

Traditional Health Worker (THW) Subcommittee Application

About the Commission

The Oregon Health Authority's Traditional Health Worker (THW) Commission promotes the role, engagement and utilization of the traditional health workforce, which includes Community Health Workers, Peer Support and Peer Wellness Specialists, Personal Health Navigators, and Doulas, in Oregon's Integrated and Coordinated Health Care Delivery System.

The Commission advises and makes recommendations to the Oregon Health Authority (OHA) on the development, implementation, and sustainability of the THW program and ensure the program remains responsive to consumer and community health needs. The Commission will support and foster the utilization of the traditional health workforce as a strategy to assure the delivery of high-quality, culturally responsive care while striving to achieve Oregon's Triple Aim of better health, better care and lower costs.

Nineteen members appointed by the director of OHA serve on the Traditional Health Worker Commission. Ten of these members must be Traditional Health Workers, at least six of whom are appointed from nominees provided by the Oregon Community Health Workers Association. The other nine members come from various medical and professional associations.

About the Traditional Health Worker Sub-Committees*

Traditional Health Worker Subcommittee activities consist of directing the ongoing body of work as assigned by the THW Commission and the Oregon Health Authority in the need to integrate Traditional Health Workers within Oregon's integrated health care system. There are numbers of subcommittees convened; Training Evaluation Metrics and Program Scoring (TEMPS), Payment Models Ad Hoc Workgroup, and Systems Integration Subcommittees that will meet monthly.

All interested in applying for an appointment to the THW Commission Subcommittees, must complete this application and submit via e-mail or postal mail to:

Oregon Health Authority
Office of Equity and Inclusion
421 SW Oak Street, Suite 750
Portland, OR 97204

OR Email to:

thw.program@state.or.us

Please type or print clearly.

SECTION 1: Applicant Contact Information

First Name		Last Name	
Mailing Address			
City		State	Zip Code
Day Time Phone Number () —		E-mail	
Occupation/Title			

SECTION 2: Demographic Information

This information is **optional**. Under federal and state law, this information cannot be used to discriminate against you. We will use this information to support equitable representation on the THW Sub Committee.

<p>A. Race (check all that apply)</p> <p><input type="checkbox"/> American Indian or Alaska Native</p> <p><input type="checkbox"/> Canadian Inuit, Metis or First Nation</p> <p>Asian:</p> <p><input type="checkbox"/> Asian Indian</p> <p><input type="checkbox"/> Cambodian</p> <p><input type="checkbox"/> Chinese</p> <p><input type="checkbox"/> Filipino</p> <p><input type="checkbox"/> Japanese</p> <p><input type="checkbox"/> Korean</p> <p><input type="checkbox"/> Laotian</p> <p><input type="checkbox"/> South Asian</p> <p><input type="checkbox"/> Vietnamese</p> <p><input type="checkbox"/> Other Asian: _____</p> <p><input type="checkbox"/> Black or African American</p> <p><input type="checkbox"/> Caribbean</p> <p>Pacific Islander:</p> <p><input type="checkbox"/> Guamanian or Chamorro</p>	<p>B. Primary Race Identity-Optional (check one)</p> <p><input type="checkbox"/> American Indian or Alaska Native</p> <p><input type="checkbox"/> Canadian Inuit, Metis or First Nation</p> <p>Asian:</p> <p><input type="checkbox"/> Asian Indian</p> <p><input type="checkbox"/> Cambodian</p> <p><input type="checkbox"/> Chinese</p> <p><input type="checkbox"/> Filipino</p> <p><input type="checkbox"/> Japanese</p> <p><input type="checkbox"/> Korean</p> <p><input type="checkbox"/> Laotian</p> <p><input type="checkbox"/> South Asian</p> <p><input type="checkbox"/> Vietnamese</p> <p><input type="checkbox"/> Other Asian: _____</p> <p><input type="checkbox"/> Black or African American</p> <p><input type="checkbox"/> Caribbean</p> <p>Pacific Islander:</p> <p><input type="checkbox"/> Guamanian or Chamorro</p>	<p>C. Ethnicity (check all that apply)</p> <p><input type="checkbox"/> Not of Hispanic, Latino/a, or Spanish origin</p> <p>Hispanic, Latino/a, or Spanish origin:</p> <p><input type="checkbox"/> Mexican, Mexican American, Chicano</p> <p><input type="checkbox"/> Puerto Rican</p> <p><input type="checkbox"/> Cuban</p> <p><input type="checkbox"/> Other Hispanic, Latino/a, or Spanish origin: _____</p> <p><input type="checkbox"/> Decline to Answer</p> <p><input type="checkbox"/> Unknown</p> <hr/> <p>D. Disability</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> Decline to Answer</p>
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<input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Eastern European <input type="checkbox"/> Western European <input type="checkbox"/> Slavic <input type="checkbox"/> Other White: <hr/> <input type="checkbox"/> Middle Eastern <input type="checkbox"/> Northern African <input type="checkbox"/> Decline to Answer <input type="checkbox"/> Unknown <input type="checkbox"/> Other: _____	<input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Eastern European <input type="checkbox"/> Western European <input type="checkbox"/> Slavic <input type="checkbox"/> Other White: <hr/> <input type="checkbox"/> Middle Eastern <input type="checkbox"/> Northern African <input type="checkbox"/> No Primary Race Identity <input type="checkbox"/> Decline to Answer <input type="checkbox"/> Unknown <input type="checkbox"/> Other: _____	
<p>E. Language Needs</p> <p>A). In what language do you want us to speak with you? _____</p> <p>B). Do you need an interpreter? _____</p> <p>C). Do you need a sign language interpreter? _____</p> <p>D). Do you need written materials in an alternate format? If yes, which? _____</p> <p>E). How well do you speak English?</p> <input type="checkbox"/> Very Well <input type="checkbox"/> Well <input type="checkbox"/> Not Well <input type="checkbox"/> Not at all	<p>F. Gender (Check all that apply)</p> <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Transgender <input type="checkbox"/> Unknown <input type="checkbox"/> Other: _____ <input type="checkbox"/> Decline to Answer	<p>G. Sexual Orientation</p> <input type="checkbox"/> Bisexual <input type="checkbox"/> Gay <input type="checkbox"/> Heterosexual <input type="checkbox"/> Lesbian <input type="checkbox"/> Other: _____ <input type="checkbox"/> Decline to Answer <input type="checkbox"/> Other: _____

Please check all that apply to you:

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|--|--|
| <input type="checkbox"/> Traditional Health Worker <ul style="list-style-type: none"> <input type="checkbox"/> Community Health Worker <input type="checkbox"/> Peer Support Specialist <input type="checkbox"/> Peer Wellness Specialist <input type="checkbox"/> Personal Health Navigator <input type="checkbox"/> Doula | <input type="checkbox"/> Health Care Provider <ul style="list-style-type: none"> <input type="checkbox"/> Addictions Treatment Provider <input type="checkbox"/> Behavioral Health Treatment Provider <input type="checkbox"/> Hospital <input type="checkbox"/> Physical Health Provider <input type="checkbox"/> Governmental Agency |
|--|--|

- | | |
|---|---|
| <input type="checkbox"/> Local Agency | <input type="checkbox"/> University |
| <input type="checkbox"/> State Agency | <input type="checkbox"/> Community Advocate |
| <input type="checkbox"/> Workforce Development | <input type="checkbox"/> Coordinated Care Organization Member |
| <input type="checkbox"/> Community College | <input type="checkbox"/> Community Based Organization: |
| <input type="checkbox"/> Train Traditional Health Workers | _____ (Organization Name) |

SECTION 3: Positions

Three subcommittees have been established with a total of 5 positions available on each subcommittee representing the 5 THW worker types (Community Health Workers, Peer Support Specialist, Peer Wellness Specialist, Personal Health Navigators, and birth Doulas).

Subcommittees

Criteria:

- If serving on the Training Evaluation, Metrics, and Program Scoring (TEMPS) Subcommittee Individuals must not participate if your training program(s) up for review by OHA
- Meetings will be held monthly
- Individuals must have experience in coordinating or working in a traditional health worker program

Please Check One:

- Payment Models Workgroup:** The work group is responsible for Researching and looking into different forms of workable payment models for THWs as outlined in Division 180 THW Rule 410-180-0370 for Community Health Workers, Peer Wellness Specialists, Personal Health Navigators, Doulas and Peer Support Specialists across health system in Oregon.
- THW Systems Integration:** This subcommittee have two sub worker groups that are responsible for integrating the THW workforce into the health care system by analyzing opportunities and barriers to employment and creating a strategic plan to improve health equity to underserved populations. Strategies may include outreach, training, and education of CCOs and other community based organizations, monitoring and reporting on employment standards such as wages, benefits, and scope of work. **The two Sub workgroups within System Integration Committees are:**
 - **System Outreach & Education Workgroup:** This subcommittee will be responsible for providing Guidelines and roles, expectations, for CCOs, Fidelity to worker Types, communication and messaging for Training Programs and other professionals that work with THWs as well as for THWs as outlined in Division 180 THW Rule 410-180-0370 for Community Health Workers, Peer Wellness Specialists, Personal Health Navigators, and Peer Support Specialists Certification Curriculum Standards.
 - **Environmental Awareness and Collaboration /TA Subcommittee:** This subcommittee will be A group of experts with expertise in 5 worker types who are available to answer questions (TA) surrogate professional group that could help develop a professional association. Internal and External TA.
- Training Evaluation Metrics and Program Scoring (TEMPS):** The Training, Evaluation, Metrics, & Program Scoring (TEMPS) subcommittee will continue to develop the metrics, standards & guidance needed to review and

approve THW training program applications from organizations interested in offering approved THW training programs. Additionally, this subcommittee will establish the metrics, standards and guidance for continuing education requirements for all traditional health workers (e.g., community health workers, peer support and peer wellness specialists, personal health navigators and doulas) who wish to qualify for (re)-certification by the Oregon Health Authority. Based on the set of metrics comprised by the THW TEMPS subcommittee, reviewers will evaluate applications with an expected initial response range of 60 days.

SECTION 4: Interest and Experience

Please describe why you are interested in serving on the THW Subcommittee. (150 words max)

Please describe how your background and experience would support your work on the THW Subcommittee. This can include your experience as a Community Health Worker, Peer Support or Peer Wellness Specialist, Personal Health Navigator, or Doula, as well as other applicable assets, insight, and experience. (150 words max)

Experience Please share your experience on advisory councils, committees, or workgroups.

Name of Council or Committee	Dates of Membership	Scope or focus of your participation
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References Please list two or three people who can provide information about your potential contributions to the THW Commission.

Name	Title/Affiliation	Phone	Email

SECTION 5: Signature

I certify that the statements made by me on this form are true and correct to the best of my knowledge and belief.

Signature of Applicant

Date

Note: Completion of this application does not confirm membership on the THW Subcommittee..