Traditional Health Worker Training Program *Initial* Application

Purpose

All Traditional Health Workers, listed below, who wish to qualify for certification by the Oregon Health Authority (OHA) must complete an OHA approved training program.

- Birth Doulas
- Community Health Workers
- Peer Support Specialists
- Peer Wellness Specialists
- Family Support Specialists
- Youth Support Specialists
- Personal Health Navigators
- Tribal Traditional Health Workers

Organizations interested in offering approved Birth Doula, Community Health Worker, Peer Wellness Specialist, Family Support Specialist, Youth Support Specialist, Peer Support Specialist, Personal Health Navigator, and Tribal Traditional Health Worker training programs must complete and submit this application to OHA, indicating all program requirements have been met in accordance with OAR 950-060-0000 through 950-060-0160: https://secure.sos.state.or.us/oard/displayDivisionRules.action?selectedDivision=7798

This document can be provided upon request in an alternate format for individuals with disabilities or in a language other than English for people with limited English skills. To request this publication in another format or language, contact THW.Program@odhsoha.oregon.gov.

How to submit your application

An electronic copy of the completed application and all supporting documents must be submitted to the Oregon Health Authority. The completed application must include Sections 1 through 5, with all necessary attachments. Organizations seeking a waiver to any OHA training program requirement must also submit a *Traditional Health Worker Training Program Temporary Waiver Request* (download a copy of form OHA 8906B at https://www.oregon.gov/oha/EI/Pages/Become-an-Oregon-Health-Authority-Approved-THW-Training-Program.aspx).

Please use the form to type in your answers. If you are having difficulties accessing the form, please contact THW.Program@odhsoha.oregon.gov. Please stay within the word count as indicated in the parentheses. If you have a compelling reason to go beyond the word count provided, please attach additional documents and reference them in the section.

Email the following documents to THW.Program@odhsoha.oregon.gov:

1. The PDF application, AND
2. All supporting documents in PDF format (required).

Note: OHA will keep this electronic copy of your application, and all submitted course materials on file. You may need to submit multiple emails if the attachments are too large and/or zip the file to reduce size.

Application process

- If you are applying for multiple training programs, **you must submit a separate complete application for each training program.**
- The completed application must be submitted at least 120 days in advance of the first expected class day. OHA may take up to 120 days to review an application.
- If an application is incomplete, OHA will send written notice requesting resubmission of complete application packet.
- If OHA determines that all training program requirements are sufficiently met, OHA shall send written notice of approval. If OHA determines that training program requirements are not met or are no longer being met, OHA may deny, suspend or revoke training program approval.
- OHA may conduct site visits of training programs, either before approving a training program or at any time during the three-year approval period.

Our discrimination policy

The Oregon Department of Human Services (ODHS) and the Oregon Health Authority (OHA) do not discriminate against anyone. This means that ODHS|OHA will help all who qualify and will not treat anyone differently because of age, race, color, national origin, gender, religion, political beliefs, disability or sexual orientation.

You may file a complaint if you believe ODHS or OHA treated you differently for any of these reasons.

To file a complaint with the state, you can call the Governor's Advocacy Office at 1-800-442-5238 (TTY 711) or write:

Governor's Advocacy Office (GAO)

500 Summer Street NE, E-17
Salem, OR 97301
Fax: 503-378-6532

Email: GAO.info@odhs.oregon.gov
"Equal opportunity is the law!"

Review committee

Applications will be screened by OHA and completed applications will be reviewed by the Training Evaluation Metrics and Program Scoring (TEMPS) Subcommittee of the Oregon Health Authority's Traditional Health Worker (THW) Commission.

Criteria for approval

Approved training programs should have a deep understanding of the history and purpose of the Traditional Health Workforce, and train THWs in a manner that will maintain the integrity of this long-standing community-based and peer-based model of health delivery. In the review of applications, the committee will carefully evaluate whether the training program adequately fulfills all OHA-defined requirements, unless a waiver for a specific requirement is approved. In an effort to be inclusive of all communities throughout Oregon that may benefit from the services of THWs and to ensure resources are appropriately allocated, the committee may also take into consideration the geographic distribution of training programs, the level of need for training programs in communities, and the diversity of communities served when reviewing applications.

Approval period

OHA approved training programs must apply to renew its approval status every three years. The renewal application must be submitted at least 6 months before the approval expiration date. **Failure to do will result in your organization being required to submit the training as an initial training and not a renewal.**

Proof of approval

During the approval period, the written notice of OHA approval must be made available to any student and/or partnering organization that requests a copy and, to the extent possible, displayed at the main training center. OHA contact information for questions, comments or concerns about the THW Program should be included on all student materials and advertising for the program:

Notice of OHA approval

This training program has been approved by the Oregon Health Authority to provide certification training for Traditional Health Workers. If you have any questions, comments or concerns about Oregon's Traditional Health Worker training and certification program, contact THW.Program@odhsoha.oregon.gov*.*

Letter or Certificate of Completion for graduates

The organization agrees to issue a written letter or Certificate of Completion to all successful training program graduates. Individuals who do not meet the criteria for

completion should receive a letter or Certificate of Attendance/Participation only. This will not qualify them to be placed on the registry. Criteria for completion means:

1. Attend and complete all required instructions
2. Demonstrate achievement of all assessment requirements
3. Have lived experience like the population that will serve as a PSS, PWS, FSS, and YSS or experiential knowledge from the same community which will be served as a CHW and TTHW

Each certificate must state whether the oral health training requirement was fulfilled in addition to and as a part of the training.

Reporting to OHA

The organization agrees to verify, with OHA, the names of graduates when those individuals apply for certification and registry enrollment. The organization agrees it will not impose additional costs on individuals for this verification. The organization agrees to submit a quarterly report that includes agency information, partnering organizations, counties in which the training was held, and THW information including demographic information, preferred language, counties of residence, and education levels of individuals trained.

Abbreviations used in the application

- **CBO:** Community-Based Organization
- **CCO:** Coordinated-Care Organization
- **CHW:** Community Health Worker
- **NAV:** Personal Health Navigator
- **OHA:** Oregon Health Authority
- **PSS:** Peer Support Specialist
- **PWS:** Peer Wellness Specialist
- **THW:** Traditional Health Worker
- **FSS:** Family Support Specialist
- **YSS:** Youth Support Specialist
- **TTHW:** Tribal Traditional Health Worker

Questions about THW training program approval?

Contact the Equity and Inclusion Division at THW.Program@odhsoha.oregon.gov.

Application summary checklist

Please check that all necessary components of this application are completed and attached. The completed application must include Sections 1 through 5, with all necessary attachments. **Failure to provide all required items will result in your application being returned for resubmission.**

☐ **Application summary checklist** with numbered list of attachments named using the titles in the checklist below (required).

Section 1: General information

☐ Attached: **1.5 Any prior THW training experience in the past three years** (not required).

Section 2: Training program details

☐ Attached: **2.3 Signed agreement** with an Oregon CBO. Required for all non-Community-Based Organizations (see OAR at https://secure.sos.state.or.us/oard/viewSingleRule.action?ruleVrsnRsn=325622).

☐ Attached: **2.8 Form for student feedback**

☐ Attached: **Facilitator's Guide**

Section 3: Training curriculum

Check **one** certification type only. (Additional applications are necessary for each certificate type. **The same curriculum may not be used to satisfy multiple certification types**)

☐ 3a. Please indicate training program type (check only **one** type per application):

- ☐ Community Health Worker
- ☐ Personal Health Navigator
- ☐ Peer **Wellness** Specialist type:
  - ☐ Adult Addictions
  - ☐ Adult Mental Health
  - ☐ Family Support Specialist
  - ☐ Youth Support Specialist
- ☐ Peer **Support** Specialist type (check only **one** type per application):
  - ☐ Adult Addictions
  - ☐ Adult Mental Health
  - ☐ Family Support Specialist
  - ☐ Youth Support Specialist

☐ 3b. Doula training

- ☐ Attached: 3b.1 Training program syllabus and list of materials, including doula reading list

☐ 3c. Tribal Traditional Health Worker

Section 4: Demonstration of successful completion

☐ Attached: **4.4 Sample examination** and other examination materials of training offered.

☐ Attached: **4.5 Copy of certificates of completion** with designation:

- **Lived experience** —Required for PSS and PWS certifications, **or**
- **Community experience** — Required for CHW and TTHW certifications.

Plus completion of all instruction and assessment requirements (required).

☐ Attached: **4.6 Copy of certificates of attendance/participation** without designation:

- **Lived experience** —Required for PSS and PWS certifications, **or**
- **Community experience** — Required for CHW and TTHW certifications.

Plus completion of all instruction and assessment requirements (required).

Section 5: Signature (Required)

☐ Signed and dated by the director.

Oral Health Training requirement

Completion of an Oral Health Training is required for certification. How are trainees completing the Oral Health Training requirement (check one):

- ☐ **Internally, either by your training organization or an outside entity.** If this option is selected, you must document these additional hours separately from the total number of Foundational Training hours on the Certificate of Completion. (See topic requirements at OAR 950-060-0130.)
- ☐ **Externally by an OHA-approved Oral Health Training that trainees take separate from the Foundational Training.** If this option is selected, **do not** include these hours in the total number of Foundational Training hours documented in this application or on the Certificate of Completion.

Attachments

Please number and list **all** attachments that are included with your application, in the order that they are referenced in the application. Please use list of attachments outlined in the checklist to name each item. Please include:

When sending electronic copies of the attachments, make sure the number and name of the file corresponds to what is listed below. **All documents should be in PDF format and sized for printing on 8.5 x 11 paper. This is required for submission. Failure to do so will result in your application being returned.** Please name the attachment file according to the file name for ease of review. If there are more than eight attachments, please provide a separate page.

Name of attachment (See checklist on page 6 for title of each attachment.)	**Section**

Section 1: General information

1.1 Organization contact information

Name of organization: _____

Official name of training program (training program must identify worker type and sub-worker type in the title): _____

Address: _____

City: _____ State: _____ Zip code: _____

Mailing address (if different from above): _____

City: _____ State: _____ Zip code: _____

Main phone: _____ Email: _____

1.2 Organization director

First name: _____ Last name: _____

Phone: _____ Email: _____

1.3 Contact person (if different from director)

First name: _____ Last name: _____

Title: _____

Phone: _____ Email: _____

1.4 Organization overview

In 300 words or less, briefly describe your organization's understanding of the history, purpose, and value of THWs (Community Health Workers, Peer Support Specialists, Peer Wellness Specialists, Family Support Specialists, Youth Support Specialists, Personal Health Navigators, Doulas, and Tribal Traditional Health Workers). This is an expansion of your organization's overview of THWs in your curriculum. Please discuss:

- The role of Traditional Health Workers in Oregon's health care system,
- How this this applies to the work that your organization is providing, and
- Your mission and teaching philosophy (ex: popular education and/or how you provide information to students).

(For more information, see OAR 950-060-0100 at https://secure.sos.state.or.us/oard/viewSingleRule.action?ruleVrsnRsn=301296.)

Type of organization (must be Oregon-based):

- [ ] College/university
- [ ] Community college
- [ ] Community-Based Organization (must be an Oregon-based CBO)
- [ ] Clinic/hospital
- [ ] Coordinated Care Organization
- [ ] Local health department
- [ ] State organization or program
- [ ] Federally Recognized Tribe(s) in Oregon
- [ ] Other: _____

Training offered:

Check the type(s) of THW training that your organization is seeking renewal for:

- [ ] CHW, PWS, NAV core curriculum training (section 3a and b)
- [ ] Plus CHW training topics (80 hours)
- [ ] Plus NAV training topics (80 hours)
- [ ] Plus PWS training topics (80 hours):
  - [ ] For adult-to-adult mental health support
  - [ ] For adult-to-adult addictions support
  - [ ] For family-to-family support
  - [ ] For youth-to-youth support
- [ ] Plus NAV training topics (80 hours)
- [ ] Plus PSS training topics (40 hours):
  - [ ] For adult-to-adult mental health support
  - [ ] For adult-to-adult addictions support
  - [ ] For family-to-family support
  - [ ] For youth-to-youth support
- [ ] Doula training (28 hours)
- [ ] Tribal Traditional Health Worker (80 hours)

1.5 Prior training experience (not required for program approval)

If applicable, attach a 1–2 page PDF document listing your organization's prior experience in training THWs in the past three (3) years.

☐ Check here if there is a 1.5 attachment, including:

- A brief description or list of topics covered
- Start and end dates (if not ongoing)
- Location
- Hours of training
- Training format
- Target audience

Section 2: Training program details

2.1 Delivery of training

Location

What is the geographic reach of the training program? List of training facilities and locations (if available). If your training information exceeds the space provided below, please include all location details on a separate paper and submit as an attachment.

Training facilities	Facility locations	Format(s) of training(s)
		☐ In-person ☐ Virtual (for example, Zoom) ☐ Hybrid (Mixture)
		☐ In-person ☐ Virtual (for example, Zoom) ☐ Hybrid (Mixture)
		☐ In-person ☐ Virtual (for example, Zoom) ☐ Hybrid (Mixture)

Instructors

List names of instructors and their credentials or work experience with THWs.

Instructor name	Credentials or work experience

Methodology

Describe the program's teaching methodologies (e.g. use of popular education concepts, adult learning principles). Please reference the relevant pages in the course materials where teaching methodology is described or attach a sample of some activities demonstrating the described methodology (**Required**, 200 words):

Format

Identify the formats in which training will be delivered (e.g. classroom, distance learning, small group, etc.) (**Required**, 100 words):

Language

In what languages will the training be offered?

☐ English ☐ Spanish ☐ Other: _____

Accessibility strategies

What strategies will your training program take to tailor delivery of training so that it is appropriate and accessible for the specific communities served? (**Required**, 150 words)

What strategies will your program take to make training inclusive and accessible to individuals with different learning styles, educational backgrounds, and student needs including but not limited to disabilities and limited English proficiency? (**Required**, 150 words)

How will you ensure the program is recruiting appropriate participants? Specifically, please describe how your program is inclusive in its recruiting process for persons with direct lived or community experience, and responsive to the certification type? (required, 150 words)

2.2 Experienced THW involvement

As per OAR 950-060-0100(1)(c), all trainings seeking OHA approval require experienced THWs of their THW certification type be involved in developing and teaching the core curriculum. Failure to follow this requirement will result in your application being denied.

Please describe how THWs are involved in the **delivery** of the curriculum by worker type (**Required**):

How many THWs and in **what capacity** were they involved in the delivery of the curriculum by worker type? **(Required)**

Describe how THWs, by worker type, are involved in the **planning and development** of curriculum (**Required**):

Describe how THWs, by worker type, are involved in the **quality improvement and evaluation** of the training program. (**Required)**

2.3 Collaboration with Oregon CBO

Does your training program collaborate with an Oregon-based community-based organization (CBO)? (**Required**)

☐ Yes ☐ No

☐ This organization is a CBO — Memorandum of Understanding (MOU) letter not required.

If yes, in what ways does your training program collaborate with a CBO?

If not a CBO, attach a **signed required MOU agreement from the Community-Based Organization (CBO)** verifying the collaboration and summarizing the roles of both organizations in collaborating to deliver training. **Note: If the applicant is not a CBO, a letter describing partnership is required from a CBO.**

2.4 Recruitment and enrollment

Reduction of barriers

Identify the approach for recruiting and enrolling students. Indicate collaborations, if any, with other entities (CBOs, CCOs, other programs, etc.) and describe the organization's strategies for reducing barriers to enrollment. (**Required**.150 words)

Fees

Are there any costs for individuals, groups or organizations to enroll in and complete the training program? If so, describe the fee structure for the training program (**optional - not a factor in determination of program approval**, 150 words):

2.5 Community need

Communities of focus

Describe communities for which your program has identified a need for THW training. Note that communities may be based on geography, race, ethnicity, culture, language, socioeconomic status, ability status, and shared life experiences. (**Required**.150 words)

Appropriate geographic allocation of training resources will help ensure that all communities throughout Oregon that may benefit from the services of THWs will have access to these workers. Describe your awareness of or communication with other THW programs in your area to ensure that training needs for the community are appropriately met. (**Required**. 150 words)

2.6 Equivalency

If you plan to grant equivalency, describe how the program will grant equivalency for students who have previously completed training through this organization, other organizations, State or National, including details of the standards for granting equivalency or the assessment tool. If you will not grant equivalency, explain the circumstances that prevent your program from doing so and outline any plans for granting equivalency in the future. (**Required**. 200 words):

2.7 Academic credit

Will students receive academic credit following completion of training? (**Required**.)

☐ Yes ☐ No

List educational institutions: _____

List costs, if any: _____

2.8 Training program feedback

Describe how your organization will track student satisfaction, how students can give feedback on their training experience and how this feedback will be used to improve the program. Attach the program's evaluation form for student feedback. (**Required**. 200 words)

2.9 Records

Describe your organization's system of maintaining an accurate record of successful graduates for five years from their date of completion of the training program. See the next page for the topics to include in your response. (**Required**. 150 words):

Discuss the following:

- Release information forms
- Records include trainer, trainee, worker type, and date and agendas of the training
- Certificate of completion if there is lived experience that matches the worker types and subtypes (CHW, PSS, PWS, FSS, YSS, TTHW):
  - » Community Health Worker
  - » Personal Health Navigator
  - » Tribal Traditional Health Worker
  - » Peer Wellness Specialist type:
    - Adult Addictions
    - Adult Mental Health
    - Family Support Specialist
    - Youth Support Specialist
  - » Peer Support Specialist type:
    - Adult Addictions
    - Adult Mental Health
    - Family Support Specialist
    - Youth Support Specialist
  - » Doula
- Certificate of attendance or participation, if there is no lived experience by worker types and subtypes (CHW, PSS, PWS, FSS, YSS and TTHW):
  - » Community Health Worker
  - » Personal Health Navigator
  - » Tribal Traditional Health Worker
  - » Peer Wellness Specialist type:
    - Adult Addictions
    - Adult Mental Health
    - Family Support Specialist
    - Youth Support Specialist
  - » Peer Support Specialist type:
    - Adult Addictions
    - Adult Mental Health
    - Family Support Specialist
    - Youth Support Specialist
  - » Doula

Section 3a: CHW, PSS, PWS, FSS, YSS, NAV, TTHW training curriculum

3a.1 Program syllabus and materials

Please fill out this section for the training program. Failure to do will result in your application being returned.

Attach the training program syllabus and course materials, with a table of contents and pages consecutively numbered. These materials should include instructors' manuals and student handbooks, organized by course; handouts and homework assignments; and lists of textbooks and other instructional materials used.

OHA approved training programs for CHW, PHN, PSS, PWS, FSS, YSS, and TTHW must be at minimum hours required and address all of the following required topics in their core curriculum. Additional topics to the core curriculum are to be included for specific THWs. Training programs are expected to introduce students to each topic, covering key principles to develop a basic foundation of competencies in students before they enter the workforce. Developing full competency in these topics is a continual learning process, and it is expected that following completion of this initial core curriculum, students will deepen their introductory understanding of these topics through worksite-specific training and continuing education. For more information on these topics, please refer to the Traditional Health Workers Program policies, rules and laws: https://www.oregon.gov/oha/EI/Pages/THW-Leg-and-Rules.aspx

Topics required for CHW, PSS, PWS, FSS, YSS, PHN and TTHW.

Please indicate the attachment page or name of document where topic is addressed to help facilitate the review. Applicants that don't complete this section will be notified that their application is incomplete and will need to resubmit their application.

1. Community Engagement, Outreach Methods and Relationship Building:

   _____

2. Communication Skills, including cross-cultural communication, active listening, and group and family dynamics:

   _____

3. Empowerment Techniques:

   _____

4. Knowledge of Community Resources:

   _____

5. Cultural Competency & Cross-Cultural Relationships, including bridging clinical & community cultures:

   _____

6. Conflict Identification and Problem Solving:

7. Conducting Individual Strengths and Needs Based Assessments:

8. Advocacy Skills:

9. Ethical Responsibilities in a Multicultural Context:

10. Legal Responsibilities:

11. Crisis Identification and Problem-Solving including suicide prevention, overdose/ intoxication, psychiatric crisis and safety planning:

12. Professional Conduct, including culturally appropriate relationship boundaries and maintaining confidentiality:

13. Navigating Public and Private Health and Human Service Systems, including state, regional, local systems:

14. Working with Caregivers, Families, and Support Systems, including paid care workers:

15. Trauma-Informed Care, including screening and assessment, recovery from trauma, minimizing re-traumatization:

16. Self-Care:

17. Oral Health Care:

Additional topics for CHW, NAV, PWS and TTHW

18. Social Determinants of Health:

19. Building partnerships with local agencies and groups:

20. The Role and certified Scope of Practice for Traditional Health Workers:

21. Roles and Expectations for Working in Multidisciplinary Teams, including supervisory relationships:

22. Data Collection and Types of Data:

23. Organization Skills and Documentation, including use of Health Information Technology (HIT):

24. Introduction to Disease Processes including chronic diseases, mental health, tobacco cessation and addictions, including warning signs, basic symptoms, and when to seek medical help:

25. Health Across the Life Span:

26. Adult Learning Principles — Teaching and Coaching:

27. Stages of Change:

28. Health Promotion Best Practices:

29. Health Literacy Issues:

Additional topics for CHW, PWS and TTHW

A. Self-Efficacy:

B. Group Facilitation Skills:

C. Cultivating Individual Resilience:

D. Recovery, Resilience, and Wellness Models:

E. Principles of Motivational Interviewing:

Additional topics for CHW

F. Community organizing:

G. Conducting Community Needs Assessments:

H. Popular Education Methods:

Additional topics for PSS

I. The Role and Scope of Practice of Peer Support Specialists:

J. Recovery, Resilience, and Wellness:

Additional topics for FSS

K. The Role and Scope of Practice of Family Support Specialist, including national standards:

L. Child/youth physical and emotional development (0–25):

M. Parenting concepts and protective factors:

N. Pre-K through post-secondary educational programs:

O. Systems of Care principles:

Additional topics for YSS

P. The Role and Scope of Practice of Youth Support Specialists, including national standards:

Q. Developmental assets:

R. Positive Youth Development:

S. Systems of Care principles:

3a.2 Total hours

(Core curriculum and worker-specific topics, plus oral health if applicable.)

Total Contact Hours in the Complete Curriculum: _____

Section 3a.3: Core curriculum for CHW, NAV, PSS, PWS, FSS, YSS, and TTHW

For each required core curriculum topic, list the course(s) or module(s) in your training program that cover that topic. List the learning objectives of these courses related the topic. Note that it is acceptable for one topic to be covered in multiple courses, and a single course may also cover more than one topic. Reference the corresponding page number where this course is found in the attached training program syllabus and materials. **If possible, estimate the total number of contact hours devoted to each curriculum topic throughout the training.**

Required topic	Course(s) or module(s) covering this topic	Learning objectives	Course materials page and PDF attachment title numbers	Contact hours
CHW, NAV, PWS, TTHW Social Determinants of Health				
CHW, NAV, PWS, TTHW Building partnerships with local agencies and groups				
CHW, NAV, PWS, TTHW Role and Scope of Practice of all THW				
CHW, NAV, PWS Working with Interdisciplinary Teams				
CHW, NAV, PWS, TTHW Organization Skills and Documentation and use of HIT				
CHW, NAV, PWS, TTHW Introduction to Disease Processes				
CHW, NAV, PWS, TTHW Health Across the Life Span				

Required topic	Course(s) or module(s) covering this topic	Learning objectives	Course materials page and PDF attachment title numbers	Contact hours
CHW, NAV, PWS, TTHW Stages of Change				
CHW, NAV, PWS, TTHW Health Literacy Issues				
CHW – Conducting Community Needs Assessments				
CHW, TTHW Popular Education				
CHW Community Organizing				
CHW, PWS, TTHW Cultivating Individual Resilience				
CHW, PWS, TTHW Self-Efficacy				
CHW, PWS, TTHW Principles of Motivational Interviewing				
CHW, PWS, TTHW Group Facilitation Skills				
CHW, PWS, PSS, TTHW-Recovery, Resilience, and Wellness Models				
PSS Role and Scope of Practice of PSS				
FSS Role and Scope of Practice of FSS				
FSS Physical and emotional development (0-25)				

Required topic	Course(s) or module(s) covering this topic	Learning objectives	Course materials page and PDF attachment title numbers	Contact hours
FSS Parenting concepts and protective factors				
FSS PreK – postsecondary education programs				
FSS Systems of Care principles				
YSS Role and Scope of Practice of YSS				
YSS Developmental assets				
YSS Positive Youth Development				
YSS Systems of Care principles				

Section 3b: Doula training curriculum

3b.1 Program syllabus and materials

Attach the training program syllabus and course materials, with a table of contents and pages consecutively numbered. These materials may include instructors' manuals and student handbooks, organized by course; handouts and homework assignments; and lists of textbooks and other instructional materials used. Training programs are expected to introduce students to each topic, covering key principles to develop a foundation of competencies in students before they enter the workforce.

Topics required for 28-hour doula training program

1. Anatomy and physiology of labor, birth, maternal postpartum, neonatal transition, and breastfeeding:

   _____

2. Labor coping strategies, comfort measures and non-pharmacological techniques for pain management:

   _____

3. The reasons for procedures of, and risks and benefits of common medical interventions, medications, and Cesarean birth:

4. Emotional and psychosocial support of women and their support team:

5. Birth doula scope of practice, standards of practice, and basic ethical principles:

6. The role of the doula with members of the team:

7. Communication skills, including active listening, cross-cultural communication and inter-professional communication:

8. Self-advocacy and empowerment techniques:

9. Breastfeeding support measures:

10. Postpartum support measures for the mother and baby relationship:

11. Perinatal mental health:

12. Family Adjustment and dynamics:

13. Evidence-informed educational and informational strategies:

14. Community resources referrals:

15. Professional conduct, including relationship boundaries and maintaining confidentiality:

16. Self-Care:

3b.2 Core curriculum for doula

Indicate the course or combination of courses that covers each of the following curriculum topics and reference the corresponding page number where the course(s) is described in the attached training program syllabus and materials.

Required topic	Course(s) or module(s) covering this topic	Learning objectives	Course materials page numbers	Contact hours
Example: 9. Breastfeeding support measures	Breastfeeding class, day 6	In this course students will	p. 23-28	4
1. Anatomy and physiology of labor, birth, maternal postpartum, neonatal transition, and breastfeeding				
2. Labor coping strategies, comfort measures and non-pharmacological techniques for pain management				
3. The reasons for procedures of, and risks and benefits of common medical interventions, medications, and Cesarean birth				
4. Emotional and psychosocial support of women and their support team				
5. Birth doula scope of practice, standards of practice, and basic ethical principles				
6. The role of the doula with members of the birth team				

Required topic	Course(s) or module(s) covering this topic	Learning objectives	Course materials page numbers	Contact hours
7. Communication skills, including active listening, cross cultural communication, and inter-professional communication				
8. Self-advocacy and empowerment techniques				
9. Breastfeeding support measures				
10. Postpartum support measures for the mother and baby relationship				
11. Perinatal mental health				
12. Family adjustment dynamics				
13. Evidence-informed educational and informational strategies				
14. Community resource referrals				
15. Professional conduct, including relationship boundaries and maintaining confidentiality				
16. Self-Care				

Note: there are addtional training requirents for doulas seperate from the Foundational 28-hour Birth Doulas training program. Please see below.

1. Does this organization offer Cultural Competency training?

   If yes, please attach all training criteria.

   If no, how will the program assist participants in obtaining Cultural Competency training?

Six hours required contact or criteria for Cultural Competency training?(Choose one)

◯ Yes ◯ No

2. Does this organization offer additional training in one or more of the following topics as they relate to doula care?
   a. Inter-profession collaboration: _____ hours.
   b. Health Insurance Portability and Accountability Act (HIPAA) compliance: _____ hours.
   c. Trauma-informed care: _____ hours.

3. Does your organization offer an Oregon Health Authority Approved Oral Health Training or contract with oral health subject matter experts to provide the oral health training as part of the foundational training curriculum? (**Please attach separate application** to receive approval of an Oral Health Training. See topic requirements at OAR 950-060-0130) (Choose one)

   ◯ Yes ◯ No

   Required contact or criteria for Oral Health Training? (Choose one)

   ◯ Yes ◯ No

4. Does this organization offer certification for Adult and Infant CPR? (Choose one)

   ◯ Yes ◯ No

   If no, how will the program assist participants in obtaining Adult and Infanct CPR?

Required contact or criteria for Adult and Infant CPR? (Choose one)

◯ Yes ◯ No

5. Does your training program or organization support doulas in completing the other state certification requirements, such as creating a resource list, attending three births and three postpartum visits, and support the doula in completing a state certification application? Organizations can not require that participants complete mandated hours at their respective organizations.

   If yes, please explain how the organization help the doula complete these additional requirements.

   If no, how will the program direct the doula to complete these additional requirements?

   Required contact or criteria for supporting doulas with the additional state certification requirements? (Choose one) ◯ Yes ◯ No

3b.3 List major topics in the training that are outside the scope of the minimum required topics as well (e.g. Postpartum Training, business skills, etc)

example:

Additional topic: Starting your own doula business

Courses or modules covering this topic:
Finances and Bookkeeping. Marketing for doulas.

Learning objectives: In this course, student will...

Course materials page number: p. 38-40, 45

Approximate contact hours: 2.0

1. Additional topic: _____

   Courses or modules covering this topic:

   _____

   Learning objectives:

   Course materials page number: _____

   Approximate contact hours: _____

2. Additional topic: _____

   Courses or modules covering this topic:

   _____

   Learning objectives:

   Course materials page number: _____

   Approximate contact hours: _____

3. Additional topic: _____

   Courses or modules covering this topic:

   _____

   Learning objectives:

   Course materials page number: _____

   Approximate contact hours: _____

4. Additional topic: _____

   Courses or modules covering this topic:

   _____

   Learning objectives:

   Course materials page number: _____

   Approximate contact hours: _____

5. Additional topic: _____

   Courses or modules covering this topic:

   _____

   Learning objectives:

   Course materials page number: _____

   Approximate contact hours: _____

Section 4: Demonstration of successful completion

4.1 Final assessment method

Describe how the training program will assess for the acquisition of knowledge and mastery of skills by each student during or at the end of training. (**Required**)

This final examination or series of examinations must assess for the competencies covered in each curriculum topic. (150 words) Please include the final assessment as an attachment.

Format: Indicate the assessment format(s)

- ☐ Oral exam(s)
- ☐ Written exam(s)
- ☐ Practical competency exam(s)
- ☐ Evaluation of lived experience or community involvement, if applicable

What are the criteria for passing or failing the examination? (50 words)

4.2 Final examination materials

- ☐ **Attach available sample exams, exam rubrics or other exam materials. Check box to acknowledge attachment.**

4.3 Additional criteria for successful completion

Aside from passing the final exam, describe all other criteria that must be met by students in order to successfully complete the training program (e.g. minimum attendance, makeup classes for absences, class participation, and completion of in-class or homework assignments). Describe the difference in criteria for a certificate of attendance and a certificate of completion. Include a sample of both. (**Required**.150 words.)

4.4 Initial here to agree to the following:

After training, the program:

- Distributes the THW application
- Explains how to apply for THW registry, and
- If applicable, explains the process to become a Medicaid provider.

Initials: _____

4.5 Provide a copy of the certificate of completion showing:

- Community experience for CHW and TTHW, or
- Lived experience for PSS, PWS, FSS, and YSS.

Explain the process for verification of community or lived experience as required by OARS for specific worker types in box below (**Required**.)

4.6 Provide a copy of a certificate of attendance or participation for persons who:

- Do not complete all instruction, or
- Prior experience assessment requirements.
- Does not have shared lived or community experience.

This certificate will not qualify a person for application for the registry.

Section 5: Signatures

Please read all of the following statements carefully and indicate your understanding and acceptance by signing in the space provided.

- I understand that if training program requirements are not met or are no longer being met, OHA may deny, suspend, or revoke training program approval.
- I understand that OHA may conduct site visits of training programs, either prior to approving a training program or at any time during the approval period.
- I understand that the organization must apply to renew its approval status every three years, and that the renewal application must be submitted at least 6 months prior of the date of approval expiration.
- I shall advise OHA of any changes to the organization contact information within 30 days of such changes.
- I understand that during the training program approval period and the written notice of OHA approval must be made available to any student or partnering organization that requests a copy.
- I agree to include OHA contact information for questions, comments or concerns about the THW Program on all student materials and advertising for the program.
- I agree to issue a letter of completion or certificate to students following successful completion of the training program.
- I agree to verify the names of successful training program graduates to OHA when those individuals apply for certification and registry enrollment, without imposing additional costs on the individuals.
- I agree to abide by the rules regarding the training and certification of Traditional Health Workers. See OARs 950-060-0000 through 950-060-0160, located at https://secure.sos.state.or.us/oard/displayDivisionRules.action?selectedDivision=7798.
- I certify that all the information contained in this application is true and accurate to the best of my knowledge and understanding. I understand providing false, incomplete or misleading information may result in the denial of the application or revocation of training program approval.

_____

Director signature and date

Print Reset