



**Office of
Equity and Inclusion**

HB2024 Rules Advisory Committee (RAC) Agenda

Wednesday September 30, 2015 - 10:00 a.m. – 12:00 p.m.

**Oregon Health Authority, Transformation Center Training Room
Lincoln Building: 421 SW Oak St, Suite 775
Portland, OR 97204**

Conference Call Line: 866-590-5055, pin: 2766017#
Host Code: 8629036

Purpose of HB 2024: Directs Oregon Health Authority, in consultation with coordinated care organizations and dental care organizations, to adopt rules and procedures for training and certifying certain health workers to provide oral disease prevention services.

Purpose of HB 2024 RAC: To advise the Oregon Health Authority regarding the implementation of HB 2024.

#	Time	Topic	Content
1	15 mins 10:00 – 10:15	Introductions/ Agenda Review	<ul style="list-style-type: none"> Welcome Name/Affiliation Introductions Agenda Review
2	15 mins 10:15 – 10:30	THW Training & Certification	<ul style="list-style-type: none"> Review current THW training curriculum topics Review current certification process
3	30 mins 10:30 – 11:00	Oral Health Training Sample	<ul style="list-style-type: none"> Draft of Training for CHWs (Tony Finch, Karen Hall)
4	20 mins 11:00 – 11:20	Oral Disease Prevention Services Definition	<ul style="list-style-type: none"> Develop definition from which to build Rule
5	25 mins 11:20 – 11:45	Oral Health Training Topics	<ul style="list-style-type: none"> Review roles/competencies doc Build list for THW revised Rules
6	15 min 11:45 – 12:00	Public Comment	

Attached Meeting Materials

- Meeting Notes from 8/17/15
- RAC member roster
- THW Training Topics
- THW Roles/Competencies Training doc
- Oral Health Training for CHWs Draft

Contact

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HB2024 RAC Roster

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THW Curriculum Standards

410-180-0370

Community Health Workers, Peer Wellness Specialists, Personal Health Navigators, and Peer Support Specialists Certification Curriculum Standards

(1) All Authority approved curricula used to train community health workers, peer wellness specialists and personal health navigators must:

(a) Include a minimum of 80 contact hours, which addresses the core curricula topics set forth in section (2) of this rule and any other additional curriculum topics specific to the type of worker being trained;

(b) Provide training that addresses all the major roles and core competencies of community health workers, peer wellness specialists and personal health navigators in Oregon as listed and defined in Oregon Health Policy Board's Report "The Role of Non-Traditional Health Workers in Oregon's Health Care System" incorporated by reference.

(<http://www.oregon.gov/oha/oei/docs/nthw-report-120106.pdf>, January 2012)

(2) An Authority approved core curriculum for community health workers, peer wellness specialists and personal health navigators shall, at a minimum, introduce students to the key principles of the following topics:

(a) Community Engagement, Outreach Methods and Relationship Building;

(b) Communication Skills, including cross-cultural communication, active listening, and group and family dynamics;

(c) Empowerment Techniques;

(d) Knowledge of Community Resources;

(e) Cultural Competency and Cross Cultural Relationships, including bridging clinical and community cultures;

(f) Conflict Identification and Problem Solving;

(g) Conducting Individual Strengths and Needs Based Assessments;

(h) Advocacy Skills;

(i) Ethical Responsibilities in a Multicultural Context;

(j) Legal Responsibilities;

- (k) Crisis Identification and Problem-Solving;
- (l) Professional Conduct, including culturally appropriate relationship boundaries and maintaining confidentiality;
- (m) Navigating Public and Private Health and Human Service Systems, including state, regional, and local;
- (n) Working with Caregivers, Families, and Support Systems, including paid care workers;
- (o) Trauma-Informed Care, including screening and assessment, recovery from trauma, minimizing re-traumatization;
- (p) Self-Care;
- (q) Social Determinants of Health;
- (r) Building Partnerships with Local Agencies and Groups;
- (s) The Role and Certified Scope of Practice of Traditional Health Workers;
- (t) Roles, expectations, and supervisory relationships for Working in Multidisciplinary Teams, including supervisory relationships;
- (u) Data Collection and Types of Data;
- (v) Organization Skills and Documentation and use of HIT;
- (w) Introduction to Disease Processes, including chronic diseases, mental health, tobacco cessation, and addictions (warning signs, basic symptoms, when to seek medical help);
- (x) Health Across the Life Span;
- (y) Adult Learning Principles - Teaching and Coaching;
- (z) Stages of Change;
- (aa) Health Promotion Best Practices; and
- (bb) Health Literacy Issues.

(3) In addition to the core curriculum set forth in section (2), training programs for **community health workers** shall include the following topics:

- (a) Self-Efficacy;

- (b) Community Organizing;
- (c) Group Facilitation Skills;
- (d) Conducting Community Needs Assessments;
- (e) Popular Education Methods; and
- (f) Principles of Motivational interviewing.

(4) In addition to the core curriculum, set forth in section (2) training programs for **peer wellness specialists** shall include the following topics:

- (a) Self-Efficacy;
- (b) Group Facilitation Skills;
- (c) Cultivating Individual Resilience;
- (d) Recovery, Resilience and Wellness Models; and
- (e) Principles of Motivational interviewing.

(5) An Authority approved curriculum for **peer support specialists** shall include a minimum of 40 contact hours that include:

- (a) The core curriculum set forth in section (2)(a) through (p);
- (b) The Role and Scope of Practice of Peer Support Specialists; and
- (c) Recovery, Resilience and Wellness.

Stat. Auth.: ORS 413.042, 414.635 & 414.665

Stats. Implemented: ORS 414.635 & 414.665

Hist.: DMAP 42-2013(Temp), f. & cert. ef. 8-2-13 thru 1-29-14; DMAP 66-2013, f. & cert. ef. 12-3-13

410-180-0375

Birth Doula Certification Curriculum Standards

(1) All Authority approved curricula used to train birth doulas must include a minimum of the following:

- (a) 16 contact hours in Labor Support training;

- (b) 4 contact hours in Breastfeeding training;
- (c) 12 contact hours in Childbirth Education; and
- (d) 6 contact hours in Cultural Competency training.

(2) Authority approved birth doula training curricula must also incorporate the following components and students must:

- (a) Be CPR-certified for children and adults;
- (b) Read five books from an Authority approved reading list;
- (c) Write a 500 to 1000 word essay on the value of labor support;
- (d) Create a community resource list;
- (e) Submit evaluations from work with three families and one provider;
- (f) Attend at least three births and three postpartum visits; and
- (g) Have a valid food handler's permit.

Stat. Auth.: ORS 413.042, 414.635 & 414.665

Stats. Implemented: ORS 414.635 & 414.665

Hist.: DMAP 42-2013(Temp), f. & cert. ef. 8-2-13 thru 1-29-14; DMAP 66-2013, f. & cert. ef. 12-3-13

THW / CHW and Oral Health in Oregon



OREGON
ORAL HEALTH
COALITION

Improving general health through oral health
for all Oregonians

In partnership with Oregon Health Authority (logo)



Brainstorm



Why is it important to have a healthy mouth?




****Activity- use oversized notepad to write down their answers

Prevalence of Disease

- ▶ **Tooth decay** (cavities) is the most common chronic disease in children.
 - ▶ 5 times more common than asthma
 - ▶ Affects 50% of low-income children
- ▶ Almost half of adults over the age of 30 have **gum disease** (periodontal disease)
- ▶ 39,500 **oral cancers** are diagnosed each year (2015- American Cancer Society)
 - ▶ Oral cancer causes 7,500 deaths each year
 - ▶ Diagnosis is often late





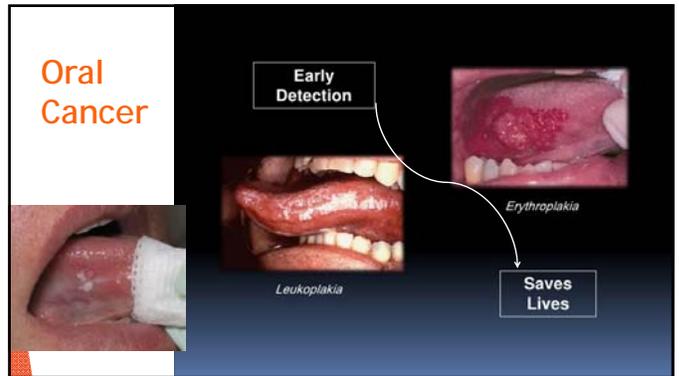
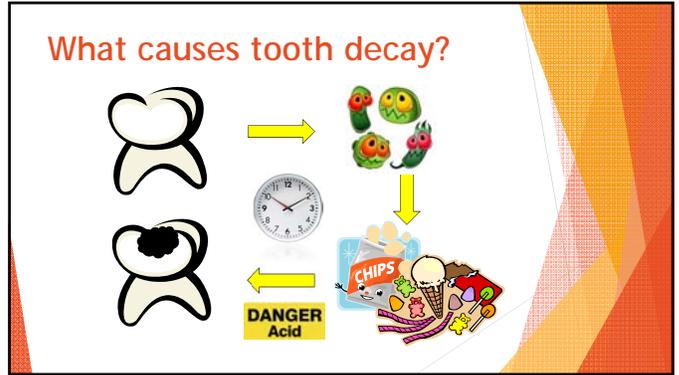
Oral-Systemic Connection

****Activity- attach laminated body parts to diagram of a body. Body parts cards are color coded****

Tooth Decay



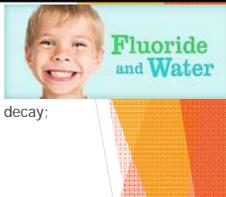




Fluoride

▶ Fluoride strengthens tooth structure so it is resistant to decay; it can also repair a tooth from early decay

- ▶ Fluoride in drinking water
- ▶ Fluoride supplements
- ▶ Fluoride in toothpaste
- ▶ Fluoride rinses, etc.
- ▶ Fluoride varnish

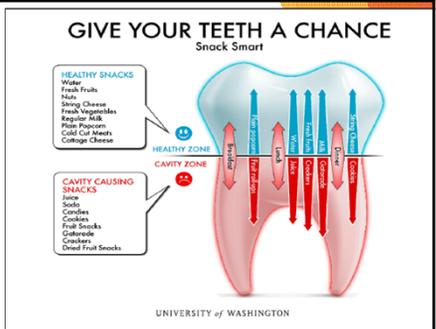



Nutrition

GIVE YOUR TEETH A CHANCE

Snack Smart

- ▶ Limit sugary foods and drinks
- ▶ Snack on fruits and vegetables
- ▶ Plain water is best between meals



UNIVERSITY of WASHINGTON

****This is a handout they can have*****

Brushing

Twice/day with fluoridated toothpaste

How long?
About 2 minutes



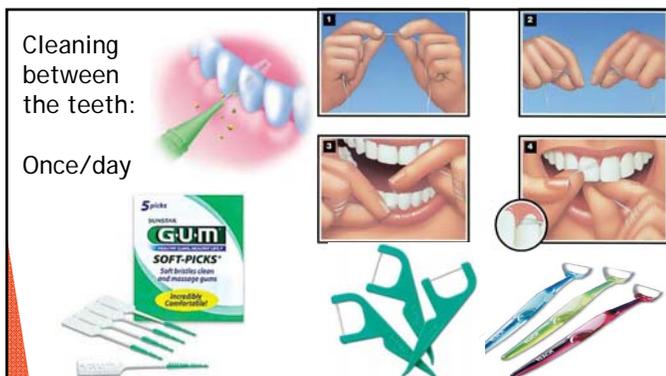
How much toothpaste?



Under age 3 3 and older

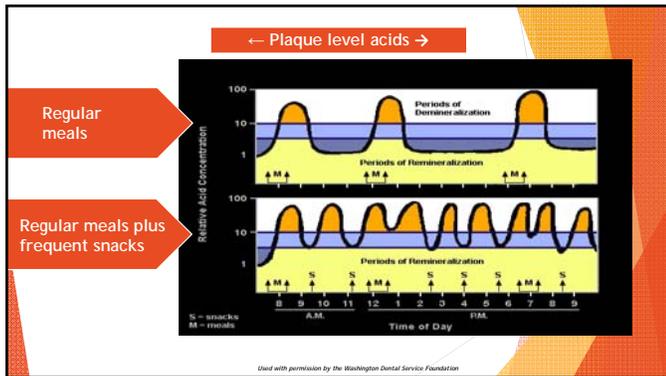
Cleaning between the teeth:

Once/day



Activity

See assessment task in OCDC program on brushing a child's teeth and teach a parent This activity allows for them to pair up and practice brushing a child's teeth and teaching a parent how to do that. This should re-enforce for the parent how to brush their own teeth as they teach their child to brush their teeth. Trainer to demonstrate, attendees to practice.



Dental Sealants

- Applied to permanent molar teeth (6 years, 12 years) to help prevent tooth decay

Activity

Activity- match disease progression pictures to descriptions and to recommendations*

Access to Dental Care

Navigating to Dental Care

- Children should see a dental provider by age 1. This might be a dentist or a dental hygienist.
- Preventative dental care: twice per year, up to 4 times for children at high risk for decay
- Adults should see a dental provider at least once a year for preventative dental care

Who has Medicaid dental coverage in Oregon?

- Children
- Pregnant women
- Adults
 - Discuss new adult benefits
- Older adults: Dental not covered by Medicare

Activity

We will create an interactive way for them to see what kinds of services are now covered by Medicaid

Finding a Dentist - Medicaid/OHP

Add screen shot of website to find a dental provider

Finding a Dentist - What if you don't have insurance coverage?

Provide handout of safety net clinics, FQHCs, MTI, MOM, etc

Tools / Education

- ▶ Pocket guide to oral health
- ▶ AAP flip book
- ▶ Pregnancy and oral health brochures
- ▶ Periodontal disease brochures
- ▶ Oral cancer brochures

**** under discussion still based on funds available****

Websites - needs updating

- ▶ Oregon Oral Health Coalition
 - ▶ www.orohc.org
- ▶ Healthy Teeth Healthy Kids
 - ▶ www.healthyteethhealthykids.org
- ▶ OHA
 - ▶ www.xxxx/xx.state.us

What you can do...ask questions!

- ▶ Sample questions to start the conversation about oral health:
 - ▶ Do you have a dentist?
 - ▶ When is the last time you saw your dentist?
 - ▶ Do you have dental insurance?
 - ▶ Do you need help finding a dentist?
 - ▶ Does anything in your mouth hurt?
 - ▶ Is anything bothering you in your mouth?



Current Competency and Training Requirements for THWs, by role

Community Health Workers (CHW), Peer Wellness Specialists (PWS), Peer Support Specialists (PSS), and Personal Health Navigators (NAV)

Role	Core Competencies	Core Training Elements
<p>1. Outreach and Mobilization</p> <p>Definition: Outreach is the provision of health-related information, including information about health conditions, resources, and services to community members. Mobilization is working with individuals and their natural support systems to assure that community members who may be underserved or less likely to access health care services (because of barriers such as lack of health insurance, limited English proficiency [LEP], lack of information about available services, or social or physical isolation, such as for seniors and people with disabilities) are informed, served and motivated to take action on an individual, family or community level.</p> <p>Purpose: The purpose of outreach and mobilization is to support individuals, their identified families, and community members to gain the information and skills needed to effectively engage in healthy behaviors and in the health systems that support them. Traditional Health Workers (THWs) use outreach and mobilization strategies and methods to connect community members and individuals with existing supports and services and to bring services to where people reside and work, and at trusted community sites frequented by community members and individuals potentially in need of services.</p>	<ul style="list-style-type: none"> • Communicate effectively with individuals and their identified families and community members about individual needs, concerns and assets • Identify and document needs and health topics relevant to the priority population, including common strengths, barriers and challenges • Adapt outreach strategies based on population, venue, behavior or identified risks as appropriate to a given population and its self-determined concerns • Engage individuals and community members in ways that establish trust and rapport with them and their families • Create a non-judgmental atmosphere in interactions with individuals and their identified families • Develop and disseminate culturally and linguistically appropriate information to service population regarding available services and processes to engage in services • Document and help create networks and establish partnerships and linkages with other THWs and organizations for the purpose of care coordination, prevention or harm reduction, and enhancing resources • Support individuals and their identified families and community members to utilize care and community resources • Effectively utilize various education and communication strategies to inform and educate individuals and community members about health, health interventions, and available health supports and services 	<ul style="list-style-type: none"> • Outreach Methods • Community Engagement, Outreach and Relationship Building • Communication Skills, including cross-cultural communication, active listening, and group and family dynamics • Empowerment Techniques • Knowledge of Community Resources
<p>New Oral Health Specific:</p>	<ul style="list-style-type: none"> • 	

Role	Core Competencies	Core Training Elements
<p>2. Community and Cultural Liaising</p> <p>Definition: Community and Cultural Liaising means creating and supporting connections among individuals and their identified families, community members, providers, health systems, community based organizations and leaders, within a context of cultural beliefs, behaviors, and needs presented by individuals, their families and communities.</p> <p>Purpose: To identify and effectively bridge cultural, linguistic, geographic and structural differences which prevent or limit individuals' ability to access health care or adopt health promoting or harm-reducing behaviors.</p> <ul style="list-style-type: none"> • Workers must be familiar with and maintain contact with agencies and professionals in the community in order to secure needed care and to build a network of community and professional support for the individuals they serve. They should participate in community, agency, and person-driven health planning and evaluation efforts that are aimed at improving care and bringing needed services into the community. Workers should bring information about individuals' lives that will help the provider team develop relevant health promotion and disease management strategies. • When encountering linguistic differences, it is recommended that providers use only qualified and/or certified health care interpreters rather than engaging family members or informal interpreters. This does not preclude THWs who are also qualified or certified health care interpreters. • Workers should understand the impact of social determinants of health on health outcomes and be 	<ul style="list-style-type: none"> • Advocate for individuals and their identified families, and community groups/populations • Recognize and define cultural, linguistic, and social differences, such as differing understandings of: family unity, religious beliefs, health-related beliefs and practices, generational differences, traditions, histories, socioeconomic system, refugee and immigration status and government systems • Educate care teams & service systems about community needs and perspectives • Build individual, clinical team, and community capacity to support people who seek and receive care by providing information/education on specific health issues and interventions, including identifying and addressing social determinants of health • Recognize conflict and utilize conflict resolution strategies • Conduct individual needs assessments 	<ul style="list-style-type: none"> • Cultural Competency/Cross Cultural Relationships, including bridging clinical and community cultures • Conflict Identification and Problem Solving • Social Determinants of Health • Conducting individual Needs Assessments • Advocacy Skills • Building Partnerships with local agencies and groups

<p>prepared to include strategies that work to improve health outcomes by assisting providers in identifying culturally, linguistically, and community appropriate steps that reduce or remove barriers that may be uniquely impacting health outcomes in a given community.</p>		
<p>New Oral Health Specifics</p>	<ul style="list-style-type: none">•	

Role	Core Competencies	Core Training Elements
<p>3. Case Management, Care Coordination and System Navigation</p> <p>Definition: Case management, care coordination and system navigation is a collaborative process of assessment, planning, facilitation and advocacy to help people evaluate options and access services.</p> <p>Purpose: To meet an individual’s holistic health needs through available resources in a timely and efficient manner, which may include recognizing and promoting system-level changes needed to meet individual and community needs. To assure the provision of culturally and linguistically appropriate services. To reduce duplicative, damaging or unnecessarily costly interventions that occur through lack of coordination.</p>	<ul style="list-style-type: none"> • Deliver person-centered information and advocacy • Provide timely and accurate referrals • Work effectively across multidisciplinary teams • Demonstrate and communicate understanding of public and private health and human services systems • Coordinate between providers, teams and systems providing care & services • Assure follow up care and support individual and providers to maintain connections throughout treatment process • Disseminate information to appropriate individuals • Understand and maintain ethical boundaries between self and individual or family being served • Describe individual(s)’ rights and confidentiality clearly and appropriately, including informed consent and mandatory reporting requirements • Utilize crisis management techniques • Complete accurate and timely documentation of care processes, including effectively using tools such as computer programs, databases, charts and other documentation materials needed by supervisor/care team • Assist individual (and identified family members as appropriate) to set goals and collaboratively plan specific actions to reach goals • Assist people with paperwork needed to access services • Assist people to access basic needs services (e.g. food, housing, employment, etc.) 	<ul style="list-style-type: none"> • The Role of Traditional Health Workers • Roles and Expectations for Working in Multidisciplinary Teams • Ethical Responsibilities in a multicultural context • Legal Responsibilities • Paths to Recovery (specific to worker type) • Data Collection and Types of Data • Organization Skills and Documentation, including use of HIT • Crisis Identification, Intervention and Problem-Solving • Professional Conduct (including culturally appropriate relationship boundaries and maintaining confidentiality) • Navigating public and private health and human service systems (state, regional, local) • Working with caregivers, families, and support systems, including paid care workers
<p>New Oral Health Specifics</p>		

Role	Core Competencies	Core Training Elements
<p>1. Health Promotion and Coaching</p> <p>Definition: Case management, care coordination and system navigation is a collaborative process of assessment, planning, facilitation and advocacy to help people evaluate options and access services.</p> <p>Purpose: To meet an individual’s holistic health needs through available resources in a timely and efficient manner, which may include recognizing and promoting system-level changes needed to meet individual and community needs. To assure the provision of culturally and linguistically appropriate services. To reduce duplicative, damaging or unnecessarily costly interventions that occur through lack of coordination.</p>	<ul style="list-style-type: none"> • Define and describe basic disease processes including chronic diseases, mental health, and addictions, basic warning signs and symptoms • Define and describe basic dynamics of traumatic issues impacting health, such as historical and cultural trauma, child abuse, domestic violence, self harm, and suicide • Motivate individual to engage in behavior change, access needed services and/or advocate for themselves • Provide coaching and support for behavior change (self-management), including responding to questions and/or fears, offering multiple examples of desired changes and potential outcomes, and using appropriate and accessible formats for conveying health information • Collect and apply knowledge of individuals’ history and background, including experiences of trauma, to inform health promotion and coaching strategies • Assist individual to set goals and collaboratively plan specific actions to reach goals • Provide informal emotional or psychological support through active listening, paraphrasing and other supportive techniques • Support and empower individuals to choose from treatment options where available and support adherence to treatment choice 	<ul style="list-style-type: none"> • Introduction to Disease Processes including chronic diseases, mental health, and addictions (warning signs, basic symptoms, when to seek medical help) • Trauma-Informed Care (screening and assessment, recovery from trauma, minimizing re-traumatization) • Health Across the Life Span • Adult Learning Principles - Teaching and Coaching • Stages of Change • Health Promotion Best Practices • Self-Care • Health Literacy Issues
<p>New Oral Health Specifics</p>		

Training requirements specific to THW type

CHW = Community Health Worker, PWS = Peer Wellness Specialist, NAV. = Personal Health Navigator, PSS = Peer Support Specialist, Doula

Role	Supplemental Training Elements	CHW	PWS	NAV	PSS	Oral Health
1. Outreach and Mobilization	Self-Efficacy	X	X			
	Community Organizing	X				
	Group Facilitation Skills	X	X			
2. Community and Cultural Liaising	Conducting Community Needs Assessments	X				
3. Case Management, Care Coordination and System Navigation	<i>No training elements recommended beyond core that applies to all three worker types</i>					
4. Health Promotion and Coaching	Popular Education Methods (Community Health Workers)	X				
	Cultivating Individual Resilience (Peer Wellness Specialists)		X		X	
	Recovery Model (Peer Wellness Specialists)		X		X	
	Healthcare Best Practices (specific to fields of practice)	X (specific to field of practice)	X (specific to field of practice)	X (specific to field of practice)	X (specific to field of practice)	
	Wellness within a specific disease (Personal Health Navigator)			X	X	
	Basic health screenings (e.g. blood pressure measurement)	X (specific to job role)				
	Motivational interviewing	X	X			

Doula Specific Requirements	Labor (16 hours)					
	Breastfeeding (4 hours)					
	Childbirth Education (12 hours)					
	Cultural Competency (6 hours)					
	Read five books from reading list. (Reading list should be attached)					
	Write essay on the value of labor support.					
	Create a resource list.					
	Attend at least three births and three home visits.					
	Submit evaluations from work with three families.					
	CPR-certification					
	Food handler's permit					