Position Title:

Community Health Worker for Street Health Outreach and Wellness/Primary Care Safety Net Clinic(s)

General Description

NYC Health + Hospitals Street Health Outreach and Wellness (SHOW) program utilizes mobile units to provide health screenings, vaccinations, wound care, basic material necessities such as socks and bottled water, behavioral health and social service referral supports, and harm reduction services to New Yorkers who are unsheltered. A further goal of the program is to connect patients to NYC Health + Hospitals facility-based clinics, where they can receive ongoing medical care and support services. Among those are the Primary Care Safety Net Clinics, which specialize in caring for patients with experiences of homelessness and provide comprehensive medical care, social support, addiction treatment, and care coordination for those dealing with multiple health issues and homelessness.

Purpose of the Position

Under the direction of a Community Health Worker (CHW) Supervisor and as part of the NYC H+H Public Health Corps, Special Populations CHWs work with patients with specialized needs relating to complex medical and social issues, including adult patients returning to the community after custody/incarceration, patients experiencing homelessness, and children in the foster care system, performing patient-centered, community health work in collaboration with interdisciplinary teams in NYC H+H primary care and specialty care clinics. CHWs are specially trained frontline public health workers who are trusted members of and/or have a thorough understanding of the communities they serve. The CHW participates in community outreach activities within the communities of NYC, engaging patients and providing resources and assistance needed to address issues preventing them from staying healthy. The CHW motivates and supports individual patients to achieve their health goals, through facilitating connections to primary and specialty care clinics, creating health goals, and helping them find affordable healthy food options. The CHW will work in both the facility-based Primary Care Safety Net Clinic and in the mobile clinics as part of the Street Health Outreach and Wellness program. While staffing the mobile clinic, the CHW is part of the care team that canvasses the neighborhood surrounding the van to engage with patients experiencing homelessness.

Summary of Duties and Responsibilities

+ Participate in ongoing education and specialized training to learn and maintain CHW skills, as well as public health emergency response skills, relevant for the Public Health Corps
+ Engage and recruit eligible patients in hospital and community settings, including outreach in the field in conjunction with mobile units
+ Conduct clinical or community-based assessments and interviews to identify and prioritize their health and social services goals and needs
+ Assess and address health, social and service-related needs of assigned/identified patients and create individualized, patient-centered, goal-directed care plans for each patient
+ Engage with patients frequently, including a high number of touchpoints both in-person and virtually
+ Support and motivate patients to achieve their health goals by coaching them and relevant family members through behavior change and identifying their strengths and community support systems

- Help patients connect to a primary care provider, specialty care providers, community services and/or mental health services, attend medical appointments, reconnect after missed appointments, and fill prescriptions
- Engage patients during inpatient stays and, where possible, emergency department visits both within H+H and in other health systems, to facilitate transitions back for primary care and support the patient in their treatment course during an acute illness
- Accompany patients during medical appointments and provide in-person support during hospital stays as needed; communicate with their internal care team and, as appropriate, external service providers to help coordinate care; schedule appointments as appropriate
- Assess ability of patients to manage their chronic physical and mental health conditions and work with care team to connect them to appropriate education and monitoring programs
- Assist patients with social needs such as food insecurity, housing issues, legal needs, insurance or other health care coverage, or transportation and provide referrals and follow-ups, as needed (for example, helping patients fill out benefit applications or escorting them to community organizations to obtain needed services)
- Access and update specialized information systems to support the coordination of resources across government agencies in accordance with compliance mandates
- Assist patients with obtaining vital records to enable access to appropriate services
- Educate patients regarding available community services, health services, and patient rights; provide feedback from patients to NYC H+H to inform quality improvement efforts
- Collect and track data to support achievement of patient-centered care plan using assessment tools, surveys, and logs, as appropriate
- Document each patient encounter in the electronic medical record (Epic) and use other electronic systems (e.g., NowPow) in accordance with established policies and procedures
- Attend regular team meetings to discuss patient and family progress and update care plans; communicate with patients' primary care providers.
- Conduct home and community-based (including street or shelter with the appropriate safety protocols in place) visits to assess patient needs specific to their living environment
- Serve as a liaison between the community and the health system by communicating patient experience to the CHW Supervisor and Program team
- Report regularly to CHW Supervisor for support and feedback; participate in program improvement efforts, both with the clinical ecosystem of NYC H+H as well as with its intersections with other city agencies and community-based organizations
- Perform other, related CHW program tasks, as needed and perform duties in response to public health emergencies, when necessary
- Where appropriate, special populations CHWs in pediatric settings will be engaging with the patient and the other members of the family unit

Qualifications

- Three years of full time experience in counseling, community work or community health activities in a government agency or community organization engaged in providing community services to the public, assisting members of the community in obtaining community services or maintaining liaison with schools, community organizations or other government agencies for the purpose of providing assistance and obtaining participation and support for implementation of community or public service programs; or

+ Education and/or experience equivalent to “1” above. Study at an accredited college in sociology, psychology or other behavioral science may be substituted on the basis of 30 semester credits for each year of the experience described above. However, all persons must have at least one year of the full-time experience described above.