

HEALTH IMPACT STATEMENT

Hawai'i Community Health Workers Making an Impact in Their Communities to Combat High Blood Pressure and Prediabetes (Domain 2 / Strategy 6)

PROBLEM DESCRIPTION

The state of Hawai'i is viewed as healthy, but this view belies health disparities that affect many of the state's population subgroups. In 2012, diabetes—which is preventable—was the 7th leading cause of death in the state. Similarly, heart disease, stroke, and high blood pressure are also leading causes of death. Four different groups—Native Hawaiians, Pacific Islanders, Filipinos, and/or low-income persons—have higher prevalence of both prediabetes (14.9%; 2012 BRFSS) and high blood pressure (39.6%; 2013 BRFSS) compared to the rest of the state. Community health centers (CHCs) serve many of these groups, which are harder to reach. Many of these populations also qualify as medically underserved populations or live in medically underserved areas where CHCs are located. Community health workers (CHWs) can play an integral role working with hard-to-reach populations, especially those served by CHCs. CHWs are a valuable resource in these communities in Hawai'i (Domingo, Davis, Allison, & Braun, 2011; Look, Baumhofer, Ng-Osorio, Furubayashi, & Kimata, 2008; Moleta, Look, Trask-Batti, Mabellos, & Mau, 2016). At the start of 2014, while the other Hawai'i Department of Health (HDOH) branches had experience working with CHWs, the Chronic Disease Management Branch had yet to establish a strong partnership with CHWs.



Figure 1. Strategic Planning Retreat Attendees

INTERVENTION

The US Centers for Disease Control and Prevention awarded funds to the Hawai'i Department of Health (HDOH) to address gaps in working with CHWs to improve blood pressure control and to prevent diabetes. Gaps HDOH identified related to CHWs at the start of the grant included CHC capacity related to CHWs, hypertension and diabetes competencies and training for CHWs, and understanding CHW roles and responsibilities. HDOH helped to serve as a centralized hub for diabetes prevention and hypertension self-management resources and training for CHWs in order to link those at-risk for diabetes and/or those with high blood pressure to community resources to prevent diabetes and manage blood pressure.

First, the HDOH developed community resources with its partner Hawai'i Public Health Institute (HIPHI) through 1422 Component 1 Strategies for food environment change, namely through the Choose Healthy Now program. HDOH and Kapiolani Community College headed up a statewide CHW conference with other allied organizations working with CHWs, including HIPHI, Hawai'i Primary Care Association, Hawai'i Community College, Queen's Medical Center, Papa Ola Lokahi, and the West Hawai'i Community Health Center. Sessions at the conference provided capacity building and information to CHWs, including programmatic resources related to 1422, such as a resource guide that included Choose Healthy Now program locations. Attendees learned more about HDOH's upcoming hypertension monitoring trainings and HDOH disseminated other diabetes prevention resources. HDOH also updated the state's 2-1-1 telephone social services directory to include information from the resource guide. Second, CHCs funded by 1422 used grant resources to hire CHWs to help implement self-measured blood pressure monitoring programs (SMBPM) and National Diabetes Prevention Program lifestyle change programs (NDPPLCP). HDOH also performed assessments of training and resource needs for CHCs. Many of the CHCs asked for additional training in blood pressure measurement and management, motivational interviewing and resources that could be shared with the community they serve.

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There were a number of other notable outcomes from the intervention activities. First, 87 CHWs from across the state attended the CHW conference held in August 2017. Among those who completed the evaluation, 85.9% thought trainings provided would increase their competence in working with patients with high blood pressure or diabetes. A total of 54 attendees found information provided at HDOH presentations on 1422-related work “very useful” for their own work. Additionally, 150 resource guides were distributed in person, and 200 were distributed electronically to contacts from the conference and to CHWs who could not attend. HDOH provided 36 CHWs blood pressure measurement and assessment trainings.

At the local level, CHCs hired and trained CHWs as health coaches to deliver NDPPLCP at 1422-funded CHCs. To overcome geographic, community, or cultural barriers, CHWs created and added activities to these NDPPLCP classes, such as cooking demonstrations or physical activity. Classes were also provided in-language (e.g., Spanish, Chuukese, Marshallese, or Samoan). CHWs also delivered SMBPM programs where they trained patients to use blood pressure monitors, and to read and record measurements. In addition, CHWs delivered lifestyle change information (e.g., DASH diet) to SMBPM participants, and input readings into electronic medical record systems. At some sites, CHWs performed home visits as part of SMBPM program to assist participants.

CHWs at 1422-funded sites also leveraged their community networks to provide additional resources to their SMBPM and NDPPLCP participants for lifestyle change. For example, CHWs at one geographically isolated health center identified community volunteers to teach exercise and yoga classes. CHWs at another health center put together a list of local resources by leveraging CHW membership in a monthly social services meeting. By collecting these resources, CHWs created a binder with business cards and brochures to provide referrals to patients. A third CHC had their CHWs provide face-to-face outreach and implement monolingual NDPPLCP and SMBPM programs in language at a large public housing complex. At the same center, CHWs refer patients to 2-1-1 for additional services, food banks, and an urban farm run by the health center.

The strides made in the 1422-funded CHCs in the CHW profession provides tremendous evidence for the need and value of CHWs. In August 2018, twenty CHWs and ten allies attended a strategic planning retreat to decide on subjects like creating an association and defining the role of CHWs. Future work, supported by DP18-1815 will look towards improving Hawai'i's CHW infrastructure by exploring pathways for reimbursement and statewide certification. This will also include empowering CHWs to become advocates for themselves through coalition building.



Figure 2. Conference Flyer

References

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