

**Oregon Home Visiting
MIECHV & Babies First! Meeting**

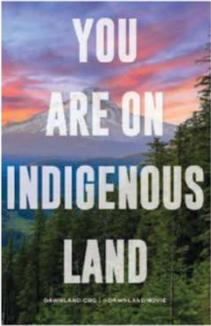


Joy in Work!
October 8th, 2019



Oregon Health Authority

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Public Health Division
1



Multnomah county rests on traditional village sites of the Multnomah, Kathlamet, Clackamas, bands of Chinook, Tualatin Kalapuya, Molalla and many other Tribes who made their homes along the Columbia River.

Dena'inaq elnen'aq' gheshtnu ch'q'u yeshdu.

'I live and work on the land of the Dena'ina.'

Duwamish Tribe

WELCOME!

Maternal and Child Health (MCH) works to create courageous spaces to collaborate and share ideas respectfully. We acknowledge that a variety of backgrounds, skillsets, communication styles, and beliefs are present. While we acknowledge that there are power differentials among us, all attendees bring equally valuable opinions. Each participant is encouraged to provide leadership.

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3

Opening remarks:
Benjamin Hazelton,
Home Visiting Manager

Welcome!

Member of OHA Health Division
Public Health Division

Oregon MIECHV Staff

 Jordan Kennedy Community Systems Manager	 Zach Owens Fiscal Analyst	 Benjamin Hazelton Home Visiting Manager	 Ramila Bhandari Administrative Specialist	 Tina Kent Data Manager	 Kerry Cassidy-Norton Workforce Development Coordinator	 Drewallyn Riley COI Coordinator
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OHA MCH Nurse Consultants

 Julie Plagenhoef (NFP and BFI)	 Anna Stiefvater (BFI and Policy)	 Kacey Dudrey (BFI)	 Cynthia Ikata (NFP)
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Agenda for this Morning

- APPRECIATIVE INQUIRY ACTIVITY
- WHY FOCUS ON JOY IN WORK AMONG HOME VISITING STAFF
- BREAK
- WHAT MATTERS TO YOU CONVERSATIONS

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Objectives for this morning

- Provide an opportunity for participants to meet each other
- Practice a technique for increasing resiliency
- Provide an overview of the findings from the Region X Workforce Study
- Provide a rationale for why Joy in Work was selected for the FY2020 CQI Topic
- Introduce participants to the concept of Joy in Work
- Engage in effective, meaningful conversations with each other about What Matters to You

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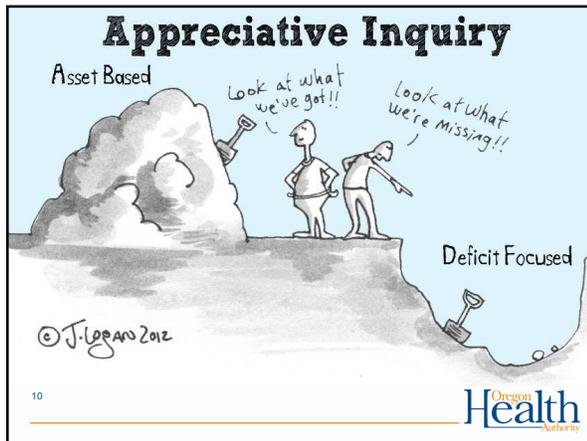


Announcements

- "I feel Joy" Wall
- Break time
- Presentation Slides
- Quiet Space
- Nursing Parent Room

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Appreciative Inquiry

- Think of something that went well in your work last week, and what was your role in it (1 minute)
- Pair up with someone whom you have never met
- Take turns asking:

“Please tell a story about something that went well in your work last week. What is the story and what was your role in it going well?”

- 3 minutes for each person
- Will share elements of success back to larger group

3 Good Things

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WHY
Severe emotional exhaustion and burn-out affects health care workers. Rates range from 33% to 60% depending on discipline.

 **ONE OUT OF THREE** health care workers overall

 **>50%** Primary Care

 **>60%** Emergency Medicine

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13

THE CHALLENGE

 **‘THE NEGATIVE SCREAMS AT YOU, BUT the positive only WHISPERS’**

- Barbara L. Fredrickson
Kenan Distinguished Professor of Psychology, University of North Carolina

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14

We are hardwired to remember the **NEGATIVE**



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15

THE RESPONSE



Turn up the **VOLUME** on the **positive**

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16

THE EXERCISE

Just before sleep, ask yourself:

What are three things that went well today and what was my role in making them happen?



You remember best what you've reviewed during your last two wakeful hours.

- For best results, write it down.
- Repeat for 2 weeks to make effects last longer.

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17

THE RESULT



The Positive **KEEPS GETTING LOUDER!**

By day 4 or 5, reflecting on the positive leads to noticing more positive.

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18

Clinical Trials Demonstrate Significant Benefits

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19

Region X Innovation Grant
AK • ID • OR • WA
Growing Together to Support Our Home Visiting Workforce

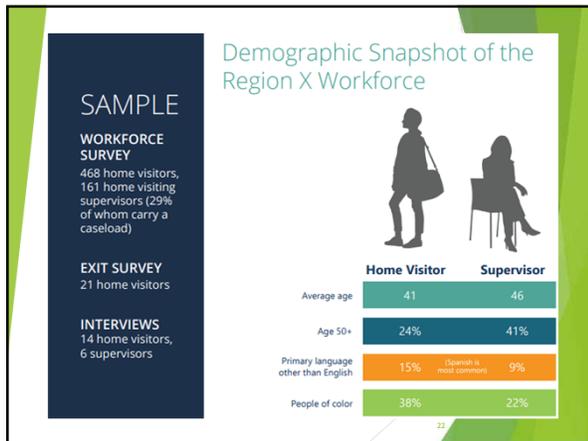
Region X Home Visiting Workforce Study

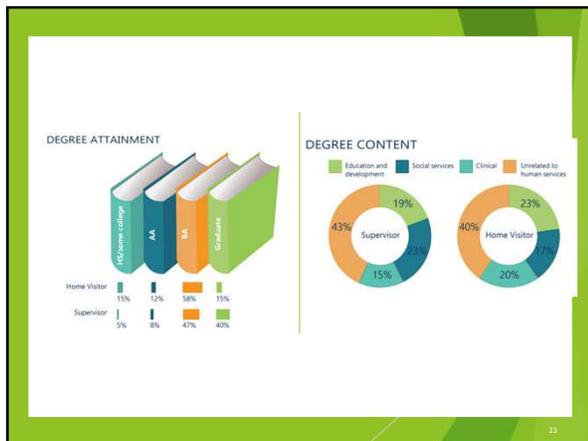
Purpose:
To identify the current strengths, gaps, and unmet needs in the home visiting workforce in Region X
To inform workforce recruitment, retention, and professional development efforts

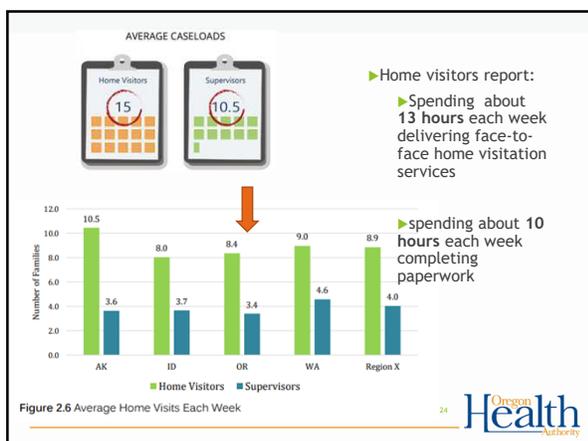
All Design: Butler Institute for Families, Graduate school of social Work, University of Denver

Methodology

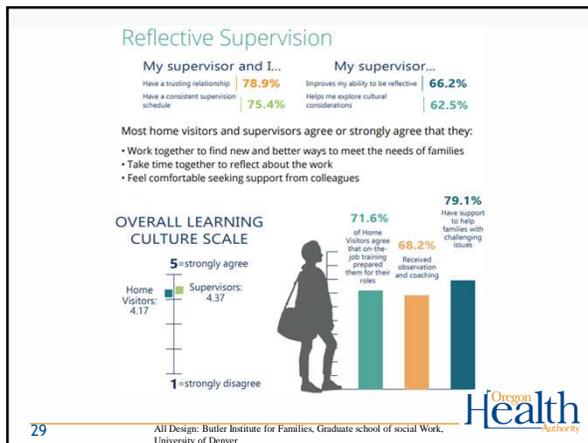
- ▶ **Workforce Survey** (online and paper options):
 - Personal characteristics
 - Nature of the work
 - Quality of the work environment
 - Turnover/retention
 - Well-being
- ▶ **Exit Survey** (online):
 - 12 items
 - Reasons for leaving
 - Factors to encourage staying
 - Supervisor relationship
- Current job status
- ▶ **Interviews** (phone):
 - Semi-structured
 - Career and educational trajectories
 - Job challenges
 - Professional preparation
 - Management of job stresses
 - Supervision structures
 - Career plans

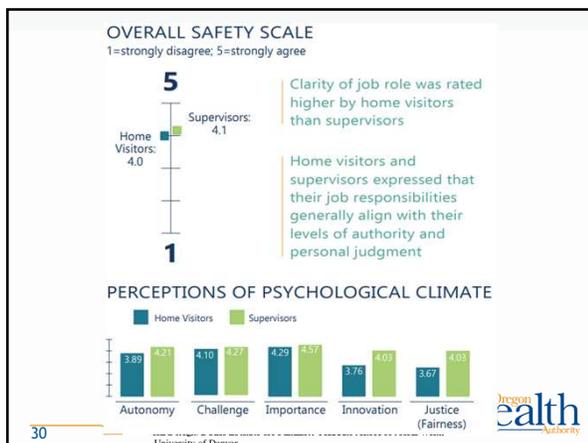


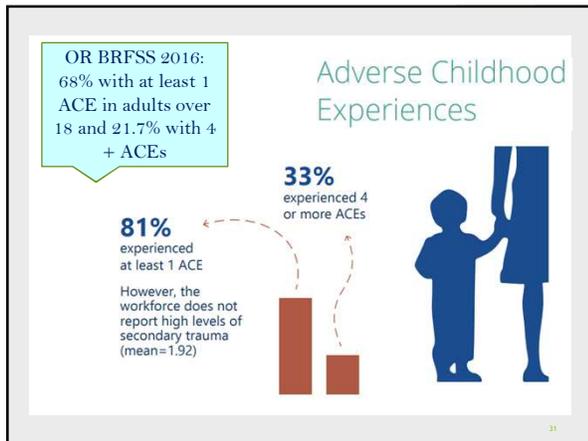


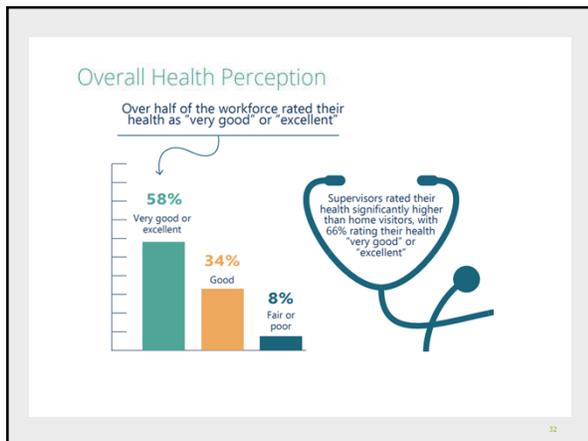


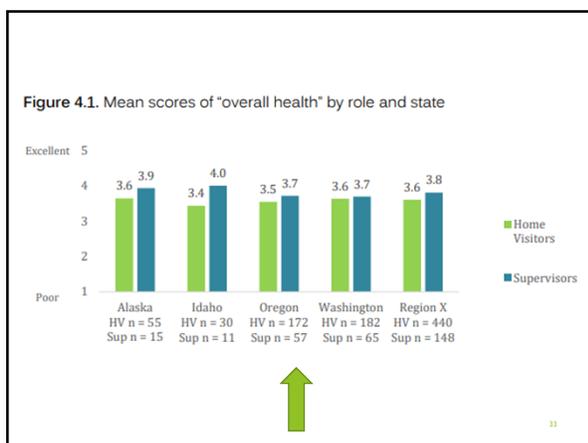












Predictors of Health Status

Overall Health:
Home visiting professionals who:

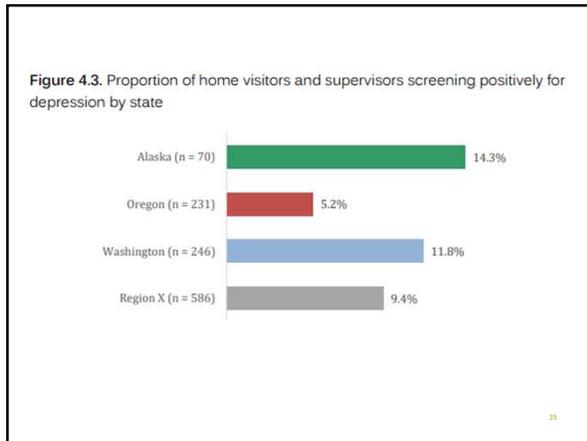
- Have fewer ACEs
- Work in more supportive workplaces
- Have more employer-provided benefits
- Work fewer hours per week

Are more likely to report better health

This analytic model accounts for ACEs, reflective supervision, psychological climate, pay, hours work per week, hours spent doing paperwork, caseload, age, job role, and race



34



Predictors of Health Status

Depression:
Home visiting professionals who:

- Have more ACEs
- Lack access to behavioral health services
- Have less supportive reflective supervision
- Have fewer employer-sponsored benefits

Are more likely to report symptoms of depression



This analytic model accounts for ACEs, reflective supervision, psychological climate, pay, hours work per week, hours spent doing paperwork, caseload, age, job role, and race

36

Turnover and Retention

Top Reasons for leaving were "Personal" and "Unrelated to home visiting work"

Nationally, turnover rates are **30%+** in the early childhood workforce

Turnover within Region X is **23%** for home visitors and **20%** for supervisors, as reported

REASONS FOR LEAVING:

HOME VISITORS	SUPERVISORS
<ul style="list-style-type: none">• Drain of travel and families• Lack of promotion opportunities	<ul style="list-style-type: none">• Unsupportive environments• Feeling ineffective• Turnover of home visiting staff

37

Access to Healthcare

66% have visited a doctor in the past year for a routine check-up

17% needed to see a doctor in the last year, but could not due to cost or distance

81% have at least 1 Primary Care Physician

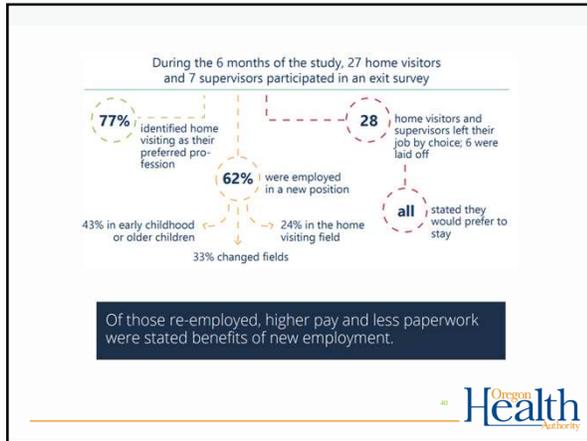
80% reported having easy access to a Mental or Behavioral Health specialist

38

Commonly Identified Stress Management Strategies Include:

Reflective Supervision 	Self-Care, such as: <ul style="list-style-type: none">• Exercise• Taking time off• Practicing mindfulness 	Coworker Support 
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39 







The #1 reason home visitors and supervisors want to stay is to help children and families.

Those who left would have stayed for **higher pay**, **more supportive leadership**, & **better communication**.

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Predictors of Intent to Stay

Home visiting professionals who:

- Work in more supportive workplaces
- Are people of color

→ Are more likely to intend to stay in their jobs during the next two years.

This analytic model accounts for adverse childhood experiences (ACEs), reflective supervision, psychological climate, pay, hours work per week, hours spent doing paperwork, caseload, age, job role, and race.

RECOMMENDATIONS

Reduce	Reduce Paperwork
Promote	Promote work-life balance and self-care
Provide	Provide benefits and promote access to mental health services
Recruit and retain	Recruit and retain a more diverse workforce
Ensure	Ensure home visitors and supervisors are paid equitably for their expertise
Ensure	Ensure workplaces are psychologically supportive and include reflective supervision
Increase	Increase access to paid family leave
Increase	Increase Access to Training & Professional development
Create	Create pathways for home visitors to advance their education

For more information:

► <https://www.dcyf.wa.gov/services/child-dev-support-providers/home-visiting/innovation-grant>

Franko, M., Schaack, D., Roberts, A., Molieri, A. Wacker, A., Estrada, M., & Gann, H. (2019). The Region X Home Visiting Workforce Study. Denver, CO: Butler Institute for Families, Graduate School of Social Work, University of Denver.



Kerry Cassidy Norton
Home Visiting Workforce Development Coordinator
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Thank you!



47



**Introducing the
2020 Joy in Work CQI
Learning Collaborative**

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**Background:
Selection of Joy in
Work for 2020**



**Home Visiting is as Tough
as it is Rewarding**

Home visitor stress and burnout affects staff, clients and the organization

- Decreased productivity
- Higher staff turnover
- Increased staff absenteeism (sick)
- Lower staff morale
- Impacts on family retention
- Reduced program quality and fidelity
- Direct and indirect expenses of retraining and hiring




A Parallel Process

*“Take care of staff so she can take care of parents so they can take care of children”
~ Brenda Jones Harden*



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51

Joy in Work in Healthcare and Home Visiting

- Institute for Healthcare Improvement (IHI) White paper and virtual course on Joy in Work
 - Strength-based approach
 - Beyond reducing staff burnout to incorporating wellness and resiliency
 - Not only individual staff engagement and satisfaction, but client satisfaction and experience with home visiting
 - A crucial component of the “psychology of change” necessary for quality improvement



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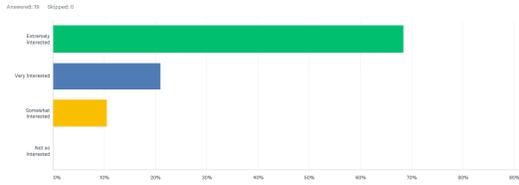
52

Final selection of Joy in Work for FY2020



2020 MIECHV CQI Projects Topic Interest Survey Results

Please indicate below how interested you are in focusing on the topic of Joy in Work for your 2020 CQI project.



2020 MIECHV CQI Projects Topic Interest Survey

What will our Joy in Work Process and Change Package Look Like?



Why have a Collaborative Charter for CQI Projects?



- Describes and launches the collaborative effort
- Establishes a common vision
- Provides aim and rationale
- Identifies aim and measures
- Sets expectations for participation and leadership

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The Process for Engaging in Joy in Work

Figure 1. Four Steps for Leaders

1. Ask staff, "What matters to you?"
2. Identify unique impediments to joy in work in the local context
3. Commit to a systems approach to making joy in work a shared responsibility at all levels of the organization
4. Use improvement science to test approaches to improving joy in work in your organization

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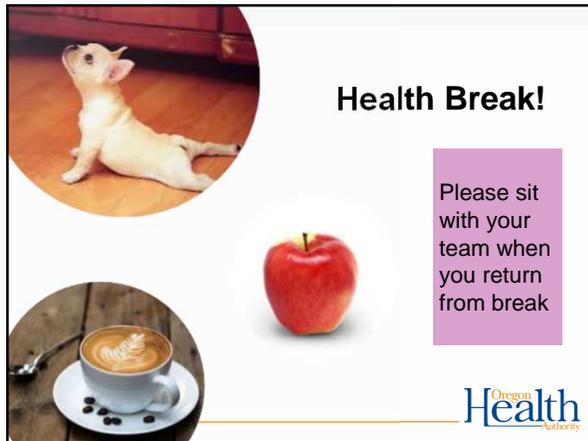
Oregon's Critical Components for Joy in Work

- Meaning, Purpose and Recognition
- Physical and Psychological Safety
- Camaraderie and Teamwork
- Wellness and Resiliency
- Choice and Autonomy

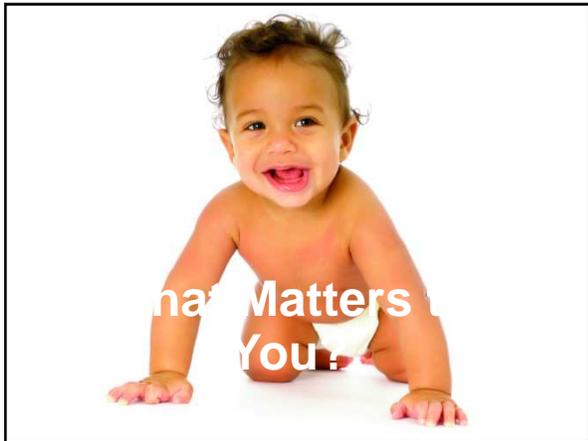
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Share with each other:

- ❖ Why I decided to work in this field
- ❖ What makes me proud to work here
- ❖ What matters to me in my work is...
- ❖ What is the most meaningful or best part of my work
- ❖ I feel I make a difference when...
- ❖ When we are at our best, it looks and feels like...
- ❖ What makes a good day is...

“What matters to you?”:
Building on assets and “bright spots”



Share with each other:

- ❖ What gets in the way of what matters (the “pebbles in our shoes”) is...
- ❖ What gets in the way of a good day is...
- ❖ What frustrates me in my day is...

Identify unique impediments to joy in work:
The “pebbles in our shoes”



Oregon's Critical Components for Joy in Work

- Meaning, Purpose and Recognition
- Physical and Psychological Safety
- Camaraderie and Teamwork
- Wellness and Resiliency
- Choice and Autonomy

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Where might we go from here?

Health

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Lunch

COMMENSALITY

(noun) com·men·sal·i·ty

Definition:

- the practice of eating together
- a social group that eats together



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