



Simplifying The Complex

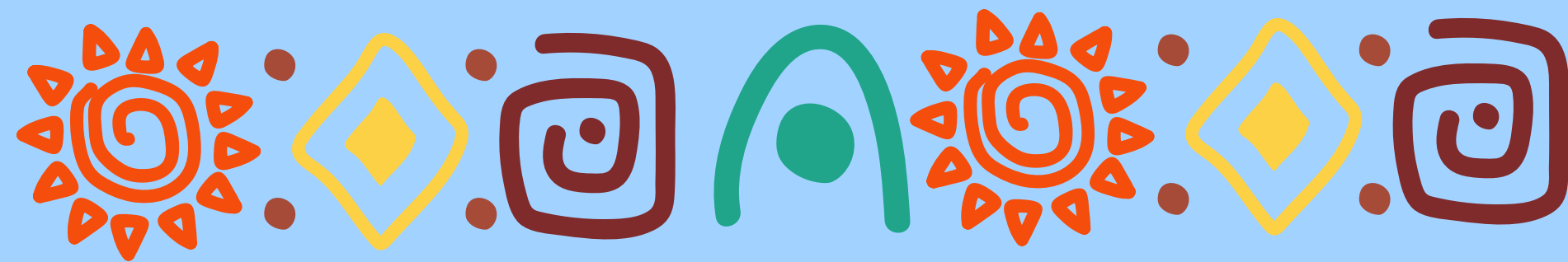
COMMUNITY - ROOTED STRATEGIES TO
IMPROVE NAVIGATION AND TRUST IN
PUBLIC HEALTH SYSTEMS

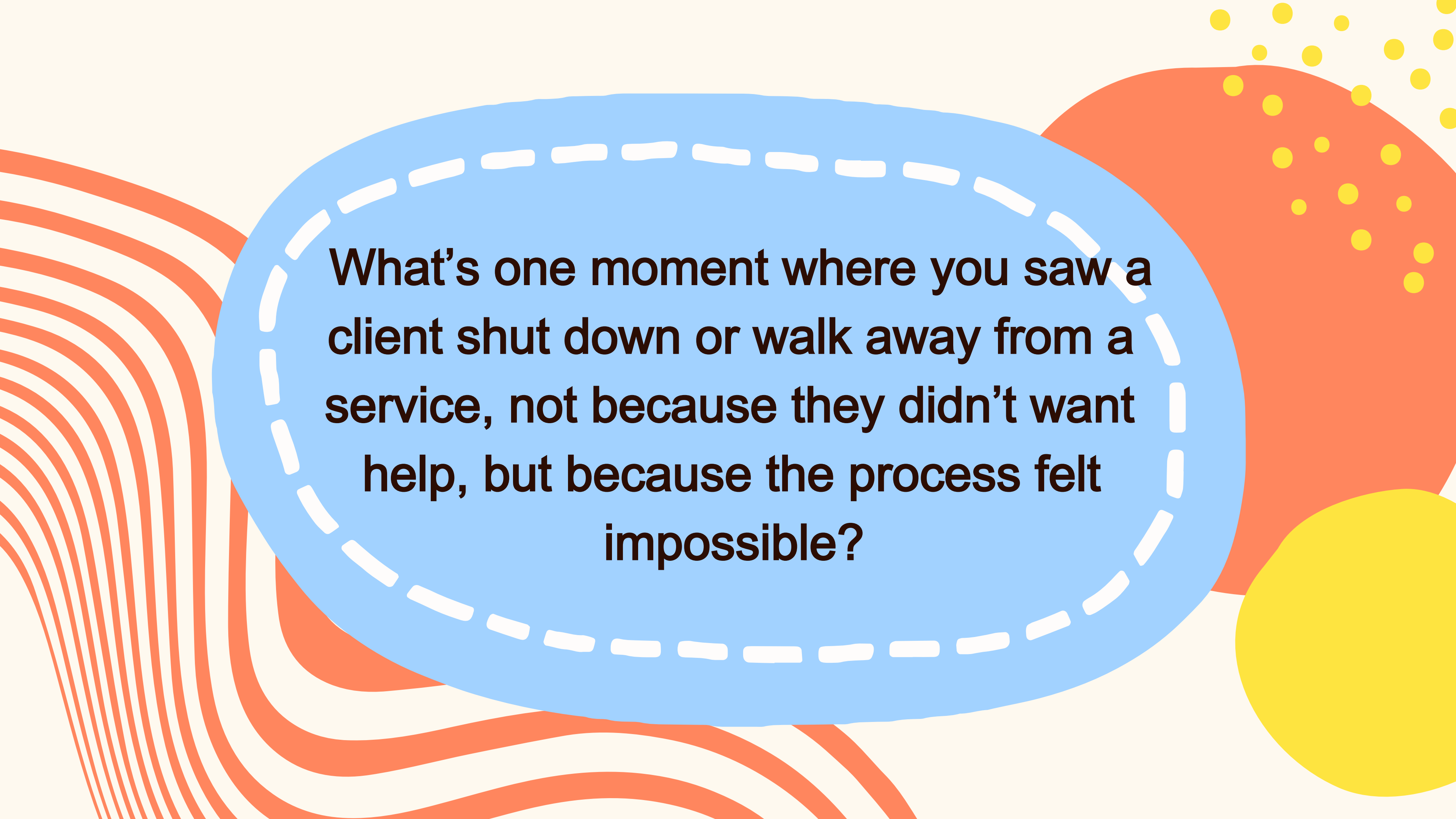


Teresa Springer,
MA

Land Acknowledgment

As we engage in this session, I invite you to reflect on how our work intersects with Indigenous communities and their lands. Let us move forward with gratitude, respect, and a shared commitment to justice.





What's one moment where you saw a client shut down or walk away from a service, not because they didn't want help, but because the process felt impossible?

Cracks in the System

Systemic & Social Determinants

- Unstable housing
- Food insecurity
- Lack of transportation
- Limited income
- Trauma and systemic racism

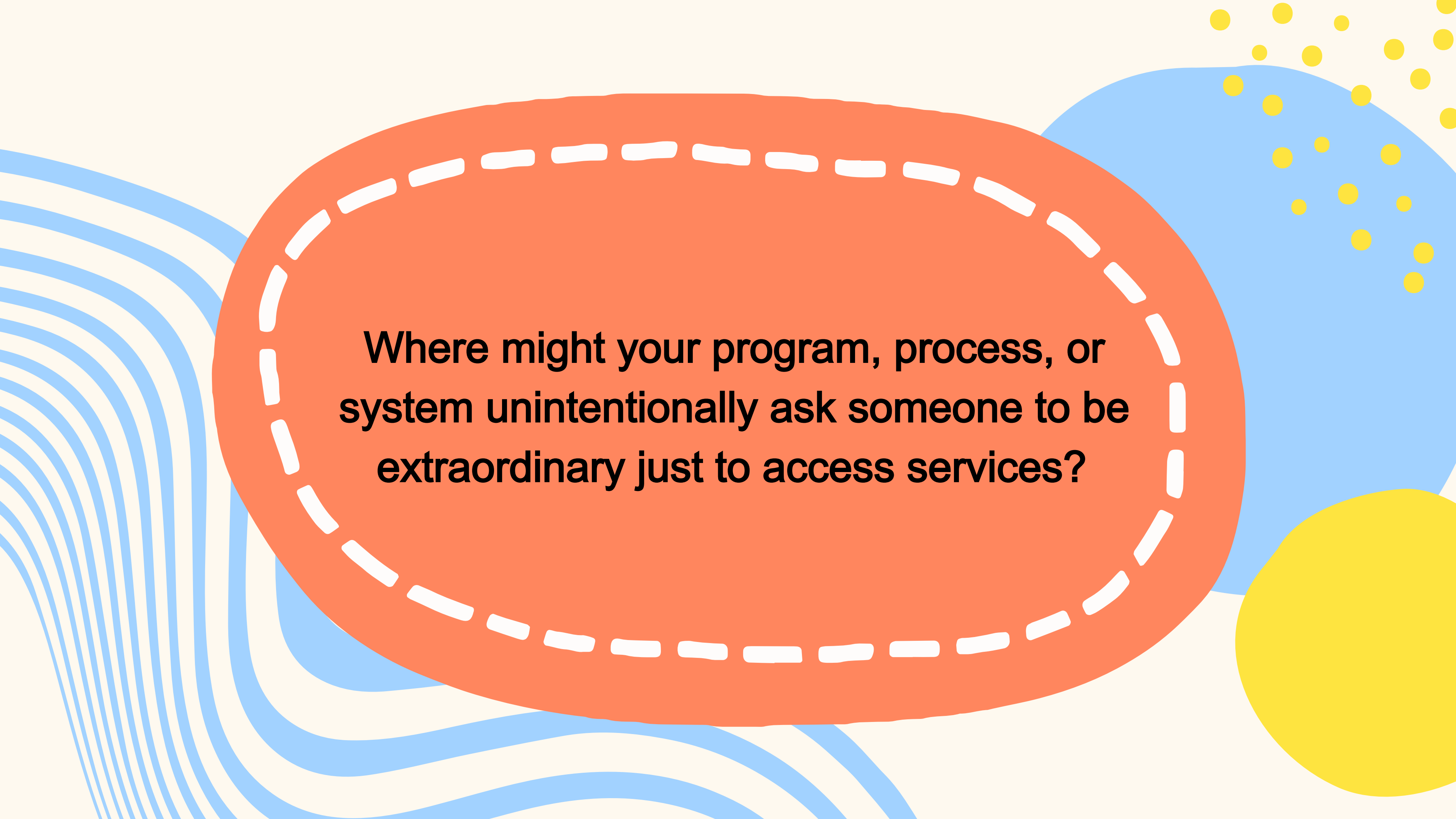


Logistical & Structural

- Long waitlists and rigid eligibility criteria
- Siloed services requiring repeated intakes
- Digital and literacy barriers when services move online
- Limited service hours, inaccessible locations
- Overworked staff unintentionally gatekeeping
- Lack of representation in staff roles

Emotional & Relational

- Stigma (HIV, substance use, incarceration)
- Retraumatization from telling their story repeatedly
- Mistrust due to past harm
- Feeling managed, not cared for



Where might your program, process, or system unintentionally ask someone to be extraordinary just to access services?



Logistical Cracks

Fragmented Systems

Require people to tell their story over and over again, often re-traumatizing clients and wasting time.

Overworked or Under -Resourced Program Staff

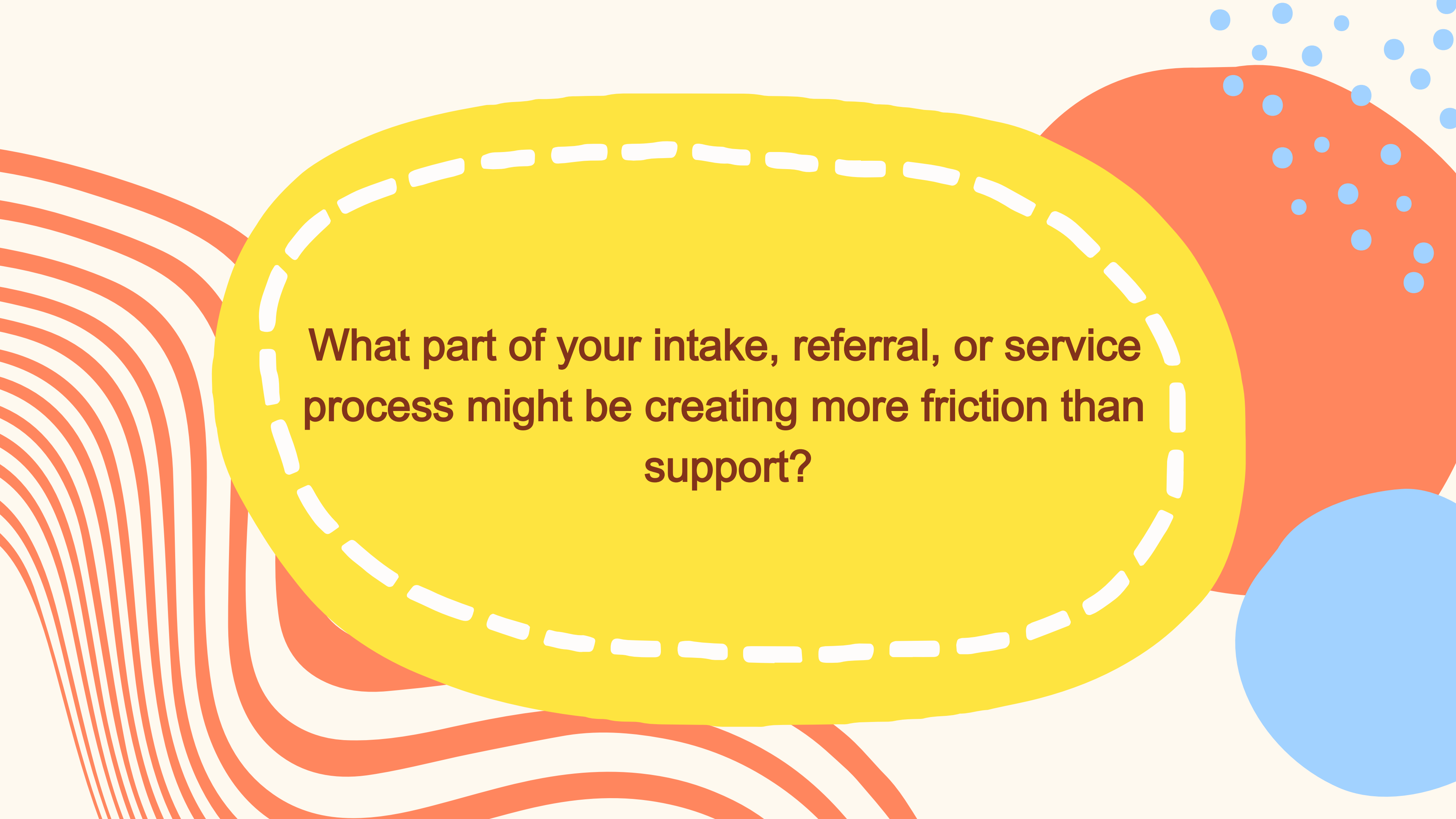
May unintentionally act as gatekeepers rather than guides.

Lack of Representation From Communities Served

Impacts trust and relevance of services.

Service Hours & Locations

Often not reflecting clients realities, especially for those without stable schedules, transportation or childcare.



What part of your intake, referral, or service process might be creating more friction than support?



Promising Practices & Equity-Based Solutions

What practices actually help people feel seen, supported, and connected, not just served?

Healing Time

From Burden to Belonging

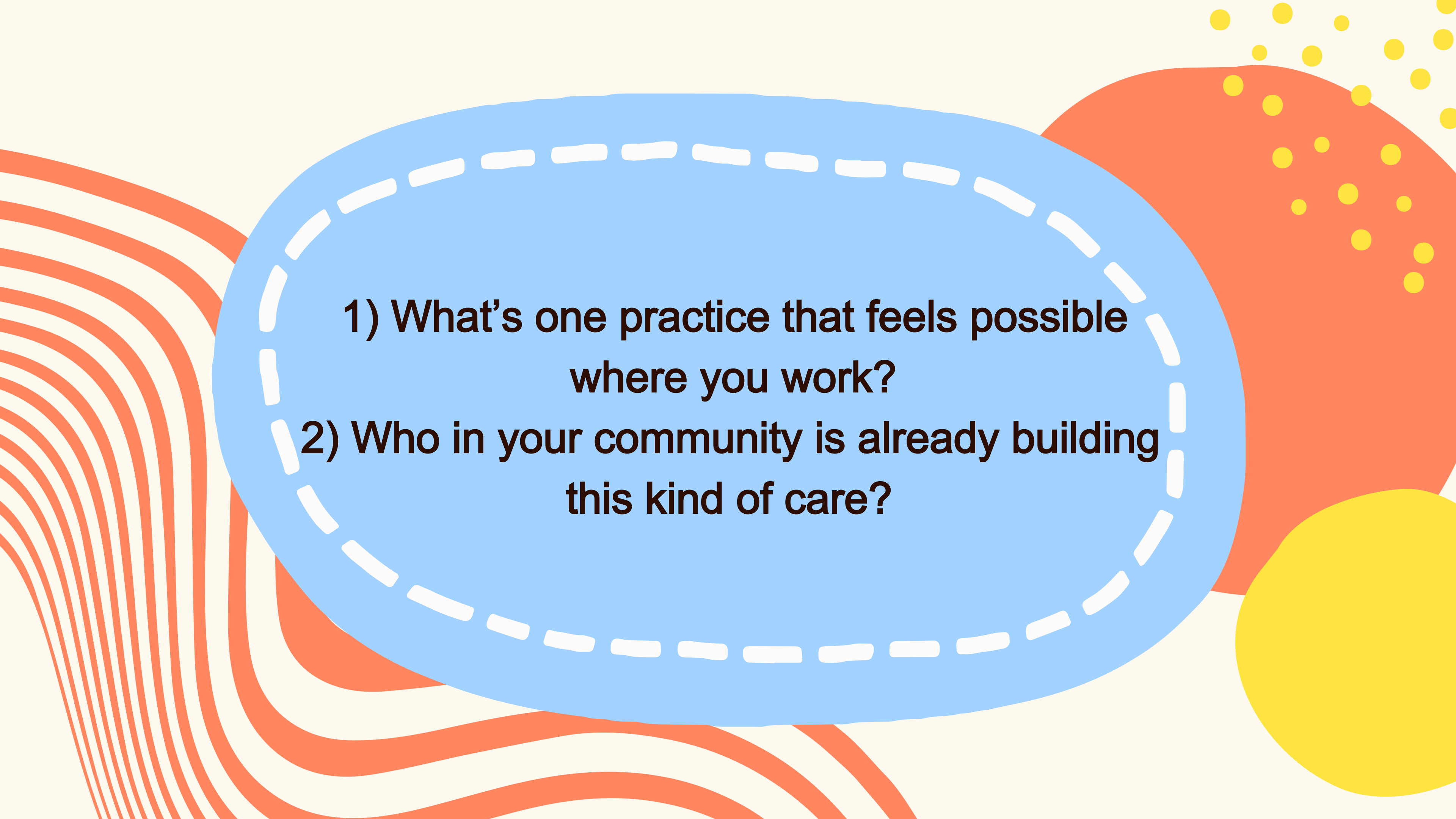
Root Care in Shared Experience	Make Access Easy, Not Exhausting	Build Bridges, Not Just Referrals
<p>Hire and support staff who reflect the identities and lived experiences of those you serve</p> <p>Create meaningful roles for people with lived experience not just outreach, but leadership</p> <p>Invest in training, healing, and leadership pathways for community members</p>	<p>Use shared intake forms across programs when possible</p> <p>Cut down on redundant paperwork and allow clients to tell their story once</p> <p>Design systems for people in survival mode, not just for “ideal” clients</p>	<p>Personally introduce clients to the next provider or program</p> <p>Follow up, don't assume the connection happened</p> <p>Build partnerships between programs that prioritize relationships, not just paperwork</p>

Community-Rooted Strategies in Action

Garrett County Community Action – Shared Intake System
Instead of making clients repeat their story for every service, this agency implemented a universal basic intake across programs. The form was co-designed with families and captured real-life needs like housing, food, and transportation. This helped staff build relationships from the first point of contact and reduced drop-off between programs.

Los Angeles County + University of Southern California Medical Center. A large medical center began screening for food and housing insecurity in primary care visits, then partnered with trusted community orgs to make direct, warm connections. Instead of handing clients a resource list, staff walked with them into care. By treating social needs as part of medical care, they improved access and made the system easier to navigate.

The Collective Impact Project, working with five partner agencies serving people experiencing homelessness, implemented a peer navigator program in California. Staff with lived experience of homelessness and behavioral health conditions were embedded into outreach and screening teams. Over 1,000 individuals were engaged, with hundreds receiving chronic disease screenings and referrals. This approach built trust and improved follow-through by connecting clients with people who had walked similar paths — not just professionals delivering services.



**1) What's one practice that feels possible
where you work?**

**2) Who in your community is already building
this kind of care?**

“Walk With Me” –Live Scenario Mapping



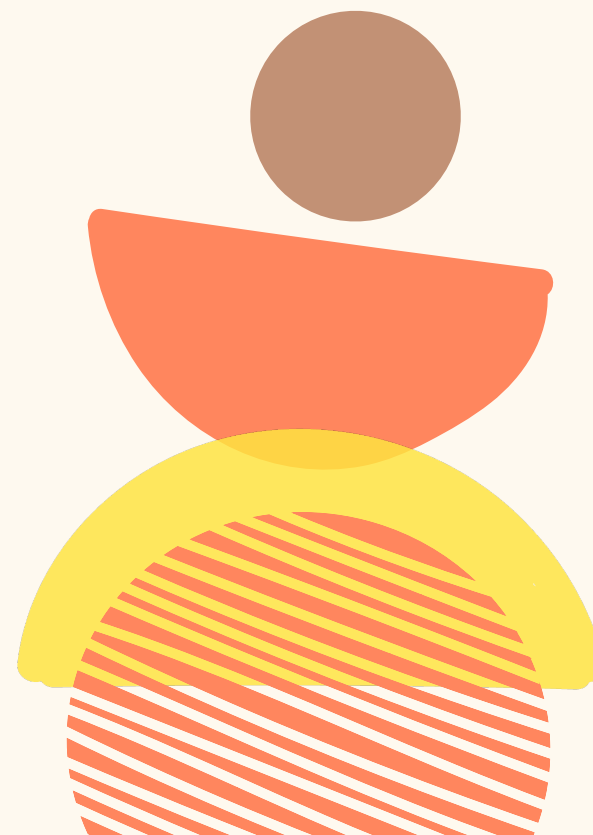

James is 29 and recently released from jail.

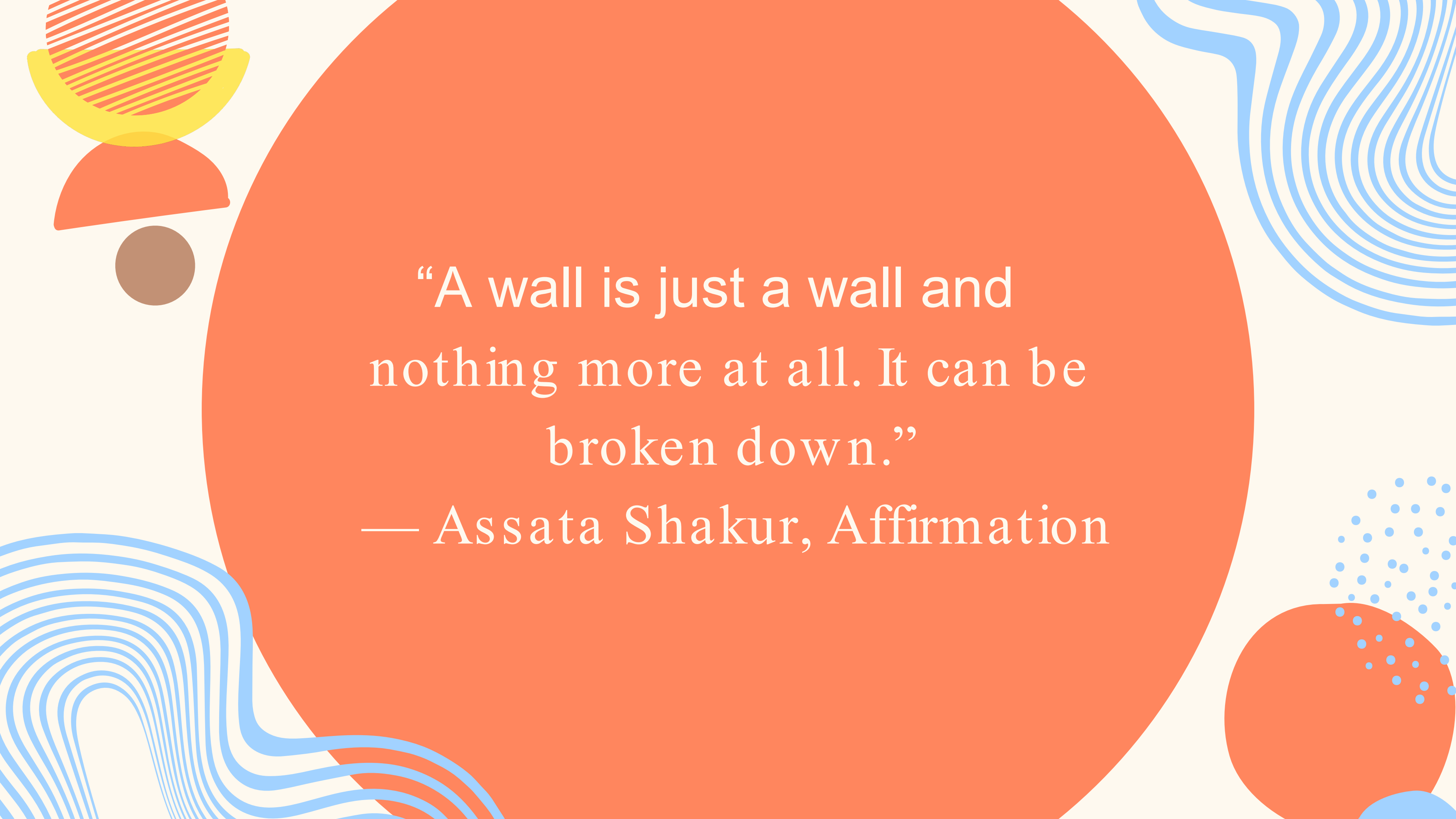
He’s staying with his cousin and trying to reconnect with HIV care.

He walks to a local clinic to ask about services, but the front desk tells him to go online to schedule an intake.

James doesn’t have a phone right now and walks 2 miles to the library each day to check his email.

After a week of trying and not hearing back, he gives up.





“A wall is just a wall and
nothing more at all. It can be
broken down.”
— Assata Shakur, Affirmation



Thank You

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