

CHW Task Force Meeting #1

December 11, 2018 – Meeting Minutes

Welcome and Introductions

Activity - Who you are, I dream of living in a state where CHWs are ____? (All write a statement on a sticky, share it with the group then attached to a large poster.)

- Me gustaría que las Promotoras tuvieran los fondos suficientes para poder llevarles la información a los trabajadores de la agricultura. Porque a muchos, sentimos que necesitan estas informaciones o entrenamientos.
- More abundant in our community
- Hired as a great asset
- Effective in bettering outcomes
- Included in the decision making process in an equitable and inclusive fashion
- Essential and valued team members and leaders who link people to support community services to live their healthiest lives
- Empowered, flexible, and able to adapt and accommodate the unique needs of their community
- Recognized nationally for work they have been and are doing now as an organized body to move the needle on equity
- Fully resourced and supported, appreciated, and collective experience recognized as the asset
- Work with POC groups to advocate for care and are a voice working with families in transition coming out of prison and jail
- A valued, essential and seamlessly integrated member of a whole health care team in every healthcare and social service setting across WA State.
- Respected and considered the norm and part of the team (e.g. health, education, organizations, etc.)
- Paid a living wage
- As common as Starbucks
- Well respected and well paid
- Understood and valued
- Recognized for the services/job in the community
- Are appreciated and fairly compensated
- Acknowledged, respected and used to our full abilities
- Embraced, fully supported, and holistically happy
- Integrated, essential, and valued
- Considered an essential part of the healthcare team
- Valued partners in care teams supported with culturally appropriate tools, resources, policies, systems to do their work
- Heard, valued and recognized for the unique and essential role they play in supporting the health of all community members in particular those community member who would otherwise not be reached.
- Are recognized, valued for the diverse contributor to health care
- Recognized for their work and paid by Medicaid so CHCs could use them even more

- Not isolated due to lack of formal education or degree
- Valued
- Reimbursable provider type with excellent training and continuing education advancement opportunities
- Recognized as professional, paid, respected, given tools to grow, funded, and integrated in all types of the medical field
- Available to all communities, funded well and paid for their value
- Respected part of treatment teams for both physical and mental health
- Valued, compensated, respected given professional tools and education, equitably employed, both rural and urban.
- Necessity, presenters of the community, the main key of unlocking the future door for the success of the community
- Recognized and valued
- Recognized, organized and appreciated
- Connected by communication and in spirit, respected, acknowledged, compensated

Emerging Themes from morning introduction “I dream of living in a state where CHWs are”

1. CHWs are essential part of team (Integrated in care teams)
2. CHW training and education is consistent
3. CHWs are recognized and employed as valuable
4. CHWs are respected empowered acknowledged for wisdom
5. CHW wages and salaries match that respect
6. CHW services become reimbursable

Activity - Get up and find somebody you don't know. Share your reason for getting into this work. You will share back what that person told you.

Ground Rules

Things you hold yourself to and things you expect from others. If you need someone like DOH to leave the room so you feel comfortable sharing, that can happen

- Honesty
- Confidentiality – What happens here stays here. Please don't share specifics on behalf of others.
- Practice being open minded, don't come with your own agenda
- Acknowledge our differences and respect them
- If you need to step out please do (phone calls, bathroom, etc)
- Give time and space to express our views and thoughts
- What makes us powerful as CHWs can be a barrier in a professional setting - compassionate
- Agree to disagree – if you don't agree and the rest of the group does, do not let that keep the work from moving forward
- Encourage others to speak up
- Parking lot so we don't derail the group
- Listening with respect
- Be kind to one another
- If there is an uncomfortable topic, we can have secret ballot voting

- Trust and respect the process. Things can get messy while we are in the middle of this work.
- Dealing with frustration – recognize the long term goal
- We are in this together
- Value each other's time

Adopting Ground Rules - Thumbs up to sign up for all ground rules, thumb to side if ok, thumb down if you can't sign up

- **Participant Thumb to side.** Comments: We have CHWs in room, organizations being paid, and a lot of state workers. We need to decide on something that is equitable for the voting. The majority of people here are not CHWs or Promotores. We need to center the CHWs in this process. I am concerned about who is allowed to vote.
- **Action: We will hold this topic for later when we look at decision making.**
- All participants need to sign the ground rules sheet in the next 2 hours.

Welcoming Remarks

Anne Farrell-Sheffer

- Welcome
- Introduce Secretary John Wiesman

Secretary John Wiesman- DOH

- Recognize all who were with 2015 CHW Task Force – Thanks to all
- Legislature directed DOH to develop guidelines on CHW Training and Education – this Task Force overlaps with the legislative session – work is incredibly important.
- Developing guidelines, training, for CHWs by building on work of last task force
- Key partner is Health Care Authority – introduce Sue Birch

Sue Birch – Director of HCA

- As a former nurse, with experience working with CHWs, we want to de-medicalize the industry [CHWs] CHWs address the over medicalization of the industry
- Since the 2015 Task Force ACHs have been involving CHWs and are interested in supporting training and education for CHWs
- CHWs can help move the Medicaid Transformation goals
- Trained and educated CHWs will improve health outcomes, quality of care and save money which supports the triple aim of the ACA
- Build workforce that looks like communities they serve
- Introduce June Robinson

Representative June Robinson- 38th Legislative District

- Thank you all for stepping up – taking time out of your life for this work
- Everyone is now talking about CHWs
- Your work is to define education and training needed for CHWs without losing the heart and soul of what CWs are – how we get people to make changes in their live
- Have courageous conversations
- You are the only ones who know what this [need for training and education] is
- If we can't decide this, others who are not in this room will decide it for us.
- Encourage you to work hard to come away with one voice

- Sponsored previous bill on CHWs that died. It was not the right time but secured proviso funding to reconvene this taskforce to continue the work.
- This won't be the end. We will feel at the end we haven't scratched the surface. We will find a way at the end to continue this work. Thank you all

Review of the 2015-2016 CHW Task Force / On-going Work

Molly Morris and Michelle Di Miscio- CHW Task Force 2015 results

- The shared definition of a CHW helps others understand who we are.
- There are skills that everyone agrees a CHW must have, but no one CHW needs to have all of them. The skills are chosen by the employer and the community.
- DOH has a great training but it doesn't meet all the needs of CHWs.
 - They have invited us now to share what CHWs need for training
- Not just about educating CHWs but also educating systems and organizations about CHWs
- Deeper dive to figure how the **How to Teach** –you are the experts in the room
- We will come up with recommendations – that's our work
- How to supervise CHWs, participate as member of a team
- Education 'Kit' explains role and value of CHWs to non CHWs
- Get success stories out
- Large forums to show all stakeholders the positive outcomes of CHW efforts
- Forward progress has been made on the different networks across the state (I'm not sure what the participant is referring to here)
- Migrant health forum was a success
- HCA website has the Executive Summary of 2015 Task Force. [Full report.](#)

Rooting the Process in Health Equity

Equity Conversation Comments / Feedback

- Need to recognize we have communities we don't reach at all and aren't represented here. Re-entry population coming out of incarceration needs help. Also the young population of opioid users.
- Whole health needs to be addressed, not just one part of their life
- Appreciate comments. We need to bring other stakeholders to the table, like WorkSource, public schools, work with non-college bound students
- Gentrification is not just something that happened in the past, it's still happening now with migrant farm work housing
- Acknowledge the previous generations who have done this work. Moving forward with everyone, not just whiter and more sterile

How We Make Decisions

Activity - Participants Re-arrange selves so all tables have health systems and CHWs at the table.

Questions:

- What are the 3-5 most important thing to you about how this group will make decisions?
- Keep in mind: What is the end point of this process? The end point is a set of recommendations that will hopefully make the changes you want.

- Recommendations to influence legislation
- Constraints for attendees
- Timeline (leg session)
- Scope = Training and Education
- Outline goals and intent of how we will make decisions, not the tactics we will use

Activity - Single Issue Bingo - Yell Bingo when one of your goals has 3 stars beside it

Group Bingo/Intent Statements (Priority)

1. **CHW driven decision making**
2. **Timeline and constraints**
3. **Everyone's voice in the room**
4. **Full disclosure**

Table Notes- Group 1

1. Know the Timeline to prioritize
2. CHWs drive the decision making process
3. Want to include CHW voices that are not in the room
 - Want to reach out to local CHWs and volunteers and share our work with the Task Force, get their input and bring it back to task force
 - 4. DOH and Healthy Gen – explicitly state your role in this process and not drive decision making. We should get DOH and HGs input but hold back from those 2 organizations from decision making
5. Make informed decisions with all information

Group 2

1. Every member of task force is invested
2. If CHWs drive decision making
3. Keep benefit to community at the center of our decision making

Group 3

1. Experience, equity, includes race, culture, geography, urban, rural, etc. – that equity needs to be considered first
2. Make sure to create space for conversation around assigning value of things discussed
3. Need background data. Need to know more about what other CHW educational systems are in place now
4. We want information from decision makers. If we don't come up with a plan that is approved by legislature, what will they do in absence of that? We want our decisions/recommendations to get through the legislative process

Group 4

1. We need to consult communities throughout this process making sure we reflect what our communities need
2. Value past trainings
3. Analyze material through different lenses vs just health care lenses
4. CHW decisions are preliminary
5. Disclose any conflict of interest
6. Do not let details hold back the timeliness of report

Group 5

1. Initial brainstorm of principles and values
Communicate back to communities – bring all voices to the room
2. Navigate through subgroups
3. Base decisions on quality, equity and education

Group 6

1. CHWs voices – only voters
2. Create space for dialogue and prioritizing
3. What are legislative ramifications and feasibility? We need to hear those voices
4. Pay attention to who is and who is not in room
5. Cultural and geographic equity
6. Full disclosure and all voices in the room

Group 7

1. Think inclusively. We table our thoughts and view work as a community
2. Remember we are small subset of large population (all of Washington). We represent lots of groups Self- awareness – all have biases – play a role in decision making
3. CHW needs to be primary voice or weighted voting – giving CHWs vote more weight
4. Prioritization of identified education and training needs
5. Sustainability – adaptable to broader CHW curriculum

Group 8

1. Add value to diversity of populations CHWs serve
2. Honoring the past what has already happened is recognized
3. Is inclusive and recognized Promotores, CHWs without formal education
4. Agree this is living breathing process that supports the entire state
5. This is a living process take this information back to community and allow them to have opportunity to be a part of this process

Tactics:

CHW Driven

- Have a large group of CHWs go to Olympia during a hearing
- Task CHW subgroups
- Breakout groups (focus) by type – CHWs, Systems, Gov, etc. CHW at en table
- Weighted Voting
- Town hall like virtual meeting to provide the information to the CHWs not in the room to then gather their feedback and bring it back to task force
- Have all CHWs stand up during the thumbs up/thumbs down voting
- CHW group discussion – separate from res of group; elevated, separately (same times first?)
- Medical system needs to integrated enough for clarity
- Invite more CHWs to Task Force in the room or via technology – conference call, webcam, etc)

- A way to flag most important task force information/communication when timeline is tight
- When appropriate create and provide draft of feedback for CHWs and community review
- Ethic that CHWs speak first, unless it's already happening - hold to that ethic.
- Advocacy training

Timeline

- Can timeline just be given to us?
- Obtain timeline and deadline of when information needs to be achieved by
- Timeline of constraints, materials sent far in advance so come to meeting prepared to make decisions
- Timing of decisions
- Chat room posting online for Q & A, ongoing, FB page/What's up website
- Agenda 2 weeks before task force meeting to share with community

Full Disclosure

- Identify all the players in support or opposition
- Make sure everyone knows about the community conversations that are happening across WA regions
- Legislature 101 – how a bill is passed, lobbying and how it works
- Executive Summary
- The other Senate Bill - What are we dealing with - Landscape
- It will be tailored made to support knowledge needs and wants of each community/region
- Work from the previous task force final product
- Email DOH staff with questions prior to meeting
- Preview Bills
- Everyone promise to call out “full disclosure needed” when there is a question or information needed
- Talking points for community members with timeline
- Allow community or people who can't attend to respond in writing /consistent format
- Invite legislators and decision makers to speak with task force
- Dedicate time during these gatherings to share background and foundational information including stakeholder and governing structures
- Address the concerns and stance of those in opposition

Everyone's Voice in the Room

- Ask stakeholder in our community
- Identify messages and outreach approach that will work with specific audience and/or stakeholder
- Speak in an organized and one voice as a group
- More community convening to get input on recommended decisions
- Open survey for feedback with language considerations addressed for decisions and prioritizing
- Identify stakeholders
 - Colleges

- Schools
- Nurses
- Doctors
- Laborers
- Advocates
- Rural clinics
- ARNPs
- Members of legislature
- Different ways to give input (ie: anonymous vote/input)
- Information in/out consistent format

Parking Lot

- Can we learn from other states?
 - Anne: In meeting #2 we will discuss that.
- Who is the opposition?
- What is the opposition from the last task force?
- We should put all that on the table.
- What pre-decisions have already been made?
- Why are we going through this process?
- What is the end result in mind beyond the leg request?
- Is opposition part of this task force? If they are lets figure out what the issues were so we don't repeat this in 4 years.
 - There wasn't really opposition, some were concerned, legislators had some rubs, Nurses did not come in with concerns, and Medical association expressed concerns.
- Last task force, as people were talking, there wasn't unity. There was an intent to create unity around education and training so there can be a vision. The intent here is to try to bring unity and address some of the things that were brought forward.
- What were the concerns? Are they written out? Is there detail?
- We need for enough information to make an informed decision.
- We need to know about this conversation and the reference June Robinson is making – what does that mean? We need answers to that.
- What's already happening around training?
- We want to avoid going down a path that won't be able to work.
- We don't want to do this all again and have opposition.
- Common ground was much closer that what it may sound.
- If we don't make a decision someone else will.
- We want copy of those 2 bills
- What is the difference between work that was done before and work we are doing now?
- What is the difference between last time and this time? How is this different than the previous Task Force?
- Who was the opposition and what were they against?
- What is predetermined?
- Background/Historical – information, debates, if not us than who?
- Why are we here? What is the goal?

VISIONS, GOALS, OBJECTIVES –

Also saved as separate working document (Task force comments in blue)

Goal (Short): To develop education and training guidelines (for community health worker in Washington state)

- To support CHWs in WA State in creating a path for growth opportunities
- To support path for growth opportunities
- Assess currently available education
- To Support
- Add “Driven by and supportive to CHWs in WA State” after “guidelines”
- Add “provided by past TF and leg proviso
- Vision - Add: intended outcome(s)

Goal (Long): To develop education and training guidelines, building on the work of the past task force, that provide employers the specificity needed to understand the skills they are hiring for and provides the flexibility and nimbleness core to the CHWs ability to provide community rooted culturally specific support. This is particularly important because CHWs work in multiple sectors, those that focus on individual patient care, to those concerned with population health, to those focused on community development.

- Add employers/”**organizations**”
- Include national core competencies for CHWs
- Include training of supervisors and Organizational readiness to support CHWs
- Add “informed by Regional Health Equity Councils, ASTHO, National Expert groups, health outreach partners,
- Add “DOH supported”
- Strike “employers” on line 2
- Add background
- Strike all but last sentence
- Add “flexibility to employers to be able to incorporate CHWs in a meaningful and sustainable way”
- Add “voluntary process that doesn’t restrict CHWs growth or employers ability to hire/train”

CHW Task Force Proviso Objectives:

1. Develop guidelines to ensure an inclusive, equitable process for sharing information and making decisions
 - Add “culturally appropriate”
2. Build relationship among task force members with an emphasis on cross-stakeholder connections
 - Who are cross-stakeholders?
 - What kind of relationship?
 - What does “emphasis on cross-stakeholder connections” mean?
3. Develop actionable guidelines for implementing training and education recommendations including:
 - Strike #3
 - a. Essential components of a what should be taught in a core training

- Are the objectives or goals in stone? No. We have the ability to change these as a group.
- What kind of relationship are we supposed to be creating?
- Add “voluntary”
- Need more time to brainstorm this
- I need more time to think about this and write down idea.
- Unclear what is meant by key organizations investment to training
- Can it be written in as provision that language does not honor existing workforce
- Short goal – develop training and guideline to support CHWs in WA state in creating a path to grow opportunities
- - b. How training and education should be provided;
- Add “varied training styles”
 - c. Key organizational investments to train, integrate and retain CHWs (such as organizational infrastructure, CHW coaching, and administrative support)
- Unclear who/what the organization is, no specific language
- This is a big ask for 5 meetings. I would like to see this better articulated with the limited timeline we have.
- Want to be sure CHW training and education is a voluntary process.
- Education and training should be flexible so is does not force employers into a situation they can’t sustain.
- What is the background information?
- How does the task force get to this point?
- Why is training the goal?
- Is it possible to improve the definition of a CHWs
- We need to agree to respect everyone’s opinion – uphold ground rules around respect
- Please clarify what this statement means - CHW training and education has consistency. It means “Include diversity in content and delivery”.
- Add D bullet “training that allows us to retire current workforce and grow in underserved areas”
- Add D bullet “Agree to adopt CHW Core Competencies to fit WA State needs”
- Develop information support for agencies to supervise CHWs
- Add “based on agreed core competency skills”
- Add #5 SWOT analysis
- Add #6 SMART goals, objectives and success measures
- Continued education opportunities
- Requirement for training? Will this be a barrier or have consequences?
- Define that the current training remains as the guideline for required training with a requirement to complete x additional course during a time period in order to remain relevantly trained as a CHW.
- Maintain free training

- Maintain online format for courses
- Adopt external courses for additional trainings
- The current system works, just create language to adopt it as the guidelines
- Add #4 – Provide employers . . .
- Add #5 – Community benefit focus/need that ensure equity
- Ensure that community voice is heard and community needs met

NEXT STEPS / CONCLUSION

Asks for DOH:

- 1. Reach out to Representative Robinson to find out what she meant by her comment “if this group can’t come to a decision, the decision will get made without this group”.**
- 2. Provide summary of CHW bills that went through last leg session but didn’t make it.**
- 3. Summarize hearing challenges/opposition so task force can have it easily accessible.**
- 4. Explain how Task Force Leadership and Support Teams were established.**
- 5. Support team will synthesize tactics this groups comes up with.**
- 6. Support team will be send out minutes to TF members for next meeting.**
- 7. Tactics for 4 intent statements will be summarized and synthesized for next meeting.**

Shared Next Steps (Anne)

1. DOH staff will summarize comments and send out before next TF mtg.
2. All input you gave today will be captured and sent out by first of year. Next TF mtg is Jan 15, 2019. The group would like as much time as possible to review materials prior to next mtg.
3. CHWs community conversations happening – please attend the one in your region
 - a. Saturday in Spokane
 - b. Everett at end of month and first week of January.
4. Community Conversations will be shared by next TF mtg and will be brought to TF2 mtg and shared.

Additional Information that is coming before Taskforce Meeting#2

1. Documentation / Information around what other states are doing around education and training.