

# LAUNCH Young Child Wellness Council (YCWC)

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November 12, 2014

## MEETING NOTES

**YCWC Attendees:** Meg McElroy, Elizabeth Carroll, Barbara Ferre, Jeanne Lemieux, Beth Gebstadt, Katherin Flower, Bruce Spilde, Helen Bellanca, Nancy Anderson, Erin Fairchild, Diane Tutch

**Working Group (staff & contractors):** Callie Lambarth, Beth Green, Bill Baney, Cate Drinan (PSU), Peg King (OPS), Raina Davis (211), Jamie Colvard (Zero to Three, LAUNCH resource assistance), and Elana Emlen (LAUNCH)

## Community Health Workers

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Arika Bridgeman-Bunyoli and Benjamin Escalante joined us from the Community Capacitation Center at Multnomah County. In order to help everyone learn about Community Health Workers (CHWs), they used Popular Education, and it was active and participatory. These are some of the highlights:

They used a “Dynamica” with brainstorm, so a ball was tossed in a circle and YCWC participants shared what they already know or imagine about CHWs.

- *Build trust*
- *Work with individuals and the community*
- *Part of the Innovation grant at Lynchwood and Glenfair*
- *Use trauma informed approach*
- *Provide services in a way (language, style) that is more comfortable for them*
- *Help navigate*
- *Meeting in homes with people from the community*
- *Idea is to connect individuals who are part of the community to work with the community*
- *Trusted more than people from the system*
- *More about empowering families*
- *Get training to provide a consistent service*
- *Folks who are not formally educated but bring life experience*
- *Communicate with centralized location to disseminate service*

Arika and Ben shared: CHWs are carefully chosen community members who participate in empowering training (capacitation) so they can promote health in their own communities. Communities can be defined by race/ethnicity, geography, age, sexual orientation, disability status, other factors, or a combination of factors.

What pops out?

- Concept of promotion pops out.
- Empowerment. And Arika added that empowerment comes to CHWs first and then exudes out to community.
- Curious about process by which community members are chosen. *Guess* that many are self identified, we see talent and ask people, and also many self identify. *Imagine* that people who interact with CHWs decide they want to do that work too.

Arika added that Oregon statute defines CHW and it's a long definition. She distributed a sheet of Qualities and also Skills of effective CHWs that was based on a national study. Many people in a lot of marginalized communities may not have heard the term "CHW", but when they see it defined they say "oh yeah, my grandma was a CHW". If you ask around in an apartment complex "who is the leader?" that is the kind of people they're talking about.

What stands out about qualities?

- *This is an amazing person.*
- *So many of these things vary by cultural lens.*

Arika commented that shows the challenge of the supervisor who may not be from the same culture being served. She would have to research and check her own lens. Ultimately good if enough CHWs from that culture that a supervisor comes from that group. Ben added that bicultural and bilingual CHWs can bridge needs. Cultural bridging is one of the top things CHWs do. They are part of their own community and their job is to bridge community members to system. Supervisors, in a trauma informed way, acknowledge that the system is disempowering, and also that they need to meet the system where its at. Translate language of the community to the system, so the system can change.

Comments/questions:

- Q: Is it challenging to find people to serve in this role? A: Not to find them but to keep them. They are emphasizing supervisor training at the Community Capacitation Center.
- CHWs has been the traditional way of handling things, so they have the people with these skills and knowledge. It's just recently that the profession has been recognized as a profession, with a title.
- CCC has trained almost 200 CHWs in the past two years from variety of cultures. Communities do not have a shortage of these people. What we have is a shortage of entryways to allow that to happen. They need more people to hire them.
- Q: Is there a way to support the organization to support the CHW model (not just the supervisor). Arika: How do we create a trauma informed organization? They want to be trained to help others. As the CCC staff grows, there is less time to spend in supervision. Challenge to keep thinking about that.
- Also, it's important to have staff trainings on different cultural groups, i.e., "How do we react as a multi-cultural organization?" Ben – supervisor training is a starting point. Same Popular Education methodology applies practice-reflect-practice. Arika – we use popular education all the time everywhere. It builds on experience of people in the room.
- Helen said that she was part of an organization that used CHWs for 30 years. That organizational commitment is key. Some administrations would cut CHWs first because they saw it as addendum and others did not – they saw the CHWs as a key part of team. It's the number one thing that will help CHWs sink or swim - Organizational commitment.
- Warriors of Wellness pilot with Kaiser and a few community based organizations serving culturally specific groups. They are contracting for CHW services, and billing Medicaid. The CHWs just got trained in February, so there is less than a full year of data about how CCOs and community based organizations are working together with CHWs.

Arika, Ben, and Elana enacted a **Socio-drama** – a short skit about a teacher talking with a parent and CHW about getting a kindergartner assessed. Reactions:

- Total mismatch with the culture. It's hard for the staff to give up on their ideas of what should be done, without knowing about feeding, language, and social development at home.

- What teachers see on ASQs and what families see are different.
- Sometimes systems treat parents this way because they are in a rush.
- CEW could take issues to the whole Latino community at a school, for example.
- The food he gets at school isn't what he's used to eating.
- Lack of strengths based approach. The parent probably thinks *that teacher hates my child*.
- The teacher had identified problem and solution *she* wanted them to do rather than exploring with family "this is what I see in classroom, how can we work on this?"
- They all had intention for child to grow but couldn't figure out a way together.
- 20 minute conferences with teachers, are parallel to medical model.
- Going to full day K with 29-30 kids in a class is something that, as a system, we need to figure out. Especially with diversity.
- Thought about what that must have been like for the father and how grateful she would have been having someone with her.

Arika added that children of color disproportionately assessed. And to close, when Community Education Workers had a brainstorm on assessment, it was 100% negative. Everyone had a story of how someone had been assessed and it followed them with negative impact. That's why delayed ASQ training until now.

### **Next meeting**

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The YCWC will meet on Wednesday, December 10. We will have a presentation from the Multnomah County Health Department about the **Maternal, Child, and Family Health Data Book**, which was just updated in September. This presentation will get everyone grounded in current conditions in our county. Understanding this data, building off the presentation about CHWs, and digging deeper into the information on developmental screening and referral will set up the YCWC to have some meaningful discussions that will be helpful to partners.