
Traditional Health Worker Commission (THW)

Strategic Plan Summary

OUR VISION: Traditional Health Workers in Oregon will be fully recognized and compensated for their unique contributions to transforming health and social services, creating health equity and promoting social justice in our diverse communities.

OUR MISSION: To guide and advise the OHA to create policy and rules that ensure integrity, fidelity and promote the advancement of the THW workforce.

This strategic plan reaffirms the commission’s mission and values while setting out its key strategic initiatives.

VALUE STATEMENTS

These are the values that most resonate with the mission and work of the commission. Labeled in parenthesis are the number of times each value was mentioned. The values highlighted in Red are the ones that members feel the commission should adopt. There wasn’t enough time to discuss each of the values more in depth, finalize the list and write statements.

Competence
Commitment (4)
Excellence
Creativity
Encouragement
Equity
Community
Empowerment
Accountability
Responsibility
Compassion
Diversity (3)
Risk Taking (2)
Open Communication

Respect (2)
Collaboration
Courage(2)
Positive Attitude
Making a difference
Continuous learning
Participation
Inclusivity
Fidelity
Clarity about the roots of health inequities
The wisdom of communities most affected

STRATEGIC PRIORITIES

Priority	Workgroup
(1) 1. Improve our communication, brand awareness, messaging, registry, technology	Systems Integration
(2) Expand and improve education, community engagement, system engagement, and workforce engagement.	Systems Integration
(3) Invest in/launch research and data collaborations.	(no group assigned, TBD)
(4) Improve internal processes (meetings, recruitment or board members, diversity, inclusion, commitment, sustainability).	Full Commission/Mohamed
(5) Launch environmental awareness and collaboration.	Environmental and collaborations
(6) Create a set of recommendations for sustainable payment models for THW in Oregon.	TBD

GOALS AND COREWORK

Goal A: *Traditional Health Worker (THW) Registry*

Specific Goal	Measurable	Achievable	Relevant	Time-bound
Commission to provide ongoing oversight of Traditional Health Worker Registry.	<ul style="list-style-type: none"> • Prepared demonstration by IT department-feedback provided to IT period, throughout implementation. • Testing period provided for OEI and Commission to test utility of registry: Ease of use. • Functionality (report printing, confirmation of registration, etc.) • Mass education series proved to THW registry Stakeholders. • Registry launch promoted and supported by OEI and Commission. 	Mohamed-Commission – Communication and accountability plan	This goal is tied to a legislative mandate.	<ul style="list-style-type: none"> • Mohamed to meet with OHA's IT Staff one week before November THW meeting. • Mohamed and Commission's work plan to be complete by January 2017.

Goal B: Traditional Health Worker (THW) Marketing Materials

Specific Goal	Measurable	Achievable	Relevant	Time-bound
The development of THW’s marketing materials: logo, acronym, mission/ vision, audience-specific messaging, and talking points.	<p>Marketing milestones:</p> <ul style="list-style-type: none"> • Social media presence • Number of THW program inquiries • Number THW registry applicants (geographical spread, overall engagement) 	<ul style="list-style-type: none"> • The development of tracking metrics • Data roll-up to assess most significant touch points 	<p>Marketing materials that are:</p> <ul style="list-style-type: none"> • Culturally relevant • Carry a unified message 	<ul style="list-style-type: none"> • Workgroup established – 3-6 months • Finalize work plan – 2 months (after workgroup is established) • Operationalization – ongoing

Goal C: Traditional Health Worker (THW) Meetings

Specific Goal	Measurable	Achievable	Relevant	Time-bound
To improve the overall functionality and engagement of THW meetings.	<ul style="list-style-type: none"> • Participant engagement and satisfaction. • Increased meeting productivity. • Full and consistent attendance. • Cross-sector representation. • Agenda development to reflect THW culture. • Process transparency. 	<p>Pre-planning sessions to bring in THW culture into agenda development.</p> <ul style="list-style-type: none"> • Survey monkey (Google forms) assessment of meeting participants experience. • Meeting tools and notes: • Motion matrix • Task matrix 	<ul style="list-style-type: none"> • Consistent with THW culture. • Brining in external facilitators. 	<ul style="list-style-type: none"> • Trial period – November – March (5 months). • Committee to provide timely feedback via survey • Midway assessment – April 2017.

SWOT ANALYSIS

Key Strengths:

- Passionate/committed
- Well connected
- Some members are nationally recognized
- Training workforce
- We know systems
- Legislative mandate
- Good stories to tell
- Source of academically credited research
- OHWA
- We approve trainings
- First hand experience from front workers
- Fully staffed
- Cross sectional representation of leaders
- First hand knowledge of the 5 worker types
- Inclusive of 5 worker types
- Diversity

Key Weaknesses:

- Lack of quorum and low commission membership
- Communication: we don't communicate with others so well outside the commission
- Better branding
- Connecting more with legislators/city club
- Asking others to support, endorse us, sponsor us
- Internal structure, process and protocols in place to get information out
- Lack of resources, budget and marketing
- Lack of representation from outside Willamette Valley
- Record of communication current tech to bridge communications

Key Opportunities:

- Regional Health Equity Coalitions
- OHA Contracts
- National associations and coalitions
- Making a common cause with all worker types
- Tap into additional resources, i.e. commercial
- Technology and digital
- Quarterly newsletters
- Use OEI resources
- Invite outsiders. CCOs, other commissioners.
- Be more strategic
- Research and evaluation
- Report to Lund Report
- OHSU
- Having a budget
- Collaboration with transformation centers, federal, CCBHC
- Market our work through state summits
- Be involved with more rural areas struggling with peer mental health
- Investing in community health work
- Take advantage of state resources to get materials translated

Key Threats:

- No brand awareness
- lack of replacements for commissioners
- CCO's and others not working with commission (not seeking out the commission)
- Loss of institutional memory
- No regulatory authority
- Staff turnover and lack of resources
- Lack of collaboration with local counties, health authorities etc.
- An influx of people who lack the necessary characteristics
- Racism
- Prejudice
- Stigma
- Sexism
- Homophobia
- Ableism
- 2 for 1
- Lack of awareness and education
- Re-education

SWOT Strategies**SO Strategies: Use strengths to take advantage of opportunities.**

1. Use commitment, knowledge and connections to create synergy and fill gaps.
2. Create and merge all the environmental scans that all of us are doing or have knowledge of (TWH) across Oregon.
3. Use connections to gather or make known research of all types to make the case for THW's and also identify best and promising practices.
4. Gather consumers to tell stories in newsletters, Lund report, presentations, and integrate knowledge into regional health equity coalitions.

WO Strategies: Minimize weaknesses using the opportunities identified.

1. Use technology to network and Lund report.
2. Active, outreach to specific groups.
3. Equity coalition, insurance, CCOs.
4. OEI staff-stronger facilitation role for more efficient meetings (to better help public attend and appropriately engage).

ST Strategies: Use strengths to minimize threats.

1. Leverage relationships w/in commission to market externally.
2. Use legislation to embolden commission authority.
3. Use regional collaborators to inform community and system partners.
4. Include public health, prevention and health promotion.
5. Need a training strategy for rural areas.
6. Create a speakers bureau.

WT Strategies: Minimize weaknesses and avoid threats.

1. Communication-Community engagement, regular reports, invite CCO's systems, community engagement, specialist, budget.
2. Internal Processes- Use proxy, shorter meetings, VCON, change/rotate locations.
3. Resources- Advocate for commission's budget.
4. Leverage "advocacy association" OCHWA, ODA, ACBBO
5. Institutional Oppression-Education, marginalized communities in leadership roles, sharing research, findings, illustrate individual stories.

Action Steps

- Draft and finalize value statements.
- Develop additional SMART goals and objectives for the strategic priorities.