

Whatcom Community Health Workers' Network

Convened by the Whatcom Alliance for Health Advancement

May 24, 2019

At the Northwest Regional Council

Present:

Name	Organization (if any)
Katy Hetterle	Molina Healthcare
Laura Reardon	Unity Care NW
Derek Delvalle	Unity Care NW
Julie Donath	Mercy Housing/Eleanor Apartments
Stacy Malone Miller	NW Regional Council
James	NW Regional Council
Hadrian Starr	Compass Health
Mary Jo Durburo	Arc of Whatcom
Rochelle Hollowell	Whatcom Family and Community Network
Christy Vega	Sea Mar/GRACE Program
Molly Benedetto	Whatcom Alliance for Health Advancement
Megan Stephenson	Unity Care NW
Lizset Bigelow	Fred Hutchinson Cancer Research Center
<i>Lara Welker - WAHA Convener</i>	

Welcome and Introductions

Lara welcomed the group and thanked Stacy and James for hosting today. Group members introduced themselves (following the Spotlight, they also tossed a beach ball to each other and everyone responded to one of the interesting questions written on it).

“Spotlight” – Northwest Regional Council – shared by James and Stacy

The Northwest Regional Council (NWRC) is a large agency with over 100 staff members. James reviewed the main program areas:

- **Aging and Disability Resources (ADR)** – provides information and referral on topics such as in-home care, medical insurance, housing, etc. Many people call ADR and James described it as the “door” to the agency. James, Caitlin, Heather and Kelsey are ADR staff and the people who will answer the phone if you call!
- **Family Caregiver Support** – supports unpaid family caregivers with training, respite care and other resources.
- **Health Homes** – a state program for people on Medicaid with chronic disease and/or complicated health problems. Each client has a Care Coordinator who visits monthly and helps with clients with a variety of needs. There are about 20 Care Coordinators in Skagit and Whatcom County.
- **Case Management** for older adults and people with disabilities. Clients must be living at home and in either Community Options Program Entry System (COPES) or Medicaid Personal Care

(MPC) which are both long-term care programs funded by DSHS. This program is less intensive than Health Homes, with clients generally getting annual, not monthly, visits. Clients can be eligible to be in BOTH Health Homes and Case Management.

- **Tribal Outreach and Assistance** – includes helping Elders get culturally appropriate care in their homes, and support for tribal caregivers. It also includes Wisdom Warriors, which is a version of the Chronic Disease Self-Management Program that is culturally tailored for tribal communities. Becky Bendixen is the contact person for this program.
- **Medicaid Transportation** – can provide transportation for people with Medicaid if they have no other transportation options to get to health care. There are several important details about this program: 1) transportation must be to an appointment for a service that is covered by Medicaid; 2) It will be the “most appropriate, least costly” transportation option; and 3) It will be to the closest provider of that type. For example, if a person lives in Bellingham and needs to see a cardiologist, the program could pay for transportation to a cardiologist in Bellingham, but not in Seattle (unless by special referral). Stacy clarified that these limitations are set by Medicaid funding, not created by the NWRC.

Whatcom CHW Network Coordinating Committee Report/Discussion

The group reviewed the draft Charter for the Network, discussing points that were unclear or didn't feel right and revising as needed. Please see pages 3-4 of these minutes for the draft with the edits the group made.

The group approved CHW definition that is included in the Charter (it was created by the American Public Health Association and endorsed by the WA CHW Task Force).

The group approved the Charter with changes as noted.

Updates/Announcements/Sharing

- Molly shared that WAHA is convening a new LGBTQ group to address health care barriers and issues affecting access to and quality of care.
- Rochelle announced that there is a new effort underway to create a single “one stop shop” database of community resources, rather than having several. The group is meeting June 10, and right now it's just “resourcing organizations” – those that primarily do information and referral and already have resource databases and/or lists.
- Derek stated that the CHW position at Unity Care NW is still open; he will send out the information to the Network again.
- Appreciation was expressed for Molly – this is her last meeting because she's headed back to Montana and will be starting medical school.

Next meeting/next steps

The next Whatcom CHW Network meeting will be **Friday, June 28, 9-11 AM** at Sea Mar Community Health Center in Bellingham.

PROPOSAL - DRAFT - PROPOSAL - DRAFT – PROPOSAL

Edits from the discussion at the 5/24/19 CHW Network meeting

~~Yellow strike out~~ = deleted words

Green highlight = added words

WHATCOM ~~CHW~~ COMMUNITY HEALTH WORKER NETWORK CHARTER

Who are we? What do we do? Who do we serve? How is our group run?

We are a network of Community Health Workers (CHWs), which are defined in Washington State as

"... a frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served. This trusting relationship enables the worker to serve as a liaison/link/intermediary between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery."

Titles could include Promotores, Community Health Representatives, Faith Community Nurses, Peer Counselors, Resource Navigators, Family Liaisons, Community Connectors, Community Health Advocates, Care Coordinators, Case Managers and others. All are considered CHWs if their role meets the definition.

1. Network Purpose

We work toward growth and unification of CHWs in Whatcom County by:

1) Supporting CHWs

- Build understanding of the many different CHW roles and how they fit together can collaborate.
- Develop connections among CHWs so they have a wide network of people doing similar work, and know the resources available for clients.
- Recognize and elevate the role of trusted community members as CHWs.
- Help CHWs get education and training that increases their knowledge and skills.

2) Helping organizations better serve our communities

- Drive organizations, programs and services to strengthen relationships and coordination to better serve clients.
- Expand organizations' outreach capacity to serve more people outside of clinic or program settings, rather than expecting clients to go to them.
- Be a link/bridge between leaders and real people in the community so leaders hear personal stories in addition to data.

3) Engaging in advocacy

- Provide opportunities that empower clients and communities to assess and speak about their true needs.
- Create two-way communication between Whatcom CHWs and the CHW Association of WA State.
- Advocate for legislative and other local policy changes that support CHWs and their communities.

2. Meetings

- General meetings are held monthly. on the 4th Friday of the month from 9-11 a.m.

- The meeting locations are rotated among the Network members.
- The meeting minutes and the location of upcoming meetings are posted on the CHW webpage <http://whatcomalliance.org/chwnetwork/> on the Whatcom Alliance for Health Advancement (WAHA) website.
- Meetings are open to all. However, guests who wish to make a presentation to the group must seek approval from the Coordinating Committee to be added to the agenda.

3. Membership

- All self-identified CHWs may attend meetings and be on the Network Contact List to receive information about meetings and other Network communications.
- Allies (supervisors, managers, consultants, interested community members, etc.) may also attend meetings and request to be on the Network Contact List.
- The Network Contact List is made public via the CHW webpage of the Whatcom Alliance for Health Advancement, and lists the person's name, role/title, organization, and email address.

4. Leadership Structure and Decision-Making

The Whatcom CHW Network has a Coordinating Committee (CC), which is a committee of *service to, not power over* the Network. No decisions are solely made by the CC, without input from or criteria set by the larger group.

CC Membership:

- Five seats.
- Community Health Workers. ~~only.~~
- Self-nominated.
- One-year terms.

CC Role/Responsibility:

- Set the agenda for the general meetings, with input from ~~all~~ members.
- Consider requests from outside people and organizations to do presentations or be on the general meeting agenda. Approval will depend on if the request aligns with the Network, other agenda items or meeting priorities, etc.
- Facilitate the general meetings.
- Act as the thread of ideas and momentum between general meetings.
- Have a bird's eye view of the Network's purpose, goals, and growth.
- Identify issues and concerns, and bring them to the general membership for discussion and decision-making.
- If requested by the general membership, research issues or discuss them more in depth, then return to the full group with more information or a proposal.
- Guide the membership in growing and unifying our CHWs. For example, the CC will research ideas for outreach and recruitment to general members and employers.
- Ensure ongoing, reciprocal communication ~~between~~ ~~among~~ the Whatcom and statewide networks, the Washington State Community Health Worker Association (WACHWA), and other relevant work at the state level.

5. Backbone Organization

The Whatcom Alliance for Health Advancement (WAHA) serves as the Network's "backbone" or supporting organization. WAHA started the CHW Network in April 2018, and continues to support it with facilitation and convening services. The Network emerged from WAHA's 2017 community health worker assessment, which found ~~out~~ that though many organizations had staff doing some aspect of CHW work, there was no local structure to support CHWs, facilitate training or capacity building, or advocate for a collective CHW voice.