



## Early Beginnings of the Office of Rural Health

What do the mayor of the state's largest city and a former state governor have in common with the Office of Rural Health?

During the 1979 Oregon legislative session, then state representatives Vera Katz, John Kitzhaber, Jeff Gilmour, Bill Markham, Max Simpson, and Tom Throop sponsored House Bill 2735, the bill that created the Office of Rural Health (ORH). This piece of legislation created a state office dedicated to improving the quality and availability of health care for rural Oregonians.

House Bill 2735 specified the responsibilities of the Office of Rural Health, and provided for the creation and direction of the advisory board, named the Rural Health Coordinating Council (RHCC). The legislation detailed duties, pilot projects and a budget for the Office. It appropriated monies to the State Health Planning and Development Agency (SHPDA) specifically for Office of Rural Health activities.

The State Health Planning and Development Agency addressed rural health care throughout the state prior to the creation of ORH. Three regional councils representing Eastern, Northwestern and Western Oregon performed some of the planning and collaboration duties for which the Office of Rural Health would eventually be responsible. These councils were known

as Health System Agencies, or HSAs.

Experience and expertise in rural health care delivery systems, (like that of the HSA councils), defined the requirements for the members of ORH's advisory board, the RHCC. Each HSA region is still represented on the board. The make-up of the advisory body includes two primary care physicians, one appointed by the Oregon Medical Association and one by the Oregon Osteopathic Association; a nurse practitioner appointed by the Oregon Nursing Association; a pharmacist appointed by the State Board of Pharmacy; five consumers appointed by the Governor; one representative from the Conference of Local Health Officials; a representative from OHSU, as well as a representative from the Oregon Association of Hospitals and Health Systems. Additionally, the council is required to have one dentist appointed by the Oregon Dental Association, and an optometrist appointed by the Oregon Association of Optometry.

Prior to the creation of the Office of Rural Health, the HSAs provided community health planning in their local regions and made recommendations to the State Health Planning and Development Agency. SHPDA used this information to determine health shortage designations.

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## First ORH Director Remembers the Early Days

Marsha Kilgore directed the Office of Rural Health (ORH) from its inception in 1979 until 1989 when the Office moved from its home within the State Health Planning and Development Agency to Oregon Health and Science University.

Kilgore gathered the initial information on a rural health office in 1978 at the request of then representative Vera Katz and then senator L.B. Day. They asked her to visit the North Carolina Office of Rural Health Services. Kilgore was passionate about helping rural communities achieve and maintain access to primary care, and was eager to see the North Carolina office activities emulated here in Oregon. The following year House Bill 2735 created the Office of Rural Health.

"At first there were just two staff members," recalls Kilgore. "We spent a lot of time out in field, helping rural communities and clinics with technical assistance and recruitment, and working on shortage designations with the National Health Service Corps."

House Bill 2735 required that the office create pilot projects detailing a health care delivery system within a rural community. The agency provided grants with money from the state legislature and recruited nurse practitioners and physician assistants to work in rural communities.

Kilgore remembers that the ORH "primarily worked with communities to help them attract midlevel providers and provided technical assistance to determine if a community could fiscally support a solo physician practice or a mid-level."

To increase the impact of ORH, Kilgore coordinated office activities with local

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HSAs were also responsible for approving and implementing portions of the state health plan. Marsha Kilgore, future director of the Office of Rural Health, was working with the National Health Service Corp at SHPDA, when she meet with Katz and state senator L.B. Day in 1978. They discussed solutions to the inadequacies of rural health in Oregon. Representative Katz had heard of a "Rural Health Office" located in North Carolina and wondered if this model would work for Oregon.

Kilgore visited the North Carolina Office of Rural Health Services. The North Carolina Office, founded in 1973, provided technical assistance to small hospitals and community health centers in rural and medically underserved communities. Kilgore reported back to Katz and Day about these activities, and the potential for such an organization in Oregon.

Using information from Kilgore's report, Representative Katz, Senator Day, and others created a legislative proposal to establish a similar rural health office in Oregon. The legislation, which became House Bill 2735, charged the Oregon Office of Rural Health with coordinating a statewide effort to provide health care in rural areas, and serve as a clearinghouse for information on health care delivery systems and other topics affecting rural health. The Office of Rural Health was appropriated \$20,000 in demonstration grants to create a pilot project detailing a health care delivery system within a rural community.

The first rural community chosen for this pilot project was Condon, Oregon. The National Health Service Corps had placed numerous physicians in the town, but all departed the area as soon as they completed their two-year loan repayment requirement. The community recognized the inherent problems of having a sole practitioner and decided to hire two physician assistants to help prevent burnout and staff turnover. (Oregon law allows for physician assistants to practice independently in Health Professional Shortage Areas, while under remote supervision of a physician). With help from the Office of Rural Health, the South Gilliam Health District was formed, which added tax revenue to keep the doors of Gilliam County Medical Center open. Dennis Bruneau, PA-C, and David Jones, PA-C, were the two mid-level providers hired. Dave, Dennis, their spouses and supervising physician Bruce Carlson, M.D. created a team that continues to sustain one of the most stable and long-term small rural primary care clinics in the state. Lessons learned from the pilot project enabled the ORH staff to offer technical assistance to other rural communities and adhere to another legislative directive; to duplicate the pilot project delivery systems throughout the state.

Representatives Vera Katz and John Kitzhaber moved on to other political offices and issues around the state; however, they and many of the other early champions of rural health changed the landscape of primary health care for rural Oregonians. The Office of Rural Health and its staff have built upon these

successes, and continue to offer technical assistance, recruitment assistance, and numerous other services to ensure a healthy rural Oregon. Please feel free to contact the Office of Rural Health at 503-494-4450, or visit our web site at [www.ohsu.edu/oregonruralhealth](http://www.ohsu.edu/oregonruralhealth).

Karen Whitaker, Vice-Provost and Director, Office of Rural Health; Paul McGinnis, Director Field Services, Office of Rural Health; Marsha Kilgore, former Director, Office of Rural Health; and Jeff Butler, Director, Development Outreach, Family Medicine, OHSU; were instrumental contributors to this article.



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organizations. Staff worked with the Oregon Medical Association, the Oregon Nurses Association, and coordinated with the National Health Service Corps. ORH fostered working partnerships with rural eastern Oregon communities struggling to retain physicians, nurse practitioners and physician assistants. Many providers lacked access to continuing education, experienced professional isolation and had minimal access to locum tenens. These issues lead to the formation of the Area Health Education Centers.

Marsha Kilgore furthered her passion for rural health by spending three years as an executive officer on the board of the Nation Rural Health Association. As president elect, president and immediate past president, Kilgore was able to gather support from national players for rural issues in Oregon.

The office "didn't have a lot of money," says Kilgore, "and we did things by the seat of our pants; we were young and energetic, so we could get a lot of things done. However, there were many behind-the-scenes supporters without whom we could not have made it."

The Rural Health Coordinating Council, ORH's advisory board, was a supportive partner. They provided guidance, and formed partnerships while using their collective regional and local experiences to guide policy decisions for ORH.

Supporters also included Dick Grant, director of the State Health Planning and Development Agency, Jeff Butler, Paul McGinnis, state Senator Gene Timms, state Representatives Vera Katz, John Kitzhaber, Jeff Gilmore, Bill Markham, Max Simpson, and Tom Throop, and many others. "Rural health was a popular cause at the time," remembers Kilgore. "Through lots of support, we were able to make a real difference for rural communities."

## A New Member Joins the RHCC

Kevin Miller, D.O. and his family have lived in Sisters for three years. They are relatively new to Oregon; having lived in Portland for only two years prior to joining the High Lakes Health Care Clinic in Sisters to practice Osteopathy. Dr. Miller is a member of the Osteopathic Physicians and Surgeons of Oregon, Inc., which is where he found out about the opening on the Rural Health Coordinating Council (RHCC).

Dr. Miller is excited about the possibilities of his tenure on the RHCC. "I look forward to learning about the different organizations involved in rural health care around the state, and hearing about their successes," said Dr. Miller.

The Rural Health Coordinating Council is the advisory body to the Office of Rural Health. It is made up of 18 voting members representing 17 different organizations and communities around the state. There are also two advisory, non-voting members from the Oregon Department of Human Services and the Oregon Primary Care Association.

Dr. Miller is a trustee on the Osteopathic Physicians and Surgeons of Oregon board, which is the regional affiliate of the American Osteopathic Association (AOA). The AOA web site explains the principles and practice of Osteopathic medicine as fundamental to a complete health care system. D.O.s complete four years of medical training at a fully accredited college of Osteopathic medicine. Following graduation from medical school, D.O.s are required to complete a one-year rotating internship through all areas of primary care. Subsequent to his one-year rotation, Dr. Miller completed a family practice residency in Ohio.

The AOA states that D.O.s use the latest medical technology, which is complemented by their application of a hands-on treatment tool known as osteopathic manipulative treatment, or OMT. OMT brings an added dimension to healthcare, in the form of non-invasive treatment. By taking the whole person approach to care, D.O.s don't just focus on disease or injury, they look for the underlying causes instead of simply treating the symptoms. When making a diagnosis, D.O.s take other factors into account which may affect physical condition such as home, work and family life.

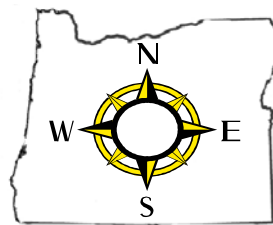
"Practicing good health care has the potential to enhance a patient's entire life, especially in a rural setting where patients and doctors have multi-faceted relationships," said Dr. Miller. He sees very little difference in rural practice compared to urban practice. However, Dr. Miller believes that in smaller settings, patients expect more of a personal relationship with their practitioner, and that they are much more friendly than in urban settings. For Dr. Miller, it is this small community outlook that makes a difference. "When your patient is a friend and neighbor,

the doctor-patient relationship is much more reciprocal and you are more accountable."

"We are often blessed by our patients," said Dr. Miller with a smile, "rather than the other way around."

Dr. Miller plans to spend his time on the RHCC learning more about rural health care issues and how the committee makes decisions. He is optimistic about finding solutions to the health care delivery inequalities he sees in his community. He also plans to contribute ideas, participate in the decision making process, and supply the committee with a positive attitude about the potential of good health care to change lives.

Dr. Miller looks forward to attending the next RHCC meeting July 15, 2004 in Pendleton. To find out more about the Rural Health Coordinating Council, visit the Office of Rural Health's web site at [www.ohsu.edu/oregonruralhealth](http://www.ohsu.edu/oregonruralhealth).



*A Quarter  
Century of  
Service:  
Celebrating*

## Our Past....Navigating Our Future

Don't Forget – The 21<sup>st</sup> Annual Oregon Rural Health Conference is October 7- 8, 2004 at the DoubleTree Hotel Lloyd Center in Portland, Oregon. The hotel registration deadline is September 7, 2004. Call 1-800-996-0510 and mention ORH to receive the conference rate of \$104.

New this year, the Office of Rural Health will present five new awards to honor those making outstanding commitments to improving the quality and availability of rural health care. The **ORHCAs**, Oregon Rural Health Conference Awards, will be presented on Friday, October 8, 2004 during a luncheon ceremony.

We still have room for exhibitors and sponsors. Check out the Office of Rural Health web site for details on how to exhibit or sponsor. Information about exhibiting and sponsoring is available at [www.ohsu.edu/oregonruralhealth/conf](http://www.ohsu.edu/oregonruralhealth/conf), or call Linda Pepler at 503-494-4450, or email her at [peplerl@ohsu.edu](mailto:peplerl@ohsu.edu).

Registration brochures will be mailed in August and beginning in August we will be offering on-line registration for the conference on our web site. Be sure to visit [www.ohsu.edu/oregonruralhealth](http://www.ohsu.edu/oregonruralhealth) to reserve your place at the 21<sup>st</sup> Annual Oregon Rural Health Conference.

# TRAINING & CONFERENCE INFO

## July 14 - 16, 2004

OAHHS Annual Summer Meeting  
Sunriver Resort, Sunriver, Oregon  
Oregon Association of Hospitals & Health Systems  
Ginger McCart, 503-636-2204

## July 15 - 16, 2004

2004 Summer Institute, Peppermill Hotel & Casino Reno, Nevada  
National Association of Rural Health Clinics  
Beth Willer, [www.narhc.org](http://www.narhc.org), or call 515-280-1944

## July 29-30, 2004

Summer Institute: Leadership in a Changing Oregon  
Lewis & Clark College in Portland  
[www.lclark.edu/dept/eda/edadsummerinst.html](http://www.lclark.edu/dept/eda/edadsummerinst.html)  
eda@lclark.edu, or call 503-768-6080

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