



Bridging the Gap to Services

Community Health Workers Making an Impact with IRIS

Contributors:

Loretta Severin

Natasha Welsh-Miller

Katherine Cantu Anguiano

Mary Orem

Community Health Workers (CHWs) are trusted members of their community who draw upon their knowledge and local relationships to further the health of local residents. Described as cultural brokers, CHWs typically reside in the community they serve and are uniquely positioned to connect community members with health and social service systems. In this way, CHWs play an essential role in their community by helping residents navigate health systems, coordinating their care, making connections to resources, and advocating for all aspects of residents' health (Brooks et al., 2014).

Integral to the services that CHWs provide is the skill to navigate complex systems. When CHWs have access to coordinated referral networks, such as those supported by IRIS, they can better assist their local population by making more effective connections to health and social service programs. "CHWs cannot do it alone," says Dr. Mariah Chrans, Cradle Kansas City program director and Wyandotte County (Kansas) IRIS co-Champion, "Developing and sustaining strong partnerships with clients and partners is key to the CHW role." Participating in collaborative community processes in which organizations share a vision, expectations, and workflows cultivates partnerships based on familiarity, accountability, and common goals.

Clients are directly impacted when trust is built through accountability. "Community Health Workers have traditionally referred clients to the resources and people they know. IRIS helps CHWs expand access to services for their clients by learning about resources they aren't familiar with and building relationships with partners they didn't previously know how to access," Dr. Chrans says. However, mere knowledge of community resources doesn't directly translate to successful connections on behalf of clients. Dr. Chrans further explains the role of partnerships, "CHWs rely on trust and accountability when referring a client to a resource; they must know that the client will receive good care that is culturally appropriate and relevant to their needs." The ability to monitor and track clients' referral progress, combined with the accountability IRIS network partners develop through shared expectations and transparent referral outcome data, fosters CHWs' trust in referring clients to less-familiar partners.

It is trusting relationships that enable CHWs to facilitate access to services and improve the quality and competency of service delivery. Marcia Burgos, a CHW at Mass General Hospital in Chelsea, Massachusetts, relies on "be[ing] transparent, honest and sincere" to build trust as she works with clients to address sensitive and personal needs. CHWs are responsible for ensuring "patients are informed and empowered in their care," Marcia emphasizes. Using IRIS, CHWs further client agency by sharing clear

information about service options, explaining eligibility requirements and potential accessibility barriers, and reviewing what to expect from the service providers clients are connected to. Marcia discusses how the dignity and respect that guide direct referral processes and warm handoffs demonstrate quality care to clients: "I feel more confident . . . that the patient will get the support they need. I feel that someone is really going to call them and help them with what they need at that moment. Making that process so much easier and faster makes our patients feel like they are being treated equally."

Bridging gaps in health and social safety net systems on both the individual and system level is a primary CHW responsibility. Like many CHWs today, Lauren Klapper and Kelly Hall at the Jackson County (Missouri) Health Department spend a portion of their days coordinating service needs of those impacted by COVID-19. Embedded in their work is managing multiple projects: Connect HERE which leverages libraries as connection points to address social determinants of health needs and implementing IRIS. All together, they strategize toward the "big picture" by addressing systematic challenges, lending the natural fit of leading IRIS implementation in their community. In guiding IRIS implementation, activities such as partner mapping and evaluation of partners' current needs and opportunities throughout the community directed the system-building focus of their work. Through this process, their knowledge and understanding of the collaboration landscape supports their roles and organization in providing partner service and resource coordination to their community. "Implementing IRIS really kicked off and supported our work of strengthening relationships with partners," Lauren says.

CHWs improve access to care through advocacy, education, connections, and trust that advances both individual and community health. The roles and responsibilities of CHWs align naturally with IRIS' values. In placing value on and amplifying the voices of families and partners, we recognize that CHWs offer opportunities likely to strengthen the family experience and increase positive community outcomes. The connections built both in and outside of IRIS provide an opportunity for all community organizations to cultivate partner relationships, building a strong net to ensure families are seen, heard, and provided with quality care and resources.

Resources

Brooks, B.A., Davis, S., Frank-Lightfoot, L., Kulbok, P.A., Poree, S., & Sgarlata, L. (2014). Building a community health worker program: The key to better care, better outcomes, & lower costs. *Community Health Works*, 6-11.