Community Health Worker Task Force
October 22, 2015 Meeting Summary

Biggest issues:

- Whether CHWs would do "direct service" or not, and if so, what were the implications, such as professional overlap and skill setting, in a clinical environment
- Whether the CHW name would include specific reference to Tribal Community Health Representatives, Doulas and Promotoras; and what would be the implications if the CHW name did or did not include those specific titles and others. Implications included the sense of inclusiveness, recognition and payment options such as Medicaid payment.
- Whether the overall process was responsive enough to the task at hand, and how to accomplish the work inclusively and thoughtfully within the allotted time.

Overall process for the day:

- In addition to the in person meeting from 10 – 3 at Heritage College in Wapato there was a webinar format planned from 10 – 10:45, with some 16 signed in. During the webinar time the task force heard the report out from the Roles and Skills work group that had met between the August initial convening and the October task force meeting. The task force participants then were divided into discussion groups. Those groups discussed each of the three documents they had been sent October 19. They each reported back to the task force participants on whether they were ok with the documents or there were parts of a particular document that they could not live with. Then the group as a whole discussed wording and came to overall agreement, with some dissentions. Wording was going to continue to be finessed and sent out to the task force for further consideration.
- The task force had a brief summary of how its work related to the Healthier Washington and had a reminder of the charge of the task force to come up with actionable policy recommendations by December 18.
- The task force then moved to small group discussion of how CHW education and training could support the skills needed to do the roles that had been discussed and proposed. These small group discussions and the report outs to the task force participants that day were intended to help inform the Education and Training work group that is planned to meet November 12.

Overarching Themes of CHW Task Force Meeting on October 22, 2015
CHW Training and Education

Overarching Principles

- Create an equitable learning structure, making sure training/education programs are accessible to all (e.g., cost, time commitment, travel)
- Create a training/education system that opens doors to other opportunities (e.g., stackable certificates that can be applied to a degree program).

Content:

- Involve CHWs in curriculum development
- Include subject matters relevant to the CHW roles and skills document produced by the CHW Task Force
- Include core competencies and additional training opportunities (e.g., specialization, multiple levels).

Teaching Methods:

- Build on CHW knowledge base and experience
- Use experienced trainers, people who have intimate CHW experience
- Be culturally appropriate to how CHWs learn and communicate (e.g., mentorship style)
- Respond to adult learning styles and use popular education approaches and Dinámicas
- Use a combination of direct instruction and experiential learning.
- Materials respect oral traditions and use multilingual methods

Assessment:

- Test for capacity/competence
- Use nontraditional assessments (e.g., skill demonstration)
- CHWs who provide direct care must be certified to provide that care

Other Issues:

- Educate providers and employers about the value of CHWs and ways to effectively integrate CHWs into their systems
- Education/training of CHW supervisors is as important as training CHWs

Flip Chart Notes from CHW Task Force Meeting October 22, 2015

Education and Training Detail from End of the Day Report Out

Cultural Attunement/Approaches/Relevancy Criteria

- Style Flex
    - Trainers
    - Materials
    - Structure/Style
        - Experiential
        - Participants
- Build on Knowledge base and Experience
- Employers Trained as well to know how to best have their needs met while meeting those of employed
    - Assessment of Trainings:
        - Constant feedback loops
        - Assess equity of learning structure for all levels

Training Program Criteria:

- Accessibility
    - Cost
    - Timing & Schedule
    - Childcare
    - Affordability
- Time Traveled
- Relevant to Roles & Skills identified by the task force
- Culturally appropriate to how CHWs learn and communicate
- Best practices of Adult learning
    - Methodology "Popular Ed Model"
- Experienced Trainers
    - CHWs and those who have intimate CHW experience
- Ability to engage student, audience, …honoring experience
- Adaptability for engaging skills of diverse groups
    - Doing training w/o location of computer

    - Addressing training needs/styles
- Testing for capacity… competency… cultural traditions… not just multiple choice tests.
- Teach assertive communication and leadership skills
- Materials respecting oral traditions and language in multilingual methods and training
- Training reflecting communication values
- Positive success assumptions
- Produce cultural agents for change.
- Building on CHW knowledge and experience base.

Solutions

- Share specific issues/themes from workgroups
- CHWs on phone conference call to report out on subgroup work.
- Support team will infuse info and feedback into process
- Members take back to stakeholders
- Task Forces become Coalitions
- Another feedback loop for document – 1 week deadline

Afternoon Small Group Discussions

Group #1: How does Public Health and Healthcare Delivery systems need to change to fully realize the value of CHWs?

- Rural Health: transportation/home visits
- CHW from Clinic to Community
    - **a value for CHWs in the Home
    - There is a need/want for Direct Service
    - Individual face to face
- Training/Educate Workforce – Value of CHWs working with CHWs from the community and Outward
- Storytelling of CHW work to influence audience
- Another way to qualify the work of CHWs
    - ROIs… Document Work… How? When? Why?
- Need innovative ways for Outreach… Volunteers?
- System Change for Outreach

How does the system change for support?

- Trainings for in-reach
- System barrier: System does not support culturally competent ways to engage within the community. Ex: Food for meetings/gatherings
- Clarification of language: Inclusive of roles.
- Data documents ROIs… Data not comprehensive
- Technology: different formats
- Gap in information: Where are CHWs? How do you locate CHWs? How do providers find CHWs?
- Frustrations: CHWs need to be included at the table and decision-making.

Training the Healthcare System on CHWs

- Value
    - Data… including CHW data and input
    - Storytelling
    - Reach individuals culturally competent… Food!
    - Hours outside of 8-5pm
- CHWs voice of community/residents
- System acknowledging communication needs.

- Person centered goals
- System allowing space for CHWs
- Clear path to connect CHWs back to healthcare
- Leverage points for CHWs
- Public Health/Healthcare

How is region going to use CHWs?

- Communities driving their Healthcare!
- Regional Silos come together… working together.
- Space for CHWs
- Value direct access with community.
- Building partnerships with community organizations.

Systems – Evaluate: $ subsides/Public Health outreach

- Communicating
- Healthcare building partners with folks doing the work
- Changing the value proposition with the Public Health and Healthcare delivery system

Group #2 Workforce: What kind of education, training and support is needed to strengthen CHWs ability to perform the roles and skills identified?

- Consider how to train or support folks who manage/lead/support CHW's
- A good supportive leader/manager can make all the difference.

Additional Considerations:

Criteria:

- Ability to continue wide spectrum
- Core Competencies of CHWs for training

Statement:

- CHWs can be self-organized which means employed by themselves not just employed by clinics, hospitals.

Criteria:

- Training includes experiential practicums/preceptors/mentors and job shadowing
- CHW involved in curriculum development
- Should be training for employers to know how/when to best fit in.

Training Assessment: Metrics, ideas, etc.

- Is learning structure equitable?
- Self-assessment -- skills people bring to job
- Experience gears for different levels of training
- Write narrative descriptions
- Interactive time frequent assessment/check in during day from all in group…
- Preceptors
- Apprenticeship assessment
- Nontraditional Assessment adaptability
- Practice show skills
- Participatory
- Dinámicas
    - Reputation and skills of teacher
- Have current or former client do assessment

Trainers need to build on knowledge base & experience

Mentorship style training

Group #3 Education

- Maternal/Infant Health
- Strength based… Fill Gaps
- Personal Assessment
- Legal rights (migrant)
- Cultural diversity
- Motivational interviewing
- Communication Skills
- Boundaries – Role and Professional – Ethics, HIPPA, confidentiality rules
- Interpersonal
- Resource knowledge
- Cultural fluidity
- Government programs and contracts
- Personal safety
- Document skills
- Tech Skills
- Clinical knowledge – systems
- Part of clinical Team Training
- Facilitation/ Presentations/ Public Speaking
- Mandated reporting
- Racial Justice
- Disease – (Blood Borne, Pathogens. Chronic disease) knowledge and management
- Self-Care
- Time management and organization skills
- Mental Health, first aid
    - De-escalation skills
- Developing networks
- Methods: Popular Education; from empowerment
- Standardized format (pop ed: like Oregon cert process)
- Public Health principles

- Social determinants of Health
- How to conduct a survey
    - Marketing research tools
        - Surveys
        - Focus Groups

How:

- In person by employer
- Certificate or not?
- Continuing Education credits
- Field trips in systems/programs
- CHWs need to be at the forefront of leading education
- Core Competencies
    - Additional modules
- In future – if stackable certificates leading to AAs and/or Bas
- What are minimums across documents we finished this morning???
- Certificate vs Certification
    - DOH training
- Trainer/educator has CHW background/knowledge
- Minimize barriers to keeping CHWs and potential CHWs from work
- If CHW provides direct patient care… MUST be certified to provide that care.

Themes from Training/Education group

- Further their education
- Not make education a barrier
- Starts with us
- Self Care
- Training mechanisms/trainers need to be related to CHW experience or be CHWs