

## The Perspective of a Community Health Worker

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For most people, their days start out slow. They grab a cup of coffee, settle into their office space and slowly begin their day. After I drink a large cup of coffee, I start my days running, literally and figuratively. I check my voicemail full of messages from ED staff letting me know that a client or potential client is in the ED, clients telling me they need to go into the ED, and Primary Medical Home providers following up with me about client appointments or community wide treatment plans. Then I'm off to check in with the ED about any possible clients currently in the ED. More times than not the answer is yes and I'm off to an exam room to explain my role as a community health worker and ask "how can I help". Most clients are easily engaged and even relieved to know there are people who are aware of what they are going through and want to help. Even those who were initially ambivalent call within a few weeks. Interestingly, clients are even responding well to the knowledge that there are community wide treatment plans at all SCHS ED's. It seems the prospect of getting their healthcare needs met outweighs their fears that these needs may no longer be met in the ED.

What "help" consists of varies from client to client and there is no catch all intervention for success. My main goal being to help them find or better utilize a primary medical home is confounded by issues with transportation, health education and basic life skills. Many clients will readily tell me information but get in front of the PCP and become anxious, angry or simply don't know how to explain in a comprehensive and comprehensible manner. Some clients are engaging with new providers because they didn't have a PCMH or were "fired" from their past provider. Role playing and attending appointments with clients has helped to improve both the clients self-esteem and life skills as well as the provider-patient relationship. Primary Medical Home and Community Clinic providers have been excellent partners in contributing to successfully transitioning patients from their over-utilization of the ED to appropriately utilizing outpatient resources. I've had to approach physicians and bargain, sometimes beg, for patients to be re-instated with services or to take on a behaviorally difficult patient.

I have heard my clients referred to as "frequent flyers," "drug seekers," and "difficult." People often say to me "I don't know how you do this job", but I wouldn't change it for the world. It can be extreme at times, but very fulfilling. In many cases these clients have failed immensely in almost every aspect of their lives simply perpetuating the patterns of dysfunction they were raised in. A huge part of my role as their community health worker and advocate is to point out the successes they have made and help them recognize the positive aspects of their lives instead of focusing on the past and remaining stuck. I won't say it's always easy and sometimes clients have setbacks. But they know that I will work with them without judgment and help them to get back on the right path for success.