

2024 Forum on Rural Population Health & Health Equity



Full Agenda

Wednesday, June 12

Introduction + Plenary Session

9:15 a.m. – 9:30 a.m.

Welcome Remarks

Stepha Dragoon, MPAff, LMSW | Oregon Office of Rural Health

9:30 a.m. – 10:45 a.m.

A Population Health Impact Pyramid for Health Care

Philip M. Alberti, PhD | Association of American Medical Colleges Center for Health Justice

In a 2023 paper, we proposed that the health care system must become the best partner it can be in the multisector collaborations necessary to shift underlying structures and systems toward health opportunity for all. To become that best partner, we identified seven tiers of action, ranging from health professions education, to changing the health care context, to advocacy and the political determinants of health, with opportunities for health care organizations to act across each. While tiers differ in terms of their relative effectiveness and requisite political commitments, action across each is essential to health care's comprehensive population health approach.

Three Concurrent Sessions

10:50 a.m. – 11:50 a.m.

Transitioning Hospitals Towards Values-Based Purchasing and Climate-Friendly Food Initiatives With the Oregon Farm to Institution Collaborative

Aliza McHugh | Health Care without Harm

Amber Hansen, MS, RD | Health Care without Harm

The climate significance of a hospital's food choices parallels food's effect globally. There are varying estimates, but food production generates about 23-30% of global greenhouse gas (GHG) emissions. This session will frame the connection between the organization Health Care Without Harm/Healthy Food in Health Care and the emergent work of the Oregon Farm to Institution collaborative to enhance food purchasing that supports local economies and environmental sustainability. We will draw comparisons between how changing food purchasing in hospitals can increase local resilience, especially in rural communities. This session will address hospital food and how supporting local and regional food economies (especially from rural or BIPOC producers) ultimately supports greater health equity.

10:50 a.m. – 11:50 a.m.

Accessing Clinical Research in Rural Communities

Shalini Mohan | Genentech

Jane Myles | Decentralized Trials & Research Center

Mikael Elisasson | Genentech

Rural populations often face logistic barriers that limit the ability to participate in clinical trials. This session will focus on advancing equitable access to clinical trials for rural populations from the lens of trial sponsors and clinical research organizations (CROs). Panelists will cover topics that range from the need for consistent definitions and data considerations, policy implications, emerging tools and technologies that enable sustainable trial participation for rural communities and examples of methods to improve access for rural participants.

2024 Forum on Rural Population Health & Health Equity



10:50 a.m. – 11:50 a.m.

Public Health Palliative Care for Community Well-Being: A Holistic Approach

Elizabeth Johnson, MA | The Peaceful Presence Project

Erin Collins, RN CHPN | The Peaceful Presence Project

Just as health education is pivotal in cancer prevention, sexual health and trauma medicine, education regarding death, dying and loss is equally essential. A population health approach to palliative care, known as the compassionate community model, enriches the quality of life and sense of well-being for individuals in sickness and health, in dying and loss and in all caring experiences. In rural Oregon, access to palliative and end-of-life care is often limited or non-existent, resulting in disparities in end-of-life care provision. This presentation will highlight the development of a statewide network for community-based serious illness support. By promoting informed and innovative social responses to end of life experiences, this crucial education and outreach initiative can strengthen support systems and alleviate anxiety surrounding end-of-life care for families and communities.

Plenary Session

12:00 p.m. – 1:15 p.m.

Asking Patients About Their Social Needs: Why it Matters, Getting Ready, and Improving Patient Experiences

Anna Steeves-Reece, PhD | OCHIN

Kellee Rosales, AS | OHSU/ORPRN

Anne King, MBA | OHSU

Health is largely determined by factors beyond health care. When people experience social needs like food insecurity, housing instability or transportation difficulties, it can adversely impact their health and pose challenges for disease self-management. To support whole-person health, health care initiatives to systematically ask patients about their social needs are increasingly common. However, designing and implementing social needs initiatives that work well for patients, health care teams, and community-based organizations is often challenging, particularly in rural communities. In this plenary session, we will discuss 1) the latest science on why health care-based social needs initiatives may be important for patient health and well-being; 2) practical guidance for getting started; and 3) how to ensure that social needs initiatives are equitable and patient-centered.

Four Concurrent Sessions

1:20 p.m. – 2:20 p.m.

Health Information Technology: Tools for an Integrated Approach EpicCare Link

Lisa Parks | Willamette Health Council

Andrew Clarke, MD, FACS | Salem Health

This presentation will focus on the evolving impact of health information technology (HIT) tools on behavioral, physical, and oral health. By taking an integrated approach to leverage community information exchange (CIE), health information exchange (HIE), and hospital event notification (HEN), providers will improve giving and receiving referrals for care, gain a complete record of a patient's history and receive an immediate notification of ED visit. We will dive deeper into the benefits of our integrated partners having access to a complete patient history record through the HIE-EpicCare link. We will discuss the benefits for behavioral health providers to view information that will impact quality improvement, improve health care outcome communication between partners and improve effective and efficient workflow processes.

1:20 p.m. – 2:20 p.m.

Addressing SDOH by Providing Integrated Patient Navigation Services

Amy Schanno-Sugg, MHA, RN, CCM | Adventist Health Columbia Gorge

Jasmin Huila Flores | Adventist Health Columbia Gorge

2024 Forum on Rural Population Health & Health Equity



We will discuss how utilizing a multi-disciplinary approach to resolutely and effectively address the inequalities in our diverse community can minimize variations in health care service delivery.

1:20 p.m. – 2:20 p.m.

Sing It Together Now! Uniting Diverse Sectors, Partners and Funding Together for Systemic Change

Shannon Buckmaster | Yamhill CCO

Systemic improvements require a cast of characters, including nonprofits, public and private sectors and community members who are directly impacted by changes. How do we bring together the right partners? How do we integrate different sectors, like education, public health and economic development? How do we sustainably and creatively pay for the good work that needs to be done? At Yamhill CCO, we have redesigned our community funding process for responsiveness, equity and cross-sector partnerships with a single-entry application to five different funding sources for easier matching and braiding. We have partnered in workforce development as a public health solution, uniting different agencies and sectors for private and public partnerships around child care. Using the lessons we have learned, we will explore how your community can increase collaboration and access to resources.

1:20 p.m. – 2:20 p.m.

Bridging the Gap: Advancing LGBTQIA2S+ Youth Health Equity in Rural Communities

Elliott Orrin Hinkle, BS | Unicorn Solutions LLC

This session is dedicated to exploring the unique health challenges faced by LGBTQIA2S+ rural youth and identifying actionable steps to promote their well-being and resilience. Through an intersectional lens, attendees will delve into key topics such as the importance of partnering with people with lived experience to improve and create access to affirming health care in rural communities. By addressing foundational information, dispelling misconceptions, examining available data and sharing valuable resources, this session aims to empower participants with the knowledge and tools needed to champion health equity for LGBTQIA2S+ rural youth.

Three Concurrent Sessions

2:25 p.m. – 3:25 p.m.

How to Track, Show and Plan for Progress in Creating Suicide Safer Care Environments: Using the Oregon Zero Suicide Implementation Assessment Tool

Karen Cellarius, MPA | Portland State University

Meghan Crane, MPH | Oregon Health Authority

Aliza Tuttle | Portland State University

Zero Suicide is a system-wide framework for health care organizations with processes to identify individuals at risk, engage them in evidence-based care and demonstrate quality outcomes to drive continuous process improvement.

In Oregon, health care systems are utilizing the Oregon Zero Suicide implementation assessment tool to track progress to achieving fidelity to the Zero Suicide model. In 2023, PSU's Regional Research Institute collaborated with the Education Development Center (EDC), Oregon Health Authority (OHA), Clackamas County and Multnomah County to update the tool with additional metrics, data collection methods and a more rigorous, external assessment process. Attendees will be introduced to the tool and its expanded focus on diversity, equity and inclusion (DEI), just culture, workforce wellness and postvention. Methodologies for using the tool are designed to be inclusive and prevent any unintended consequences of its use.

2:25 p.m. – 3:25 p.m.

Understanding and Implementing Trauma-Informed Care in Rural Communities

2024 Forum on Rural Population Health & Health Equity



Rebecca Larson, LCSW, C-SWHC | Columbia Memorial Hospital
Allison Whisenhunt, LCSW | Columbia Memorial Hospital

Understanding and implementing trauma-informed care within rural communities is essential for addressing the unique population health challenges faced by individuals in these settings. With a focus on safety, trustworthiness and empowerment, trauma-informed care acknowledges the prevalence of trauma and its profound impact on health outcomes. Despite obstacles such as limited resources and workforce shortages, decreasing community stress and fostering community support networks are crucial steps toward ensuring a positive change in health outcomes for rural communities. By integrating trauma screening, education and collaborative partnerships, health care providers can create environments that promote healing and resilience.

2:25 p.m. – 3:25 p.m.

Connected Care for Older Adults: Community Health Workers Meeting the Unique Needs of Older Adults in Rural Areas

Jodi Ready, MD | Providence Hood River
Teresa de Jesus Obregón Arroyo, MSW, CHW | One Community Health
Joan Field, CHW-MIH, CP-C | Asher Community Health Center

Connected Care for Older Adults is an innovative pilot program that uses community health workers (CHWs) in primary care settings to improve care for older adult patients in rural areas. The pilot started in the Columbia Gorge region in 2022, expanded to Fossil, OR in 2023, and has grown to include five additional rural clinics in 2024. The connected care protocols for CHWs are based on the Institute for Healthcare Improvement’s 4Ms of age-friendly care: what matters, medication, mentation and mobility. In this engaging panel discussion, participating providers and CHWs will share learnings about the unique challenges that older adults face in rural areas and how CHWs and the connected care model can support improved care for this critical patient population.

Three Concurrent Sessions

3:30 p.m. – 4:30 p.m.

Using Population Data to Drive Care Management Program Development

Lindsay Corcoran, MHA | Stroudwater Associates
Cameron Smith, MBA, CPHQ | Stroudwater Associates

As the health care system continues to evolve from the traditional fee-for-service model into a population-based health mode, the need for improving care management processes within communities is becoming increasingly important. However, many hospitals don’t know where to start when it comes to building a care management program. This presentation will focus on utilizing population data to drive the development of care management programs. By understanding the needs of the community through researching U.S. Census Bureau data, the Centers for Disease Control and Prevention (CDC) reports, Community Health Needs Assessments (CHNAs), point of service social determinants of health data, etc., hospitals can utilize data to strategically develop care management programs to address the highest needs within the communities.

3:30 p.m. – 4:30 p.m.

Community Health Disparities Assessment: Using a Community Health Assessment Model to Identify Local Health Disparities Unique to Rural Counties

Vanessa A. Becker, MPH | Douglas Public Health Network

Communities are increasingly asked to identify health disparities and to develop plans to mitigate those disparities and inequities. However, process models of identifying those disparities, rooted in principles of epidemiology and population health, are not readily available. Rural disparities are often different than those in urban counties, making the systematic identification process even more vital. This session will outline the process and

2024 Forum on Rural Population Health & Health Equity



results of a Community Health Disparities Assessment (CHDA) utilizing a modified CHNA process in rural Douglas County.

3:30 p.m. – 4:30 p.m.

Street Nursing: An Emerging Best-Practice Model for Care of People Experiencing Homelessness

Rachel Richmond, MSN, RN | OHSU School of Nursing

Marilyn Gran-Moravec, MSN, RN | OHSU School of Nursing

Caleb Hill, MPA | OHSU School of Nursing

OHSU School of Nursing (SON) – Ashland campus was awarded a four-year, four million dollar Health Research and Services Administration (HRSA) grant to develop and implement the OHSU Street Nursing Team (SNT). The SNT is an emerging, innovative model for clinical and didactic nursing education at the undergraduate and graduate levels that provides care for persons experiencing homelessness (PEH) at multiple readily accessible, intermittent and regularly scheduled sites in southern Oregon communities. The SNT’s specific purpose is to provide culturally-aligned care to PEH in rural and underserved southern Oregon communities by strengthening the capacity of nursing students to manage social determinants of health (SDH), improve health equity and deliver quality, unbiased care.

Thursday, June 13

Plenary Sessions

8:25 a.m. – 9:40 a.m.

Federal Updates from the U.S. Department of Health and Human Services, Region 10

Priya Helweg | The U.S. Department of Health and Human Services

Louise Ryan | The Administration for Community Living

Health is health. Full stop. The Department of Health and Human Services (HHS), the federal agency tasked with promoting the care and well-being of Americans, is committed to tackling and eliminating some of our country’s most troubling health crises. Join Priya Helweg, acting regional director, HHS Region 10, and Louise Ryan, regional administrator, The Administration for Community Living, to learn more about how HHS is taking action to improve health outcomes in rural communities by focusing on access to care. This session will highlight our efforts to improve rural older adult health and demonstrate how we are advancing health equity for all.

9:45 a.m. – 11 a.m.

Creating a Health Equity Culture: Tools and Resources to Support Rural Health Care Leaders

Alana Knudson, PhD | NORC Walsh Center for Rural Health Analysis

Rural health care leaders are committed to building a culture of health equity in their organizations and communities. To achieve this important goal, they seek strategies that will result in everyone in their rural community having an opportunity to attain their highest level of health. This session highlights new tools and resources to support rural health care leaders in moving their organizations and communities forward to create and sustain a culture that values and advances health equity. Examples of rural health organizations that are implementing programs to improve the diversity of its health workforce to reflect the communities they serve, establishing organizational policies to identify challenges addressing social determinants of health (SDOH), and engaging with community partners to promote equity within quality and value-based programs will be featured.

Three Concurrent Sessions

11:05 a.m. – 12:05 p.m.

Connecting Oregonians to Health Coverage

Amy Coven | Oregon Health Insurance Marketplace

2024 Forum on Rural Population Health & Health Equity



Carolyn Black | Oregon Health Insurance Marketplace

As health care professionals, we know you understand the importance of ensuring access to quality care for all individuals, regardless of where they live. Unfortunately, those living in rural areas often face unique challenges when it comes to accessing health care services. Our presentation will include a high-level overview of the health coverage programs available to Oregonians, including the new Oregon Health Plan (OHP) Bridge plan starting July 2024. We will discuss how providers and other health professionals can help connect Oregonians to the appropriate health coverage for their situation and the financial assistance options available in the state. By collaborating on connecting Oregonians to available health coverage programs, we can help bridge the gap in health care access and outcomes between rural and urban areas. Let's work together to ensure health equity for all Oregonians.

11:05 a.m. – 12:05 p.m.

Creative Funding Strategies to Support Integrating CHWs Into Primary Care

Kelly Volkmann, MPH | Northwest Regional Primary Care Association
Christian Castro, BAsC | Northwest Regional Primary Care Association
Gloria Andia, MSc | Health Resources and Services Administration

During the pandemic, the role CHWs played in supporting vulnerable and historically marginalized rural communities was celebrated and funded. Post-pandemic, sustaining resources for CHWs has become challenging again. A CHW's trusted relationship with their community often increases communication and engagement with a community member's primary care team and treatment plan. This session will highlight the value of working with CHWs as integral members of your primary care team, their unique skills, and how CHWs can give important insight into the life of clients. We'll explore how one Federally Qualified Health Center (FQHC) "blended and braided" funding to build and sustain their CHW workforce. Participants will learn strategies and creative practices for funding and sustaining CHW programs, including funding opportunities from HRSA, with an overview of how to locate federal funding opportunities.

11:05 a.m. – 12:05 p.m.

Community Balance and Fall Prevention Program of Wallowa County

Stacey Karvoski | Wallowa Memorial Hospital and Medical Clinics
Brooke Pace | Wallowa Memorial Hospital and Medical Clinics

A look at how the Wallowa County Health Care District took a holistic approach to readmission reduction, fall prevention and community health for their aging population.

Three Concurrent Sessions

12:15 p.m. – 1:15 p.m.

1115 Medicaid Waiver Health-Related Social Needs: Clinical Risk Factor Criteria and Community Capacity Building Fund

Jessi Wilson | Oregon Health Plan
Meg Cary, MD | Oregon Health Authority

Oregon's 2022-2027 1115 Medicaid Demonstration Waiver addresses health and equity by supporting historically underserved OHP beneficiaries in a collaboration between the OHA, community-based and culturally specific organizations, health care partners, CCOs and other partners. Significantly, the 1115 Waiver creates new Health-Related Social Needs (HRSN) benefits for eligible members. Eligibility for HRSN services will be based on clinical criteria and social risk factors. To ensure smaller and culturally-specific organizations which may have fewer resources are able to provide critical HRSN services to OHP members, the 1115 Waiver includes up to \$119 million in Community Capacity Building Funds. These funds will be distributed as grants to HRSN providers for infrastructure and capacity building.

2024 Forum on Rural Population Health & Health Equity



12:15 p.m. – 1:15 p.m.

Delivering Prenatal Care in a Rural Oregon Health System: An Implementation Case Study to Improve Rural Family Health

Candice Hunter, FNP | Orchid Health

The U.S. ranks last in maternal mortality; two-thirds are preventable. Half of rural U.S. counties are “obstetric deserts” due to inadequate access to delivery centers and prenatal providers. There are few published care models that implement prenatal practices in rural primary care, thus, we developed our own. In doing so, our clinic forged collaborative agreements for high-risk referrals and delivery planning, educated staff, developed a marketing campaign, implemented an evidence-based practice policy and created electronic health record (EHR) modifications to integrate American College of Obstetricians and Gynecologists (ACOG) standards of care. We delivered prenatal care and postpartum support and increased our pediatric population. We will highlight key components needed to integrate evidence-based prenatal care into rural family clinics, lessons learned and pitfalls, along with future opportunities for partnership and research.

12:15 p.m. – 1:15 p.m.

Elevating Community Input to Address Rural Health Inequities

Mika Ingram MPH, CPH | Oregon Advocacy Commissions Office

Kaj Jensen, MA | Oregon Advocacy Commissions Office

Grace Hocog, B.S. | Oregon Advocacy Commissions Office

The Oregon Advocacy Commissions Office (OACO) is a small state agency dedicated to advancing the lives of people of color and women across the state of Oregon as well as supporting our four independent commissions. Our health equity team is made up of three people: Mika Ingram, the health equity lead, and Kaj Jensen and Grace Hocog. Our team was hired in November of 2023 and have hit the ground running on implementing phase two of House Bill (HB) 4052. HB 4052 “Addressing Racism as a Public Health Crisis” tasked the OACO with forming a team to gather recommendations to address racism from a public health lens. During the first phase of work, three limited-duration staff were hired to co-create spaces and provide support for BIPOC communities to gather as affinity group task forces in order to discuss, research and make health equity recommendations to be shared with the legislature and state agencies. OHA simultaneously created and launched a mobile health pilot program as directed by HB 4052. In late 2023, our team submitted an interim report that included over 100 recommendations based on conversations with BIPOC Oregonians across the state. We will share more about the work that was completed during the first phase and invite folks to learn about some of the recommendations specific to rural health that we are working to implement. We hope to solicit feedback from community health professionals and collaborate on building out recommendations and gaining support through the legislature for solutions that are created by and for BIPOC community members. We’ll be sharing more about the recommendations that impact rural BIPOC Oregonians, in particular: funding for rural produce access, accessible transportation in all places, improving emergency response and services, internet access for all Oregonians, and county-based pharmacy access.

Three Concurrent Sessions

1:20 p.m. – 2:20 p.m.

Oregon AHEC: Impacting Oregon's Current and Future Health Care Workforce Needs

Eric Wiser, MD, FAAFP | Oregon AHEC

Melissent Zumwalt, MPA | Oregon AHEC

For more than 25 years, Oregon Area Health Education Center (AHEC) has worked statewide to improve the availability, continuity and quality of health care for communities and populations in need. The Oregon AHEC Program Office and five regional centers collaborate to develop a well-prepared, high-quality health care workforce to improve the health of Oregonians beginning with pipeline programs, through professional training and continuing

2024 Forum on Rural Population Health & Health Equity



education for practicing health professionals. In this presentation, we will 1) review the current and anticipated future state of Oregon's health care workforce needs; 2) discuss current educational programming (offered through AHEC or through our strategic partnerships with community organizations) that targets these workforce needs; 3) discuss resources for audience members, including how they can engage with AHEC programs and partnerships.

1:20 p.m. – 2:20 p.m.

A Contextual Approach to Health Equity

Theo Latta | OHSU Health IDS

It is difficult to know the intention behind public statements of equity and if there is action to support such statements. It is even more difficult to know what commitments to health equity mean without specificity. Communities and individuals have diverse needs, goals and priorities. If each community had the same cultural values, SDOH, language and access to resources, sweeping declarations of health equity would be helpful. Because inequity is experienced uniquely, approaches to combat inequity must be just as nuanced. This presentation will offer a contextual approach to health equity as a strategy to operationalize a roadmap of moving toward more equitable spaces by recognizing nuance and relying on a collaborative method of developing expertise.

1:20 p.m. – 2:20 p.m.

Development of the Oregon Center for Excellence in Behavioral Health and Aging

Nirmala Dhar, LCSW, ACSW | Oregon Health Authority

Walt Dawson, PhD | OHSU-PSU School of Public Health; Institute on Aging at Portland State University

Allyson Stodola, MSW | Institute on Aging at Portland State University

Older adults experience alarmingly high rates of mental illness and substance use disorders, which frequently intersect with neurocognitive changes. At the same time, access to behavioral health services is often poor. Multiple underserved populations, such as older adults from communities of color and individuals living in rural/frontier communities, experience substantial barriers to access and use of behavioral health services. This session focuses on the state of behavioral health and aging services for older adults in Oregon and efforts to address local and statewide needs. The session describes the impetus for launching the Oregon Center for Excellence in Behavioral Health and Aging led by PSU along with OHSU and the OHA, the goals of the center and associated deliverables, and the long-term vision of the center.

Three Concurrent Sessions

2:25 p.m. – 3:25 p.m.

Equity in Action: How to Build a Latinx Mental Health Program From the Ground Up in a Rural Outpatient Clinic

Trevor Whitbread | South Lane Mental Health

This session will be less of a workshop and more of a community conversation about why it is important to create BIPOC-centered programming and how it can improve community wellness. Participants will be invited to explore the ALAS program story as an example of one template to build their own program and engage in a conversation about what types of unique challenges the ALAS program has brought to South Lane Mental Health. Topics covered will include funding and grants, culturally specific trauma informed care, unique clinical models, case management and providing multilingual services that are relevant to the community.

2:25 p.m. – 3:25 p.m.

Our Data, Our Story; Bilingual Community Data Walks in Jackson and Josephine Counties

Sadie Siders | Jackson County Health and Human Services, Public Health Division

Skylar Fate | AllCare Health

2024 Forum on Rural Population Health & Health Equity



Gina Beer | OHSU

After Jackson and Josephine Counties conducted a Community Health Assessment (CHA), they sought a dissemination method to 1) share results directly with the community; 2) validate the results from the CHA; and 3) collect nuanced data around identified health priorities to further inform the Community Health Improvement Plan (CHIP). Through collaboration with OHSU, our team developed a series of in-person and virtual data walks to promote reciprocity in research and data collection while achieving these goals. These data walks offered a semi-structured opportunity for community members to review and interpret data through highly visual and tactile mediums. Using these data walks as a case study, this presentation will share how data itself can be a platform for collaboration by increasing accessibility and welcoming all voices to participate in improving health in our communities.

2:25 p.m. – 3:25 p.m.

Shared Power: An Intentional Approach to New Partnerships for Workforce and Talent Development

Vani Kapur | AGE+

Sarah Foster | Higher Education Coordinating Commission

Within the next seven years, the number of Oregonians over 65 will double, representing 25% of the population. Rural counties are already there. We are living longer and healthier, making the longevity arc a constant that will affect every individual, family, workplace, community and sector. The aging population is one of several priority populations that are the focus of Future Ready Oregon at the Higher Education Coordinating Commission (HECC). Learn how HECC is partnering with CBOs like AGE+ to empower businesses to retain older workers, architect talent development pathways to bring older adults back into the workforce and close the health care workforce gaps across Oregon.