Project Description

Would a health navigator – a trusted advocate from the Pacific Islander (PI) community acting as a liaison between the patient, their family and the provider - be effective in reducing the barriers for PI seeking behavioral health services? Can a health navigator engage PI beneficiaries better in their treatment?

Problem Statement:

In San Mateo County, PI have the poorest health outcomes – shortest life expectancy, highest rates of ER visits for hypertension, asthma, diabetes, and the lowest follow-up visits with their providers (30%) compared to the general population. Cultural beliefs and misconceptions, lack of connection to providers and difficulty navigating behavioral health systems are barriers many PI face.

Discovery:

I initially wanted to develop a comprehensive stand alone program that would address all the social determinants of health of PI individuals and families.

It was an idea that had "ideal" support but in reality was not feasible, not only financially but also in terms of the current infrastructure of the organization.

I had to scale down my proposal and focus on a smaller aspect of the problem.

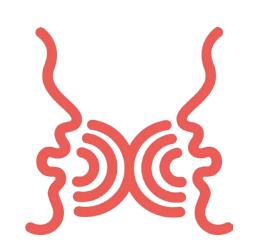
I interviewed 26 individuals – staff and administrators, health providers (both PI and non-PI), PI clients and their families, PI community members and advocates.

As a result of the these interviews and literature reviews, I pitched the idea of developing a PI specific outreach and engagement program that would have the capacity to assist participants in whatever they needed related to their care. Specifically, I wanted to increase the rate of follow-up visits with their providers. We named it the **Tokoni** Program. *Tokoni* means assist or help in Tongan.

Four main areas of needed support identified:

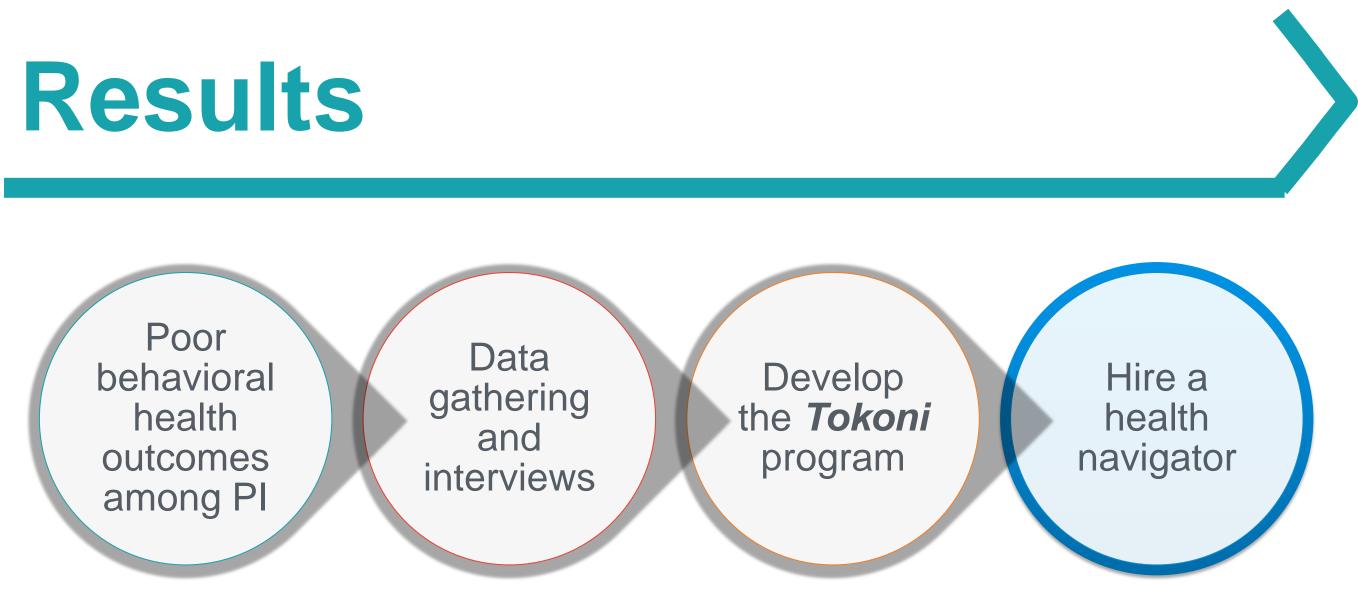
- Language and the ability of the provider to speak Tongan, Samoan or Fijian – was a strong predictor for a follow-up visit. (100%)
- Documents and forms are hard to understand. Almost all are in English. (85%)
- Transportation is a barrier for most PI. (80%)
- Services, specifically specialty services, are confusing and hard to access. (100%)

Tokoni: Peer and Culture-Based Interventions to Improve Behavioral Health Outcomes of Pacific Islanders in San Mateo County Jei Africa, PsyD, MSCP, CATC-V, Director, jafrica@marincounty.org





"We need assistance to get from Point A to Point B in this system...It's so complicated to



Culture plays a role on how PI respond to a health or behavioral health concern.

- Stigma and the shame of seeking help is real for PI.
- Western view of illness does not always align to PI beliefs related to nature and the metaphysical realm.
- Culturally competent care is needed in all levels of the organization.

Patient-provider relationship is fundamental in ensuring improved behavioral health outcomes.

- Trust, power dynamics and confidentiality are core values that need to discussed especially in the initial visits.
- Hierarchy influences decision-making especially when there is a financial repercussion.

Systemic barriers create tremendous challenges for those seeking care.

• Having to navigate specialty services for specific issues, in an already complex system of care, is confusing.

<section-header></section-header>	 Key Activi Develop ja qualified c Develop p plan and p Develop a Communia Improve da (preventio appointme) Key Reso CFO/Jane position re IT/Kim P – and other Data Analy assessme CBOs – appoint
Mission Budget/Cost	

- Health navigator/peer worker (Community Program Specialist) position \$65k /annual salary
- Supervisor time (8 hours/month: 3% time)
- Space, IT needs (computer, office phone/cell phone) \$2,500/annually • Outreach materials, supplies, etc. - \$2500/annually
- Stipends for participants (events, community gatherings) \$5,000/annually

Behavioral Health and Recovery Services, County of Marin

Lessons Learned

- the perspective of our key partners and participants, from the start, is key.
- audience.
- creating benchmarks.
- decision-making.
- ongoing.

Next Steps:

- this new program.
- Program.

Mission Model Canvas

vities job responsibilities and hire candidate program materials, outreach presentation assessment tools/metrics nicate impact of program data collection for PI patients ion screening, follow-up ments)	 Value Propositions Disaggregated data among PI clients Established standardized metrics on performance on PI clients Increased understanding on how to best care for PI clients (culturally relevant care) 		 Buy-in & Suppo San Mateo Coun Chief and BHRS about problem PI community me have advocated for appropriate servite Necessary to get disparities and out
A perces for the function of t	Increased PI acceleration	ess to behavioral	 Deployment Initial conversation (HS Chief/BHRS problem and prop Broader conversation staff, community Monthly updates meetings for pee Continuous referring and clinic staff
		Mission Achieve	ement/Impact Fac



California Health Care Foundation

• Getting a clear understanding of what problems we were trying to solve and being able to succinctly explain it from

• Engagement looks different depending on the target

 Understanding what data is available – and how to accurate and valid they are especially when they cross systems – is critical when

Communication does not mean transparency especially in

Creating and maintaining buy-in among partners should be

• Shortly after the rollout of the program, I left San Mateo County.

• I've had numerous opportunities to check-in about the program and it seems that the health navigator has been hired and doing some outreach and engagement to inform residents and providers about

• There had been 5 potential referrals identified to the **Tokoni**

Beneficiaries ort inty Health System • Pacific Islander (PI) patients who S Director need buy-in are in need of behavioral services in San Mateo County nembers and clients for culturally • Staff and providers who are working with PI residents vices and staff et data on PI health San Mateo County Health System outcomes Chief San Mateo County Behavioral tion with leadership Health and Recovery Services S Director) about (BHRS) Director oposed solution sation with managers, y members es and then weekly er worker errals from community actors • Improved capacity to serve PI patients and their families • Increased PI patient satisfaction with behavioral health services • Reduced no-show appointments from PI clients • San Mateo County BHRS seen as a provider of culturally competent care for the PI community

