

Whatcom Community Health Workers' Network

Convened by the Whatcom Alliance for Health Advancement

July 27, 2018

At the Roosevelt Neighborhood Center, Bellingham

Present:

Name	Organization (if any)
Loretta Olsen	Lummi Indian Business Council
Victoria Joe	Nooksack Tribal Clinic
Peter Kelly	Nooksack Tribal Clinic
Steven Hortegas	Molina Health Care
Rochelle Hollowell	Whatcom Family and Community Network
Claudia Martinez	Sea Mar CHC
Rafael Ayala	Sea Mar CHC
Starleen Lewis	Unity Care Northwest
Leah Wainmon	North Sound Accountable Community of Health
Tanya Rojas	Migrant Education/Educational Service District 189
+ Australia Cosby (WAHA Staff), Christina Ortiz (WAHA Staff), Lara Welker (WAHA Convener)	

Welcome and Introductions

Group members gathered on the lawn of the Roosevelt Neighborhood Center, demonstrating their resourcefulness and adaptability. 😊

CHW Definition Discussion (continued from last meeting).

The June Network meeting included discussion of key words from the American Public Health Association's (APHA) definition of community health workers.



The APHA definition says a CHW is "...a frontline **public health** worker who is a **trusted member** of and/or has an **unusually close understanding** of the **community** served."

Today this discussion was expanded and continued. **Please see the last 3 pages of these notes where the discussion from both the June and July meetings is summarized.**

Network Discussion Questions

Lara posed three questions to the group about how the group wants to use meeting time. There was not enough time to discuss them, so she'll email them out to everyone.

- How does the network want to respond to requests to share information or present at meetings? How does the network want to respond when people come to the group for “CHW input” or “the CHW perspective”?
- Does the term “community health worker” feel right – like it includes and encompasses everyone in the group? Is there a better word we could use?
- What are Network highlights so far to share with allies and supporters? Other thoughts about sharing out what’s happening with the Network?



Discussion about possible topics for future meetings:

- Are the health care needs of the communities we work with being met? Issues of access, fair treatment at the hospital, etc.
- Bring a struggle or a challenge and others can brainstorm and help think through options and approaches.
- Share projects and connect with others who want to collaborate when it makes sense for their organization or program.
- Host trainings and educational topics. Share who has completed what training, to know what resources they can provide and/or recommend good trainings to others.
- Revisiting desire that the CHW Network not be “another CRN” [Community Resource Network, coordinated by the Opportunity Council.]

Some of the titles of people in this group:

- Resource Coordinator
- Care Coordinator
- Community Connector
- Community Health Representative
- Community Resource Navigator
- Customer Service Rep
- Customer Service Representative
- Faith Community Nurse
- Family Liaison
- Health Program Coordinator
- Homeless Case Manager
- Peer Support Educator
- Resident Services Coordinator
- Outreach and Enrollment Specialist

Many thanks to Rochelle and the Roosevelt Neighborhood Center for hosting this meeting!

- ➔ The next Whatcom CHW Network meeting is Friday, August 24, 9:00-11:00 AM at Sea Mar Community Health Center. Bring your fellow community health workers! All are welcome.

What is a Community Health Worker?

Discussion from 6/22/18 and 7/27/18 meetings

The American Public Health Association defines community health worker as “...a frontline **public health** worker who is a **trusted member** of and/or has an **unusually close understanding** of the **community** served.”

But what does this really mean to us in our work in Whatcom County?

Members of the Whatcom CHW Network discussed and explored key words from the APHA’s definition of community health workers: **community, health, public health, trusted member** (of the community served), and **unusually close understanding** (of the community served).

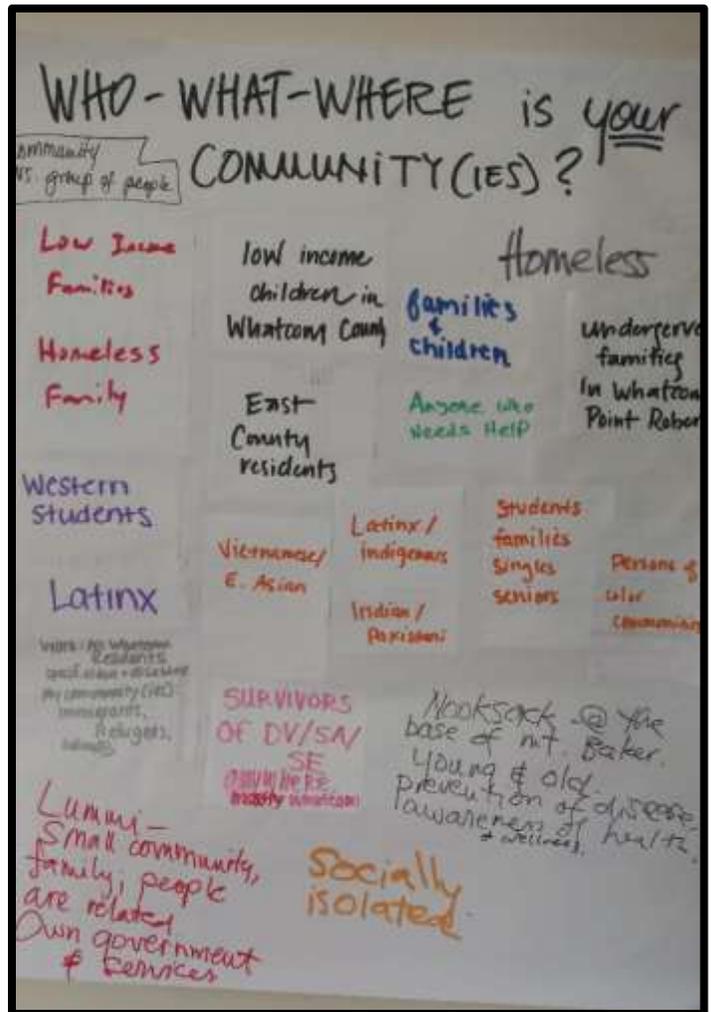
This is not a “consensus statement.” We have differing opinions and perspectives on the meaning of these words.

Community (in general):

- Finding connections with strangers
- Group with shared experiences and norms
- Who you’re close with (physically vs. emotionally etc.)
- Bond
- My neighbors/Birchwood area where I live, friends, family, aunts and uncles, mentors
- Your neighbor (residential or work place)
- Your surrounding area
- People you have an affinity with, like through career or work
- A sense of belonging
- Reciprocal relationships

Community (specific communities we work with):

- Homeless
- Anyone who needs help
- Homeless families
- Survivors of domestic violence/sexual assault/sexual exploitation – anywhere, mostly Whatcom
- Low income families
- Families and children
- Low income children in Whatcom County



- Students, families, singles, seniors
- Vietnamese/E Asian
- Latinx/indigenous
- Western students
- Latinx
- Underserved families in Whatcom; Point Roberts
- Persons of color communities
- All Whatcom residents
- Immigrants, refugees, Latino/@
- East county residents
- Nooksack tribe: At the base of Mount Baker
- Lummi Nation: family, people are related; our own government and services



Trusted member (of the community served):

- No ulterior motives
- Well established relationships
- Collaborative leadership
- With knowledge, with skills
- Who determines trust?
- Am I publicly known?
- Non-judgmental
- Open, empathic and transparent
- Respect (mutual)
- Lives in the area
- Establishing trust by following through
- Only gathers information that's "need to know"
- Working for a health clinic – does reputation matter?
- Trusted individuals and/or trusted organizations
- Having someone who understands your experience first hand
- Dependable and knowledgeable
- Build a bond by listening; "soundboarding"
- Historical trauma makes it hard – add to distrust
- Who are you? Where are you from? Who's your family?

Unusually close understanding (of the community served):

- Based on lived experience
- Immersion: training, stories, shared experiences
- Shared experiences
- Not overtly political but has clear interest areas
- Does not formally work for a community organization
- Uniquely close
- Lived experiences, "they thru _____." A LOT of exposure with community (authentic exposure); you got a presence
- Understanding the needs
- Understanding common barriers and resiliency

Health

- Personal balance
- Integrated wellness
- Intentional living/doing
- More than physical
- Not just absence of disease but best-self
- Well-being
- Mind, spiritual, physical, social, body = health (inside/outside)

Public Health

- Health for all – more than one person
- Social determinants of health
- Serving a group or a geographic area
- Healthy nation
- Policy based disease prevention
- Access/accessible
- "Research-y." Reducing "bad"/improper behaviors to reduce expenses of healthcare
- Air quality, safe and affordable housing, affordable and accessible food, infectious disease
- Mental health support, job and wage quality, medical and dental clinic accessibility, family planning
- Community wellness
- Any organization that works on community wellness
- For the good of the community
- Legislative aspect
- Reactions, guarding

