ORPRN

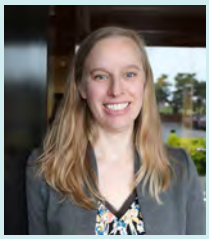
Oregon Rural Practice-Based Research Network (ORPRN)

July 1, 2025 – June 30, 2026 | Impact Report

OHSU



Director's Message



This year has been full of unpredictability. Across our communities, the pressures are real: access to housing and healthcare is increasingly uncertain, rising costs of groceries and essentials are stretching household budgets, and extreme weather events amplify this stress. In academic health centers, research funding remains under threat.

Against this backdrop, ORPRN has adapted and recommitted to serving primary care and rural populations. The strategic planning we initiated in 2023 continues to anchor our network's priorities and we remain grounded in our values, mission, and community agreements. These elements emphasize our strength and commitment to our statewide reach, with 30% of our staff embedded in rural communities, and our reputation for being reliable, friendly, and a highly skilled workforce. Our ability to build and sustain relationships with and across primary care clinics, communities, and health system partners advances our mission to improve health for all Oregonians.

2025-2026 Impact Report

Director's Message 02

Executive Summary 03

ORPRN's Mission 04

ORPRN Program Impacts 10

National Leadership 16

Scientific Publications 22

The accomplishments highlighted in this report are a testament to what is possible with the trusting relationships we have built across Oregon, the US, and abroad as we approach our 25th anniversary in 2027. In this report, we showcase the impact of key projects underway that bring clinical trials to rural areas, advance ECHO* programming, and support collaboration across complex healthcare systems. We include a round-up of last year's activities featuring ORPRN expertise on a national stage in health information technology, community engagement in clinical trials, practice-based research networks (PBRNs), and education for rural health care providers.

In all our work, we continue to prioritize projects that matter most to our partners. This includes active lines of work to improve access and quality of care for behavioral health and substance use disorders, chronic pain, and unmet social needs; to prepare for and respond to extreme weather events; and to develop team-based primary care models for whole person care.

When ORPRN was founded in 2002, our network goals focused on advancing work that was woven into the fabric of the clinic and community, was durable enough to withstand the test of time, and would help understand the values and dynamics of clinics in rural communities. Our projects today exemplify these foundational goals and continue to support crucial work to advance, sustain, and engage primary care during turbulent times.

Melinda Davis

Melinda Davis, PhD, MCR
Director, ORPRN

Executive Summary

For almost 25 years, ORPRN has been working to improve health for all Oregonians through research, education, and health systems transformation. We strengthen Oregon's health care delivery system, by partnering with primary care clinics and their supporting health plans, state and local government agencies, and community-based organizations.

Last year, ORPRN engaged 141 clinics and 72 other organizations in collaborative work to reach all 36 Oregon counties. In the 2025-26 fiscal year, ORPRN supported 98 active projects, with funding totaling more than $9.2M. ORPRN led or supported more than 40 grant and contract proposal submissions last year to over 30 different agencies or organizations.

Moving into 2027, ORPRN's work continues to bring distinctive strengths to our partners:

- Statewide reach, with staff embedded in rural communities.
- Deep, long-standing trusting relationships with health care partners, especially rural primary care.
- Reliable, friendly, and highly skilled staff.
- A full spectrum of interventions to improve health delivery—from individuals to large-scale systems.
- Learnings and innovation throughout a national and international network.
- A whole-systems perspective of health.

ORPRN BY THE NUMBERS | 2025-2026



98
STUDIES AND PROJECTS



40
FUNDERS ENGAGED



18
ACADEMIC PUBLICATIONS

48
COMMUNITY QUALITY GRANTS MANAGED



44
ECHO* PROGRAMS



1,320
RESEARCH PARTICIPANTS

21 POLICY GUIDANCE DOCUMENTS CREATED

10 HEALTH AND SOCIAL CARE HUB ORGANIZATIONS

141 CLINIC RESEARCH PARTNERS

72 COMMUNITY BASED ORGS, OTHER PARTNERS

23 ORPRN-AFFILIATED OHSU RESEARCH INVESTIGATORS

141 ECHO* FACULTY

1695 ECHO* LEARNERS

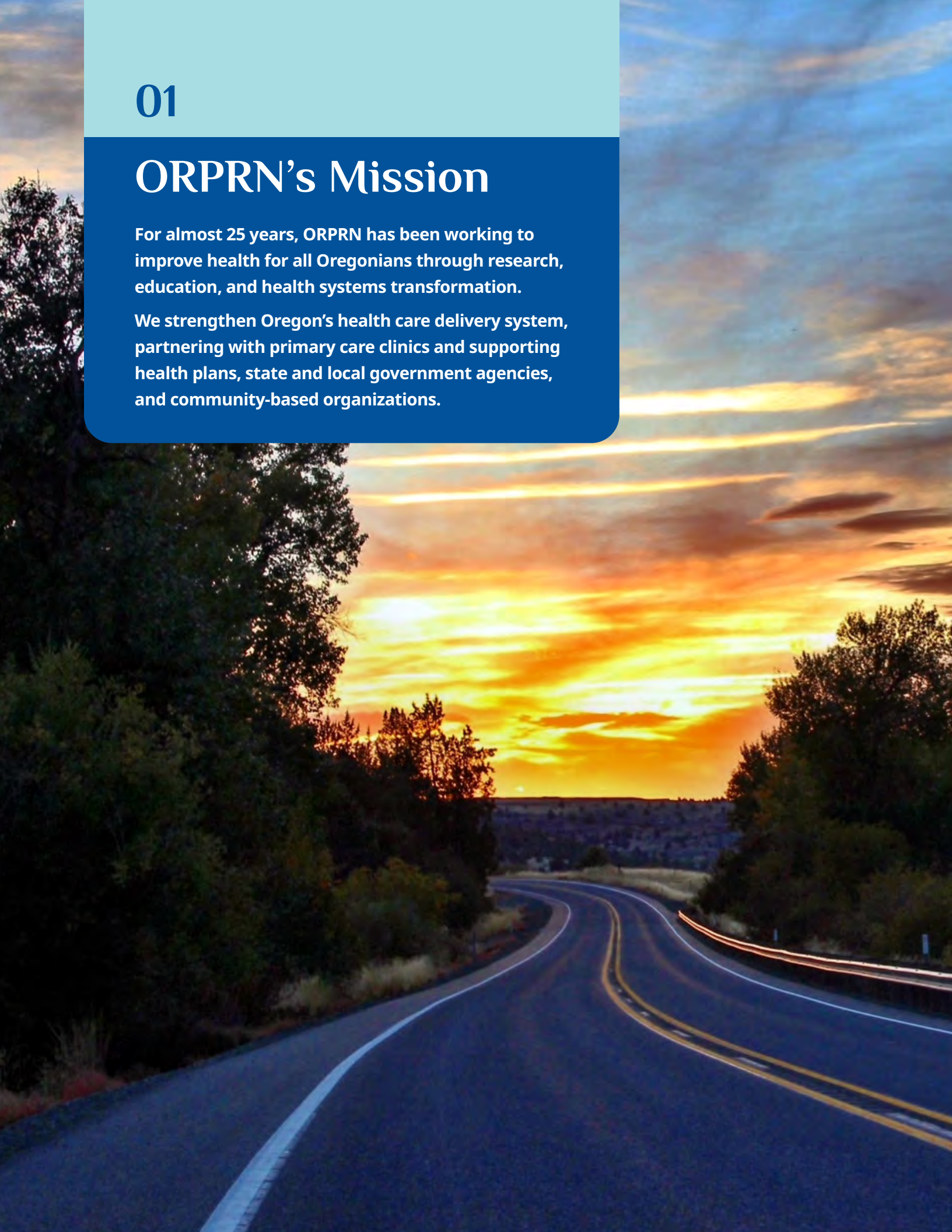
** Project ECHO® is the Extension for Community Healthcare Outcomes telementoring program.*

01

ORPRN's Mission

For almost 25 years, ORPRN has been working to improve health for all Oregonians through research, education, and health systems transformation.

We strengthen Oregon's health care delivery system, partnering with primary care clinics and supporting health plans, state and local government agencies, and community-based organizations.



Improving Health in Oregon and Beyond

Our team has roots in rural, frontier, and low-resourced communities throughout the state. ORPRN partnered with 141 clinics and 72 other organizations in our 2025-2026 projects (Figure 1). Our overall network includes more than 340 Oregon clinics, and health care professionals in all 36 Oregon counties. 88% of Oregon's rural population lives within a 60-minute drive of at least one partner clinic. We work with all of Oregon's 15 Coordinated Care Organizations (CCOs).

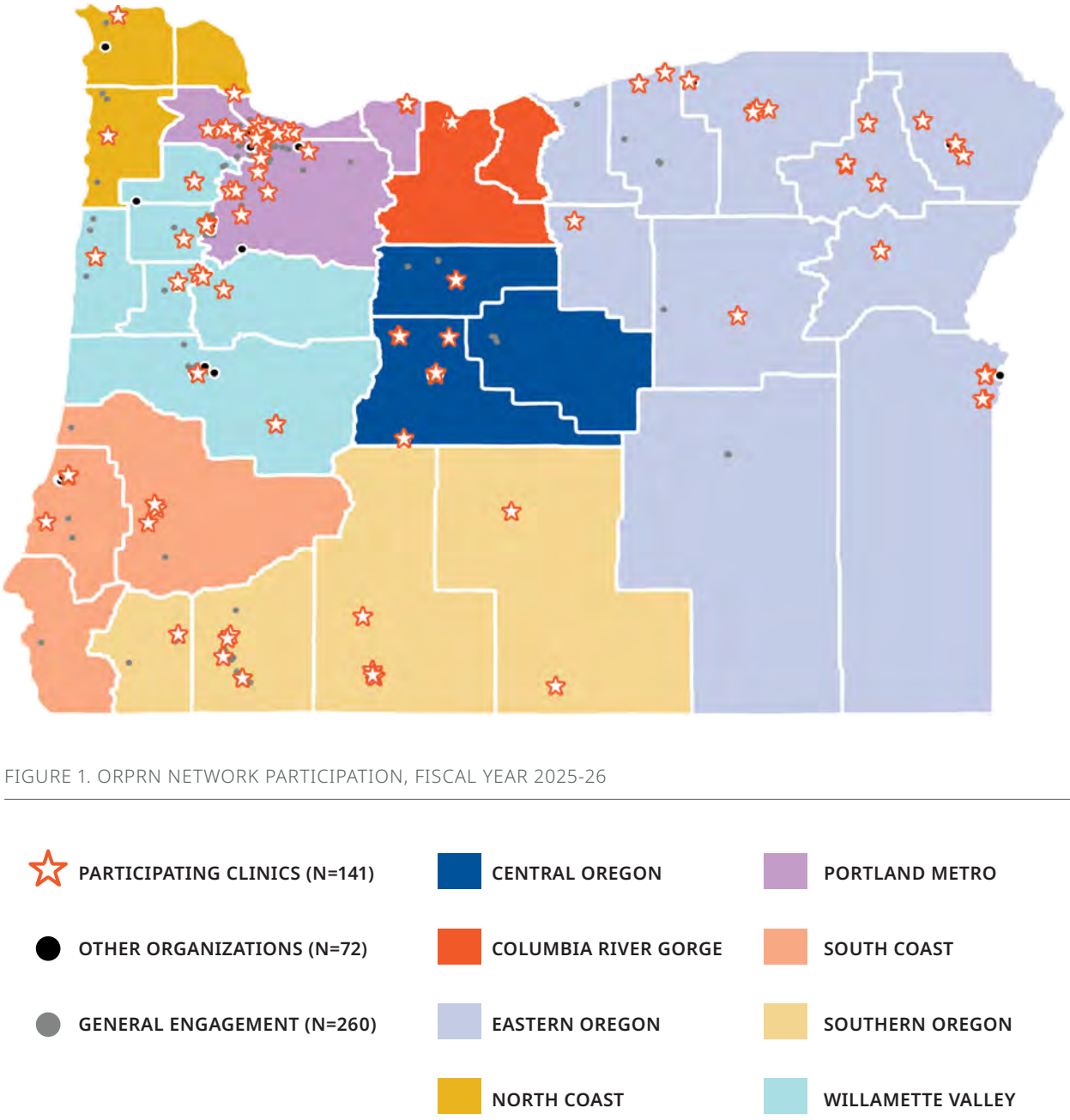
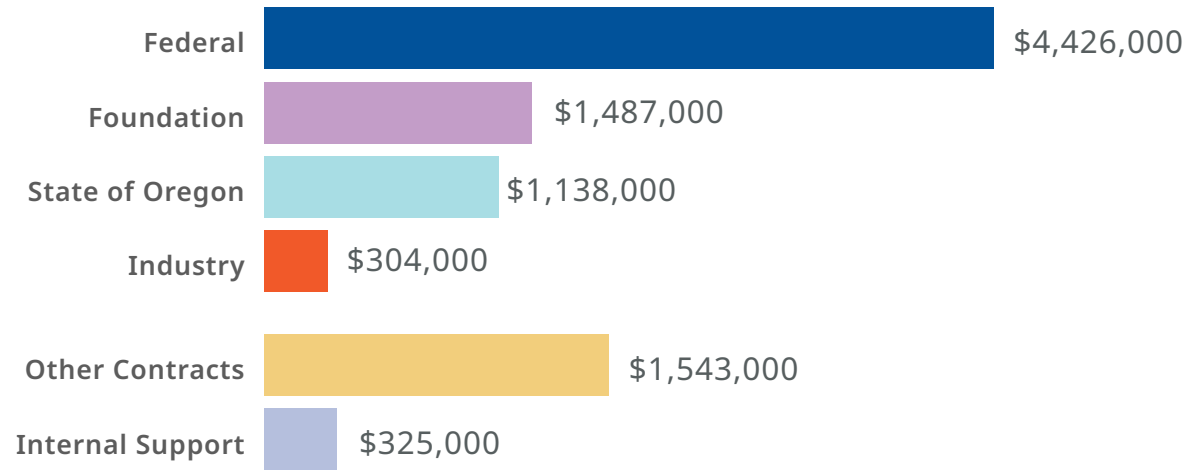


FIGURE 1. ORPRN NETWORK PARTICIPATION, FISCAL YEAR 2025-26

Funding and Scope

In the 2025-26 fiscal year, ORPRN funding totaled more than $9.2 M, encompassing 98 active projects. ORPRN led or supported more than 40 grant and contract proposal submissions last year to over 30 different agencies or organizations. Our funding is from a blend of sources including federal, state, industry, foundation, and Oregon Health & Science University (OHSU) (Figure 2).

FIGURE 2. ORPRN FUNDING BY SOURCE, FISCAL YEAR 2025-2026





Grounded in Academic Rigor

Our work as a Practice Based Research Network (PBRN) is strengthened by our close ties across all OHSU schools and other academic partners. We currently have 23 ORPRN-affiliated research investigators throughout OHSU's research and clinical departments and 141 faculty facilitated ECHO programs last year.



The ORPRN Community Research Facilitator team (left to right): Liliana Will (Portland Metro), Brittany Badicke (Facilitation Core Manager), Kaitlin Greene (Central Oregon), Kayla Warner (North Coast), Danita Tracy-Carter (South Coast), Kylie Lanman (Eastern Oregon), Roni Hyde (Columbia River Gorge), Megan Roemmich (Southern & South Coast). Not pictured: Lynda Crocker Daniel (Southern Oregon), Priscilla Castellanoz (Portland Metro).

ORPRN is also closely integrated with other OHSU community-facing programs, such as the Oregon Clinical and Translational Research Institute (OCTRI) and Knight Cancer Institute Community Outreach and Engagement. Our three programs partner together under the umbrella of OHSU Community Outreach, Research, and Engagement (CORE) to align resources, expand reach, reduce duplication, and improve transparency and collaboration.

In mid-February, the home organization for OCTRI Community Program team members transitioned to ORPRN, creating one unified role that aligns the Community Research Liaison and Practice Facilitator functions. This new role, Community Research Facilitator, sits within ORPRN's Facilitation Core and supports translational research through project coordination and research support, practice facilitation, and regional partner capacity building, with roots in community and partner engagement.

ORPRN has ongoing collaboration with PBRNs in the US and internationally. Our National Institutes of Health CARE for Health™ award engages PBRNs and rural health care partners throughout the Pacific Northwest in research. We also belong to the SPARK Network, providing data infrastructure nationally; help lead the Meta-network Learning and Research Center (Meta-LARC); and support the international PBRN initiative sponsored by the World Organization of Family Doctors (WONCA).

"I feel honored to be part of a group that is so committed to doing this work in a way that is grounded in respect, connection, and humanity."

– ECHO Faculty Collaborator

ORPRN

BUILDING GENERATING EVALUATING DISSEMINATING SUPPORTING

Our PBRN structure gives us insight into priorities and experiences of clinical practices:

- We have statewide reach, with **staff embedded in rural communities** to elevate community voices and needs.
- We have **deep, long-standing trusting relationships** with a large network of health care and public health partners, especially rural primary care clinics.
- We address the **full spectrum of interventions** to improve health delivery—from individuals to large scale systems change.
- We replicate **learnings and innovations** throughout our network, nationally, and internationally.
- We have **reliable, friendly, and highly skilled staff.**
- We **connect the dots** across disconnected organizations which brings a whole-systems perspective of health to our collaborators.



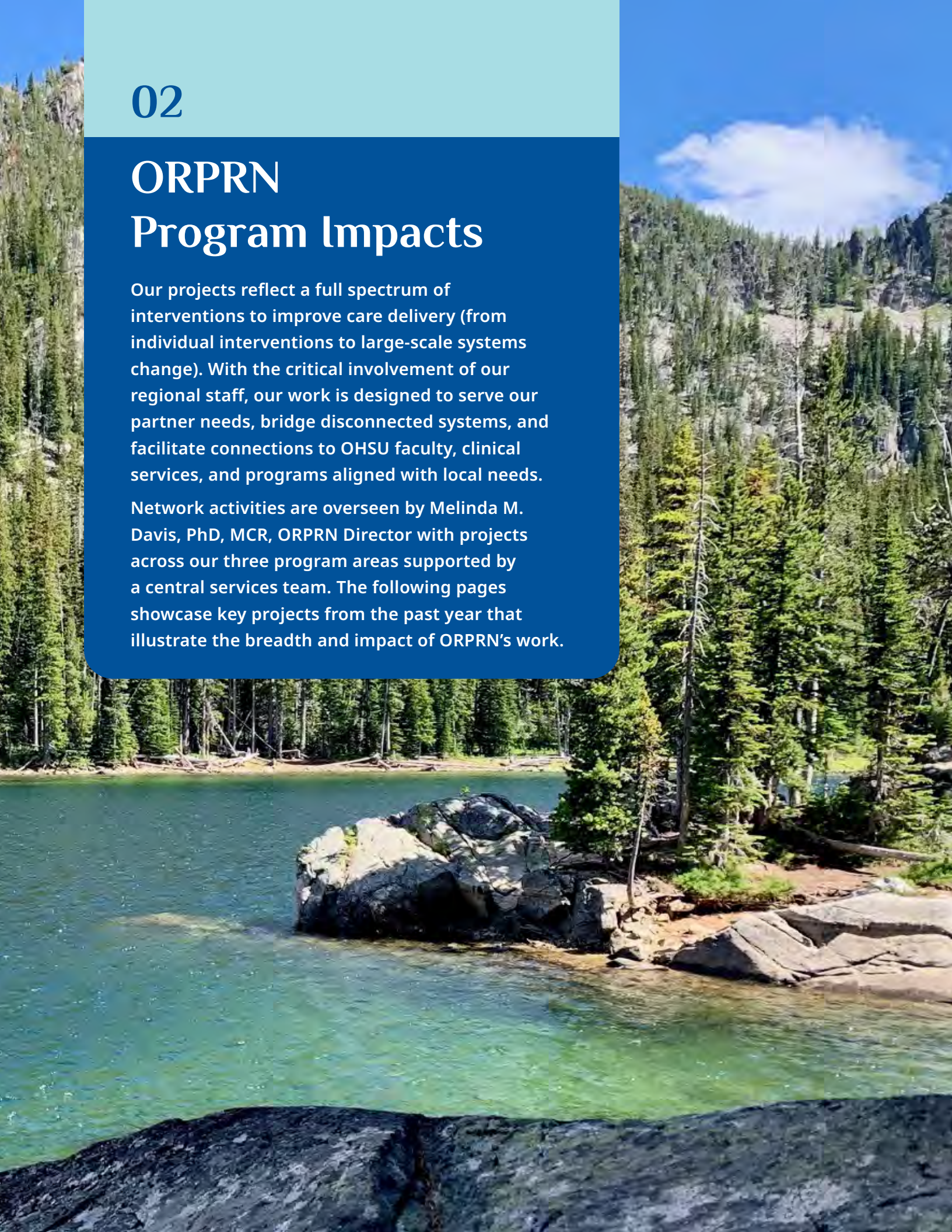

TRANSFORMING
DELIVERING
Questions that matter most in primary care
Community-engaged research
Evidence-informed practices
High-quality learning opportunities
Health care capacity
Practice facilitation, quality improvement & systems change

02

ORPRN Program Impacts

Our projects reflect a full spectrum of interventions to improve care delivery (from individual interventions to large-scale systems change). With the critical involvement of our regional staff, our work is designed to serve our partner needs, bridge disconnected systems, and facilitate connections to OHSU faculty, clinical services, and programs aligned with local needs.

Network activities are overseen by Melinda M. Davis, PhD, MCR, ORPRN Director with projects across our three program areas supported by a central services team. The following pages showcase key projects from the past year that illustrate the breadth and impact of ORPRN's work.



HEALTH SYSTEMS TRANSFORMATION PROGRAM

Director: Nancy Goff, MPH

The Health Systems Transformation Program collaborates with state and local government agencies, clinics, payers, and community partners to conduct large-scale health systems quality improvement projects.

Creating Links between Regional Health Care and Social Services Providers

ORPRN continues to help partners work across organizations to navigate complex systems and move solutions forward together. One key approach has been exploring the development of community care hubs, or "hubs", to better link health care with social services across rural Oregon. Hubs are formal networks that help organize and coordinate local service delivery through centralized infrastructure and information sharing.

ORPRN partnered with rural CCOs to test the hub model to support health and social service delivery in their regions. In Lincoln, Benton, and Linn Counties, we led a hub development planning process with participants from InterCommunity Health Network CCO and other community leaders. This included mapping the social care landscape of partners, connections, and assets and identifying opportunities for greater coordination, alignment, and impact. As a result, partners have begun building a shared foundation that leverages existing efforts, responds to local needs, and supports long-term resilience.

In Klamath County, we have been redesigning systems alongside Cascade Health Alliance (CHA) to improve efficiency, access, and sustainability. Our team coordinated extensively across CHA departments, providers, and health IT vendors while navigating multiple Medicaid policies to strengthen the social care network's infrastructure. One notable achievement was developing a social needs screening tool that verifies members' eligibility for multiple programs and benefits simultaneously. Streamlining this process reduced administrative burden for CHA and providers while simplifying members' path to needed resources. We also developed a comprehensive provider onboarding program, creating a centralized system to improve information sharing and clarity. We successfully engaged and onboarded CHA's entire social provider network.

While the hub model is promising, ORPRN continues to look for new ways to build efficiency across systems and ensure everyone has an entry point to care. Embedded in our work at the local and regional levels is our statewide systems perspective; through this broader lens, we help align local efforts to create more connected, resilient systems that improve Oregonians' health now and in the future.

"I want to extend a huge thank you to the ORPRN team for all their hard work. We know this project has been a significant lift, and we would not be as prepared as we are to launch this program without their partnership and support."

- Health System Partner

Cross-ORPRN Awards to Transform Rural Health this Year

As part of Oregon's Rural Health Transformation Program (RHTP), ORPRN was selected for two Immediate Impact awards to expand ECHO programming and provide Community Health Worker (CHW) training. We are also partnering on awards to support regional convenings across Oregon and implement effective interventions for pregnant people and older, medically frail adults. We can't wait to share more about this work in the coming months.

EDUCATION PROGRAM

Director: Maggie McLain McDonnell, MPH

The Education Program informs strategies that meet the needs of rural practitioners and learners, supports alignment with existing rural-serving programs, and hosts the Oregon ECHO (Extension for Community Health Outcomes) Network.

OEN Forges Connections with Learners Across Oregon

Since 2017, the Oregon ECHO Network (OEN) has provided primary care clinicians and their teams across Oregon with high-quality education in specialty topics ranging from mental health to dermatology to addiction so they can deliver upskilled care to patients in their communities. ECHO programs are case-based, meaning learners get feedback on their challenging cases from an interdisciplinary team of specialists and their peers. OEN's programs are always free and offer no-cost continuing education credits.

Last year, OEN supported 47 cohorts of 43 unique programs on topics including mental health, dementia care, dermatology, weight management, and substance use disorders in various settings. In total OEN developed 16 new or radically re-worked programs in the 25-26 program year. The programs during the last academic year reached 1,496 participants in Oregon (Figure 3) and 197 in other states.

OEN has also continued to look for innovative ways to connect with its learner base across the state. The 5-year *HEAL-OR*[1] grant from the Health Resources and Services Administration (HRSA) led to the creation of a Rural Advisory Panel made up of clinicians and public health professionals in six rural Oregon counties to help guide programming.

"This program has helped me learn many skills that I didn't have enough exposure to, including mental health support and gender affirming care. These skills have improved my patient's care tremendously."

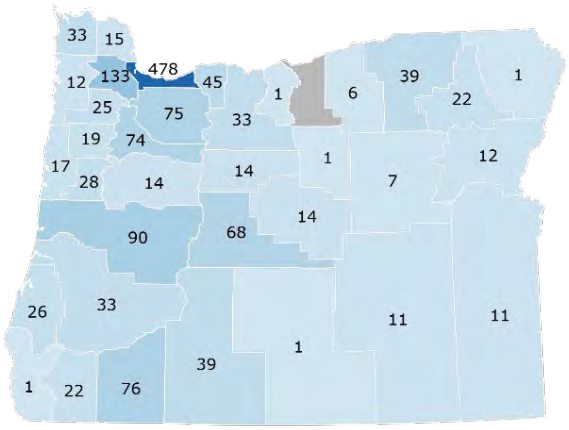
- ECHO Participant Feedback



Maggie McDonnell, MPH; Jonathan Betlinski, MD; Melinda M. Davis, PhD, MCR; Laura Byerly, MD; Bradley Tishman, DO; and Nikki Tishman, DO, at Grande Ronde Hospital Regional Medical Clinic, during the HEAL-OR Geriatric Care Pearls in Primary Care presentation.

[1] Using Project ECHO to Improve Health in Rural Oregon (HEAL-OR) (6 U3IRH43509-04-02, PI: Betlinski)

FIGURE 3. ECHO OREGON PARTICIPANTS, FALL 2025-SPRING 2026 (N = 1,496)



OEN quickly learned that having on-the-ground intelligence about the challenges of delivering healthcare in these communities was invaluable. That first Rural Advisory Panel shaped many of our ECHO processes, from identifying potential faculty members to shaping ECHO program content. In the final year of HEAL-OR, ORPRN leadership and OEN faculty members traveled to La Grande, Hood River, and Pendleton to connect with current and potential future learners. They delivered in-person one credit CME sessions and heard from clinicians in these communities.

While the HRSA grant is ending in September 2026, OEN decided to expand the Rural Advisory Panel rather than conclude it. The current panel has 10 members, along with 4 subject matter experts from across Oregon.

This year also brought the fifth iteration of OEN's biannual Participant Interest Assessment. Sent to more than 15,000 healthcare professionals across the state, the Interest Assessment yielded a broad picture of what Oregon clinicians want to see in future programming. Mental health and medical topics, such as neurological conditions and cardiovascular disease, rose to the top of the most-requested future programs.

Prioritizing Mental and Behavioral Health with help from the Oregon State Legislature

Study after study shows Oregon ranks near the bottom in mental health metrics. Oregon leadership understands the need, and in 2024, state legislative staff reached out to OHSU staff looking for solutions that would improve mental health across the state. OEN proposed increasing its mental health ECHO programs, and received funding to create robust ECHO programs in adult mental health, child psychiatry, and other mental health topics.

In program year 2025-2026, OEN used the funding to stand up five ECHO programs: the above-mentioned ones plus autism and ADHD in adults and beyond adverse childhood events (ACES). A case-based Community of Practice enables primary care teams to come together and discuss their toughest mental health challenges across the lifespan. Next year, OEN will expand into new programs focusing on older adults and eating disorders.

"This was a fantastic ECHO across the board. The [faculty] were all top-notch and also good presenters. The sessions were well paced, organized, efficient, and timely. I loved the super-positive vibe! I am … building my knowledge and understanding about the psychopharmaceutical world. This ECHO was a great combination of drug basics [as well as] the historical approaches and newer trends and research."

- Fall 25 ECHO Participant

RESEARCH PROGRAM

Directors: Jennifer Coury, MA & Caitlin Dickinson, MPH

The Research Program is a national leader in practice-based research and conducts clinical research, implementation science, and evaluation with healthcare and community partners working to improve health across Oregon. Our research between July 2025 and June 2026 included working with 1,320 total participants in research studies and almost 250 participants in quality improvement activities.

Bringing Research Collaboration to Rural Communities

Throughout the US, clinical trial sites remain largely concentrated in urban areas, but roughly 80% of Oregon is rural, with 1.4 million residents living outside of urban centers. ORPRN's rural and frontier partnerships help us bring research opportunities to these rural areas. Last year, we conducted seven major clinical trials in rural communities.

Significant clinical trials last year include two NIH Care for Health™ collaborations. *BeatPain*[2] is a study pairing telehealth physical therapy with pain education to treat back pain in the Columbia River Gorge and Southern Oregon. This is a great fit for rural settings, where access to physical therapy can often require long travel times to see specialists. *Co-Care*[3] is a study of polysubstance collaborative care, conducted in Eastern Oregon, to better understand whether a team-based approach in primary care helps patients reduce substance use.



Kylie Lanman, an ORPRN Community Research Facilitator, holds a PRaCTICe-CoCare study meeting in Enterprise, OR with Winding Waters clinical partners Rachel Ellis, Public Health Director; Keli Dennis, Chief Operating Officer; and Mike Farley, Clinical Pharmacist and Pharmacy Director.

[2] Nonpharmacologic Pain Management in FQHC Primary Care Clinics (BeatPain) (UH3NR019943, PI: Fritz)
[3] Collaborative Care for Polysubstance Use in Primary Care Settings (Co-Care) (CTN-0139, UG1DA013035 LIs: McNeely, Liebschutz)
[4] PATHFINDER 2: A Multi-Cancer Early Detection Study (NCT05155605, PI: Nabavizadeh)



ORPRN staff Kayla Warner, MPH and Liliana Will, MPH connecting with the Astoria community and welcoming participants during a REACH study clinical enrollment day at Columbia Memorial Hospital.

The *Pathfinder 2* study[4] of multi–cancer early detection exemplifies how ORPRN can help OHSU expand enrollment beyond the Portland area, reaching rural and urban communities across Oregon. ORPRN helped deliver the GRAIL Galleri blood test to The Dalles and Hood River, while an OHSU coordinator living in southern Oregon enrolled patients through sites like Bay Area Hospital in Coos Bay and Roseburg. Strategic partnerships with Salem Health in Salem and St. Charles Hospital in Bend further broadened the geographic reach.

Other trials throughout the state included *PREVENTABLE*,[5] evaluating moderate-intensity statins for preventing dementia and prolonging life; *REACH,*[6] working with Medicare beneficiaries to study the use of a blood test that can find more than 50 types of cancer; and *SMBP,*[7] studying the incorporation of pharmacist support for monitoring and lowering patient blood pressure.

While some rural realities can complicate clinical trials, ORPRN has learned firsthand that rural communities place a high value on action-oriented work, the incorporation of local leadership, and relationship-building in research. These clinical trials offer a chance to align studies with rural community strengths and overcome local challenges to participating in clinical trial research.

"I think if we didn't have this program, a lot of these things probably wouldn't have ended up happening in the end and making them into a sustainable thing. So just more kudos for everything that you guys do. I've seen it over the long term, how it enables us to sustain some of these changes."

- Technical Assistance Clinic Participant

"We had frequent check ins—it kept us more engaged. We had an understanding of what our progress was. Clear guidance was provided. It was like we were handed a kit that said here's everything you need to make this successful."

- Clinical Research Partner

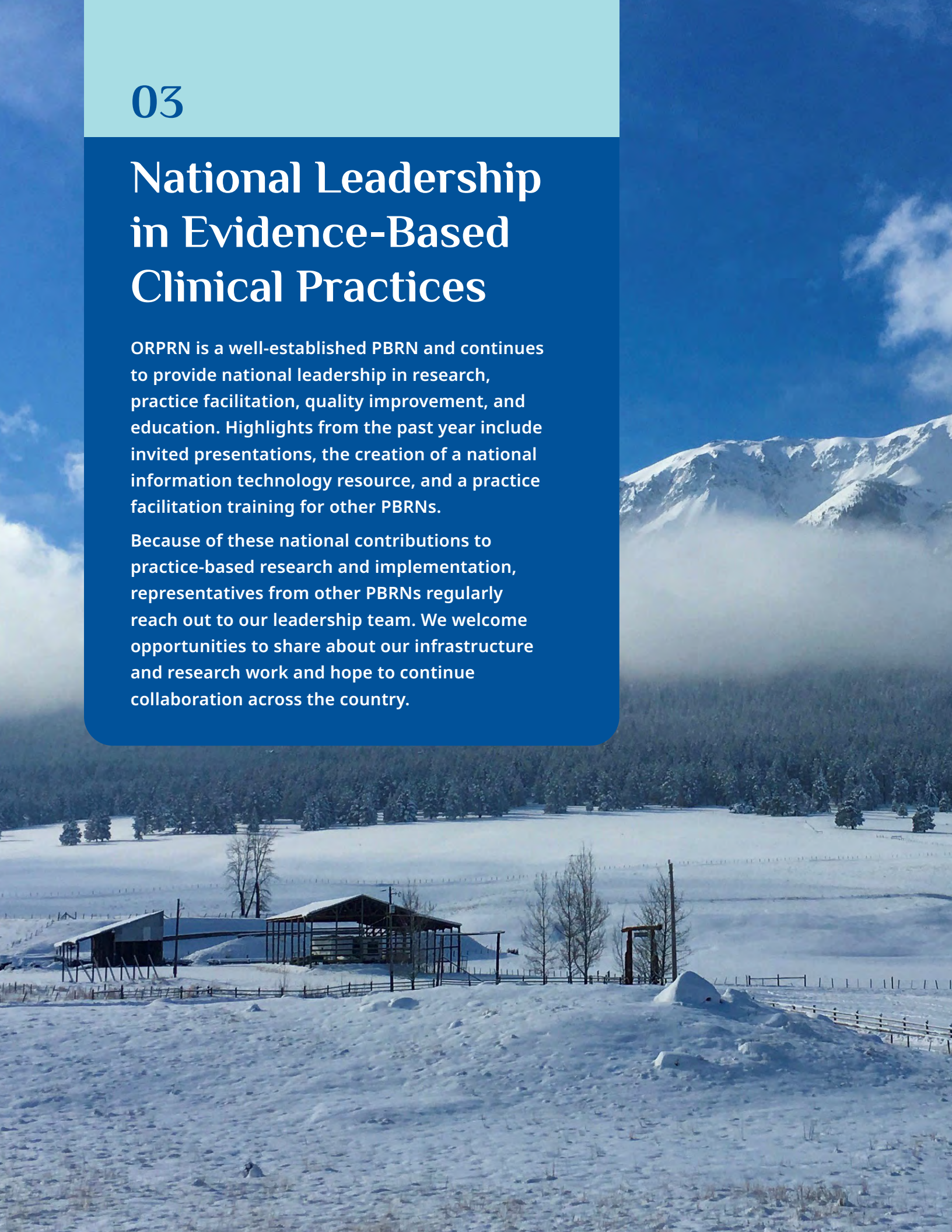
[5] Pragmatic Evaluation of Events and Benefits of Lipid-lowering in Older Adults (PREVENTABLE) (NCT04262206, PI: Alexander)
[6] Real-world Evidence to Advance Multi Cancer Early Detection Health Equity (REACH) (NCT05673018, PI: Nabavizadeh)
[7] The Self-Measured Blood Pressure Study (SMBP) (NCT06932029, PI: Kennelty, Site PI: Totten)

03

National Leadership in Evidence-Based Clinical Practices

ORPRN is a well-established PBRN and continues to provide national leadership in research, practice facilitation, quality improvement, and education. Highlights from the past year include invited presentations, the creation of a national information technology resource, and a practice facilitation training for other PBRNs.

Because of these national contributions to practice-based research and implementation, representatives from other PBRNs regularly reach out to our leadership team. We welcome opportunities to share about our infrastructure and research work and hope to continue collaboration across the country.



Workshop on Community Engagement in Clinical Trials

ORPRN was invited along with several of our partners to the National Academies of Sciences, Engineering, and Medicine (NASEM) workshop on *Engaging Community-Based Practices in Clinical Trials.* Held in Washington, DC, in summer 2026, the workshop brought together researchers, clinicians, federal regulators, industry leaders, and community representatives to explore ways to increase opportunities to involve communities in research. ORPRN staff shared their expertise on practical considerations for engaging community-based clinics in clinical trials.

"Increasing opportunities for clinical trials to embed in community health centers alongside everyday health care is a win for patients, healthcare and innovation.

I am excited about the work we are doing to stand-up sustainable models for clinical trials to be successful with our partners."

- Laura Ferrara, ORPRN Clinical Trials Manager



(left to right) Lisa Bronson, RN; Melinda M. Davis, PhD, MCR; Erika Cottrell, PhD; and Laura Ferrara, MA, at the National Academies of Sciences, Engineering, and Medicine in Washington D.C.

Invited PBRN Presentations

ORPRN is recognized as a national leader, with invitations to share its expertise as part of several prominent presentations this past year:

Dr. Davis, ORPRN's Director, was invited by the Agency for Healthcare Research and Quality (AHRQ) to present at their *Practice-Based Research Networks: The Value of Research in Real Primary Care Practices* webinar. Key findings were shared from AHRQ's primary care PBRNs 2014–23 synthesis. Along with leaders from three other PBRNs, Dr. Davis shared information about ORPRN's research and discussed its impact.

In June, Ms. Dickinson, Co-director of ORPRN's Research Program and Ms. Badicke, Manager of ORPRN's Facilitation Core were invited to be featured speakers at *Strengthening PBRNs Through Collaboration & Capacity Building*. The North American Primary Care Research Group (NAPCRG) hosted this virtual event. Panel discussions explored timely challenges and opportunities facing PBRNs today, and speakers shared real-world experiences, strategies, and lessons learned from selected PBRN leaders.



ORPRN Director, Melinda Davis, PhD, MCR (left) receives the 2026 inaugural OHSU School of Medicine Alumni Collective Impact Award from Assistant Vice President of Alumni Engagement, Craig Swinyard, PhD.

Build Your Own ECHO

Produced through Oregon ECHO Network's HRSA grant, the *Rooting Project ECHO in Served Communities* toolkit is a blueprint for building a sustainable ECHO program from the ground up. Drawn from the hard-won success of the Oregon ECHO Network, the toolkit is based on four important pillars:

- Develop a sustained, reliable funding structure
- Define clear roles and responsibilities across all staff and project partners
- Standardize expert selection and training process
- Prioritize a culture of continuous quality improvement

Download a copy of the toolkit here: https://www.oregonechonetwork.org/

Practice Facilitation Cross-PBRN Training

A multidisciplinary academic and community partnership group approached ORPRN for our expertise in community-engaged practice facilitation. This model blends community-based engagement skills with the practice-based skills of a practice facilitator. Led by Ms. Badicke, ORPRN Facilitation Core Manager, our facilitation team conducted a 20-hour virtual class followed by 5 months of mentored support for their staff and leaders as they implemented quality improvement projects in community clinics. The training was a success; ORPRN's team of community research facilitators shared their knowledge and methods for facilitating community-engaged, practice-based research and quality improvement.

Health Information Technology

ORPRN was selected by AHRQ to develop the *Health Information Technology for Practice Facilitators Handbook: A Guide to Using Electronic Health Records for Practice Facilitation in Quality Improvement and Research*. Electronic health records have become essential to measuring and improving quality in primary care clinics. Dr. James McCormack, Informaticist, Jennifer Coury, ORPRN Research Program Co-Director, Melinda Davis, ORPRN Director, and Cort Cox, Research Project Manager, developed this new resource for both new and experienced practice facilitators. It supports facilitation with primary care clinics to use their own clinical and practice data for research and quality improvement initiatives.

Sharing Person-Centered Care Models beyond Oregon

ORPRN's Health Systems Transformation Program has been translating Oregon's person-centered care models to other states. We leveraged our Medicaid policy and implementation expertise to support Moda Health in developing new Patient Centered Medical Homes (PCMHs) on Alaska's Kenai Peninsula. ORPRN helped two health systems and four primary care clinics design plans for implementation of the model by assessing partners' organizational readiness; developing implementation roadmaps, staffing models and cost projections; and identifying opportunities to strengthen clinical systems within and across participating practices. Notably, this work helped partners secure over $2.7 million in funding through Alaska's Rural Health Transformation Program. Over the next year, our partners will build and refine systems that support more coordinated, comprehensive care to patients and readiness to participate in advanced value-based payment models ahead of Alaska's planned Medicaid 1115 demonstration waiver pilot.

Elevating Our Profile

In May, the national policy organization Center for Health Care Strategies invited Education Director Maggie McLain McDonnell, MPH, to present on how the Oregon ECHO Network is leveraging the Project ECHO model to help rural Oregonians get care in their own communities. The webinar, *Improving Access to Specialty Care in Rural Communities Through Project ECHO*, included heavy-hitting speakers from the ECHO Institute as well as frontline healthcare workers. More than 300 people from across the country attended. You can watch a recording of the webinar on the Center for Health Care Strategies website.



Allison Lindauer, PhD, NP; Maggie McDonnell, MPH; Laura Ferrara, MA; and Jonathan Betlinski, MD; at One Community Health in Hood River during the HEAL-OR tour.



ORPRN AT WORK, 2025-2026

1. ORPRN staff visiting the John Day Fire Department as part of work with Grant County for Emergency Preparedness.
2. ORPRN 2026 Spring All Staff Meeting to refocus on our mission, engage in staff development, and connect in person.
3. ORPRN staff and community partners during a visit to Winding Waters Medical Clinic, supporting collaboration and implementation efforts in rural primary care.
4. ORPRN Staff Members, May 2026, Portland OR.







Oregon landscape photos by Kylie Lanman

ORPRN Scientific Publications, July 2025 - June 2026

A Behind-the-Scenes Look at Practice Facilitation to Improve Delivery of Unhealthy Alcohol Use Screening and Management Services in Primary Care. (2025). Rockwell, M.R., Villalobos, G., Bannon, J., Bishop, D., Kirchner, S., Jonas, D., Krist, A., Davis, M.M., Brooks, E. *Journal of Primary Care & Community Health*, 16, 1-11.

https://doi.org/10.1177/21501319251351144

Emollients to Prevent Pediatric Eczema: A Randomized Clinical Trial. (2025). Simpson, E.L., Michaels, L.C., Ramsey, K., Fagnan, L.J., Nease, D.E., Henningfield, M., Dolor, R.J., Lapidus, J., Martinez-Ziegenfuss, X., Vu, A., Ferrara, L., Zuckerman, K.E., Williams, H.C., Morris, C.D. JAMA Dermatology. 161(9), 957-965.

https://doi.org/10.1001/jamadermatol.2025.2357

Conducting Research That Matters to Rural Practice and Communities. (2025). Tong, S.T., Davis, M.M., Cole, A.M. *Journal of the American Board of Family Medicine*, 38(3), 603-606.

https://doi.org/10.3122/jabfm.2024.240358R1

Supporting Older Adult Behavioral Health: Building the First State Center of Excellence for Behavioral Health & Aging. (2025). Dawson, W.D., Stodola, A., Carder, P., Cellarius, K., Smith, L., Brandis, L., Oschwald, M., Totten, A.M., Womack, D., Aga, V., Unsworth, J., Byerly, L.K., Spetz, J., Nash, M., Dhar, N., Brown Wilson, K., Hogue, T., Sulick, B., Stone, R., Blow, F.C., Lewis, J.P., Chan, K., Emery-Tiburcio, E.E., Lavretsky, H. *Health Affairs Scholar*, 3(9).

https://doi.org/10.1093/haschl/qxaf175

Documenting Adaptations Across the Accelerating Colorectal Cancer Screening and Follow-up Through Implementation Science Research Programs: Methods and Adaptation Examples. (2025). Rabin, B.A., Kenzie, E.S., Oliveri, J.M., Kruse-Diehr, A.J., Hoover, S., Menon, U., Doescher, M.P., Adsul, P., Mishra, S.I., English, K., Nodora, J., Lam, H., Kim, K., Coury, J.K., Davis, M.M., Malo, T., Kobrin, S., Subramanian, S., Ferrari, R.M. *Frontiers in Health Services*, 5, 1613925.

https://doi.org/10.3389/frhs.2025.1613925

Qualitative Outcomes of Colorectal Cancer Screening Outreach Using Patient Navigation to Follow-Up Colonoscopy in Rural Primary Care Practices. (2025). Myers, E., Coury, J., Carbuccia-Abbott, M., Petrik, A.F., Durr, R., Thompson, J.H., Kenzie, E.S., Coronado, G.D., Davis, M.M. *Cancers*, 17(21), 3590.

https://doi.org/10.3390/cancers17213590

Toward Integrated Risk Management of Patient Falls and Patient-Assisted Injuries: Four Indicators to Support a Joint Approach. (2025). Hurtado, D.A., Barnes, C., Dunlop-Korsness, K., Cox, C., Kiyoshi-Teo, H., Costa-Black, K., Huang, E. (Yueng-hsiang), Hammer, L.B., Marino, M., Davis, M.M. *International Journal for Quality in Health Care*, 38(1).

https://doi.org/10.1093/intqhc/mzaf125

Dementia Diagnosis in Primary Care: Testing an Educational Program in Oregon. (2025). Lindauer, A., Brandis, L., Dhar, N., Wohner, M., Barnes, C., McCormack, J.L., Dickinson, C., Morgan, E. *Gerontology & Geriatrics Education*, 1-14.

https://doi.org/10.1080/02701960.2025.2608977

The Rural Adolescent Vaccine Enterprise (RAVE): A Cluster-Randomized Trial Testing a Multicomponent Intervention to Improve HPV Vaccination in Rural Primary Care Settings. (2025). Hatch, B.A., Valenzuela, S., Dickinson, C., Barnes, C., Ramalingam, N., Marino, M., Fagnan, L.J., Goodman, S., Carney, P.A. *BMC Primary Care*, 27, 3.

https://doi.org/10.1186/s12875-025-03076-6

Generating the Evidence Base for Implementation Strategies Targeting Colorectal Cancer Screening in the Accelerating Colorectal Cancer Screening Through Implementation Science (ACCSIS) Research Projects. (2026). Adsul, P., Kanabar, N., Kruse-Diehr, A., Dignan, M., Oliveri, J.M., Paskett, E.D., Reuland, D.S., Ferrari, R.M., Moore, A.A., Polite, B., Kim, K., Gupta, S., Castañeda, S.F., Martinez, M.E., Hatcher, J., Coury, J., Kenzie, E.S., Petrik, A.F., Coronado, G.D., Liebovitz, D., Rabin, B.A. *BMC Public Health*, 26(1), 576.

https://doi.org/10.1186/s12889-025-26179-2

A Comparison of Attitudes About Rural Practice Among Family Physicians in Japan and Oregon. (2026). Sasaki, W., Carney, P.A., Jackman, R., Cox, C., Davis, M.M., Nakamura, M., Yamashita, D. *Journal of General and Family Medicine*, 27(2).

https://doi.org/10.1002/jgf2.70110

Tailoring Implementation Strategies to Primary Care Clinic Contexts Through Practice Facilitation: Lessons Learned from the ANTECEDENT Study. (2026). Barnes, C., Kenzie, E.S., Thomas, T., Weekley, T., Sanchez, V., Hatch, B.A., Davis, M.M. *Implementation Science Communications*, 7(1), 71.

https://doi.org/10.1186/s43058-026-00895-1

Tailoring Menopause Education to the Needs of Primary Care Clinicians: The Oregon Menopause ECHO Experience. (2026). Clark, A.L., Brandis, L., Hyde, S., Ray, M., Williams, C.D., McClung, M.R., Griffin, E.E., Durr, R.L., Adams, K.E. *Menopause*.

https://doi.org/10.1097/GME.0000000000002786

Mechanisms of Practice Facilitation Identified Using System Dynamics Diagramming in a Tailored Implementation Study of Unhealthy Alcohol Screening and Treatment in Primary Care. (2026). Kenzie, E.S., Seater, M., Barnes, C., Weekley, T., Sanchez, V., Coury, J., Hatch, B.A., Davis, M.M. *Implementation Science Communications*, 7(1), 100.

https://doi.org/10.1186/s43058-026-00909-y

Nearly Every State Raised Medicaid Mental Health Rates. Now What? (2026). Zhu, J.M., Byers, J., Merritt-Shorb, R., Bryan, H., Brown, C., Cohen, D.J. *Health Affairs Forefront*.

https://www.healthaffairs.org/do/10.1377/forefront.20260428.727635

Person-Centered Care Planning for Persons With Multiple Chronic Conditions: Summary of an Agency for Health Care Research and Quality Sponsored Summit. (2026). Davis, M.M., Coury, J., Nagykaldi, Z., Coa, K., Badicke, B., Quinones, A.R., Michaels, L.C., Krist, A., Bierman, A.S., Dorr, D.A. *Learning Health Systems*, 10(2).

https://doi.org/10.1002/lrh2.70073

Assessing Disruption Impact on Quality Improvement Activities Designed to Improve HPV Vaccination in Rural Primary Care. (2026). Barnes, C., Ramalingam, N., Valenzuela, S., Dickinson, C., Lanman, K., Carney, P.A., Hatch, B.A. *Journal of Primary Care & Community Health*, 17.

https://doi.org/10.1177/21501319261421183

Facilitation of Health Plan-Clinic Partnerships to Improve Colorectal Cancer Screening for Rural Medicaid Enrollees: A Qualitative Study. (2026). Kenzie, E.S., Herreid-O'Neill, A., Myers, E., Coury, J., Badicke, B., Coronado, G.D., Davis, M.M. *The Journal of Rural Health*, 42(3), e70203.

https://doi.org/10.1111/jrh.70203

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