Traditional Health Workers: Integrating the Health Equity Workforce

April Johnson, Moderator

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Objectives

By the end of the workshop participants will understand:

- Who Traditional Health Workers (THWs) are;
- How THWs can contribute to providing high quality, culturally competent care; and
- How Oregon is promoting workforce development, competency, and integration.
Agenda

- Introduction
- Who are Traditional Health Workers?
- Overview of efforts to promote workforce development, competency and integration
- Examples from our practice: How THWs contribute to high quality, culturally competent care
- Applications
- Questions and answers
- Conclusion
What do we already know or imagine about Traditional Health Workers?
Traditional Health Workers

- Community Health Workers: trusted community members who participate in training so that they can promote health in their own communities.
- Peer wellness and peer support specialists: Have personal experience in the mental health system and/or with recovery from addictions. Training for PWSs is longer and includes a focus on holistic health promotion.
- Birth doulas: Provide support, knowledge and individual advocacy for families during birth.
- Personal Health Navigators: Connect people to existing health services and manage medical utilization.
Overview of THW Field

Purpose of Traditional Health Workers

- Reduce costs associated with health care and burden on society
- Understand and address the social determinants of health
- Address health disparities in culturally-appropriate ways
- Take a less siloed approach to health care
Overview of THW Policy

Oregon Medicaid State Plan Amendment:
- Allows for the use of THWs for OHP Members
- CFR 42: LMP can prescribe a THW for Prevention Services

House Bill 3407:
- Established the THW Commission
  - Systems Integration
  - Training and Certification standards for THWs
  - Scope of Practice-Roles and Utilization of THWs in the patient care team
THW System Integration

THW Registry:
- Provides health care workforce access to Certified THWs

System Coordination
- Rogue Community College CHW Survey and Incumbent Worker Assessment
- Transformation Center THW Survey (CCOs)

Payment Models
- DMAP-CCO Payment Model Development
Ally and Lakeesha: Background on Peer Support Workers

- 2009 Clackamas County Behavioral Health Redesign
- Recognition that peer support services as a critical component to sustained recovery for both mental health and addiction
- Contributes to the building of natural supports and community
- Creation of the Peer Services Coordinator

- Peer Services Coordinator
  - Develop peer services system of care
  - Foster and maintain relationships with peer service providers
  - Write an RFP for a comprehensive array of peer support services
  - Oversee peer provider contracts
  - Provide technical assistance
The Results – 12 Peer Support Programs

### Adults
- Supported Housing and County Clinics
- Clackamas County Jail
- Child Welfare
- Drop-in Center and Mobile Outreach

### Transition Age Youth
- Youth Drop-in and 1:1 Peer Support and Navigation
- LGBTQQQ drop-in and Gay Straight Alliance development in Schools

### Families
- Family Partners with ISA Family Facilitators and Wraparound Facilitators
- Community Education and Support Groups

### Serving All
- Centerstone Crisis Walk-in
- NAMI
- Warm Line
The Numbers

People Served
- 1:1 Peer Services: 1687
- Drop-ins: 1431
- Total Served: 3118
- Support Groups & Workshops for individuals served: 1602
- Outreach activities to system and community partners: 496
- Staff training activities: 78

NOTE: The above numbers do not include Warmline

Experience of Services
- Engagement Rate: 87%
- Report improved overall wellness (whole health): 80%
- Report improved quality of life: 77%
- Report an increase in natural supports: 73%
- Feel accepted in the community: 48%
- Report they would have returned to a higher level of care if not for PDS: 58%
Cost Savings:

This cost savings was determined using only the data submitted by 3 of our 12 peer support programs.

We are currently working on determining total cost savings based on the work of all 12 programs.

- Estimated cost savings to Jail: $1,288,710
- Estimated cost savings to child welfare: $583,400
- Estimated cost savings to system based on Warm Line calls: $283,003
- Cost of Peer Services: $2 mil
Pepper
Nuestra Comunidad Sana:

To develop leadership and share information to promote the well-being of Columbia Gorge Latino adults, teens and children using our healthy traditions and values and the best of our cultures.

Direct Service

- Pasos a Salud (Steps to Wellness)
- Community Health Team (CHT)
- Mid-Columbia Health Equity Advocates (MCHEA)
- HAPA (Hombres-Auto Responsables para parar el Abuso)
- Children in the Middle
- Raices
- Promoviendo Prosperidad
- Cover Oregon Enrollment Assisters

Policy Change Advocacy
Raeban Nolan: Doulas

- Benefits of labor doulas on mothers
  - Increased breastfeeding rates
  - Decreased cesarean section rates
  - Decreased use of epidural and other pain medication during labor
  - Decreased average labor length
  - Decreased assisted vaginal delivery (forceps, vacuum) rates
  - Decreased rates of low 5 min Apgar scores
  - Improved patient satisfaction with labor and delivery experience

- Empowering mothers and families goes a long way!
- Who can most benefit from doula support?
- Different types of doulas & doula programs

- Challenges:
  - Access for mothers to doulas - particularly undeserved women!
  - Access for doulas to sustainable pay
“Continuous support during labour should be the norm, rather than the exception. Hospitals should permit and encourage women to have a companion of their choice during labour and birth, and hospitals should implement programs to offer continuous support during labour. . . Given the clear benefits and absence of adverse effects of continuous labour support, policy makers should consider including it as a covered service for all women.”
Noelle: Community Capacitation Center

- Provide training for CHWs and CHW supervisors – for more than 15 years
- Have trained 200+ CHWs since March of 2013
- Provide technical assistance for CHW programs
- Conduct research and evaluation about CHWs and the CHW model
- Co-founded ORCHWA
- Involved in policy work at national level
How can I apply what I have learned in this session in my work and my community?
Community Based THW Resources

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Thank you!