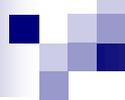


Traditional Health Workers: Integrating the Health Equity Workforce

April Johnson, Moderator

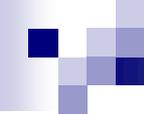
LaKeesha Dumas, Pepper McColgan,
Raeban Nolan, Elizur Bello, Noelle
Wiggins, Panelists



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

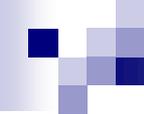


What do we already know or imagine about Traditional Health Workers?



Traditional Health Workers

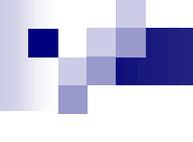
- Community Health Workers: trusted community members who participate in training so that they can promote health in their own communities
- Peer wellness and peer support specialists: Have personal experience in the mental health system and/or with recovery from addictions. Training for PWSs is longer 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



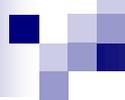
Overview of THW Policy

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
- LGBTQQ 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

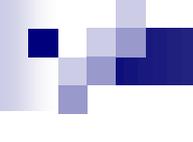
The Numbers

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%



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

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.

Pepper





Nuestra Comunidad Sana:

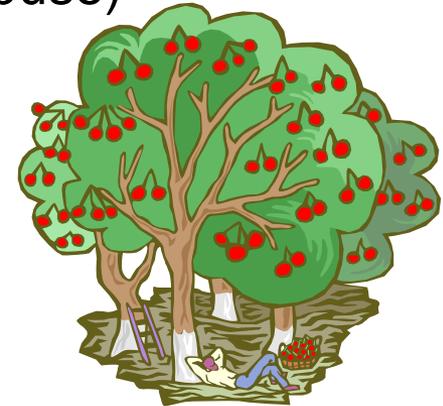
To develop leadership and share information to promote the well-being of Columbia Gorge Latino adults, teens and children using our healthy traditions and values and the best of our cultures.

Direct Service



Policy Change Advocacy

- 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



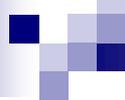


Nuestra
Comunidad
Sana



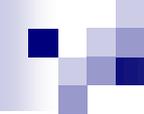
Raeban Nolan: Doulas

- 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



Raeban Nolan: Doulas (cont.)

“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

Raeben Nolan
Specialized Program Coordinator
Labor Doula, Postpartum Doula and Childbirth
Educator Programs
raeben@birthingway.edu
503.760.3131

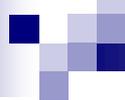
Shafia M. Monroe, MPH, DEM, CDT
President and CEO
The International Center for Traditional
Childbearing (ICTC)
503-460-9324
shafia@ictcmidwives.org

Noelle Wiggins, EdD, MSPH
Director, Community Capacitation Center
Multnomah County Health Department
503-988-6250, x2664
noelle.wiggins@multco.us

Ally Linfoot,
Peer Services Coordinator
Clackamas County
Behavioral Health Division
Office: [503.742.5951](tel:503.742.5951)

Lakeesha Dumas
Co-Chair THW Commission
lakeeshadumas@gmail.com

Pepper McColgan
Network Development Coordinator
NEON
1802 4th St. suite A
La Grande, OR 97850
541-398-1720
pmccolgan@neonoregon.org



OHA THW Resources

April Johnson, MPA
Health Equity Workforce Manager
OHA Office of Equity and Inclusion
971-673-3389
April.r.johnson@state.or.us

Shawn Clark
Peer Services Coordinator
OHA Addictions & Mental Health Division
503-945-9720
Shawn.clark@state.or.us



Thank you!