

Creating a Healthy Rural Oregon:

Boosting the Rural Workforce through Community Health Support



About the **Healthy Rural Oregon** project

HRSA



Healthy Rural Oregon serves to build a sustainable, home-grown **public health** and **health care** workforce by establishing accessible **training, engagement, and employment opportunities**, strengthening the ability of service providers to meet the needs and **improve the health of rural Oregonians**

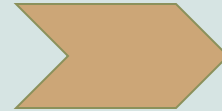
About the **Healthy Rural Oregon** project

Participant Recruitment



- *Identify current or aspiring community health professionals*
- *Eliminate barriers*

Education and Training



- *Enroll in area education programs*
- *Support completion*

Employment and Development

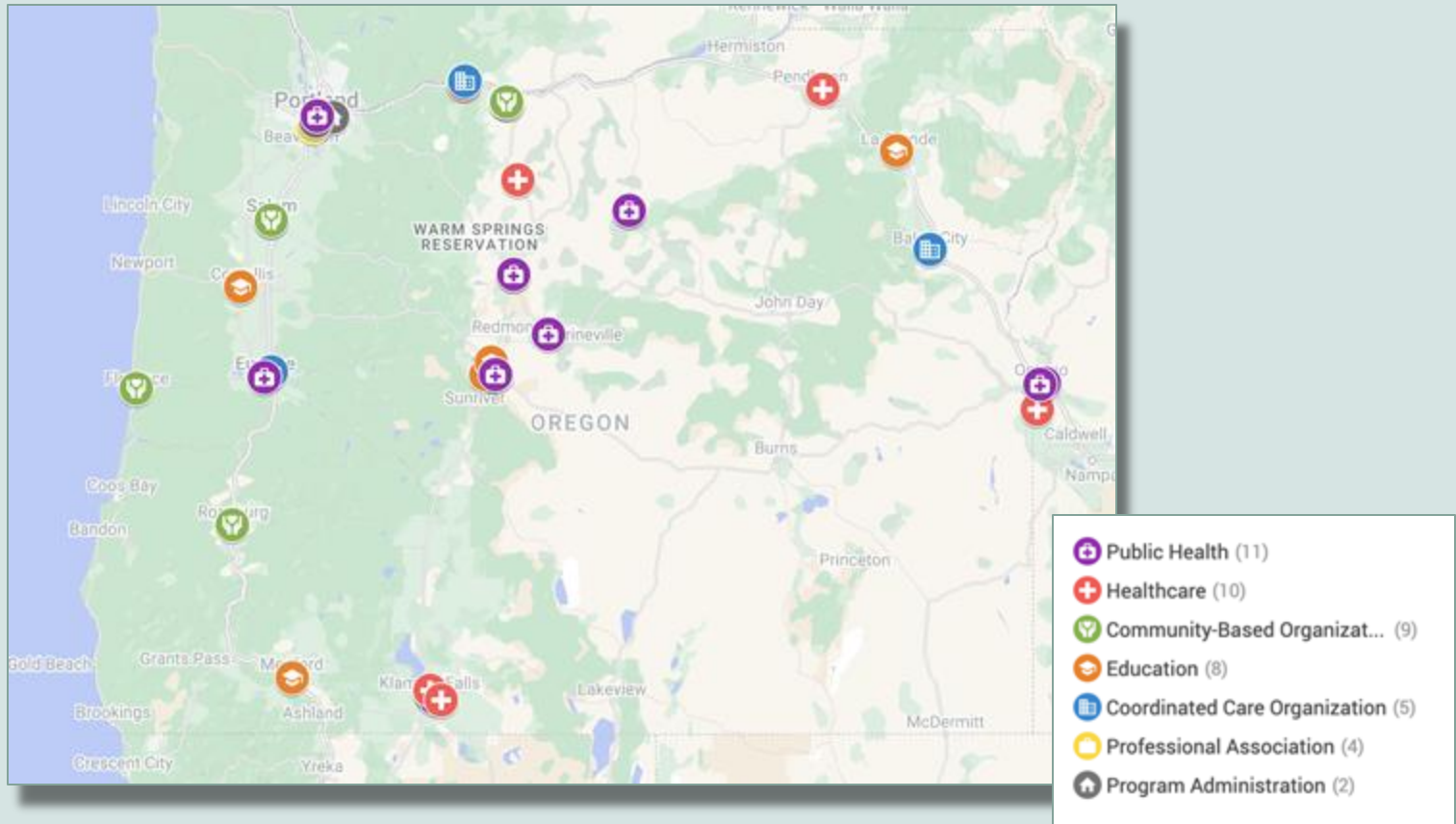
- *Hire and onboard*
- *Apply cross training opportunities*



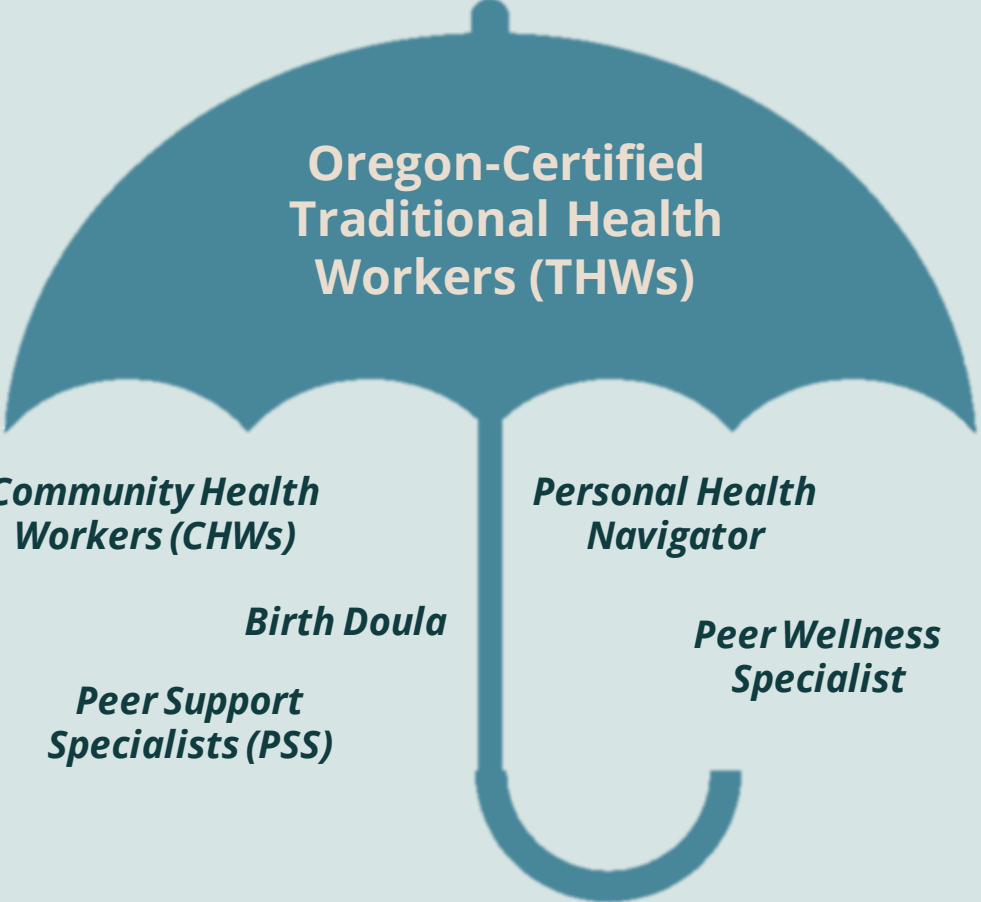
Partner and Participant Support

Funding, network building, resource development and sharing, grant management

About the **Healthy Rural Oregon** project



What do we mean by
**Community Health
Support?**



**Oregon-Certified
Traditional Health
Workers (THWs)**

*Community Health
Workers (CHWs)*

*Personal Health
Navigator*

Birth Doula

*Peer Wellness
Specialist*

*Peer Support
Specialists (PSS)*

COMMUNITY HEALTH SUPPORT

Medical Assistants (MAs)

Dental Assistants (DAs)

Certified Nursing Assistants (CNAs)



End of Life Doulas

Health Care Interpreters

Community EMTs and Paramedics

What **needs** does this project address?

Rural health capacity falls behind

The ability of current primary care providers to meet demand is **23% lower in rural/frontier areas** compared with urban areas.

Behavioral health provider full-time equivalent (FTE) per capita is **65% less in rural/ frontier areas** compared with urban areas.

Recruitment and retention of needed workforce is difficult

Limited educational opportunities hinders workforce development and increases employer training needs

Heavy, diverse, challenging workloads and unclear career progression fuels **worker burnout**

Recruiting qualified candidates to move to rural areas of need is challenged by economic factors (low pay, housing access)

A diverse workforce supports health equity

THWs work to reduce health inequities through the engagement of **culturally-specific, community-based approaches to health**, and **create linkages between the social and clinical approaches** to health and healthcare.

Year 1: What have we accomplished?

Since beginning recruitment in November 2022:

200+

**Potential trainees
engaged**

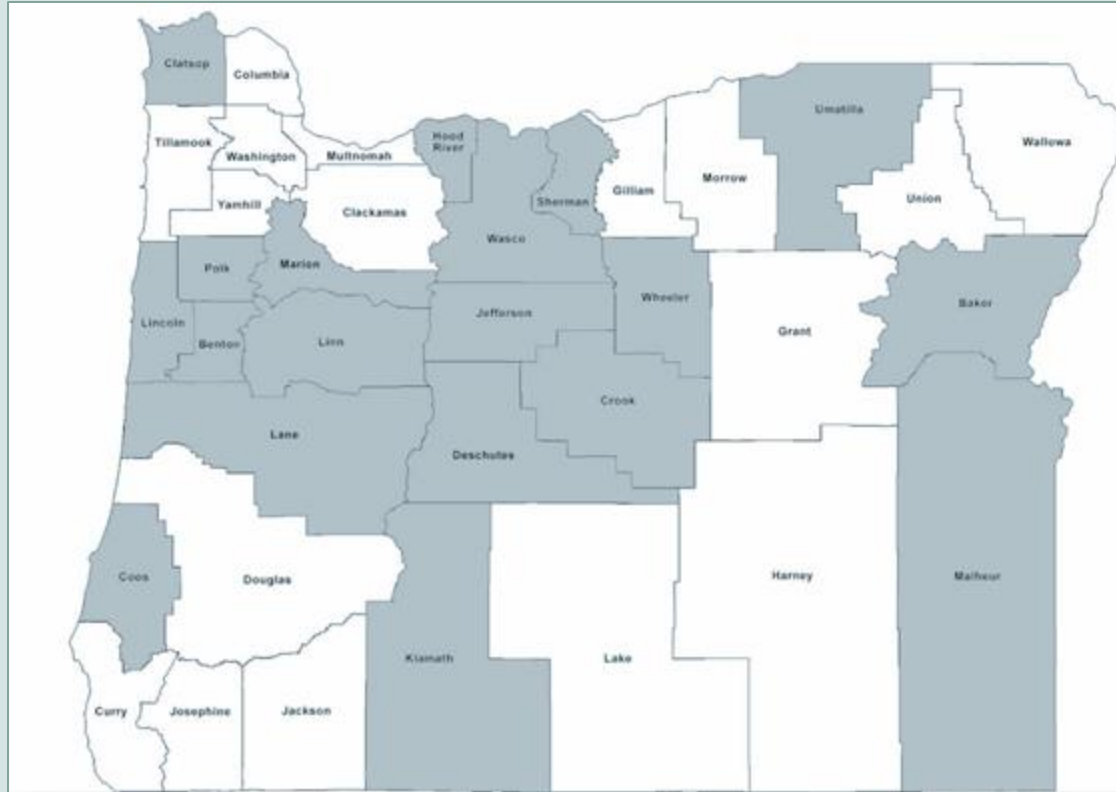
67

**Trainees in
progress**

61

**Trainees
completed**

Year 1: Who have we reached?



Year 1: What have we learned?

Community health work is important, but challenging to fund sustainably. In what ways can we improve financial and billing processes?

There are very few training opportunities in my area. How can we increase access to training in rural communities?

Many who provide community health support have unclear career pathways and experience burnout. **How can we best support this workforce?**



Years 2 & 3: What comes next?

- **Build** partnerships in underrepresented communities
- **Develop** new programs and cohorts
- **Advocate** for systems & policy change
- **Establish** a plan for sustainability

Welcome our panelists

Community Health Worker

Beck Low

CHW Training HUB
Coordinator, Benton County
Health Services

Doula

Katie Minich

THW Doula and Doula
Trainer, Doula Training
Center

Peer Support Specialist

Patty Card

Older Adult Behavioral Health
Specialist, Peer Support
Coordinator, Klamath Basin
Behavioral Health

Thank You Partners!

