

Rural Health Initiatives

An overview

LeAnn Maupin
Dean, College of Health, Arts & Sciences

Board of Trustees Meeting
June 30, 2016



Goals for Today

- Brief history of rural health engagement
- Highlights of current initiatives
- Glimpse into the future



The Faculty Team

- **Evelyn Hobbs**, Department Chair, Dental Hygiene
- **SophiaLyn Nathenson**, Program Director, Population Health Management
- **Stephanie Machado**, Faculty, Population Health Management
- **Kathleen Adams**, Program Director, Marriage and Family Therapy
- **Mark Neupert**, Department Chair, Humanities & Social Sciences



Allied Health

MIT- Medical Imaging Technology

– RDSC- Radiologic Science

- Began in 1952 as Associate Degree
- Became one of the first BS degrees in Radiologic Science in the country in 1975
- Dropped the Associate degree in 1994

– VAS- Vascular Technology

- Began in 1992
- The first BS degree in the nation

– DMS- Diagnostic Medical Sonography

- Began in 1997
- One of only three BS degrees in DMS in the Pacific Northwest and the only one in Oregon

– NMT- Nuclear Medicine Technology

- Began in 1999
- One of the first BS degrees in nation

– Echo- Echocardiography

- Began in 2008
- One of the first BS degrees in the Northwest

DH- Dental Hygiene



Allied Health

- RCP- Respiratory Care
 - Began as Associate degree at RCC
 - Oregon Tech partnered in offering BS degree completion in 2005
 - Became OIT BS degree in 2008
- EMS- Emergency Management Services
 - Began as OHSU program in 1977
 - Joint degree established in 2001
- MLS- Medical Laboratory Science
 - Began as OHSU program in 1933
 - Joint degree established in 2001



Allied Health Students 2014-2015



Program	% students from rural Oregon Counties	% rural externship or preceptorship	% graduates employed in rural facilities
RDSC	48	21	21
VAS	38	0	0
DMS	27	21	12
NMT	36	7	0
Echo	20	20	5
EMS	5	0	0
MLS	17	25	8
RCP	33	38	43
Overall	28	22	18

Thank You!

Questions?





Evelyn R Hobbs, RDH, M Ed.
Department Chair

DENTAL HYGIENE PROGRAMS

Dental Hygiene Programs

Dental Hygiene: Bachelor of Science (BSDH) in Klamath Falls (1968)

BSDH: collaboration with Chemeketa Community College in Salem (2011)

BSDH: degree completion outreach/online (1996)

- **On Campus, Dental Hygiene Clinic**
 - Non-profit clinic serving the community
 - 3,000-4,000 patient appointments in Klamath per year
 - Open year round: Oral cancer screenings, Preventive, Therapeutic & Restorative Services
- **3 year Professional Program**
 - 20-24 Students per class
 - 4 terms Community Health (7 credits)
 - Hands-on Service Learning since 1991



Community Health—Dental Hygiene Service Learning

- Student Teams:
 - Assess, plan, implement & evaluate preventive health programs in Klamath Basin
- Projects sponsored by grants, gifts & corporate sponsorships



Oregon Tech Dental Hygiene Service Learning 2008-16

	<u>#Projects #Indiv</u>	<u>Target Populations</u>	<u>Value of Services</u>
• 2008	5 (400+)	Children & Seniors	\$53,000.
• 2009	5 (284+)	Head-start, 1st– 8 th grade 7 schools	\$68,860.
• 2010	5 (428+)	WIC Moms & Babies Mazama HS & Oregon Tech Athletes	\$ 74,915.
• 2011	4 (84)	Ag workers, Teens, & Hockey Athletes,	\$ 44,768.
• 2012 (data missing)			
• 2013	5 (61+)	Ag workers, Teens, Seniors & Mills & Conger schools, Memory Care	\$ 31,555.
• 2014	5 (48+)	Ag workers, moms, disabled	\$ 21,613.
• 2015	7 (?)	Ag workers, parolees, disabled	\$ 64,619.
• 2016	6 (355+)	Ag workers, Goals& Transitions, pregnant teens, Mills & Ponderosa schools,	\$ 29,793.
		Grand Total:	\$ 389,123.



Dental Hygiene's Future Focus

- **Help meet oral health goals outlined by Surgeon General, 2000 & Oregon Health Coalition, 2014-2020**
 - Educate public & professionals re. link between oral & systemic health
 - Low birthweight, early term babies
 - Diabetes control
 - Obesity
 - Cardiovascular Diseases
 - Alzheimer's Disease
 - Provide preventive & therapeutic services to broad range of communities
- **Participate in Rural Health Initiatives to:**
 - Increase experience in restorative dentistry working with OHSU dental students
 - Provide experience in hospital dentistry
 - Enhance cultural competence and inter-professional clinical care
 - Utilize mobile equipment for tele-dentistry diagnostics & direct patient care in rural settings.



Thank You!

Questions?



Population Health Management

“Addressing rural health with a sociological perspective”

- Sophie Nathenson, Ph.D. Medical Sociology: *global, cultural, health systems*
- Kyle Chapman, Ph.D. Medical Sociology: *applied research*
- Stephanie Machado, MPH: *community program development*



Rural Health: The Social Science Perspective

- Medical sociology analyzes healthcare systems and the **social determinants of population health**:
 - *Economic development*
 - *Physical infrastructure*
 - *Inequity and access to resources*
- ***New program innovation, driven by industry, marked by applied skills, leading to immediate employment***



Population Health Management at Oregon Tech

- Developed in response to state and national trends in healthcare, demography, policy
- Industry-driven, transferable skills
- Real world training, locally
- Institutional collaboration, synergy



Identifying Skills for the Rural Health Landscape

Fieldwork, 2012-2014

Industry priorities:

- Cost effective care
- Chronic illness management
- Evidenced-based interventions
- Addressing community level factors

Corresponding skill sets:

- Baseline data-analysis
- Population health interventions
- Funding, assessment, collaboration across sectors



Data-driven innovation in social science perspective

- 1. Systems, policy, and cultural perspective**
- 2. Research methods; quantitative and qualitative**
- 3. Program/policy, implementation, and assessment**
- 4. Professional experience in a rural environment**



Real world training, locally.

- Klamath Falls has a unique, mobilized community addressing health issues in a resource poor environment
- Local organizations addressing social and economic health can benefit from research-driven collaboration
- The **Population Health Management Research Center** was developed in **2015** to provide support for local initiatives and professional work experience for trainees



OREGON TECH POPULATION HEALTH MANAGEMENT RESEARCH CENTER

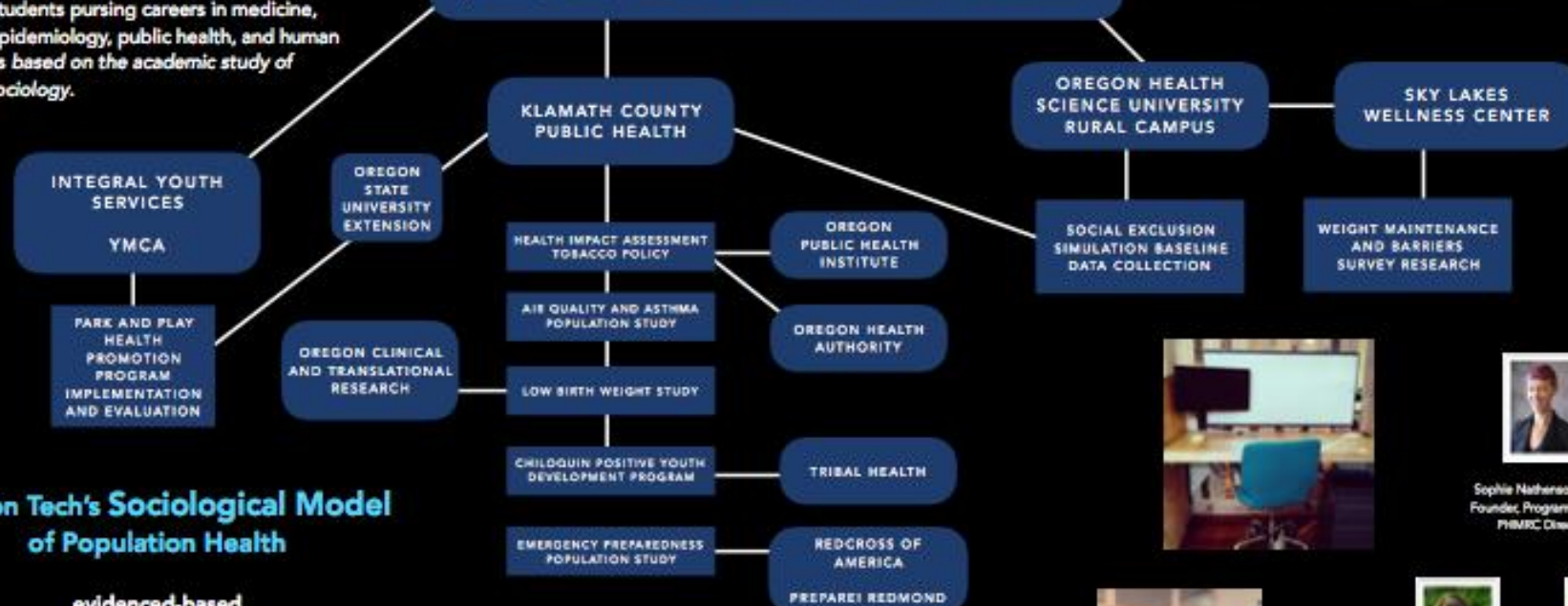
CONNECTING THE COMMUNITY ADVANCING THE FIELD

Oregon Tech has joined the population health movement through an innovative and community-embedded program in Population Health Management (PHM). The bachelor's program, whose initial cohort includes students pursuing careers in medicine, nursing, epidemiology, public health, and human services, is based on the academic study of medical sociology.

Population Health Management Research Center (PHMRC)
Our mission is to improve population health by integrating the clinical, social, and environmental domains of health through professional service to local organizations, and to serve the Oregon Tech mission of providing quality hands on education, for real world achievement.



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Oregon Tech's Sociological Model of Population Health

evidenced-based
community-led
research-driven
bridges the clinic-community gap
a low-stakes route to health innovation

LEARN MORE
WWW.OT.EDU/ACADEMICS/DEGREES/POPULATIONHEALTH-MANAGEMENT
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Sophie Nathanson, Ph.D.
Founder, Program Director
PHMRC Director



Stephanie Madala, MPH
Research Coordinator



Nolan Karkal, M.S.
IRB and Behavioral Consultant



Integrating Training, Collaboration, and Research

- Filling gaps in community-driven initiatives
- Over \$40,000 in collaborative funding for training and programs

POPULATION HEALTH MANAGEMENT RESEARCH CENTER

PARTNER ORGANIZATION	YMCA Integral Youth Services	Red Cross Emergency Management Coalition	Klamath County Public Health	Tribal Health
HEALTH PROMOTION PROJECT	Health Promotion and Summer Lunch	Redmond Emergency Preparedness Project	Tobacco Policy Health Impact Assessment Low Birth Weight	Chiloquin First Afterschool Program
SOCIAL DETERMINANTS	FOOD INSECURITY AND POLICY	COMMUNITY RESILIENCE	HEALTH BEHAVIORS	SUBSTANCE ABUSE PREVENTION

Institutional Collaboration: OHSU Rural Campus

Oregon Tech Population Health Management

- 1) Model for applied, community-based, data-driven curriculum
- 2) Model for supporting local initiatives through research, evaluation, and program implementation

OHSU Rural Campus

- 1) Interprofessional, community-based curriculum
- 2) Supporting local initiatives through regional and state level research coalitions



Model of Applied Courses in Population Health Management Program

1) Classroom Training

- Grant writing
- Research methods
- Program design
- Assessment

2) Community Partnership and Research

- Klamath County Public Health
- YMCA
- Tribal Health
- Education
- OSU Extension

3) Implement and assess interventions

- Tobacco Policy Health Impact Assessment
- Chiloquin Youth Program
- Mills Plate Waste Study
- Summer Lunch/ Health Promotion



OHSU Rural Campus Interprofessional Experience Course

1)

Classroom Training

- Reviewing local data
- Identifying health priorities
- Exploring interprofessional linkages

2)

Community Partnership and Research

- Sky Lakes Wellness center
- Klamath County Public Health

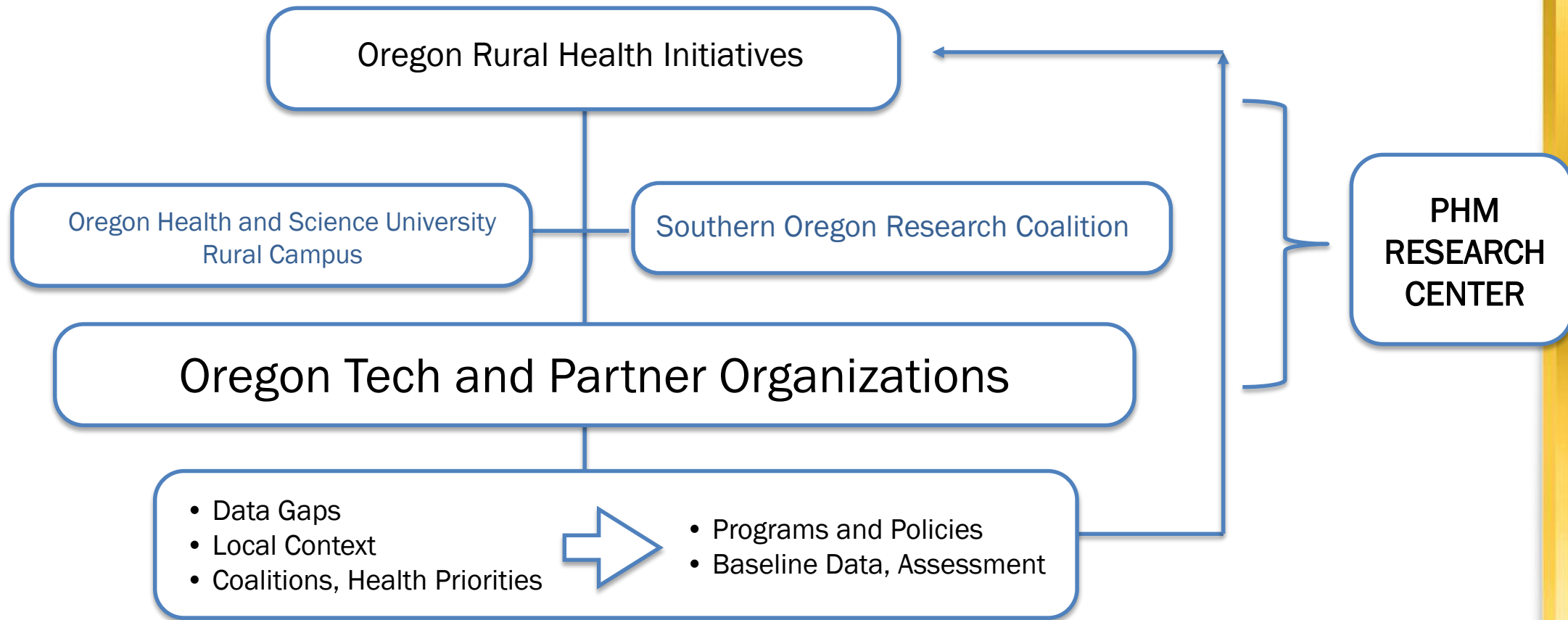
3)

Implement community health interventions

- Cultural competency training
- Weight loss maintenance
- Smoking cessation program for pregnant women



Institutional Collaboration: Connecting Networks



Strategic Investment, Sustainable Expansion

- Population Health Management at Oregon Tech has established a **structure for supporting small-scale research and rural health initiatives**
- OHSU Rural Campus, state efforts can “plug in” to this rural reach
- Oregon Tech faculty across disciplines, and **Population Health Management graduates working locally** are poised for collaboration
- **How can we leverage grass-roots and top-down initiatives to make the best use of resources and allow for sustainable growth?**



Thank You!

Questions?





Kathleen M. Adams, Ph.D.

**MASTER OF SCIENCE
MARRIAGE AND FAMILY THERAPY
(MS MFT)**

Marriage and Family Therapists are Unique

More than Marriage Counseling

- Clinical training in psychotherapy and family systems
- Symptoms and concerns are understood in the context of the relational interactions that influence behavior
- Concerned with overall, long term well being of individuals and their families
- Family-focused therapy is a powerful model for change



MS MFT Mission Statement

Where we are...10 years in the making

Stellar Curriculum:

- Oregon Tech's MS MFT program prepares graduates to become skilled Marriage and Family Therapists with multicultural competence, expertise in rural mental health care, medical family therapy and telemental health care.

Supporting the Community:

- In strong collaboration with local child and family service organizations, health care and mental health care providers, the MS MFT program supports and strengthens mental health care and child and family services in underserved rural areas of southern Oregon.



Multicultural Competence

Ethical Practice = Multicultural Competence

- Culture of Poverty
- Klamath Tribes
- Hispanic Community



Rural Mental Health Care

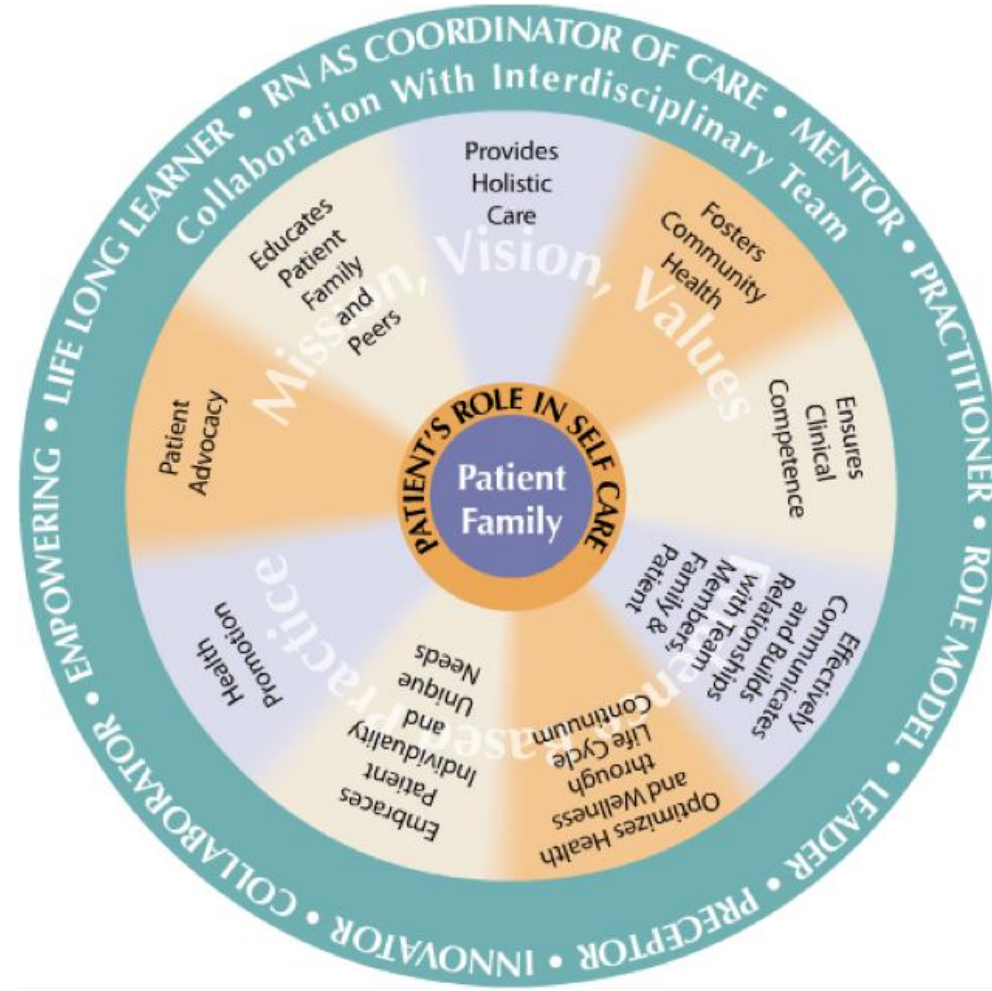
- Rural areas suffer from chronic shortages of mental health professionals
- More than 80% of all licensed mental health care professionals work exclusively in metropolitan areas
- The mental health crisis responder for most rural Americans is a law enforcement officer
- Rural people enter care later, sicker, and with a higher level/cost



Medical Family Therapy

Oregon Medical Home Model

- Team based care
- Focus on needs of patients, families and caregivers
- Whole person
 - Physical Health
 - Behavioral Health
 - Oral Health
 - Long Term Care



Telemental Healthcare

Provision of mental health services using live, interactive videoconferencing



Unique Student Support

- **Graduate Assistantships**
 - Program assistants in community human service organizations
- **Career Success**
 - Faculty advising extending beyond graduation to licensing



Where we're going...

Licensing

- Licensed Marriage and Family Therapist ~ LMFT
- Licensed Professional Counselor ~ LPC
- Certified Alcohol and Drug Counselor III ~ CADC III



Licensed Marriage and Family Therapist (LMFT)

1. Graduate from a state approved graduate program

2. Pass national and state exams

3. Complete required post graduate clinical hours



Post Grad Clinical Hours

Post graduate clinical hours must be under the supervision of a state Approved Clinical Supervisor

There is one state Approved Clinical Supervisor in Klamath and Lake Counties

Oregon Tech will train a pool of advanced senior therapists to become state Approved Clinical Supervisors



MS in Marriage and Family Therapy

Where we're going...

- **Clinical Training Center**
 - In partnership with Klamath Basin Behavioral Health Klamath and Lake County Department of Human Services
- **Child and Family Support Services**
- **Department of Human Services**
- First cohort of 13 students will begin coursework in the fall



Thank You!

Questions?





LeAnn Maupin, Dean, College of Health, Arts, and Sciences

DOCTORATE OF PHYSICAL THERAPY AT OREGON TECH

Partners

- Sky Lakes commitment
 - Monetary
 - potential adjuncts
 - potential space
- OHSU commitment
 - collaborative efforts



Update

- **Martha Rammel Hinman, dba The Hinman Network**
 - More than 40 years in the business
- **Formal Needs assessment**
 - Mission compatibility
 - Student demand
 - Job market demand
- **Inventory University assets**
- **Development needs**
 - Space
 - Faculty
 - Curriculum
- **Provide cost analysis**
 - Projected revenue
 - Projected expenses
 - Written summary due September, 2016



Vision

- 24 students per cohort
- Only public offering in state (2 privates)
- One of 8 public offerings in Pacific region
- Focus on rural health education
- Telemedicine opportunities



Timeline

Activity	Date
Consultant Work Complete	September 2016
Proposal to Grad Council	October 2016
Provost's Council	Winter 2017
HECC	Spring 2017
Hire Program Director	2017
Hire Clinical Director	2018
Apply Accreditation	2018



Thank You!

Questions?





Mark Neupert, Ph.D.
Chair of Humanities and Social Sciences
Professor of Anthropology

THE HSS STRATEGY

How did I get here?

- 18 years as OIT's resident anthropologist
- Faculty Senate President
- Chaired
 - Fiscal Operations Advisory Council (FOAC),
 - Faculty Compensation Committee (FCC),
 - Rank Promotion and Tenure Committee (RPT),
 - Academic Leadership and Structure ad-hoc committee (ALS)
- Served on Program Reduction and Elimination Committee (PREC)
 - and many strategic planning groups
- Four years as Chair of Humanities and Social Sciences.

This is what shared governance can look like to faculty.



What do I know about OIT?

- Revenue always goes up.
- But times are always tight
 - Hiring freezes
 - Faculty furloughs
 - Starting salaries thousands below my start
 - Deferred maintenance across campus
 - Little money for marketing or other initiatives

COSTS always eat up our revenue increases



How do we break out of this pattern?

- We can't cut our way to prosperity
- How do we grow enrollment (especially in Klamath Falls) in a way that improves our financial health?
- Let's look to our comparators for clues.



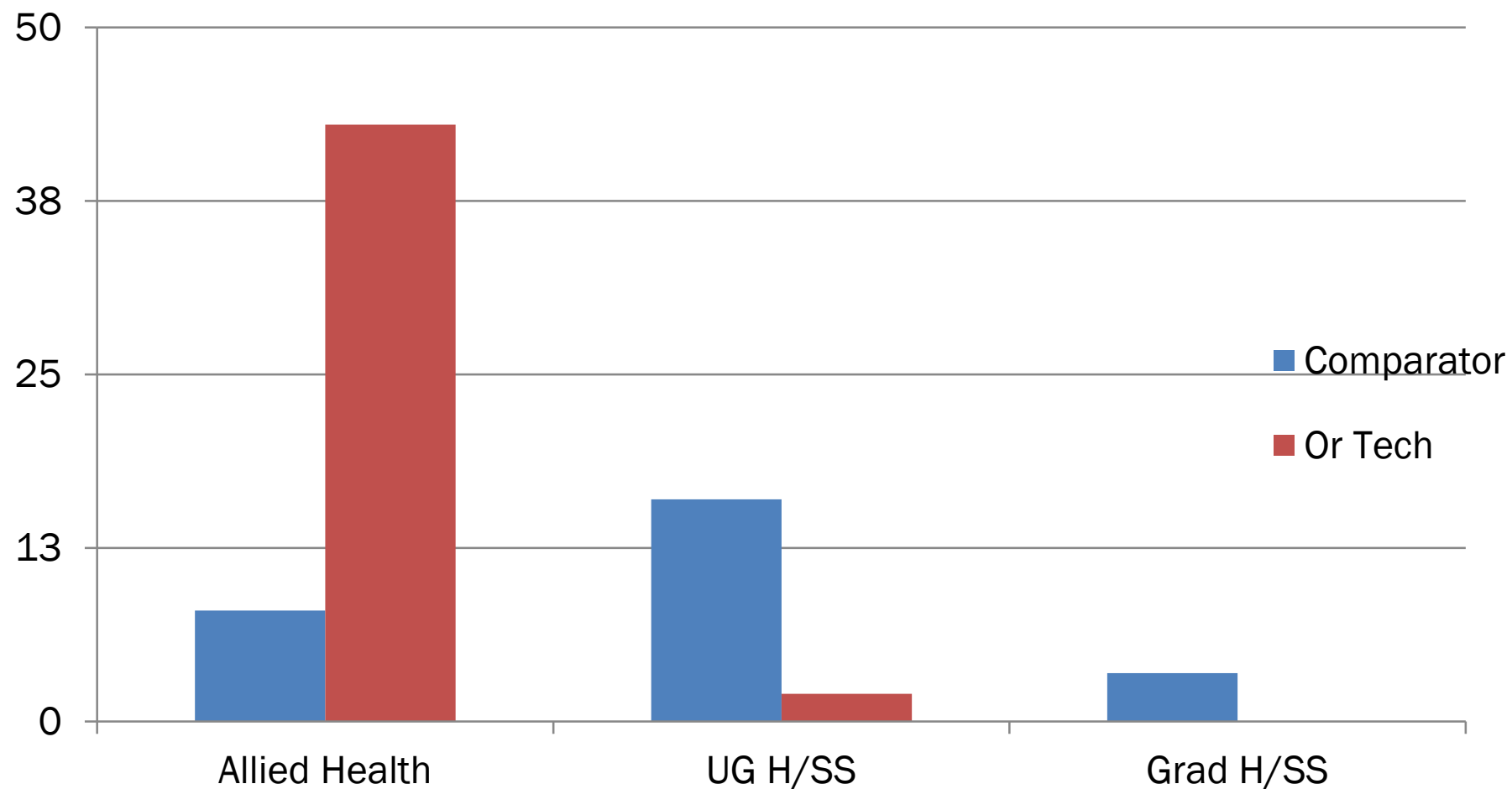
Program Portfolios

Oregon Tech vs Comparators (2010)

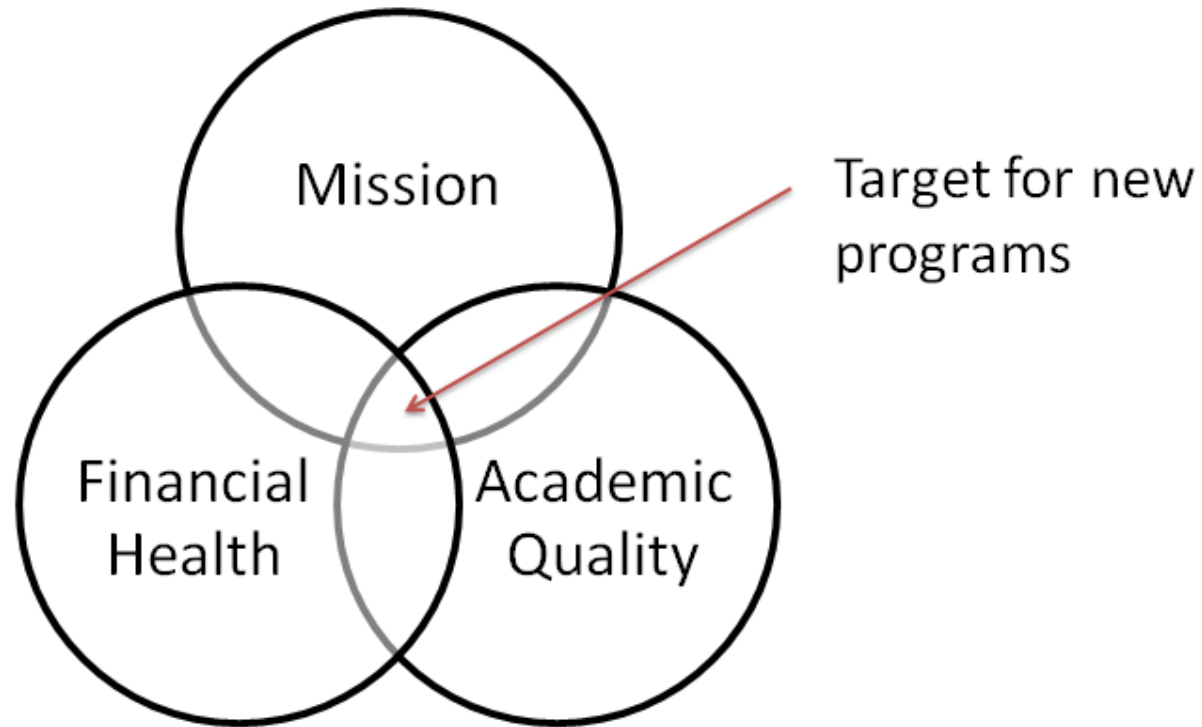
UG Bus Deg	GR Bus Deg	UG Educ Deg	GR Educ Deg	UG Hum/SS Deg	GR Hum/SS Deg	UG Sci/ Eng Deg	GR Sci/ Eng Deg	Eng/ Tech Deg	Allied Hlth Deg
9.4%	-	-	-	2%	-	7.0%	-	28.3%	43.2%
28.6%	-	-	-	15%	4.5%	20.0%	9.1%	8.2%	-
14.0%	24.7%	12.7%	42%	9%	-	37.8%	12.3%	7.3%	-
13.3%	-	18.1%	65%	19%	17.3%	17.2%	13.5%	1.5%	-
19.3%	11.2%	7.3%	31%	24%	7.2%	18.9%	31.2%	3.0%	0.7%
22.1%	50.0%	-	-	8%	1.5%	11.9%	16.7%	15.9%	-
17.0%	26.0%			2%		22.4%	51.3%	39.9%	
16.7%	-	0.9%	-	11%	-	39.5%	100.0%	-	-
24.1%	-	20.0%	-	18%	-	4.1%	-	-	13.9%
12.0%	41.0%	6.5%	31%	22%	-	3.0%	-	-	15.1%
15.6%	-	6.1%	-	19%	-	12.6%	-	-	5.2%
17.8%	14.4%	5.3%	41%	25%	7.0%	6.1%	3.7%	1.7%	5.7%
18.60%	10.60%	16.40%	83%	15%	2.20%	7.90%	-	1.10%	3.40%
21.60%	5.90%	13.10%	20%	19%	8.20%	9.90%	2.00%	1.60%	2.60%
13.40%	13.00%	13.00%	31%	13%	5.60%	14.70%	13.40%	2.90%	6.40%
17.5%	18.7%	7.2%	40%	24%	3.6%	7.0%	7.2%	1.0%	14.3%
19.6%	12.6%	14.6%	27%	12%	1.1%	6.6%	-	-	5.9%



How do we stack up?



Idea #1: build a balanced portfolio



The “Thrive Model”
(or, “putting some fat onto the OIT animal”)



The HSS Strategic Doodle

putting the “Thrive Model” into action

- Four years ago, this became the HSS plan:
- Mission-based programs
- Interlocking faculty expertise
- Cost efficiencies
- High quality education
- Student success
- Community building orientation



Idea #2: As goes Klamath Falls, so goes Oregon Tech



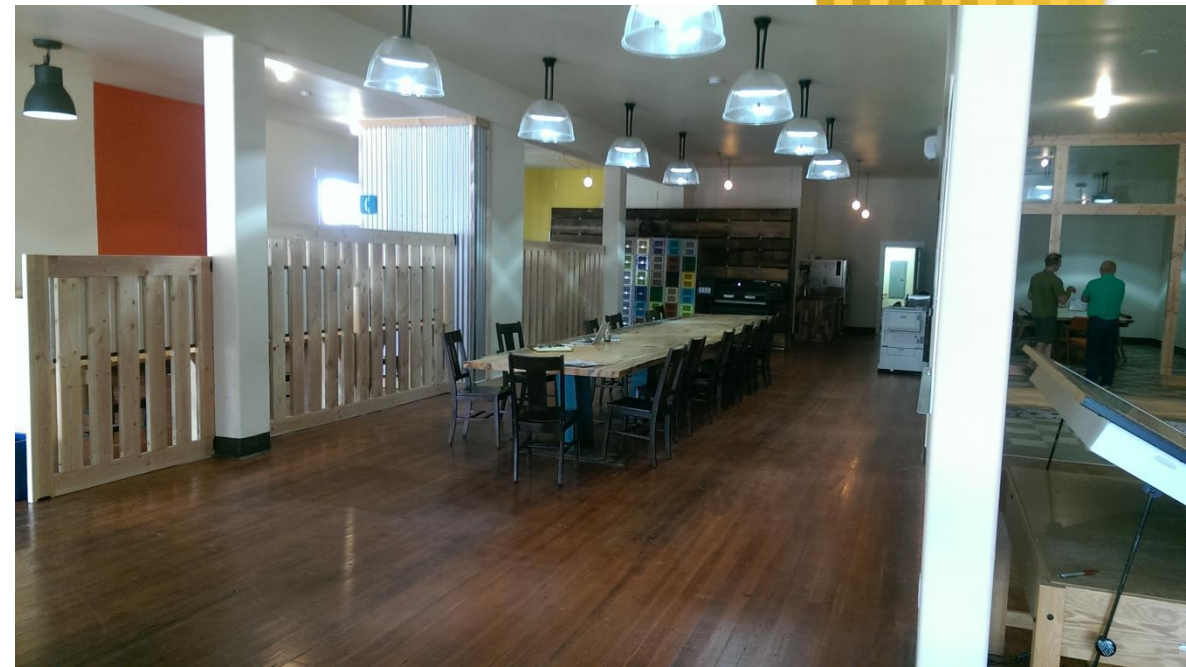
“We will thrive or fail together.”
(10 years on City Planning Commission)

HSS connecting with the community

Supporting a vibrant downtown

- PHM RC in downtown location
- MFT – clinical training center plan– with DHS/KBBH downtown
- The downtown is our “lab space” and our students love it. (hint: Millennials want urban lifestyles)

We must thrive together!



Wrap up

- Through our culture of shared governance, OIT faculty can see our institutions' problems and initiate solutions.
- In HSS we are successfully building a portfolio of programs that are:
 - “OIT-style”: hands-on, skills-based, in-demand, mission-centric
 - Profitable: HSS has a better than 2 to 1 revenue/cost ratio. Program development in our area supports our (other) flagship areas – balancing OIT's portfolio.
 - Community oriented and connected.
 - Ready to collaborate on rural health initiatives when and where it makes sense.



Thank You!

Questions?



Collaboration with Sky Lakes/OHSU

- Several potential opportunities to partner
- Ongoing discussions and planning with stakeholders
- Highest priority
 - Physical Therapy
 - Medical Family Therapy
 - Hospital Dentistry
- Not only a physical structure but initiatives
- Interdisciplinary opportunities
 - Health Informatics
 - Geographic Information Systems (GIS)
 - Health Care Management



In Closing

Oregon Tech

- has a long history of rural health engagement
- has exciting new and ongoing rural health initiatives
- Embrace the opportunities



Thank You!

Questions?

