

CHW Profile Project

Devon Abdon Franklin County Public Health



This month's Central Ohio Pathways HUB Community Health Worker Profile Project features Devon Abdon. Our HUB Project Manager, Mary Mutegi interviewed him about his experience as a CHW at Franklin County Public Health and how he has connected hundreds of clients to vital care and services through the Central Ohio Pathways HUB. Read more about his impactful work, and the road to what led him to a life of service below.

Mary Mutegi: Thank you so much and welcome. I am Mary Mutegi, Project Manager with Health Impact Ohio, coordinating the Central Ohio Pathways HUB, and with us today is Devon.

Devon Abdon: Hello, I'm Devon Abdon. I am a Community Health Worker at Franklin County Public Health.

MM: Thank you Devon and thank you so much for creating this time again. So, we'll just capture a few questions. You've told us you are Devon working for Franklin County Public Health as a community health worker. How long have you been there?

DA: I've been at Franklin County Public Health for a little over two and a half years now.

MM: Okay. And, what inspired you to become a community health worker?

DA: I was born and raised in Florida. And after high school, I joined the army as a way to kind of get away from the things that I was doing, none of them were good things. I joined the army and after I came back from a tour overseas, uh, my life really just started to unravel. I got wrapped up in a drug and alcohol addiction that kind of took most of my adult life. So, I ended up here in Ohio at a place called The Refuge. A 13-month residential treatment facility, a Christian ministry.

DA: So, I've been to many other rehabs before to try and get on the other side of this addiction, but nothing really ever worked. But when I went to the refuge my life changed forever. Something actually stuck. So, after I completed, I became a community health worker. We'd done a lot of work with Sarah Posten when she worked at Celebrate One. She told me about the community health worker class, and Matthew Demoulin and I took the class together. And it, it just really stuck with me. I was a program coordinator at The Refuge for a little over six months and just, not only in coordinating logistics but, sitting in on team meetings and help lead the men by me, uh, really just kind of something awoke within me and I just realized I have a, like an innate desire to serve others. So, this desire to serve others is what led me to this work.

MM: Great. We thank you so much for serving the community, serving our country in the military, we really appreciate that service. And thank you so much too, for continuing this work and coming from your own experience that has inspired you to become a community health worker. That is really, it's very inspirational, I would say. So, in your own words, what would you say, What's the meaning of a community health worker? What does that mean to you?

DA: So, to me, it means, kind of helping people see the hope. You know when they're surrounded by just overwhelming odds in barriers that they feel like they can't overcome. You know, for me, that's what I was, I was at the bottom for a long time, but when I got just a little glimpse of that hope on the other side, it really enabled me to start working through some things and push forward. And to me, that's what it means with the clients that I serve. The residents here in Franklin County. It's just helping them to see that little bit of hope, not only with my story but put in their own story as well. You know, being trustworthy, doing what I say I'm going to do, being transparent with the clients to kind of help lower some of the walls and build some trust. Because once the walls are down, you know, then the client I can work together to, to not only identify some barriers but really work through them. So, for me as a community health worker, it signifies hope.

MM: That's nice. That's very nice. What's the most favorite parts of your job?

DA: Just seeing clients succeed. You know, oftentimes, I know I probably don't only speak for myself, but when we initially are referred a client or we meet with the client, they're at some of the most challenging points of their lives. So just to see them come out on the other side, it's almost like to have a new lust for life. Like they have a new hope in their eyes. You can just kind of see the way their demeanor changes, the way they're able to handle things on their own, the way that they're excited to share with you some of their progress. That's my favorite part of the job is just really seeing people excel because it's possible.

MM: You yourself are a living testament of success. When you've come from the worst of the worst moments and the lowest of the lowest moments, and here you are now being an advocate for the same people going through similar situations. So, who better than you to be that advocate? That's nice. What is one thing you wish people understood about your work as a community health worker?

DA: I would say, you know that sometimes people just need a hand up. I heard it said one time that people don't always need a handout sometimes they just need a hand up. So for someone who is unfamiliar with the role of a community health worker, I just wish they understood that we from our background and from our past experiences ourselves, we're able to provide the client with the hand up with the end goal eventually being self-sufficiency. So, I just wish that people outside of this role knew that sometimes people need a hand up.

MM: That's true. And other handouts.

DA: Handouts are good sometimes.

MM: Yes, sometimes, but it doesn't empower.

DA: Yea, definitely.

MM: Once you've trained them how to fish and not give them the fish, it has better outcomes eventually. So that's nice. How are you educating people to understand that your purpose is to help them with a hand up?

DA: Do you mean educating clients specifically, or people outside of the role who aren't familiar with what we do?

MM: Yes, the people who are outside, not understanding the role, how do you inform them to understand your role?

DA: One of the main ways, I firmly believe that actions speak louder than words. So, one of the ways when I explain to people what I do, I just share success stories from clients. I share my own story, and again, I would share the success stories with clients and show where a client was when we first began working together to where a client's at now, and just that sort of ripple effect that it has in the community for the client to be able to not only be self-sufficient but kind of help others along the way.

MM: Okay, that's nice. That's very encouraging. So how does your work as a community health worker impact your community or the community that you serve currently?

DA: I believe my work as a community health worker impacts the community again with sort of that ripple effect. The time that the client's spend enrolled in the HUB that I work with. We talk about the importance of their overall health, their access to medical and social services, and not only do we talk about the importance of those things, but we talk a lot about the importance of learning to navigate those things and learning to overcome barriers as they navigate through the different systems. So once an individual has an understanding of how important their health is, and how important their access to care is, a lot of other doors start opening up. So it, once again, just kind of goes back to that ripple effect of that individual is now a positive role model in their community and they can also serve others behind them as well.

MM: That's great. I think I've only known you since September and looking at the work that you've done you've been very successful. I can say you've been shining among the best of all community health workers so far. And one area that I know you've really succeeded in is health insurance and housing. We'll come back to housing. How have you helped clients in applying or obtaining health insurance? Can you talk more about that?

DA: Yeah, absolutely. So, with every client that I meet, access to quality medical care is something that we start talking about in the beginning in some of our very first conversations. And again, not only how important their access to healthcare is and how important their health is, but where are they at with it? Do they have insurance? When is the last time they've seen a primary care physician or had preventative checks or seen the dentist? Those are all important things that kind of get lost in dealing with so many other barriers in life.

So that's one of the first things I address with a client. One of the first things that if they do not have health insurance, we try, well, we don't try quite frankly, we just get down to it, and figure out how they're going to get insurance. What I would do initially is check the Medicaid consumer hotline. They have a member portal where you could see if an individual does have insurance already and they're unaware. I've seen a couple of cases where clients were signed up for presumptive Medicaid at a hospital and then that provider went ahead and filled out the rest of the Medicaid application. So, a client would sometimes have Medicaid and just have no idea. But if the client doesn't have Medicaid, what we do is we would gather all the necessary documents: ID, birth certificate, pay stubs, really just collecting all those documents and getting ready and then we sit down and do the application together.

One of the most important things that I've noticed, which has created a lot of success for clients being approved is on the very last page before you click out of the Medicaid application, there's a section to upload documents in. (cont. on next page)

DA cont.: That is one of the most important sections on that application because if documents aren't uploaded, they're going to be asked for and a lot of times, by the time the client gets the letter or the message in the portal, the due date had already passed, so they would be denied, and we would have to start over. So, with Matthew's help, I kind of just got hip to that and really stressed the importance of having the documents ready and uploaded with the application. And that's where I've seen the most success.

MM: That's a very good tip and I'm sure that will be helpful for other CHWs that are having that challenge, understanding the whole process and how to navigate it. You know, it's usually very complicated being on the phone. You may take hours just to have somebody answer your phone or even respond to you, then add a language barrier on top of that. That makes it a little complicated in applying for Medicaid. So, are you familiar with other insurance options, especially for those that don't qualify for Medicaid, either due to a citizenship status or to making just slightly over the Medicaid expectations? Do you have any other resources out there that would help in looking for insurance?

DA: Just the population that I serve and the individuals that I work with, I've had very few instances where an individual wasn't able to receive Medicaid. I'm actually working through one now where I'm still kind of stuck, but individual, he came here to America about four years ago. So, he's getting close to getting his citizenship, but he doesn't have it yet. And we're just trying to work through that whole process of insurance for him. I'm familiar with the marketplace that provides reduced costs insurance. But as far as any other options, I haven't necessarily got to explore them so I can't say that I'm very familiar with them.

MM: I was hoping to hear about the marketplace insurance. It sounds that the clients you're trying to help, they have not attained the five years that's required for green card holders to gain Medicaid. So, in this case, if they do have some source of income, the marketplace might be the best way to guide them through for them to have at least some form of insurance. That's usually the other option. (cont. on next page)

MM cont.: Or the last resort usually is to refer them to a federal qualified health center or free clinics where they can access health care meanwhile, they're waiting for the insurance to be approved. Or the employee insurance if it's affordable. Because that's the other thing. Some people still have insurance offered through their employer, but they can't afford even the copay, it's just too high on the option to get that insurance. So good luck in getting that insurance processed for your client. I know it's not that easy understanding the different alternatives, but you're doing a good job just sharing that process and how you've been able to assist is being very helpful.

We'll move from the insurance piece and go to COVID. I know we worked a lot in the last two years helping our clients with the COVID. Could you tell us what kind of work you've done surrounding COVID in the last few years?

DA: In the last few years, my work surrounding COVID has been primarily within our county public health agency. I was activated into our incident command system at the beginning of the pandemic and for about a year afterward, until my son was born and I took some leave. But I was in the operations section and I would handle incoming phone calls. I would retrieve the messages left on our COVID hotline and call an individual back and get them pointed in the right direction or answer their questions if I could. They would express complaints, concerns, or oftentimes they just needed assistance knowing when they were eligible for the vaccine and then signing up for our vaccine clinic. So, I was able to, through ArmorVax, to just sign individuals up for the vaccine clinics. I was able to kind of be a soundboard for individuals that wanted to express concerns or complaints. That's been the majority of my work surrounding COVID.

MM: And have you seen any changes in that period? From when we were all [first] aware of COVID as of today, what changes in perspectives have you seen, especially with the clients you are working with?

DA: At the beginning of the pandemic, it was also new to all of us, professionally and in the clients that we serve. It was all so new. There were a lot of unknowns. What I see today in conversations with clients is more, almost like a pandemic fatigue, like is this ever going to come to an end? It's sort of almost the opposite end of like at first there was a surprise in the unknown factor and now it's kind of like, well this is just another part of life. So, we're just kind of just working through it and hoping that it ends.

MM: Definitely, we are all wishing that.

DA: Yes, so those are the perspectives that I've seen.

MM: Have you seen any client's hesitancy? Since the pandemic, you have seen the adherence and the knowledge that the clients have had, have you seen any change?

DA: To just their overall knowledge about COVID-19 or their hesitancy?

MM: Especially towards the vaccine.

DA: Towards the vaccine. So personally, what I've seen is again, kind of along the lines of almost like a pandemic fatigue, or I've even heard some very different opinions, almost conspiracy theories, if you will, about the vaccine and just the downright mistrust of the vaccine or the mistrust of anything that comes from someone of authority. And I still continue to see that today when I engage a client about COVID-19 or attempt to engage them about it, it's oftentimes a very brief conversation when I can just kind of sense the client doesn't really want to be pushed about it. I can only do so much before I kind of realize I might want to switch to a different topic, but I've definitely seen the hesitancy. It's almost grown from what I've seen.

MM: Okay, because I stay understand quite a lot of people still don't have the vaccine. And now that we have the mask mandates relaxed, I am concerned for those that didn't have the vaccine and if the numbers are going to go up, especially for these individuals. We may have to wait and see, but hopefully, they all get at least the vaccine so we can all kind of feel safe, you know?

DA: Yeah, absolutely. And I will say one thing I have seen that kind of helped combat the hesitancy was the introduction of the incentives, like the gift cards or Medicaid providing clients with an incentive for receiving the vaccine on top of a community incentive. Initially when the incentives kind of rolled out that I have seen that really combat the hesitancy, but it's still present at this time.

MM: That's true. I know today, Columbus public school is on Spring break, and they did open some vaccine places, and they're giving a hundred dollars to every child that gets the vaccine. I think that that might increase the number of vaccines for folks. I think I agree with you that the hundred dollars went a long way. People really went for that money. Because we can always use an extra hundred dollars, especially with the grocery prices going up.

DA: Yeah, I think that was a time when, when the handout really kind of helped to hand up too.

MM: Okay. I said I'll get back to housing. That's another successful pathway that you've completed successfully. And quite a number of clients that you've helped with that pathway and knowing it is the toughest pathway to complete. Understanding that access to affordable housing in this community is such a challenge. Could you tell us how you've been able to connect individuals with housing referrals and how that can inform other community health workers that are having the same pathways that they need to complete for their clients?

DA: With housing, it's sort of for me with the way that I've worked it out, it's sort of a kind of a case by case type of thing. Just figuring out exactly where the client's at, what they can afford, whether or not they have a voucher, whether or not they are on the waiting list for a CMHA housing voucher, whether the client's a veteran because then that can kind of help us stay in that lane to work through the housing. It doesn't make it any easier. I think as we all know, it's a very tough pathway to close. (cont. on next page)

DA cont.: When a client and I identify that sort of path that we can take to housing, I try and work with that client to really stay on that path and stay sort of laser-focused on that.

You take it to that end goal. A lot of times it's not the most appealing housing, or it's not the housing that the client would have wanted to choose, but when faced with homelessness or time staying in a shelter, a client is more apt to kind of accept what they can get at the time. So, yeah, just staying really focused with that client on what exactly they're looking for and staying in that lane, that's been the way that I've found success.

MM: Great. Do you have a story or maybe one or two of a client that you've been able to connect to housing?

DA: Yeah, I have a couple. I actually have one from one of the very first clients I ever started working with about two years ago and then another more recent one.

When I first started about two and a half years ago for the first six months it was sort of a lot of training, internal training, and I was still working on building my caseload. So, whenever I would run into an individual out in the community on my own, I would work to try and get them enrolled and chat with them more. And I kept seeing this individual at a gas station. He wouldn't ask me for money. He would just kind of sit around the front doors and hang out. He was really friendly. He would talk to you for three hours if you let him. So, he started sharing his story a little bit more with me, and I was able to get him enrolled. He was a homeless veteran and he was actually sleeping in his friend's garage on the west side of Columbus. So identifying that he was a veteran and he was successfully discharged, that was our lane. That was the lane that we focused in.

More recently was a pregnant client that I was working with. She and her spouse and their three-year-old son were living with her spouse's father. And the lease was restructured and the landlord had asked them to move out after their lease was up. So they didn't really have anywhere to go and they were kind of in a time crunch. (cont. on next page)

DA cont.: So we worked to get all their birth certificates, all their supporting identification documents in order so that way they could find an apartment and apply. This client was familiar with the west side, had lived on the west side, and she and her spouse were not too picky as far as where they wanted to live, just what it would cost. I believe most everyone would be familiar with Wedgewood. Because she was already familiar with the west side and wasn't too particular about the neighborhood, we were able to get her into Wedgewood fairly quickly about a month after the baby was born.

So, she moved into Wedgewood and then we were able to link her with furniture assistance to get some extra beds and get her house furnished. Now we're working through her access to medical care. That was sort of one of the things that got put on the back burner while she worked through everything. So now we're working on establishing primary care for her, dental care for her, and working through things that way.

MM: Oh, I'm wowed just listening to you because you know, it sounds like it's an easy job when you talk about it, but I understand it's not that easy though. And the fact that you've recognized the priorities in your working with the client, that housing was a priority and health was put in the back burner until they were fully settled into their housing. So just understanding that step of what comes first or what the client would prefer first I think that is really a key element of making a very good community health worker. I'm so impressed with your work, Devon, and I'm sure your clients are happy as well.

DA: Thank you. I know you say that, but I think another thing that I would add too with housing is a lot of times for a client housing is number one. But when I can talk with a client, kind of sit down with them and identify some other areas that they can start successfully completing some goals, even if they're smaller, like just getting a birth certificate or social security card.

If they can do that small little goal, it's sort of a step up and it encourages the client to also search for housing on their own. Because I can sit around and text links and stuff all day, but I also want to work to encourage a client to kind of put in some of the leg work as well. And that is how I've also helped the clients to achieve success.

MM: That's good because you've empowered them to know how. Because I think most of the time people just don't know where to start. So just showing them the route to follow, I'm sure they'll also help other people, their friends, their family members, now that they know how to assess that situation.

You mentioned something else about the VA that was really impressive. I also didn't know about the fast track, which one is a faster route, and you address that the VA is a faster route. So, it's good to know that because especially when it comes to housing work with the homeless population, coming to identify this is an ex-military person that is now homeless and knowing that the VA is a faster way into housing. I think that is very good knowledge, even sharing with the rest of the community health workers. So, thank you so much.

DA: Absolutely. I will add to that for an individual to be eligible for the HUD VASH voucher, the VA voucher, a VA social worker would have to come out and literally see them living on the streets. So, he can't be like living at a friend's house or sleeping on a family member's couch and get access to the VA VASH program. They have to be kind of, unfortunately, outside on the streets, in a garage with no electric, just in a really bad situation, for them to be able to fast-track the voucher process.

MM: Are there more houses available for VA then there will be for any other type of clients?

DA: Not necessarily. What will happen after they get approved for the voucher, the VA caseworker will just send them a list of housing, but it's very similar to a lot of the lists that I'm sure we all see floating around. So, there are not specific veteran housing lists.

MM: It's been a pleasure as well. Thank you so much Devon, continue doing the good work. It will surely keep you busy with the clients because you found a lot of resources out in the community that I'm sure many are benefiting from. So again, thank you for your time.