve health across sectors working to address burden of disease, increasing funding for social needs, but still limited in scope. Improved health outcomes for target populations.	Level 5 Frontier of intersectoral collaboration where all sectors and community members are involved in creating healthy communities that have capacity and means to address social needs, improve health outcomes, and reduce inequities across geographies.
Engagement of Community Based Organizations	<ul style="list-style-type: none"> • Significant number of key service providers working together across a network to provide services; increased service type coverage and sectors represented in the community network. 	<ul style="list-style-type: none"> • Majority of key service providers working together across a community network to provide services. Organizations represent all major service types and sectors. Organizations across sectors working together with community leaders to maximize whole person outcomes by addressing needs across communities.
Partnerships Across Communities	<ul style="list-style-type: none"> • CBO relationships increase and strengthen, multiple partnerships exist across sectors; a significant percentage of network partners across sectors use the network to send and receive referrals. Partners use network level data to support funding opportunities and coalition building with other CBOs, in part through community advisory structures that bring cross-sector stakeholders together to strategize on how to fill gaps in services within communities. 	<ul style="list-style-type: none"> • Action across sectors is fully realized, community organizations consider themselves part of a strong network of partners who can come together to address community needs. A majority of network partners across sectors use the network to send and receive referrals. Government and other advisory structures facilitate partnerships with community and other sectors, high accountability and transparency in how individuals are matched to services, and quality of services provided.
Integration and Coordination Across Networks	<ul style="list-style-type: none"> • Coordinating entity continues to support referral coordination and network monitoring to maximize referral accuracy and efficiency, and to monitor and escalate gaps and opportunities in network coverage and performance. 	<ul style="list-style-type: none"> • Referral accuracy and efficiency continues to increase with support from the coordinating entity. Sufficient funding to support public health and community organizations acting as coordinating entities across sectors, legislation that enables ongoing public health and community integration to ensure healthy community networks and availability of services for all who need them.
Sustainability	<ul style="list-style-type: none"> • Sustainability increases as systematic funding increasingly facilitates moving dollars from health care to social care to reduce medical expenses and improve outcomes across sectors. Number of community organizations receiving payments for services they provide, and the breadth of populations eligible for paid services, increases. 	<ul style="list-style-type: none"> • Partnerships across sectors are used to fill gaps in funding across governments so that no serious gaps in services exist across communities, and individuals can receive the services they need. Improved social determinants result in improved health and less medical spending, with minimal reliance on philanthropic dollars to keep community-based services operating. Movement to value-based payments for social services as the market matures in its understanding of the return on investment from using health care dollars to pay for social services.
Equitable Impact on Social Care Outcomes	<ul style="list-style-type: none"> • Inequities in social care access start to decline more broadly across communities. Disparities in number and duration of social needs are reduced at a broader level as access to social services increases. 	<ul style="list-style-type: none"> • Social care outcomes improve at the population level, with inequities in social needs and access to social care minimized. Severity and duration of social needs declining across all populations in a geography.

Operationalizing the Unite Us Framework



After defining key domains across which we can measure the impact of Unite Us-powered networks on community health outcomes, the next steps will be to develop measure sets for each domain that allow Unite Us to create dashboards to monitor the health of our networks. Creating tiers for measurement, with benchmark criteria for each measure at each tier, will allow Unite Us to work closely with partners across communities to continuously improve our networks along key domains in pursuit of improved community health outcomes. Additionally, having dashboards tracking progress in key domains for network health will allow Unite Us to provide data to communities and participating partners for creative problem solving on ways to continuously improve health outcomes across communities.

Conclusion

Above all, the task of creating healthier, more equitable communities requires collaboration. While recent federal efforts have focused on increasing access to coverage and controlling costs, we know that achieving better health outcomes and eliminating disparities will require systemic change at the grassroots level. We know that health and social care providers need tools to collaborate to address health-related social needs. And we know that we need to move upstream and empower communities to address the drivers of health within their own communities.

At Unite Us, we are committed to seizing the opportunity to thoughtfully assess what it takes to build successful community networks. The platform we provide is a critical component, and we welcome conversations about how to get started with building social care infrastructure in your own community, but the more important factor is how we engage with communities and how individuals across the full array of health, human and social services work together in the common pursuit of creating healthier communities. We need to identify the structural factors that must change in order to improve community health outcomes, and evaluate the impact of various strategies for improving community collaboration. The Unite Us Community Action Framework is meant to be a starting point for an ongoing conversation around ways we can advance community outcomes. We welcome input and collaboration as we continue marching toward a vision of healthier, more equitable communities across the United States.

About the Authors

Lead author:

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Melissa Sherry is the Vice President of Social Care Integration at Unite Us, where she works to design payments technology and services to increase funding for social care and community capacity building. She previously served as Director of Population Health Innovation and Transformation at Johns Hopkins HealthCare, where she implemented population health management strategies focused on addressing the social determinants of health. Dr. Sherry specialized in translating available population health data into meaningful and actionable strategies to reduce costs, improve health outcomes, and improve patient satisfaction, with a focus on long-term sustainability.

Dr. Sherry has over 11 years of experience working on population health management and public health strengthening initiatives, both domestically and internationally, including work in Africa, the Middle East, Latin America, and Europe. Dr. Sherry has worked with organizations such as the World Health Organization, Jhpiego, and Johns Hopkins International on initiatives to strengthen health care systems and improve population health, and has authored manuscripts and book chapters on topics related to strengthening population health through community engagement, cross sector partnerships and creating evidence for action.

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Molly brings a depth of experience in grant and network management in the nonprofit world, as well as three years of experience implementing coordinated networks with communities across the U.S. at Unite Us, to her role as Director of Network Health. She graduated with a BA in history and Hispanic studies from the College of William & Mary. With a background in public benefits programs and affordable health care access, Molly is passionate about the intersection of health care and social services and the power of data to create change.

Marc Rosen, MPH

Marc has spent his career working in community health at the intersection of health care and CBOs. He currently oversees network building, growth, and health teams at Unite Us as the Senior Director of Network Performance. Before joining Unite Us, he served as the Director of Healthcare Integration and Translation at YMCA of the USA, where he advanced clinic-to-community partnerships and new ways to integrate community-based organizations into healthcare delivery and payment systems.

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