

NAPCRG 52nd Annual Meeting — Abstracts of Completed Research 2024.

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Title

Impacts of Colorado's Regional Health Connector Workforce on Health-Related Social Needs and Health Equity

Priority 1 (Research Category)

Social determinants and vulnerable populations

Presenters

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Abstract

Context

Social determinants of health have a major influence on health outcomes, in some ways more so than medical care. Regional health connectors (RHCs) are a health extension workforce that addresses health-related social needs across Colorado and facilitates clinical-community linkages across primary care, behavioral health, public health, social services and diverse community organizations.

Objective

Evaluate community partners' perspectives on how the RHC workforce supports practices, community organizations and patients by addressing health-related social needs.

Study Design and Analysis

Concurrent parallel mixed-methods evaluation design. Cross-sectional survey of RHC partners followed by interviews with a subset of participants. Descriptive statistics were used to summarize survey results. Thematic analysis of qualitative interviews.

Setting or Dataset

Community, social services, healthcare, and public health organizations in 21 Colorado regions.

Population Studied

181 community partners in Colorado.

Intervention/Instrument

Ongoing RHC support, resources, and education delivered to community partners.

Outcome Measures

Types of community assistance provided and social needs addressed by RHCs, related qualitative themes.

Results

A majority of community partners agreed or strongly agreed that RHCs assisted them, their organizations, or those they serve by: connecting them to new resources, identifying and addressing resource gaps in their community, connecting them to behavioral health and substance use disorder resources, addressing social needs, addressing health equity, providing useful COVID resources, or providing useful public health data. The most common social needs addressed by RHCs were access to care, food security, and housing support.

Partners described RHCs' involvement in connecting community members and organizations to tailored resources and services to address social needs. Partners appreciated RHCs' high-level perspective and broad knowledge base. Partners in some regions indicated that the systems used by RHC host organizations to connect patients and organizations to resources could be made simpler or more convenient.

Conclusions

Colorado's RHC workforce offers a model to build helpful collaborative alliances connecting resources and support for health-related social needs to improve community health outcomes.

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