

## **Exploring the Use of Community Care Hubs to Coordinate Health and Social Care**

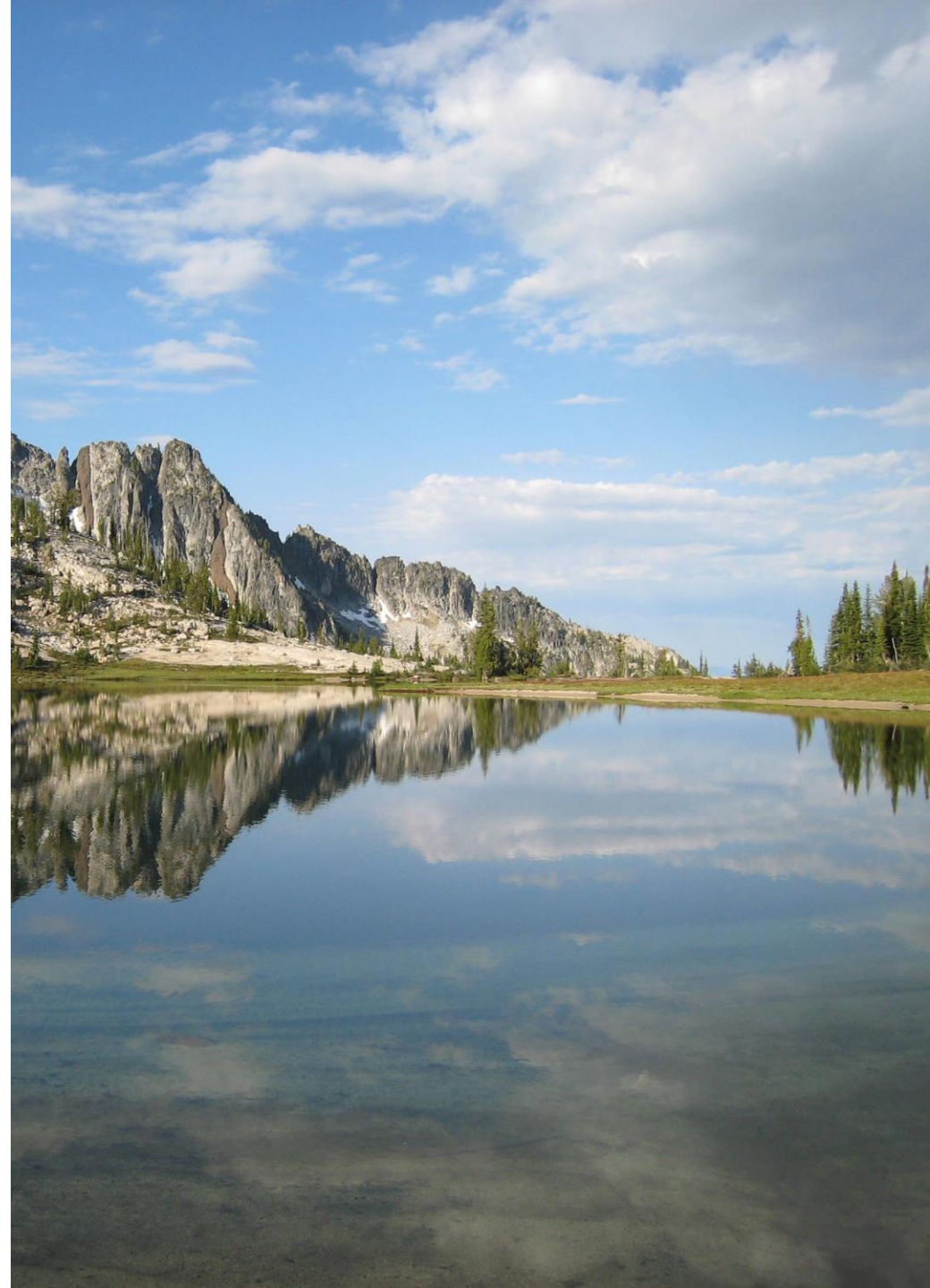
**Nancy Groff, Director of Health Policy**  
**Raven Merritt-Shorb, Health Policy Coordinator**  
**Erin Fessler, Intern**  
**ORPRN**

# Exploring the Use of Community Care Hubs to Coordinate Health and Social Care

Nancy Goff, Director of Health Policy

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# Agenda

- About the Oregon Rural Practice-Based Research Network (ORPRN)
- Overview of Community Care Hubs, or "hubs"
- Interviews with existing hubs
- Survey of community-based organizations about interest and capacity regarding hubs
- Recommendations

# About ORPRN

# Oregon Rural Practice-based Research Network (ORPRN)

ORPRN's mission is to improve health for all Oregonians through community engaged research, education, and policy.

## Research



## Health Policy



## Education







# Approach

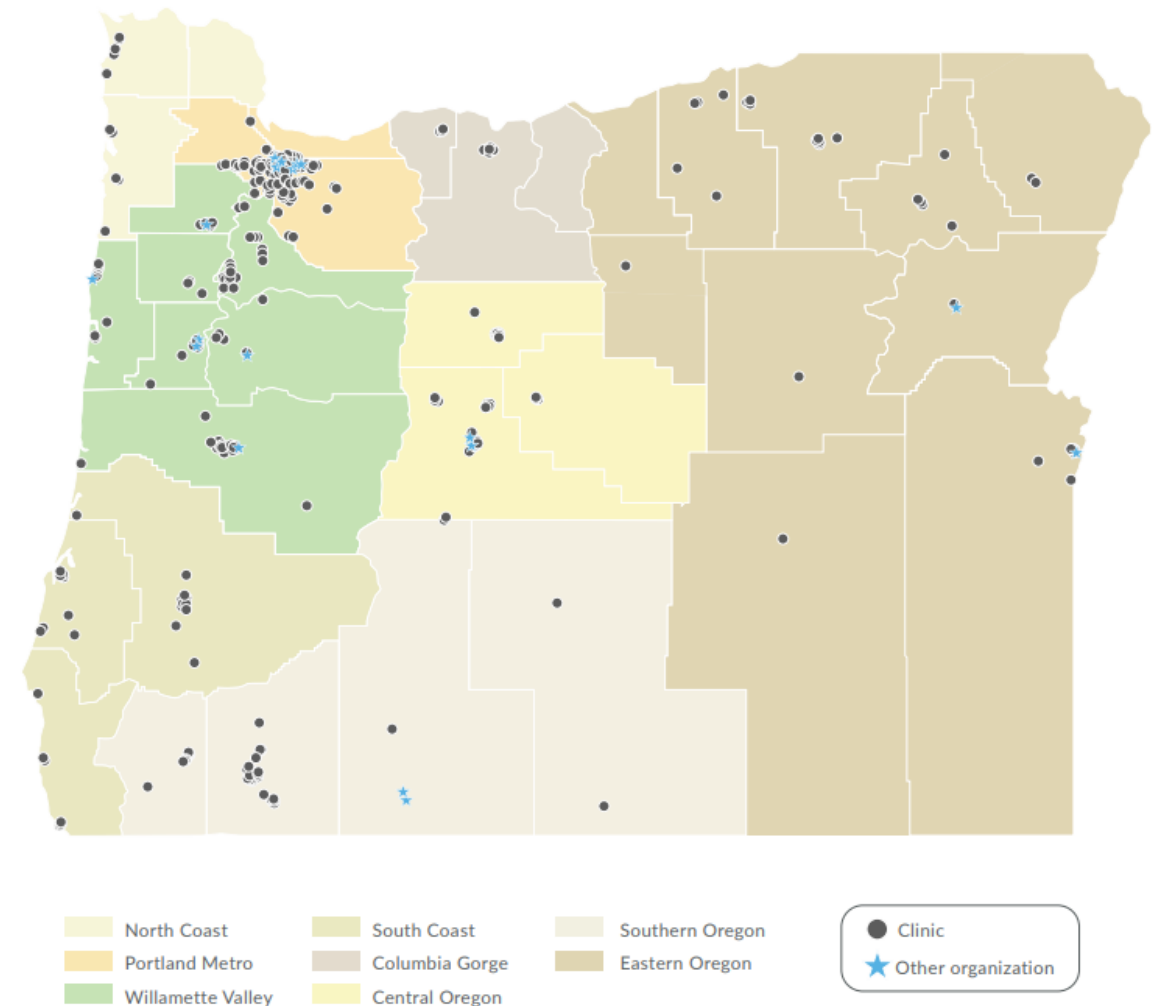
**20+ years of experience working with partners in rural and low-resourced settings to identify and implement evidence-based research, education, and policy solutions**

- Listening to rural communities about their priorities and needs
- Improve access to care for rural and low-resourced patients
- Offer timely and relevant education for health professionals
- Rapid dissemination of best practices
- Supporting payer, clinics and community organizations implement statewide systems and policy changes

# Reach & Impact

Since 2019, we've worked with:

- Over **400** primary care clinics (50% rural or frontier)
- **All 16** of Oregon's Coordinated Care Organizations (CCOs)
- Over **5,200** unique learners in education programs
- Nearly **70,000** individual patients, including
  - Rural/frontier
  - American Indian
  - Hispanic/Latino
  - Low income
  - Uninsured
  - People with disabilities



# ORPRN by the numbers

2018-2024



18

ACADEMIC PUBLICATIONS



27

CONFERENCE PRESENTATIONS  
AND POSTERS



\$6,862,321

TOTAL GRANT  
DOLLARS AWARDED



16

TOTAL FUNDERS ENGAGED



2019-2023

Impact Report



77

TECHNICAL ASSISTANCE  
(TA) EVENTS HELD



4

NEW POLICIES DEVELOPED



21

POLICY GUIDANCE  
DOCUMENTS CREATED



37

ECHO PROGRAMS



2023-2024

Impact Report



# Community Care Hubs

# Connecting health and social care

## Community care hub (CCH) definition

- **Community care hubs, "hubs"** formally organize and support a network of community-based organizations (CBOs) in a region to address health-related social needs (HRSN) and other services
- This type of **statewide, coordinated system** doesn't exist in Oregon, though regions throughout the state have successfully piloted topic- or provider-specific hubs



Photo credit: [www.visualnetworklabs.com](http://www.visualnetworklabs.com)

# Current state of health-related social needs

**"We're tackling the right problem in the wrong way"<sup>1</sup>**

1. Community expertise isn't prioritized
2. Recreating the wheel
3. Fragmented services, multiple coordinators
4. Lack of systemic data
5. Most CBOs need support
6. Power differentials due to funding

1. Goldberg B, Kaufman C. A Better Way to Manage Health Related Social Needs. Presentation from October 3, 2023





# What hubs offer

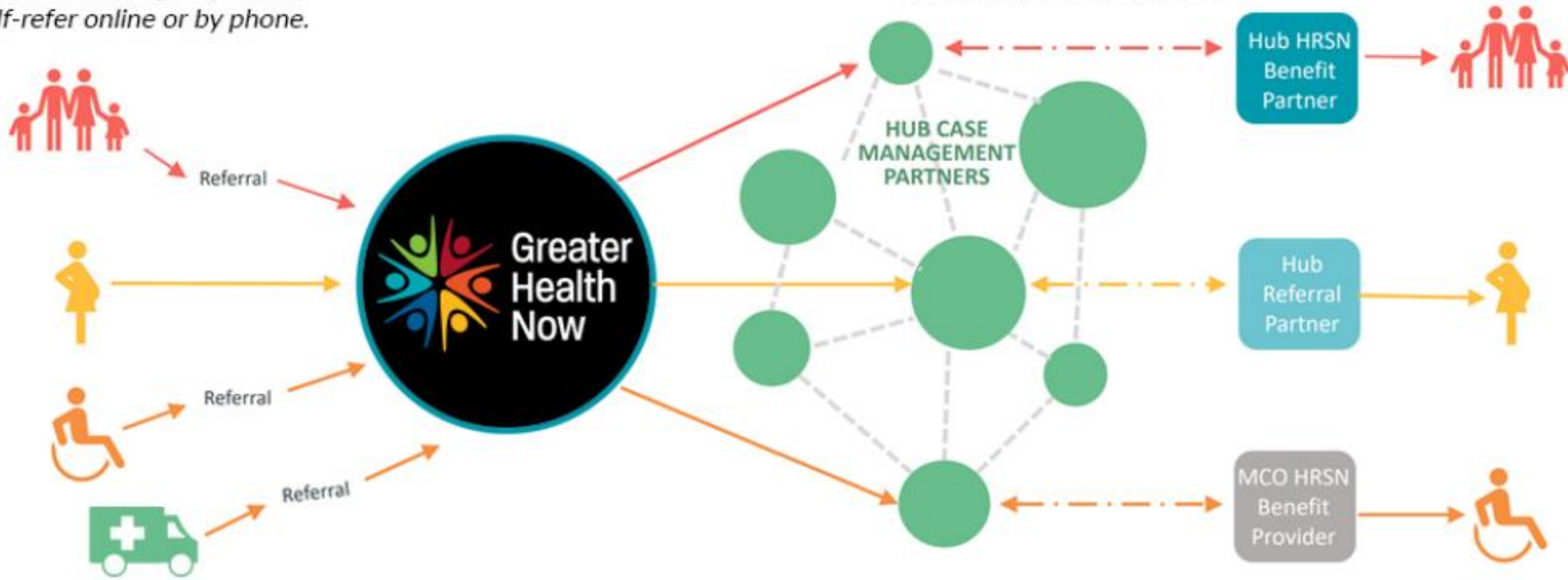
- **Connect CBOs** in a region to health payers like Oregon Health Plan
- **Reduce the administrative burden** of doing business with health payers and health care delivery systems
- **Increase CBO communication** and information sharing
- **Monitor social service availability** in a region
- Build a region's ability to **identify and address community health goals**
- **Track health outcomes**
- Provide **technical assistance, training, support**
- **Increase community voice** in decisions

# A Visual Representation of the Community Hub

Clients are referred to the Greater Health Now Hub by a CBO, Health Care Provider or Social Service Agency or may self-refer online or by phone.

Clients are screened and referred to a HUB Case Management Partner based on cultural/ language match.

The Case Manager assesses the clients' needs and available benefits and connects them to Health Related Social Needs (HRSN) providers, then follows up to assure their needs are met.





## ORPRN's interest in hubs

- **Providing technical assistance** to Coordinated Care Organizations on Health-Related Social Needs and community investments since 2017
- **Supporting systems change, policy implementation and capacity building**
- **Working with other states** to learn about different models
- **Want to better understand perspectives of Oregon's health system partners** on whether this is a viable model for our state (CCOs, agency partners, CBOs)





## Project goals

Conduct a survey and key informant interviews to learn:

- Are Oregon's CBOs interested in forming hubs?
- Are CBOs ready to and have the capacity to set up hubs?
- What hub-like structures and functions already exist in regions that can be leveraged to create a more formal, statewide approach?
- For existing hubs: How and why did they develop? What lessons learned can we apply statewide?

# Interviews

# Interview purpose

ORPRN wanted to hear from organizations who are leading hub work in the state through structured interviews

## Rationale

- Lived expertise will provide a valuable foundation and inspiration for future hub work

## Research Questions

- What are the experiences of existing hubs? How did they become hubs?
- What functions are these organizations performing?
- What are barriers and facilitators of hub functions?
- What recommendations do these organizations have for a statewide hub system?



# Oregon's hub landscape

## **Hub functions are becoming more common in Oregon**

- Multiple social-healthcare hubs already exist
- Hub functions also seen in non-healthcare settings

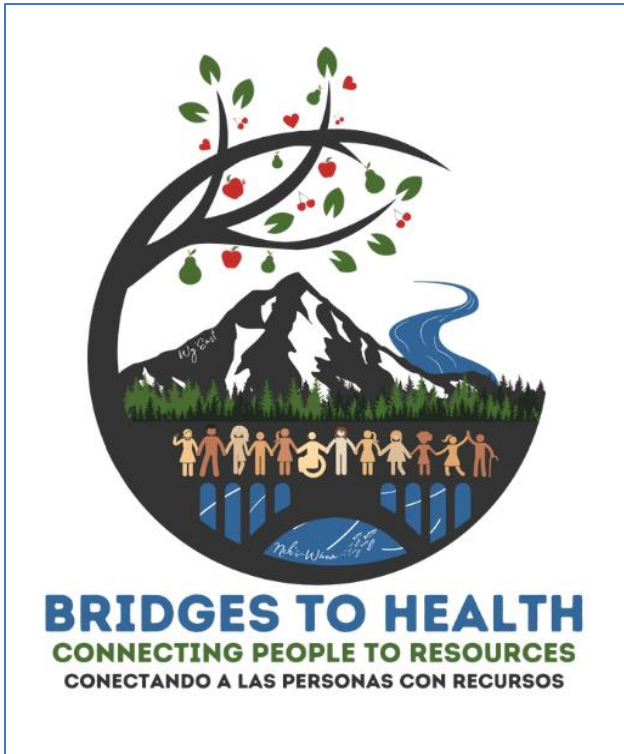
## **Potential interviewees**

- Located through resource directories (county websites, 211info, etc.) and word of mouth

## **Interviews compared four hubs with different:**

- Social and political context
- Geographic region
- Reported functions and impact

# Participating organizations



# Interviewee organization overview

## **Bridges to Health - PacificSource Columbia Gorge CCO region**

- Community health worker (CHW) and care navigation focused

## **NeighborImpact - Central Oregon**

- HRSN contracting for CCO and independent HRSN provider
- Some integration with the Community Action Agency (HMIS and Coordinated Entry)

## **Northeast Oregon Network (NEON) - Northeast Oregon**

- Community HRSN coordination and HRSN provider
- Past Pathways Hub model and current CHW training hub

## **Oregon Wellness Network (OWN) - Statewide**

- Area Agencies on Aging connector for chronic disease self-management programming

“

”

...trying to weave together  
bureaucracy while doing good work  
and serving other human beings.

*Molly Heiss*  
*NeighborImpact*



# Varied structures in interviewed hubs

Hubs use diverse structures and processes to connect health and social care

## **Self-identified role**

- Not all participants identify as "hubs"
- Some consider themselves to be CBO partners performing hub functions

## **Structure**

- Varied structure, including standalone non-profits and "nested" organizations

## **Payers and Services**

- Services include contracting assistance, CHW training, care navigation, and community programming
- Payers include public insurance, private insurance, and health systems

“

”

Just think of everything like a PDSA.  
Every time we do something, we  
make it better.

*Lavinia Goto*  
*OWN*

# Building hub strategy

Hubs fill gaps, adapt to policy change, and listen to their communities

## Starting a hub

- Why: community needs, organizational expansion
- How: All hubs started with initial grant funding-- community capacity building funds (CCBF), CCO investments, federal grants

## Growing a hub

- Reliance on braiding and blending, block funds
- Changes to Health-Related Social Needs (HRSN) deeply impact strategy and services
- Some participants describe movement towards community health worker (CHW) training/billing (more on this soon)

**Also consider regional variability--recurring theme!**

“

”

**It's this discernment of where do we  
step up and lead, and where do we  
step back and support?**

***Jenny Anglin  
Bridges to Health***



# Hub operations

Participants navigate a new dimension of healthcare: billable social care

## "Medicalizing" social care supports

- Healthcare policy and strategy drives social care contracting processes
- Shadow sector/new infrastructure required
- Result is administrative inefficiency/duplicate work

## CBO network burden

- Slow repayment and complex systems are barriers to CBO participation
- Small CBOs disadvantaged: need financial float and administrative support
- **Again, begs question of regional variation in a statewide hub system**

# Pioneering infrastructure

Hubs promote community strengths and build CBO capacity

## Care navigation

- Increasing reliance on CHWs for screening and care navigation

## Technology and Technical Assistance

- Where there are no solutions, hubs create them (i.e., piloting billing platforms)
- Consider impact of CHW participation in process development, especially data collection

## Supporting social care

- Participants describe "incubating" and "propelling" small, culturally-specific, and new CBOs

“

”

I think I would have an easier time  
saying who's not (working with us). I  
can't think of anybody.

*Jenny Anglin  
Bridges to Health*

# Hub connections

Hubs act as conveners and strategists in their region

## Relationships (Regional variability, one more time...)

- All participants describe partnering with government, health, and social care entities

## Hub governance

- Participants focus on shared leadership structures, such as advisory boards
- One describes placing CHWs in management/leadership positions

## Revisiting efficiency

- Collaboration promotes coordinated efforts and funding
- Reports of duplicative leadership efforts

# The value of network membership

**Membership in a hub network comes at a cost to CBOs**

- Time, staffing, direct costs
- Contracting support can provide revenue to CBOs, however--
- Reimbursement rates for services are often very low
- HRSN may sunset with CCO 3.0

**Without social care contracting, what value do hubs offer their network?**



# Community health workers (CHWs)

## **Some Oregon hubs are looking to CHW billing to address sustainability issues**

- Most hubs report relationships with CHWs and the CHW workforce
- CHWs may even bypass hub processes to connect patients to care in geographically dispersed areas
- Subsequent need for CHW input in process development
  - Data collection
  - Might also consider program management

## **Challenges include liability and quality**

- CHW role is variable depending on context
- Regulating quality and liability for such variable roles is a challenge

“

”

**That's been my biggest worry about  
CHW billing hubs...by the time you fund  
the hub infrastructure, will that  
reimbursement actually fund the  
positions?**

***Liberty Avila***  
***NEON***

## Funding tools

- Collaborative grants
- Fiscal sponsorship
- Grant-writing assistance
- Grant accounting resources

## Operational supports

- Best practice guidance
- Verbiage drafting
- Shared costs
- Training/education
- Shared infrastructure

# Experts weigh in: Value-to-CBO Toolkit

# Sustaining hubs and their network

## Specific policy recommendations from our experts

1. Hubs need direct, predictable funding for hub function
2. Hub policy should leverage use of existing infrastructure, partnerships, and community goals
3. CHWs should be involved in data collection process development, and future policy should simplify current data collection requirements
4. Policy should consider whether primary care is an appropriate gateway to social care services: are there more effective ways to link clients to care?
5. Government funding for regional health-related social needs should be coordinated between local care providers
6. **Above all else, simplicity is key to sustainability! How can we make these systems as simple as possible for people, health care providers and communities?**

“

”

...those are some of the challenges,  
but I don't think they're  
insurmountable. I think it's all about  
communication.

*Molly Heiss*  
*NeighborImpact*

# Survey



# Survey purpose

ORPRN wanted to hear from organizations who work in health and social care--- what is your interest and capacity for hubs in your region?

## Rationale

- Exploration of whether hubs are a viable model for coordinating health and social care in Oregon

## Survey Questions

- Demographics (counties served, organizational size, roles, population served, HRSN provider status)
- Interest in hub concept, greatest needs, perception of benefits, ability/interest to take on functions
- Barriers and resources needed



# Survey methods

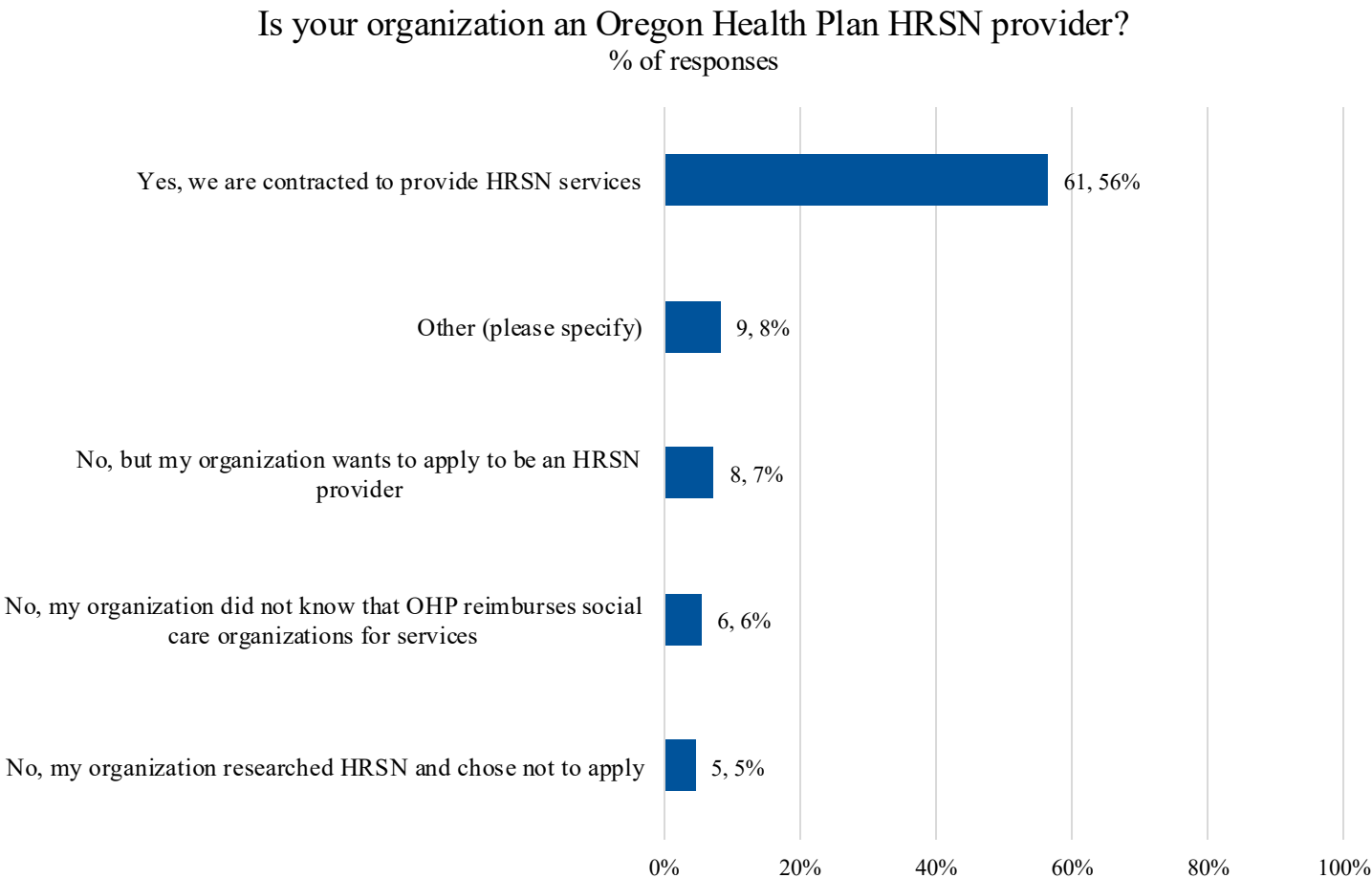
ORPRN sent a survey to Oregon CBOs

- Distributed through existing networks and listservs
- Mid-July to mid-August 2025
- Received 132 responses; 114 included in analysis
  - All 36 counties
  - 106 unique organizations



From: <https://cezannehr.com/hr-blog/2022/05/what-are-pulse-surveys/>

# HRSN provider survey respondents



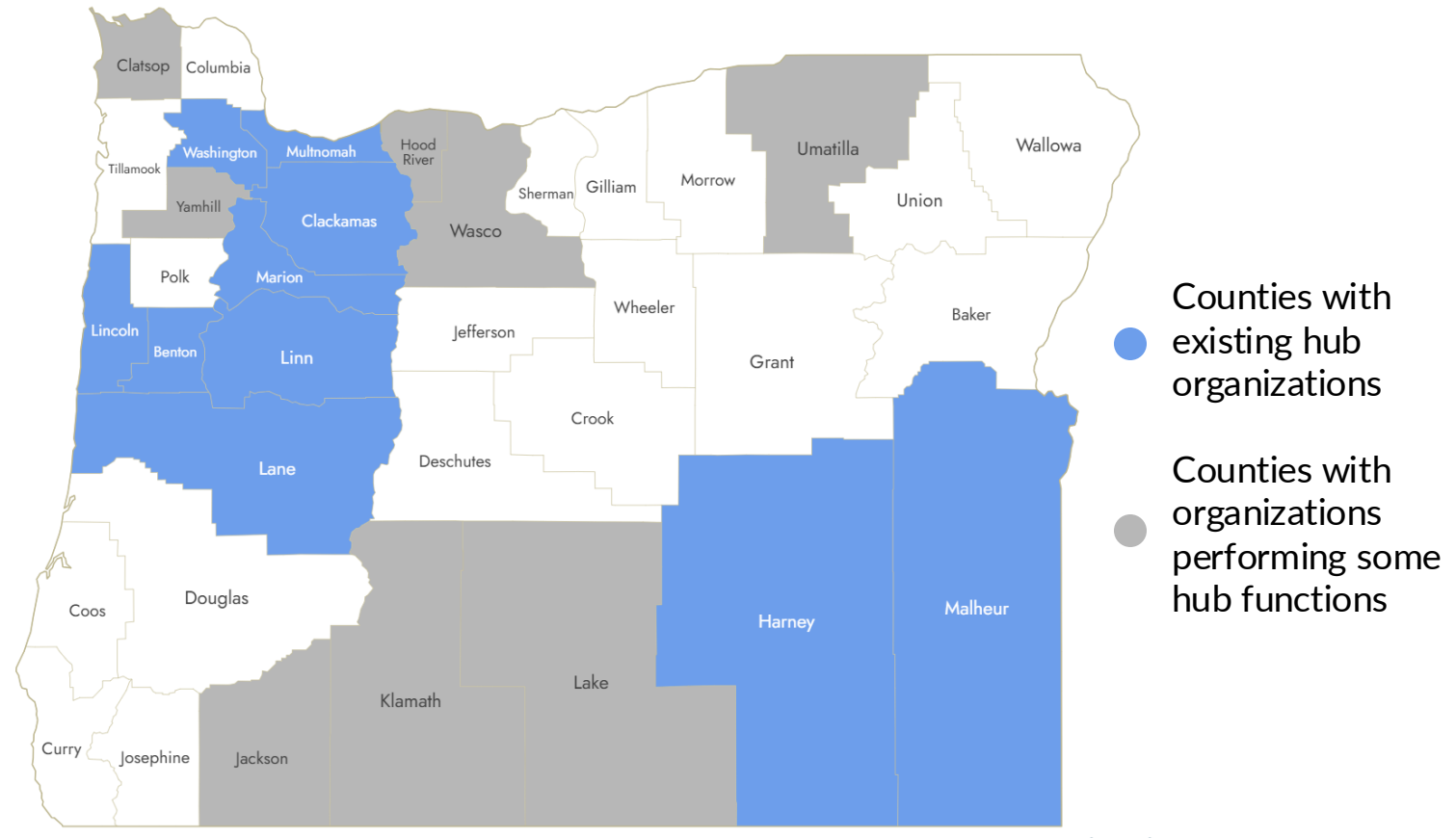
# Existing hubs

## Existing hub organizations

- Community In Action
- Feed the Mass
- Laurel Hill Center
- LBL Early Learning Hub, LBCC
- MSH Consulting/15th Night
- Silverton Area Community Aid

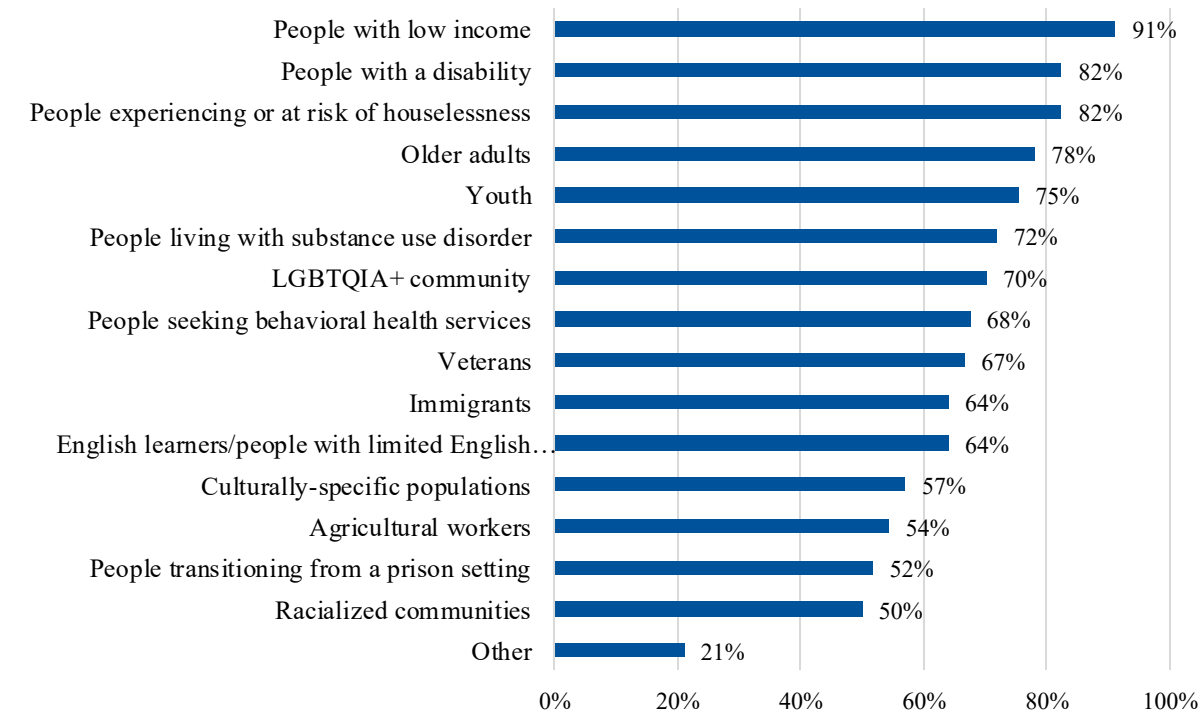
## Organizations performing *some* hub functions

- Klamath and Lake Community Action Services
- Lane County Human Services Division
- Project Access NOW

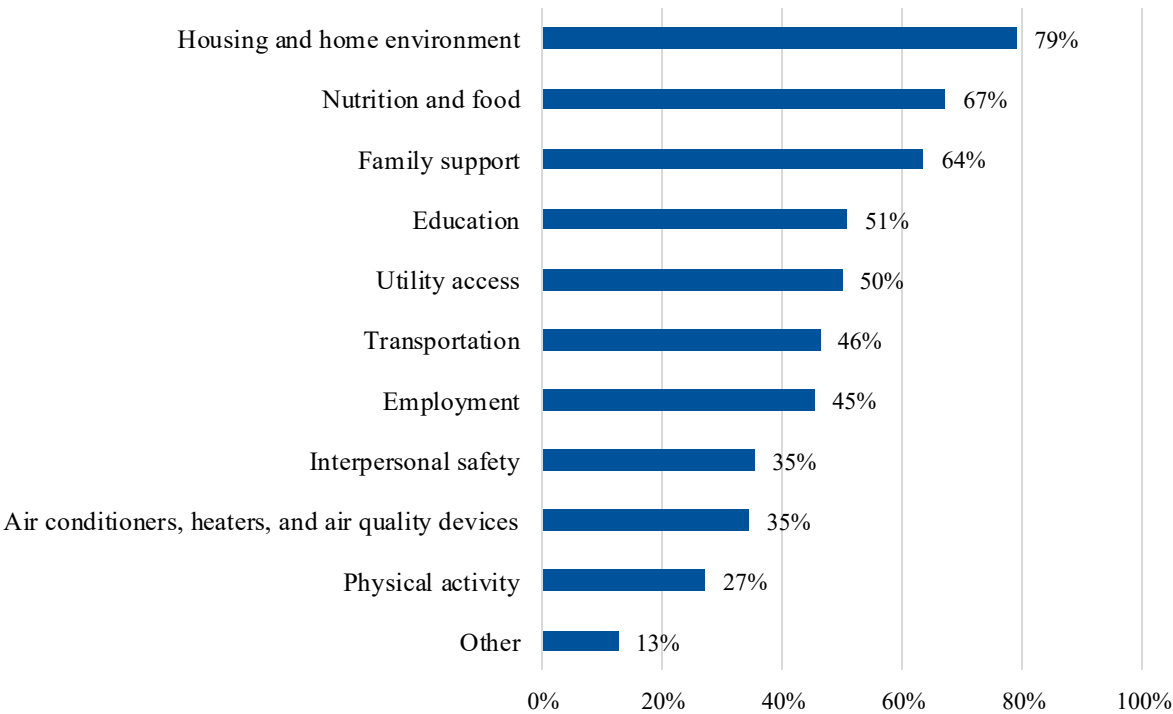


# Populations served and services provided

Populations Served  
% of responses

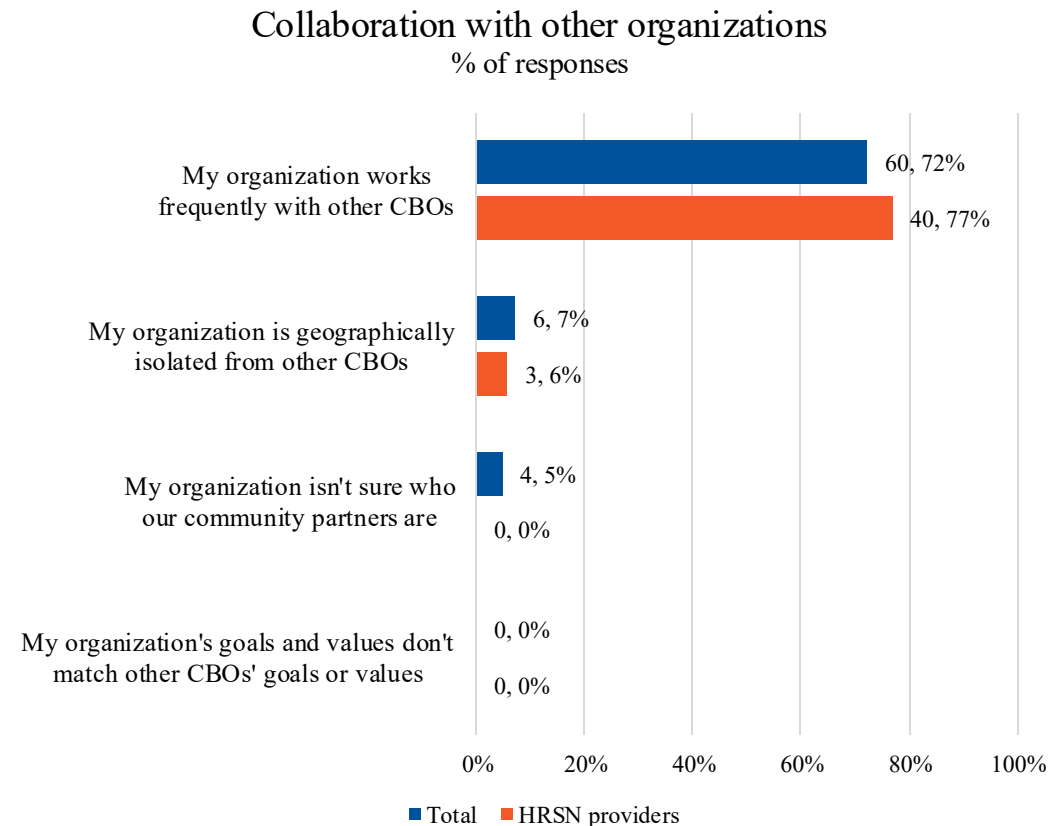


HRSN Services Provided  
% of responses



# CBO networks and collaboration

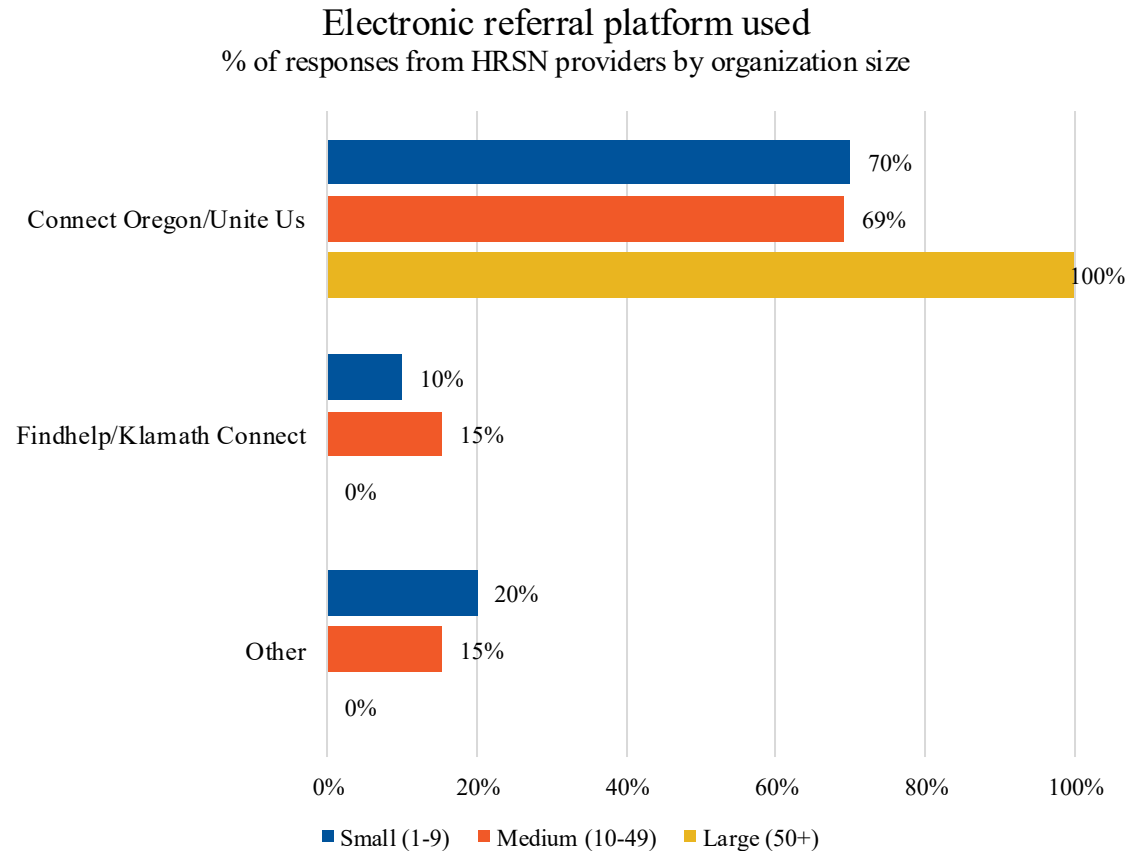
- CBO respondents are already highly-networked with other CBOs
- Ninety-seven percent of respondents are already referring clients to other CBOs



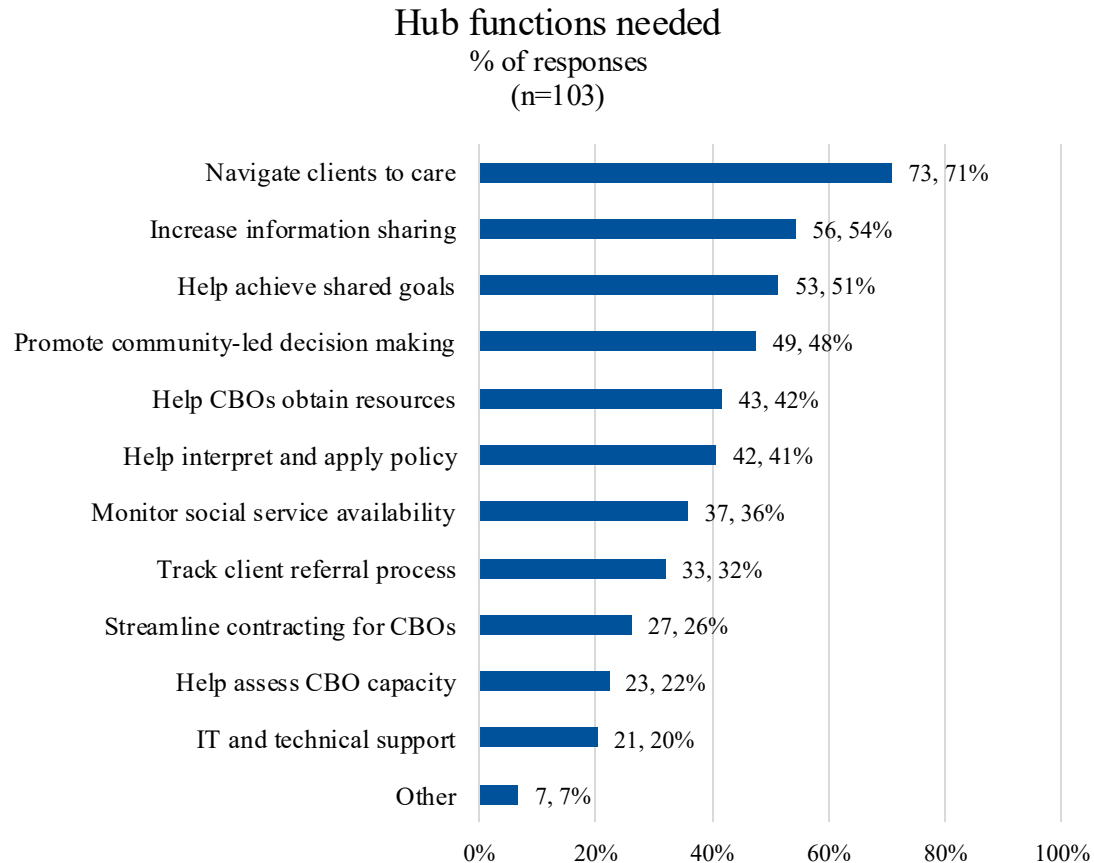


# Use of electronic referral platforms

- While only 42% of all respondents report using e-referrals, a much greater proportion of HRSN providers are using e-referrals:
  - 56% of small CBOs
  - 62% of medium CBOs
  - 55% of large CBOs
- This indicates that becoming an HRSN provider increases e-referral platform utilization, and the greatest uptake is by medium sized CBOs

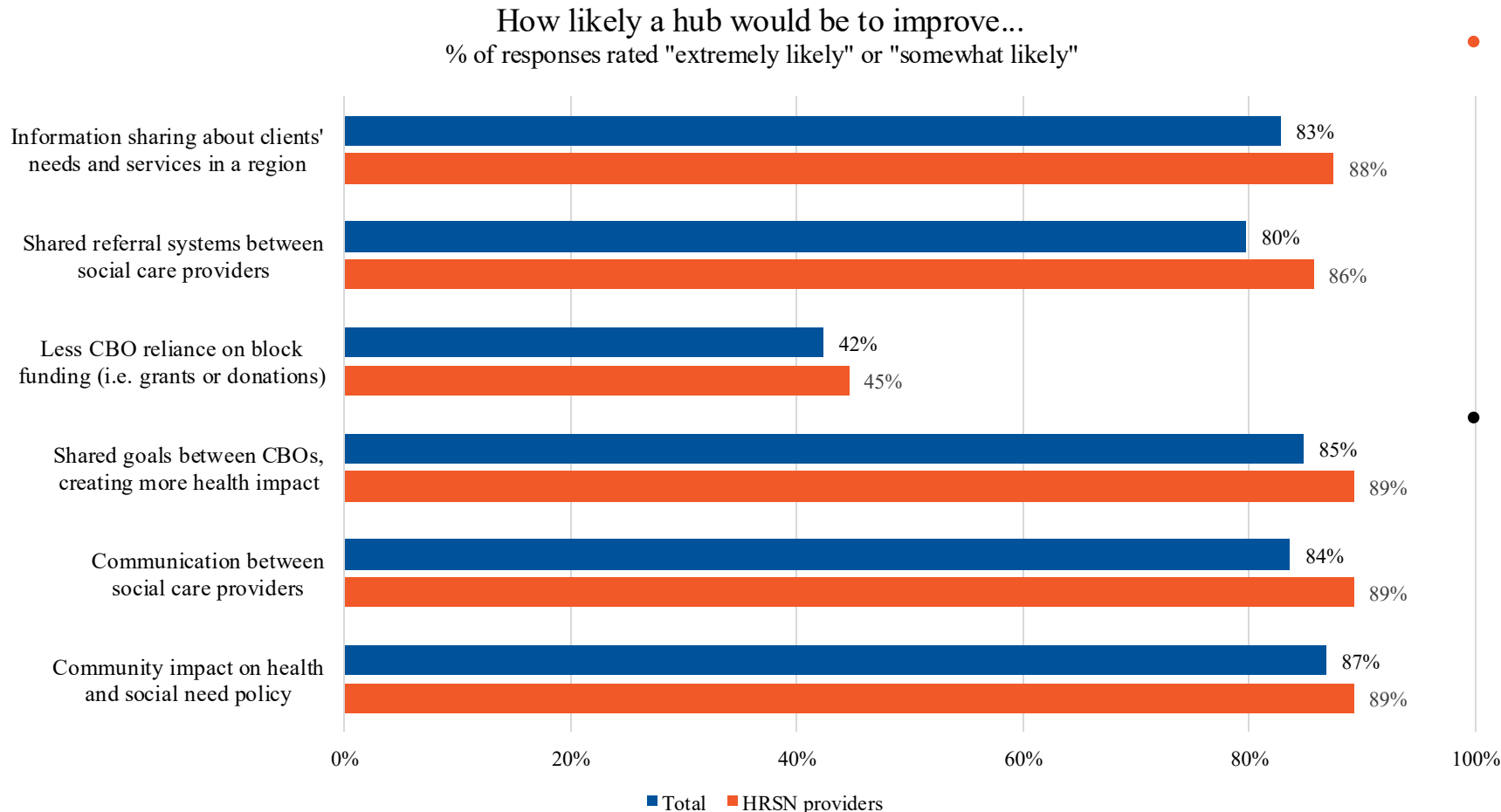


# What hub functions are needed in your region?



- **All respondents:** Navigate clients to care & increasing information sharing are the greatest needs reported by all respondents
- **HRSN providers:** less likely overall to report needs
  - One exception: reported "streamlining contracting" as high need
- **Executive/leadership roles:** More likely overall to report needs
  - Reported highest needs for "interpret/apply policy" and "streamlining contracting"

# Perceived benefits of hubs



- **Administrative staff** perceive the benefits of hubs as *significantly higher* across all categories than staff in executive/leadership roles
- Suggests that administrative staff bear the administrative burden of complex systems, and see the benefits of greater alignment and coordination across organizations



# Interest in hubs

**"My organization is interested in being a hub"**

- Mostly medium or small sized HRSN providers

**"My organization is interested in working with a hub"**

- Similar interest across the board, but not from large CBOs

**"My organization is interested in partnering with other CBOs to perform hub functions in my region"**

- Similar interest across the board, but not from large CBOs

# Interest in taking on hub functions

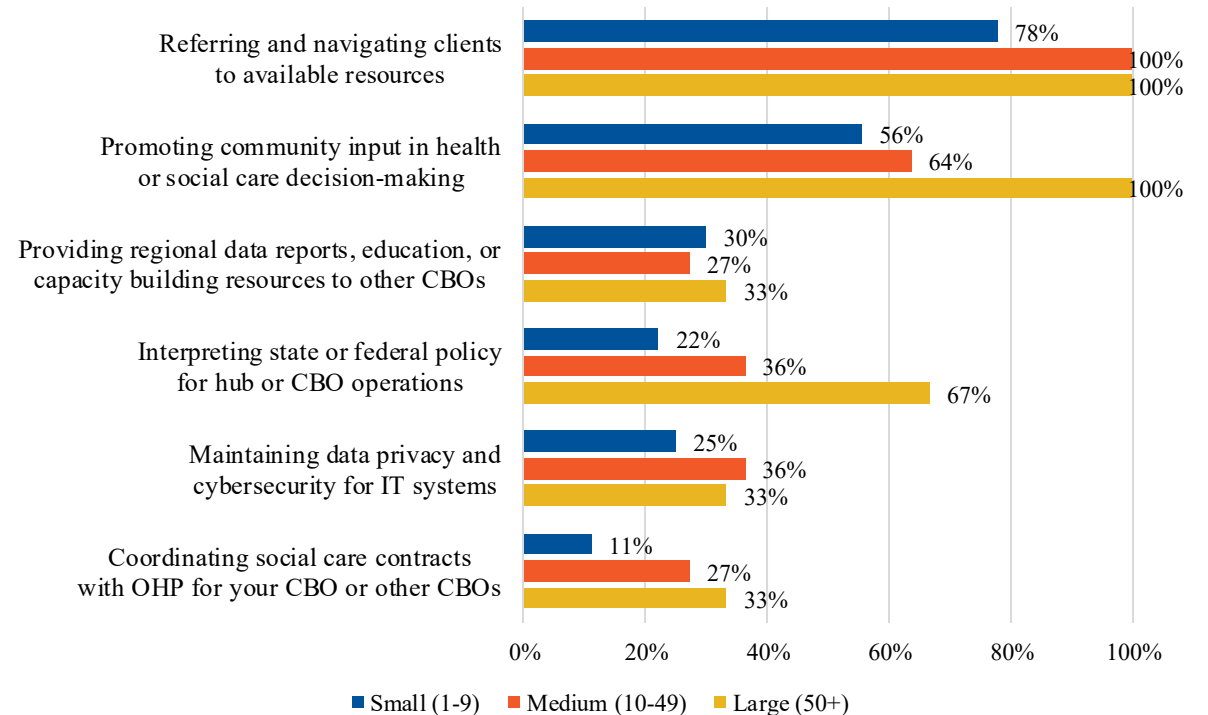
Across all organization sizes respondents are most interested in doing resource navigation and referral

- Large organizations are also interested in bringing community input into decision making, and interpreting policy
- All respondents are less interested in providing data reports, data privacy and coordinating contracting

Respondents rate their interest in performing these functions *much lower than their ability to do so*

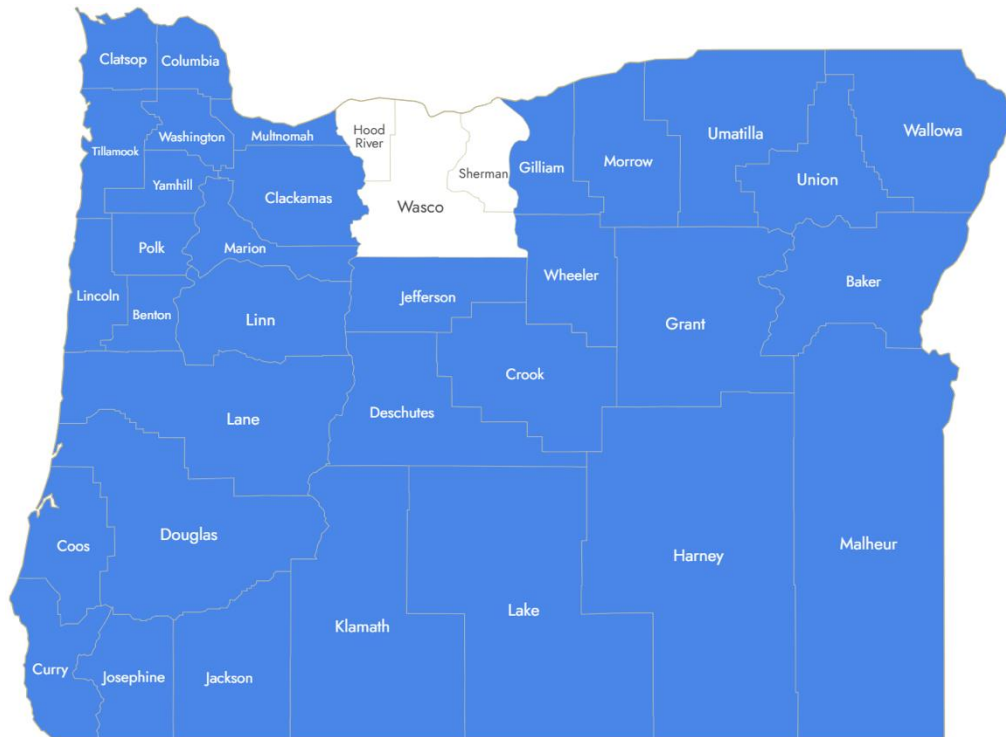
## Organization ability to take on hub functions

% of responses rated "very likely" by participants in Leadership/Executive roles by organization size



# Barriers: Staffing

“We would need additional staff, or our staff would need additional training to participate”

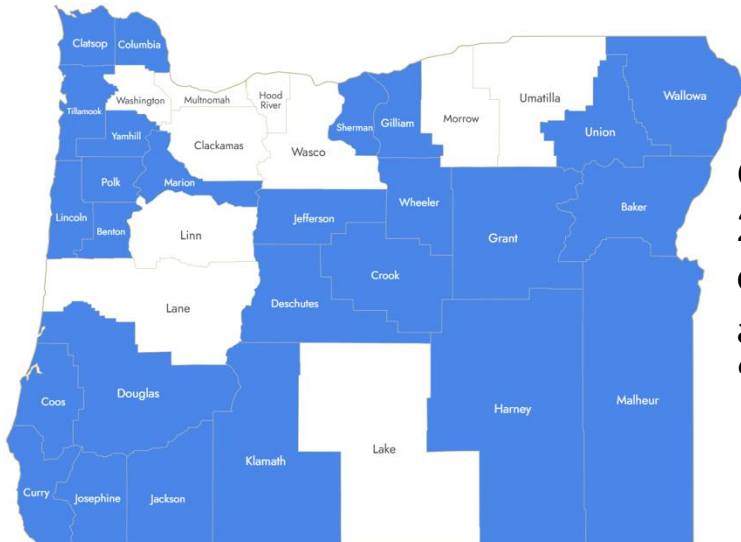


Organizations serving **33 of Oregon's 36 counties** reported this as a “moderate” to “significant” barrier



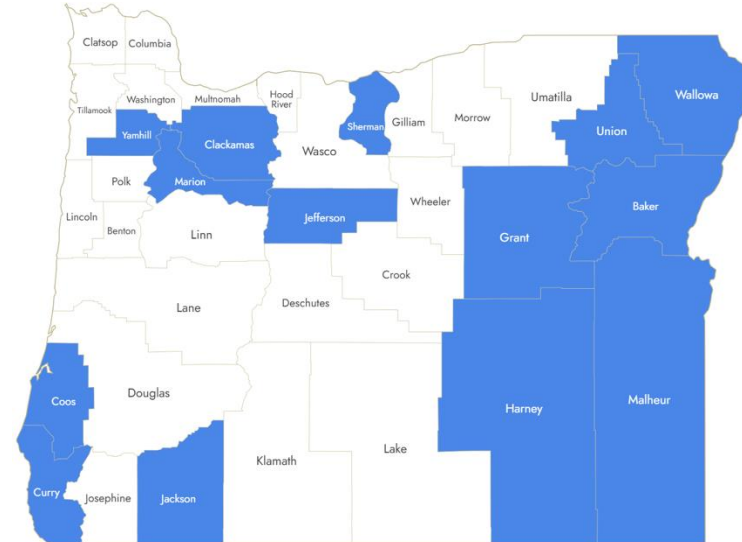
# Barriers: Reporting and Technology

“Concern about being required to report data to an additional outside entity, like OHP”



Organizations serving **26 of Oregon's 36 counties** reported this as a “moderate” to “significant” barrier

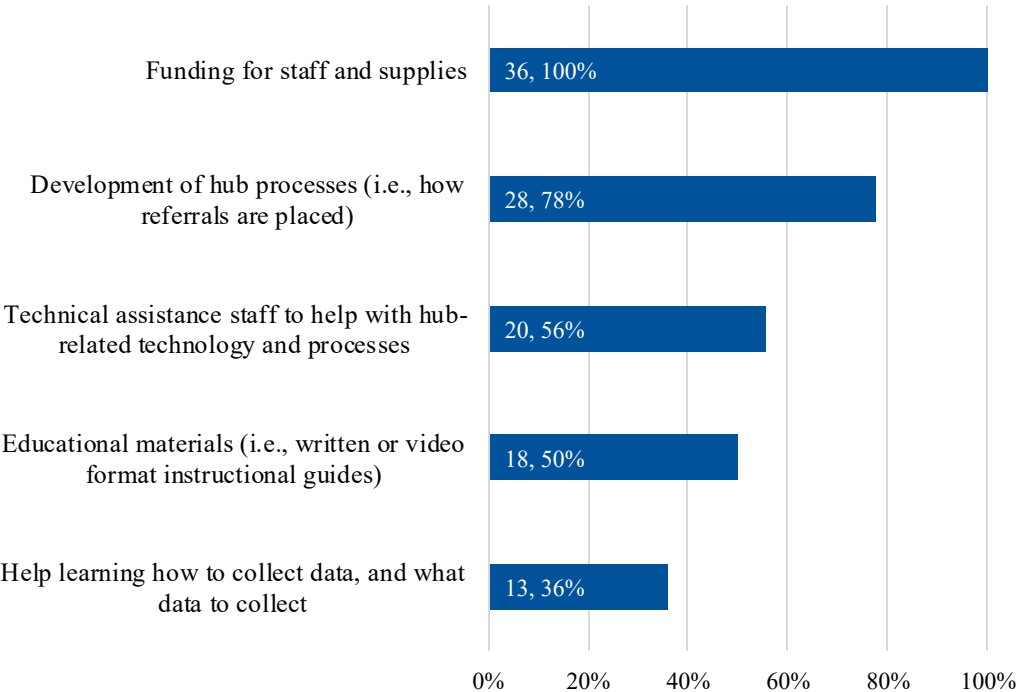
“We don’t have sufficient technology supports and equipment, or we aren’t sure what technology to use”



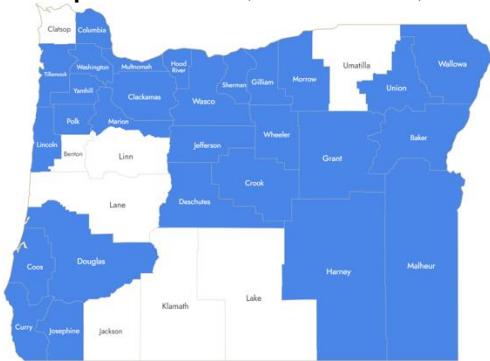
Organizations serving **14 of Oregon's 36 counties** reported this as a “moderate” to “significant” barrier

# Support needed to participate in a hub system

Support needed to participate in a hub system  
% of counties with >50% of participants reporting  
"high" or "total" support needed



Development of hub processes (28 counties)



Technical assistance staff (20 counties)



Educational materials (18 counties)



Data collection (13 counties)



# Key takeaways from survey responses

1. Oregon's community-based organizations (CBOs) are already highly collaborative and networked in their regions
2. CBOs perceive great benefits from hubs, yet there is more interest in the various hub functions than becoming/forming standalone hubs (i.e. distributing responsibilities across many orgs)
3. Navigating clients to care and increasing information sharing among CBOs are the greatest needs
4. Capacity for various hub functions is higher for HRSN providers, indicating increased interest in and comfort with roles
5. Staffing is the greatest barrier to hub work, and the greatest need is funding for staff
  - CBOs would also like support with developing hub processes
  - Data reporting is also a barrier

# Recommendations

# Recommendations

1. **Hub creation should start from local community needs:** Oregon's CCOs and CBOs may already be performing some of the core functions of hubs in their regions. The need for greater coordination across CBOs will vary by region. If considering building hubs, start with community priorities and needs.
2. **Build provider specific hubs:** Oregon has had success developing topic (self-management; housing) or provider (CHW) specific hubs. Build on these early successes and expand. Provider specific hubs in particular can increase access to both health and social services, and could be a good strategy in a climate of uncertainty for HRSN.
3. **Invest in care navigation and information sharing:** These are investments in people time and are the greatest identified needs in regions. Care navigation and information sharing both build relationships and trust in regions, which help small communities weather ups and downs of funding fluctuations.
4. **Continue supporting HRSN infrastructure:** The Oregon investment in HRSN infrastructure has built significant CBO capacity in many important hubs functions, even though Oregon did not organize comprehensive hubs like other states. CCOs are leading their communities in these spaces.
5. **Be intentional with creating simplicity:** When building new hubs, systems, infrastructure, aim for simplifying current processes and reducing administrative burden.



Questions?



Thank you.

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