

Transforming Health Care Access:

# TELEHEALTH & COMMUNITY WELLNESS IN RURAL OREGON

*Presented by:*

Alex Topper, MPH (Improvement Advisor at Comagine Health) and  
Tiffany Sopher, CHW (Project Lead at Elkton Community Education Center)



# Comagine Health Background



Comagine Health is a national, nonprofit healthcare consulting firm.

We work collaboratively with patients, providers, payers and other stakeholders to reimagine, redesign and implement sustainable improvements in the healthcare system.

We serve as the Medicare Quality Improvement Organization (QIO) for the state of Oregon.

The  
**ELKTON  
WELLNESS  
INITIATIVE**



# ECEC Background



The Elkton Community Education Center (ECEC) is a community-based organization situated in the rural town of Elkton, located in Douglas County, about 53 miles southwest of Eugene, Oregon. Our town has about 180 residents, with a surrounding population of about 2000 people.

ECEC was founded in 1999 by a retired teacher who bought a sheep field on the north banks of the Umpqua River. The 43-acre site includes a butterfly pavilion, historic trading fort, library, flower gardens, native plant park, nursery, and much more.

Year-round activities feature guided tours, local crafts, art exhibits, walking trails, a summer café, and seasonal festivals for all four seasons.

# ECEC Background (cont.)





# ECEC Background (cont.)



# ECEC Background (cont.)





# ECEC Background (cont.)





# ECEC Background (cont.)





# ECEC Background (cont.)



# Program Concept



The Elkton Wellness Initiative started as a “telehealth kiosk” concept.

- Community conversations amongst community stakeholders in 2020
- Local provider connected with a former clinic manager in Sept 2021
- Beginning of Wellness Initiative with new Project Lead in Nov 2021
- Contacted Oregon Office of Rural Health in Dec 2021

# Community Needs Assessments

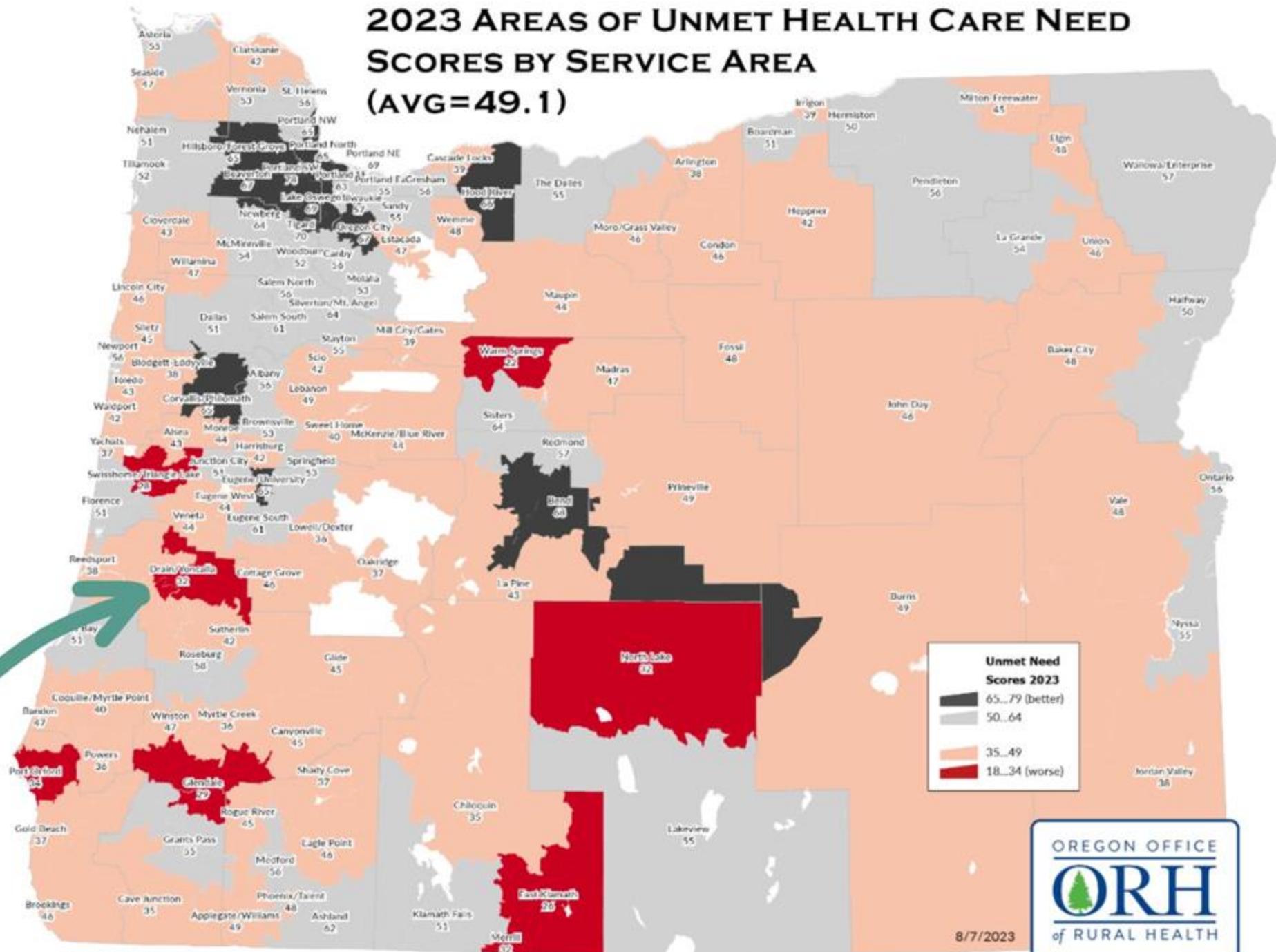


Local needs assessments (beyond Douglas County & CCOs):

- North Douglas County CHA 2016-2017 (PSU)
  - Repeat recommendations: Community awareness and engagement
  - Elkton specifically asked for nutrition and cooking
- Drain/Yoncalla 2021 - 2024 Service Area Profiles (ORH)
  - 6th greatest Area of Unmet Needs in Oregon
  - Mortality figures much higher than even other rural areas



# 2023 AREAS OF UNMET HEALTH CARE NEED SCORES BY SERVICE AREA (AVG=49.1)



## VITAL STATISTICS (Oregon Health Authority--continued)

### MORTALITY FIGURES (rates are per 100,000 persons [2023 pop])

#### CAUSE-SPECIFIC CRUDE DEATH RATES per 100,000 (Average per year 2017-2021):

	Service Area	County	Rural	OR
Total:	1478.8	1492.8	1140.1	909.9
Cancer:	367.7	319.5	245.0	191.9
Heart Disease:	247.8	273.7	218.6	168.0
Unintended Injuries:	95.9	77.1	66.8	55.8
Cerebrovascular Disease	60.0	75.0	59.6	50.2
Chronic Lower Resp Disease	87.9	103.0	68.1	46.5
Alzheimer's:	36.0	56.4	47.9	45.5
Diabetes:	79.9	58.7	38.8	30.4
Alcohol Induced:	40.0	40.1	29.9	23.9
Suicide:	28.0	30.1	24.3	20.0
Hypertension:	36.0	31.5	19.1	15.0

**Deaths per Year in Service Area (Average of 2017-21):**

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# Program Momentum



- Oregon Office of Rural Health
- 2022 Northwest Regional Telehealth Resource Center Conference
- Network of the National Library of Medicine
- ECEC started raising funds and applying for first AmeriCorps member placement (UofO/IPRE/RARE) to begin planning and implementation of the Elkton Wellness Initiative in March 2022
- RARE AmeriCorps member moved to Elkton, Oregon and started 11-month service term in Sept 2022

# Community-wide Survey



ECEC Community Survey Fall 2022 (UofO/IPRE/RARE):

- 45% - had a household income of < \$55,000 a year
- 91% - everyone in household had healthcare insurance
- 62% - had delayed seeking healthcare in past 12 months
  
- 90% - interested in workshops/classes
- 85% - interested in lifestyle
- 50% - interested in support groups
- 45% - interested in application assistance



# Community-wide Survey (cont.)



ECEC Community Survey Fall 2022 (UofO/IPRE/RARE):

- 92% - had resources to use telehealth from home
- 50% - had never used telehealth before
- 85% - interested in using telehealth in the future
- 86% - expressed one or more concerns regarding telehealth
- 35% - interested in using ECEC's Telehealth Access Point
- 53% - would rather use telehealth from home

# Program's Unique Framework



- A Telehealth Access Point may help break the rural healthcare access barrier but it will not improve future health outcomes alone; we seek to support community members in addressing SDOH(s) that impact our community members' ability to take action beyond their appointments
- Innovative/holistic approach to and broad definition of wellness
- Building our foundation in rural development with various touchpoints to the healthcare system
- *Responsiveness* to community needs (bottom up approach) vs prescribing what would work (top down); #relationshipmatters

# Program Overview

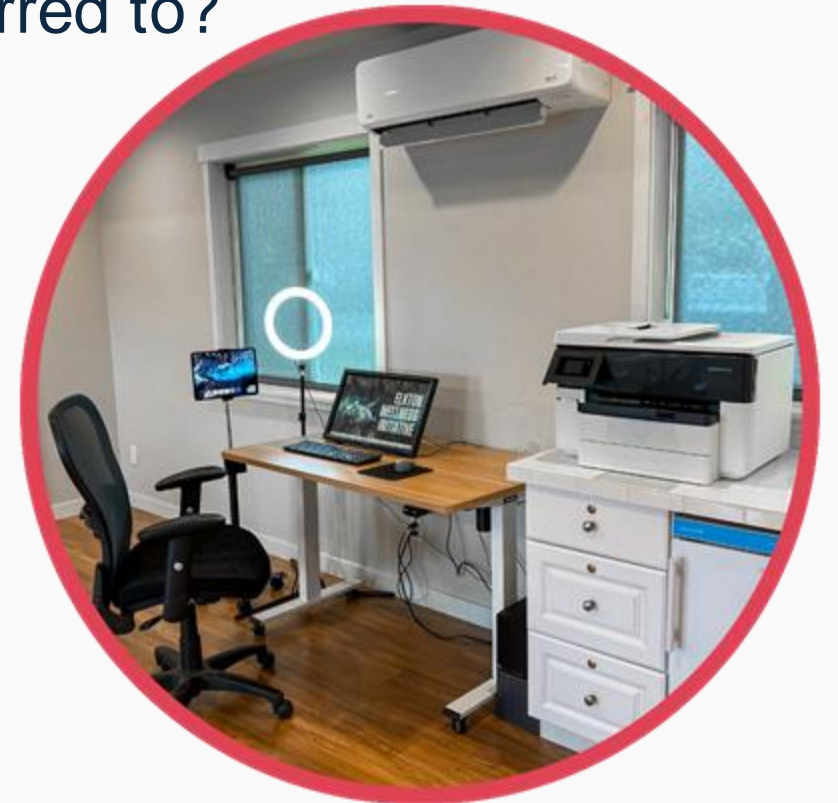
Four key components of our Wellness Initiative that is facilitated by our Community Health Worker:

- (1) Information & Referrals Desk
- (2) Application Assistance Program
- (3) Hosting of Healthcare & Social Services
- (4) Telehealth Access Point



# (1) Information & Referrals Desk

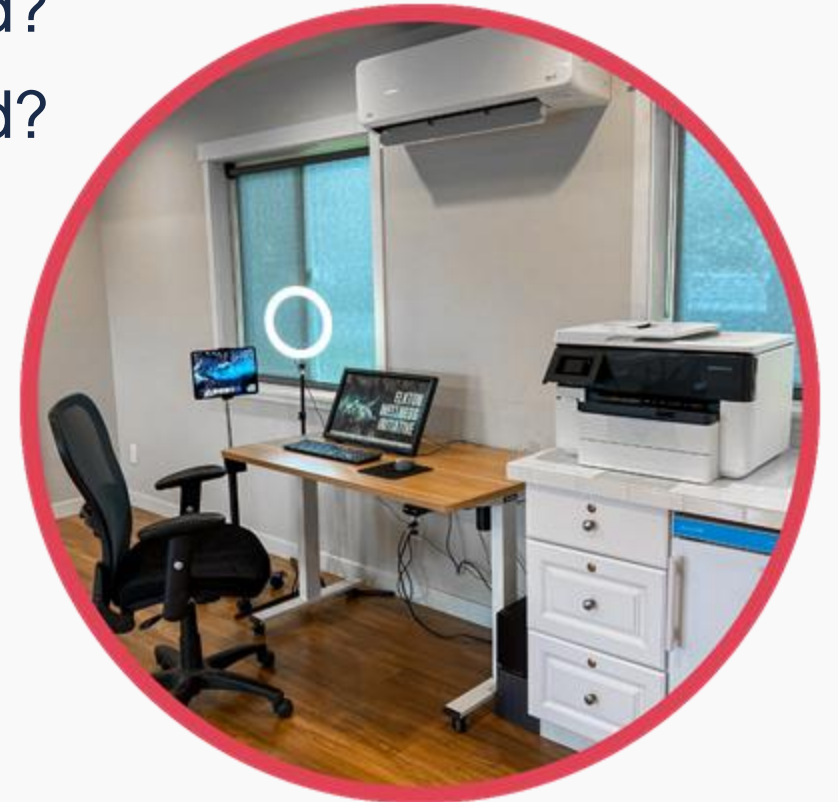
- How do our community members use referrals?
- Where are our community members being referred to?
- How do we know if the referral loop is closed and our referral is completed?
- What are the outcomes?





## (2) Application Assistance Program

- How do our community members use application assistance?
- What types of applications are being completed?
- What types of service/support is being provided?
- What are the outcomes?



# (3) Hosting of Healthcare & Social Services

- Healthcare Providers (In-Person / Mobile Unit)
- Wellness Services Providers (In-Person / Mobile Unit)
- Visiting Class / Workshop Educators & Facilitators
  - Nutrition
  - Parenting / Caregiving
  - Physical Activity
- Social / Support Groups
  - Seniors & Friends Potluck Lunches
  - Community Conversations “Legacy Cafe”



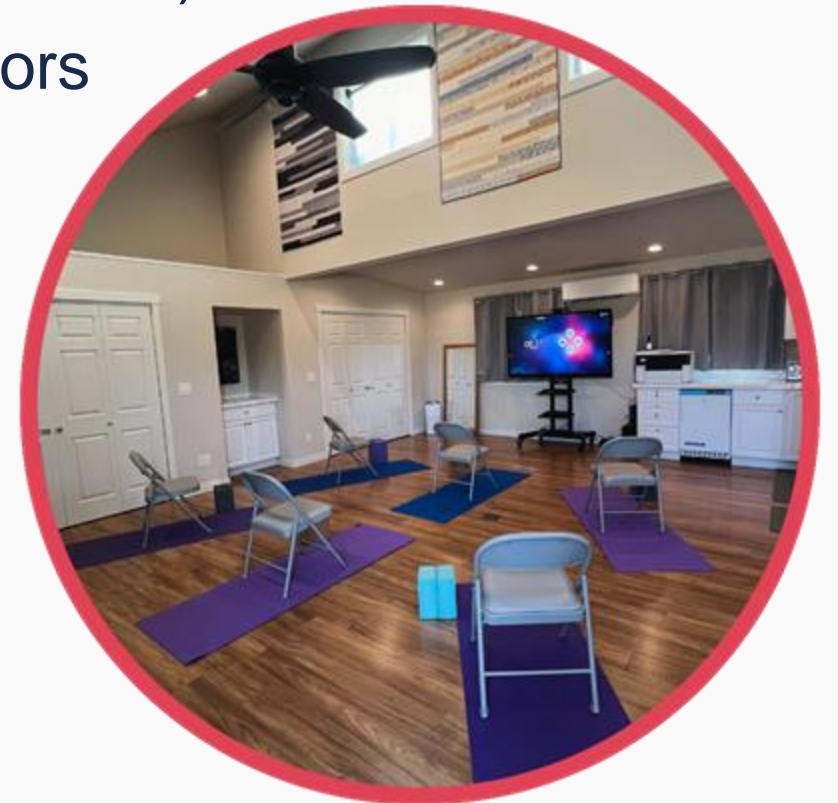
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# (4) Telehealth Access Point

Telehealth > Telemedicine, Telebehavioral, Telesocial, Telenutrition, etc.

- What kind of physical space?
- What kind of technological infrastructure?
- How are we approaching marketing / outreach?
- How do community members use this service?



# Program Staffing



- Recruited volunteers in January 2023:
  - application assistant volunteer
  - information and referral volunteer
- Awarded second RARE AmeriCorps member placement; another 11-month service term started in Sept 2023
- Transitioned contracted Project Lead position, previous two volunteer positions and RARE AmeriCorps member position into a part-time staff position in August 2024
- Actively recruit volunteers from program participants based on our programming needs and community member skill level available

# Community Health Worker Position



Oregon is at the forefront of standardizing CHWs' scope of work, skills, etc. ECEC is applying a broad and flexible understanding of our CHW's scope of work to fit the needs of our community (community-based organization / "third space" setting vs clinical setting).

Our CHW position is focusing on:

- Outreach & Relationship
- Connection to Services & Resources
- Responsiveness & Sustainability



# Program Considerations



- How to incorporate and sustain a CHW position in a rural “third space” with limited staffing and limiting funding? How to address complex volunteer training and engagement?
- How to address professional and ethical boundaries in light of the culture and dynamics of rural living?
- How to address the intersection between rural living and urban resources and technical assistance?
- How can healthcare entities be incentivized to be involved?
- How to address community members awareness and engagement?

# Program Successes



Elkton is a close-knit community united by a common goal: to advocate for and enhance the well-being and quality of life of all our community members and the city as a whole. We've had:

- Ongoing success in securing funding and program resources
- Consistent dialogue and implementation of lifestyle improvements
- A continuous “Butterfly Effect” within the Elkton Wellness Initiative, at ECEC, throughout the Elkton community, and in collaboration with our local and regional partners and collaborators
- Positive outcomes leading to a sustained positive outlook for both the near and distant future

# Training & Support Resources



- Oregon State University (CHW Certification Program + CEUs)
- Network of National Library of Medicine (Telehealth in Libraries)
- Northwest Regional Telehealth Resource Center (Navigation Training)
- National Rural Telementoring Training Center
- Rural Health Information Hub
  
- UofO IPRE/RARE AmeriCorps Program
- Rural Development Initiatives (+ R2R Conference)
- Nonprofit Association of Oregon
  
- + Grant Technical Support and Incubator Program Add-ons

# Funding Resources



- M.J. Murdock Charitable Trust (private)
- Ford Family Foundation (private)
- Roundhouse Foundation (private)
- Ronald W Naito Foundation (private)
- Reser Family Foundation - Small Communities Initiative (private)
- Elktunes Bluegrass & Butterflies Festival (local)
- Thomas Batterman Mental Health Project (local)
- ORH Elder Innovation Grant / Rural Incubator Program (state)
- AOCMHP Rural Older Adult Mini-Grant (state)
- OCHLO Healthy Rural Oregon Project (state)



# ECEC & Comagine Connection

Since May 2023, Comagine Health has provided individualized assistance and support, including:

- Workflow mapping
- Designing and distributing health promotion materials
- Grant writing assistance
- Serving as a sounding board
- Amplifying our initiative



# Looking Forward



Where do we see the Elkton Wellness Initiative going next?

- Recruit second CHW to provide front-line services and outreach to our community members while our Project Lead focuses on program management and sustainability (and serving as a backup CHW)
- Continue building our referral and support network within the healthcare sector (i.e. CHWs and CCOs) and the rural development sector (i.e. internet provider, rural fire department, school district, etc.)
- Look into mobilizing the Telehealth Access Point, Information & Referrals Desk, and Application Assistance Program
- Keep an eye on applicable legislature, reimbursement regulations and supervision requirements

# Questions / Comments



# Contact Us

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*Alex Topper*

Improvement Advisor / Comagine Health  
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# Thank you!





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