

MEETING NOTES

March 29, 2018

Bellingham Unitarian Fellowship

Attendees:

Brien Thane	Bellingham/Whatcom Housing Authority
Chris Hawk, MD	Lummi Indian Business Council/Health Center
Dean Wight	North Sound Accountable Community of Health/
Don Cook	Unity Care Northwest
Ellen Barton	Area Health Education Center for Western Washington
Gretchen Hansen	Foundation for Healthy Generations
Herminia Sanchez	Opportunity Council - Catholic Community Services/Villa Santa Fe
Jessica Alvaro-Glantz	Community Health Student at Western Washington University
Jim Schmotzer	Nooksack Valley School District
Kelly Veit	North Sound Accountable Community of Health - Pathways HUB Director
Kenneth Gass	WAHA Board, Mt Baker Foundation, Whatcom Taking Action
Kevin DeVere	Nooksack Valley School District
Laura Reardon	Unity Care Northwest
Madeline Reed	Unity Care Northwest
Megan Stephenson	Unity Care Northwest
Neyda Gonzalez	Unity Care Northwest
Rachel Herman	Mt Baker Planned Parenthood
Rochelle Hollowell	Whatcom Family & Community Network
Scott Carlson	WA State Department of Health
Shantel Davis	CHW Collaborative of Pierce Co
Starleen Maharaj-Lewis	Unity Care Northwest
Stephen Gockley Jr.	WAHA Board

WAHA Staff: Australia Cosby, Nic Jensen, Christina Ortiz; Lara Welker (Community Health Consultant)

MEETING SUMMARY

- Attendees introduced themselves and shared their reason for coming to today’s meeting.
- WAHA staff described the recent assessment of what is happening with community health workers in Whatcom County and other parts of the state.
- Based on the findings, WAHA recommends two “tracks” of CHW work:
 - 1) **Develop a CHW Network for Whatcom County.** The goal of the Network would be to support the CHW work already happening at many different organizations. The Network would provide peer support, training, advocacy, or other things that the CHWs feel would be helpful.
 - 2) **Create a CHW Project with the Latino community in Sumas, Everson, and Nooksack.** Next steps for this project would be holding listening sessions, identifying the community’s natural leaders and helpers, and coordinating with partners.

Read WAHA’s full [CHW Assessment Report](#) or the 2-page [Executive Summary](#).

- In small groups, attendees discussed and shared:
 - Questions and comments regarding the Assessment (process or results)
 - Ideas and suggestions for the most important ways to support community health workers and/or community health worker programs in Whatcom County.
 - *See below for detailed comments.*

- Agreement/Decisions:
 - Convening meetings around CHW efforts is valuable.
 - The unique opportunity is bringing together “on-the-ground” CHWs.
 - It’s beneficial for administrative leaders/managers to discuss CHW work, however; many already have opportunities to meet through the North Sound Accountable Community of Health and other initiatives.

- Next Steps:
 - Meeting notes will be posted on WAHA’s website: <http://whatcomalliance.org/chw/>
 - WAHA will create an email list from the commitment/contact cards.
 - WAHA will convene another gathering focused on “on-the-ground” CHWs.

Questions, comments, suggestions, or concerns regarding CHW Assessment:

Assessment Methodology and Findings:

- What conclusions came out of the assessment?
- What were the primary opportunities they saw in terms of workforce buildout?
- Why did you only target the Latino community? NATIVE
- How do we bring in the whole community/populations? What demographic did the assessment go out to? Or was the main focus from the start the Latino community?
- Need for representation from the communities themselves especially including the Nooksack Tribal members alongside Latino.
- Interesting how “if you needed help” revelations said a lot about where we need to start.
- Population of younger generation indicate stronger need.

Long-term Goal/Vision:

- What is your long-term goal?
- What’s their long-term vision?
- What is your long-term vision for the initiative? Expansion? How can your work be replicated across counties/populations?
- What plans are in place for sustainable network funding?

Leadership and Decision-making:

- How would you address any problems, for example, funding?
- **Concern:** Conversation will be overtaken by people not of the community
- How will differences across CHW partners be resolved and/or coordinated?
- How will “planners” choose the community needs to be focused on?
- What is the timeline for each “track’s” development? What are next steps....
- How are affected community members being involved? Examples: having members present at all meetings, having members be the leaders and make sure the need is something they’re expressing
- Use existing members in geographic areas to become leaders (give them opportunities)

Partners/Partnerships:

- How will you get younger generations or students involved?
- Where do they identify partnership opportunities?
- Having an organized CHW collaborative would help the N Sound ACH identify Pathways HUB partners
- Look to the model in Pierce, we have women in Leaders Health which is A [?] American that feeds into collaborative. Or the refugee’s governor’s council model
- Work with C2C and Inspire

Other:

- How would you expect this organization be different from other ones that exist?
- The implementation of the Medicaid Transformation Demonstrations reimbursement (application of billable services)
- Need support for non-medical care (along with access to medical) and include all types of care – dental, mental health, etc.

Most important ways to support CHWs and/or CHW programs in Whatcom County:

Create and Sustain a CHW network:

- Support a regular convening of representatives from the various orgs doing HCW work to promote cross referral, education/training, shared learning, pursue ongoing funding.
- Association of professionals – learning collaborative for sharing tools, techniques, best practices. Having an advocacy body
- Coalition – monthly meetings to share, learn, bounce ideas off, sharing of resources
- Build consistency with meetings: engaging topics/training
- Bring in CHWs/engage them
- Education, networking/connection, and access

CHW Compensation:

- Advocate for employers of local CHWs to compensate them for time spent to participate in collaboration gatherings
- Recognition/remuneration/training of CHWs
- If there is remuneration for the work, helping the independent CHWs to navigate that payment process
- Compensation/stipends for volunteer/undersupported CHWs for CHW work, trainings, statewide network involvement, local ACH involvement
- Training of community members as CHW
- Recognition

Financial Support:

- Funding commitment and sufficiency
- Funding [noted x4]
- Obtain commitment for 5 years of funding for network development

Developing CHWs:

- Recruit CHWs in community, help train
- Let Healthy Gen support your efforts
- Continued advocacy for workforce development \$\$ at state level.
- Trainings (w/ certification)
- Engage with [WA Dept of Health?] training program
- Train a specific person

Leadership/Decision-making:

- Letting community define itself and its health needs – CHW Coalition/framework assisting with resources and community development
- Community involvement in design and QI
- Results! Show improvement relative to community involvement
- Develop active community involvement and support
- Dialog sessions with community members ↔ network

Partnerships and Coordination:

- Learn from other programs
- Build strong working relationships with State agencies regarding development of work force, data, etc.
- Connect to clinicians, communities
- Dissemination/communication of reports and findings.
- Integrate CHWs into scope of practice (not siloes efforts). Collaborative efforts than complement services CHW work not siloed or duplication of care.

- Coordination support – IPA navigators
- Map out who is doing what with community member(s)
- Map it out!

Other:

- Celebrate success, document progress, measure, and share best practices
- Clarification of expectations
- Systems level
- Find a champion
- Engage youth
- Keep Nicolas, Australia and Christina!

Additional Ideas, Comments and Suggestions from Contact Cards:

- Build a support network for all CHWs to collaborate, learn, network.
- Regular meetings, trainings, sharing of resources and successes.
- Create spaces for CHWs to train other CHWs on specific skills. It's free. It builds relationships.
- Up to date info on what's working and not working.
- Technical support when using internet tools in county – be aware of limited data and wi-fi access.
- Connecting existing CHW organizations to the Pathways HUB.
- Utilize [Foundation for] Healthy Generations supports. Involvement with statewide CHW network.
- Further define competencies in clinic/field; use American Public Health Association and C3 [[Community Health Worker Core Consensus](#)] Project recommendations. Pathways model and potentially Medicaid deliverable, as large percent are Medicaid eligible clients.
- Replication and spread throughout other surrounding counties.
- AmeriCorps support for establishing High School Health Scholars in rural/underserved communities in Whatcom; letter of support for [AHECWW] application.
- Late afternoon is a tough time for this level of thinking.
- Let's continue talking.