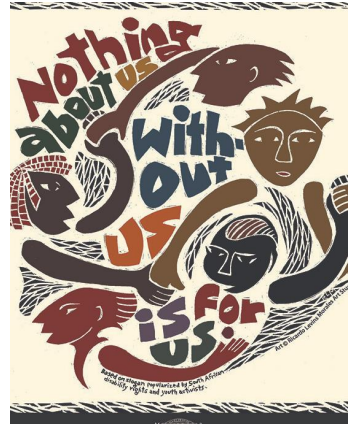




# A Traditional Health Worker Strategy into Action

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Maria Tafolla, CHW, (she/her/ella)  
EDI Manager

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# Brendon Bassett (*he, him*) Community Systems Integration Manager



**No person is your friend  
who demands **your** silence,  
or denies **your** right to grow.**

— Alice Walker

health

share

- 20 yrs.+ in social services
- Early childhood, Youth Development/ Mentoring
- Innovation and Strategy
- Racial Equity and Trauma-informed practice
- Husband and father of 2 boys (with two canine dependents!)



# Our Time Together

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## Health Share Collaborative/CCO 2.0

- Structural overview and our role

## Traditional Health Worker Journey and Vision

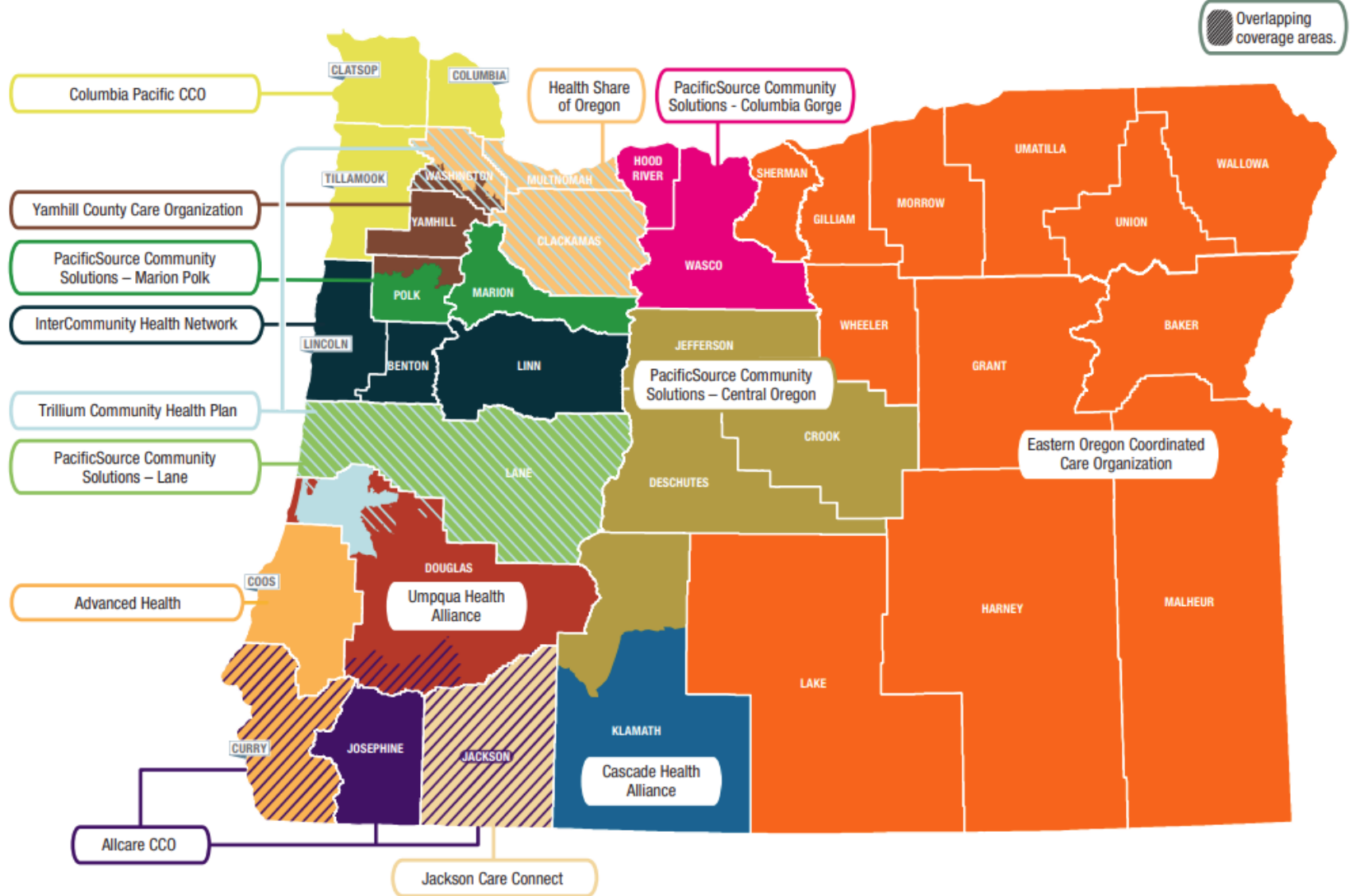
- Defining priorities and our collective why

## Reconstructing Our Approach

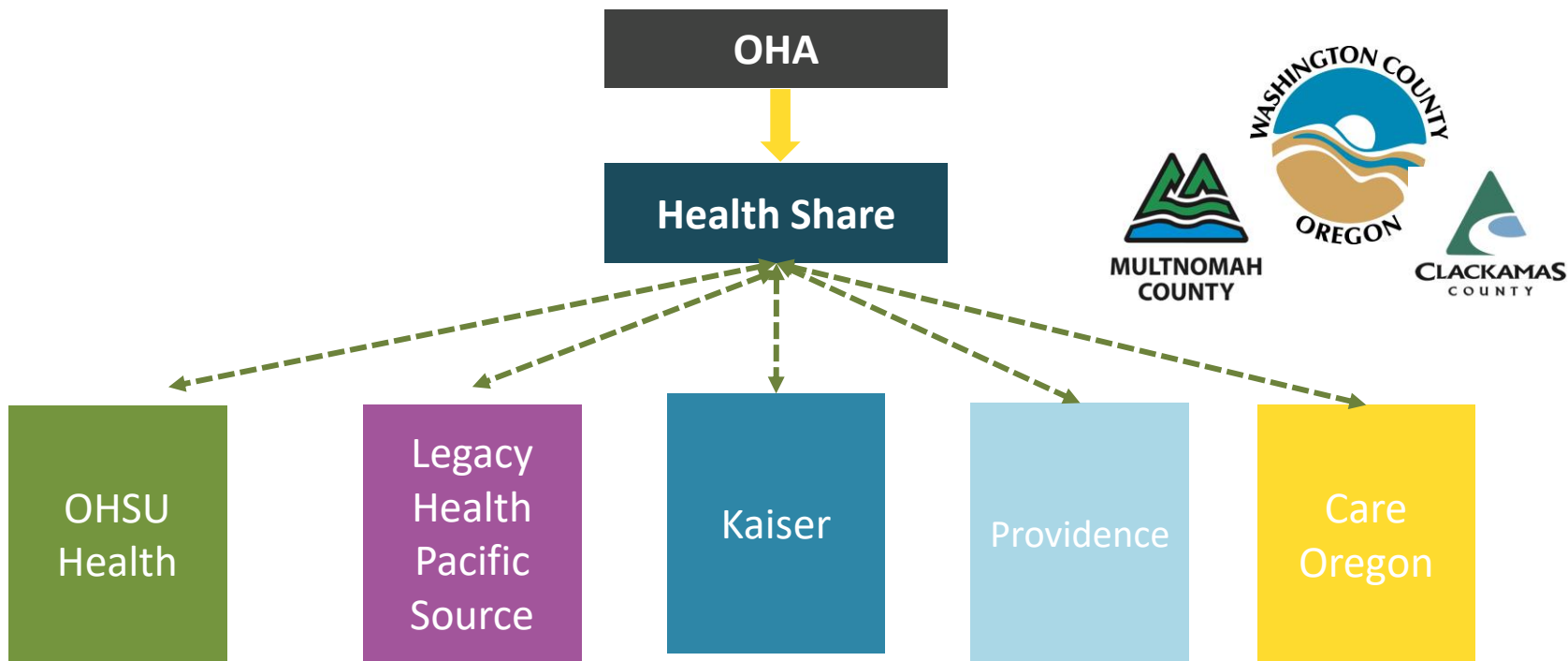
- Work with Community- Learning and Moving Forward



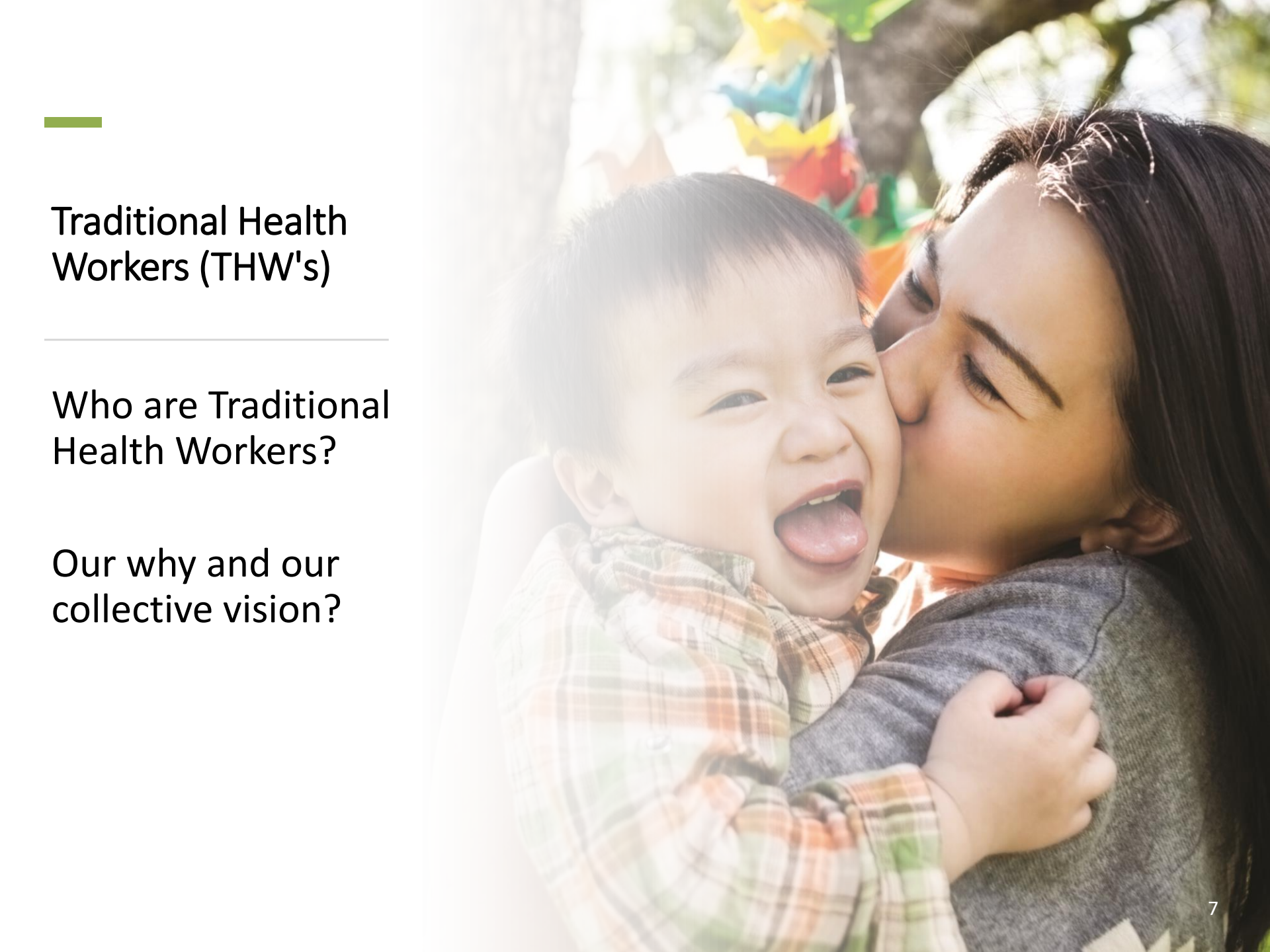
# Coordinated Care Organization 2.0 Service Areas



# Health Share Collaborative



health  
share

A close-up photograph of a woman with dark hair kissing a young child on the cheek. The child is wearing a plaid shirt and has their mouth open in a joyful expression. The background is softly blurred, showing what appears to be a festive outdoor setting with colorful decorations.

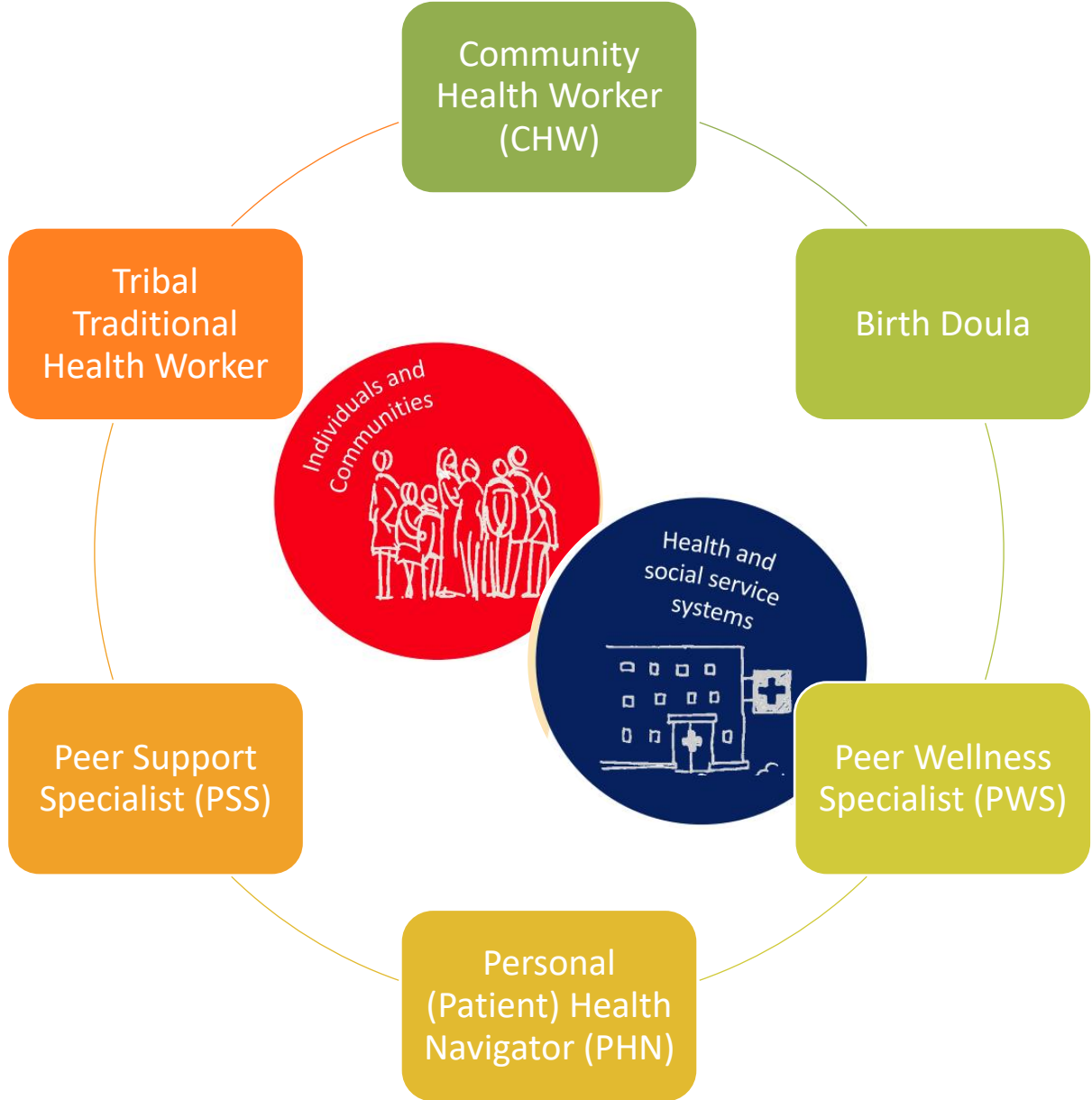
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## Traditional Health Workers (THW's)

Who are Traditional Health Workers?

Our why and our collective vision?

# Traditional Health Workers (THW's)





# CCO 2.0 THW Integration and Utilization Plan



Integrate THWs into the delivery of services;



Communicate to Members about the scope of practice, benefits, and availability of THW services;



Communicate to Providers about the scope of practice, benefits, and availability of THW services



Measure baseline utilization and performance over time



Increase member utilization of THW's

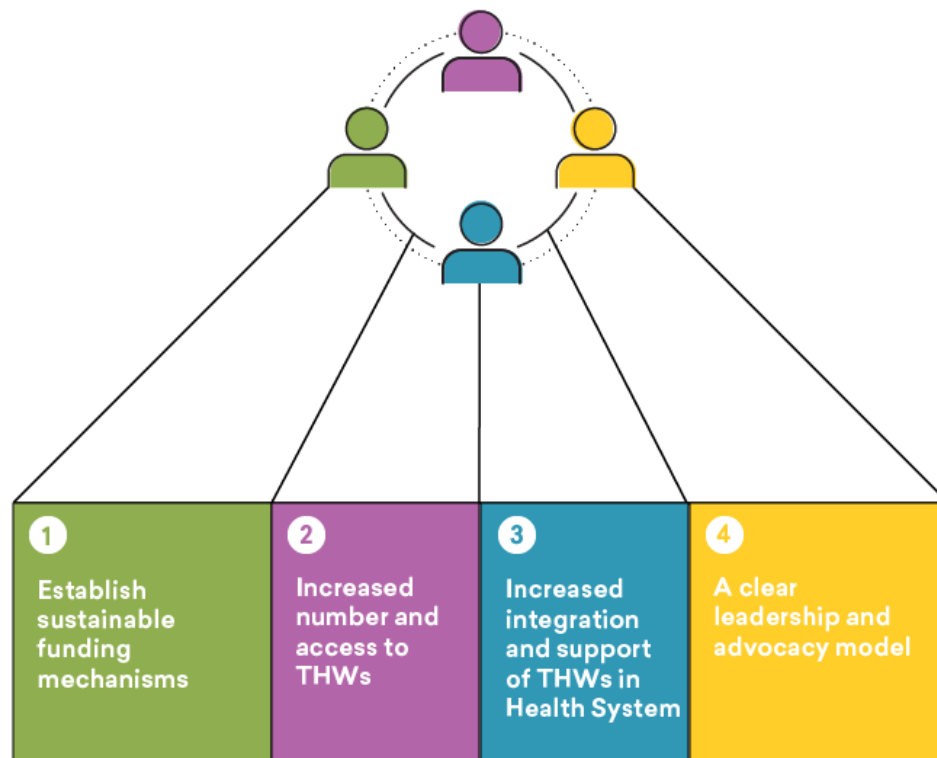


Implement OHA's Office of Equity and Inclusion THW Commission best practices which includes Contracting with Community based organizations;

# Health Share's THW Collective Vision

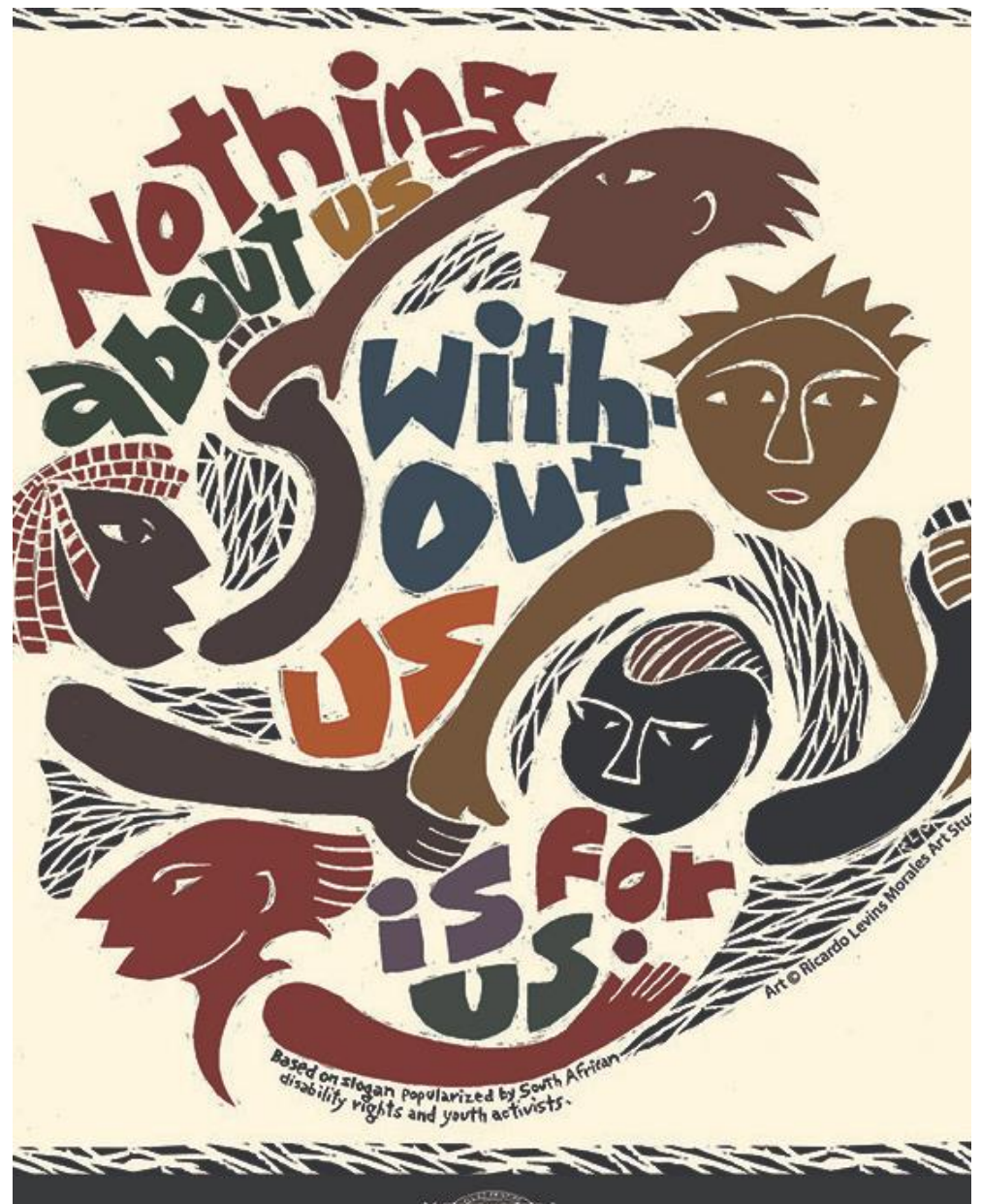
All Health Share members have access to a THW of their choice, in the setting they thrive in. THW's are honored and respected by the health system for serving marginalized communities that ultimately help them reach their highest health outcomes.

Accomplished by a ***reconstruction of health systems***, its policies, and funding mechanism that honor THW's

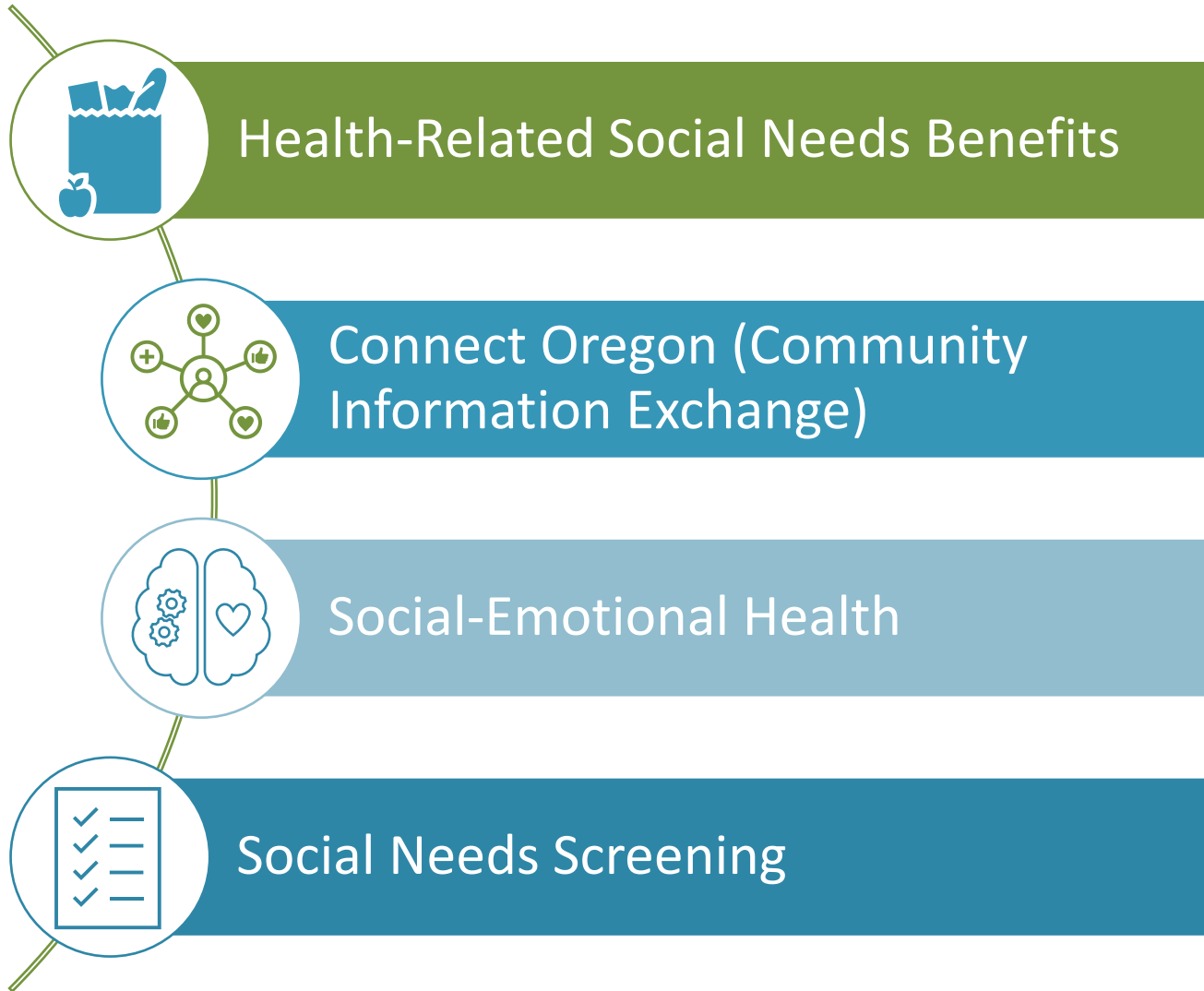


# Centering Community

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# Traditional Health Work and Coordinated Care



# What isn't working?

- Healthcare partners don't fully understand THW best practice
- Expectations and deployment of THWs vary across health systems
- Hidden barriers - many rooted in dominant culture – restrict the ability to partner effectively, even around shared goals

***Time to Build Relationships, Knowledge, Understanding  
True Inclusion of CBO Leadership, Staff, and Stakeholders***

# Reconstructing Health Systems

- 
- ❖ Center community, not just solicit input
  - ❖ Relationship serves an *instrumental* purpose in the work
  - ❖ *Mutually Beneficial* – not an extraction of resources
  - ❖ Transparency about **limitations** & distance between **intention and impact**
  - ❖ Equity is not something to outsource or “procure” from community- Health systems have *their own work* to do!

*“We will disrupt and dismantle systems; identify equitable distribution or redistribution of resources and power; change policies, processes, investment strategies and data sharing within our organization; and continuously center our members, collaborate with our community partners and support tribal sovereignty and culture.”*

# Envisioning a new path...

How could a robust Traditional Health workforce support efforts toward health equity?

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How can CCOs, Health Systems, and Public Health *collaborate* in elevating this workforce?

# All Together, All for You.

ADVENTIST HEALTH  
PORTLAND





# Thank you



health

share

Health Share of Oregon