2026 Oregon Rural Health Conference Presentation Slides

Southwest Oregon
Area Health Education Center

AHEC SOUTHWEST • EXPLORE YOUR FUTURE: HEALTHCARE

Building Early Public Health Career Pathways through Rural Youth Experience Camps

A Year 1 look at what worked, what didn't, and where we go next



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Rural Communities Can't Hire Who They Can't Show

Why career visibility matters for rural youth specifically

6

rural & frontier counties served by AHEC Southwest

10%

of Year 1 campers said they didn't know a single healthcare professional

54%

of Year 1 campers receive free or reduced-cost lunch at school

Rural students rarely meet a working healthcare or public health professional before they've already ruled the field out. AHECSW's youth camps exist to close that visibility gap early — before college and career decisions are made without ever knowing the option was on the table.

AHEC Southwest's Role

Rural healthcare workforce development across six counties

Serving:

- Douglas County
- Coos County
- Curry County
- Josephine County
- Jackson County
- Lane County

Mission: build a rural healthcare pathway that starts before college — growing local talent that returns to serve local communities.

✓ Explore Your Future: Healthcare camps are one part of a larger pathway — spanning youth camps, dual-credit pathways, and residency placement partnerships.

✓ Built on active partnerships with community colleges, Tribal public health, county public health, and OHSU-PSU School of Public Health.

✓ This session covers Year 1 of the camps: what we built, what the data shows, and what we're changing.

Public Health Is Health Care

Not adjacent to the field — a core, often invisible, part of it

What actually shapes health outcomes:

40%	Social & Economic Factors
30%	Health Behaviors
20%	Clinical Care
10%	Physical Environment

Source: County Health Rankings & Roadmaps model — University of Wisconsin Population Health Institute / Robert Wood Johnson Foundation

Clinical care is 20% of the picture. Public health is most of the rest — and it's exactly what this camp curriculum introduces kids to:

Outbreak investigation & epidemiology

→ surveillance & prevention

EMS & emergency management

→ emergency public health response

Hand-washing & hygiene demonstrations

→ health behavior change

Community & Tribal health partnerships

→ social & economic factors

Two Camps, One Goal

Different scenarios, same mission: make healthcare careers visible and real

Outbreak Investigation

Umpqua Community College

A case-based framework built around a simulated public health outbreak, used to introduce epidemiology, lab work, and public health careers.

Zombie Apocalypse

Southwestern Oregon Community College

An emergency-response and outbreak-simulation framework used to introduce EMS, first aid, and public health emergency careers.

Built on Partnership

No single organization can build a workforce pathway alone

Local Public Health

County health departments bring real case data and staff time

Tribal Public Health

Cow Creek Band of Umpqua Tribe of Indians partnership

Community Colleges

UCC and SWOCC host camps and connect to dual-credit pathways

OHSU-PSU School of Public Health

Curriculum grounding and academic pathway connection

County Emergency Management

Live talks connecting EM work to public health response

How the Curriculum Was Built

Four layers, woven through both camp scenarios

1 → 2 → 3 → 4

Didactic

Short-form teaching on core concepts — epidemiology basics, emergency response, career pathways

Simulation

Scenario-driven case work — the outbreak investigation, the emergency response — that gives the content a story

Hands-On Skills

Glo Germ hand-washing, lung model, phlebotomy practice, fingerprinting, CPR

Mentoring

Direct contact with working professionals — EMS, emergency management, public health staff, nurses

Camp Is the Spark — Not the Whole Pathway

Built-in connections keep the interest alive after camp ends

✓ **Dual Credit**	Pathways into community college health programs, connected directly to camp content
✓ **Advising**	Community college advisors introduced during camp, not after enrollment
✓ **Continued Contact**	Mentor relationships with EMS, emergency management, and public health staff extend past camp week

Who We Served — Year 1

48 completed post-camp surveys across both camps

48
completed surveys

19%
first-generation college students

54%
receive free / reduced cost lunch

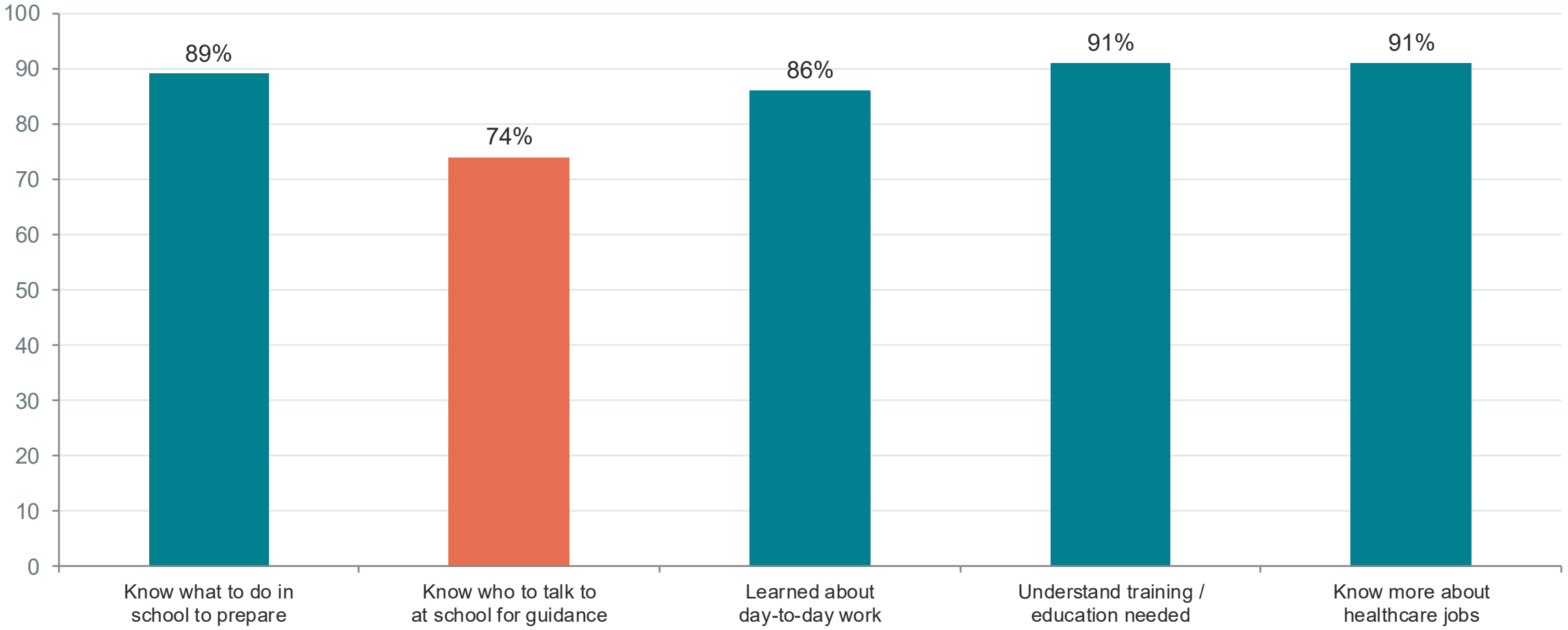
21%
cite cost as a barrier to college

Other barriers students named in the survey:

- 12% family expects other plans
- 10% don't know any healthcare professionals
- 8% community wouldn't approve
- 4% family doesn't approve of college
- 2% healthcare work isn't what family wants

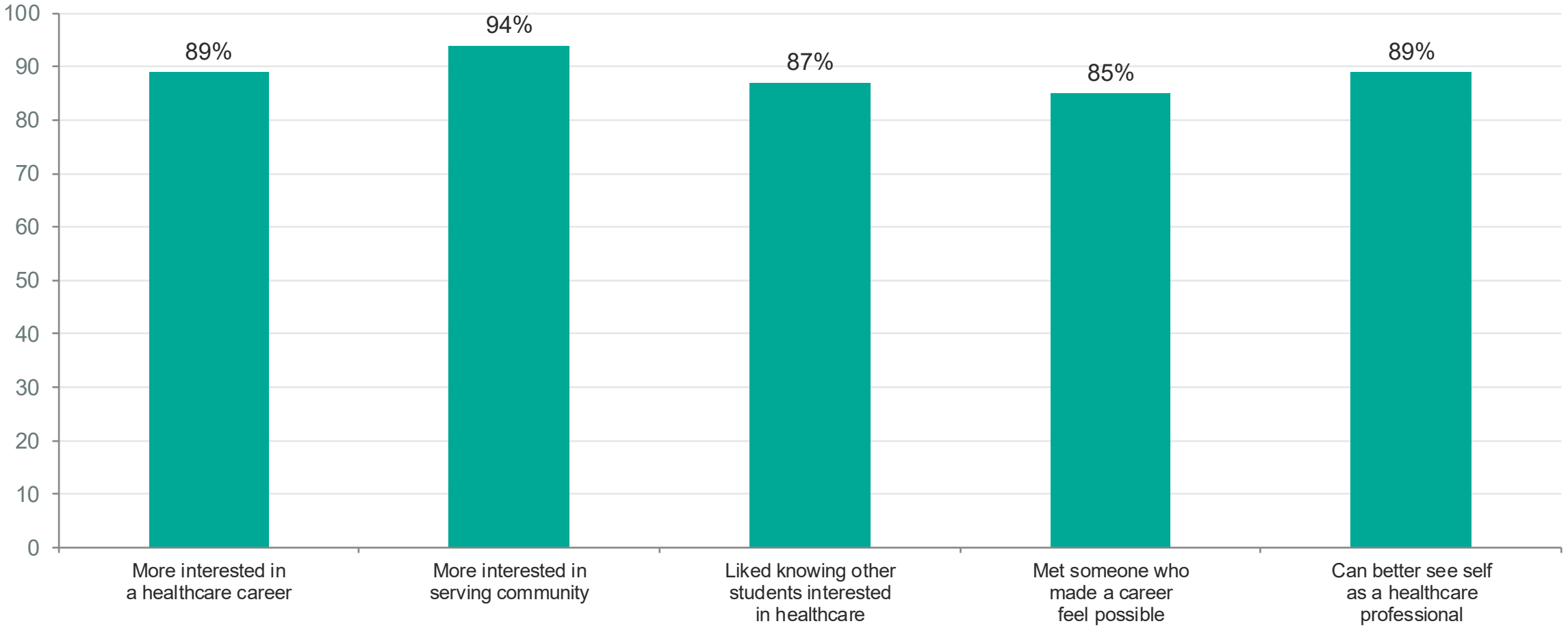
Did Camp Build Career Knowledge?

% of respondents answering "Yes" or "Definitely Yes"



Did Camp Build Interest & Belonging?

% of respondents answering "Yes" or "Definitely Yes"



The Clearest Gap in the Data

Interest isn't the problem — navigation is

74%

“I know who to talk to at my high school for guidance about college and careers.”

The lowest of all 10 survey items — and the only one that's about school-side pathway navigation rather than career interest itself.

Camp builds:

✓ Career interest (89%)
✓ Sense of belonging (87%)
✓ Confidence to see self in the field (89%)

Camp doesn't fully close:

✕ The follow-through step back at school — who to ask, what to sign up for, how to keep the door open once camp week ends.

What Worked: Real Public Health in Action

Direct contact with county emergency management, plus public health communication skills

County emergency management staff spoke directly with campers about how their work connects to public health — outbreak response, coordination during emergencies, and the public health side of disaster response that students rarely hear about.

Students also practiced core public health communication skills — how to deliver a public safety announcement during an outbreak without causing panic — a skill real public health officials and emergency responders rely on constantly.

"How to make a public announcement without instilling too much fear."

"How to get into a public health organization."

— directly quoted from student post-camp surveys, on skills they said they learned

What Worked: Hands, Not Just Ears

The two most consistently loved activities were both tactile

✓ Glo Germ Hand-Washing



A UV-light demonstration that makes invisible germ spread visible on students' own hands — turns an abstract infection-control lesson into something they can see and remember.

✓ The Lung Model



A hands-on respiratory demonstration that consistently ranked among campers' favorite moments — physical, visual, and directly tied to the emergency-response curriculum.

Takeaway: the format mattered as much as the topic — tactile, visible demonstrations consistently outperformed anything delivered as a talk.

What Didn't Work: Too Much Telling, Not Enough Doing

The epidemiology sections leaned too heavily on lecture format

The problem

The core epidemiology content was taught in a traditional, lecture-style format. It wasn't a content problem — it was a delivery problem. Students disengaged during the didactic stretches, even when the underlying material connected directly to the scenario they were working through.

Students said it themselves — unprompted, independently, repeatedly:

> *"More hands-on things and less lecture-type things."*

> *"A bit more hands on activities."*

> *"Make it more interactive and less paperwork."*

> *"More hands-on activities."*

— 6+ independent mentions across 48 surveys

What We Adjusted Mid-Camp

Real-time fixes made during Year 1 — and how they landed

- Introduced core public health concepts: Upstream/Downstream play on Day 1
- Public Health Career “Taboo” game
- Center relationships and fun

LIVE ACTIVITY

Upstream / Downstream

The same activity we run with camp students — now with the whole room.

The parable: people keep pulling drowning children out of a river — until someone finally walks upstream to find out who keeps throwing them in. We'll run this as a large-group discussion, then debrief together, connecting it back to prevention-focused public health work and where camp curriculum sits on that spectrum.

Refining the Model: Year 2 Evaluation

Moving toward a pre/post design to measure actual change, not just endpoint sentiment

1

Pre-Camp Survey

Baseline career knowledge and interest, captured before curriculum begins

2

Post-Camp Survey

Same instrument, re-administered — measuring change, not just a snapshot

3

Tighter Distribution

6 of 48 surveys came back blank in Year 1 — revisiting timing and format to improve completion

Let's Talk

Questions for the room

1. How do your programs bridge the gap between camp-week enthusiasm and follow-through at school?
2. What does “knowing who to talk to” actually look like at your school or organization?
3. How do you balance hands-on engagement with must-cover technical content?
4. What partnerships have opened doors for your program that we haven't tried yet?

Let's Build This Pathway Together

Interested in partnering, hosting a camp, or sharing your own lessons learned?

Serving Douglas, Coos, Curry, Josephine, Jackson & Lane Counties

Tawnie Goetz-Kennedy

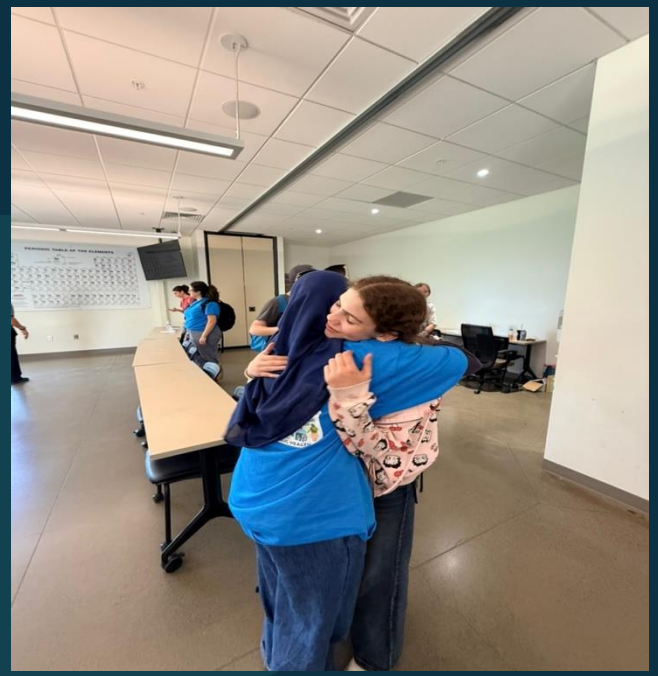
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Thank you.