Traditional Health Worker (THW) Commission Application Form

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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 Wellness Specialists, Personal Health Navigators, Peer Support Specialists and Doulas, in Oregon's Integrated and Coordinated Health Care Delivery System.

The Commission advises and makes recommendations to the Oregon Health Authority on the development, implementation, and sustainability of this program; and ensures that the program remains responsive to consumer and community health needs. The Commission supports and fosters the utilization of the traditional health workforce as a strategy to assure the delivery of high-quality, culturally competent care and to achieve Oregon's Triple Aim of better health, better care and lower costs.

Nineteen members are appointed by the director of OHA to serve on the Traditional Health Worker Commission. Ten of these members must be Traditional Health Workers, at least six of whom must be appointed from nominees provided by the Oregon Community Health Workers Association. Nine members represent various medical organizations and other state entities. In order to be efficient, please ensure you are only applying for positions for which we are currently recruiting.

Traditional Health Worker Subcommittees

Traditional Health Worker Subcommittee activities consist of directing the ongoing body of work as assigned by the THW Commission and the Oregon Health Authority that is needed to integrate Traditional Health Workers within Oregon's integrated health care system. There are three subcommittees: Training Evaluations Metrics and Program Scoring (TEMPS), Scope of Practice, and Systems Integration that meet monthly (on the same day as the Commission). *Subject matter experts of the THW community can sit on subcommittees without being a part of the Commission.*

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

Traditional Health Worker Commission
OHA Office of Equity and Inclusion
421 S.W. Oak St, Suite 750
Portland OR 97204
Email: thw.program@state.or.us; or Fax: 971-673-1128.

Section 1: Basic Information

1.1 Application Type: (Please check all that apply to you)

- ❑ Traditional Health Worker
  - ❑ Community Health Worker
  - ❑ Peer Support Specialist
  - ❑ Peer Wellness Specialist
  - ❑ Personal Health Navigator
  - ❑ Doula
- ❑ Health Care Provider
  - ❑ Addictions Treatment Provider
  - ❑ Behavioral Health Treatment Provider
  - ❑ Hospital
  - ❑ Physical Health Provider
- ❑ Governmental Agency
  - ❑ Local Agency
  - ❑ State Agency
- ❑ Workforce Development
  - ❑ Community College
  - ❑ Train Traditional Health Workers
  - ❑ University
- ❑ Community Advocate
- ❑ Coordinated Care Organization Member
- ❑ Community Based Organization:
  _____ (Organization Name)

1.2 Applicant contact information

First name: Last name: Date of birth: / /

Mailing address

City State **ZIP**

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Preferred Contact Number Email

Section 2: Demographic and Availability 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 Commission.*

2.1 Race and Ethnicity (check one):

- ☐ American Indian
- ☐ Alaska Native
- ☐ Canadian Inuit, Metis or First Nation
- ☐ Indigenous Mexican, Central American, or South American
- ☐ Hispanic or Latino Mexican
- ☐ Hispanic or Latino Central American
- ☐ Hispanic or Latino South American
- ☐ Other Hispanic or Latino:
- ☐ Chinese

- ☐ Vietnamese
- ☐ Korean
- ☐ Hmong
- ☐ Laotian
- ☐ Filipino/Filipina
- ☐ Japanese
- ☐ South Asian
- ☐ Asian Indian
- ☐ Other Asian:
- ☐ Native Hawaiian
- ☐ Guamanian or Chamorro
- ☐ Samoan
- ☐ Other Pacific Islander:
- ☐ African American
- ☐ African
- ☐ Caribbean
- ☐ Other Black
- ☐ Western European
- ☐ Eastern European
- ☐ Slavic
- ☐ Middle Eastern
- ☐ Northern African
- ☐ Other White:
- ☐ Other:
- ☐ Unknown
- ☐ Decline to answer

2.2 Gender:

☐ Male ☐ Female ☐ Transgender ☐ Other: ☐ Decline to answer

2.3 Language(s) that you speak and write well including English:

- ☐ African Languages: *(Specify)* _____
- ☐ Arabic
- ☐ Chinese
- ☐ English
- ☐ French
- ☐ German
- ☐ Hindi
- ☐ Hmong
- ☐ Indic: *(Specify)* _____
- ☐ Italian
- ☐ Japanese
- ☐ Korean
- ☐ Lao
- ☐ Marshallese
- ☐ Mien
- ☐ Mon-Khmer, Cambodian
- ☐ Persian
- ☐ Russian
- ☐ Scandinavian: *(Specify)* _____
- ☐ Slavic: *(Specify)* _____
- ☐ Spanish
- ☐ Somali
- ☐ Tagalog
- ☐ Thai
- ☐ Urdu
- ☐ Vietnamese
- ☐ Sign Language: *(Specify)* _____
- ☐ Other: *(Specify)* _____

2.4 Geographic representation Which counties are you willing to represent?

Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Region 8
☐ Clatsop	☐ Clackamas	☐ Yamhill	☐ Coos	☐ Curry	☐ Hood River	☐ Crook	☐ Baker
☐ Columbia	☐ Multnomah	☐ Polk	☐ Douglas	☐ Jackson	☐ Gilliam	☐ Deschutes	☐ Harney
☐ Tillamook	☐ Washington	☐ Marion	☐ Lane	☐ Josephine	☐ Sherman	☐ Grant	☐ Malheur
		☐ Benton	☐ Linn		☐ Klamath	☐ Jefferson	☐ Morrow
		☐ Lincoln				☐ Lake	☐ Umatilla
						☐ Wasco	☐ Union
						☐ Wheeler	☐ Wallowa

Section 3: Commission Details, Certification Statement and Signature

3.1 THW Commission Positions and Subcommittee Selection

*There are 19 positions. Please check the box(s) for the position(s) you are applying for. If more than one, please indicate your top 2 choices. *Please note the announcement for the positions we are recruiting for.*

Nominations by ORCHWA

1. ❑ Any THW
2. ❑ Any THW
3. ❑ Any THW
4. ❑ Any THW
5. ❑ Any THW
6. ❑ Any THW

Traditional Health Workers (PWS, PHN, CHW, PSS, and Doulas)

7. ❑ PSS
8. ❑ PWS
9. ❑ Doula
10. ❑ PHN

Nominations by:

11. ❑Department of Community Colleges Workforce Development
12. ❑Community Health Nurse-Oregon Nurses Association
13. ❑Physician-Oregon Medical Association
14. ❑ Home Care Commission
15. ❑ CCO
16. ❑ Labor Organization
17. ❑ THW Supervisor from CBO or Public Health
18. ❑ THW Trainer from CBO
19. ❑ Consumer

Subcommittees

Criteria:

- Subcommittee members must not have training program(s) up for review by OHA
- Meetings will be held monthly
- Meetings will include teleconference option
- Individuals can be a current THW Steering Committee member or a future THW Commission member, as well as subject matter experts from the THW community
- Individuals must have experience in coordinating or working as a traditional health worker program

There are eight (8) positions available on each subcommittee. Please Check One

- ❑ Scope of Practice: The subcommittee will be responsible for developing roles, expectations, and supervisory relationships 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

- ❑ THW Systems Integration: This subcommittee will be 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

- ❑ 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.

3.2 Interest and Experience

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

Please describe how your background and experience would support your work on the THW Commission. 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 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

References Please list two or three people who can provide information about your potential contributions to the THW Commission.

Name	Title/Affiliation	Phone	Email

3.3 Certification Statement and Signature

I certify that the statements made by me on this application 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 Commission.