



## ORH/ORPRN Rural Health Listening Sessions

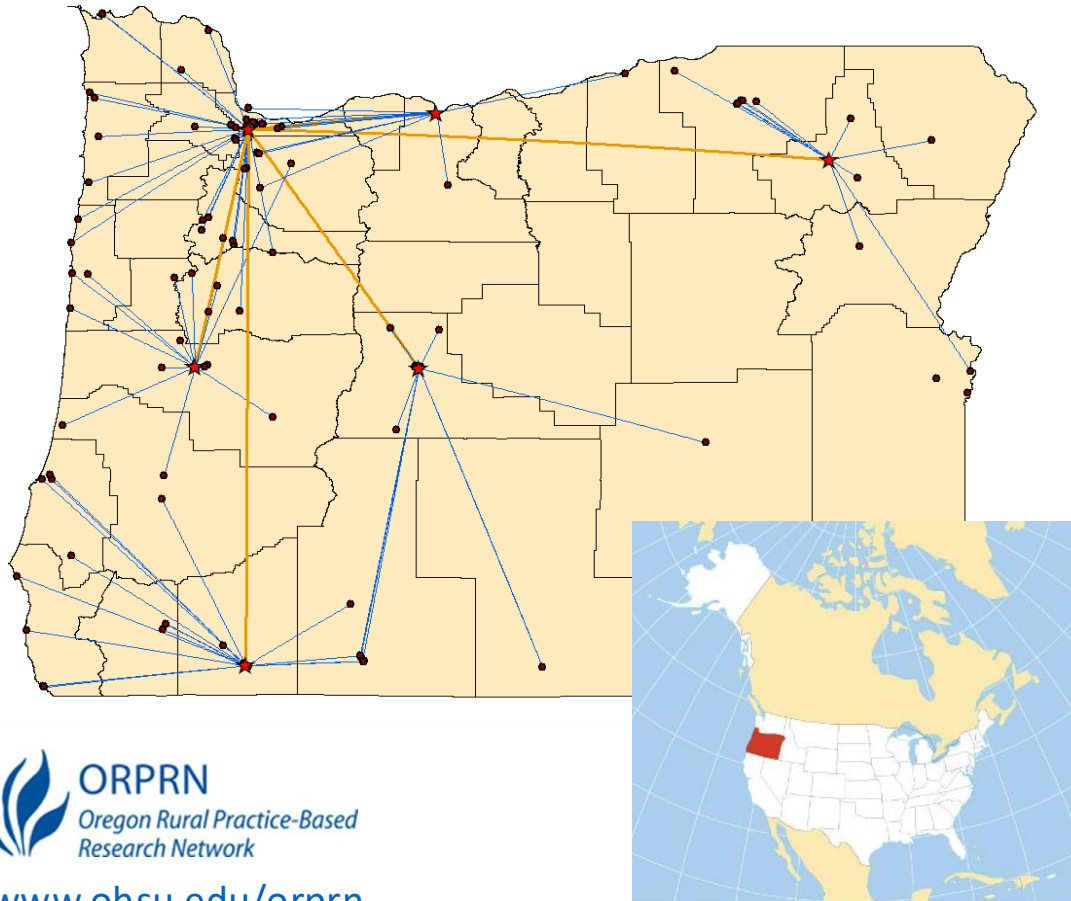
Sarah Andersen, MPH, CPH and Maggie McLain McDonnell, MPH  
October 4, 2024

*The Oregon Office of Rural Health's mission is to improve the quality, availability and accessibility of health care for rural Oregonians.*

*ORPRN's mission is to improve health and equity for all Oregonians through community engaged research, education, and policy.*

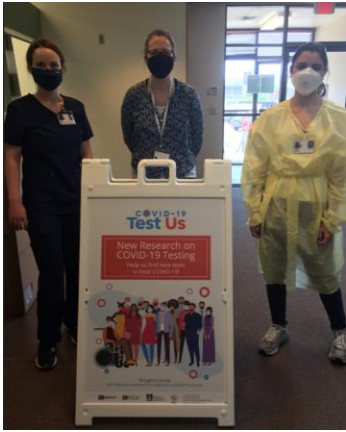


# ***ORPRN Mission: Improve health and equity for all Oregonians through community partnered research, education and policy.***



- State-wide PBRN founded in 2002.
- Guided by 12-member Advisory Board; regional practice facilitators
- Rural roots, but ~2012 bylaws updated to include urban & suburban clinics
- Work engages clinics, communities, health plan partners
- Partner regionally, nationally and internationally (Meta LARC, OCHIN)
- Tremendous growth in past 5 years

# Three Robust Program Cores



## Research

- Community-based pragmatic clinical trials on lifespan topics (newborn skincare, kindergarten readiness, prevention, advance care planning)
- Blending Implementation Research and Quality Improvement to address primary care topics (substance use, chronic pain, immunizations, dementia, DMII, cancer screening)

## Education

- Home to Oregon ECHO Network (40+ topics offered)
- Partners on Public Health Professional Workforce Development
- 10+ learner placements

## Health Policy

- Technical assistance and education around Medicaid's social needs and health equity funding flexibilities
- Design and implementation of community health assessments and community benefit programs
- Social needs screening and closed loop referral consultation and implementation
- Public health research and implementation in fundamental services (tobacco cessation, suicide prevention, immunizations), and upstream activities (health-related social needs)



## Who We Are

- Mission
  - The mission of the Oregon Office of Rural Health (ORH) is to improve the **quality**, **availability** and **accessibility** of health care for rural Oregonians.
- Vision
  - ORH's vision is to serve as a state leader in providing **resources**, developing innovative **strategies** and cultivating collaborative **partnerships** to support Oregon rural communities in achieving optimal health and well-being.

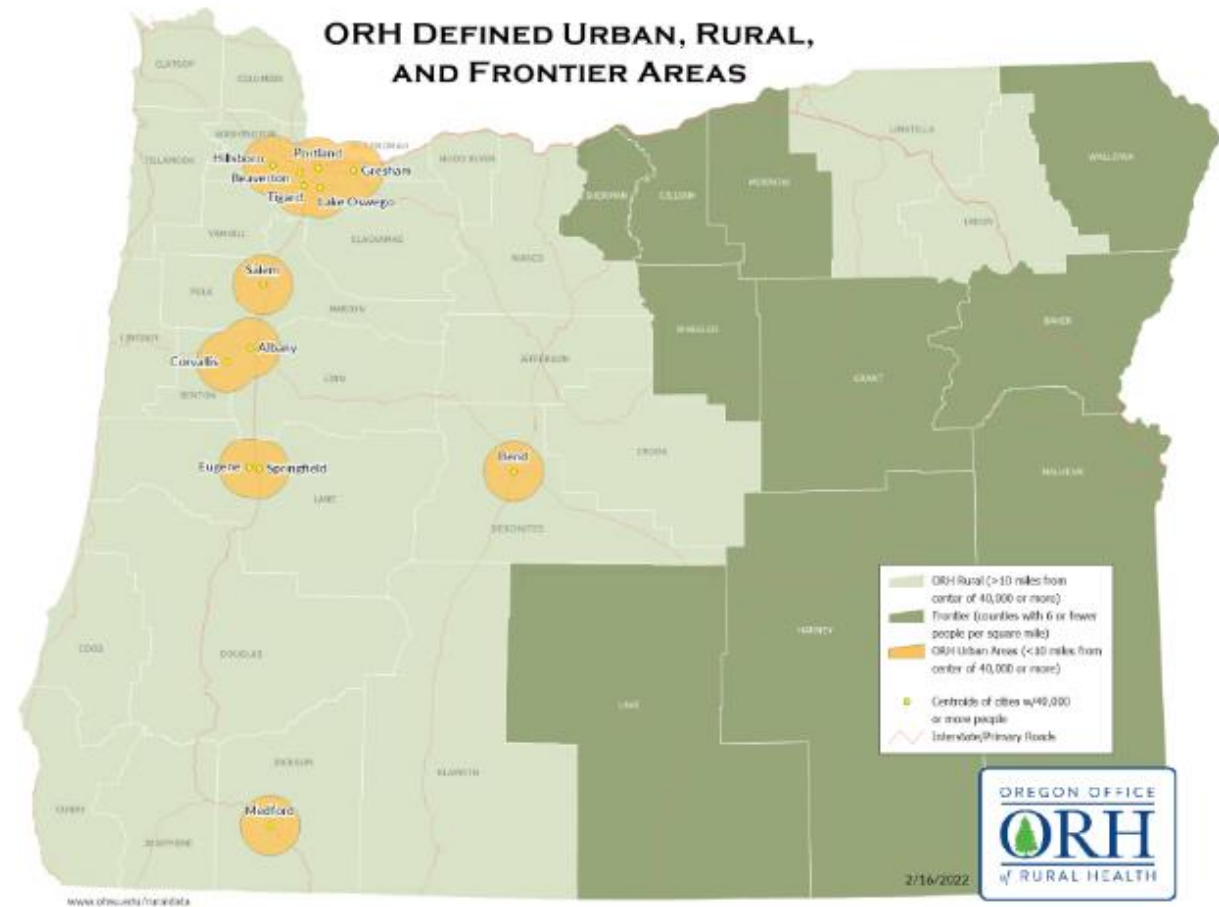




## What ORH Does

- Coordinate rural health activities and support rural partnerships
- Provide technical assistance and educational programming to rural health care facilities
  - Critical Access Hospitals (CAHs)
  - Rural Health Clinics (RHCs)
  - EMS
  - Population health
  - Public health
- Health care community-level data
- Health care workforce recruitment and retention support for Oregon's underserved communities

- As determined by ORH, the State of Oregon defines rural as “communities with a population of less than 40,000 and located 10 or more miles from the centroid of a population center of 40,000 or more”
- Oregon has a population of approximately 4.3 million, of which 34.8% live in rural communities





## Listening Session Purpose and Goals

- Examine community health care needs
- Identify ways OHSU's rural-focused programs can better support health care facilities and agencies to improve access to and quality of care in rural communities
- Guide future development of ORH's and ORPRN's education and research programs to support rural health care facilities and agencies



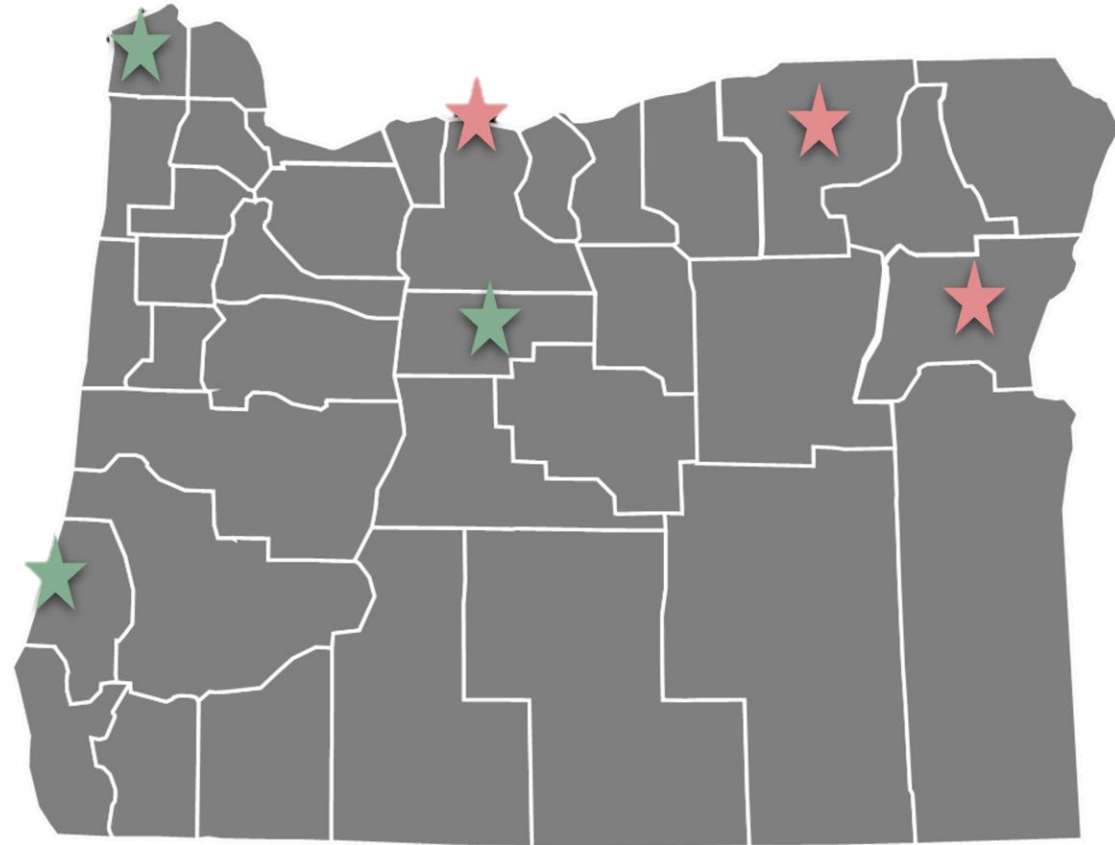
## Listening Session Advisory Committee

- Advisory committee scope
  - Identify potential topic areas
  - Identify locations to conduct listening sessions
  - Assist with invitation list
  - Assist with dissemination of listening session results
- Advisory committee members
  - 4 ORH staff
  - 3 ORPRN staff
  - 2 AHEC Program Office staff
  - 1 Regional AHEC Director
  - 1 CAH behavioral health professional
  - 1 CAH CEO
  - 1 OHSU Rural Campus faculty member
  - 1 OHSU rural research director



## Rural Listening Session Locations

- Bandon (Bandon Community Center)
  - April 19, 2024
- Pendleton (CHI St. Anthony Hospital)
  - April 29, 2024
- Baker City (St. Alphonsus Baker City Medical Center)
  - April 30, 2024
- The Dalles (Water's Edge Clinic)
  - May 1, 2024
- Astoria (Columbia River Maritime Museum)
  - May 13, 2024
- Madras (St. Charles Madras Hospital)
  - May 16, 2024



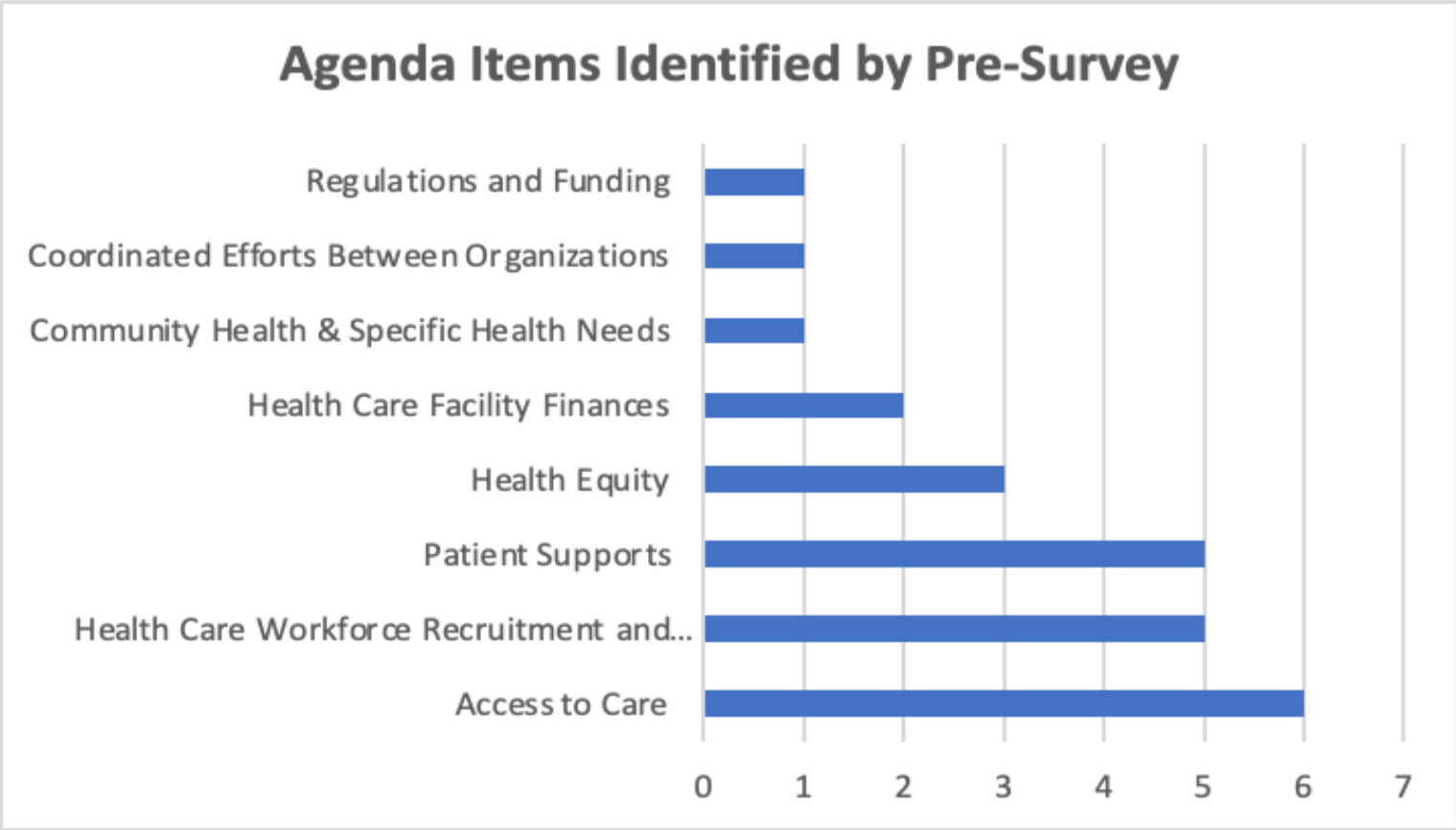


## Listening Session Outcomes

- 97 individual participants from:
  - 12 Critical Access Hospitals (CAHs)
  - 2 Rural hospitals (non-CAHs)
  - 5 Rural Health Clinics (RHCs)
  - 4 Federally Qualified Health Centers (FQHCs)
  - 13 Community-based organizations (CBOs)
  - 8 Public health departments
  - 4 Coordinated Care Organizations (CCOs)
  - 1 Private rural clinic
  - 1 County government



# Listening Session Outcomes (cont.)





## Listening Session Results | Health Care Workforce Recruitment and Retention

- Challenges
  - Professions
    - Behavioral health providers (67%)
    - Primary care providers, including those with a focus on older adults (67%)
    - Specialists (undefined) (33%)
    - Dentists (16%)
    - Social workers (16%)
    - Physical therapists (16%)
    - Occupational Therapists (16%)
    - Community Health Workers (50%)
    - Support staff (16%)
  - Reasons
    - Lack of adequate and affordable housing (100%)
    - Lack of education in rural areas to train for professions (50%)
    - Lack of daycare for staff families (33%)
    - Low pay compared to urban (33%)
    - Demand for flexible schedules (33%)
    - Requirements for maintenance of licensures/certifications (16%)



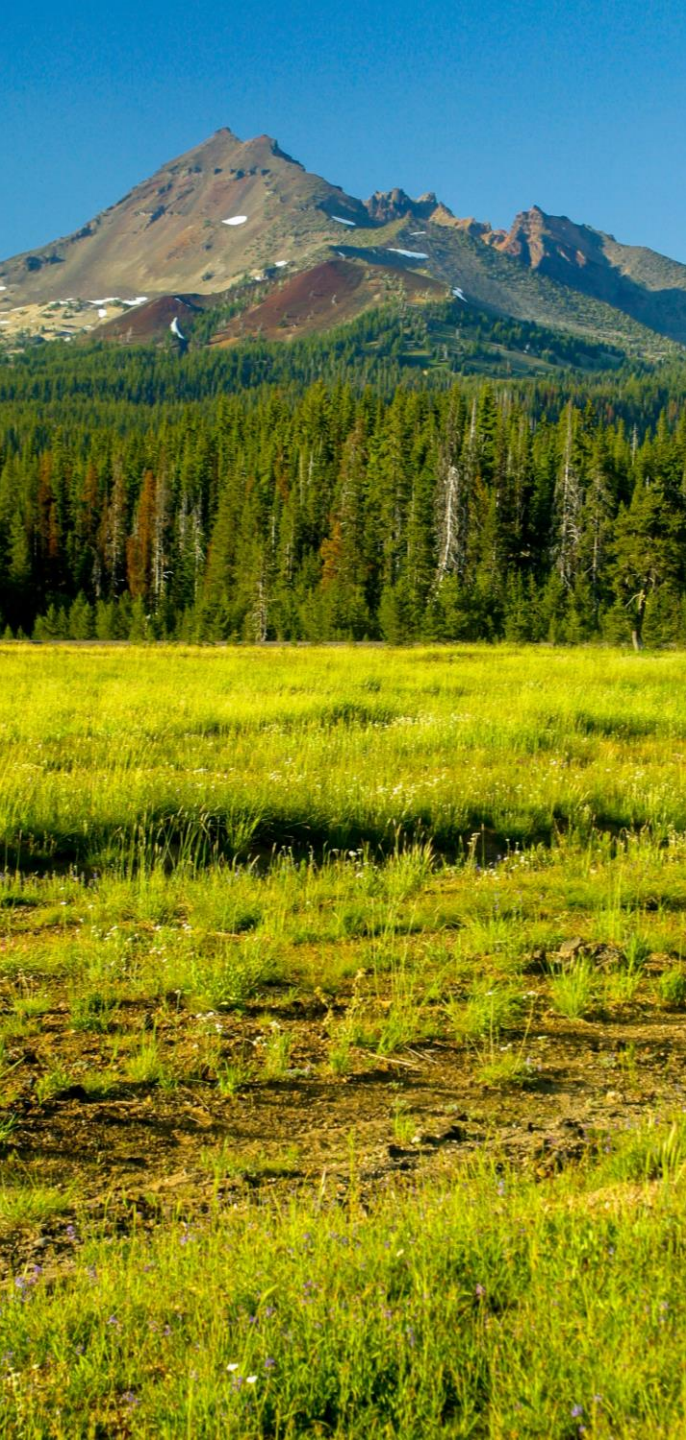
## Listening Session Results | Health Care Workforce Recruitment and Retention

- Health care facility solutions
  - Offer generous hiring bonuses to candidates (33%).
  - Sponsor housing initiatives for providers and staff (33%).
  - Provide scholarships for workforce training (16%)
  - Explore how artificial intelligence can assist the workforce with efficiencies (16%)
  - Be open to remote options to recruit behavioral health providers (33%)
  - Offer paid internships to high school and college students (16%)
  - Identify burnout (especially among nurses) early and address it quickly. It is also important to institute a mentorship program for new graduates to combat professional isolation and prevent burnout (33%)
- Partnership solutions
  - Expand or implement "grow your own" strategies (67%)
  - Host a job fair together to bring potential candidates to one place (16%)



## Listening Session Results | Health Care Workforce Recruitment and Retention

- Policy solutions
  - CMS increase in funding for residency slots (16%)
  - Improve and expand health care workforce loan repayment programs (50%)
    - Also, expand to mid-level providers
  - Create state advocacy group to expand the scope of practice for mid-level providers (16%)
- Education solutions
  - Free programs to train and cross train CHWs (33%)
  - Work with community colleges to build health care workforce education programs for needed professions (33%)
- Philanthropic solutions
  - Seek grant funding to provide childcare for providers (16%)



# What do you think?

Are we missing any challenges in your communities?

Which of these solutions interest you?

Join by Web [PollEv.com/oregonruralp811](https://PollEv.com/oregonruralp811)

Join by Text Send [oregonruralp811](https://oregonruralp811) and your message to [37607](https://37607)





## Listening Session Results | Access to Care

- Challenges
  - Type of care challenges
    - Substance use disorder treatment (100%)
    - Behavioral health (83%)
    - Primary care (67%)
    - Dental care (50%)
    - Specialty care (33%)
    - Maternity care (33%)
    - Home health and hospice (33%)
  - Other access challenges
    - Telehealth (50%)
    - Transportation (67%)
    - Limited English proficiency with lack of effective and/or certified interpreters (67%)
    - Lack of trauma-informed care and cultural humility skills (67%)
    - Trust in health care system (33%)

*"The more you experience a system that is not working for you, the more your comfort in accessing care is impacted." – Listening Session Participant*





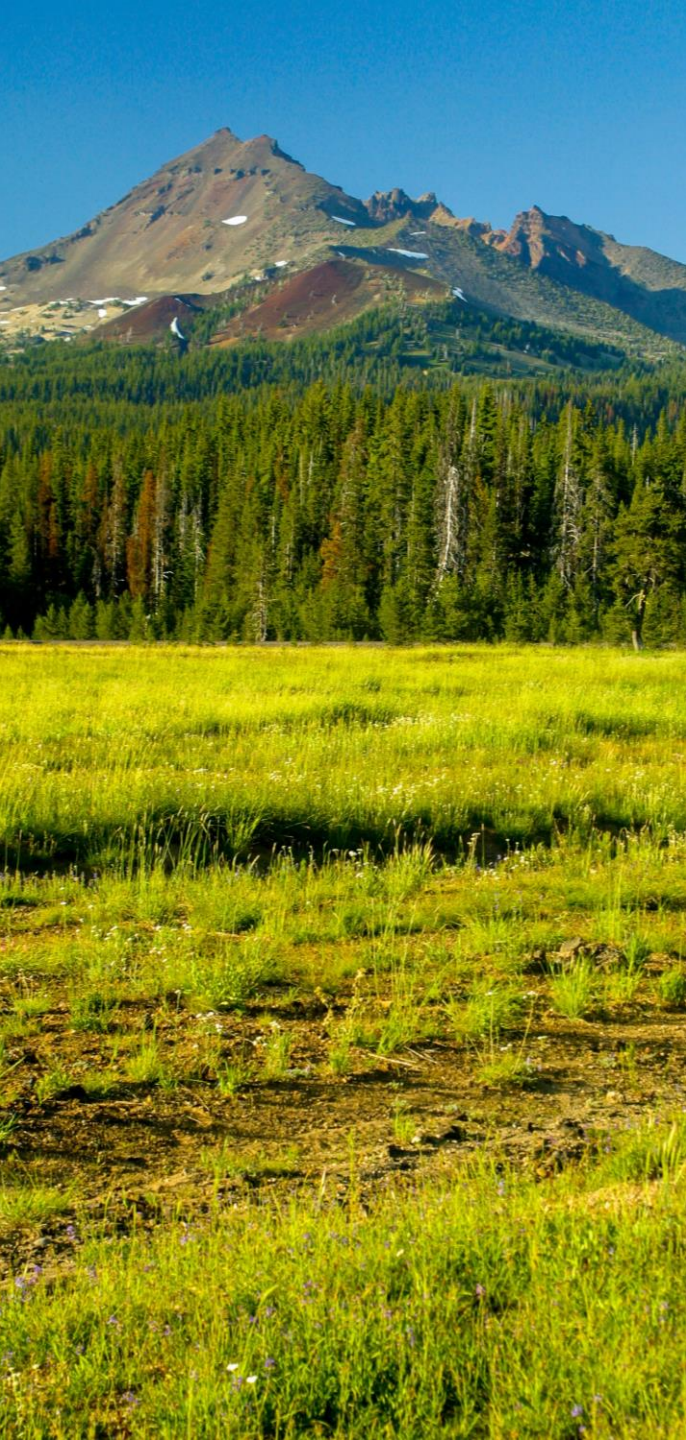
## Listening Session Results | Access to Care

- Health care facility solutions
  - Employ more CHWs and peer support specialists (50%)
  - Implement an end-of-life doula program (16%)
  - Share specialists among hospitals and clinics (16%)
  - Implement mobile health units/street medicine (50%)
  - Start school-based health programs (16%)
  - Implement patient and family advisory councils (33%)
  - Create a trauma-informed care environment and culture of humility within facilities (16%)
- Policy solutions
  - Allow behavioral health services across state lines via telehealth through a state compact (33%)
  - Involve local people in thinking about health care. When local people provide input, that impacts local-level policy (16%)
  - The state should incentivize direct care in a patient's preferred language rather than focusing on interpretation requirements (16%)
  - Improve the certification/proficiency testing for health care interpreters to remove unrealistic barriers (33%)



## Listening Session Results | Access to Care

- Partnership solutions
  - Develop specialty care connections (i.e., telehealth and/or e-consult partnerships) with other clinics and hospitals (33%)
  - CCO programs to pay for the health care interpreter exam (16%)
  - Regional advisory councils to request reviews for research and to engage community voices in the research (16%)
  - Collaborate to meet patient needs
  - Develop more collaboration and outreach services within the community (16%)
  - Integrate public health into the health care structure to prioritize prevention (16%)
  - CCOs to visit people in their homes to explain Medicaid to them (16%)
  - Collaboratively conduct a needs assessment focused on access issues (16%)
  - Collaborate to get grant funding for mobile health vans or community transportation programs to get patients to appointments (16%)



# What do you think?

Are we missing any challenges in your communities?

Which of these solutions interest you?

Join by Web [PollEv.com/oregonruralp811](https://PollEv.com/oregonruralp811)

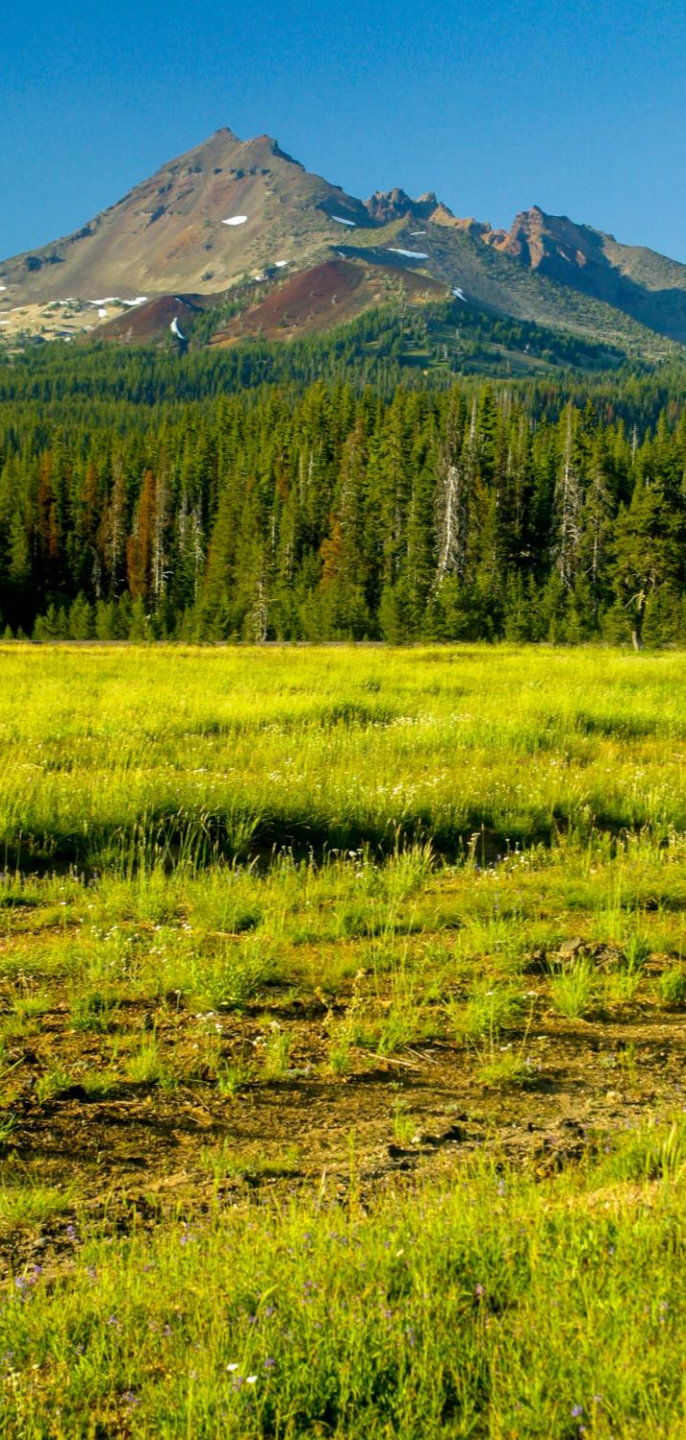
Join by Text Send [oregonruralp811](https://oregonruralp811) and your message to [37607](https://37607)





## Listening Session Results | Patient Supports and Social Drivers of Health

- Challenges
  - Adequate and affordable housing (67%)
  - Food insecurity (50%)
  - Limitations in utilizing Oregon's Medicaid 1115 waiver to address social needs (50%)



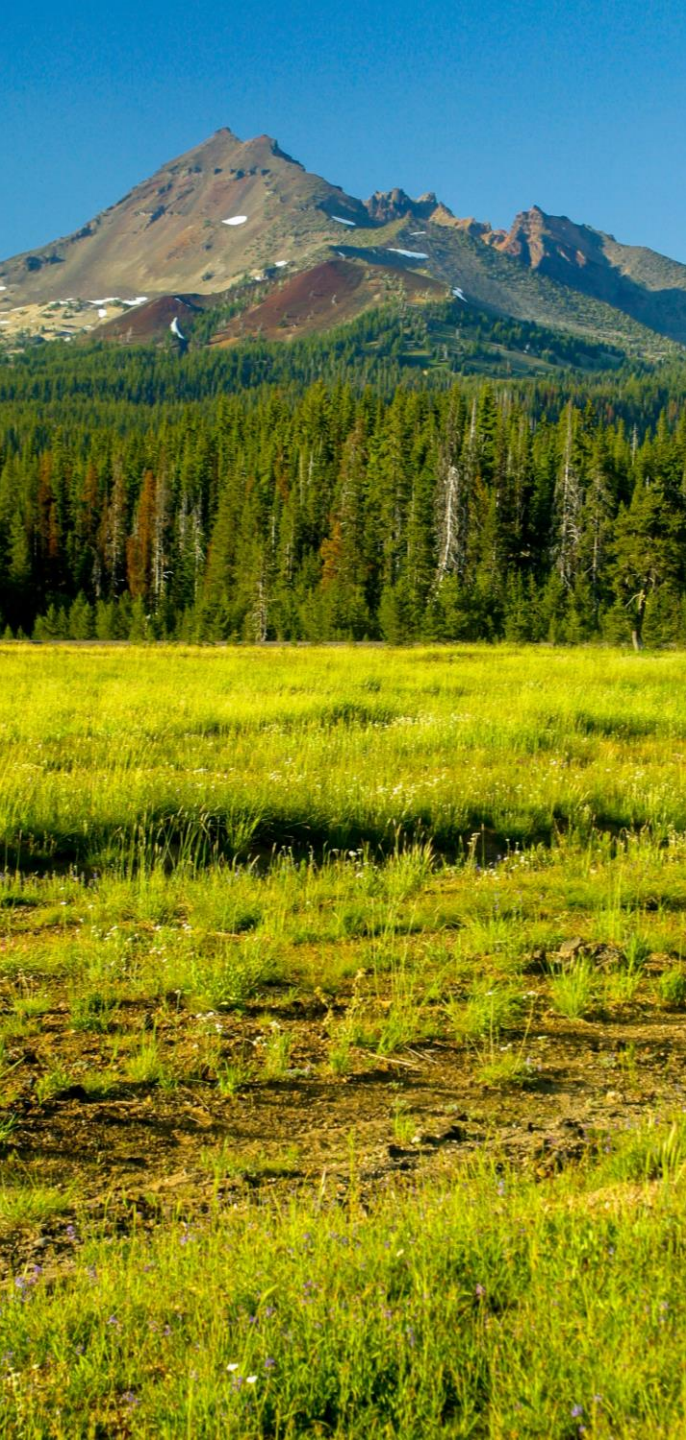
## Listening Session Results | Patient Supports and Social Drivers of Health

- Health care facility solutions
  - Provide patients with a primary contact, such as a patient navigator or a CHW (33%)
- Partnership solutions
  - Form partnerships between hospitals and FQHCs to address social needs (16%)
  - Leverage the library to create a centralized resource list for patient supports, including social needs (16%)
  - Partner with community action agencies to address social needs (16%)
- Philanthropic solutions
  - Seek out funding to provide nutrition classes and food boxes for patients (16%)



## Listening Session Results | Patient Supports and Social Drivers of Health

- Policy solutions (16% each)
  - Increase payor payments for CHWs
  - The State of Oregon should:
    - Provide billing and coding training specific to social needs
    - Create a standardized billing hub for social needs to help small and mid-sized organizations navigate the system
    - Require more flexibility for social needs spending
    - Fund human service organizations at a higher level



# What do you think?

Are we missing any challenges in your communities?

Which of these solutions interest you?

## Next Steps

- Report published on websites within next month
- Using results to respond to challenges via programming at each organizations
- Next listening sessions in 2027



Thank you!

Sarah Andersen, MPH, CPH  
Director of Field Services  
Oregon Office of Rural Health  
[ansarah@ohsu.edu](mailto:ansarah@ohsu.edu)

Maggie McLain McDonnell, MPH  
Director of Education  
Oregon Rural Practice-Based Research Network  
[mclainma@ohsu.edu](mailto:mclainma@ohsu.edu)