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NATIONAL COMMUNITY OF PRACTICE

Expanding the Continuum

Referral Platforms for Comprehensive Care Coordination

September 2025

CHILDREN'S HealthWatch

FRAC Food Research & Action Center

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Executive Summary

This guide is designed to help healthcare providers, anti-hunger advocates, and community-based organizations navigate community referral networks to address health-related social needs (HRSNs), including food insecurity. Moving beyond basic platform descriptions, it offers practical insights into commonly used referral platforms, such as Unite Us and Findhelp, compares their features, and explores how they can be integrated into daily workflows.

Key Findings

- Referral platforms have evolved significantly since in recent years, with emerging Artificial Intelligence (AI) capabilities and better Electronic Health Record (EHR) integration
- Successful implementation requires Healthcare and community partner engagement from the outset, not as an afterthought – referral platforms are a useful tool, and not a replacement for deep partnerships between healthcare and social service organizations
- Technology alone cannot solve systemic issues, but when used intentionally, it can bridge critical gaps between referrals and actual service receipt
- The most effective platforms combine automated efficiency with human relationship-building
- These mechanisms may also reduce staffing burdens by streamlining the referral process—allowing providers to make direct connections with patients rather than requiring multiple engagements with external organizations. For patients, they eliminate the need to navigate referrals on their own or leave with a piece of paper and the responsibility to follow up, helping ensure stronger follow-through and access to services.

Bottom Line: While referral platforms are not a panacea for addressing health related social needs, such as food insecurity, they represent a significant advancement when implemented strategically with strong community partnerships and clear workflows.

I. Introduction

Purpose of this Guide

A critical challenge in social care integration within healthcare delivery is the gap between identifying patients' social needs (e.g., food insecurity) and successfully connecting patients to community resources of their choosing. As healthcare organizations increasingly recognize that medical care alone cannot address the complex factors affecting health outcomes, the need for systematic approaches to social needs referrals has grown exponentially. The proliferation of referral platforms in recent years has created both opportunities and confusion. Healthcare providers now face dozens of technology options, each claiming to solve the referral challenge. Meanwhile, community-based organizations report referral fatigue from managing multiple platforms used by different healthcare partners.

While taking a broad view, we have synthesized lessons learned from early adopters, evaluated current platform capabilities, and provided actionable recommendations for implementation. This guide builds upon foundational work from 2019 by the Social Interventions Research and Evaluation Network (SIREN), while addressing contemporary challenges, including workforce shortages, AI integration, and sustainability concerns.[1,2]

The Current Landscape

Healthcare organizations' interest in addressing patients' social needs has intensified significantly. Value-based care incentives, recognition of social determinants as key health drivers, and the COVID-19 pandemic's social impact have all contributed to this focus. However, traditional informal approaches—hard-copy resource lists, individual staff knowledge, and ad hoc referrals—have proven insufficient for systematic social needs intervention.

Community referral platforms have emerged to address these limitations by providing comprehensive, regularly updated resource directories, electronic referral capabilities with outcome tracking, integration with existing healthcare workflows, and analytics to measure intervention effectiveness. Yet implementation remains challenging. Early adopters report longer-than-expected deployment timelines, difficulties achieving closed-loop referrals, and community partner engagement challenges that technology alone cannot solve.[2]

II. Overview of Community Referral Platforms

Platform Evolution Since 2019

The referral platform landscape has matured significantly since the initial comprehensive review by SIREN in 2019.[2] Key developments include consolidation and acquisition, with Unite Us acquiring NowPow in 2021 and Aunt Bertha rebranding as Findhelp. This consolidation has resulted in more robust platforms with broader geographic coverage and enhanced capabilities.

Enhanced EHR integration represents another major advancement. Epic's expanded social care functionality and improved API capabilities have enabled deeper integration with referral platforms. Most major platforms now offer seamless EHR connectivity, reducing the clicking burden that previously hindered adoption.

Artificial Intelligence (AI) and automation are now emerging as significant differentiators, with platforms using AI for resource matching, follow-up automation, and predictive analytics. These capabilities address the workforce shortage challenges many organizations face.[3]

Current Leading Platforms

- **Unite Us** remains the market leader, operating in 47 states with over 700 measurable outcomes. Its closed-loop structure ensures comprehensive referral tracking, while its acquisition of NowPow has strengthened its condition-specific referral capabilities. The platform's statewide implementations, most notably NC Care 360, demonstrate scalability and policy integration potential.[4] In 2024, Unite Us facilitated nearly 24 million connections to care, representing a 60% increase from 2023, and distributed $152 million in funds, a 200% increase from the previous year.[5,6]
- **Findhelp (formerly Aunt Bertha)** continues as the largest publicly accessible resource directory in the United States. Its freemium model allows individuals to self-navigate while offering premium features for organizations managing referrals. The platform's comprehensive national directory provides immediate deployment capability in new markets.[7] The platform maintains over 550,000 program locations verified by their data operations team and serves every county in the United States.[7]
- **NowPow**, now part of Unite Us, specialized in personalized, condition-specific referrals embedded within health systems' workflows. Its robust SDOH screening tools and structured referral tracking capabilities have enhanced Unite Us's clinical integration offerings.[5]
- **Healthify** has positioned itself as the enterprise solution for health plans and large health systems, with particular strength in closed-loop network management and advanced analytics capabilities.[8]
- **Emerging Players** include AI-enhanced platforms like Blooming Health, which focuses specifically on workflow automation and conversational AI to reduce manual workload for case managers. Blooming Health raised $26 million in Series A funding in early 2025 to scale AI-driven social care solutions.[9]

  Blooming Health strengthens the capacity of community-based social service providers, particularly in last-mile engagement, through AI-based multilingual outreach in 80+ languages and workflow automation. Case managers report a Net Promoter Score of 80 and savings of over 10 hours per week. Partners have achieved a 38% average survey response rate, a 300% increase in engagement, a 10% reduction in self-reported loneliness, a 7% improvement in self-rated health and a $26.5 million cost of living impact through increased social care access (Blooming Health unpublished data).[10]

Platform Categories and Selection Criteria

Platforms can be categorized along several dimensions that affect implementation and outcomes. Comprehensive versus focused directories represent one key distinction. *Comprehensive platforms* maintain broad resource databases covering entire geographic areas, while *focused platforms* emphasize smaller networks of active referral partners. Each approach offers distinct advantages depending on organizational goals and community partner capacity.

Healthcare-centric versus *community-centric* development creates another important distinction. Platforms developed specifically for healthcare organizations often provide better clinical workflow integration, while those with broader community origins may offer stronger cross-sector collaboration features.

Self-service versus *managed* implementation approaches also vary significantly. Some platforms emphasize user self-service capabilities, while others provide extensive implementation support and community network development services.

III. EHR Integration and Workflow Optimization

The Integration Imperative

Electronic Health Record (EHR) integration has emerged as the most critical factor for successful platform adoption. Healthcare providers consistently report that seamless EHR access determines whether platforms become part of routine workflows or remain underutilized add-on tools.

Epic integration leadership reflects Epic's dominance in hospital EHR systems, making Epic integration a competitive necessity for referral platforms. The Epic App Orchard now includes multiple referral platforms, with Unite Us, Findhelp, and others offering native modules that appear within the Epic interface.[11,12]

API-driven connectivity enables modern platforms to leverage APIs for bidirectional data flow between EHRs and referral systems. This connectivity allows patient demographic information to populate automatically in referral platforms while pushing referral outcomes back to clinical records.[12,13,14]

Single Sign-On requirements have become essential, as healthcare organizations report that Single Sign-On capability significantly impacts adoption rates. Platforms requiring separate login credentials face adoption challenges, as healthcare workers resist adding authentication steps to already complex workflows.[12,13,14]

Workflow Design Principles

Successful implementations embed referral activities into existing clinical workflows rather than creating parallel processes. Key design principles include point-of-care integration, where the most effective implementations activate referral capabilities at the moment of clinical decision-making, not as separate administrative tasks. This requires referral platforms to appear within clinical documentation workflows.

Role-based deployment recognizes that different healthcare roles interact with referral platforms differently. Physicians may need rapid resource identification, while social workers require comprehensive case management

capabilities. Successful implementation customizes platform access and functionality by user role.

Automated workflow triggers represent advanced implementations that use clinical data to trigger referral workflows automatically. For example, HbA1c values above target ranges can automatically prompt food security screening and resource identification for diabetes patients.

IV. State-Level Governance and Policy Implications

Policy Framework Development

State-level policies increasingly influence referral platform adoption and operation. Several states have developed comprehensive approaches that provide models for policy development. North Carolina's leadership through NC Care 360 represents the most comprehensive state-level referral platform implementation, connecting healthcare providers, government agencies, and community organizations through a unified technology infrastructure. The state's Medicaid waiver specifically supports referral platform usage, creating sustainable funding mechanisms.[4]

California's multi-platform approach has embraced platform diversity while establishing interoperability standards. The state's approach recognizes that different regions may benefit from different platforms while ensuring data sharing capability across systems.

Texas integration model has focused on integrating referral platforms with existing 2-1-1 infrastructure, leveraging established community relationships while adding healthcare-specific functionality.

Regulatory Considerations

Privacy and data sharing regulations vary significantly across states around health information sharing with social service organizations. Some states have clarified HIPAA interpretations to facilitate cross-sector data sharing, while others maintain restrictive approaches that complicate closed-loop referrals.

Medicaid integration opportunities exist for states with Medicaid 1115 demonstration waivers, which provide greater flexibility to fund referral platform implementation and community-based services. These waivers provide pathways for sustainable financing that pure fee-for-service models cannot support.

Quality measurement requirements increasingly include social needs intervention metrics in emerging state quality measurement requirements. These requirements create additional incentives for referral platform adoption while establishing standardized outcome measures.

Policy Recommendations

Standardizing interoperability requirements would enable states to establish technical standards that allow referral platforms to share data effectively, reducing the burden on community organizations to manage multiple systems. Clarifying privacy regulations through clear guidance on permissible health information sharing for social needs interventions would reduce implementation barriers and legal uncertainties. In addition to these implementation considerations, healthcare organizations and community organizations must also avoid data collection and sharing policies (i.e., asking for patients' immigration status or other confidential information) that

may violate trust and safety of patients and their household members.

Developing sustainable financing mechanisms requires long-term platform sustainability beyond grant funding. States should explore Medicaid financing options, value-based payment integration, and community benefit requirements.

V. User Experiences: Successes and Challenges

Healthcare Organization Perspectives

Healthcare organizations report mixed experiences with referral platform implementation, with success heavily dependent on preparation, community engagement, and workflow integration quality. Staff adoption challenges require more than training and technology access to achieve consistent staff usage. Successful organizations identify platform champions, integrate usage into performance expectations, and continuously reinforce the value proposition. Organizations that treat platform implementation as purely technological initiatives struggle with adoption.

Outcome measurement difficulties arise because many organizations implement referral platforms without clear success metrics, making it difficult to demonstrate value and secure ongoing support. The most successful implementations establish baseline measurements and track specific outcomes aligned with organizational goals.

Community Organization Experiences

Community-based organizations face distinct challenges that healthcare organizations must understand and address for successful partnerships. Resource burden concerns emerge as many community organizations report that healthcare referral platforms increase administrative burden without corresponding resource increases. Organizations receiving increased referrals through platforms may lack capacity to serve additional clients, creating potential backlogs and client dissatisfaction.

Multiple platform fatigue affects community organizations that increasingly manage referrals from multiple healthcare partners using different platforms. A single food pantry might receive referrals through Unite Us from one hospital, Findhelp from another healthcare system, and direct calls from a third organization. This fragmentation increases administrative burden and reduces efficiency.

Technology capacity limitations affect smaller community organizations that often lack dedicated IT support and may struggle with platform technical requirements. These organizations may require significant training and ongoing support to participate effectively in platform-based referral networks.

In addition to training, healthcare organizations should embed support for community organizations into their broader anchor mission by engaging in more thoughtful conversations around capacity—not just technology integration. This includes establishing recurring meetings to jointly track referral outcomes, identify challenges, and highlight successes, fostering sustainable partnerships that ensure platforms are truly meeting shared goals.

VI. The Future of Referral Platforms with AI

Potential AI Applications

Artificial intelligence is rapidly transforming clinical referral capabilities, addressing longstanding challenges around resource matching, follow-up consistency, and workflow efficiency.

Resource referral platforms are increasingly experimenting with AI algorithms to analyze patient characteristics, geographic constraints, and service availability to recommend optimal resource matches.[3, 14] At scale, automated follow-up systems could utilize AI-driven follow-up to reduce the manual burden on case managers while maintaining consistent patient engagement. These systems can conduct initial outreach, schedule appointments, and identify cases requiring human intervention based on response patterns. Predictive analytics could enable advanced platforms to use AI to identify patients at highest risk for social needs interventions and predict which interventions are most likely to succeed. This capability enables more efficient resource allocation and proactive outreach.[3, 15]

Workflow Enhancement Through AI

Natural language processing allows AI systems to analyze unstructured clinical notes to identify social needs that might not appear in structured screening data. This capability improves the identification of patients who would benefit from referrals without additional screening burden.[3] Conversational interfaces enable AI chatbots and conversational interfaces to provide 24/7 patient support for navigating services, answering questions about referrals, and collecting outcome information. These systems reduce the burden on human staff while improving patient access to information.[16] Documentation automation allows AI to generate referral documentation, update case notes, and track outcomes with minimal manual input, reducing administrative burden and improving data quality.[15]

Case Study: Blooming Health's AI Integration

Blooming Health exemplifies the emerging generation of AI-enhanced referral platforms. Their approach demonstrates how artificial intelligence can address workforce shortages while improving service quality.[9] Workflow-based automation uses AI to automate routine follow-up tasks, freeing human case managers to focus on complex cases requiring personal attention. This approach recognizes that AI should augment rather than replace human judgment and relationship-building.[9] In implementation, this approach has resulted in substantial operational efficiencies: case managers report saving over 10 hours per week through automated outreach and follow-up workflows.[10]

Conversational AI for client engagement allows AI systems to conduct intake conversations, answer questions in preferred languages, and provide timely information about referrals. This capability extends service availability beyond traditional business hours while maintaining personalized communication.

Predictive engagement monitoring uses AI to identify changes in client engagement patterns, such as when seniors stop attending programs, enabling proactive intervention before crises develop. EHR integration provides deep integration with Electronic Medical Records, including Epic, ensuring that AI-generated insights and referral outcomes automatically populate clinical records without additional documentation burden.

Future Directions

Domain-specific AI agents represent the next generation of referral platforms that will likely include specialized AI agents focused on specific social needs domains, such as housing navigation, benefits enrollment, or transportation coordination. These agents will possess deep knowledge of specific service systems and regulatory requirements.[17]

Interplatform communication may eventually enable different referral platforms to communicate automatically through AI systems, reducing the burden on community organizations managing multiple systems and improving coordination across healthcare partners. Population health analytics will use AI-driven population health analysis to identify community-level social needs patterns and resource gaps, informing policy decisions and resource development priorities.

VII. Implementation Strategy and Best Practices

Pre-Implementation Planning

Successful referral platform implementation requires comprehensive planning that extends beyond technology selection to encompass community engagement, workflow design, and sustainability planning. Community asset mapping should occur before selecting a platform, with organizations conducting thorough community asset mapping to understand existing resources, referral relationships, and potential partner capacity. This mapping informs both platform selection and implementation strategy. [18]

A stakeholder engagement framework requires effective implementation to engage all stakeholders—clinical staff, community partners, and patients—in planning processes. This engagement should begin during platform selection and continue throughout implementation. Success metrics definition requires organizations to establish clear, measurable outcomes aligned with their broader social needs intervention goals. These metrics should include both process measures (referral volume, completion rates) and outcome measures (need resolution, health outcomes).[17]

Platform Selection Criteria

When assessing potential platforms, implementing organizations should evaluate platforms based on EHR integration capabilities, user interface design, and reporting functionality. Technical requirements vary significantly based on organizational size, existing technology infrastructure, and user technical sophistication. [11] Community partner compatibility requires platform selection to consider the preferences and capacity of key community partners. Platforms that existing partners already use or can easily adopt are more likely to achieve successful closed-loop referrals.[2] Financial sustainability considerations show that implementation costs extend beyond platform licensing to include staff training, community partner support, and ongoing maintenance. Organizations should develop comprehensive financial projections that account for both direct and indirect costs. [12]

Implementation Phases

- **Phase 1: Foundation Building (Months 1-3)** Platform configuration and customization, initial staff training and champion identification, core community partner onboarding, and basic workflow establishment form the foundation.
- **Phase 2: Pilot Testing (Months 3-6)** Limited-scope implementation with selected patient populations, workflow refinement based on user feedback, community partner relationship development, and initial outcome measurement characterize this phase.
- **Phase 3: Full Deployment (Months 6-12)** Organization-wide platform rollout, comprehensive staff training and support, expanded community partner network, and ongoing quality improvement processes define full deployment.
- **Phase 4: Optimization and Expansion (12+ Months)** Advanced feature utilization, cross-organization collaboration development, outcome analysis and program refinement, and sustainability planning and resource development mark the optimization phase.

Community Partner Engagement Strategies

Engaging community organizations in this work requires healthcare organizations clearly define how platform participation benefits community-based organizations' missions and operations. Successful implementations clearly articulate these benefits and provide tangible support for partner adoption. Training and technical support show that community partners often require more extensive training and ongoing technical support than healthcare organizations. Implementation budgets should include dedicated resources for partner support.[2] This is especially true for smaller organizations that may not have the staff capacity to absorb a sudden, large increase in demand for services and new technology and business process adoption.

Thus, thoughtful workflow integration support helps community organizations integrate platform usage into their existing workflows based on their capacity and readiness. This support may include process redesign, staff role clarification, and performance measurement development. Financial considerations suggest healthcare organizations should consider providing sufficient financial support for community partner platform participation, particularly for smaller organizations with limited technology budgets.[2]

VIII. Overcoming Common Implementation Challenges

Technology Adoption Barriers

Staff resistance and workflow disruption occur when healthcare staff often resist new technology that appears to add administrative burden. Successful implementations address this resistance through careful workflow design, adequate training, and clear value demonstration. Technical integration complexities show that EHR integration often proves more complex and time-consuming than anticipated. Organizations should engage IT staff early in platform selection and budget for extended integration timelines. User experience inconsistencies arise when platforms with poor user interface design or complex navigation face adoption challenges. Organizations should prioritize platforms with intuitive interfaces and provide ongoing user experience feedback to vendors.

Community Partner Engagement Difficulties

Capacity and resource constraints mean community organizations may lack capacity to participate effectively in platform-based referral networks. Healthcare organizations must provide appropriate support and consider capacity-building investments. Competing priority management shows that community organizations balance multiple funding sources and program requirements that may not align with referral platform participation. Healthcare partners must understand and accommodate these competing priorities. Technology infrastructure limitations affect smaller community organizations that often lack reliable internet access, modern computers, or technical support. These infrastructure limitations require direct address for successful platform implementation.

Solutions and Mitigation Strategies

Implementing organizations should introduce referral platforms gradually, starting with pilot populations and expanding based on lessons learned. This approach allows workflow refinement and builds organizational confidence. Identifying and supporting platform champions across participating organizations to create internal advocacy and problem-solving capacity will help ensure effective rollout. Champions should receive additional training and recognition for their support roles. Continuous quality improvement through regular feedback collection and platform optimization maintains user engagement and addresses emerging challenges. Organizations should establish formal feedback mechanisms and regular platform review processes.

IX. Future Directions and Innovations

Emerging Technology Trends

As previously stated, AI integration will likely continue expanding beyond current applications to include more sophisticated resource matching, outcome prediction, and workflow optimization. These advances may reduce manual intervention requirements while improving referral precision. Voice and conversational interfaces will make platforms more accessible to users with varying technical skills and literacy levels through voice-activated referral systems and conversational AI.

Interoperability and Standardization

Cross-platform communication developed through technical standards can enable different referral platforms to communicate effectively, reducing the burden on community organizations managing multiple systems. National resource directory standards could improve data quality and enable more efficient resource identification across platforms through efforts to standardize resource directory formats and content. Outcome measurement standardization will facilitate platform comparison and enable more robust evaluation of intervention effectiveness through common outcome measures and reporting standards.

X. Conclusion and Call to Action

Key Takeaways

Community referral platforms represent a significant advancement in addressing health-related social needs, but their success depends critically on thoughtful implementation, sustained community engagement, and realistic expectations about technology's role in complex social challenges.

Technology as tool, not solution, means referral platforms are tools that can enhance human relationships and workflows, but they cannot replace the fundamental work of building trust, addressing resource scarcity, and coordinating across complex systems. The most successful implementations recognize this limitation and design accordingly.

Thoughtful and respectful community partnership is essential because platforms that treat community organizations as mere referral recipients rather than true partners consistently struggle with adoption and sustainability. Successful implementations invest in community partner relationships from the beginning and continue that investment throughout implementation.

Recommendations for Healthcare Organizations

- **Start with strategy**, not technology, by beginning with clear social needs intervention strategies and selecting platforms that support those strategies rather than letting platform capabilities drive program design.
- **Invest in relationships** by budgeting and allocating staff time for community partner engagement that should equal or exceed technology investment. Relationships determine success more than technical capabilities.
- **Plan for sustainability** by developing financial sustainability plans before implementation begins. Grant-funded pilots that lack sustainability planning rarely achieve long-term impact.
- **Measure what matters** by establishing outcome measures aligned with organizational mission and community needs rather than defaulting to vendor-provided metrics.

Finally, community organizations should be viewed as true extensions of the care being delivered. Ensuring that patients not only receive referrals but actually access services is essential to closing the loop—and success will depend on building these partnerships with a clear understanding of capacity, shared responsibility, and mutual accountability.

The Path Forward

Community referral platforms will continue evolving as healthcare organizations recognize the importance of addressing HRSNs. Success requires learning from early implementation experiences, maintaining focus on community partnership, and realistic expectations about technology's role in complex social challenges.

Organizations considering referral platform implementation should begin with careful planning, community engagement, and clear outcome definition. Those already implementing platforms should focus on continuous improvement, community partner support, and sustainability planning.

The ultimate goal is not perfect technology implementation but improved health and well-being for individuals and communities. Referral platforms are valuable tools in pursuit of this goal, but they succeed only when embedded within comprehensive, community-centered approaches to addressing social determinants of health. Healthcare organizations, community partners, and policymakers must work together to ensure that referral platform implementation serves community needs and supports the fundamental goal of health equity for all.

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RECOMMENDED CITATION Bollo, O., Sheward, R., and Plata-Nino, G. (2025). Expanding the Continuum: Referral Platforms for Comprehensive Care Coordination. Boston, MA: Hunger Vital Sign™ National Community of Practice.

This guide represents the collective knowledge and experience of healthcare providers, community organizations, and technology vendors working to address health-related social needs through innovative referral systems. We encourage readers to share their experiences and lessons learned to continue improving these critical interventions.