

Incredible Equitables

A Team Approach to Championing Rural Health Equity

Oregon Office of Rural Health
Forum on Rural Population Health
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What we will cover today

Introduction to the Incredible Equitables (IE)

Using Data to Inform Health Equity Programs

Highlighted IE Programs & Projects

IE Results, Impacts & Outcomes

Key Takeaways & Wrap up

Introduction to the Incredible Equitables!

Generational Diversity!

20s, 30s, 40s and 50s!

Years in Public Health

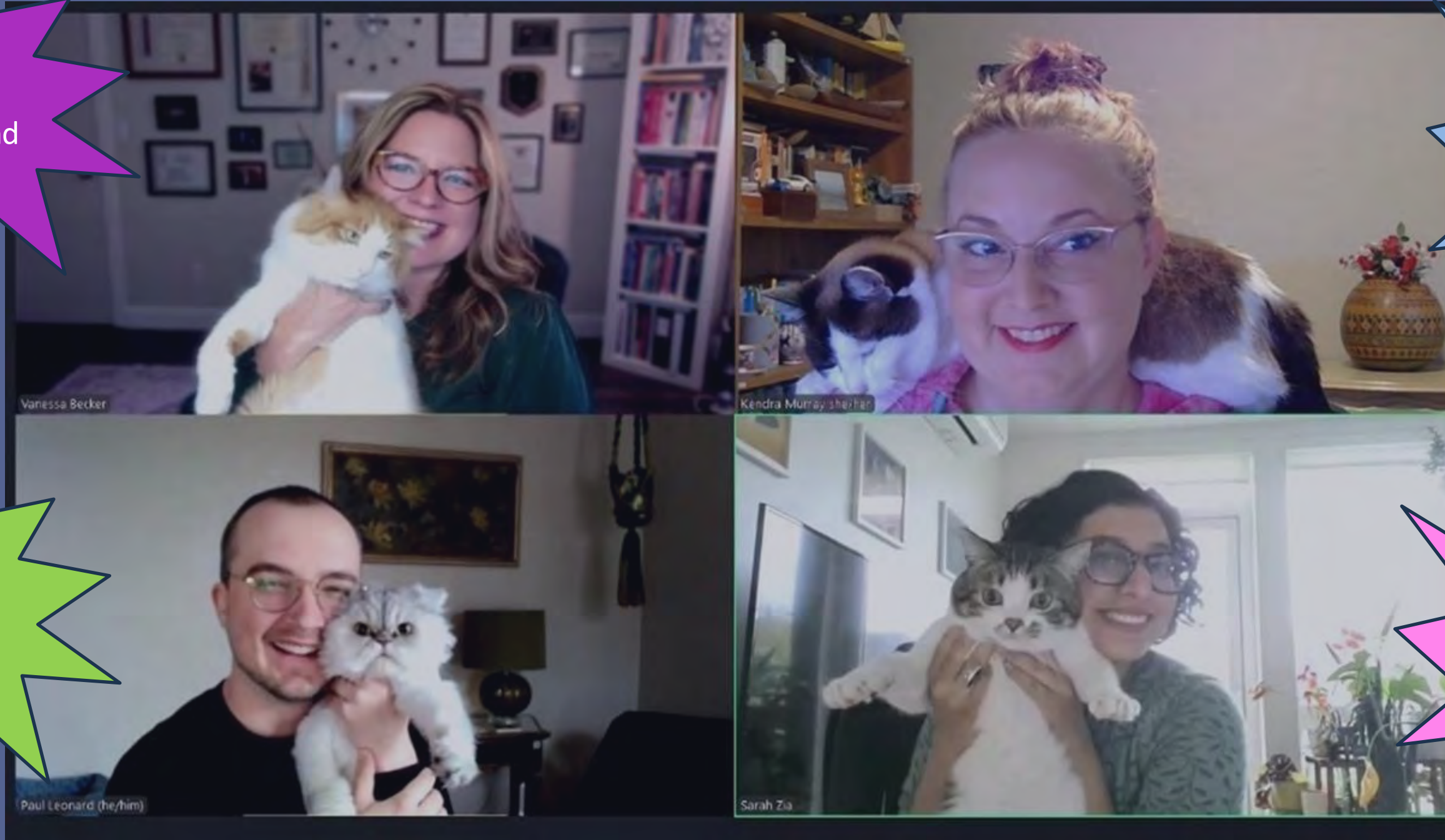
30 years, 6 years (x2), 4 years

Varied Work Sites

50% Hybrid
50% Remote

State

Texas,
Missouri,
Ohio, Oregon



Our differences and similarities together make us stronger!

Who are the Incredible Equitables (IE)??



Background

Douglas County Public Health Network (DPHN)

- IE formed in 2023
- DPHN provides nonclinical public health services

Team devoted to health equity & addressing health inequities and disparities

Team Dynamic

4 staff positions devoted to this work in a team dynamic:

- Health Equity Coordinator
- Public Health Modernization Epidemiologist
- Public Health Detailer
- Public Health Modernization and Communications

Funded with Public Health Modernization Funds

Culture of celebrating successes

Collaboration

Weekly (+more) meetings-often several hours

- Group text & communications outside of regular meetings

Communications with all staff, interaction with external community partners, state & federal partners

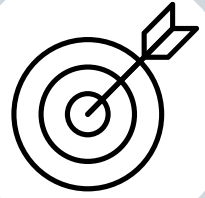
Emphasize creativity and innovation



Key Point #1

Health Equity work is often like
“herding cats” & requires a team
effort & devoted organization
resources

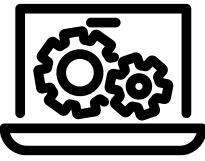
Incredible Equitable work is based in our **VALUES**



Accountability & working toward outcomes & impact



Humility, knowing what we don't know & when to bring in expertise



Utilize technology, hybrid & different locations yet still have a team ethos



Value connection through check-ins & a culture we nurture



Growth Mindset



Share ego & share credit



Innovation



Celebrate successes



Lean in & lean out when needed



Model health equity - recognize similarities & differences



Support & collaboration



Grounded in health equity, disparities & inequities that include geography/rurality

Team Anecdotes

How would you describe your work with IÉ in three words?



Using data to inform health equity programs



Key Point #2

Definition of health equity, health disparities & inequities must include geography/rurality



What is Health Equity?

The continual process of ensuring the elimination of unjust, avoidable & unnecessary barriers in health & healthcare because of their social position or other socially determined circumstance. These barriers can be based on your background, **where you live**, the resources you have or systemic factors like racism and discrimination. Implies that everyone should have a fair & optimal opportunity to attain their full health potential & no one should be disadvantaged from achieving it.

-The Chartis Group, 2024 definition

What is Health Equity? (Oregon Definition)

Oregon will have established a health system that creates health equity when all people can reach their full health potential & well-being & are not disadvantaged by their race, ethnicity, language, disability, age, gender, gender identity, sexual orientation, social class, intersections among these communities or identities, or other socially determined circumstances.

Achieving health equity requires the ongoing collaboration of all regions and sectors of the state, including tribal governments, to address:

- The equitable distribution or redistribution of resources and power; &
- Recognizing, reconciling, & rectifying historical and contemporary injustices.

Oregon Health Policy Board (OHPB) & OHA adopted this definition in October 2019



Health Disparities

Health disparities are preventable differences in the burden of disease, injury, violence or opportunities to achieve optimal health that are experienced by populations that have been disadvantaged by their social or economic status, geographic location & environment.

- Centers for Disease Control and Prevention Definition (2024-prior to change)

A scenic landscape featuring a range of mountains under a sunset sky with orange and yellow hues. In the foreground, a dense forest of evergreen trees is reflected in a calm lake. The text is overlaid on a semi-transparent white box in the center.

Team Anecdotes

What have you witnessed in your work that supports the key point that rurality/geography impacts health equity work?

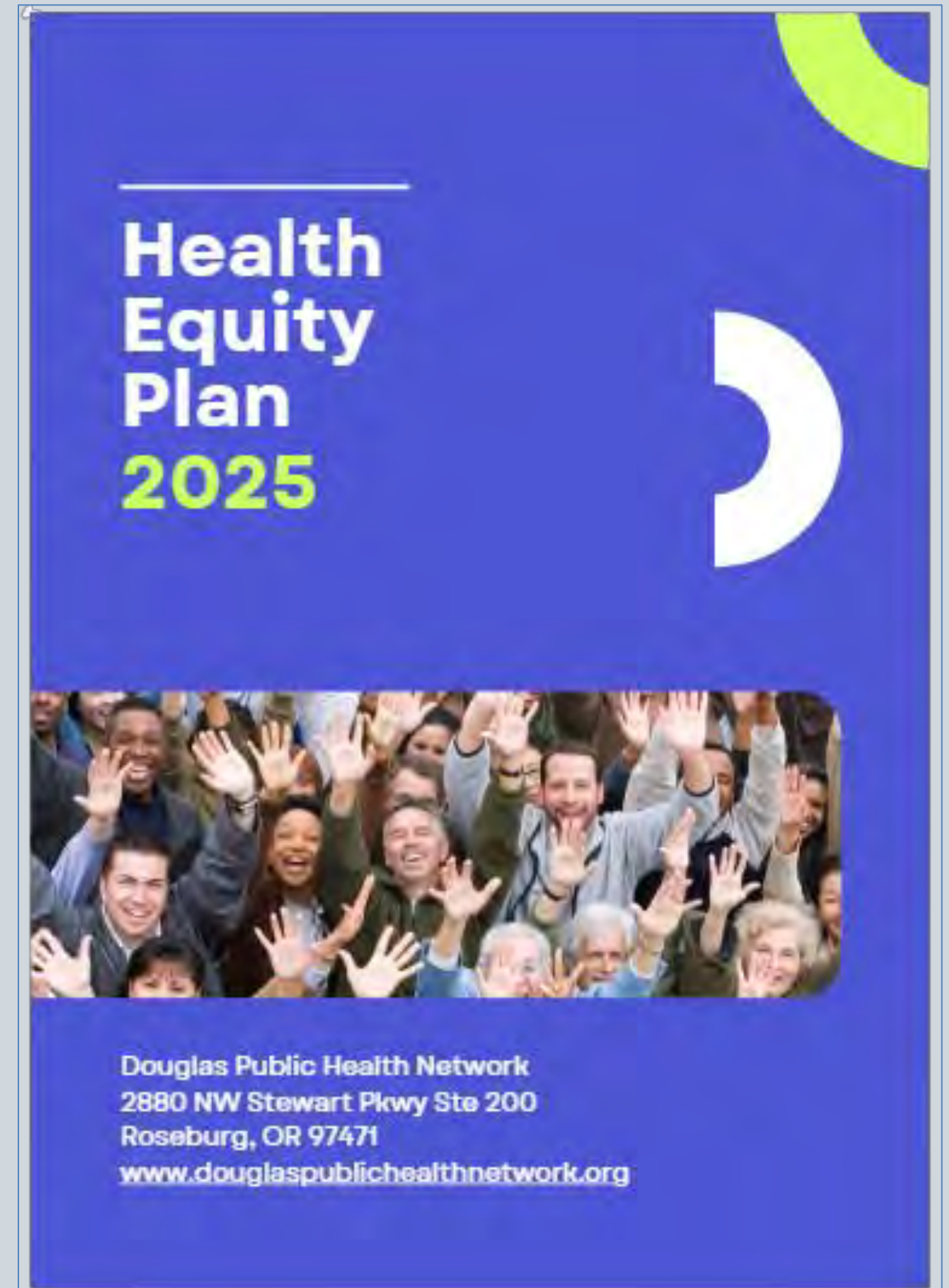


Key Point #3

You can't work toward improving health equity without first defining what the inequities & disparities are

What is a Community Health Disparities Assessment?

- Process is similar to broader community health assessments (CHA or CHNA) only the focus is on health disparities
- It is a process that produces informed data to lead to better planning of programs and initiatives that are focused on:
 - Reducing barriers to health care, reducing disparities & promoting health equity in a community
- 2+ year internal process involving IE, led to Health Equity Plan that met funding requirements



**Health
Equity
Plan
2025**

Douglas Public Health Network
2880 NW Stewart Pkwy Ste 200
Roseburg, OR 97471
www.douglaspublichealthnetwork.org



**CHDA data
highlights that drive
IE projects**

Washington Post Article-April 2024

THE HEALTH 202

Rural Americans are way more likely to die young. Why?

Analysis by Jazmin Orozco Rodriguez

with research by McKenzie Beard

April 15, 2024 at 7:56 a.m. EDT

“Rural Americans ages 25-54 are considered the prime working age population are dying of natural causes such as chronic diseases and cancer at wildly higher rates than their age group peers in urban areas.” -(Based on USDA report using two three-year periods 1999-2001 and 2017-2019)

“

Three words are commonly repeated to describe rural America and its residents: older, sicker, poorer.

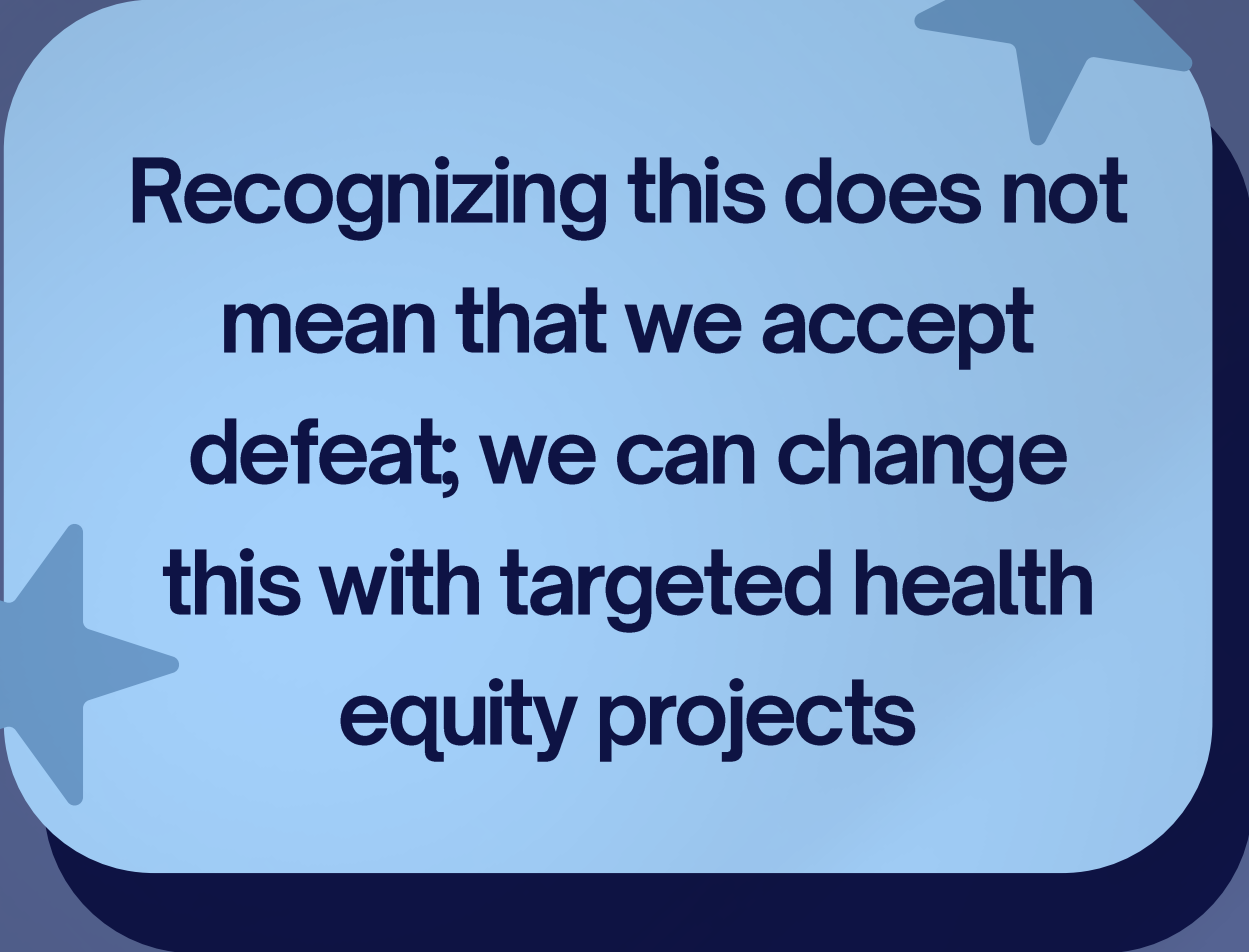
”

National Trends in Disparities (Rural)

Recent analysis of Robert Wood Johnson Foundation 2024 data by the Chartis Group, LLC found weakened community health status in rural areas.

Data shows that people living in rural areas are far more likely to:

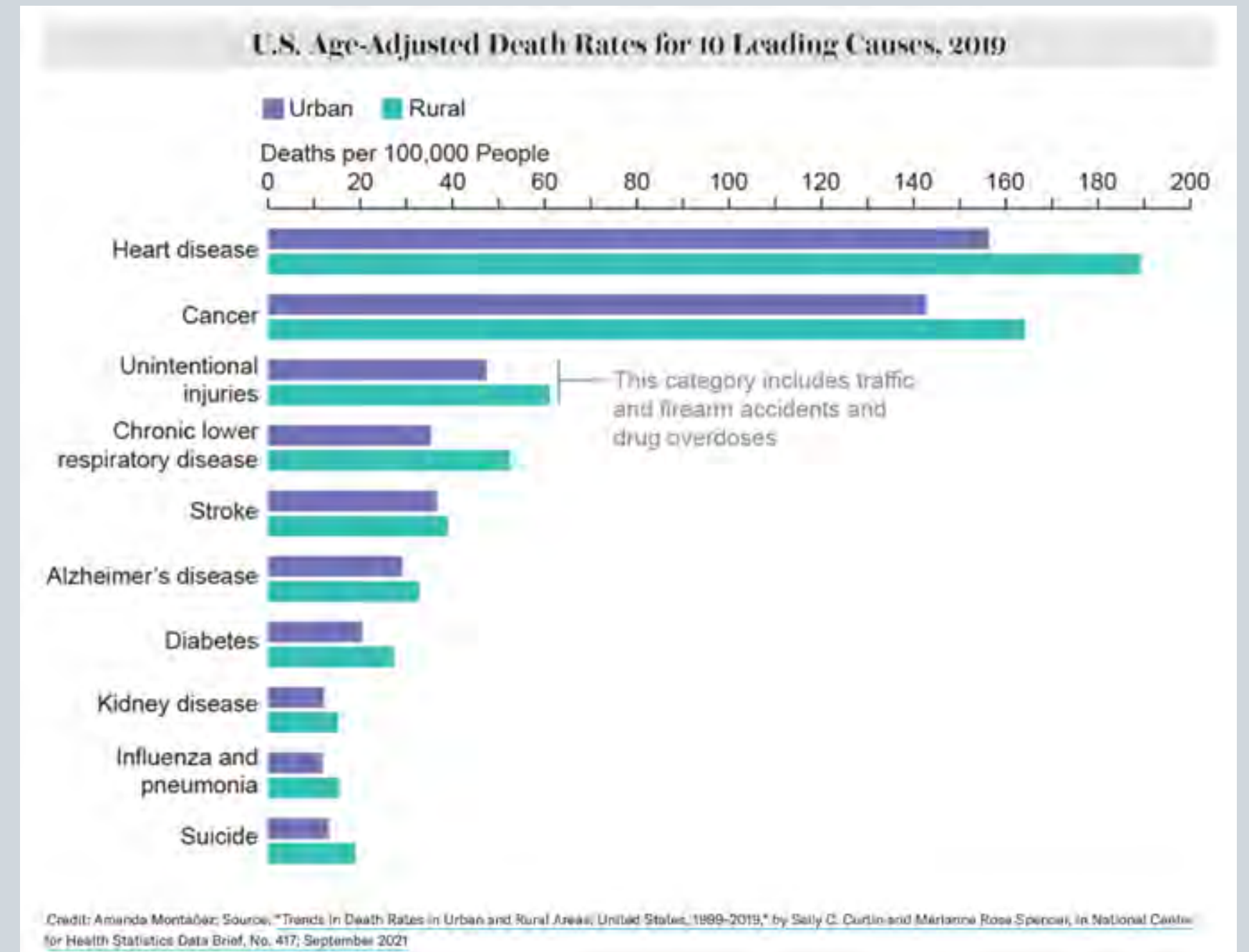
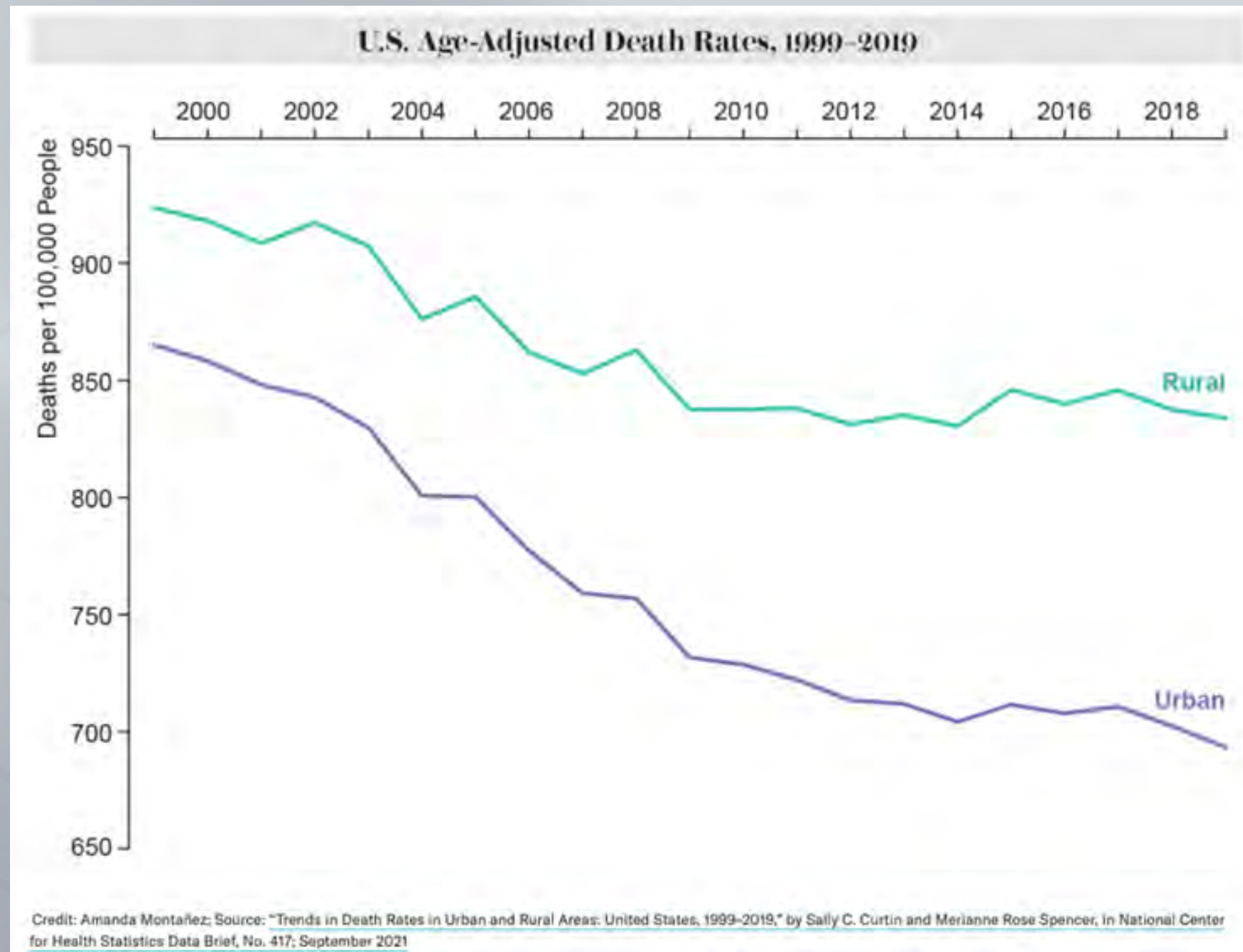
- Be over 65 years old than urban communities
- Die earlier/premature death than urban communities
- Experience higher rates of chronic disease including obesity, diabetes
- Have lower household income and higher rates of child poverty
- Experience higher rates of deaths of despair than urban areas
- Have less access to obstetrics, chemotherapy, primary care, mental & dental care than urban communities



Recognizing this does not mean that we accept defeat; we can change this with targeted health equity projects

People in Rural Areas Die at Higher Rates than those in Urban Areas

Scientific American December 2022 Article



“In summary, the geographical setting appears to be a key driver of DOD trends, with rural areas exhibiting the worst despair related mortality outcomes.”



[Int J Environ Res Public Health](#). 2022 Oct; 19(19): 12395.

PMCID: PMC9566538

Published online 2022 Sep 29. doi: [10.3390/ijerph191912395](https://doi.org/10.3390/ijerph191912395)

PMID: [36231697](https://pubmed.ncbi.nlm.nih.gov/36231697/)

Deaths of Despair: A Scoping Review on the Social Determinants of Drug Overdose, Alcohol-Related Liver Disease and Suicide

[Elisabet Beseran](#),¹ [Juan M. Pericàs](#),^{1,2,3} [Lucinda Cash-Gibson](#),^{1,3,4} [Meritxell Ventura-Cots](#),²

[Keshia M. Pollack Porter](#),^{3,5,6} and [Joan Benach](#)^{1,3,7,*}

Paul B. Tchounwou, Academic Editor

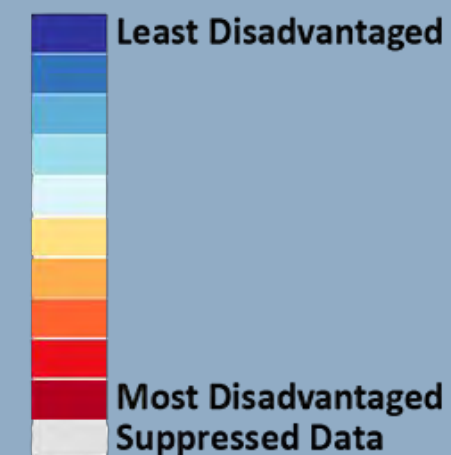
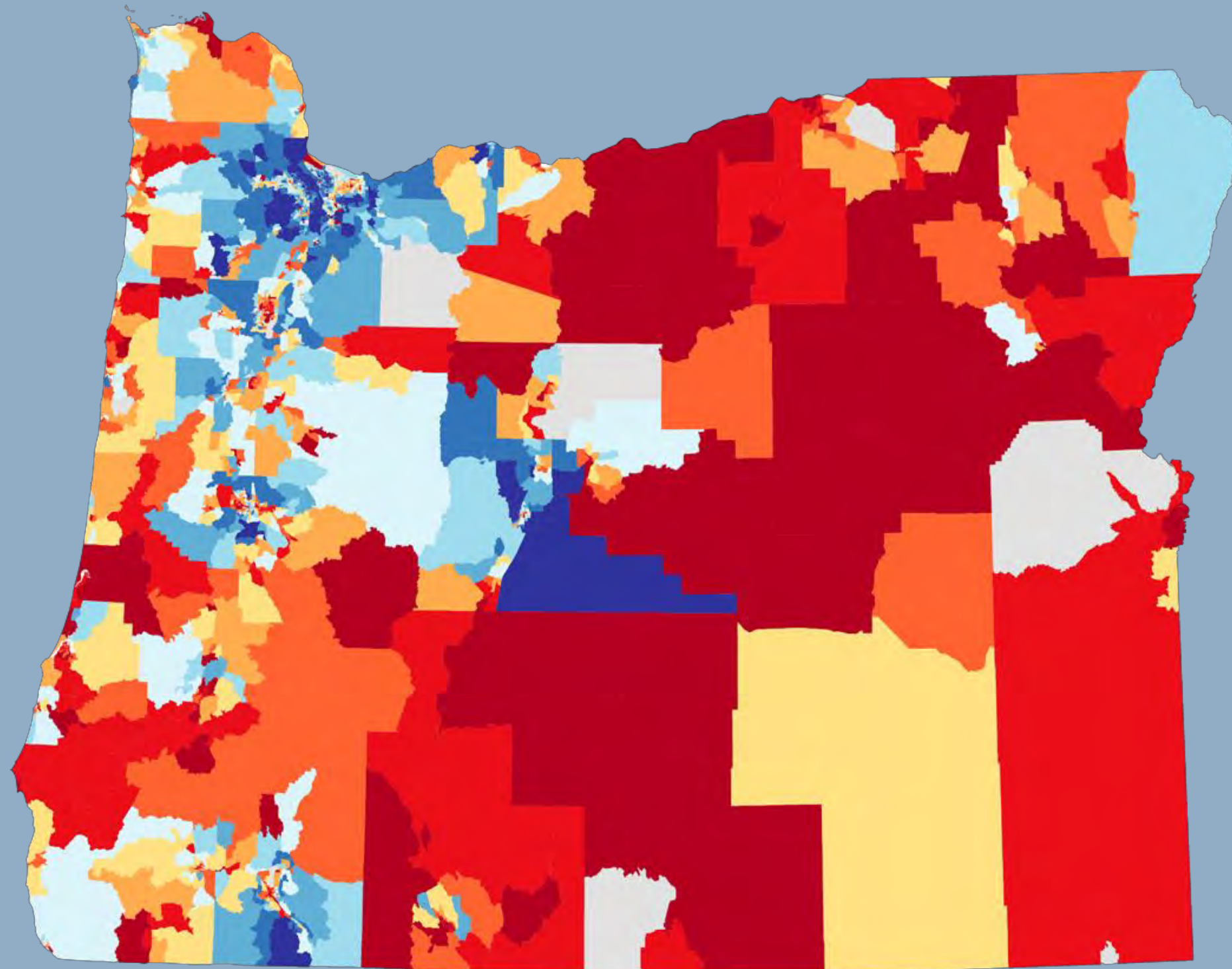
**This includes
Opioid
overdose,
alcohol deaths,
veterans
suicide, suicide**

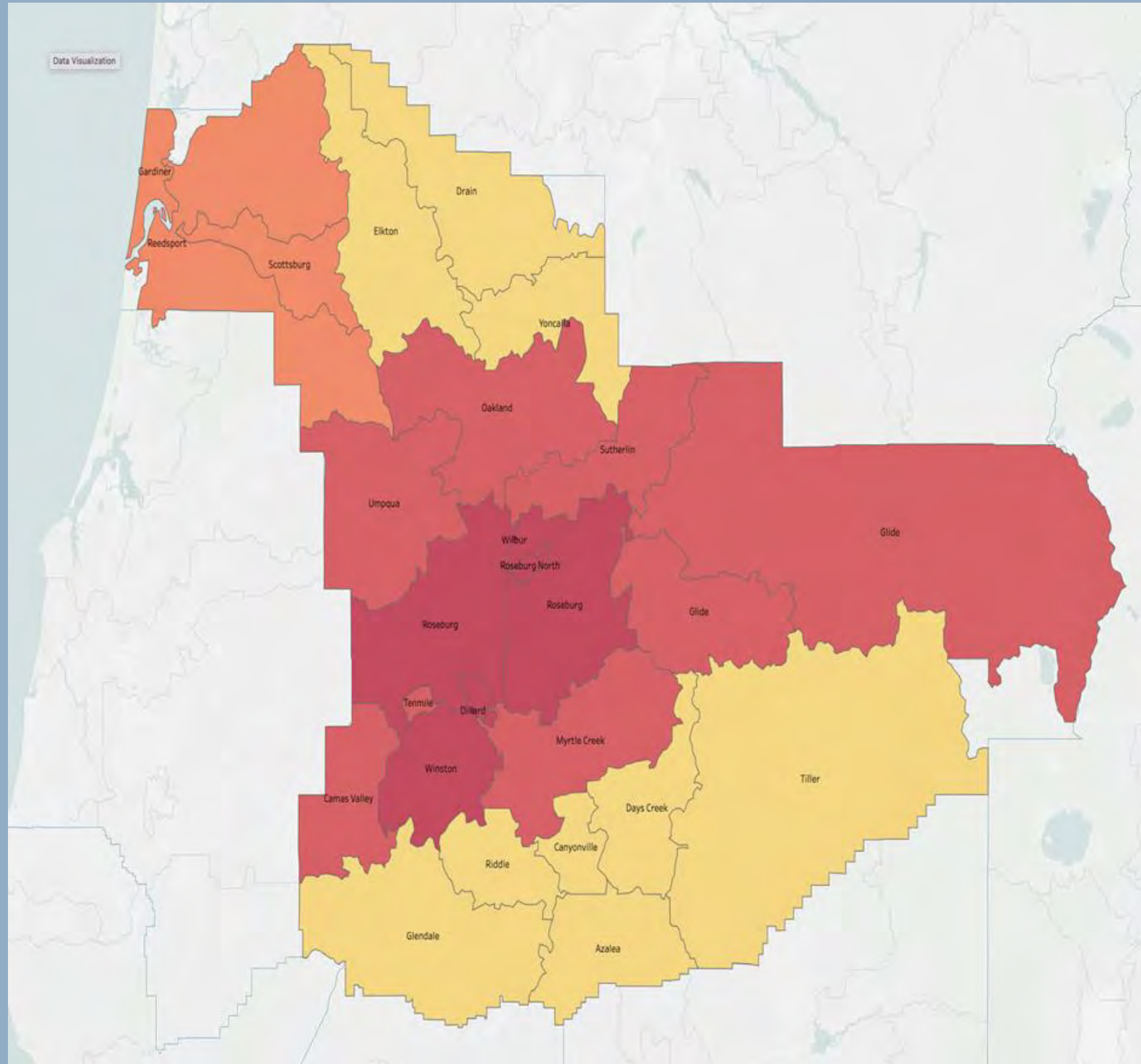
Oregon - 2021 ADI State Rankings

Using Area Deprivation Index (ADI)

ADI is focused on rankings of neighborhoods by socioeconomic disadvantage including:

- Income
- Education
- Employment
- Housing





Using RUCA (Rural-Urban Commuting Area) only for comparison in Douglas County

- Population density
- Urbanization
- Daily commuting

**Higher the RUCA
score**

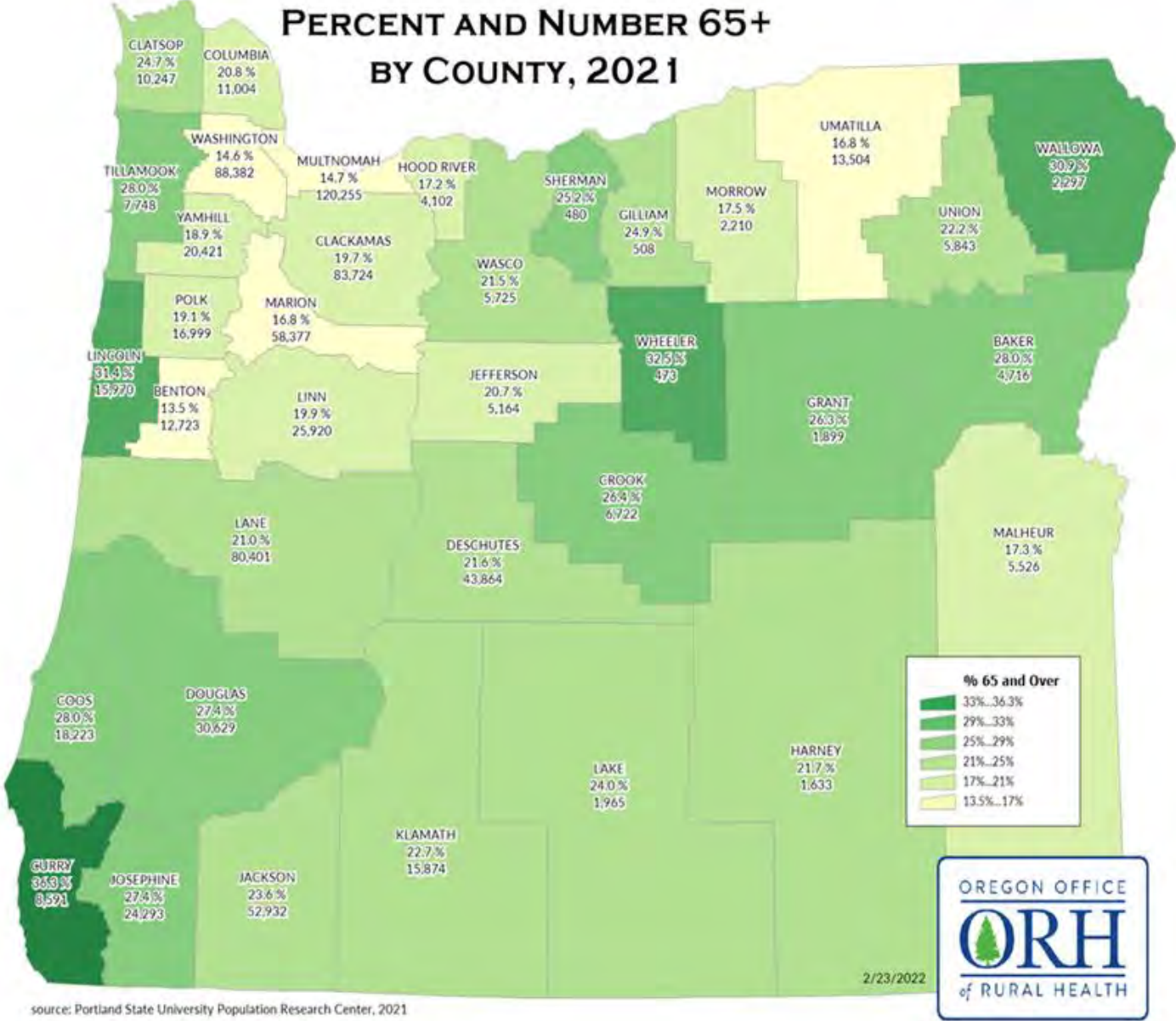
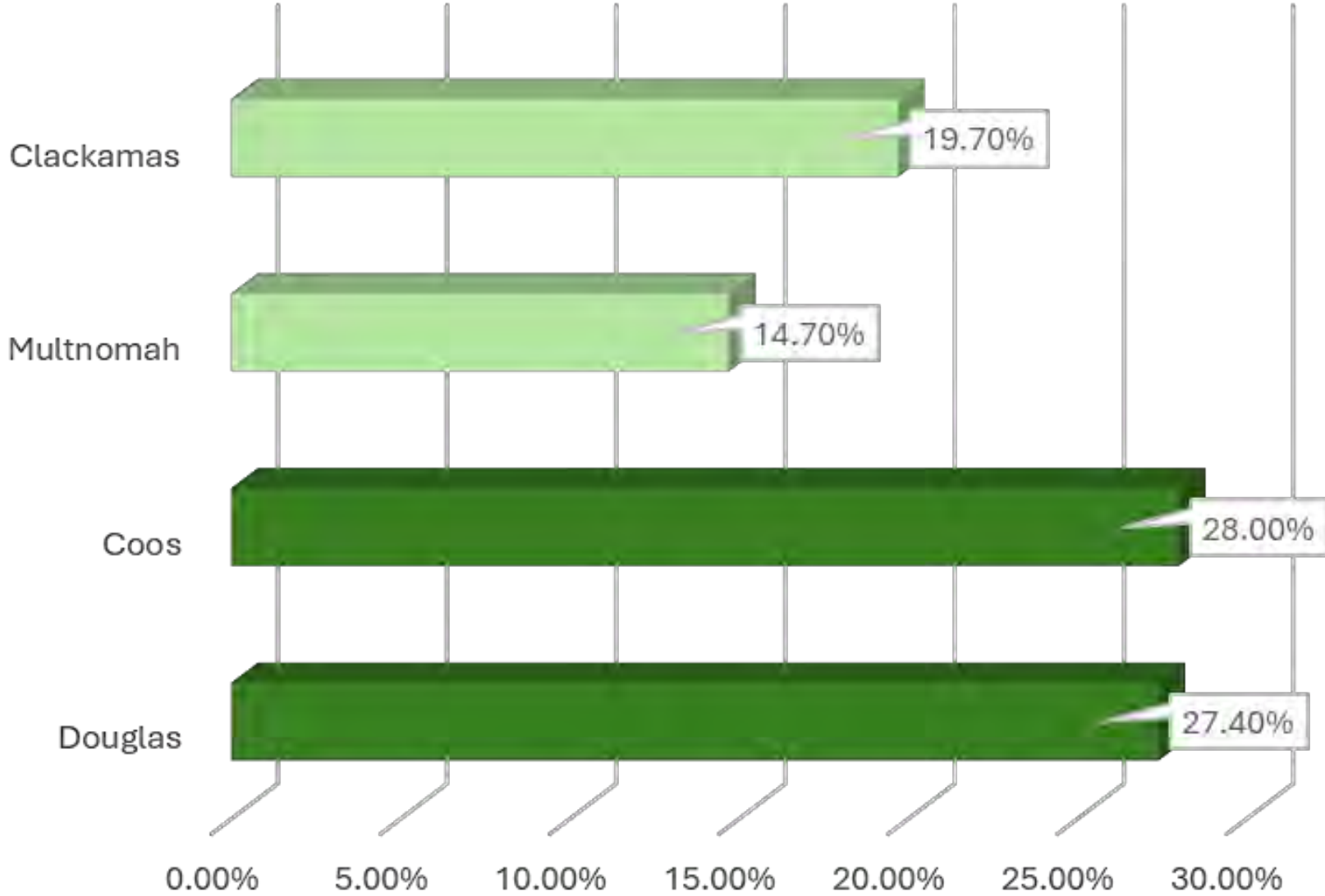


Higher Rurality

Rural Counties tend to be Older, Sicker & Poorer

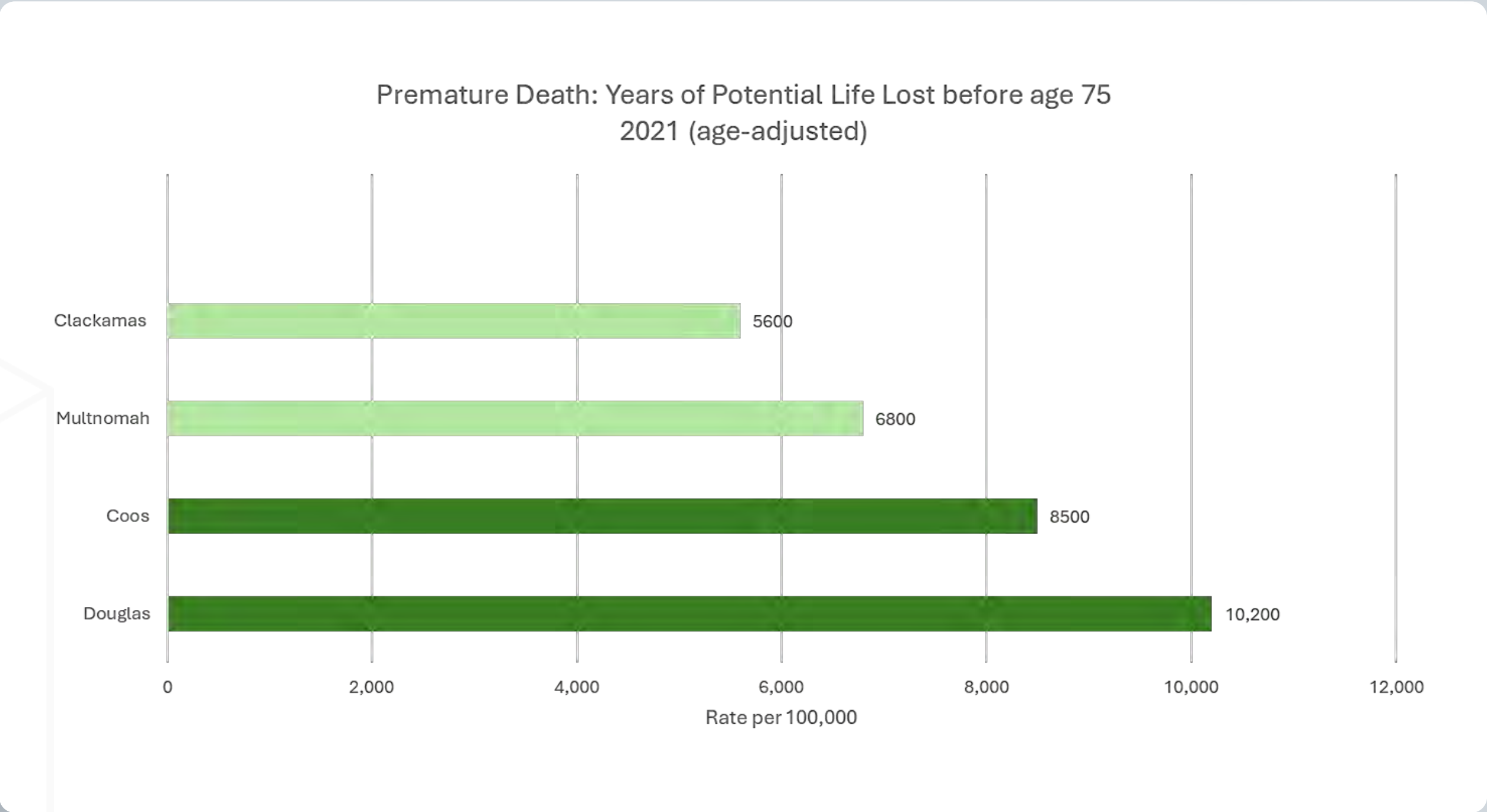
Older Population

% of those over 65 years old
2021



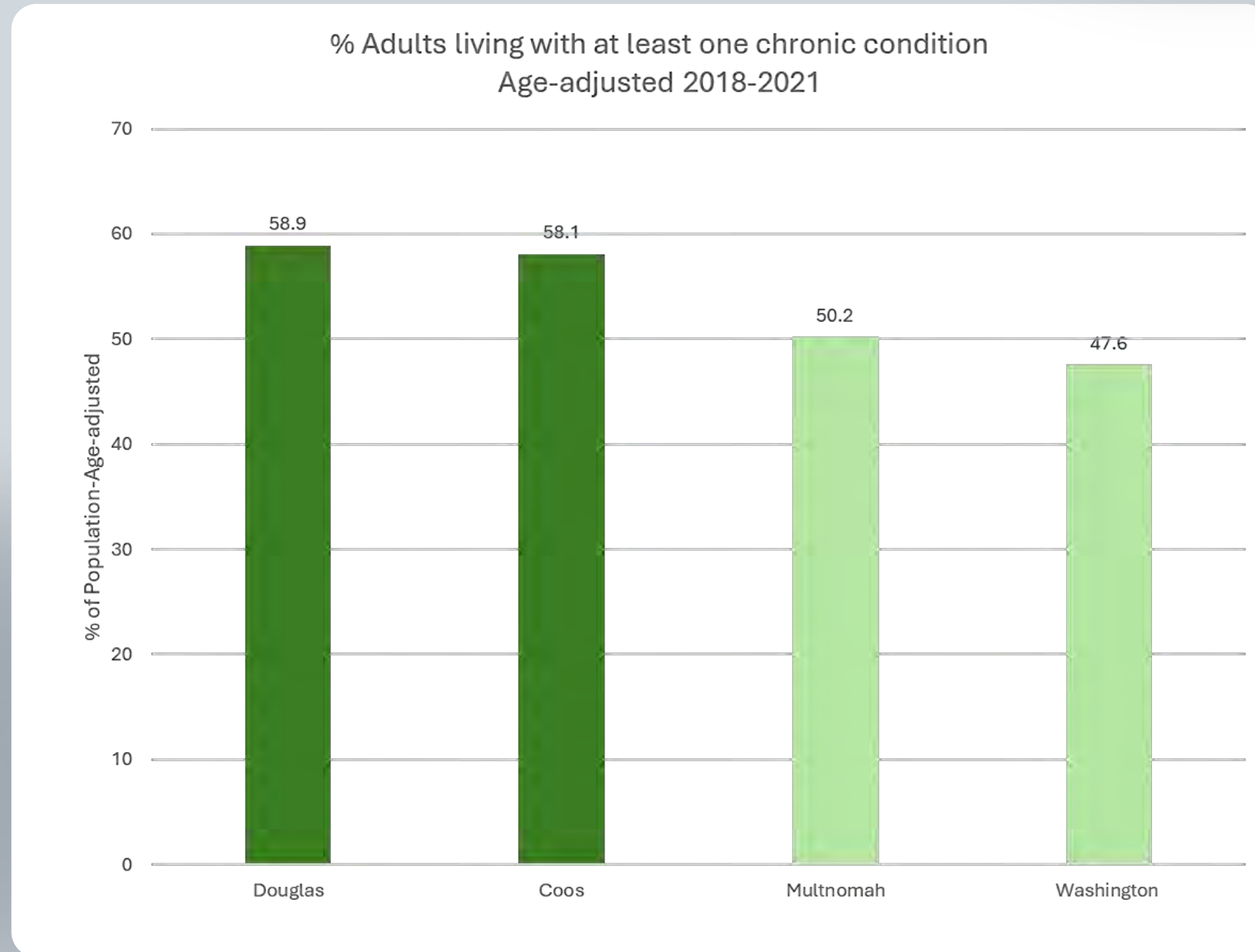
Rural Counties tend to be Older, Sicker & Poorer

Premature Death



Rural Counties tend to be Older, Sicker & Poorer

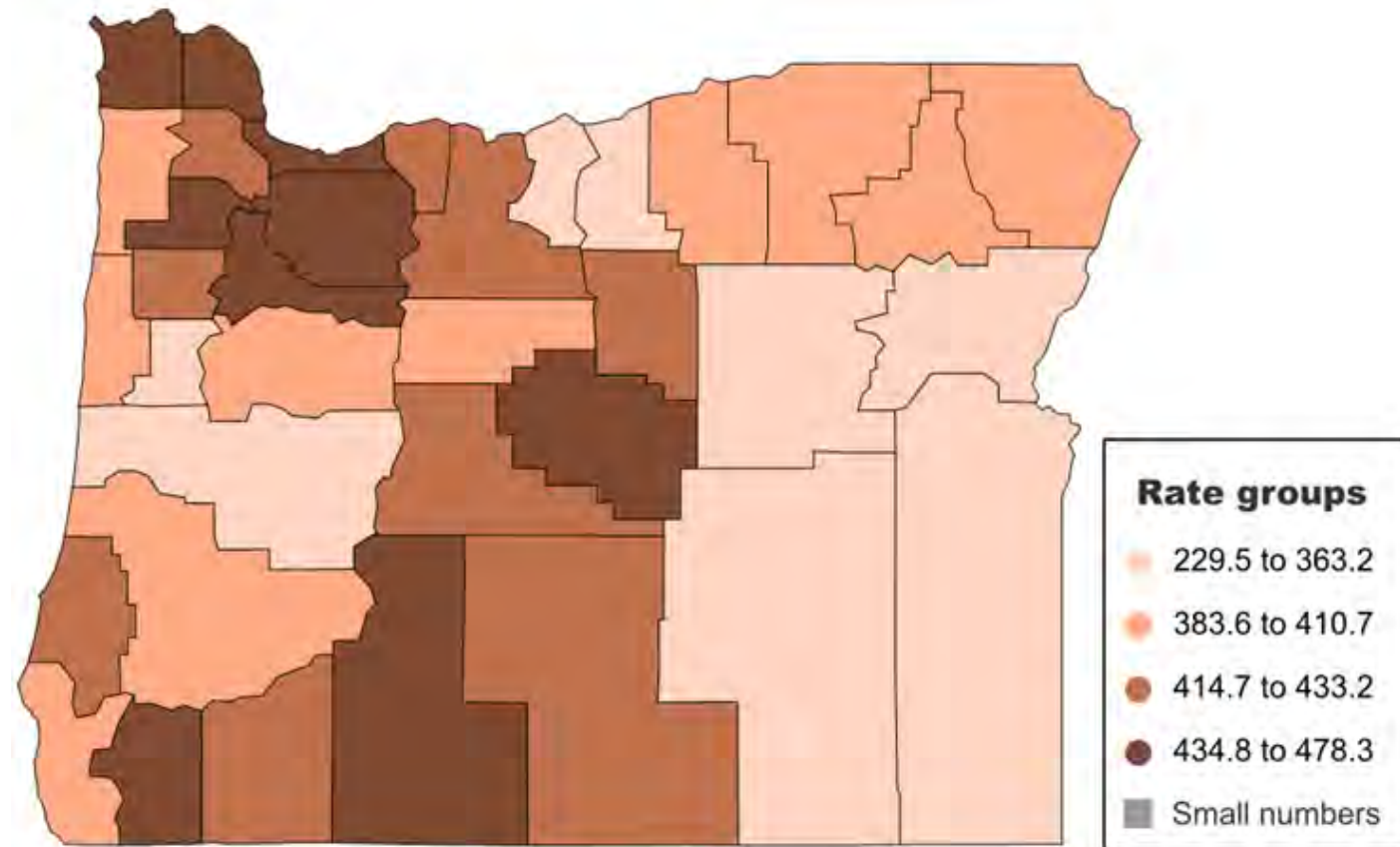
Chronic Conditions



Rural Counties tend to be Older, Sicker & Poorer

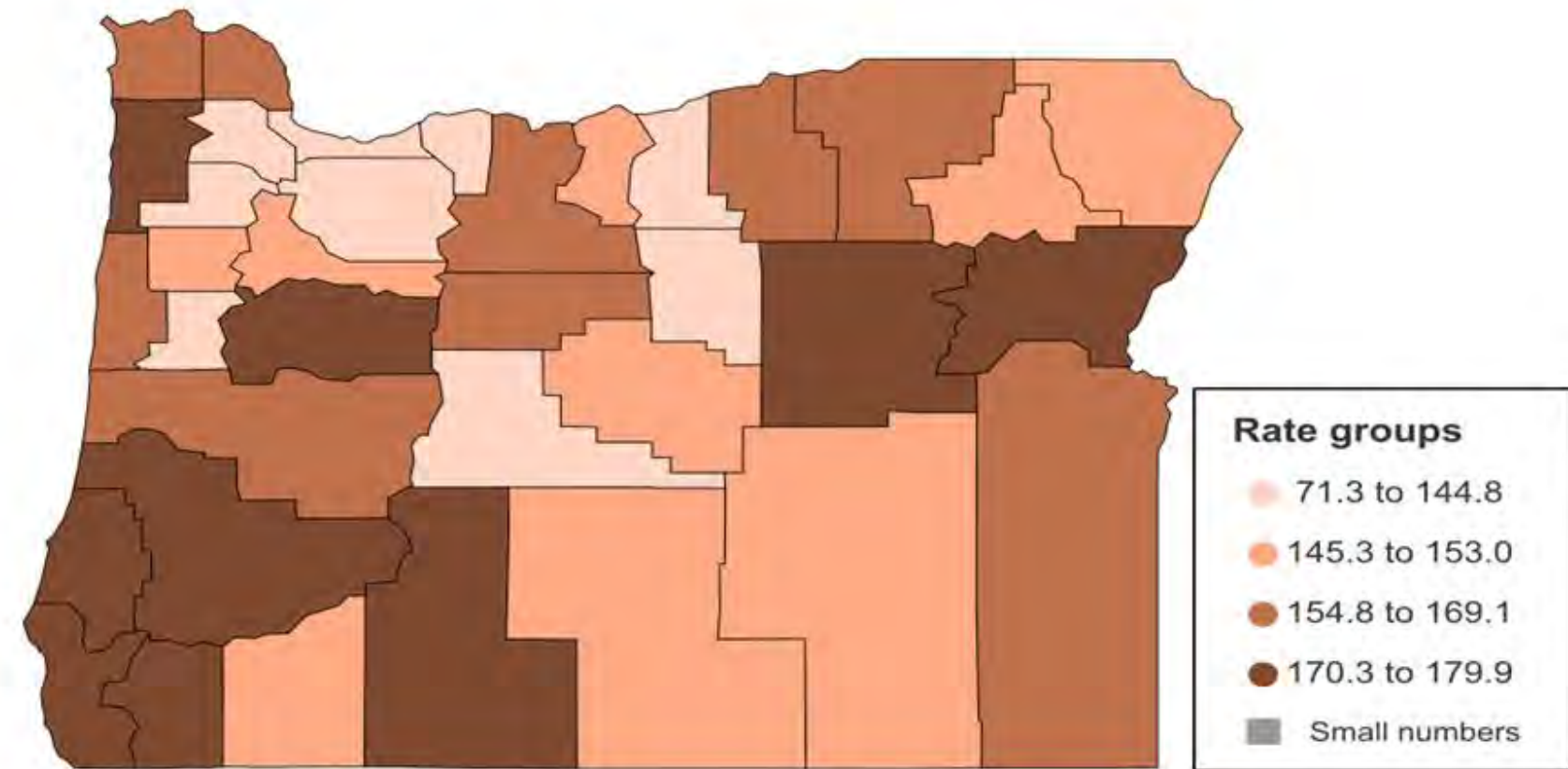
Cancer

Age-adjusted rates of all sites cancer per 100,000 population by county for the years of 2017-2021



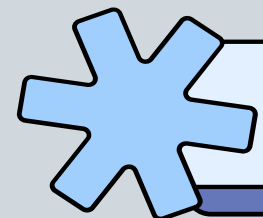
State rate = 417.8 per 100,000 population

Age-adjusted rates of all sites cancer deaths per 100,000 population by county for the years of 2018 - 2022

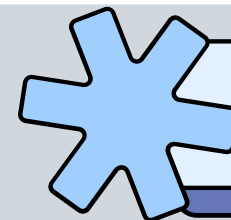


State rate = 148.3 deaths per 100,000 population

All sites includes all malignant cancers combined and in situ urinary bladder cancer.



Diagnosis of cancer in urban counties is higher

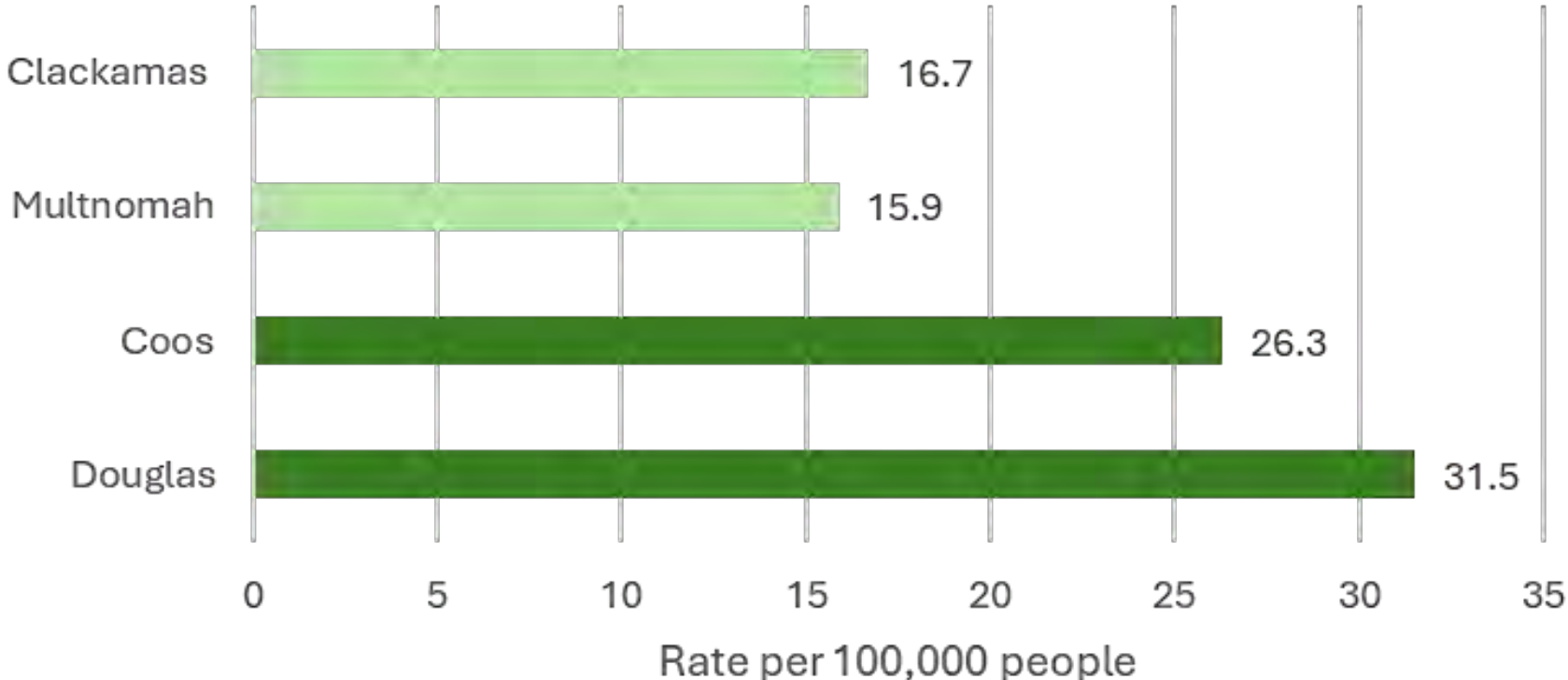


Cancer deaths in rural counties are higher than urban counties

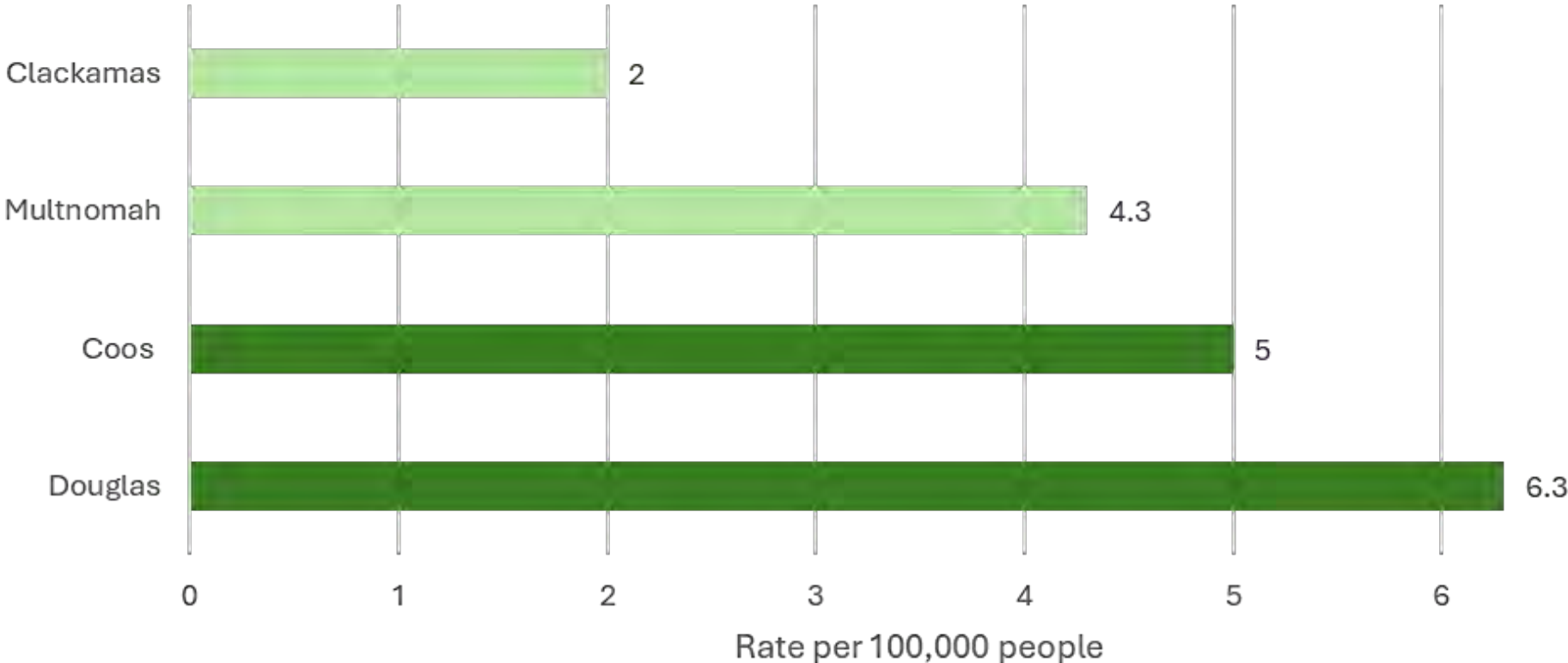
Rural Counties tend to be Older, Sicker & Poorer

Deaths of Dispair

Suicide Deaths, 2010-2021 Age-Adjusted per 100,000



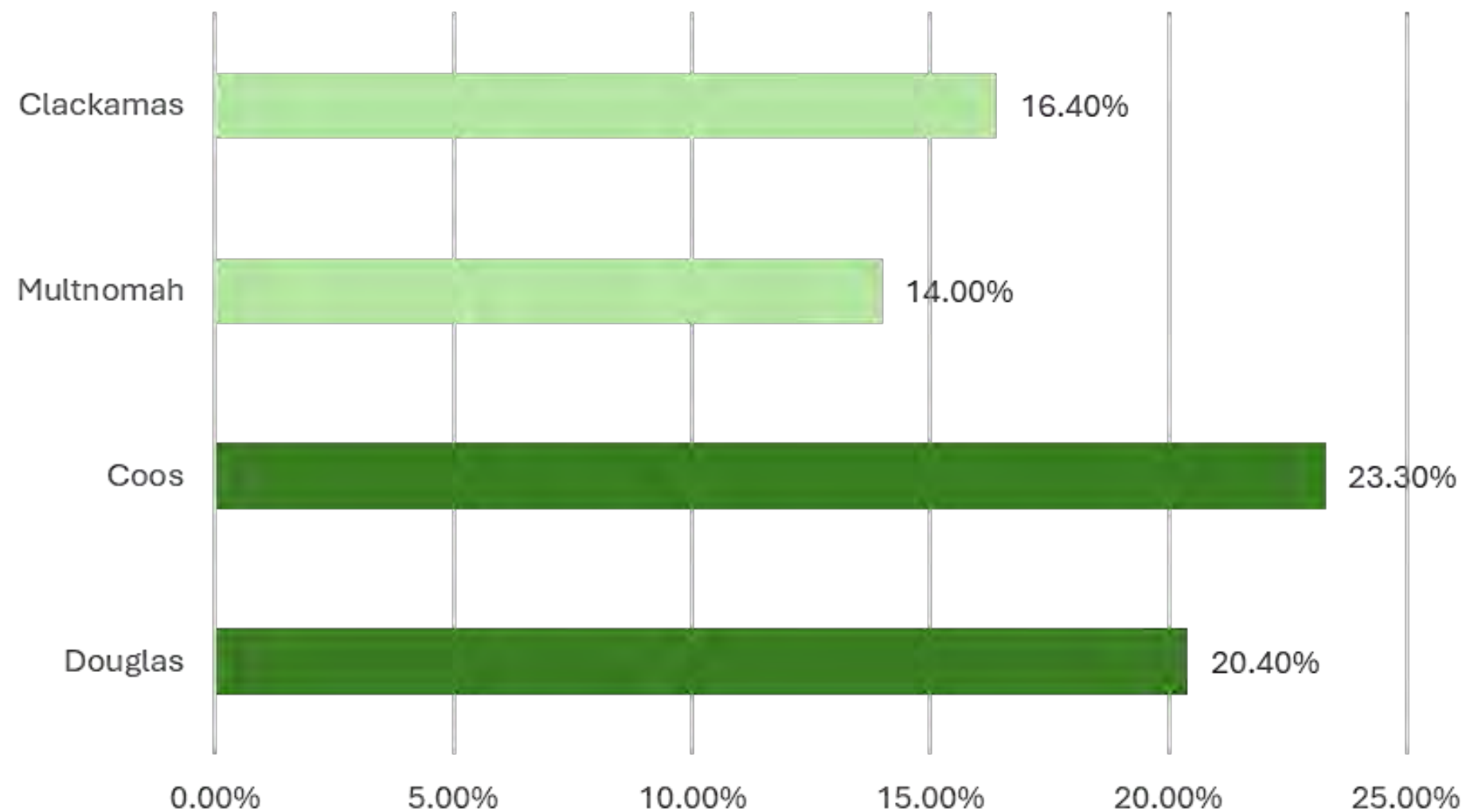
Homicide data, 2012-2021, Age-Adjusted per 100,000



Rural Counties tend to be Older, Sicker & Poorer

Adult Smoking

2018-2021 % Adults Smoking

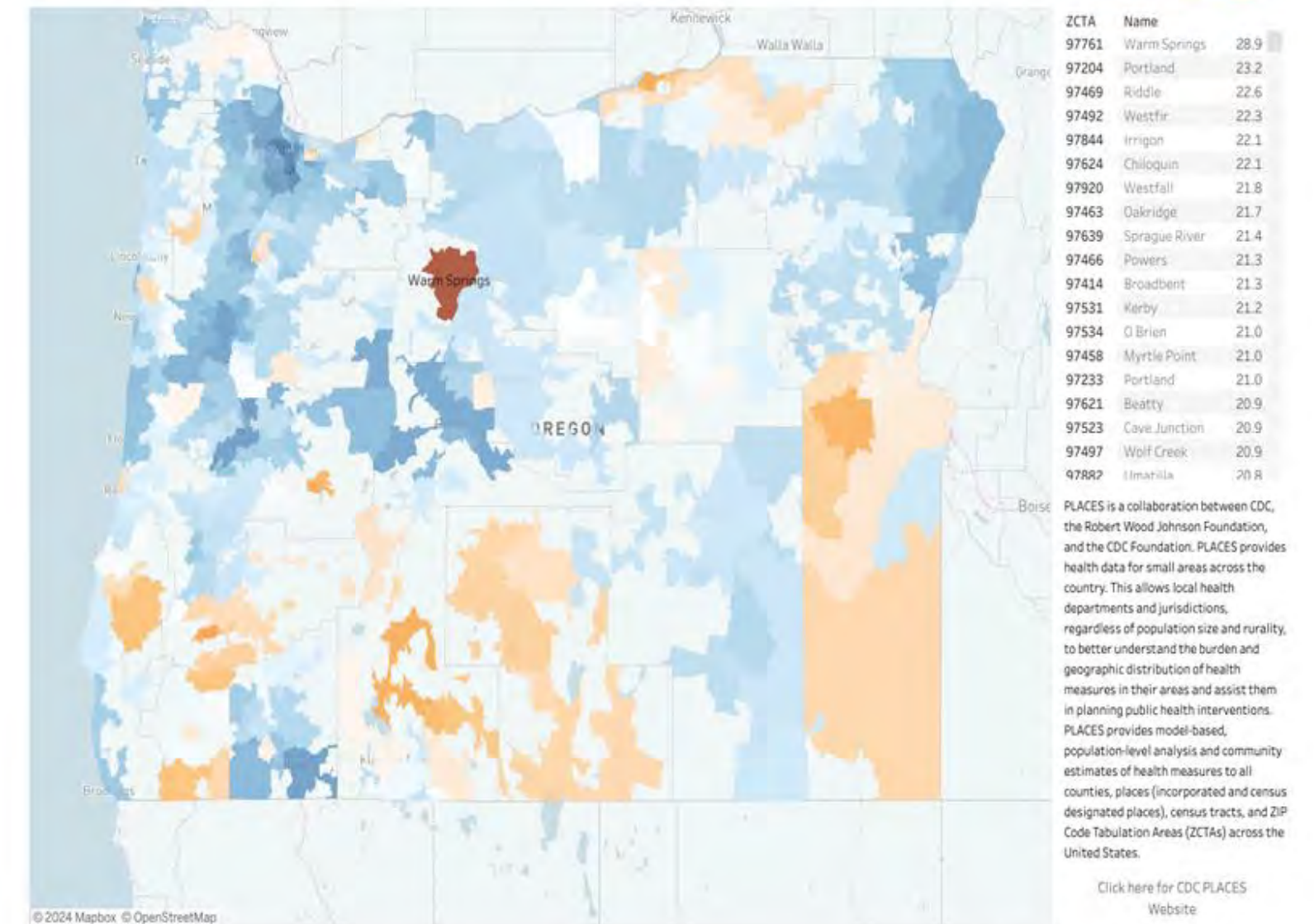


Choose Measure Here (Orange/higher value areas are worse). Hover over ZCTA for more info:

Current smoking among adults aged >=18 years

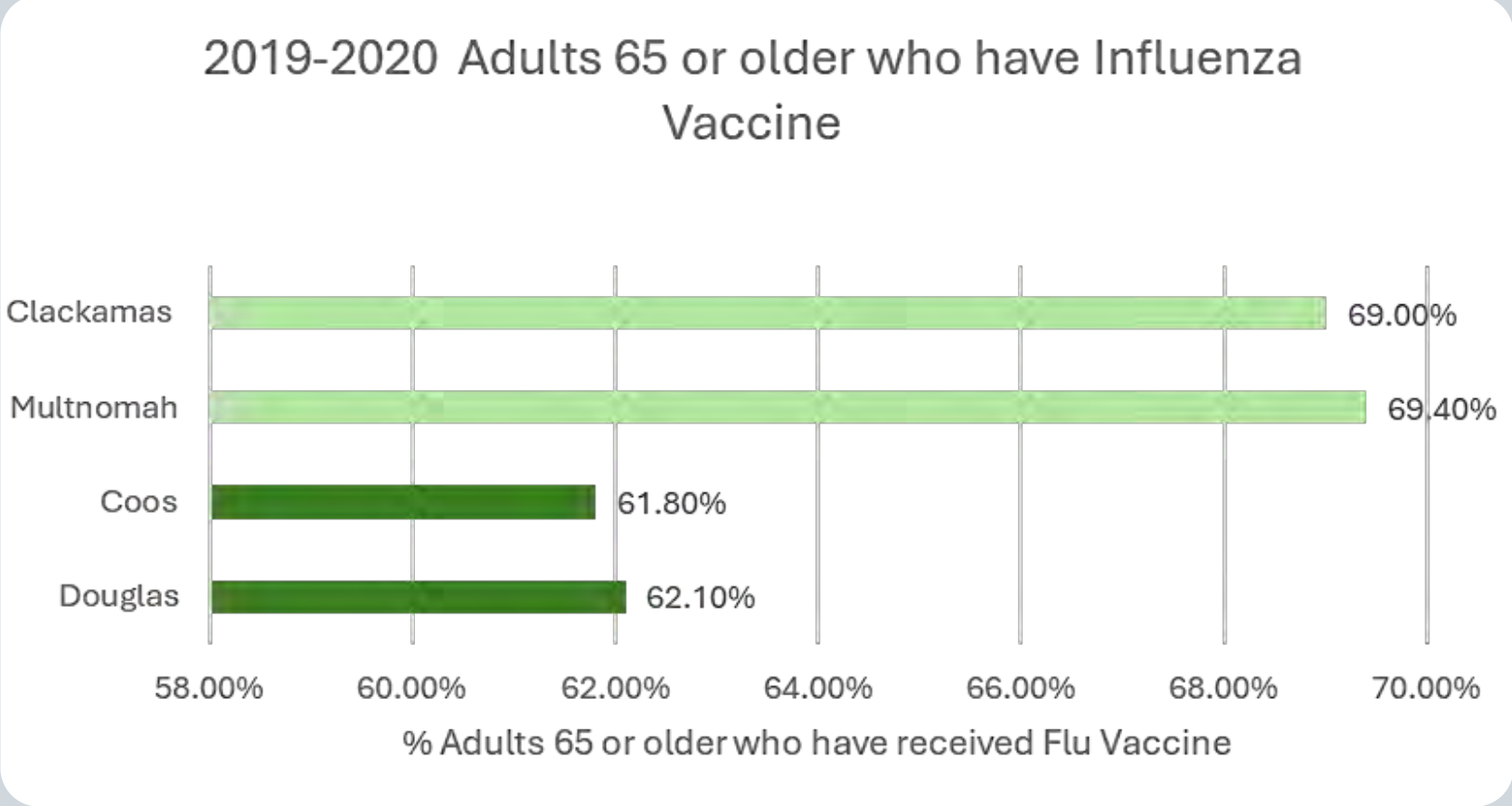
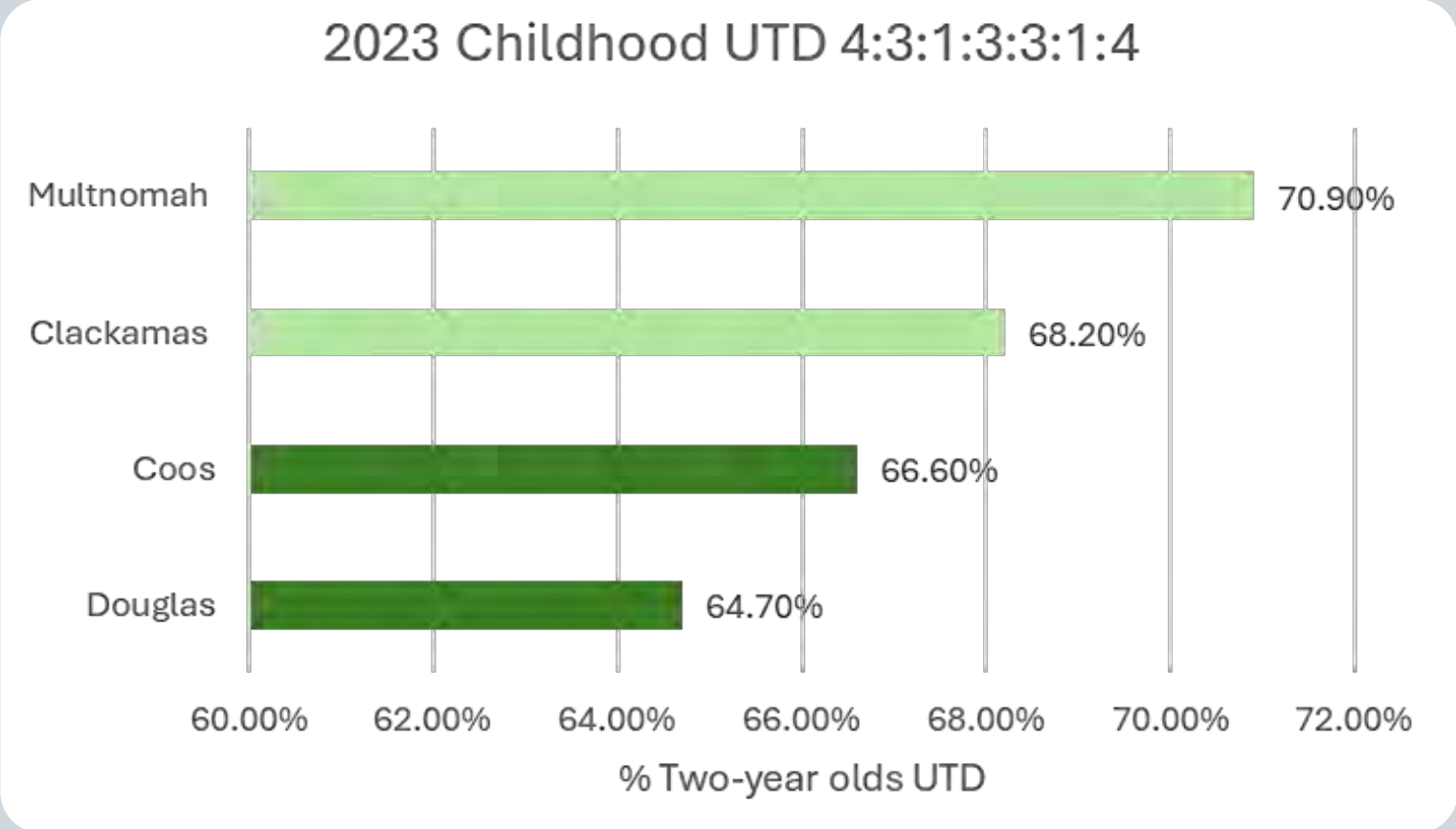
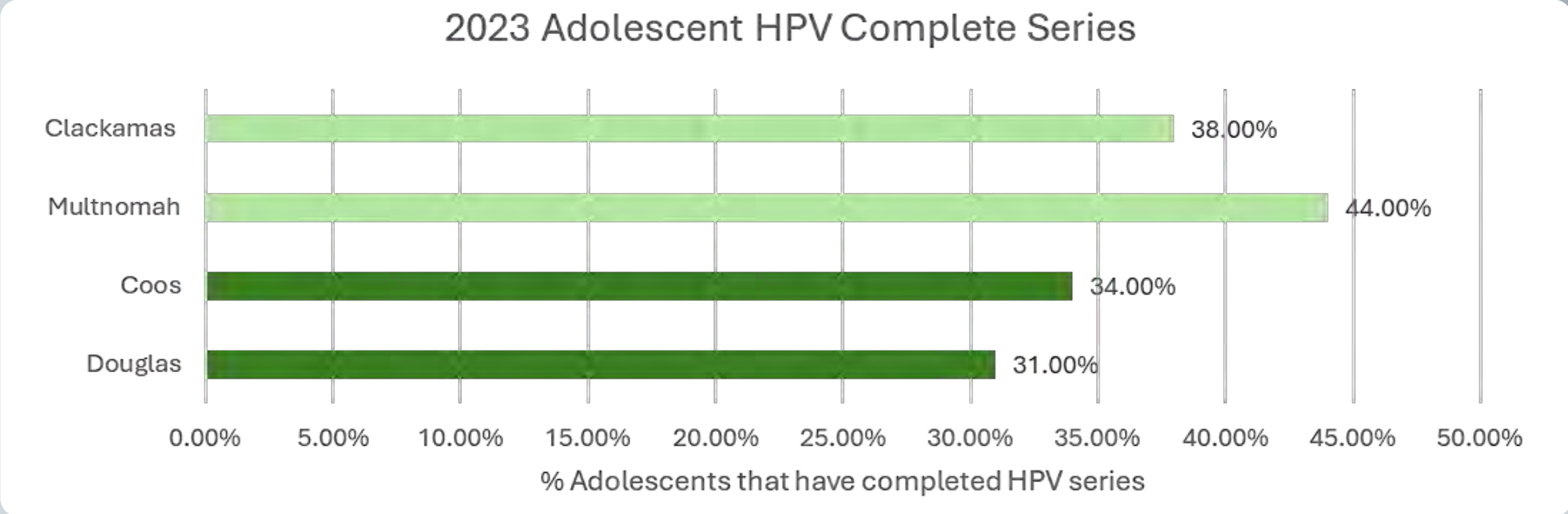
Value Range (High # is Worse)

7.3 28.9



Rural Counties tend to be Older, Sicker & Poorer

Immunizations



Primary data themes we included in the CHDA



Delay in access to care



Inadequate mental health services



Lack of health care services



Cultural & language barriers



Unaffordability of care



Transportation



Housing instability



Insurance issues



Negative interactions with providers



Communication barriers with people with disabilities



Age and retirement impacts



Concerns w/ VA Medical Center



Key Point #4

The process of defining health disparities and inequities requires a comprehensive team approach and multiple roles

Team Anecdotes

Please share your role in the CHDA process?



IE Programs & Projects



Key Point #5

Projects and programs focused on improving health equity must be based in data, have a clear purpose, not be siloed within the organization & have buy-in from leadership to be successful

Health Equity Advocates League (HEAL)



Purpose

Advisory council for all programs at DPHN

Focused on reducing health disparities and inequities in multiple communities within Douglas County

Role & Activities

Recruit & retain outside perspectives from diverse community members & partners

Member Recruitment & Retention

- Worked with Public Health Detailer to recruit from partners & the community
- Held multiple day-long retreats
- Resources: \$100 incentive per quarterly meeting

Outcomes of HEAL



In person,
virtual & hybrid
meetings!

Community Voices Shaping DPHN

- Key figures in shaping CHDA
- Behind the scenes look at public health operations to hold words & actions accountable

HEAL September '25 meeting

- Overdose Prevention Coordinator presented on stigma reduction
- Goal: engage with more businesses to adopt sticker program for Naloxone
- Outcome: HEAL members connected with local businesses

Lunch & Learns

- Topic, content & speaker consultation

Immunization Affinity Group (IAG)

Purpose

Increase coordination among healthcare, schools, and community partners to increase vaccine uptake in all age groups

Role & Activities

Quarterly meetings with data sharing, communication strategies and resources

Partners included:

- Vaccinators
- CCO
- School Nurses
- Pharmacists and staff
- THWs/CHWs
- Nurse Home Visitors
- Public Health Officer

Outcomes

30% decrease in children excluded on school exclusion day
Increased awareness of local immunization rates and uptake
Secured multiple grants for vaccine education efforts
Expanded vaccine outreach and events in frontier communities

Public Health Detailing

Purpose

Create and maintain relationships with clinics to share public health information. Detailing is an evidence-based model.

Role & Activities

IE supports materials creation and messaging, keeping equity centered in all communications

In person visits, calls, emails and networking

Information is often bidirectional

It's like having key informant interviews all the time!

Outcomes & Wins

- ✓ Increases trust between clinics and public health
- ✓ Clinics reach out to public health for expertise
- ✓ Helps clinics & clinicians prepare and be responsive to emerging public health issues
- ✓ Increases public health's knowledge of challenges and opportunities in the clinical setting

2025 Climate & Health Adaptation Plan

Purpose

- Develop a countywide assessment and plan to address health impacts from heat, wildfire smoke, drought, and disease risks and meet state funding requirement

Role & Activities

- Led development of the 2025 Climate and Health Adaptation Plan
- Identified climate and health data, tracked indicators, and created visualizations
- Engaged HEAL and community partners to inform recommendations

Outcomes

- Met and exceeded funding requirement
- Identified priority risks, actionable strategies and monitoring indicators



PurpleAir

Purpose

- Address gaps in air quality data across rural and underserved communities
- Increase access to real-time, localized PM2.5 (measurement for tiny airborne particles) information during wildfire smoke events
- Support equitable access to environmental health information and response resources

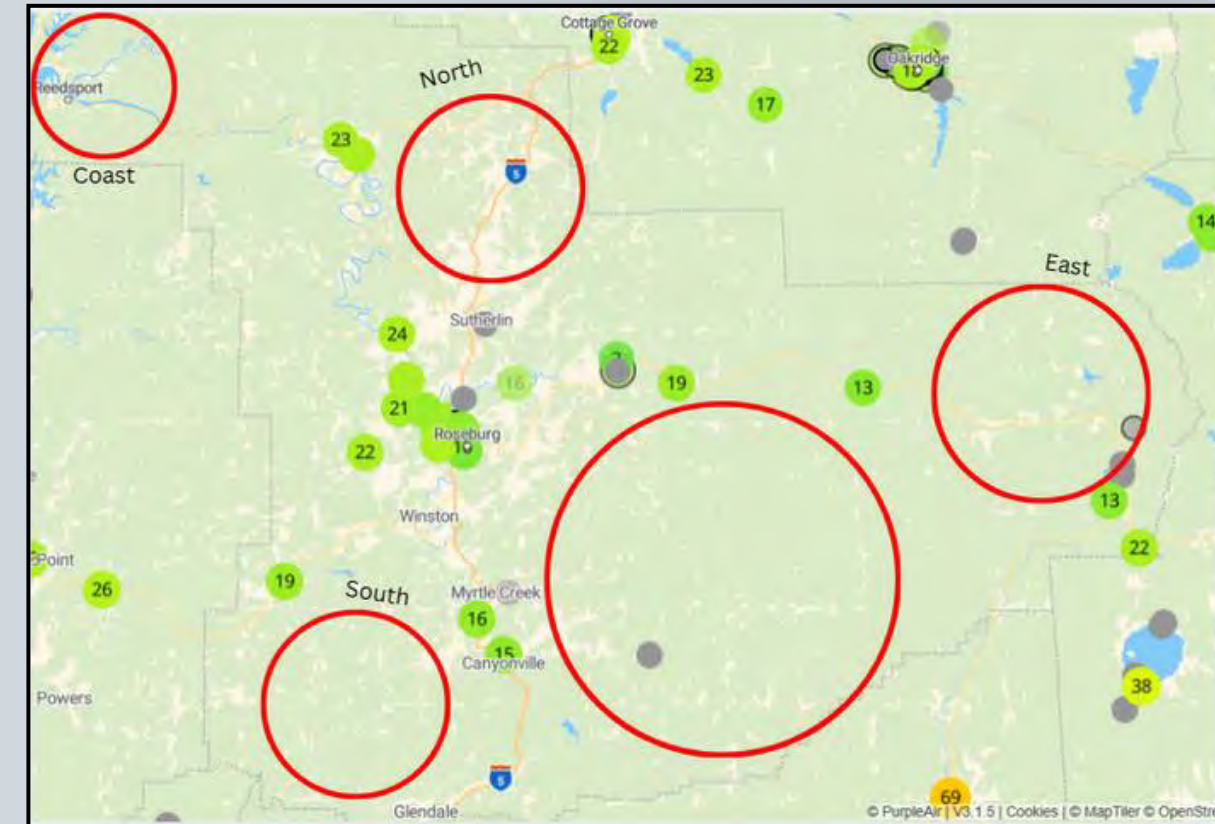
Role

- Led planning and expansion of the PurpleAir monitoring network
- Used data gaps and community needs to guide monitor placement
- Coordinated host sites, installations, and public education materials

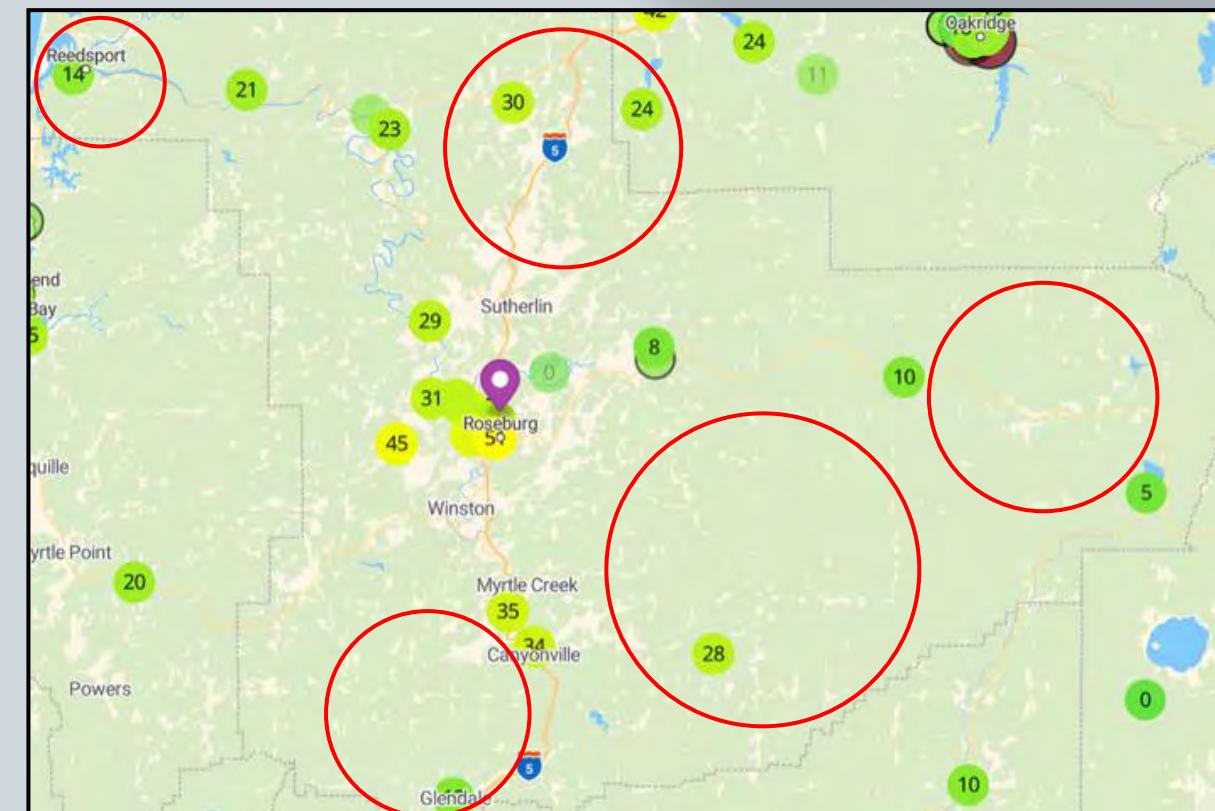
Outcomes

- 9 new PurpleAir monitors installed across Douglas County
- Expanded monitoring into previously unserved areas
- Strengthened community partnerships and local trust
- Improved public access to air quality information during smoke events

Before



After



Lunch & Learns

Purpose

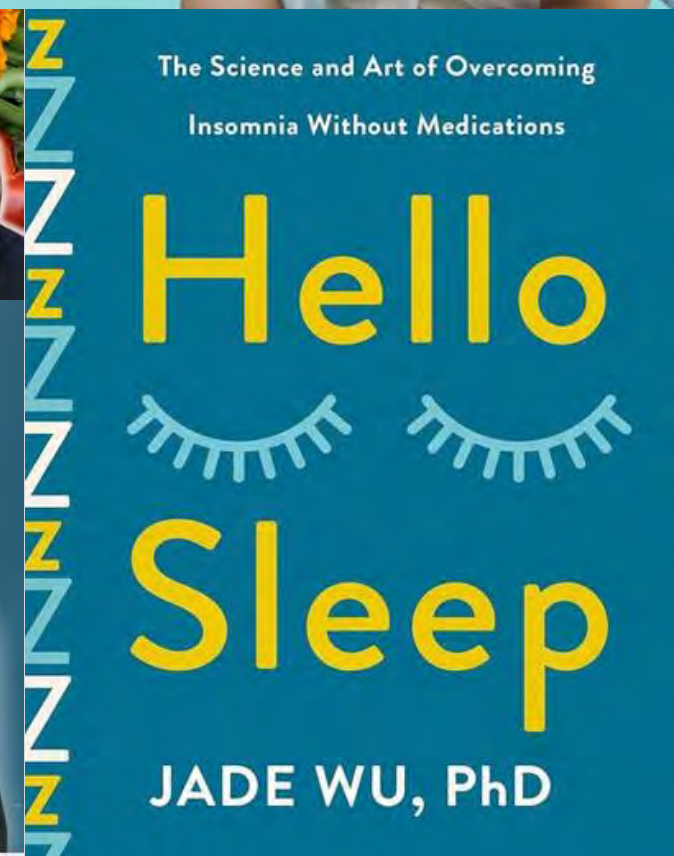
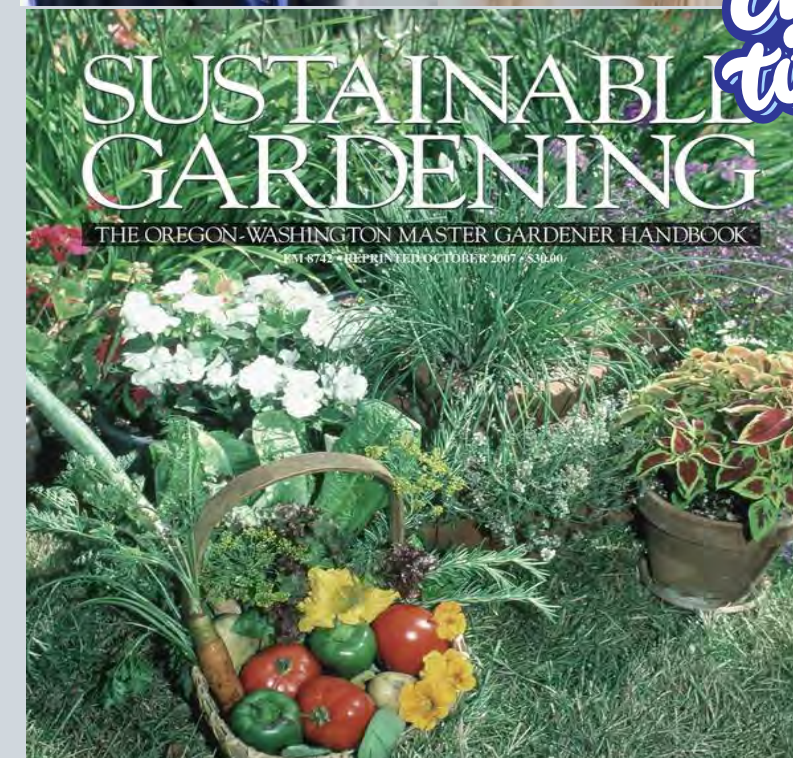
- Expand access to public health topics addressing local health disparities and inequities

Role & Activities

- Partner with our local Blue Zones
- Plan, promote, and support virtual events
- Use online delivery to improve access countywide
- Share evidence-based topics

Outcomes

- Grew audience to 1,000+ followers
- Exposed rural community to cutting edge, research-based public health topics
- Expanded access to education across the county



CBO Mini Grants

Purpose

To spend rural health focused public health modernization funding with quick turn around time.

Emergency Preparedness & Communicable Disease Projects

Role & Activities

Grantor role: Reached out to health equity partners, created application process, contracting process, reporting process and site visits

Outcomes

Increased funding to 5 CBOs to fund EP & CD projects (nearly 100K)

Increased collaboration & solidified relationships between public health and CBOs

Staff development and skill building

Communication & Education

Purpose

In house design, public health visualization and communications expertise to expand public health messaging in the community

Roles & Activities

- Ideas came from both IE and larger DPHN staff
- Identification of audience
- Develop evidence-based content considering accessibility and literacy
- Have fun with public health content and messaging!

Outcomes

- ✓ Staff skill development
- ✓ Reduced contracting costs
- ✓ Timely, branded messaging
- ✓ Increased knowledge of public health topics in the community

Pathogen Page Holders!

Salmonella

Symptom Onset 8-72 hours after eating or drinking contaminated food or water.

Symptoms

- Diarrhea
- Cramps
- Fever
- Nausea

How It Spreads

- Undercooked meat and eggs
- Unwashed produce
- Unpasteurized products
- Animal contact

Protect Yourself

- Wash hands
- Cook food fully
- Rinse produce

See a doctor if: Diarrhea lasts 3+ days, has blood, or comes with high fever.

Visit us at www.douglaspublichealthnetwork.org/

Collect All Pathogen Page Holders!

Campylobacter

Symptoms typically begin 2-5 days after infection, but may appear within 1-10 days.

Symptoms

- Diarrhea (Bloody)
- Abdominal Pain
- Fever
- Nausea
- Headache
- Vomiting

How It Spreads

- Undercooked meat or raw milk
- Contaminated ice or water

Protect Yourself

- Wash hands
- Cook food fully
- Separate raw meat

See a doctor if: Diarrhea lasts 2+ days, has blood, or comes with high fever.

Visit us at www.douglaspublichealthnetwork.org/

Collect All Pathogen Page Holders!

AQI Health Guidance

Index Values	Levels of Concern	Precautions to Take
0-50	Good	None: Outdoor activities are safe for everyone.
51-100	Moderate	People extra-sensitive to air pollution: Consider planning to do strenuous outdoor activities when the air quality improves.
101-150	Unhealthy for Sensitive Groups	Sensitive groups*: Reduce or reschedule strenuous outdoor activities.
151-200	Unhealthy	Everyone: Avoid strenuous outdoor activities.
201-300	Very Unhealthy	Everyone: Avoid outdoor physical activity.
301-500	Hazardous	Everyone: Stay indoors and avoid all outdoor activities.

*Sensitive groups include people with heart or lung disease, older adults, and children.

To view the current AQI, go to: www.airnow.gov or map.purpleair.com

*Air Quality Index (AQI)

Flyers & Infographics

MEASLES
What You Should Know

Symptoms

- High fever (can be over 104°)
- Red watery eyes
- Runny or blocked nose
- Cough
- Rash that spreads from the face down the body

There is **NO CURE & NO ANTIVIRAL TREATMENT** for measles once you get it. Getting the vaccine within 72 hours after exposure or immunoglobulin within 6 days can help but it does not cure the infection. If you think you've been exposed, it is vital to contact your health care provider immediately.

Measles is one of the most contagious diseases if you are not vaccinated and exposed to measles, the chance of getting measles is **VERY HIGH**.

Measles can be very serious

- 1 out of 5 people who get measles will be hospitalized.
- 1 out of 20 children with measles will get pneumonia.
- 1 out of 1000 will develop swelling of their brain, which can lead to seizures & permanent brain damage.

Measles is preventable with a vaccine

The Measles Mumps Rubella (MMR) vaccine is highly effective at preventing measles. Getting vaccinated is much safer than getting measles. For over 50 years, the vaccine has been 97% effective.

Measles is on the rise again

There were over 2000 cases of measles in the U.S. in 2025, which is the most we've seen in over 20 years.

If you want to know where to get the measles vaccine, contact Douglas Public Health Network, etc.

541-440-3571 PUBLIC HEALTH



Stickers promoting Public Health & Vaccines

Immunization is Cancer Prevention

The American Cancer Society recommends that all children get vaccinated against HPV between the ages of 9 and 12 to help prevent six types of cancer.

Age Matters

- When you vaccinate your child at 9-12, you help prevent them from HPV cancers.
- HPV vaccines work best when given before age 12.
- Vaccinations at the recommended ages will prevent more cancers than vaccination at older ages.

Helping fight cancer for 20 years

10-12: 3 years after HPV vaccination become available studies found...

HPV infections dropped significantly & there was a lowered risk of cervical precancer

UMPOUA HFAITH PUBLIC HEALTH



IE Results, Impacts & Outcomes



Key Point #6

Successes in health equity work must focus on impacts, changes & outcomes, not just what we did

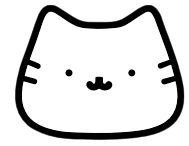
Internal Organization Outcomes

- Increased funding to the organization
- Reduced turnover
 - Support remote employees
 - Skill development of staff for retention
- Increased quality and efficiency of program work
- Internal integration of programs with shared accountability and responsibility
- Exceeded expectations for funding requirements
- Intentional and unintentional successes

External Organization Outcomes

- Increased community partnership and collaboration
- Increased awareness of what public health is post-pandemic
- Increased collective impact of public health programs at a community level
- Increased understanding of health disparities & inequities in Douglas County

Key Takeaways



Health Equity work is often like “herding cats” & requires a team effort & devoted organization resources



Definition of health equity, health disparities & inequities must include geography/rurality



You can't work toward improving health equity without first defining what the inequities and disparities are



The process of defining health disparities and inequities requires a comprehensive team approach and multiple roles



Projects & programs focused on improving health equity must be based in data, have a clear purpose, not be siloed within the organization & have buy-in from leadership to be successful



Successes in health equity work must focus on impacts, changes & outcomes, not just what we did



QUESTIONS?

Thank

You

for your time
and attention!



DOUGLAS
PUBLIC HEALTH
NETWORK



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