Traditional Health Workers in Oregon

By Rene Ferran
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LaKeesha Dumas' zeal for her work as a community health worker comes from her life experiences.

"I'm a recovering addict, and when I got clean, I leaned on my community for resources, support and guidance," she said. "My passion is to see others do it."

Dumas went through the Traditional Health Worker certification process in July 2014, and after doing so landed a job with Care Oregon's Health Resiliency Program, helping others down the same path she followed to recovery.

She became a Peer Support Specialist, and Community Health Worker, assisting people to navigate the health care system to get treatment for additions and mental health issues, and also manage chronic diseases such as diabetes.

Her work, which also includes finding access to housing or food boxes for her clients, led to her being recognized as an Emerging Leader by the Oregon Public Health Association in October.

Dumas' passion also has led to her to take a leadership role with the Oregon Health Authority and the Office of Equity and Inclusion in its work to increase opportunities for THWs in the African-American community.

She is co-chair of the Traditional Health Workers Commission, a member of OEI's Community Advisory Council, and policy vice-chair of the Oregon Community Health Workers Association.

"I'm very invested in this," said Dumas, who works at Multnomah County's Northeast Health Center as a member of the Urban League of Portland's Warriors of Wellness Project. "Going through this training, I see how powerful this force could be if utilized."

"At first, it's challenging for them, especially those who are new to recovery. I help guide them and empower them so that eventually, they don't need me to be side-by-side with them."

Community health workers such as Dumas have always been an important part of the African-American community, said Rev. Dr. T. Allen Bethel, Senior Pastor at Maranatha Church and President of the Albina Ministerial Alliance (AMA).

“If you go back to the time when we first arrived on the soil of this land, there has always been someone in the community who would know and care for its members, and this has continued over the years,” he said.

“The role had increased, as persons are looking for someone who they’re comfortable with, not just someone who they can talk to, but who understands the perspective of their cultural roots and makes it easier to communicate what their health concerns are.”

Cherrell Edwards, coordinator for the AMA’s Community Health Workers of Faith program, emphasized how THWs focus on the whole person and used as an example two patients – both 55-year-old women who are diabetic and have Charcot feet.

Photo1: Cherrell Edwards and the AMA's Community Health Workers of Faith provide needed services to the African American Community of North Portland.

One sees only a doctor, who diagnoses the condition and prescribes medication and a treatment plan for the patient.

“What the doctor assesses is what they can gather in 20 minutes, asking how she’s feeling today,” Edwards said. “The doctor doesn’t get to thoroughly investigate her situation.”

That’s the gap traditional health workers fill, she stressed: “The doctor can’t go to a patient’s home and see that she doesn’t have a car or orthopedic shoes, that she’s on a fixed income

because she doesn't work, and she has no access to fresh fruits or vegetables, which makes it hard for her then to maintain her blood sugar levels."

It's a gap that's closing thanks in part to OEI's effort to train new THWs as part of Oregon's health system transformation. Part of the legislative mandate was for 300 new THWs to be trained by 2015, a goal OEI met by September 2014.

Carol Cheney, OEI Equity Manager, said OEI's focus now is on making the process for THWs to become certified more simplified and clear. OEI also is evaluating the effectiveness of THWs, partnering with the Oregon Department of Community College and Workforce Development and Rogue Community College on a statewide assessment of both the need and the utilization of THWs in the health care system.

Cheney said that the medical community is starting to see the benefits of THWs, , pointing to a $325,000 grant from Kaiser to continue the Warriors to Wellness project. "That's a great vote of confidence for the importance of this workforce," she said. "The next big step is to move away from grants and create sustainable employment opportunities."

But, Bethel argues, there are traditional health workers, and then there are *community* health workers, and it's a distinct difference. "You can be a traditional health worker, but if you're not community-based, you're doing only the basic things," he said.

Edwards points again to the second patient in her example. A THW not from the community may know she needs fresh fruits and vegetables, but not know where in the immediate area to purchase them.

"There's a need for culturally specific recruitment," she said, likening the search to adding Spanish-speaking interpreters in clinics with large Latino populations, and explaining that there are other barriers to quality health care besides language.

"When a Spanish-speaking client comes in there, they have someone to work with who speaks their language," Edwards said. "When we're talking about the African-American population, we need a CHW who understands our lifestyle, our culture."

She looks at her all-volunteer staff of 15 THWs in her 2-year-old project, and would like to be able to move them into paid positions, which would also incentivize others in the African-American community who already are serving as THWs to get trained and into the system.

"We continue to be historically the people who are disproportionately affected by some of these chronic diseases," Edwards said. "To remedy that, we need to invest in a large increase in these jobs in this specific community – not just a one- to two-year grant, and then we're back in the same condition."