

Whatcom Community Health Workers' Network
Convened by the Whatcom Alliance for Health Advancement
November 30, 2018
At Nooksack Health Center in Everson

Present:

Name	Organization (if any)
Victoria Joe	Nooksack Health Center
Alison	Nooksack Health Center
Brooke Eolande	Domestic Violence and Sexual Assault Services (DVSAS)
Rochelle Hollowell	Whatcom Family and Community Network
Marcela Suarez	Sea Mar CHC – Promotores Program
Oscar Alcon Cristobal	Sea Mar CHC - Promotores Program
Australia Cosby	Whatcom Alliance for Health Advancement
Molly Benedetto	Whatcom Alliance for Health Advancement
Megan Stephenson	Unity Care NW
Rebeka Carr	AmeriCorps/Whatcom Alliance for Health Advancement
<i>Lara Welker (WAHA Convener)</i>	

Welcome and Introductions

Lara welcomed the group and thanked Victoria and the Nooksack Health Center for hosting the Network today.

“Spotlight” – Nooksack Health Center:

Victoria and Alison described their roles at Nooksack:

- Victoria is the Community Health Representative (CHR) supervisor; there are currently three CHRs, with a fourth one out right now.
- CHRs are the “eyes and ears” of the clinic, which provides primary care to enrolled Nooksack tribal members living on the reservation. CHRs work mostly with Elders, and also provide transportation to appointments for both Elders and younger community members.
- There are about 2,000 enrolled Nooksack tribal members.
- Victoria mentioned she and other CHRs attended the 50th Annual CHR Conference in Oklahoma. The [Indian Health Service](#) started the CHR program in 1968, so the model has been around a long time.
- Victoria noted that there’s concern that funding for CHRs nationally could be at risk under the current administration. CHRs are being very careful to document every single thing they do with clients, in order to show that they aren’t just a “taxi service” in case funding for CHR programs is jeopardized.
- Alison is the clinic’s public health nurse. Similar to CHRs, she does outreach and home visits and helps people with food, heat etc. (the social determinants of health) as well as more clinical needs.



Updates and Resource Sharing:

- Rochelle announced that the Whatcom Family and Community Network (WFCN) is going to continue offering training on Adverse Childhood Experiences (ACES) and resiliency. There is a 3-hr training for professionals, and also a train-the-trainer model which they have been doing in English. They are looking for English-Spanish bilingual people to help create and teach the train-the-trainer classes in 2019. Marcela expressed interest in this and she and Rochelle talked after the meeting.
- Marcela and Oscar described Sea Mar's Promotor de Salud program, which has been in place since 2009. The program provides medical and dental services to migrant and seasonal farmworkers in Whatcom and Skagit counties, mostly in camps. In some cases, people seen at these clinics are receiving primary care for first time in their lives. The program also does flu immunizations, TB screening, and health education in culturally appropriate ways.

There is a small group of promotores (Oscar is one of them) who are an important part of the clinics and other outreach (they aren't Sea Mar employees but receive compensation for some training and meeting time). Some of the promotores speak one or more indigenous languages from Mexico or Guatemala, in addition to Spanish and English.

The program has also been doing a big mapping project, looking at where migrant and seasonal farmworkers lived originally, the routes they've taken to get to this area, and crops and seasons for planting, harvesting or other agricultural work. So far, they have identified 16 different indigenous dialects.

Marcela noted that there's a significant number of Punjabi and Russian-speaking agricultural workers. Sea Mar is looking for a Punjabi promotor/community health worker. Rochelle suggested a person; Marcela and Rochelle will be connect after the meeting.

WA Department of Health CHW Taskforce;

Marcela is part of the state Department of Health (DOH) CHW Task Force that is starting up again to look at CHW education and training. In 2015 this state-wide Task Force worked together and created a report ([executive summary here](#)), and now it's getting back together to develop recommendations to the WA State Legislature about CHW training and education. There are about 50 people on the Task Force and about 18 of them are CHWs, including Marcela. The Task Force's first meeting is Dec 11, and there will be a total of five meetings December-April. Marcela stated the Task Force will be especially focusing on **HOW** CHW training should be provided.

Through brainstorming and discussion, the group created two lists related to CHW Training and Education:

1) WHAT -- topics/content/skills the training should include

- Cultural sensitivity
- Cultural humility
- Adverse Childhood Experiences
- CPR & 1st Aid
- How to navigate the health system

- Self-awareness training
- Burnout – ways to help prevent it and handle it
- Moral distress – what it is and how to deal with it
- “Walk in their shoes” – understanding other people’s experiences, views, where they are “coming from”
- Trauma and trauma informed care
- Advocacy training (specific to domestic violence and sexual assault)
- Understanding and respecting the power balance between the CHW and client
- Infection control – handwashing, how to cough
- Symptom of some common diseases (diabetes was mentioned) and treatment options
 - NOTE: Some people thought disease information was important; others said it wouldn’t be relevant to their role.
- Motivational interviewing (including and respecting culture).
 - NOTE: There was discussion about what motivational interviewing is and how it’s used. Different people had different experiences with it, some positive and some negative, for example if it’s about the “teacher’s” goal or pushing people to do things. This raised the question “Who is it really intended to help?” The CHW (to get the client to think a certain way or do a certain thing)? Or the client (to help them get insight into themselves, or a health issue, in ways that might be helpful to them).

2) HOW – the best ways to deliver the training to people

- Stories about experiences that are “best practices”
- How to teach other people (train-the-trainer)
- Language and cultural appropriateness
- Have a “core” training for all CHWs, and then optional specialized training for people who want it
- Use more audiovisuals – less text/writing
- Popular education
 - NOTE: This is an educational methodology (pedagogy); here’s a [short introduction](#).
- Conversation maps – Alison described how these can be helpful in health education with clients.
- How to learn/understand what people that CHWs work with know, do, care about. How to ask the right questions.
- More in-person, less on-line. On-line training is an access issue for people who live in areas where there isn’t web access. Also, it doesn’t work with some people’s learning style.
- Inclusive – accessible to people who speak other languages (including ASL for people who are hearing-impaired), are from other cultures, or have different world views.

Lara will send out this list for CHWs to add to, with a deadline of Dec 7th (so Marcela can take the information to the first Task Force meeting on Dec 11th).

CHW Network Purpose

The group decided to wait until the January meeting to review this to allow enough time to talk about training and education.

Next meeting/next steps

- The CHW Network will keep meeting on the 4th Friday of the month, 9-11 AM, in 2019. Some people said they liked meeting in different locations.
- The next meeting will be Friday 25th.