



## Oregon Solutions-Community Health Team (OS-CHT)

# Meeting Summary

**November 12, 2013 Kickoff Meeting**  
Columbia Gorge Community College – The Dalles

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### **Participants:**

Co-conveners Commissioner Karen Joplin and Dr. Frank Toda

**Elizabeth Aughney**, One Community Health; **Josh Bishop**, Pacific Source Community Solutions; **Joella Dethman**, Hood River Commission on Children & Families; **Susan Gabay**, Department of Human Services; **Janet Hamada**, The Next Door; **Jen Heredia**, Oregon Child Development Coalition; **Angela Kimball**, Oregon Health Authority; **Steve Kramer**, Wasco County; **Paul Moyer**, One Community Health; **Nancey Patten**, Columbia Gorge Community College; **Molly Rodgers**, Wasco County Youth Services; **Barb Seatter**, Mid Columbia Center For Living; **Jim Slusher**, Mid Columbia Community Action Council; **Dan Spatz**, Columbia Gorge Community College; **Matthew Solomon**, Mid Columbia Children’s Council; **Mark Thomas**, Providence Hood River Memorial Hospital; **Devon Wells**, Hood River Fire & Rescue; **Catherine Whalen**, Mid Columbia Medical Center; **Coco Yackley**, Columbia Gorge Health Council.

Jim Jacks, Oregon Solutions

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### **Welcome & Introductions:**

Co-conveners Commissioner Joplin and President Toda welcomed everyone and thanked them for participating. Individual self introductions were made. Jim Jacks briefly explained the Oregon Solutions process and its culminating document, a signed Declaration of Cooperation (DoC). The DoC is a voluntary list of commitments by the project team participants. It functions as a roadmap for the community to use as they move forward together.

### **CHT Past & Present:**

Mark Thomas, Director of Mission Integration, Providence Hood River Memorial Hospital, gave an overview of the evolution of the community health worker (CHW) team idea. Some highlights of Mark’s remarks included:

- Family medicine doctors wanted more of a network to connect with to help their patients
- Health care sector is not always connected to other sectors (early learning, social services, etc.)
- This area has a long history of using community health workers effectively

- CHW are new to many parts of Oregon
- There are between 50 – 75 people in the two counties that are more like CHW than not
- Grant funding is usually tied to specific outcomes related to a specific and narrow activity (smoking cessation, diabetes, etc)
- While specialization in the medical sector is important, CHW can, through more training, become effective generalists. This could lead to organizations working together and sharing the achievement of each other’s outcomes they are chartered to accomplish.
- CHW are not a “fee for service model” but they are a way to invest upstream from emergency departments and intensive care units
- On Friday, November 8<sup>th</sup> the first installment of a two part training for CHW on “Popular Education” occurred
- It is exciting to know that other communities have successfully done something like what we are trying to do (create a structure to connect CHW with each other, with primary care, with social services and with early learning)

**Creation of Workplan (questions, decisions and tasks):**

The OS-CHT Project Team wants to create a structure to connect CHW with each other, with primary care, with social services and with early learning.

The Project Team divided into four small groups. Each group addressed one topic. They were asked to take 20 minutes to discuss and record on flipchart paper every questions, decision and task they could think of relating to their topic. Then each of the four small groups reported back to the larger group and discussion followed. Below is a list of selected questions, decisions and tasks that could be addressed by the project team. The verbatim flipchart notes are separately attached to the email that delivered this document.

1. Question: Who counts as a Community Health Worker (CHW)? What’s our definition?
  - a. Task: Definition needs to be defined by the work
  - b. Task: Uniform set of skills. Training and common language for community workers
2. Question: How do you facilitate dynamic communication among CHW?
  - a. Task: Common release of information
3. Question: How autonomous can/should CHWs be? (e.g. for resources vs. interventions) safety issues, etc.
  - a. Task: Principle-based decision-making
4. Question: Can we share who is the case manager? Can we do this electronically?
5. Question: Are we willing to give up case management lead? What circumstances would help one feel comfortable with giving up control?
6. Question: How do investments in CHW affect the efficiency of agency budgets?
7. Question: What do we need to create a structure to support CHW and the quality of services?
8. Question: How do we create the structure or system for a “no wrong door” approach that facilitates access to multiple services and supports (via small to large agencies, etc.)

9. Question: How can we help CHW know about rapid changes (e.g. strains on food banks) and streamline into flow?
10. Question: Can CHW be used to help reduce social isolation?
11. Task : Open up trainings to wider group
12. CHT are tied into PCMH/PCPCH
13. Question: Should CHT be attached to PCPCH?
  - a. Decision: Scope - more than just primary care?
  - b. Decision: Preventative vs. chronic care?
  - c. Decision: Age of clients – infants to hospice?
  - d. Decision: Specialist vs. Generalist, or % vs. %
    - i. Decision: What is their scope?
14. Decision: Navigator-for individual or family members too
15. Question: Should we aim for a Medical Home evolving into a Whole Health Home?
16. Task: Determine the capacity of resources needed (skills and numbers).
17. Task: Social Service referral tracking
18. Question: how handle training of Community Health Workers?
19. Question: How does the supervision of CHW change with a new structure?
20. Question: Should we focus on the gaps in housing services
21. Our structure needs to account for the lack of flexibility in housing and other funds
22. We need to empower people, not enable them
23. Question: How do we communicate and train across sectors of social services providers?  
This is an on-going activity.
24. Question: How do we make better use of the 211 system?
25. Question: how might we handle transportation issues?
  - a. Who: CAT, LINK, private cabs, school bus systems, family and friends
  - b. Task: Create list of LINK restrictions
    - i. Language
26. Task: Identify barriers, then communicate and share barriers
27. Task: Problem solve barriers so that all CHW have consistent access to consistent services.
28. Task: Develop a communication structure in which we share information about barriers, gaps, challenges, with a forum for these to be moved up for resolution.
29. Question: How do we appropriately connect to the Early Learning sector?

Some of the comments from the large group discussion included:

- A common thread is a system for communication.
- How big do we want to make the scope?
- How do people qualify for services – how many forms do they have to fill out?
- Most funding is for specialist interventions instead of a generalist approach.
- How might we utilize a volunteer workforce?
- What are people’s revenue generation models? How might they change?

- OHA is connected to the Federal Reserve Bank program related to general community health
- USDA funded a “Stronger Economies Together” effort in the Gorge area.
- We need a list of outcomes we want to achieve.

**Additional OS-CHT Project Team Participants:**

Project Team members were asked: Who is not here that should be? Who else do we need to help us move forward? Who benefits if we are successful? Should we ask them to help us now?

- The following organizations and/or individuals were mentioned as possible new members: Joel Madsen, Mid Columbia Housing; Linda Pressley, faith community; The Dalles ministerial task force (ask Catherine Whalen); Dan Schwan, COG transportation; Amanda Hoy, MCEDD Executive Director; Lane McGill, Wasco County Sheriff’s Office; Darren Nichols, Columbia Gorge Commission; Trudy Townsend, K12 541-506-3420; Tony Estey, Hope & Life Church; Scott McKay, Senior Center; Dental assoc, Dr. House (dentist); FISH in Hood River; Gorge Grown; juvenile and adult justice; OHA OEI Maria Elena Castro; Native Americans: Celilo, Warm Springs, Umatilla, and Yakima; large area business employers Google and Insitu.
- Jim J will organize the follow ups with these potential members

**2013-2014 Meeting Dates:**

Thank you for going through your calendars. Several dates were clearly better for Project Team members. Please mark your calendars with our official Project Team meeting dates for the rest of the Oregon Solutions process:

- Wednesday, December 11th, from 1 - 4 pm in Hood River (location TBD)
- Friday, January 24th, from 12 - 3 pm in The Dalles, CGCC campus
- Wednesday, February 19th, from 9 am - 12 pm, in Hood River (location TBD)
- Wednesday, March 19th, from 9 am - 12 pm, in The Dalles, CGCC campus

**Action Items:**

- Jim J           Distribute meeting summary including remaining future meeting dates
- Everyone       Mark your calendars with the 2013-2014 Project Team meeting dates
- Jim J           Secure Hood River location for December meeting
- Everyone       Answer the list of questions (will be sent by Jim J.) to help project team members understand what types of CHW positions within each organization are doing.
- Jim J           Follow up with Angela Kimball (OHA) regarding Federal Reserve Bank program related to general community health
- Jim J           Organize the follow ups with potential new project team members (see list above)
- Jim J           Work with co-conveners and others to develop and frame the December agenda

Adjourned at 2:45 pm