

EVIDENCE BRIEF

SYSTEMS FOR ACTION



Examining How Social
Services Organizations
Engage in Community
Public Health Networks

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The Problem

In many US communities, medical, social services and public health sectors continue to operate in a siloed fashion, offering fragmented, single-purpose solutions that narrowly target aspects of health and well-being. However, as recognition of the influence and interconnectedness of social determinants of health has grown, so has the understanding that improvements in population health and health equity require strong collaboration across the medical, social, and public health sectors.

However, there is a gap in the existing research on such cross-sector collaboration, with little known about the relationship between the public health and social services sectors. This gap limits our understanding of how to move from narrow programs to expansive collaborations capable of producing marked improvements in population health and health equity. By quantifying collaboration among public health and social services sectors, the present study increases our understanding of collaboration and enables communities to strengthen their cross-sector relationships and, ultimately, their ability to address social determinants of health.

About S4A

Systems for Action (S4A) conducts rigorous scientific research on how to build stronger connections between medical, social, and public health delivery systems in ways that support health equity.

Funded by the Robert Wood Johnson Foundation, S4A conducts studies in communities throughout the U.S. led by diverse teams of scientists and community stakeholders.

Systems for Action
National Coordinating Center
Systems and Services Research to Build a Culture of Health

WWW.SYSTEMSFORACTION.ORG

Possible Solution

This study examines cross-sector collaboration as a critical avenue toward improved population health and health equity. While collaboration across medical and social services sectors has been a focus of research, the relationship between public health and social services sectors is not well understood. This study focuses specifically on the extent to which cross-sector collaborations are occurring across public health and social services sectors by examining the depth and breadth of social service engagement in public health activities.

Existing research has found that permanent supportive housing increases housing stability as well as reduces the use of acute care services, hospital admissions, length of stay, use of shelters and incarceration. Evidence suggests that PSH programs have more impact on housing stability when they have better integrated care coordination. But the evidence base is limited by inconsistencies in definitions and characteristics of PSH models, variability in implementation, and lack of integration of data systems. This research aimed to address some of these challenges and seek solid evidence about the impact of a robust model for addressing the needs of people experiencing homelessness.

Extensive Margins

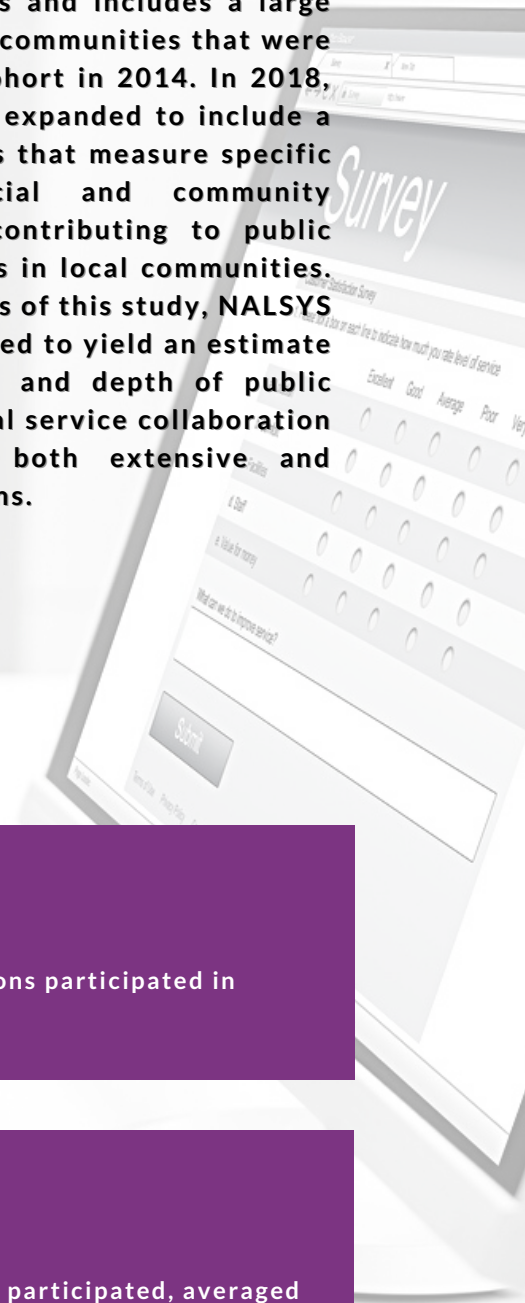
The “proportion of communities in which social service organizations participated in implementing at least one public health activity.”

Intensive Margins

The “proportion of public health activities in which social services participated, averaged across communities.”

Research Methods & Data

This study followed a national cohort of more than 600 U.S. communities over time using data from the National Longitudinal Survey of Public Health Systems (NALSYS). The NALSYS survey asks local public health officials in each community to report information about an array of nationally recommended public health capabilities that are implemented in their community, and about the types of community organizations that participate in implementing these capabilities. First collected in 1998, the NALSYS survey is currently fielded every two years and includes a large sample of rural communities that were added to the cohort in 2014. In 2018, the survey was expanded to include a set of questions that measure specific types of social and community organizations contributing to public health activities in local communities. For the purposes of this study, NALSYS data was analyzed to yield an estimate of the breadth and depth of public health and social service collaboration by measuring both extensive and intensive margins.



The majority **(80%)** of public health activities involved social service(s) in their implementation.

Nearly all communities (94%) involved social services in the implementation of at least one public health activity.

Social services organizations serving special populations engaged in a higher proportion of public health activities than organizations providing special services.

Engagement was highest with organizations supporting basic needs like housing and food (73.8% and 70.2%, respectively), suggesting cross-sector collaborations spanning public health, housing and food sectors are widespread.

Both breadth and depth of collaboration were lowest for justice-related as well as recreation-related organizations and highest for housing-related organizations.

Housing collaborations differed by geography, with fewer and less intensive collaborations occurring in rural communities compared to urban communities.

Engagement was markedly lower with corrections, criminal justice, and juvenile justice-related organizations (32.5%) as well as parks, recreation and physical activity-related organizations (25.3%).



More engagement in at least one public health activity:

 Housing, shelter or utilities: **74%** of communities

 Food and nutrition: **70%** of communities

Less engagement in at least one public health activity:

 Corrections and criminal justice: **33%** of communities

 Parks, recreation & physical-activity related organizations: **25%** of communities

Recommended Action

The results of this research suggest that there is a substantial and nearly universal opportunity to improve both the breadth and depth of collaboration between public health and social services sectors. And while there is a need to improve collaboration across most types of social service organizations, the prevalence of collaboration with public health is uneven across types of social service organizations.



Specifically, it is recommended that public health leaders prioritize opportunities for engagement with low-connectivity social sectors in their communities, including law, justice, and economic development.

Public health leaders should continuously monitor cross-sector collaboration over time to identify gaps in relationships, establish future priorities and empower community leaders to target areas of greatest need.

However, care should be taken when using the results of this study. Local public health officials self-reported involvement of specific types of social service organizations, meaning collaboration may be over- or under-reported based on access to information and perceived desirability of collaboration. Further, because only public health officials were surveyed, results may not represent perspectives of social service sector leaders or other community stakeholders. Finally, collaborations external to public health or with services not listed in the survey may exist that are important to meeting the needs of communities.