

UVM ScholarWorks

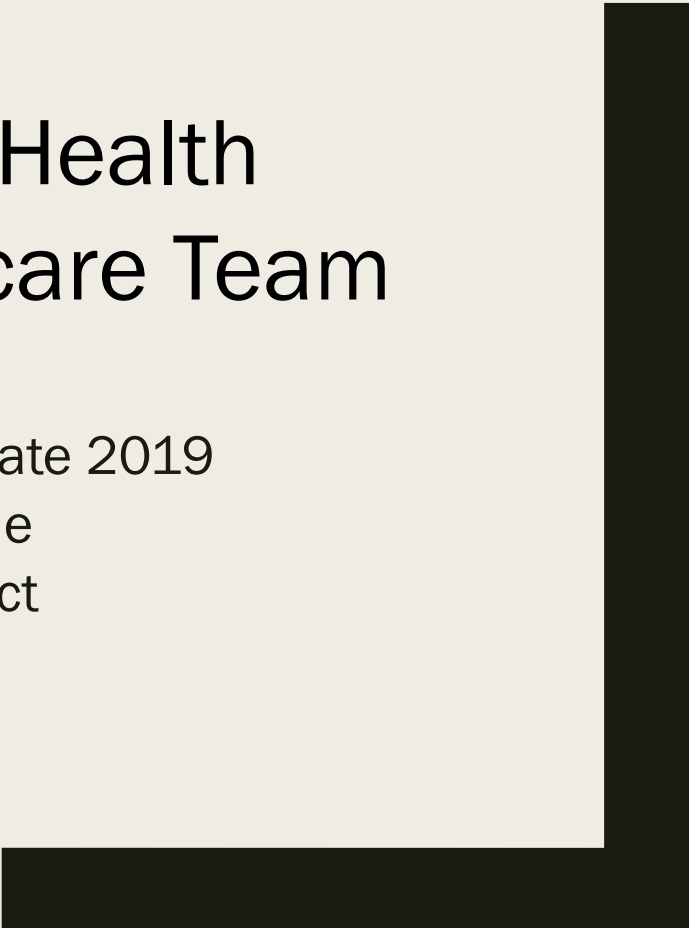
Educating Providers on the Value of Community Health Outreach Workers in the New Mainer Population

Item Type	Presentation;Presentation
Authors	Cowenhoven, Julia Lane
Download date	2026-06-05 23:08:30
Item License	http://creativecommons.org/licenses/by/4.0/
Link to Item	https://hdl.handle.net/20.500.14849/1989



The Role of the Community Health Outreach Worker in the Healthcare Team

Julia Cowenhoven, Doctor of Medicine Candidate 2019
Robert Larner UVM College of Medicine
Community Health Improvement Project



New Mainers

- Lewiston, Maine has seen a recent surge of asylum seekers, refugees, and migrants, mainly from African Countries.
- These individuals, termed “New Mainers”, now make up 11.2% of the area’s population.
- New Mainers face significant challenges in accessing healthcare due to factors such as language barriers, cultural differences, and lack of understanding of the health care system.

What's the difference?

- **A refugee/asylee** is someone who has been forced to flee his or her country because of persecution, war, or violence. A refugee has a well-founded fear of persecution for reasons of race, religion, nationality, political opinion or membership in a particular social group. Most likely, they cannot return home or are afraid to do so. War and ethnic, tribal and religious violence are leading causes of refugees fleeing their countries.
- **Asylum seeker:** when people flee their own country and seek sanctuary in another country, they apply for asylum – the right to be recognized as a refugee and receive legal protection and material assistance. An asylum seeker must demonstrate that his or her fear of persecution in his or her home country is well-founded.
- **Migrants** choose to move not because of a direct threat of persecution or death, but mainly to improve their lives by finding work, or in some cases for education, family reunion, or other reasons.
- **An undocumented immigrant** is a person who enters a country, usually in search of employment, without the necessary documents and permits.

Why does it matter?

I am a Refugee or Asylee

I am waiting for an Asylum decision

I am not lawfully present in the United States (undocumented)

I may be able to get:

MaineCare

Marketplace subsidies

SSI (if I am over 65 or have a disability)

General Assistance

TANF (if I have children)

Food Stamps

I may be able to get:

Marketplace subsidies (with work authorization)

CarePartners/MedAccess

MaineCare if pregnant

SSI (if I am over 65 or have a disability)

General Assistance

If I have a hardship:*

TANF (if I have children)

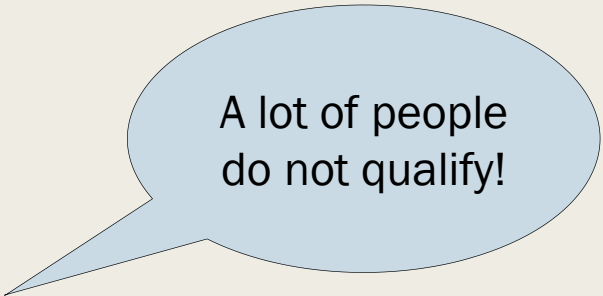
Food Stamps

I can get:

Emergency MaineCare

CarePartners/MedAccess

Who is covered?



A lot of people
do not qualify!

Answer YES to these 2 questions and you may be eligible for MaineCare:

1. Do I qualify for MaineCare based on my circumstances and income?

Depending on income, you **may** qualify for MaineCare if you are in one of the following groups: (1) children (under age 21); (2) pregnant women; (3) parents; (4) adults with disabilities; and (6) seniors age 65 and older.

2. Do I qualify for MaineCare based on my immigration status?

You probably do qualify based on your immigration status if you are in one of these groups:

- Under age 21 and lawfully present in the U.S.;
- Pregnant and lawfully present in the U.S.;
- Came to United States as a Refugee;
- Granted Asylum (if you have an application pending for asylum you only qualify if you are under age 21 or pregnant); **OR**
- Lawful Permanent Resident (with a green card) for at least 5 years.

What is a community health outreach worker?

Definition from the American Public Health Association:

“A community health outreach worker (CHOW) 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 worker 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.”

How can CHOWs help?

- CHOWs are known community members, who may **share ethnicity, culture, language, socio-economic status, and life experiences** with the individuals that they serve.
- CHOWs' efforts have been proven to **improve patient experience, improve population health outcomes, and reduce costs.**
- CHOWs typically **visit individuals in their home**, they are able to see an aspect of the individual's life that is not always apparent to other providers.
- CHWs' **language capacity** and their community knowledge are key in developing trusting relationships with the vulnerable people that they serve.

What is the role of a CHOW?

1	Cultural Mediation among Individuals, Communities, and Health and Social Service Systems	<ul style="list-style-type: none"> a. Educating individuals and communities about how to use health and social service systems (including understanding how systems operate) b. Educating systems about community perspectives and cultural norms (including supporting implementation of Culturally and Linguistically Appropriate Services [CLAS] standards) c. Building health literacy and cross-cultural communication
2	Providing Culturally Appropriate Health Education and Information	<ul style="list-style-type: none"> a. Conducting health promotion and disease prevention education in a manner that matches linguistic and cultural needs of participants or community b. Providing necessary information to understand and prevent diseases and to help people manage health conditions (including chronic disease)
3	Care Coordination, Case Management, and System Navigation	<ul style="list-style-type: none"> a. Participating in care coordination and/or case management b. Making referrals and providing follow-up c. Facilitating transportation to services and helping to address other barriers to services d. Documenting and tracking individual and population level data e. Informing people and systems about community assets and challenges
4	Providing Coaching and Social Support	<ul style="list-style-type: none"> a. Providing individual support and coaching b. Motivating and encouraging people to obtain care and other services c. Supporting self-management of disease prevention and management of health conditions (including chronic disease) d. Planning and/or leading support groups
5	Advocating for Individuals and Communities	<ul style="list-style-type: none"> a. Advocating for the needs and perspectives of communities b. Connecting to resources and advocating for basic needs (e.g. food and housing) c. Conducting policy advocacy

What is the role of a CHOW?

6	Building Individual and Community Capacity	<ul style="list-style-type: none"> a. Building individual capacity b. Building community capacity c. Training and building individual capacity with CHW peers and among groups of CHWs
7	Providing Direct Service	<ul style="list-style-type: none"> a. Providing basic screening tests (e.g. heights & weights, blood pressure) b. Providing basic services (e.g. first aid, diabetic foot checks) c. Meeting basic needs (e.g., direct provision of food and other resources)
8	Implementing Individual and Community Assessments	<ul style="list-style-type: none"> a. Participating in design, implementation, and interpretation of individual-level assessments (e.g. home environmental assessment) b. Participating in design, implementation, and interpretation of community-level assessments (e.g. windshield survey of community assets and challenges, community asset mapping)
9	Conducting Outreach	<ul style="list-style-type: none"> a. Case-finding/recruitment of individuals, families, and community groups to services and systems b. Follow-up on health and social service encounters with individuals, families, and community groups c. Home visiting to provide education, assessment, and social support d. Presenting at local agencies and community events
10	Participating in Evaluation and Research	<ul style="list-style-type: none"> a. Engaging in evaluating CHW services and programs b. Identifying and engaging community members as research partners, including community consent processes c. Participating in evaluation and research: <ul style="list-style-type: none"> i) Identification of priority issues and evaluation/research questions ii) Development of evaluation/research design and methods iii) Data collection and interpretation iv) Sharing results and findings v) Engaging stakeholders to take action on findings

Effectiveness of CHOWs in the community

- A study conducted in the Greater Portland, ME area found that CHOWs can significantly increase the quality of care for individuals who lack the knowledge, skills or confidence to be engaged in their own care.
- The most frequently reported barriers to healthcare services as reported by patients in this study included: language (82.3%); cultural issues (62.6%); and not understanding the healthcare system (50%).
- The study concluded that the inclusion of CHOWs into the health care team could help achieve better health outcomes, improved patient experience, and lower costs per capita.

Challenges to utilizing CHOWs

- Difficulty in counting and billing for CHOW encounters under current financing systems.
- Educating clinicians and provider organizations on the benefits of CHOWs, how CHOWs can play a role on their care teams, and establishing the level of trust needed for collaboration.
- There is currently inconsistency at the federal and state level as to what credentials are required to become a CHOW.

References

1. About REACH. <http://www.healthyandroscoggin.org/projects/health-reachers/about-reach/>
2. Asylum-Seekers. United Nations High Commissioner for Refugees - <http://www.unhcr.org/en-us/asylum-seekers.html>
3. Helping refugees build new lives here in Maine. <https://www.ccmaine.org/refugee-immigration-services>.
4. Lewiston Mayor: Too Many Asylum Seekers. Susan Sharon - <http://mainepublic.org/post/lewiston-mayor-too-many-asylum-seekers#stream/0>
5. Maine Equal Justice Partners. <http://www.mejp.org/>
6. Migrant/Migration. <http://www.unesco.org/>
7. Perspectives of Somali Bantu refugee women living with circumcision in the United States: a focus group approach. M Upvall-K Mohammed-P Dodge - <https://www.ncbi.nlm.nih.gov/pubmed/18550061><https://www.ncbi.nlm.nih.gov/pubmed/?term=somali+lewiston+maine>
8. Role of Community Health Workers in Engaging Vulnerable Populations. Partnerships For Health, LLC. 2015.
9. Somali Immigrants Rile Maine Mayor. Bootie Cosgrove-Mather - <http://www.cbsnews.com/news/somali-immigrants-rile-maine-mayor/><http://www.nydailynews.com/news/politics/trump-outrages-maine-somali-refugee-community-speech-article-1.2740037>
10. The Community Health Worker Core Consensus (C3) Project: 2016 Recommendations on CHW Roles, Skills and Qualities.