

HEALTH CARE FOR THE HOMELESS TESTIMONY
IN SUPPORT OF
HB 65 - Community Health Worker Appreciation Day

House Health and Government Operations Committee
March 13, 2025



Health Care for the Homeless strongly supports HB 65, which would proclaim May 8th as Community Health Worker Appreciation Day and urge educational and cultural organizations to observe community health workers with informative programs and activities.

Community Health Workers are a cornerstone of the care we provide at Health Care for the Homeless and welcome an official day to recognize their critical contributions to the health and well-being of our most vulnerable populations. Here are firsthand accounts of the importance of Community Health Workers from Health Care for the Homeless staff:

Justine Wright, CMA, Community Health Worker, Mobile Clinic

Community healthcare workers are essential in facilitating communication between providers and healthcare organizations, building a trusting relationship with the community they represent, helping people understand their health and social conditions, and advocating for those who need it. As CHWs, we help clients navigate through what is already a challenging time for them as they are experiencing homelessness. We connect them with community resources and provide transportation to various appointments for clients who otherwise would need a way there.

Isaac Epstein, Community Health Worker, Baltimore County

I believe CHW work is particularly important because it addresses SDOH in a way that primary care and case management appointments often cannot. Our work lowers barriers to people who need care most. Case management and primary care are often confined to office settings. This limits the extent of aid one can render to a client. Additionally, the clinical environment and time constraints put patients on edge and makes them feel they don't have the space to address all their needs, which is unfortunately true in many ways.

The work that we do is synergistic with the providers and social workers. Case managers will often provide a list of numbers or resources for clients to access, but have to see their next client before being able to work through all the numbers and applications with the client. As a CHW I have more flexibility with my time to work through these processes with clients. When a provider creates a number of referrals, often patients will not follow up either because they do not know how to navigate scheduling a referral appointment or do not have transport to said appointment. I find that having a close relationship with the physician I am under is extremely important. With the high number of patients most providers see today, I feel that many patients may think of themselves as unseen. In my position I am able to act as a link between the patient and provide because I share a personal relationship with both parties. This leads to more trust with the medical community and I have witnessed that after starting relationships with patients, their adherence habits tend to strengthen and in some cases reach a point where they are independent and responsible enough to stop relying on my services.

We also often fill gaps that are completely unaddressed by any other roles in medical systems. Things like helping patients access shelter, performing housing searches, transporting clients and making home drop offs/home visits have great impacts but are not addressed by any other kind of healthcare professionals. In less than a year, I collected many anecdotes of how without my services clients would be in significantly worse positions: I have found suitable housing for a client days before their housing voucher expired after having not utilized it for 6 years, I have talked someone through suicidal ideation who then started engaging in services with us and subsequently entered a treatment program, I have taken a patient to the emergency room for a septic infection which resulted in amputation, this client would likely not have access the ED if it was not for my encouragement, I have walked a mother and daughter through the process of finding stable housing from living in a hotel, to accessing shelter, to being placed in subsidized housing. In all of these cases I believe that without my services these clients would either have become more chronically street homeless or even have died. While these are some of the more dramatic cases, all of the work we do makes patients feel seen and cared for. While our services may not be billable I feel that the work that we do is deeply appreciated by the people we serve and that it would be missed by them if we were no longer here.

Lawanda Williams, MPH, LCSW-C, Chief Behavioral Health Officer

Community health workers emerge as leaders each and every day. Even amid the challenges presented by a pandemic, community health workers showed up with valor, tirelessly ensuring that vulnerable individuals had access to health care and essential food and medicine. Their dedication not only safeguarded public health but also exemplified the crucial role these frontline workers play in creating resilient, healthy communities. It is imperative that we lift up CHWs and recognize their indispensable contributions. We must find sustainable ways to support such pivotal roles in promoting health equity and community wellbeing.

The importance of CHWs in the health cycle and in health outcomes cannot be overstated. Our clients' lives and health depend on CHWs in the integration of their care. We stand in support of this bill and we urge a favorable report.

Health Care for the Homeless is Maryland's leading provider of integrated health services and supportive housing for individuals and families experiencing homelessness. We deliver medical care, mental health services, state-certified addiction treatment, dental care, social services, housing support services, and housing for over 10,000 Marylanders annually at sites in Baltimore City and Baltimore County.

Our Vision: Everyone is healthy and has a safe home in a just and respectful community.

Our Mission: We work to end homelessness through racially equitable health care, housing and advocacy in partnership with those of us who have experienced it.

For more information, visit www.hchmd.org.