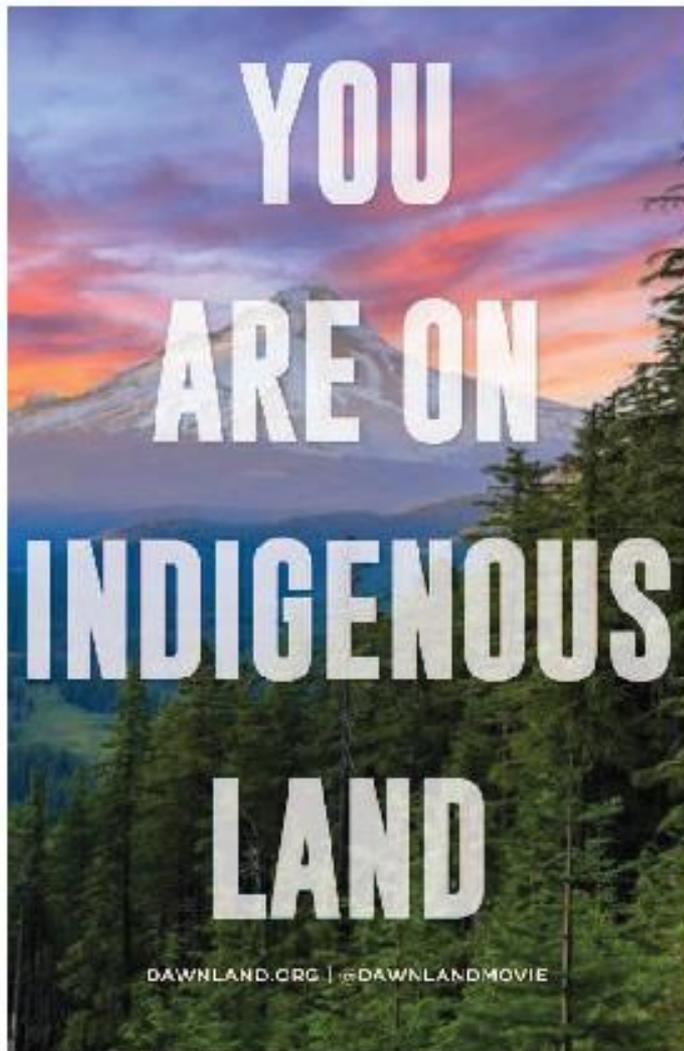


Oregon Home Visiting MIECHV & Babies First! Meeting

Joy in Work!
October 8th, 2019



Oregon
Health
Authority



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 ełnen'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.



Welcome!

Opening
remarks:

Benjamin
Hazelton,
Home Visiting
Manager

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
CQI Coordinator



OHA MCH Nurse Consultants



Julie
Plagenhoef
(NFP and BF!)



Anna
Stiefvater
(BF! and
Policy)



Kacey
Dudrey
(BF!)



Cynthia Ikata
(NFP)

Agenda for this Morning



APPRECIATIVE
INQUIRY
ACTIVITY



WHY FOCUS ON JOY
IN WORK AMONG
HOME VISITING
STAFF



BREAK



WHAT MATTERS
TO YOU
CONVERSATIONS

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

Announcements



“I feel Joy” Wall



Break time



Presentation
Slides



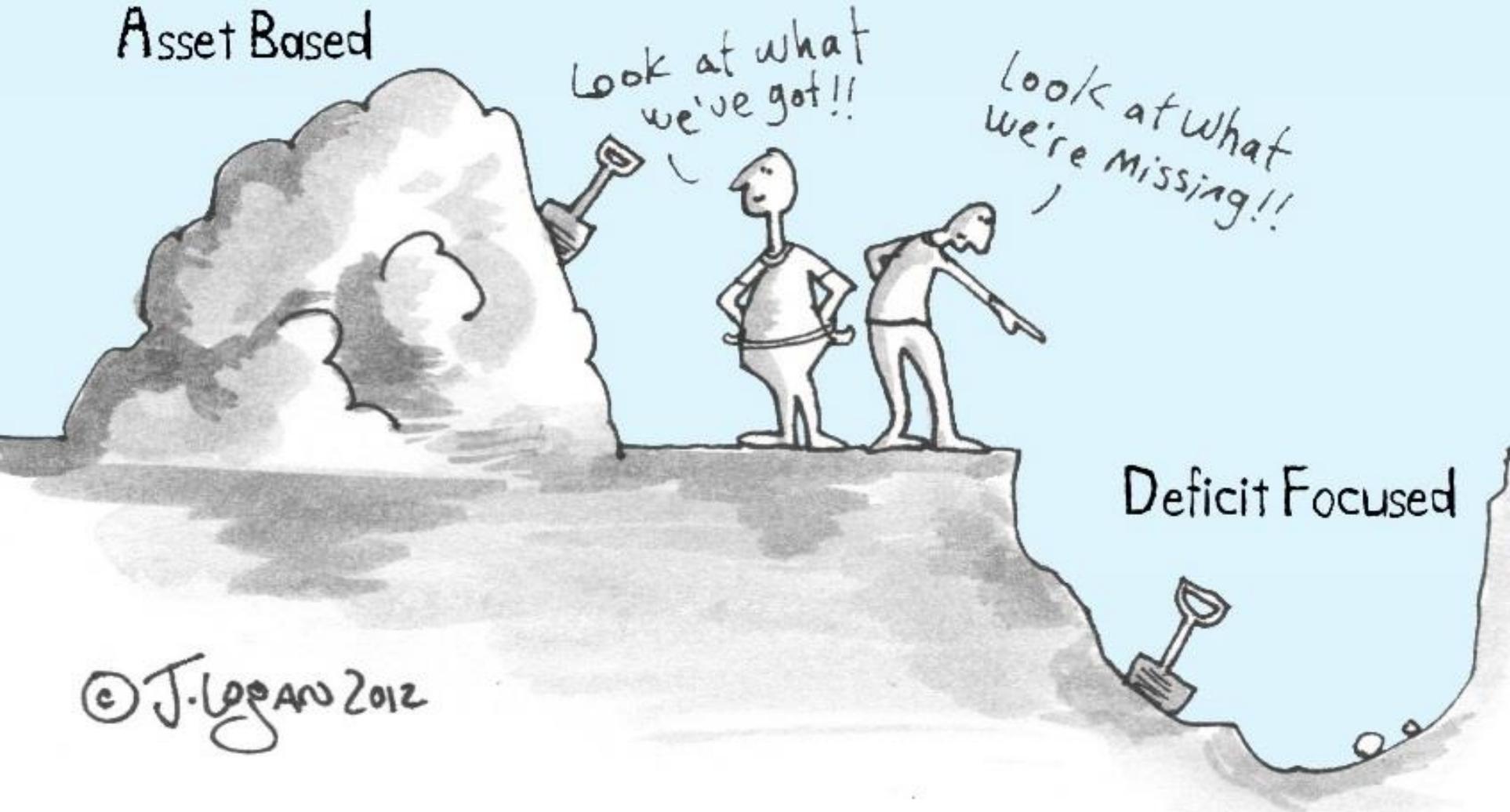
Quiet Space



Nursing Parent
Room

Appreciative Inquiry

Asset Based



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



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

THE CHALLENGE



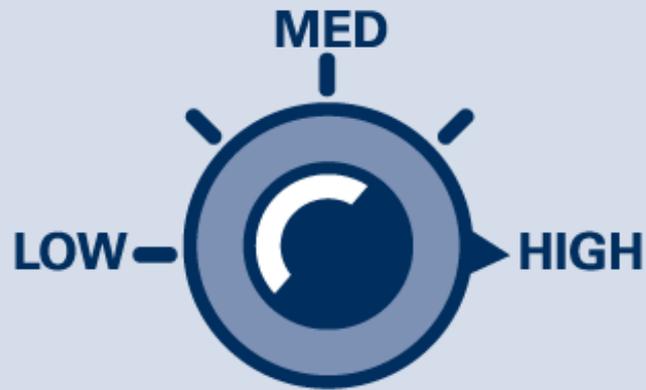
‘THE NEGATIVE
SCREAMS
AT YOU, BUT
the positive only,
W H I S P E R S’



- Barbara L. Fredrickson

Kenan Distinguished Professor of Psychology, University of North Carolina

THE RESPONSE



Turn up the
VOLUME
on the **positive**

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.

THE RESULT



The Positive
**KEEPS
GETTING
LOUDER!**

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

Clinical Trials Demonstrate Significant Benefits



LOWER
Burn-out and
Depression



BETTER
Work-Life
Balance



LESS
Conflict
at Work



HIGHER
Levels of
Happiness



IMPROVED
Sleep Quality





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

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

SAMPLE

WORKFORCE SURVEY

468 home visitors, 161 home visiting supervisors (29% of whom carry a caseload)

EXIT SURVEY

21 home visitors

INTERVIEWS

14 home visitors, 6 supervisors

Demographic Snapshot of the Region X Workforce

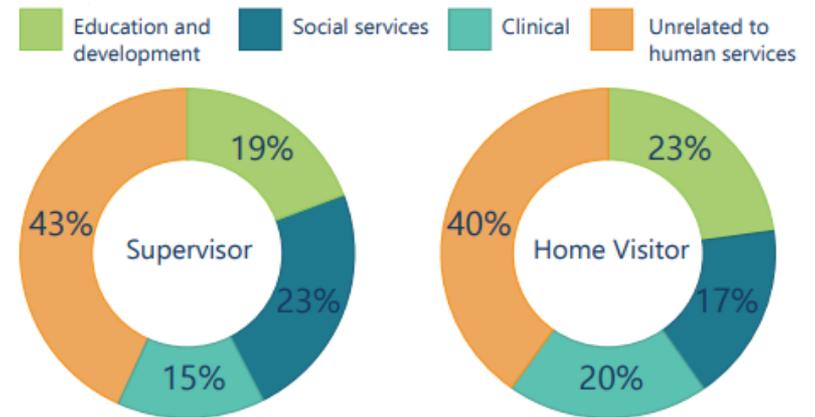


	Home Visitor	Supervisor
Average age	41	46
Age 50+	24%	41%
Primary language other than English	15%	9%
	(Spanish is most common)	
People of color	38%	22%

DEGREE ATTAINMENT



DEGREE CONTENT

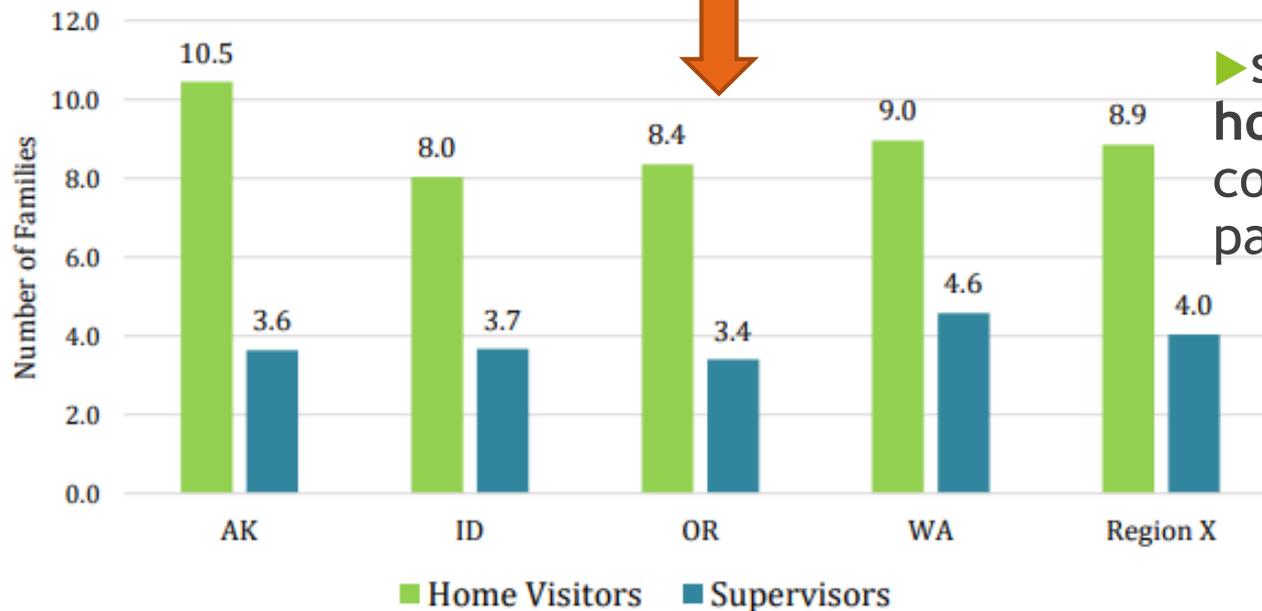


AVERAGE CASELOADS



▶ Home visitors report:

▶ Spending about 13 hours each week delivering face-to-face home visitation services



▶ spending about 10 hours each week completing paperwork

Figure 2.6 Average Home Visits Each Week

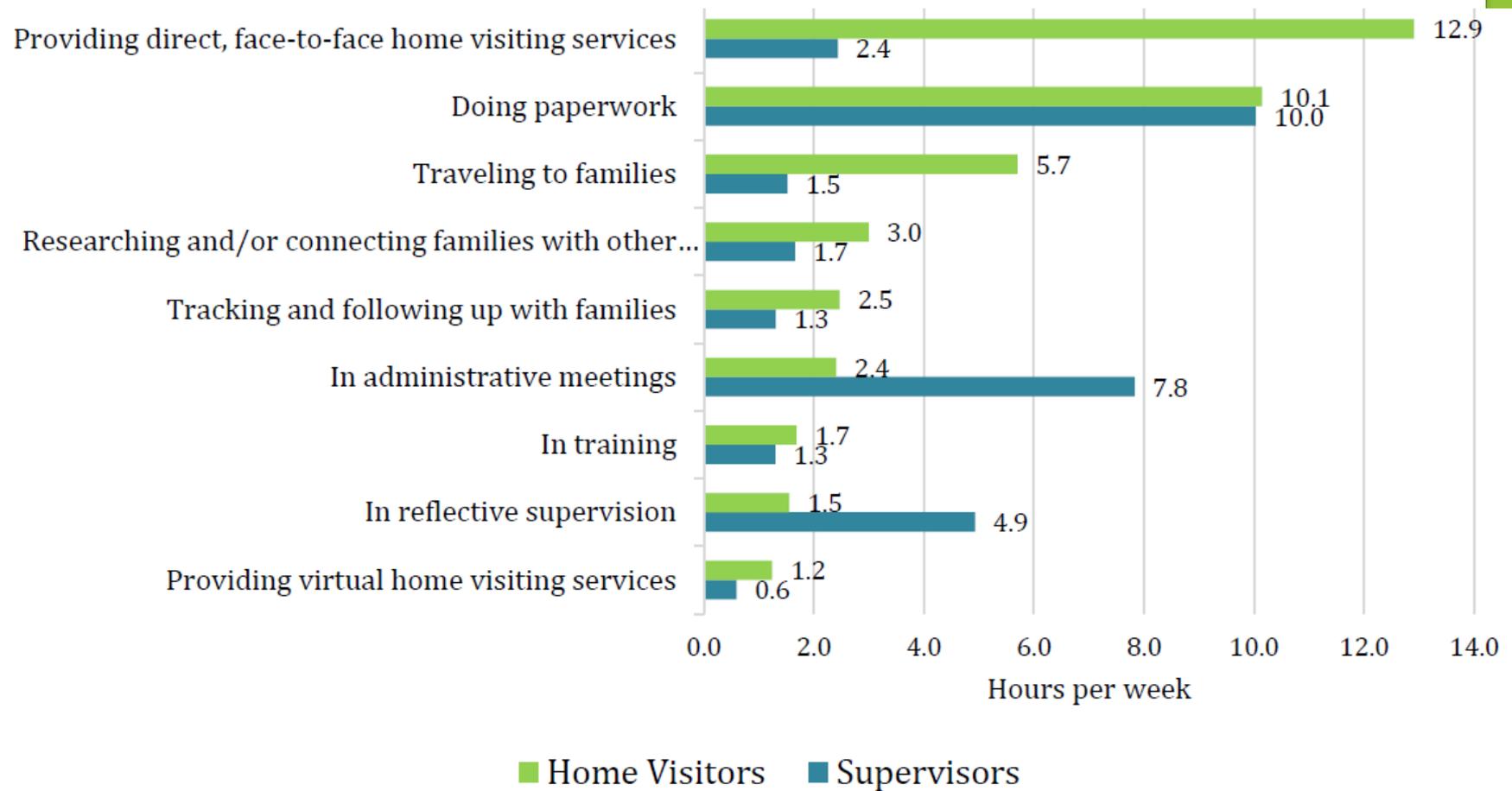
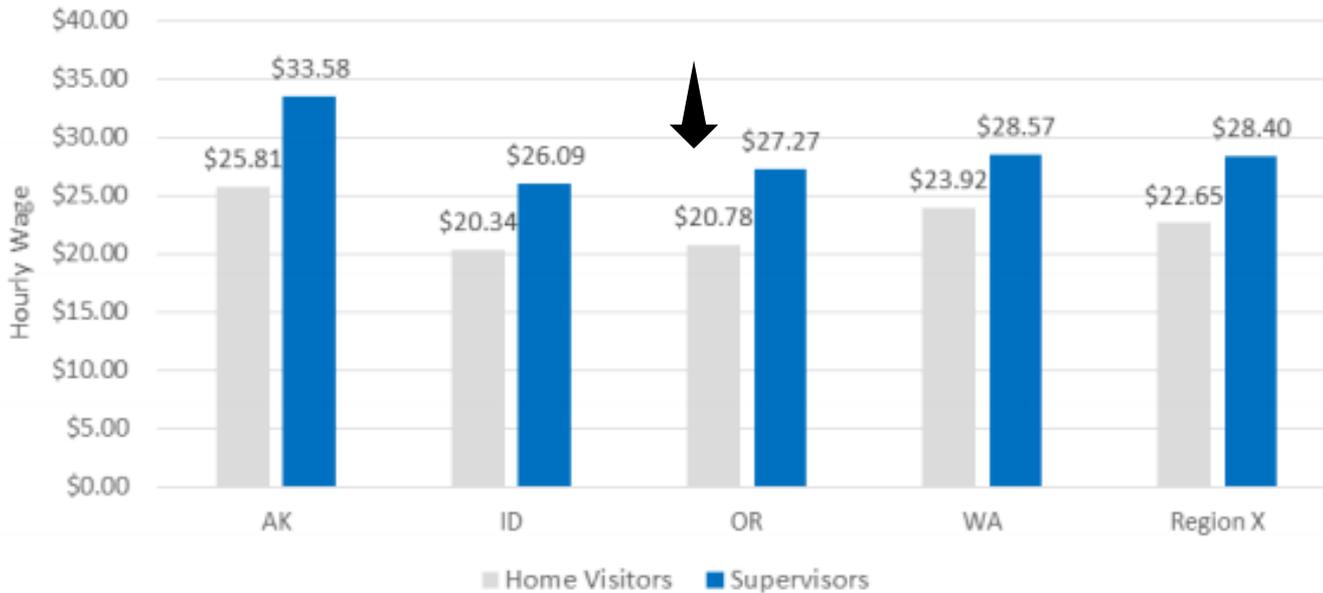


Figure 2.6. Time Distribution by Job Responsibility

Compensation and Benefits



Region X Home Visitors earn:
\$15-\$25 per hour 62%
\$25+ per hour 29.7%
less than \$15 per hour 8.1%

73% of supervisors and 70% of home visitors report being paid for a regular 40 hour work week.

32.0% of home visitors and 52.9% of supervisors report working longer hours than their paid hours suggest.

Economic Well-Being

64% report at least some difficulty paying bills in the past year

19% report "not having enough money left at the end of the month to make ends meet"



Supervisors were less likely to report these economic challenges compared to **Home Visitors**

- **23.4%** of home visitors and **17.4%** of supervisors receive public assistance
- Home visitors and supervisors use an average of **2.2** and **1.6** public assistance services, respectively.
- The **most common** public assistance services received: child health subsidies, Medicare/Medicaid, and free and reduced lunch.

Predictors of Hourly Pay



This analytic model accounts for: educational attainment, area of study, years of experience, job role, and race.

Reflective Supervision

My supervisor and I...

Have a trusting relationship | **78.9%**
 Have a consistent supervision schedule | **75.4%**

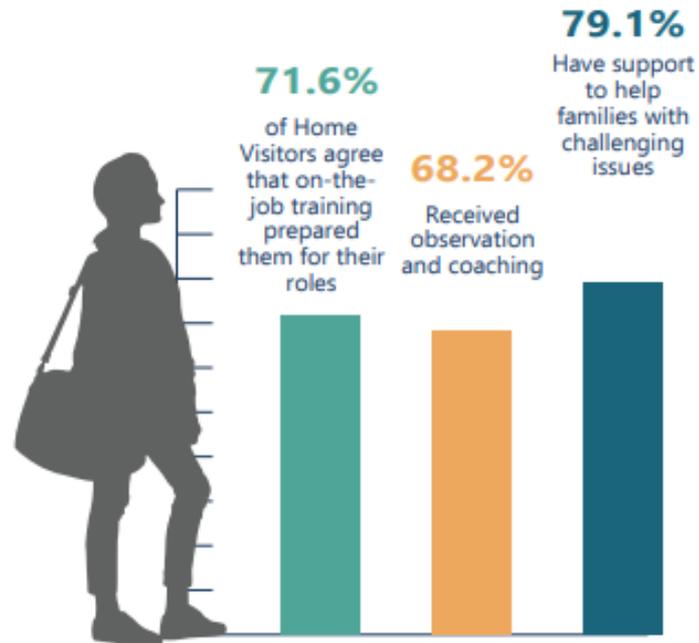
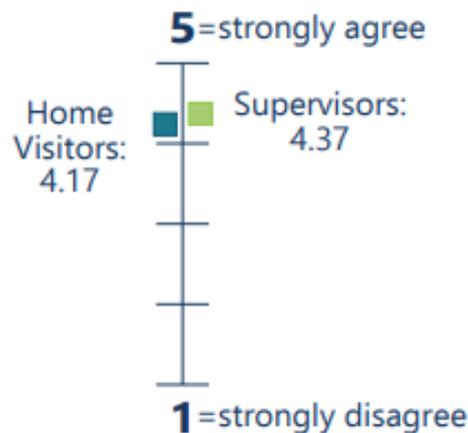
My supervisor...

Improves my ability to be reflective | **66.2%**
 Helps me explore cultural considerations | **62.5%**

Most home visitors and supervisors agree or strongly agree that they:

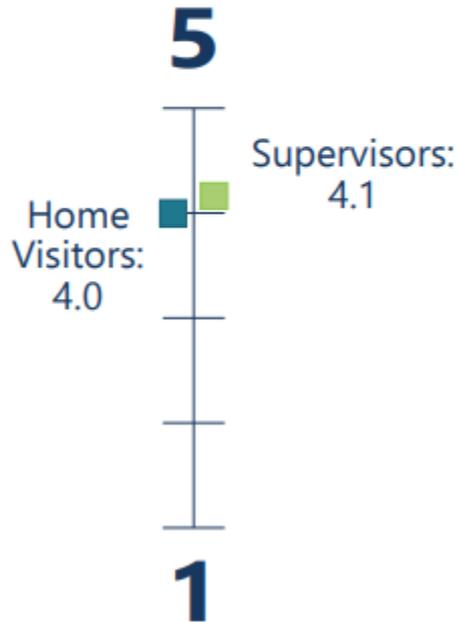
- Work together to find new and better ways to meet the needs of families
- Take time together to reflect about the work
- Feel comfortable seeking support from colleagues

OVERALL LEARNING CULTURE SCALE



OVERALL SAFETY SCALE

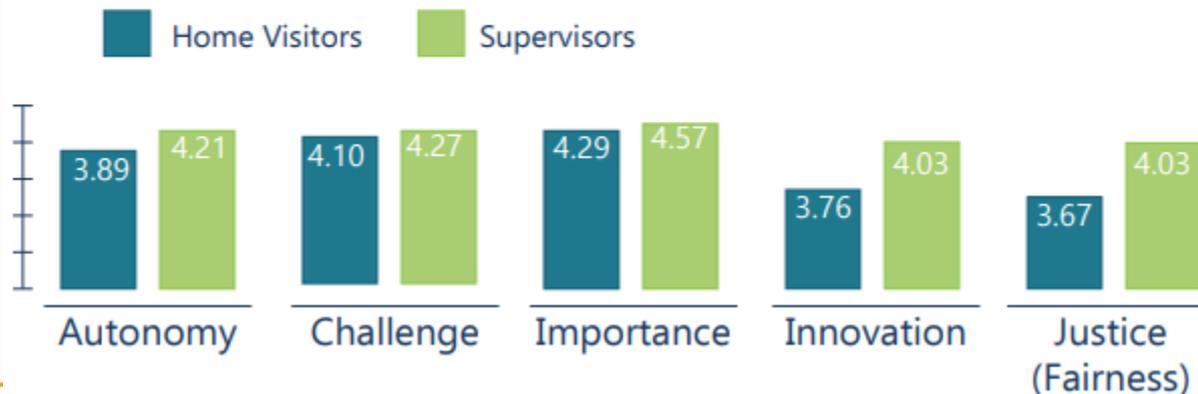
1=strongly disagree; 5=strongly agree



Clarity of job role was rated higher by home visitors than supervisors

Home visitors and supervisors expressed that their job responsibilities generally align with their levels of authority and personal judgment

PERCEPTIONS OF PSYCHOLOGICAL CLIMATE



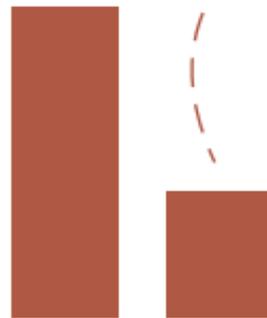
Adverse Childhood Experiences

OR BRFSS 2016:
68% with at least 1
ACE in adults over
18 and 21.7% with 4
+ ACEs

81%
experienced
at least 1 ACE

However, the
workforce does not
report high levels of
secondary trauma
(mean=1.92)

33%
experienced 4
or more ACEs



Overall Health Perception

Over half of the workforce rated their health as "very good" or "excellent"

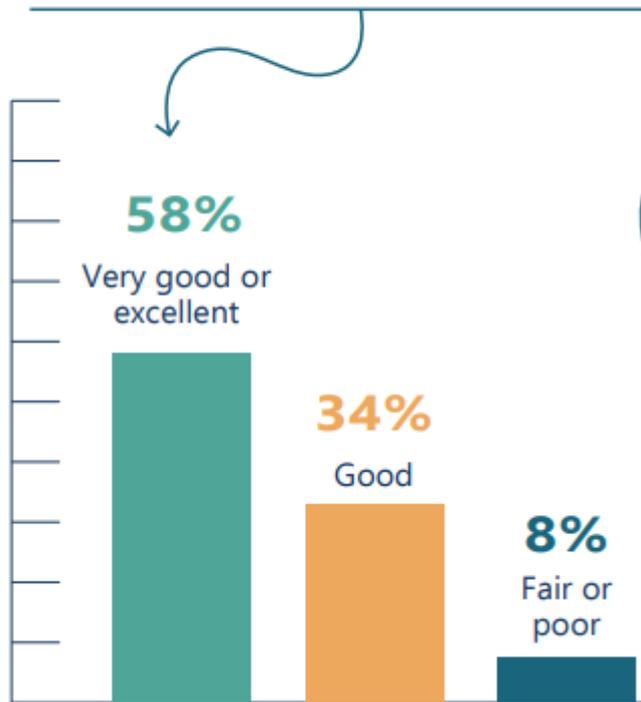
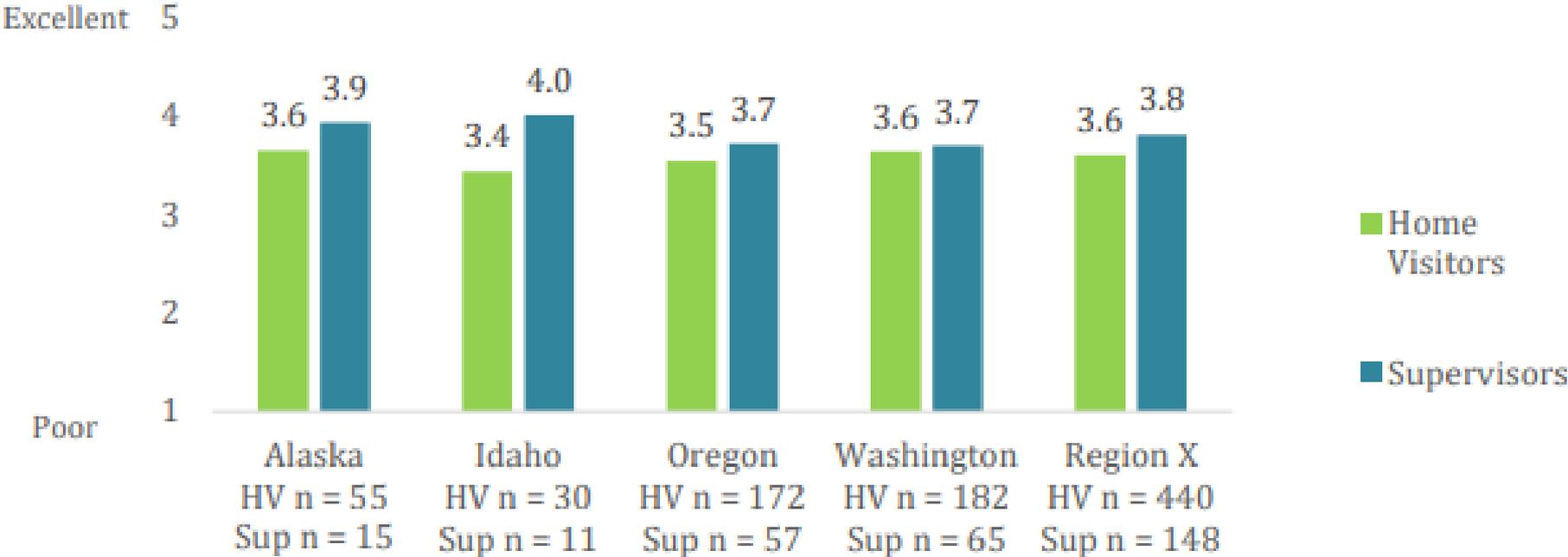


Figure 4.1. Mean scores of "overall health" by role and state



Predictors of Health Status

Overall Health:

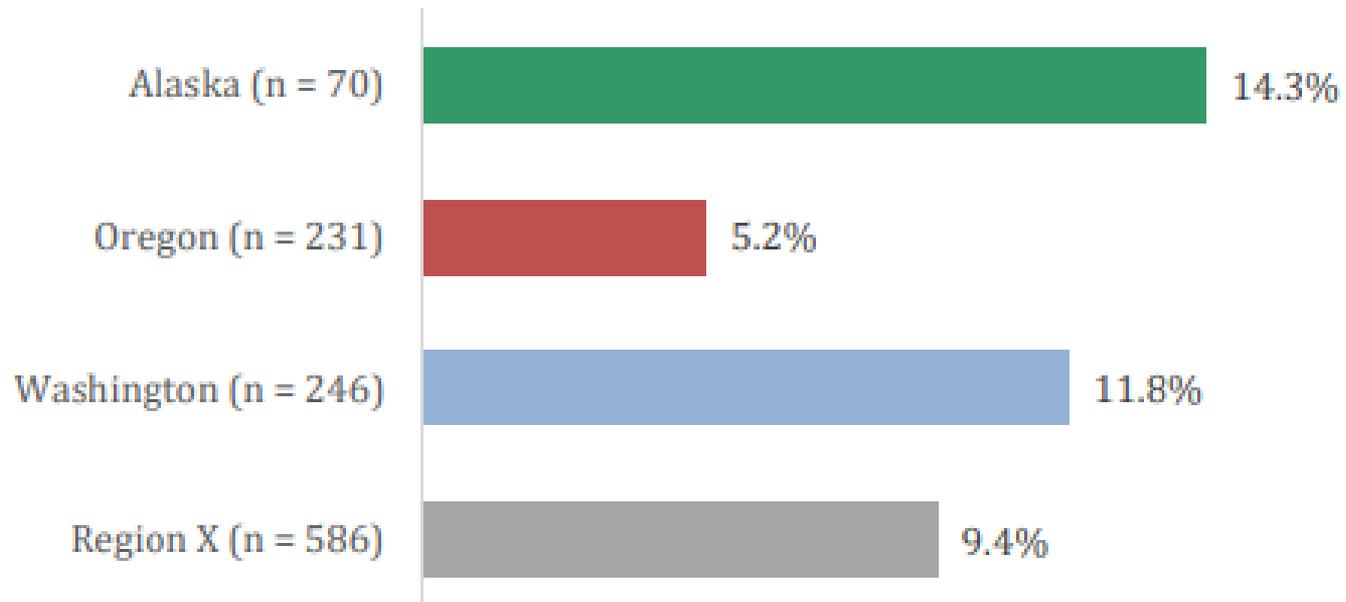
Home visiting professionals who:

- 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

Figure 4.3. Proportion of home visitors and supervisors screening positively for depression by state



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

Turnover and Retention

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



REASONS FOR LEAVING:

HOME VISITORS

- Drain of travel and families
- Lack of promotion opportunities

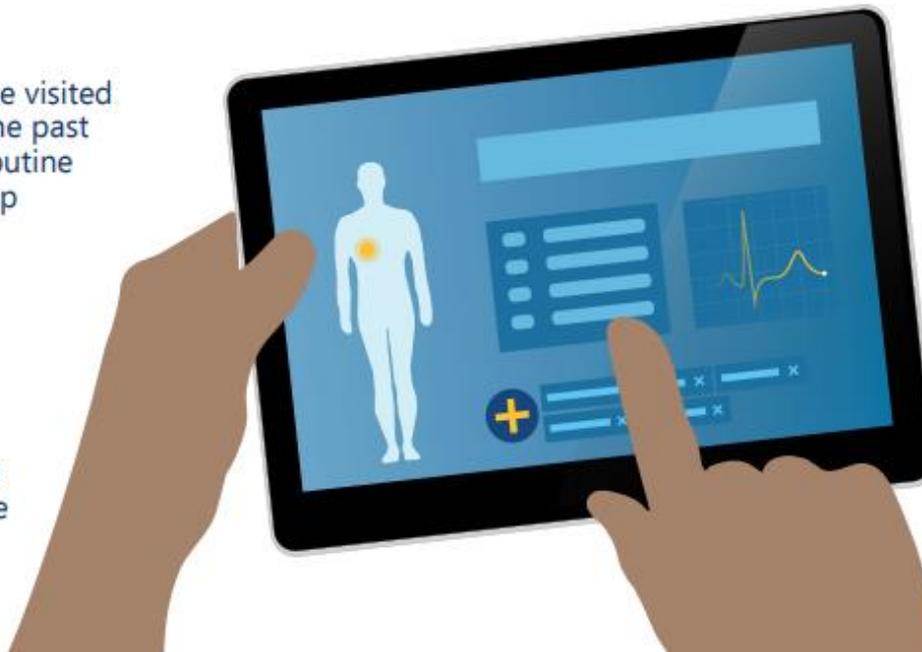
SUPERVISORS

- Unsupportive environments
- Feeling ineffective
- Turnover of home visiting staff

Access to Healthcare

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

81% have at least 1 Primary Care Physician



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

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

Commonly Identified Stress Management Strategies Include:

Reflective Supervision



Self-Care, such as:

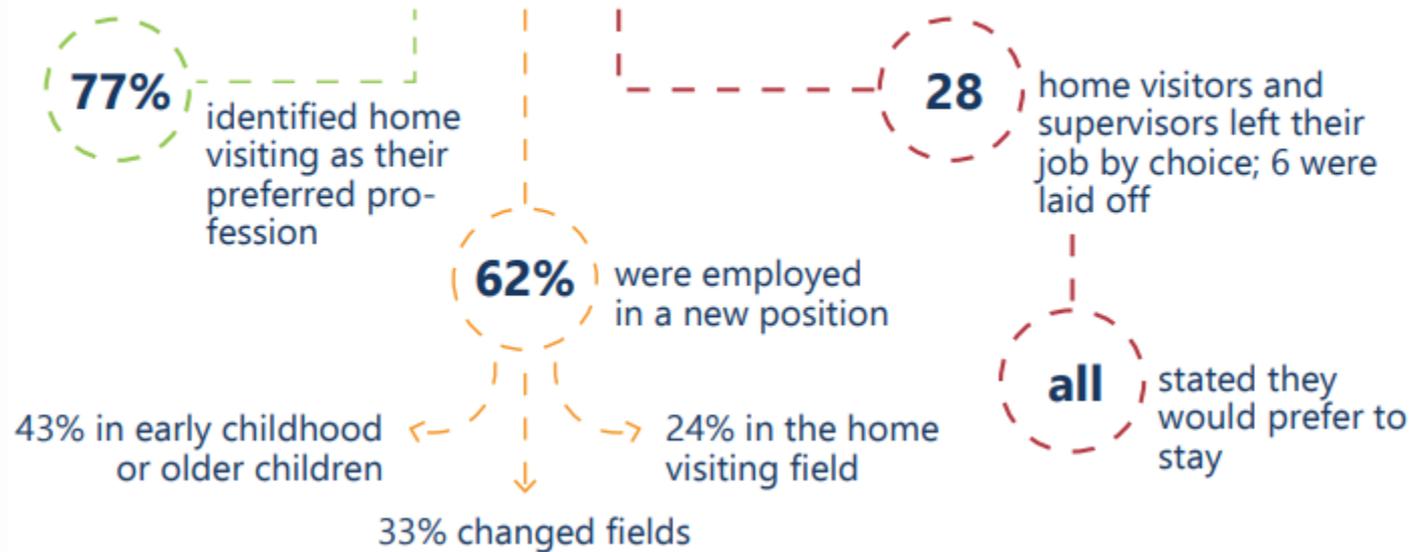
- Exercise
- Taking time off
- Practicing mindfulness



Coworker Support



During the 6 months of the study, 27 home visitors and 7 supervisors participated in an exit survey



Of those re-employed, higher pay and less paperwork were stated benefits of new employment.

12% plan to leave within the next 2 years



COMMON REASONS FOR LEAVING:

- Lack of promotion opportunities
- Excessive paperwork
- Inadequate leadership
- Low pay

HOME VISITORS
intending to stay

87.2%

SUPERVISORS
intending to stay

91.2%



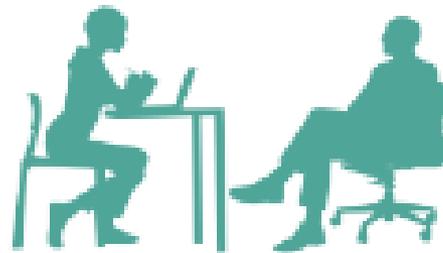
The #1 reason home visitors and supervisors want to stay is to help children and families.

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



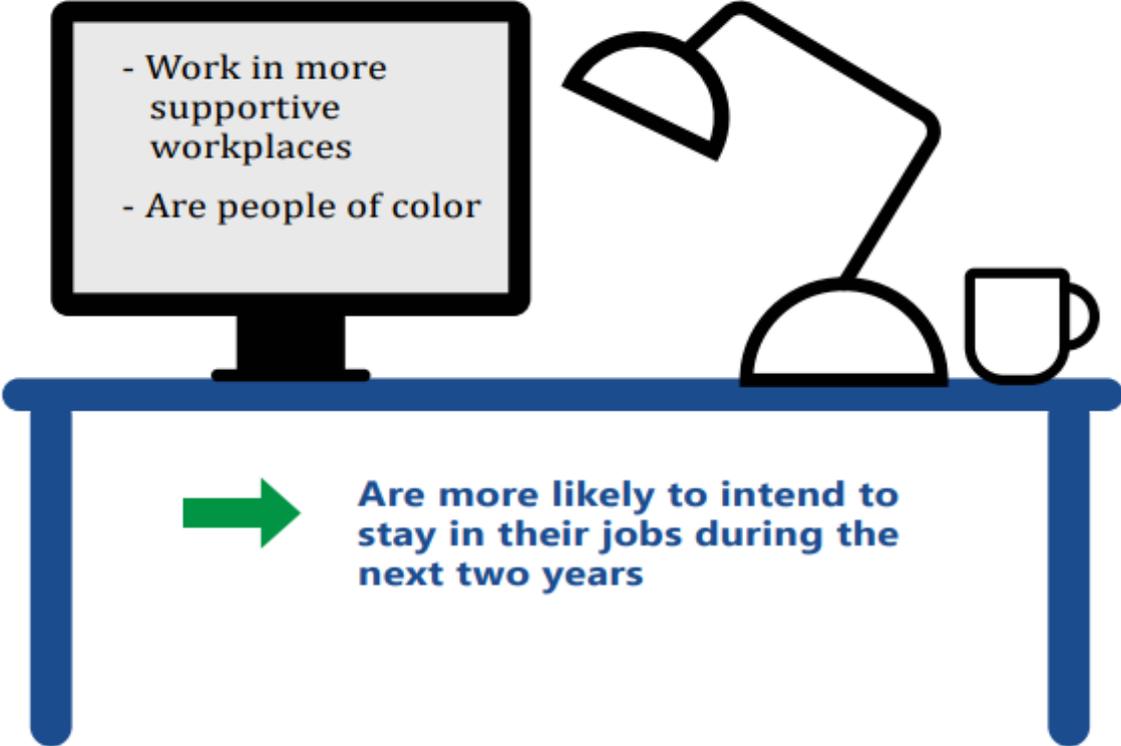
The #1 reason home visitors and supervisors want to stay is to help children and families.

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



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

Kerry.I.cassidynorton@state.or.us

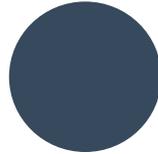
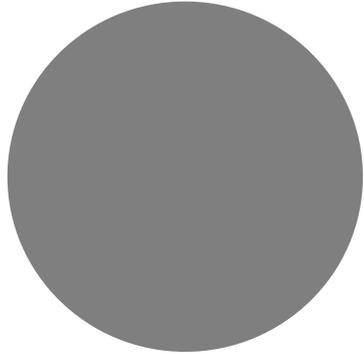
Thank you!

The logo for the Oregon Health Authority. It features the word "Oregon" in a smaller, orange, serif font above the word "Health" in a large, dark blue, serif font. Below "Health" is the word "Authority" in a smaller, orange, serif font. A thin dark blue horizontal line is positioned between "Health" and "Authority".

Oregon
Health
Authority



Introducing the 2020 Joy in Work CQI Learning Collaborative



Background: Selection of Joy in Work for 2020

Home Visiting is as Tough as it is Rewarding

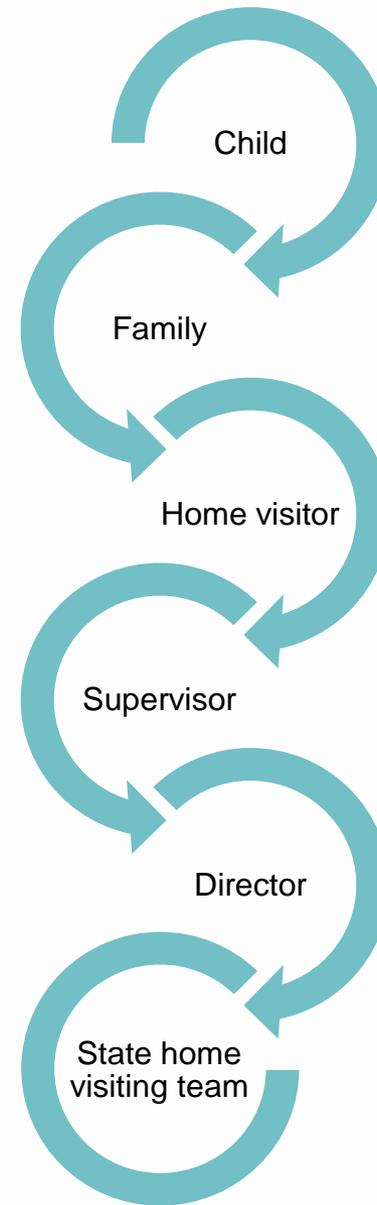
Home visitor stress and burnout affects staff, clients and the organization

- 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*

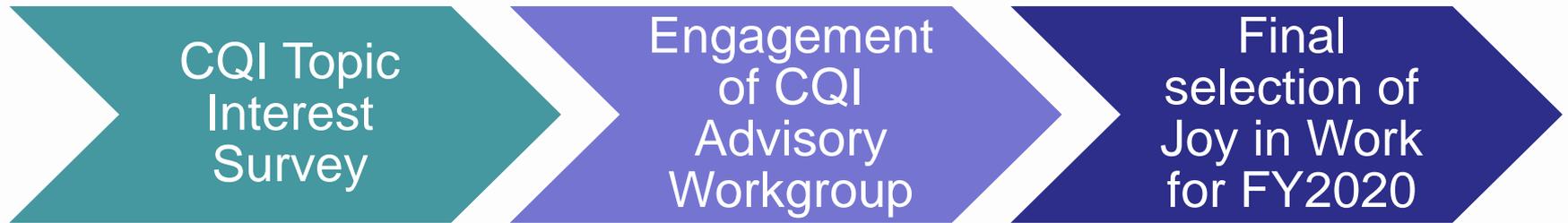


Joy in Work in Healthcare and Home Visiting

- 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



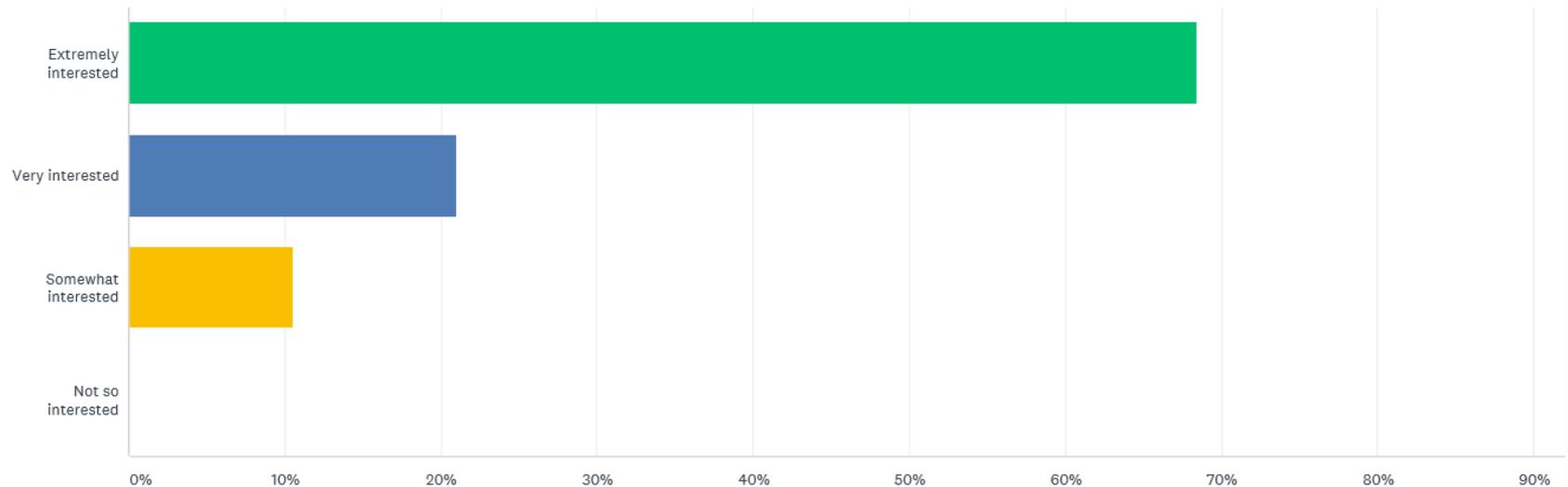
Final selection of Joy in Work for FY2020

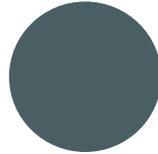
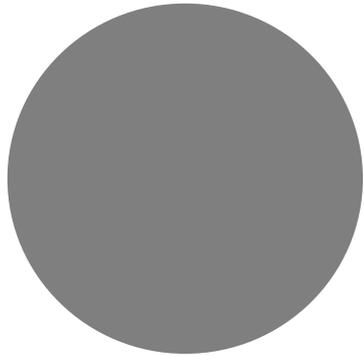


2020 MIECHV CQI Projects Topic Interest Survey
Results

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

Answered: 19 Skipped: 0





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

Why have a Collaborative Charter for CQI Projects?

Oregon Maternal, Infant and Early Childhood Home Visiting (MIECHV) Program's 2020 Statewide CQI Learning Collaborative on Joy in Work

Joy in Work Collaborative Charter

A. What are we trying to accomplish?

Call to Action: Home Visitors in Oregon work tirelessly to promote positive outcomes for children and families, many of whom experience complex challenges including adverse childhood experiences (ACEs) and current challenges with mental health, substance use and intimate partner violence. Families value and benefit from the support of their home visitors as they work towards their goals in supporting their children and families.

However, without a comprehensive and integrated system of trauma and resiliency supports, collective care and reflective practices for home visitors and supervisors, stress, burnout and turnover threaten the quality and impact of these home visiting services¹. Staff turnover can pose a significant challenge for program quality, model fidelity and costs, negatively impact retention among families, and create low morale among home visiting teams².

From January 2017 through June 2019, Oregon took part in the Region X Home Visiting Innovation Grant along with Washington, Idaho and Alaska to develop and evaluate a system of trainings and supports for home visitors. This grant included a Region X workforce study of home visitors and supervisors, to understand the factors that influence staff competency, retention, and capacity to remain in the relationship-based work of home visiting and to better support the workforce and reduce staff burnout and turnover. The study found that in Oregon, 24.2% of home visitors and 26.7% of home visiting supervisors had left their position in the previous 12 months.

Oregon Specific Findings from the Region X Innovation Grant Workforce Study³

Job Status and Structure

- 34% of home visitors and 50% of supervisors have been in their current job less than two years.
- Home visitors report spending an average of 11.9 hours each week delivering face-to-face home visitation services and 9.4 hours each week completing paperwork.

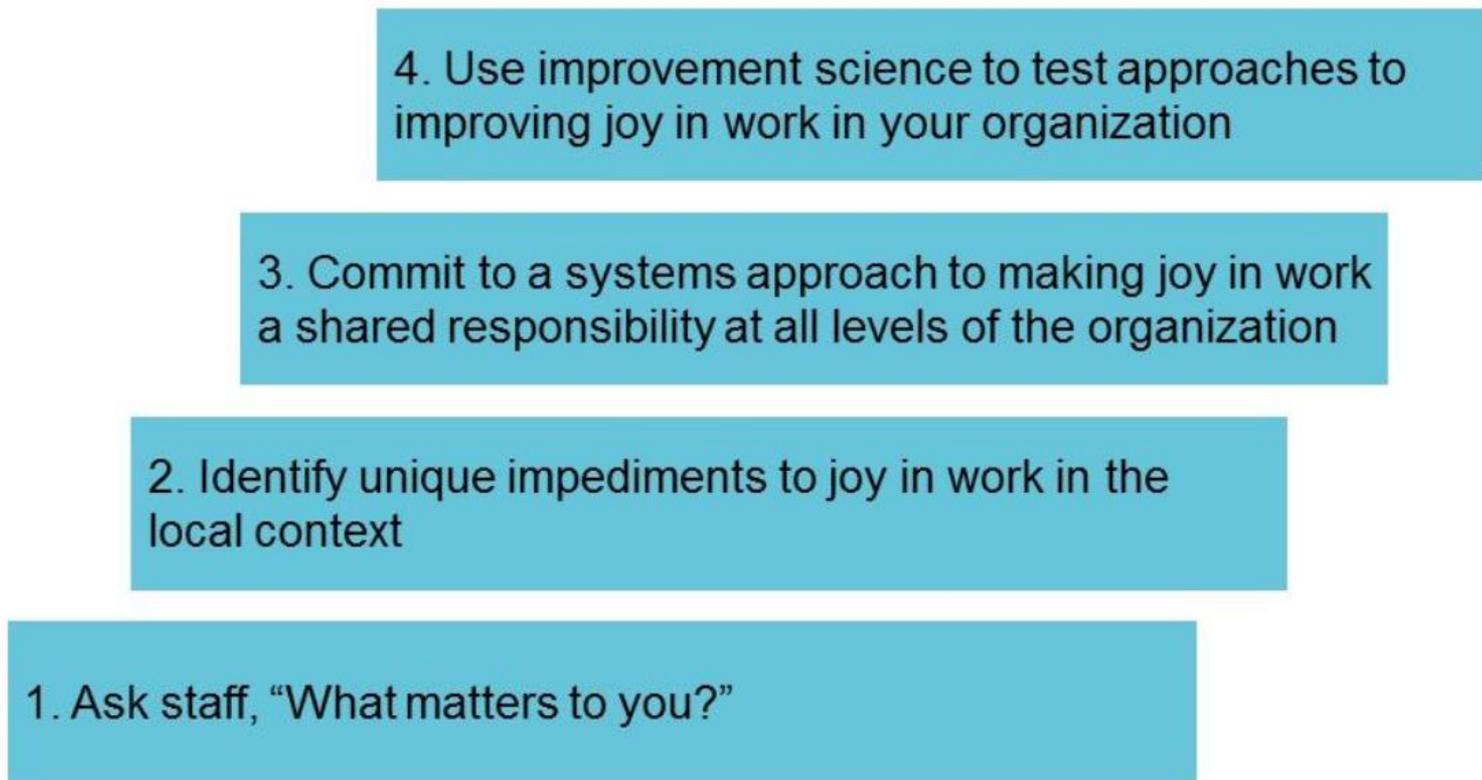
Financial Security

- Being a home visitor of color predicts an average of \$1.35 less in hourly pay compared to white home visitors.
- 69% of home visitors and 50% of home visiting supervisors report at least "some difficulty" in paying their

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

The Process for Engaging in Joy in Work

Figure 1. Four Steps for Leaders





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

Oregon MIECHV Program's FY2020 Joy in Work Learning Collaborative Key Driver Diagram

Primary Drivers	Secondary Drivers
<p>PD1. Meaning, Purpose and Recognition</p> <p><i>Process Measures:</i></p> <ol style="list-style-type: none"> 1) "My job makes me feel like I am part of something meaningful" 2) "I am recognized and thanked for what I do" 3) "I feel leadership cares about the work that I do." 	<ol style="list-style-type: none"> 1. Home visiting teams have a shared understanding of their work 2. Home visitors feel that the work they do makes a difference 3. Home visiting staff are recognized for the impact of their work 4. Organizational leaders understand home visitors' daily work and celebrate individual and collective outcomes
<p>PD2. Physical and Psychological Safety</p> <p><i>Process Measures:</i></p> <ol style="list-style-type: none"> 1) "People at my organization respect and take into consideration all views expressed." 2) My organization recognizes the importance of my personal safety during home-visits. 	<ol style="list-style-type: none"> 1. All staff feel welcomed, supported and respected 2. Trainings are provided on physical and psychological safety for staff and leadership 3. Policies and procedures are established to create a safe and open work environment amongst staff 4. Opportunities exist for home visitors to voice their perspectives and give feedback anonymously 5. Leaders are available to staff when they need them 6. Home Visiting staff feel free from physical harm during daily work 7. The organization provides support for the staff involved in an adverse event
<p>PD3. Camaraderie and Teamwork</p> <p><i>Process Measures:</i></p> <ol style="list-style-type: none"> 1) "My work environment encourages camaraderie and conversation" 2) "I feel part of a team, working together toward something meaningful" 	<ol style="list-style-type: none"> 1. Trusting relationships exist among home visiting staff 2. Individual and team successes are recognized & celebrated collectively 3. Staff acknowledge each other's strengths and teach each other new information and skills 4. Opportunities exist for staff to spend time together
<p>PD4. Wellness and Resiliency</p> <p><i>Process Measures:</i></p> <ol style="list-style-type: none"> 1) "I feel satisfied with my work/life balance" 2) "My workplace provides a supportive environment for self-care" 3) "My work brings me joy most days" 	<ol style="list-style-type: none"> 1. Ongoing, quality reflective supervision and clinical consultation for home visitors is available 2. Organizational practices, policies, and systems are in place to support wellness and resilience, including work/life balance, and are informed by principles of trauma-informed care 3. Trainings, resources and supports are provided to staff to cultivate resilience and stress management
<p>PD5. Choice and Autonomy</p> <p><i>Process Measures:</i></p> <ol style="list-style-type: none"> 1) "I have opportunities in my organization to voice what matters to me" 2) "My current roll enables me to build my professional skills" 	<ol style="list-style-type: none"> 1. Home visiting staff work in an environment that supports choice, flexibility and autonomy 2. Home visitors are part of decisions on processes, changes, and improvements that affect them 3. Professional goals and development are cultivated and supported

Pulse Survey for Joy in Work

Pulse Survey Questions

Response options: Likert Scale 1-5 (Strongly disagree, Disagree, Neither Agree nor Disagree, Agree, Strongly Agree)

PD1. Meaning, Purpose and Recognition

- | | |
|---|-------------------------------------------------------------|
| 1 | My job makes me feel like I am part of something meaningful |
| 2 | I am recognized and thanked for what I do |
| 3 | I feel leadership cares about the work that I do |



PD2. Physical and Psychological Safety

- | | |
|---|------------------------------------------------------------------------------------|
| 4 | People at my organization respect and take into consideration all views expressed |
| 5 | My organization recognizes the importance of my personal safety during home-visits |

PD3. Camaraderie and Teamwork

- | | |
|---|---------------------------------------------------------------------|
| 6 | My work environment encourages camaraderie and conversation |
| 7 | I feel part of a team, working together toward something meaningful |

PD4. Wellness and Resiliency

- | | |
|----|--------------------------------------------------------------|
| 8 | I feel satisfied with my work/life balance |
| 9 | My workplace provides a supportive environment for self-care |
| 10 | My work brings me joy most days |

PD5. Choice and Autonomy

- | | |
|----|---------------------------------------------------------------------|
| 11 | I have opportunities in my organization to voice what matters to me |
| 12 | My current roll enables me to build my professional skills |

How is leadership be engaged in the Joy in Work CQI Learning Collaborative?

- Informational leadership webinar
- Memo to program administrators
- Act as a senior leader champion
- Communicate “boulders” to the larger organization and to the MIECHV program staff



A young girl with dark hair, wearing a black long-sleeved shirt with white polka dots and a pink heart on the chest, is shown from the chest up. She has a confused or questioning expression, with her eyes squinted and her mouth open in a grimace. She is pointing her right index finger upwards towards three large, grey, hand-drawn question marks floating in the air to her right. The background is a plain, light-colored wall.

QUESTIONS?



Health Break!

Please sit
with your
team when
you return
from break



Let's do Some Belly Breathing!



A close-up photograph of a young child with dark, curly hair, smiling broadly and showing their teeth. The child is on their hands and knees, crawling on a light-colored surface. The background is a plain, light gray. The text "What Matters to You?" is overlaid in large, white, bold letters across the center of the image.

What Matters to You?



“What matters to you?”:

**Building on assets and
“bright spots”**

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...



**Identify unique impediments
to joy in work:**

The “pebbles in our shoes”

**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...



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

**Where
might we
go from
here?**



Lunch

COMMENSALITY

(noun) com·men·sal·i·ty

Definition:

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

