Community Health Workers in Hawai’i: Essential Team Members

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CHW= umbrella term for many job titles, many settings

- Case managers/case workers
- Care coordinators
- Community outreach workers/community health outreach workers
- Community liaisons
- Community health advocates
- Community health representatives (IHS)
- Doulas
- Enrollment specialists
- Health ambassadors
- Health educators
- Health workers
- Lay health educators
- Outreach workers
- Patient representatives
- Patient navigators
- Peer counselors
- Peer advocates
- Peer educators
- Promotoras
- Public Health Aides

The common thread is that people who are community health workers have a particular rapport with the communities being
A Community Health Worker (CHW) is a frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served. This trusting relationship enables the CHW to serve as a liaison/link/intermediary between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery.

A CHW also builds individual and community capacity by increasing health knowledge and self-sufficiency through a range of activities such as outreach, community education, informal counseling, social support and advocacy.
Recent Formalization of CHW Field

- 1998 National Community Health Advisor Study
- 2007 CHW National Workforce Study
- 2007 National CHW definition adopted: APHA
- 2009—Department of Labor designation achieved
- 2010—ACA: CHWs mentioned as key for reaching underserved populations
- Funding through CDC specifically mentions CHW model
- 2014—CMS announces new reimbursement category for ‘unlicensed professionals’
- Federal workgroup on CHWs meets regularly
- 2014-15 ---CORE Project—validate/update previous studies of Core Competencies
CHW model: Effective delivery of health-related services

- gaining access to hard-to-reach populations;
- Client coaching in culturally appropriate terms to promote behavioral changes; (in language of client)
- successful communication after developing trusting and caring relationships, to impart or gather information and motivate key decisions such as participating in programs and services...
- address certain client needs such as adapting health regimens to family and community dynamics.

National CHW Study, 2007
Settings “Models of Care”

- **Member of a care delivery team** in a clinical setting—along with doctors, nurses, social worker
- **Navigator**—help patients navigate health care system
- **Screening/health education provider**—administer basic health screening and provide basic health education
- **Outreach/enrollment/informing agent**—reach out into community to inform about services available
- **Organizer**—advocate for community change
Populations served

- Primarily low-income communities
- All ethnicities, all ages: Children, youth, families, adults, seniors
- Communities: Hispanic/latino, white, Asians, Pacific Islanders, American Indian, Alaska Natives
- Uninsured
- Immigrants
- Homeless individuals
- Isolated rural and migrant workers
CHWs in Hawai’i

- **Native Hawaiian Healthcare Systems**—outreach, intake, care coordinators, health care workers
- **Federally-Qualified Health Centers**—outreach, eligibility staff, interpreters, care coordinators, lay health educators (diabetes support group, BCCCP, healthy lifestyle program staff)... 
- **Hospitals**—patient navigators
- **Department of Health**—Bilingual Health Aides
- **Non-Profit Organizations**: Hawai’i Health Connector, Catholic Charities, Life Foundation; Maui AIDS, Women Helping Women, Child and Family Services, Salvation Army...
What do CHWs do in Hawai’i?

- Outreach—recruitment, home visits, health fairs
- Public benefits enrollments (Quest, SNAP, financial assistance, housing)
- Culturally-appropriate community education—i.e. HIV prevention, diabetes self-management
- Care Coordination--health/human service system navigation
- Social (peer) support—coaching for behavioral change
- Advocacy for clients and community needs
Unique CHW role within Team

Improve quality, access and patient centeredness

- “Cultural bridges” -- Connect to culturally-appropriate health and social-service resources

Reduce health care costs for high-cost patients

- Self-management support, navigation of system
- Can provide individualized attention and care

Shift from sole provider to team

-- Provide patient education, prevention, follow-up
CHWs “Hitting Home”

- Jennifer Tehotu, Housing First Team Leader—Healthcare for the Homeless, Kalihi-Palama Health Center
- 16 years Community Health Worker/Outreach Worker experience, Ke Ola Mamo, Boys and Girls Club—Wai’anae, Kalihi-Palama Health Center-Health Care for the Homeless Project
- Passion is working with the homeless and making a positive change in one’s life
Kalihi-Palama Health Center
Healthcare for the Homeless

- **KPHC Mission:** To provide quality integrated health and social services to our community and all others in need of health care. Our focus is preventative, primary health care provided in a respectful, caring, and culturally appropriate manner.

- **Health Care for the Homeless Project Mission:** To reach and care for those individuals most in need of help who are least likely to receive services in other settings. We provide access to professional and integrated medical, mental health and social services.
PATH Outreach

- Projects for Assistance in Transition from Homelessness—
  Outreach efforts help to integrate homeless persons, including those with mental illnesses into existing services, housing, and back into the community.
“Meet them where they are at”

- Location—in the field
- Readiness to receive services—
  - Navigation
  - Advocacy

“We keep trying even though they have given up!”
CHW Activities and Services

Connection to services, per readiness to receive
Offer to connect them to emergency, transitional and permanent supportive housing programs using the Vulnerability Index and Service Prioritization Decision Assistance Tool (VI-SPDAT)
Verify homeless status and provide verification letter
Offer medical attention within Kalihi-Palama Health Center and/or collaborate with other agencies including Waikiki Health Center CARE A VAN program for onsite medical treatment based on the client’s needs and preference
Who do we serve?

- Chronic homeless
- Mentally ill
- Substance abuse
- Gamblers
- Relocated continental U.S. or COFA citizens
- Recent prison release
- Legal issues preventing access to housing
Meet clients where they are at

Hiking in mountains to encampments on Oahu, outreach in bushes, under bridges...

Build rapport—multiple visits--bring hygiene items—

- toothbrush, soap, deodorant, condoms, slippers, rain ponchos, granola bars, food bank items, clothing donations

Help them to become “document ready” (obtain birth certificate, social security cards, state ID cards), obtain disability bus passes for those that are eligible as a means of transportation...
Our team offering services
One mile hike to reach this encampment
How some travel to their encampments....
Under the bridge outreach
CHW Team

- **Qualities:** Looking for ‘best fit’—COMPASSION, flexibility, versatility, passion to work with community

- **HANDS-ON Training:** Outreach Guidelines
  - Dress code—to “meet the clients where they are at”
  - Noticing client triggers
  - Safety--Outreach always in a team of 4
  - Boundaries
  - Non judgmental harm reduction approach
Meet our Team!!
CHW Rewards/Measures of Success

- Knowing that you were able to help someone
- Seeing clients access the services they need (medication, psychiatric assessment, psychotherapy, other medical services)
- Seeing clients take a step in the right direction—it can be as little as showing up for a doctor appointment
- Seeing clients access emergency, transitional and/or permanent supportive housing

“Because any move in the right direction is success”
  - Harm Reduction Model
To many, this is unhealthy eating, but others eat whatever is given due to limited income and resources.
To many, this is called HOME!