The Dartmouth Health Center for Advancing Rural Health Equity

Annual Report 2023

To pursue, advance, and sustain rural health equity is a deeply complex and challenging effort. It takes the collective impact of multiple organizations, cross-sector coordination, and the creation of a common shared purpose to address and overcome the magnitude and complexities of rural health inequities. This report outlines the first year of work at the Center for Advancing Rural Health Equity (CARHE) and describes the successes and challenges of this complex transformational effort.

Dartmouth Health

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Message from the Center for Rural Health Equity

We are pleased to share the Center for Advancing Rural Health Equity (CARHE) 2023 annual report. The following pages describe our first year on our journey engaging partners across northern New England to ensure that people live their healthiest life possible.

The past year has been rewarding and challenging. We are learning how to work as partners, sharing responsibilities, leveraging each other's talents and resources, and working together with respect and humility. Our work brings together partners in health care delivery, education, research, and community action. We strive to embed fairness in all that we do and to nurture partnerships that achieve shared goals.

Thank you to all who have contributed to this audacious endeavor. The successes of the past year give us optimism for the work ahead of us. Together, we can make a difference.

Emily Zanleoni

Executive Director, Hartford Community Coalition, CARHE Community Advisory Council

Rudy Fedrizzi, MD

Public Health Services Director, Vermont Department of Health, CARHE Leadership Council

Sally Kraft, MD

Vice President, Population Health, Dartmouth Health, CARHE Leadership Council

Executive Summary

Everyone deserves the chance to be as healthy as possible. Your health is largely impacted by many factors such as where you live, what you eat, your job, your income, your health behaviors, and your social support system. Health care is important—and can be lifesaving—but over a lifetime, health care services impact only 20% of your overall health. For everyone to be as healthy as possible, there must be fair opportunities to access health care and healthy conditions in the places where we live, work, and play.

> "Rural health inequity is one of the most significant, yet largley overlooked, challenges facing our healthcare system today."
>
> Joanne M. Conroy, MD, Dartmouth Health CEO and President

To pursue, advance, and sustain rural health equity is a deeply complex and challenging effort. It takes the collective impact of multiple organizations, cross-sector coordination and the creation of a common shared purpose to address and overcome the magnitude and complexities of rural health inequities. By launching the Center for Advancing Rural Health Equity (CARHE), Dartmouth Health has created a space where the academic health center and rural communities work and learn together, as partners, to improve the conditions that drive health outcomes. This is the first center of its kind in northern New England, to advance equitable care, foster healing, and pave the way to better health and wellbeing for rural populations.

This report outlines the first year of work at CARHE and describes the successes and challenges of this complex transformational effort. The report describes CARHE's efforts to coordinate rural health

improvement efforts, facilitate new ways to collaborate and create stronger community partnerships, in particular focusing its attention and work on the health inequities and poorer health outcomes experienced by marginalized and underserved populations.

Through its partnerships with local project teams, CARHE has provided technical assistance for equity-focused change efforts. CARHE has supported teams with data collection to identify inequities, priority setting for action, and improvement methodology and community engagement techniques.

This has not been an easy journey and there are several lessons to be learned and shared. The *Lessons Learned and Recommendations* section of this report details the necessary efforts needed in the coming year to address challenges around alignment of strategies and incentives, culture and authentic relationship building, learning structure development, and reallocating power and technology.

What is Rural Health Equity?

Rural health equity means that all people living in rural areas are able to live their healthiest life possible, including freedom from discrimination and unfair treatment, access to healthcare and social services, safe neighborhoods and places to live, reliable transportation, healthy foods, livable wages that support basic needs, and community policies that are fair to all people.

-The Dartmouth Health Center for Advancing Rural Health Equity Planning Team, April 2022

Rural Health Equity as a Strategic Priority

About the Dartmouth Center for Advancing Rural Health Equity

In January 2022, a group of 13 local thought leaders and experts were selected for the scope and breadth of their professional expertise across health care delivery, research, education, and community services, and additionally for their knowledge and willingness to tackle big ideas in pursuit of just and fair health for rural populations.

From the beginning of the Planning Team phase, expectations were set regarding the iterative nature of the work and the need for a balance between the desire for progress, and the value of thoughtful design. Ten additional rural constituents joined halfway through the process to share their knowledge, insights, and experience to better inform the Planning Team designs.

By June 1, 2022, the Planning Team successfully met all three deliverables:

- Define a mission and vision statement and a set of values for the CARHE
- Establish an operating governance structure of accountability that aligns with CARHE's vision
- Develop the guiding principles, processes, and policies that will ensure that the work is executed with a relentless focus on health equity

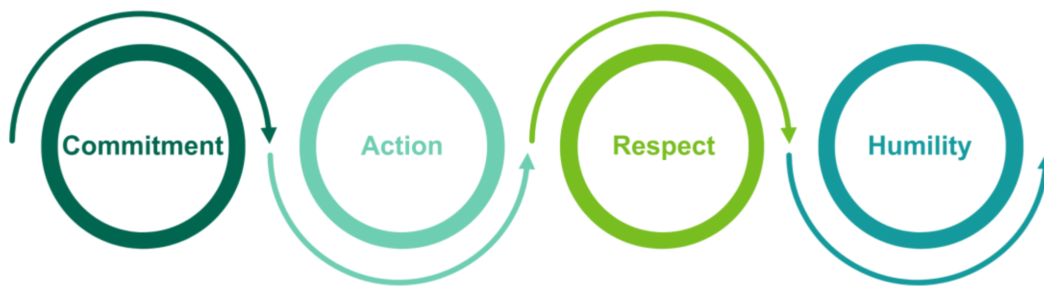
Launched in November 2022, CARHE's overall objectives are to address long-standing rural health inequities and unjust variations in health outcomes and to create greater alignment of effort across four pillars of work—health care delivery, education, research, and community action—in rural Northern New England (New Hampshire, Maine, and Vermont).

Its vision is that everyone living in rural communities has the chance to thrive, feel safe and be welcomed.

Its mission is to make sure that people in rural areas have the chance to live healthy lives by learning and acting together in our rural communities.

To achieve and realize its mission and vision CARHE has created a set of organizational values to ensure that health equity remains at the core of its work. It is committed to eliminating unfair difficulties and harms; listening and taking action to make sure support systems work for everybody; valuing every person's experiences and strengths; and recognizing the harms done to some members of its rural communities.

CARHE Values



To discover more about the CARHE values, read the CARHE Strategic Plan.

"As a tribal leader and community builder I want the highest level of health for everyone, regardless of differences. Historically Indigenous peoples are distrusting of governmental and western science medical institutions due to generations of racial medical trauma…I believe that through building partnerships with organizations like CARHE we can begin to acknowledge and work towards repairing the historical damage caused, working to resolve these inequities and bring a healthier and happier future to all who reside in this region."

Denise Pouliot Sag8moskwa, Head Female Speaker of the Cowasuck Band of the Pennacook Abenaki People and member of the CARHE Community Advisory Council.

Building the Infrastructure to Support Rural Health Equity

Creating a Governance Structure

The CARHE governance structure was purposely built to be different to the traditional hierarchical, command and control leadership that we see in conventional organizations in health care and academia. Its community-based structure and approach is based on the theory and practice of co-production, diversity of voice, and the collaboration of diverse groups coming together. The two governing bodies, The Community Advisory Council and the Leadership Council, are made up of members who regard themselves as rural constituents[1] and representatives from local health care delivery, education, research, and community action. Their overall responsibilities include providing guidance and leadership through sharing of strengths, experiences, and coming together as equal partners to learn, solve, and make decisions to improve rural health equity.

The **Community Advisory Council** is an 11-member team consisting of well-informed and knowledgeable rural constituents, including local leaders chosen for their deep understanding of the core challenges and inequities faced by rural communities. It is their responsibility to bring knowledge and ideas for improvement and inform the decision-making process through their own lived experiences and professional awareness.

The **Leadership Council** is a 13-member team consisting of community, institutional, and organizational leaders with experience in health care delivery, research, education, and community action. The Leadership Council is guided by the recommendations of the most pressing community needs by the Community Advisory Council and ensures that operations are consistent with the Center's mission, vision, and values. Since the Center's launch, its main responsibilities over the last year have included determining the design and implementation of CARHE's strategic objectives and priorities and overseeing the design and roll-out of CARHE activities and resources.

Housed within the Department of Population Health at Dartmouth Health, the CARHE Core Team is a small and nimble team of population health leaders and project staff with specific skills in population health management, community engagement, evidence-based data collection, quality improvement, and community relationship management. The team's overarching role is to provide oversight and support for CARHE's daily operations and activities, and to influence and effect change. See Appendix A for a full list of team members.

Equity Norms and Effective Partnerships

In addition to pursuing health equity at the core of its mission and vision, CARHE is committed to ensuring a relentless focus on equity. All strategic and operational priorities and activities are assessed in relation to their alignment with the Center's seven equity-based principles (see Appendix B for the CARHE Equity Principles and Operational Definitions).

- Equity
- Inclusivity
- Shared Leadership
- Co-Creation
- Stewardship
- Shared Learning
- Transparency and Accountability

While the mission, vision, and values determine what work is done, the equity principles determine *how* CARHE's work is done. Having an organizational understanding of equity principles provides a sustainable and equitable framework for how strategic and operational work is designed, developed, and implemented. It also provides a framework for the tools and procedures created to ensure that

[1] A rural constituent is someone with lived experience as a rural resident, an organizational representative from service providers who contribute to rural health or those working to improve the health of the populations

staff and project partners are held accountable to the adherence of CARHE's equity principles in their day-to-day work.

The governing councils have formed three subcommittees to evaluate the value that CARHE brings and assess its ability to create effective partnerships to accelerate and amplify its mission-driven efforts.

- Equitable partnering is not an easy process and CARHE understands that some of its actions might be out of step with its best intentions. The Learning Subcommittee is tasked with measuring how well equity principles are embedded in its work. This includes developing a plan to collect data from individuals working with CARHE to assesses experiences with inclusivity, shared decision making, stewardship, transparency, and shared learning opportunities. This data will allow for real-time assessment and modification of CARHE's actions and behaviors.

- The Engagement Subcommittee developed and tested a process to collect inquiries from the community regarding partnering with CARHE. Partnership inquiries are assessed against CARHE's values and equity principles and the available resources. Examples of partnering with CARHE include requesting endorsement for an equity-related event; proposing an educational opportunity; or alerting CARHE of an emerging equity issue or concern. To view an example of the Engagement Tool click here or visit the CARHE website, click on *Contact Us/Partner with us.*

- The Governance and Nominating Subcommittee is tasked with assessing the existing governance structure for CARHE and making recommendations for future restructuring. This entails making changes to increase inclusivity of membership amongst its rural constituents, and to examine how it collects and assesses the diversity of its members, including life experience and viewpoints. It is also working on creating a process for the recruitment of new members and clearer expectations for roles and participation.

"What I love about CARHE is that it's not just about health equity as a vague concept or academic aspiration, it's about how we achieve health equity working in partnership with local communities."

Beth Wilson, MD, MPH, MS-HPEd, Chair and Professor of the Department of Community and Family Medicine, Dartmouth Health and member of the CARHE Leadership Council

CARHE's Strategic Outcomes and Objectives

The CARHE Strategic Outcomes and Objectives reflect its mission to advance rural health equity. Deeply influenced by the priorities of the most recent Community Health Needs Assessment (CHNA), the Strategic Outcomes were co-created by the CARHE Core Team and the Leadership and Community Advisory Councils.

Strategic Outcomes Years 1-5

- Act and Learn Together as Partners
- Positively Impact the Conditions that Impact Health
- Improve Access to Healthcare Services

(See Appendix C for CARHE Strategic Outcomes and Objectives)

Collecting Data and Feedback from CARHE Activities

To measure the impact of CARHE's work, the Core team has collected data on all events to monitor and evaluate its impact and value. Event evaluation results are summarized and made available on CARHE's website. Overall, the majority of survey respondents agree or enthusiastically agree that CARHE events provide opportunities to connect with others in the community and content shared enhances their understanding of health equity challenges in their rural communities. For example, over 85% of respondents at a CARHE workshop addressing implicit bias, stigma, and obstacles to health equity for LGBTQ+ communities felt that participation had enhanced their understanding and that they felt more equipped to take action to help improve health equity for these communities. Data collection from events also solicits feedback on ideas and topics for additional training and technical support.

Establishing a Transparent and Accessible Communications Strategy

In its first year, CARHE has developed and implemented a communications strategy to grow the CARHE audience, increase recognition, and amplify voices, stories and successes through data-informed decision making. Further efforts included a redesign of the CARHE website and launching active profiles on Facebook and LinkedIn (see Appendix D for CARHE Communications Goals and Highlights).

In addition, CARHE has disseminated its work to-date and lessons learned through several presentations at conferences and events. This includes a presentation titled "A Peek Behind the Curtain: Lessons learned from the Dartmouth Health Center for Advancing Rural Health Equity" by Leadership Council Chair Rudy Fedrizzi and CARHE Executive Director Sally Kraft at the American Hospital Association Rural Health Care conference in April 2023; a presentation titled "Partnering to Advance Health Equity: Learnings from the Center for Advancing Rural Health Equity" by CARHE Manager Chelsey Canavan and Community Advisory Council member Angela Zhang at the New England Rural Health Association Conference in November 2023; and a lighting talk about health equity in rural northern New England by Sally Kraft and Project Manager Katie Keating at the Northern New England CO-OP Practice and Community Based Research Network Meeting in January 2024.

CARHE has leveraged various forms of technology to convene its partners virtually and has worked on a communications strategy that provides electronic updates via its website and newsletters on progress to-date and stories of rural inequities.

While these strategies are important, we also recognize that 15-17% [2] of rural constituents in New Hampshire and Vermont do not use the internet, underscoring the importance for CARHE to explore different ways to reach people that do not rely on internet connectivity for information. This may include, for example, providing hard copy newsletters distributed at local laundromats, thrift and general stores, resource centers, clinical settings, and through organizations and agencies that provide at-home care.

[2] U.S. Center Bureau, 2019 1-Year American Community Survey (ACS) Estimates

Partnering with Community to Improve Rural Health Equity

CARHE Supported Projects

In December 2022, CARHE issued a Request for Ideas from teams interested in partnering with the Center. Selected projects received $20,000 funding each and tailored technical assistance.[3] Project ideas were required to have strong potential to address health inequities in rural areas in northern New England (New Hampshire, Vermont, and Maine) and had to demonstrate:

- Alignment with CARHE's vision, mission, values, and principles
- Alignment with at least one of CARHE's three strategic objectives
- An ability to achieve project goals within a 12-month project period

CARHE received 34 submissions. A committee, which included the CARHE Core team and members of the Leadership and Community Advisory Councils, reviewed and scored the submissions based on specific criteria, heavily weighting scores for a committed focus on rural health equity and community partnership and engagement. CARHE selected four projects to support over a 12-month period from February 1, 2023 through January 31, 2024.

The four selected projects were:

- A Monadnock United Way (MUW) project to expand access to early childhood programming and resources through rural libraries
- A Climate and Health Initiatives for Caregivers and Kids (CHICKS) project to increase awareness of the connection between climate change and health and of community resources available to support families to address the impacts of climate on health.
- A *Willing Hands* project to increase access to and consumption of fresh produce for residents of income-eligible housing
- A *University of Vermont Osher Center* project to increase access to and consumption of fresh produce for oncology patients experiencing food insecurity

Project Support

CARHE provided a range of technical assistance with support from three members of the CAHRE Core Team (the CARHE Manager and two Project Managers) who met regularly with the project teams to assess progress, provide coaching and support, and identify opportunities to connect teams with additional resources including community partners, Dartmouth Health resources, funding opportunities, and other CARHE projects.

While project teams were encouraged to engage people representing the four CARHE pillars of health care delivery, research, education, and community action, the composition of the teams varied according to their specific goals and needs.

[3] CARHE provided financial support through congressionally directed funding via a grant from the Health Resources and Services Administration

Each project team received technical and project management support to operationalize their project idea into a project plan. Through this process, they developed a workplan for the 12-month project period that outlined activities, measures, timelines, and activity leads. Using improvement tools to assist with their planning process, the teams refined their ideas and drafted goals and SMART objectives.

CARHE also provided evaluation support to the project teams and assisted with Institutional Review Board (IRB) applications, evaluation plans, survey tool development, qualitative data collection tools, data management, analysis and reporting, and using data insights to inform planning and measure success.

As a critical component of advancing health equity, CARHE worked with each team to identify ways to engage consumers and people with lived experience based on their capacity and projects goals. This included assisting teams with planning and implementing consumer listening sessions and interviews with participants and organizing community/consumer engagement training. Each team was encouraged to use part of their funding to compensate for time spent on the project by consumers and people with lived experience.

CARHE offered the project teams two peer-to-peer knowledge sharing opportunities. Project teams were also invited to present their results and participate in panel discussions at the CARHE annual gathering in November 2023. CARHE also supported teams to develop accessible communication materials, and plan for sustainability.

Feedback on CARHE Project Support

As part of the measurement strategy efforts led by the Core Team, the project teams assessed the levels of support from CARHE, with three key areas proving instrumental in helping to move their projects forwards.

- Operationalizing project idea into a project plan
- Providing technical coaching and project support
- Providing evaluation planning and support

(See Appendix E for a summary of the CARHE supported projects.)

Convening and Enabling Knowledge-Sharing

Rural Health Equity Knowledge Sharing and CARHE Gatherings

Over the past year, CARHE has emerged as a key convener and educator of rural health equity. Providing an opportunity to learn and come together has been an important first step as it seeks to expand its reach. The launch in November 2022 introduced CARHE to the wider community and highlighted ways in which people across the region could work together to remove health inequities. A second gathering was held in October 2023, with over 160 attendees representing a range of sectors and organizations, with project team presentations and discussions on how to catalyze transformational change. Common themes that emerged from both events include the importance of building and maintaining trust, community engagement and co-creation, and coordination and action to collaboratively address rural health inequities (see Appendix F Summary of Fall Gathering 2023).

Building Capacity and Applying a Community-Based Assets Approach

In addition to its role as a convener and leader in rural health equity, CARHE is committed to identifying and using community-based assets and strengths to partner with organizations who are trusted and sought after by local rural populations.

In September 2023, CARHE hosted a panel discussion *'Working Toward Health Equity for the LGBTQ+ Community'* to address implicit bias, stigma and obstacles to health equity. Moderated by Murphy Barney of StoryCorps, the panel conversation included representatives from community service organizations, healthcare, and the public sector. In addition to the speakers, several groups and organizations were present to share information about services and resources for LGBTQ+ community members. Following the panel, CARHE coordinated with the Departments of Community and Family Medicine and Population Health to promote a presentation by Perry Cohen, a nationally recognized speaker on LGBTQ experiences in the wilderness.

In November 2023, CARHE hosted a workshop titled *'Genuine Community Engagement'*, where over 50 people representing various community-based organizations and health system partners explored ways to nurture community engagement in all levels of governance, care, and leadership for positive community change.

CARHE sponsored a Rural Health Equity ECHO (Extension for Community Healthcare Outcomes) titled *Tackling the Social Drivers of Health* and hosted eight sessions in the fall of 2023. 191 people registered for the course, representing diverse sectors including healthcare delivery, public health, social services, research, education, and policy makers. Each session included a brief didactic examining a specific challenge, case examples of innovative solutions, and interactives discussions to explore implementation and brainstorm alternative approaches. The ECHO course was co-directed by two of CARHE's Leadership Council members.

Over 80% of the Planning Team participating in the ECHO felt that they were always or often listened to, that their perspectives were included, and that they worked on health equity problems that were important to rural communities (see Appendix G Health Equity ECHO).

Other asset-based approaches to forming local partnerships include a recent partnership with New Hampshire Healthcare Workers for Climate Action. Together they hosted Parent Climate Cafés at the Montshire Museum, with facilitated small-group gatherings for parents of young children to share thoughts and emotions on the impact of climate change on parenting and children's health.

Lessons Learned and Recommendations

In its first year, CARHE has focused on advancing towards its mission and vision through a multitude of various priorities and activities. Through the work of the project teams and convening opportunities, it has created space for community-led knowledge-sharing, acquired new ways of collaborating, built capacity, and expanded its reach with stronger community partnerships. Concurrently, CARHE has experienced several challenges that highlight the complexities of advancing health equity in rural populations.

In its second year, CARHE will need to leverage its existing strengths and determine actionable next steps to create a stronger collaboration between rural constituents and CARHE. Four short-term recommendations are as follows:

- Alignment of Strategies and Incentives
- Authentic Relationship Building and Culture
- Learning Structures
- Reallocating Power

1. Alignment of Strategies and Incentives

Improving Inclusion of Rural Constituents with Lived Experience
The original intent of the CARHE governance structure was designed, through its two governing councils, to bring a wide variety of partners to the table, to advance health equity together, and to move forward in a way that had not been achieved before. Agreeing on the levels of diversity of community voice needed at both the project level and within the governing structure has, however, proved more difficult.

Bringing people to the table with lived experience and knowledge of the problem, including them in solution design, and giving them space to address how to implement changes is crucial and non-negotiable. However, it has been difficult to balance asking individuals to speak on behalf of a large population because they have lived experience. In its second year of work, CARHE will need to address how it includes clients, consumers, and people with lived experiences with diversity of voice and assess its approach and strategies to ensure equity and inclusivity.

Intersecting CARHE Projects with the Wider Community of Work

At present the project teams are focused on creating equitable community partnerships and change at their local level. However, it has become apparent that a more deliberate strategic focus may be needed to yield more sustainable and beneficial long-term reductions in health inequities, in addition to the positive outcomes from CARHE projects. Future CARHE projects will need to address how the projects intersect with the wider systems of healthcare delivery, research, and education and are positioned for long-term sustainability.

Strategy and Accountability

Despite the best efforts of the original governance structure designs to bring knowledge, ideas for improvement, and a deep understanding of the core challenges and inequities faced by rural communities across two distinct leadership functions, the separation of roles and responsibilities has inadvertently created a hierarchical structure which appears at odds with the organizational mission and vision. The Governance and Nominating Subcommittee aims to redesign the governing structure to fix this anomaly. Ideas for improvement include merging the two governing councils, removing the unintentional hierarchical structure and adding a second sphere of influence, with invited stakeholders to provide concrete data, experiences, and reflections on CARHE priorities and activities as needed throughout the year.

While the Strategic Outcomes and Objectives have created a blueprint for CARHE's activities in its first year, it has become apparent that an accompanying strategic action plan that focuses approaches to advancing rural health equity would be beneficial. It will need to be anchored in best practices for advancing equity, local data collection, and identifying gaps through a landscape assessment. The approach would be undertaken through a collaborative co-design process with input from rural constituents and would ensure that CARHE's work remains relevant to the community and is impactful.

CARHE as a Partner and Source of Technical Support

The first cohort of CARHE supported projects received funding from the Center via congressionally directed funded administered by HRSA as well as technical support from CARHE based on their alignment with the CARHE strategic outcomes, its equity principles, feasibility, and sustainability. However, moving from conception to execution yielded various results in timing and practicality due to the teams requiring different levels of design and implementation support. There is an opportunity in the future for CARHE to be better prepared to manage these variations and differences in technical assistance needs, as well as better expectations and management of CARHE's staff, resources, and time. In addition, CARHE currently does not have a sustainable source of funding to continue the previous funding model.

In its second year, CARHE will therefore need to explore a more flexible model of community-driven partnerships that would shift its role from funder to trusted partner and require less structure, minimizing the administrative burden associated with federal funding. It may choose to narrow the focus of the projects to one single strategic outcome, which would create easier traction of efforts, measurement of impact, and allow for deeper cross-project learning.

Achieving co-creation with teams over a one-year period has proved to be a challenge due to the structure, experience, and capacity of the teams. It will be important in its next year of work for CARHE to produce clearer expectations and provide tailored support for community engagement and create a

process that ensures full alignment of priorities and strategies between all partners before the work begins.

For many community-based organizations, adequate and sustainable funding is a constant worry. Given the grants and fundraising expertise of the CARHE Core Team, it may be beneficial for CARHE to expand its services and provide specific technical assistance for local organizations seeking help identifying, applying for, and receiving funding from various grants and philanthropic organizations.

Advocating for System-Level Changes

There is a growing consensus from CARHE leadership and community partners that CARHE could do more to advance policy changes in the region, acting as a "neutral" advocacy champion with local communities by partnering on policy analysis with local organizations, or convening awareness training opportunities. With its solution-based approach to advancing rural health equity, CARHE could become a greater force for action and a catalyst for change.

CARHE will need increase its advocacy and support for the "hard stuff" to push the boundaries for change. Examples of "hard stuff" may include convening and building awareness of gun violence, reproductive health, climate change, and racism as they relate to rural health inequities.

2. Authentic Relationship Building and Culture

Complexities of Building a Virtual Organizational Culture

While the larger CARHE events have been in-person, the geographical complexities of working with rural populations often means defaulting to meeting virtually for smaller meetings and events. Although this often allows for more inclusivity and convenience, it does so at the expense of building effective partnerships and organizational culture. In its second year, CARHE will need to plan its activities and events by balancing the advantages of virtual gathering in rural populations with meeting the needs of in-person relationship building as it develops its organizational culture and grows its reach.

Strengthening Community-Focused Assets

As part of its desire to create authentic and equitable relationships across the community, CARHE will need to explore new ways of breaking down silos in small rural communities to continue to build genuine and honest relationships and problem solve at the micro level. This may include testing and spreading the use of trauma-informed and Diversity, Equity, Inclusion and Belonging (DEI&B) practices, sharing best practices with project teams as they engage with communities in shared understanding and decision-making, and developing leadership and advocacy skills for CARHE staff and community members.

Expanding Reach with the Workforce of the Future

During its first year, CARHE explored different ways to improve student service-learning engagements to ensure a high-value experience for both community and academic partners. In its next year of work, CARHE should continue to expand its reach with the workforce of the future and build effective and sustainable relationships with local residents and students.

3. Learning Structures

Understanding the Impacts of Action

A well thought out monitoring and evaluation framework guides effective data collection and forms the evidence base for assessment of progress and impact over time. When CARHE launched in November 2022 and set out to work with its first cohort of projects, its measurement and evaluation framework to measure CARHE's value proposition was still in development. CARHE needs to achieve alignment and prioritization of goals and strategies to drive a robust measurement framework. In its second year,

CARHE should work to identify its own SMART goals and seek to expedite its measurement framework.

As there is a lack of clear, agreed upon evidence in the field to guide its evaluation of multi-stakeholder partnerships. In the future, CARHE hopes to develop a valid and feasible partnership survey for coalitions or partnerships, which it plans to share with individuals and organizations focused on improving rural health equity.

Building Quality Improvement and Community Engagement Capacity

Over the last year, the CARHE Core team has taken a community-focused approach that embraces both quality improvement, community engagement, and other change-seeking efforts. This has required a balance in how much rigor and standardization of improvement and engagement practices should be enforced when working with partners with varying goals and resources.

Moving forward, CARHE will need to ensure that whichever methodology or combination is chosen, it includes equity and inclusivity, ease of measurement of progress, and problem solving for improvement through co-created pathways of change at the core of its approach.

In its second year, CARHE plans to supplement its technical assistance with meaningful and authentic engagement with trust-building tools and training and work with project teams and partners to evaluate their improvement knowledge, and patient-consumer/community engagement capacity.

4. Reallocating Power

A key lesson for CARHE has been the importance of managing expectations of CARHE's role and responsibilities. It has learned to share power and modify and adapt its way of working as it seeks to establish a culture of trust, often with partners who may view health systems and institutions in less favorable terms given their previous experiences of bias and stigma.

Throughout its first year CARHE has shown a commitment to continuously listening, adapting, and being prepared to change plans and strategies to address rural residents' most pressing needs. As CARHE launches new projects and activities, it will need to continue to provide flexibility and agility as power dynamics shift, partnerships expand with co-creation, and trustworthiness is built and maintained.

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Appendix A: Who We Are

CARHE Core Team

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Katie M. Keating, MPH, Project Manager, Center for Advancing Rural Health Equity, Dartmouth Health

Sally Kraft, MD, Vice President, Population Health, Dartmouth Health

Greg Norman, MS Senior Director, Community Health, Dartmouth Health

Sanjay G. Sagar, PhD, Project Manager, Center for Advancing Rural Health Equity, Dartmouth Health

Leadership Council Members

Andrew Loehrer, MD, MPH, Staff Physician, Dartmouth Health

Kristen van Bergen-Buteau, CPHQ, Director, Workforce Development & Public Health Programs, North Country Health Consortium

Andy Lowe, Executive Director, New England Rural Health Association

Lisa McBride, PhD, Associate Director for Diversity, Equity and Inclusion, Giesel School of Medicine, Dartmouth College

Ann Fournier, PhD, MS, RN, AHN-BC, CNE, CCE, Associate Professor, School of Nursing & Health Sciences, Colby Sawyer College

(Chair) Rudy Fedrizzi, MD, Public Health Services District, Director, Vermont Department of Health

Elisabeth Wilson, MD, MPH, MS-HPEd, Chair and Professor of the Department of Community and Family Medicine, Dartmouth Health

Sally Kraft, MD, Vice President, Population Health, Dartmouth Health

Helen Hong, Executive Director, COVER Home Repair

Tina Foster, MD, MPH, MS, Staff Physician, Professor, Dartmouth Health

Jacqui Baker, Family Treatment Court Coordinator, New, Hampshire Judicial Family Treatment Court

Terri Lewinson, PhD, MSW, Associate Professor, The Dartmouth Institute

Community Advisory Council Members

Aiyana Banks, Community Member from Lebanon, NH

Faye Grearson, MEd Alice Peck Day Memorial Hospital, Formerly Twin Pines

Greg Norman, MS Senior Director, Community Health, Dartmouth Health

Bryanna McConnell, TLC Family Resource Center

Laura Byrne, Executive Director, HIV and Hepatitis C Resource Center

Cheri Bryer, Recovery Coach, Moms in Recovery, Dartmouth Health

Lindsey Boisvert, Community Health Worker, New London Hospital

Denise Pouliot, Cowsuck band, Penacook-Abenaki people

(Chair) Emily Zanleoni, Executive Director, Hartford Community Coalition

Appendix B: CARHE Equity Principles

Equity: CARHE will work to improve the health of rural communities by making sure everyone has access to what they need to be as healthy as they can be.

CARHE will prioritize equity by:

- Using data to understand if certain groups of people are experiencing worse health outcomes than others and, if so, why that is and what can be done about it.
- Recognizing that some of the reasons people aren't as healthy as they could be are due to unsafe neighborhoods, lack of housing, unreliable transportation, unhealthy foods, low paying jobs, discrimination or other unfair policies and treatment.

Inclusivity: CARHE teams will partner with the people most impacted by its work.

CARHE will prioritize inclusivity by:

- Recruiting, partnering with and compensating the people most impacted by its work.
- Ensuring the needs of historically oppressed and underrepresented members of rural communities are prioritized in its strategies.
- Regularly evaluating CARHE teams and activities for inclusivity.
- Ensuring everyone has access to be a part of CARHE work by:
    - Using plain and simple language
    - Hosting welcome sessions
    - Paying people for their time
    - Providing training as needed
    - Helping with childcare options
    - Considering transportation needs
    - Helping with internet access
    - Being mindful of work schedules
    - Creating and maintaining safe spaces to share ideas

Shared Leadership: The people most impacted will lead and advise CARHE work.

CARHE will prioritize shared leadership by:

- Ensuring that people most impacted are in CARHE leadership and operational roles.
- Establishing a Community Advisory Council to guide and inform how CARHE projects and resources will have the most impact.
- Making advocacy and leadership trainings and tools available to CARHE partners.
- Using consensus in decision-making whenever possible.

Co-creation: Those most impacted will participate in the design and implement of CARHE work.

CARHE will prioritize co-creation by:

- Basing projects and activities on health needs as identified by the community via multiple methods such as surveys, focus groups, interviews, social media and other methods.
- Making meaningful inclusion of this a condition of CARHE support.
- Agreeing on expectations, roles and responsibilities at the beginning of projects and reviewing along the way.

Shared Learning: CARHE partners, teams and communities will teach and learn from each other.

CARHE teams will prioritize shared learning by:

- Continuously learning and improving through data and stories.
- Gathering feedback regularly from people impacted to make changes and improvements.
- Collecting data that is meaningful to community partners and sharing in a way that is easy to use and understand.
- Collecting and using data and stories with respect, consent and privacy.

Stewardship: CARHE teams will respect the value of resources used in its work and deploy them sustainably to benefit the people most impacted.

CARHE will prioritize stewardship by:

- Ensuring CARHE teams do not engage in work just for their own academic or research purposes, or overburden partners.
- Ensuring projects have clear value to those impacted.
- Assessing duplication with other efforts.
- Having a plan for how to continue the benefits beyond the end of the project.
- Continuing CARHE's efforts for as long as those most impacted invite CARHE to remain, and as long as it is productive for all.

Transparency and Accountability: CARHE will be publicly transparent and accountable to those most impacted by its work.

CARHE will prioritize transparency and accountability by:

- Publicly sharing its findings and research.
- Ensuring information is easy to understand and locate and uses plain language.
- Actively soliciting regular feedback in ways that address that some people many not have the capacity or safety to give feedback.
- Discussing the disparities present in rural communities and serving as advocates for change.

Disclaimers

- CARHE work will be consistent with Dartmouth Health's mission, vision, values, ethics and legal requirements.
- Dartmouth Health reserves right to act unilaterally to meet legal, ethical, moral, contractual requirements incurred by CARHE if its Leadership Council does not make timely decisions.
- CARHE business will be conducted publicly unless legally bound by federal or state law or Dartmouth Health ethics or legal requirements.

Extended Definitions

Leadership Council: Primary governing body of CARHE. 12 diverse members representing research, education, and healthcare design, and community and 1 core support team staff

Community Advisory Council: 12 diverse rural constituents with network connections who can represent diverse geographies, service sectors, age groups, demographics (including race, sexual orientation and gender identity) and 1 core support team staff

Core Team Staff: Dartmouth Health employees providing operational support for core CARHE work advancing rural health equity with action through project, programs and initiatives

Core CARHE work: Advancing rural health equity with action through project, programs and initiatives

Appendix C: Strategic Objectives and Outcomes

All projects and programs of the Center for Advancing Rural Health Equity utilize at least one of the following strategies and help to meet at least one of the objectives.

Strategy 1 Act and learn together as partners.

Objectives

Evaluate the embodiment of CARHE's values and equity principles within Center activities.

Enhance staff and partner skills and knowledge in community engagement and co-creation.

Learn from and find solutions together with people who have the hardest time staying healthy in our communities.

Strategy 2 Positively impact the conditions that impact health.

Objectives

Address inequalities in access to healthy food and nutrition.

Improve access to safe and affordable housing.

Reduce transportation barriers and make it easier for people to get where they need to be.

Strategy 3 Improve access to healthcare services.

Objectives

Improve access to care for rural people with behavioral health needs including substance use disorder.

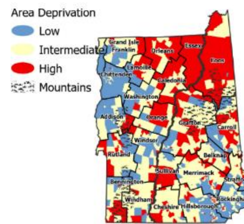
Provide a supportive system of care for those who are pregnant and postpartum in rural areas.

Appendix D: CARHE Communications Goals and Highlights

Goals:

Grow the CARHE audience and increase recognition	**Learn** together	**Act** together	**Amplify** voices, stories and successes

Sample content:



2023 Highlights

Continued to develop monthly e-newsletter, with an audience of 418 and growing.

Redesigned website with new pages devoted to events, projects and leadership. Viewership grew from an average of 197 viewers per month to 310. Engagement time increased from 44 seconds to 1 minute 29 seconds.

https://www.dartmouth-health.org/carhe

Launched Facebook and LinkedIn pages in fall 2023.

20 followers
314 page views
68 likes
58 clicks

www.facebook.com/carhedh

62 followers
106 page views
49 likes
95 clicks

www.linkedin.com/company/carhe-at-dartmouth-health

Data-informed decision making

72% of US adults use social media.[4]

"While racial/ethnic and health status–related disparities exist in Internet access, among those with Internet access, these characteristics do not affect social media use."[5]

15.6% of the population of New Hampshire and 17.1% of Vermont do not use the internet, so it will be important to think about how to reach these people, either directly or through project partners, in the future. [6]

[4] Pew Research Center
[5] Chou WS, Hunt YM, Beckjord EB, Moser RP, Hesse BW, Social Media Use in the United States: Implications for Health Communication, J Med Internet Res 2009;11(4):e48
[6] U.S. Census Bureau, 2019 1-Year American Community Survey (ACS) Estimates

Appendix E: Summary of CARHE Supported Projects

Below is a summary of the work accomplished by each of the four CARHE supported projects in 2023.

Willing Hands

Willing Hands is a food recovery organization based in Norwich, Vermont (VT). Their CARHE project seeks to improve access to and increase consumption of fresh produce among rural residents of six partner income-eligible housing complexes in VT and New Hampshire (NH).

During the first quarter, CARHE project managers met biweekly with Willing Hands' staff to discuss and revise the project goal, SMART objectives, timeline and workplan and ensure that the project aligned with CARHE's strategy and Willing Hands' need.

During the second quarter, the Willing Hands team focused on relationship building with staff managers at Lebanon Housing Authority and Twin Pines Housing Trust and creating baseline data from the partner sites. Towards the end of the second quarter, an evaluation plan and a survey tool were drafted and finalized to collect residents' input on the free food delivery program at their income eligible housing sites. The process of editing the survey led to discussions about what to measure and why, what is within the scope of the project, and what success would look like. The survey was pre-tested and revised based on the comments from the respondents.

During the third quarter, the finalized survey was administered among 238 residents of the six income eligible housing sites. The survey was administered in English and Spanish and completed in hard copy or online using Qualtrics. The survey was open for 5 weeks (July 19- August 25, 2023) and potential respondents were sent two reminder emails to increase response rate. The Willing Hands team surpassed the goal for resident input with a 25% individual survey response rate and a 44% household response rate. All resident liaisons were paid for their time and all survey respondents also received a $30 gift card.

During the fourth quarter, the data was exported from Qualtrics, cleaned and imported to STATA for analysis. Our analyses showed 119 people completed the survey, a response rate of 50%. The survey overall showed high satisfaction with Willing Hands' food service, and also highlighted important barriers to accessing Willing Hands' food as well as consuming fruits and vegetables more broadly. This comprehensive project evaluation provided valuable insights into the effectiveness of Willing Hands' food delivery service, highlighting areas of success and identifying opportunities for improvement to better serve the community's needs.

After comprehensive analyses of the data, a descriptive report was made with graphs and tables, and shared with the Willing Hands team. Wiling Hands' staff met with the Operations team to discuss survey results and ideas for moving forward. Next steps include creating an evaluation report and a brief presentation will be made to the Board members of Willing Hands. Additionally, plans are in place to share the results back with residents through various channels, including distributing flyers with food, utilizing Lebanon Housing's robo-call system, and conducting door-to-door outreach. This commitment to transparent communication ensures that the community is not only informed but actively involved in the ongoing improvement of Willing Hands' services.

NH Healthcare Workers For Climate Action - CHICKS

CHICKS is a grassroots, cross-sector and community-integrated program of New Hampshire (NH) Healthcare Workers For Climate Action. Their project seeks to assess and address limitations in climate and health awareness, knowledge and prevention strategies in rural and low-income youth

and family members in Kearsarge and Sunapee with respect to allergies and asthma with community-driven and cross-sector programming.

During the first quarter, CARHE project managers met with CHICKS team to discuss and revise the project goal, SMART objectives, timeline and workplan and ensure that the project aligned with CARHE's strategy and CHICKS's need. Once these were finalized, the team transitioned to discussions about project evaluation, IRB submission, and community engagement. In addition to these meetings, frequent email exchanges and occasional smaller group virtual meetings took place.

During the second quarter, CHICKS team formed two interdisciplinary group to address the goal and SMART objectives.

1. Education Working Group: This group developed a novel 10-week after-school curriculum for K-5 children at four Boys & Girls Club sites in the Kearsarge region. The curriculum focuses on building children's knowledge of air, air quality, asthma, and allergies. The overall design of the 10 sessions was decided upon, and the specific lesson plans were chosen in the coming weeks. Diane Edwards' child development students implemented the lesson plans from September to November.

2. Family Resource Working Group: This group worked on a user-friendly and engaging guide, with both internet and paper versions, to inform Boys & Girls Club parents/caregivers of local, state, and federal resources on home energy efficiency, weatherization, and indoor air quality to improve respiratory health. The group focused on content and design, with plans to pilot the guide in October-November.

CHICKS developed focus group and survey tools to gain knowledge of the priority audience, as well as pre- and post- evaluations for the resource guide. They also used the well-established KWL (Know, Want to Know, Learned) charts to evaluate each after- school lesson plan.

During the third quarter, the team had created and finalized lesson plans for the "Adventures in Climate and Health" program, a 10-session initiative that began at four Boys & Girls Club locations on September 19th. A survey for parents and caregivers was developed and finalized, with distribution commenced on September 19th. The survey remained open for a three-week period for the potential respondents to complete. The team also completed developing Family Resource guide with the help of the work group and a website designer. The team aimed to post a resource guide online by December. A comprehensive analysis of the parent survey revealed a majority of women aged 35-49 prioritizing their children's well-being. Notably, respondents also expressed concern about renewable energy and climate change, despite it not being their top priority. Most believe climate change is occurring due to human activities, possibly influenced by heightened extreme weather events in New Hampshire.

Leveraging the initial findings of the CHICKS project, and the CHICKS team successfully secured additional funds to ensure the project's ongoing continuation and expansion into Rochester, NH.

UVM OSHER

OSHER is a Center for Integrative Health at the University of Vermont (UVM). Their project seeks to improve access and increase consumption of vegetables and fruit among rural, food insecure cancer patients living in Vermont by providing free CSA memberships, nutrition education, and health coaching.

During the first quarter, the OSHER team met biweekly to discuss the project's progress, successes, challenges, and next steps. The CARHE staff provided valuable feedback on community

engagement, evaluation plans, and research measures, ensuring all necessary approvals from Dartmouth. Although the team did not require extensive hands-on support due to the experience of UVM team members in program development and implementation, they greatly appreciated the feedback, brainstorming, and problem-solving contributions from CARHE team.

During the second quarter, the project goal, SMART objectives, timeline and workplan were created and to ensure that the project aligned with CARHE's strategy and OSHER's need.

Once these were finalized, the team transitioned to discussions about project evaluation, IRB submission, and community engagement.

Key accomplishments of the project included:

- Development of program protocols, procedures, and materials.
- Establishment of partnerships with three farm partners, covering six out of 14 Vermont counties.
- Collaboration with various UVM departments including Oncology, Culinary Medicine, Planetary Health, Health Coach Training Program, and Comprehensive Pain Clinic.
- Enrollment of 26 oncology patients in the program.
- Holding an orientation session for program participants.
- Development of a research/evaluation protocol and receipt of IRB approval.
- Identification of potential community engagement partners from the population being served.

The project faced several challenges and were addressed as they arose. During the participant recruitment, there were few referrals from the oncology clinic staff. However, advertising the program in the patient e-newsletter helped fill the program and even created a waitlist. There were some staffing changes; the Garden Educator and Cancer Center Health Coach left UVM Medical Center. Partnerships with the Comprehensive Pain Program and UVM's Health Coach Training program helped meet the project's goals. Launching the program by the start of the farm season required significant time and effort, especially due to staff changes. Another program was put on hold to meet this timeline. Additionally, there was difficulty finding people to engage with. With input from CARHE, a long list of willing participants was established.

During the third quarter, the farm share distribution continued through mid-October and held an orientation session for program participants, distributed educational materials and recipe booklets to everyone. Developed a research/evaluation protocol, received IRB approval, and distributed the initial pre-program survey. Twenty-two of the farm shares participants completed the survey, representing an exceptionally high response rate (84.6%). Held two listening sessions for program participants in August. These sessions were attended by 10 participants (38.5%) who provided valuable feedback and suggestions for the program. Overall, the participants people appreciated fresh, high- quality produce. Some participants shared that it is hard to consume some foods due to medical challenges so would be nice to have more choice. Project staff have applied for funding to implement this project again in the summer of 2024 and are waiting to learn about the status of their application.

Monadnock United Way

Monadnock United Way (MUW) is connected with the Early Childhood Funders Collaborative. Their project seeks to improve equitable access to family supports and services in a minimum of three of the highest need rural communities in EC Region 1 by increasing the availability and awareness of family programs and resources through local libraries, strengthening the capacity of local libraries to provide children's programming, and fostering opportunities for families build connection/community cohesion.

During the first quarter, CARHE project managers met with MUW team to discuss and revise the

project goal, SMART objectives, timeline and workplan and ensure that the project aligned with CARHE's strategy and MUW's need. Once these were finalized, the team transitioned to discussions about project evaluation, IRB submission, and community engagement. In addition to these meetings, frequent email exchanges and occasional smaller group virtual meetings took place.

During the second quarter, the project team finalized an evaluation plan for a community project involving five libraries, with a focus on qualitative data. The evaluation included brief pre and post self-assessments for librarians, as well as in- depth interviews at the project's conclusion to understand its impact. The team had reached out to nine potential partner libraries, eventually narrowing down to four (Gilsum, Marlow, Lempster, Charlestown). The selection process involved interviews with librarians and reviews of programming, space, needs, family engagement, resource connections, and challenges. Initially, the project aimed to work with both librarians and families. However, due to time and funding constraints, the focus had shifted to librarians to maximize impact. The CARHE team provided valuable project management strategies and facilitated brainstorming sessions, helping to maintain forward momentum.

In the same quarter, the project team worked on enhancing the project's impact through strategic initiatives and partnerships. Key developments included:

- **Formalizing Partnerships with MOUs**: Significant progress made in formalizing partnerships with libraries. Memorandums of Understanding (MOUs) were successfully completed with three of the five selected libraries (Charlestown, Gilsum, and Marlow). These MOUs had established a solid foundation for collaboration and had helped set clear expectations and services of interest to librarians.
- **Librarian Skills Assessment Tools**: A specialized assessment tool was designed for librarians to self-assess their strengths and needs as related to practices that promote positive child development and identify areas for improvement. This tool empowered librarians to assess their progress and enhance their effectiveness by providing developmentally appropriate enrichment activities for children and positively managing behavior.
- **Coaching and Training**: MUW staff provided training and coaching to support librarians to work on skills identified in their self-assessments.
- **Professional Networking:** MUW convened the librarians across the participating libraries in order to support relationship building and resource sharing. The librarians have started to engage with one another to problem-solve and share resources across communities, which they have expressed is very helpful.
- **Family Engagement Initiatives**: A comprehensive interview guide was created to assist librarians in conducting family interviews to gain insights into the preferences and needs of patrons to inform planning for library programs and services. Some libraries have completed the family interviews, and all libraries will complete the interviews by the end of January. This is the first time many of the librarians have interviewed patrons to get their input, so this activity has been foundational in helping to build their skills with patron engagement.

During the third quarter MUW staff continued to provide coaching and training to the librarians to support their identified professional development priorities. They will also start working with libraries to enhance their knowledge of the various early childhood resources to refer library patrons. MUW staff are working with librarians to plan a community gathering in 2024 that will bring together schools, family resource centers, early support services and libraries to highlight the early childhood supports that each entity provides and share resources. MUW and CARHE staff are working together to design interview guides and will conduct interviews with librarians to get their feedback about their experience with the project. They are seeking funding to help continue the work started through this project.

Appendix F: Summary of CARHE Fall Gathering 2023

Center for Advancing Rural Health Equity Fall Gathering:
Learning and Acting Together in our Communities

Monday, October 30, 2023 | Lake Morey Resort, Fairlee, Vermont

EVENT SUMMARY

Overview

The Center for Advancing Rural Health Equity held its second gathering on Oct 30, 2023 at Lake Morey Resort in Fairlee, VT. Approximately 160 people came together to learn from one another about health disparities in our region and to participate in dialogue about how to work together across disciplines and sectors to advance health equity in our rural communities.

Dr. Yvonne Goldsberry's keynote highlighted the importance of community power and served as a reminder of both the challenges and opportunities for all of us as we strive toward improving health equity. Dr. Goldsberry encouraged us to "dig deeper" in our work and to demonstrate commitment, work to improve capacity, be accountable and cultivate relationships, support the power and assets of our communities, and to be bold in standing with the community.

A panel discussion moderated by Dr. Sally Kraft included diverse perspectives on building coalitions and engaging in partnerships between grassroots organizations and larger institutions. Panelists Dr. Sanam Roder deWan, Kailene Jones, and Angela Zhang, together with Dr. Goldsberry, spoke about their experiences with power dynamics and the need for systemic change to help foster more equitable partnerships.

Throughout the morning, speakers and participants identified the importance of community engagement, trust, and collaboration to help us achieve shared goals.

Key themes from breakout workshop sessions

These sessions included three separate moderated panel discussions. Each panel was presented with the same set of four questions plus questions from participants. The focus areas of the three panels were behavioral health, food and nutrition, and early childhood development.

While the panels focused on separate topics, there were several themes that were common among the different sessions. Each panel brought up the need to engage customers (clients/patients) "where they are." By this, the groups meant going to locations where the population they serve congregate to meet with them or provide services. It was repeatedly affirmed that this was the most effective way to gain trust, information, and data.

Another common theme was the need to partner with trusted community organizations to provide services. Across all groups this was discussed as a more efficient way of gaining trust while providing services. Some groups mentioned were local libraries, Boys and Girls Clubs, and local hospitals. It was highlighted that there is an existing sense of trust between customers and these organizations, which would lead to increased participation in programs. The last major theme discussed across all of the panels were the high-level barriers that impede progress. It was noted that these barriers affect both service providers working with the community and community members while trying to access services.

Participants were invited to leave feedback from these sessions. Below is a summary of themes from these comments:

- **A need to address priority health and social needs**, including poverty and education, transportation, food and nutrition security, health insurance coverage, mental health and substance use disorders; and to discussing and addressing systemic racism
- **A call to focus programs on minority populations**, including veterans, LGBTQ, BIPOC community members, and at-risk youth
- **A need for improved coordination** between various health and social service providers and opportunities for connection to resources (breaking down silos and reducing duplication)
- **Ideas for CARHE support:**
    - Capacity building, including learning opportunities for small organizations and programs, and diversity training
    - Policy and advocacy, including training in civic and policy engagement, and advocacy for key health policies (e.g. paid family leave, reimbursement for mental health services)
    - technical assistance for teams interested in getting started in equity work
    - pairing researchers with programs to improve evaluation
    - Engaging medical and other students
    - Leveraging business sector to reach people “where they are at”
    - Seeking unrestricted funding for workforce development and nonprofit capacity building
- **Ideas for future events:**
    - More time for small group discussion
    - More time for questions
    - Elevate voices of people with lived experience and people who have created small groups or services
    - Practical suggestions for what people can do today to get started
    - Host an event for community health workers and other “boots on the ground” workers

Key themes from the World Café roundtables

Through an interactive facilitated discussion, participants responded to the following three prompts:

1. What critical health, social drivers of health, and health care needs in our rural communities do you see as valuable opportunities for partnerships between health care providers, researchers, community service organizations, and community members address together?
2. What things get in the way of these partnerships forming and being successful?
3. What could the Center for Advancing Rural Health Equity (CARHE) and others be doing to make it easier for these partnerships to find each other, develop shared interest, and form these partnerships?

Summary themes:

Health and social needs:

- Social determinants of health – the most widely cited needs were social determinants of health, including transportation, housing, food, social isolation, education, recreation, and others.
- Healthcare access – access to care and services was also a prominent theme, including mental health care, maternal and child health and services, complex needs, and others.
- Family and child supports – including gaps in child care, paid family leave, and issues of domestic violence.
- Other key needs and issues included:
    - Civic belonging
    - Stigma
    - Substance use disorders
    - Rurality
    - Older adults
    - Racism/discrimination

Barriers/facilitators to partnerships:

- Collaboration – collaboration was a key barrier mentioned, including the need for coordination between various actors, reducing duplication, and prioritizing needs and programs.
- Systems and structures – systemic issues were another common theme, including funding structures and duration of funding, payment systems, leadership, administrative systems, and others.
- Community engagement – participants also discussed the need for inclusion and ways to be more inclusive of individuals.
- Other key ideas shared included:
    - Culture
    - Trust
    - Power dynamics
    - Knowledge and info sharing

Opportunities to improve how we work together:

- Resources – the most common opportunity was related to growing resources, including the need for more time and capacity, adequate workforce, and more funding.
- Communication – participants noted needs for greater communication between organizations and about services, a central place to find information, opportunities for dialogue and exchange, and other areas.
- Convening – including bringing people together, hosting events and working groups.

- Research and data – including a need for more/better data and data sharing.

Program and Session Details

PROGRAM AT A GLANCE

8:00 - 8:30 AM	Registration and Coffee
8:30 - 8:40 AM	Welcome
8:40 - 9:10 AM	Keynote with Dr. Yvonne Goldsberry: Digging Deeper for Health Equity
9:10 - 10:05 AM	Panel Discussion: Partnering for Health Equity from the Ground Up
10:05 - 10:15 AM	Break & Transition
10:15 - 11:15 AM	Workshop Sessions: Value-based Approaches to Health Equity Work Waterlot Room: Food and Nutrition Security Terrace Ballroom: Childhood and Family Supports Morey Room: Behavioral Health Needs
11:15 - 11:25 AM	Break & Transition
11:25 - 11:55 AM	World Café: Creating the Conditions for Equitable Partnerships
11:55 - 12:00 PM	Closing in Gratitude
12:00 - 1:00 PM	Lunch featuring a plant forward menu

SESSION DETAILS

8:30 – 9:10 AM
Terrace Ballroom
Welcome and Setting the Stage

Rudy Fedrizzi, MD, Public Health Services District Director, Vermont Department of Health

Keynote: Digging Deeper for Health Equity

Dr. Yvonne Goldsberry, PhD, MPH, MSUP, President, The Endowment for Health

9:10 – 10:05 AM
Terrace Ballroom
Panel Discussion: Partnering for Health Equity from the Ground Up
During this session, panelists will share their stories of change and how small initiatives can partner toward improved health equity for our communities.

Yvonne Goldsberry, PhD, MPH, MSUP, President, Endowment for Health
Sanam Roder deWan, MD, PhD, Associate Professor of Community and Family Medicine, Geisel School of Medicine at Dartmouth and Service Delivery Redesign Lead, The World Bank
Kailene Jones, MPH, Founder and Board Chair, Women of the Mountains Birth Initiative (WOMB)
Angela Zhang, MSW, Programs Director, LISTEN Community Services
***Moderated by Sally Kraft**, MD, MPH, Population Health Officer, Dartmouth Health*

10:15 – 11:15 AM

Workshop Sessions: Value-based Approaches to Health Equity Work

Food and Nutrition Security

Waterlot Room

Kim Dittus, MD, PhD, Associate Professor of Medicine, Hematology/Oncology Division, University of Vermont
Krista Karlson, Development Manager, Willing Hands
Bea Ngugi, MSW, Social Worker OB/GYN, Dartmouth Health
Facilitated by Taralyn Bielaski*, MPH, Community Health Partnership Coordinator, Dartmouth Health*

Childhood and Family Supports

Terrace Ballroom

Matt Cahillane, MPH, Principal Ecological Solutions Consulting, CHICKS
Ellen Taetzsch, MPH, Systems Manager, Early Childhood Region 1, Monadnock United Way
Nina Sand-Loud, MD, Assistant Professor Psychiatry and Pediatrics, Geisel School of Medicine at Dartmouth
Facilitated by Holly Gaspar*, MPH, MED, Manager, Population Health, Dartmouth Health*

Behavioral Health Needs

Morey Room

Julie Balaban, MD, Assistant Professor of Psychiatry and Pediatrics at Dartmouth Health, Section Chief for Child and Adolescent Psychiatry, Department of Psychiatry, Dartmouth Health
Laura Byrne, MA, Executive Director, HIV and Hepatitis C Resource Center
Stephanie Bergeron, MS, Project Director, Certified Community Behavioral Health Clinic, West Central Behavioral Health
Facilitated by Andrea Smith*, MPA, MSW, CPS, Senior Community Health Partnership Coordinator, Population Health, Dartmouth Health*

11:25 – 11:55 AM

Terrace Ballroom

World Café: Creating the Conditions for Equitable Partnerships

This semi-structured Open Space session will encourage collaboration by exploring how community members, leaders, researchers, and clinicians can better build mutually valuable partnerships drawing on shared interests to improve rural health.
Hosted by: Greg Norman*, MS, Senior Director of Community Health, Dartmouth Health*

11:55 – 12:00 PM

Terrace Ballroom

Closing in Gratitude

Sally Kraft, MD, MPH, Population Health Officer, Dartmouth Health

12:00 – 1:00 PM

Lakeside Dining Room

Lunch

Featuring a plant forward menu

Speaker Bios

PRESENTERS, PANELISTS, FACILITATORS

Rudolph Fedrizzi, MD

Public Health Services District Director, Vermont Department of Health

Rudolph (Rudy) Fedrizzi is the Public Health Services District Director for the White River Junction Office of Local Health in the Vermont Department of Health. Prior to his career in public health, Dr. Fedrizzi practiced Obstetrics and Gynecology for 16 years. His past administrative and clinical experience includes Chief of OB-GYN Services and training as a flight surgeon at Luke Air Force Base Hospital in Glendale, AZ, Medical Director of the Northern New Mexico Women's Health and Birth Center in Taos, NM, and Director of Surgical Services at Cayuga Medical Center in Ithaca, NY. Currently, he is Chair of the Upper Valley Medical Reserve Corps Advisory Board, President of the Public Health Council of the Upper Valley Board, Vice President of the Southern NH Area Health Education Network (AHEC) Board, member of the Twin Pines Housing Board, and member of the Rotary Club of Lebanon, NH.

Yvonne Goldsberry, PhD, MPH, MSUP

President, The Endowment for Health

Before joining the Endowment, Dr. Goldsberry served as Vice President of Population Health and Clinical Integration for Cheshire Medical Center/Dartmouth Hitchcock Keene. She is well known as the architect of the nationally recognized Healthy Monadnock initiative, where she engaged numerous community coalitions and over 2.000 community leaders, stakeholders and residents in a bold vision for community health. Prior to that, Dr. Goldsberry served at the NH Department of Health and Human Services, Office of Community and Public Health. There, she successfully managed statewide planning, funding and allocations; developed the NH Public Health Network; and contracted for an $11-million federal emergency preparedness initiative. Earlier in her career, Dr. Goldsberry held leadership positions at Home Healthcare Hospice and Community Services in Keene, and at the Washington Business Group on Health and George Washington University Center for Health Policy Research, both based in Washington, DC. Dr. Goldsberry holds a PhD in Public Policy from George Washing University, a Master of Public Health and a Master of Science in Urban Planning from Columbia University, and a Bachelor of Arts in Biology from Brown University.

Sally Kraft, MD, MPH

Population Health Officer, Population Health, Dartmouth Health

Sally Kraft is Vice President of Population Health at Dartmouth Health where she leads a multi-disciplinary team dedicated to improving the health of populations and communities across the region served by Dartmouth Health faculty and affiliates. Dr. Kraft served as the Medical Director of Quality, Safety and Innovation at the University of Wisconsin Health system from 2007-2014 where she led system-wide initiatives to redesign ambulatory care. She received her MD and MPH degrees from the University of Michigan, completed a residency in internal medicine at Santa Clara Valley Medical Center and fellowships in Pulmonary and Critical Care medicine at Stanford University. She has practiced pulmonary and critical care medicine in Stanford CA and Madison WI.

Sanam Roder deWan, MD, DrPH

Associate Professor of Community and Family Medicine, Geisel School of Medicine at Dartmouth

Dr. Sanam Roder-DeWan, MD, DrPH, is a family physician and implementation scientist in the Dartmouth Health Department of Community and Family Medicine. She is focused on closing the global maternal and newborn health equity gap through health system reforms that improve quality of care at scale for marginalized populations in the US and low- and middle- income countries

Kailene Jones, MPH

Founder & Board Chair, Women of the Mountains Birth Initiative

Natural birth enthusiast, mother of 3, and public health professional with a passion to make a broad impact on the lives of women and their children. Kailene has been captivated by the perinatal world since childhood, growing up as the oldest of six and attending 6 births before the age of 18, she fell in love with the empowering journey she watched multiple women embark on while they brought new life into the world. Originally studying to become a nurse with the goal of becoming a nurse midwife, Kailene quickly realized she wanted to make a difference that would require much more than just providing direct care. This desire led her to obtaining a bachelor's degree in Public Health from Colby-Sawyer College in 2017, followed by a master's degree in Public Health from University of New England in 2020. Throughout her academic career Kailene focused her research on maternal health needs and outcomes, gaining a wealth of knowledge regarding the necessity for systems change in the US maternity care industry. Currently employed by Dartmouth Health, Kailene now has 5 years of public health project coordination experiences, 2 years of public health project management experience, and 3 years of grant writing experience. Kailene is eager to use these public health skills to help strategically build WOMB into a sustainable nonprofit that will provide North Country women and families with holistic perinatal resources/education, connection and supports for years to come.

Angela Zhang, MSW

Programs Director, Listen Community Services

Originally hailing from Virginia and now living in Lebanon, NH, Angela Zhang is the Programs Director at LISTEN Community Services, a social services agency based in Lebanon dedicated to helping meet the critical needs of Upper Valley individuals and families. In her work, she is actively involved in fighting poverty, homelessness, and racism in the Upper Valley. She believes strongly in building community, mutual support, and visibility for Black, Indigenous, and People of Color (BIPOC) communities. in 2020, Angela co-founded the BIPOC Social Workers of Northern New England affinity group. She also teaches at the Social Work department at Plymouth State University. In her spare time, she volunteers as a crisis line advocate for WISE, and serves on the Board of Directors for WISE and Twin Pines Housing Trust. Angela was named the 2022 Social Worker of the Year by NH National Association of Social Workers.

Taralyn Bielaski, MPH

Community Health Partnership Coordinator, Population Health, Dartmouth Health

Taralyn is a Community Health Partnership Coordinator in the Population Health Department at Dartmouth-Hitchcock Medical Center. In her role she supports programs across the Dartmouth Health system that address the social determinants of health with a strong focus on food and nutrition access. Taralyn also serves as the Greater Sullivan County Public Health Advisory Council Lead, support community health improvement strategies across 15 rural towns and one city. Her work includes

designing and implementing various food and nutrition access programs including: shelf stable food access across over a dozen clinics, food prescription programs for pediatrics and OB/GYN populations, implementing a mobile farm stand for a rural, critical access hospital among other various programs.

Kim Dittus, MD, PhD

Director of Oncology Support Services and Oncology Integrative Health, University of Vermont

Kim Dittus is a medical oncologist with a background in nutrition and lifestyle change. She is the medical director of Supportive Services at the UVM Cancer Center where she promotes programs that mitigate or improve side effects related to cancer and cancer treatment. Her research interests broadly encompass cancer survivor issues. In particular, she is interested in developing interventions that promote healthy food choice and movement.

Krista Karlson, BA

Outreach & Development Manager, Willing Hands

Krista Karlson is the Outreach & Development Manager at Willing Hands, a food recovery organization working to end hunger and reduce food waste in the Upper Valley region. In collaboration with the Center for Advancing Rural Health Equity, Krista and her colleague Katie Ryan O'Flaherty are implementing a study of the impact of free fresh food deliveries at income-eligible housing sites. Prior to Willing Hands, Krista worked in magazine journalism where she wrote and edited stories at the intersection of environmental and social issues.

Beatrice Ngugi, MSW, PMH-C

Social Worker, OB/GYN, Dartmouth Health

Beatrice is a social worker with Dartmouth Health's Department of Obstetrics and Gynecology at Dartmouth Hitchcock Medical Center. Her experience has been largely focused on working with patients that are pregnant, postpartum, and/or struggling with infertility and other reproductive concerns. She has extensive training in maternal mental health and is certified as a specialist in maternal mental health treatment by Postpartum Support International (PSI). Beatrice's practice is rooted in providing inclusive, equitable and person-centered care. She is passionate about utilizing community-based interventions as a means to reducing disparities and increasing access to mental health services.

Holly Gaspar, MPH, MED

Manager, Population Health, Dartmouth Heath

Holly Gaspar, MPH, MED, is a manager in Population Health at Dartmouth Health, leadership and oversight to many projects focused on perinatal and early childhood, for advancing health and wellness across clinical and community based settings. Prior to this role, Holly spent a decade in the field of Child Life at the Children's Hospital at Dartmouth, providing direct psychosocial care to children and families in a variety of in-patient and out-patient settings. Holly created and facilitated a multisite, evidence-based program to support children's coping with painful procedures using non-pharmacological approaches to care. Holly uses standard approaches in project management and quality improvement, systems theory, strength-based, and trauma-informed care to collaborate with healthcare settings and community agencies to enhance support and access for children and families impacted by substance misuse, trauma, and social vulnerabilities during the early childhood time period. In addition to her multiple certifications in the education and clinical

fields, Holly has also been asked to share her expertise as an adjunct faculty member at the Community Colleges of Vermont.

Matt Cahillane, MPH

Principal, Ecological Solutions Consulting

Matt Cahillane is a public health professional with three decades of experience working on environmental impacts at the local and state level in the New England region. His current affiliations include a principal consultant for his company, Ecological Solutions, an Advisor for NH Healthcare Workers for Climate Action, and an adjunct faculty member at Antioch New England University. Prior affiliations include working as a program manager NH Division of Public Health Services. He is an author on several published research studies related to environmental hazards, climate modeling, and building community resilience to severe weather events. One of his career goals is to build a cadre of instructors help people adapt to the impacts of climate change, including Lyme disease, mental stress, and severe weather impacts. His education includes a bachelor's degree in Preventive Health Studies from UMass Amherst, and a Master of Public Health (MPH) from UCLA.

Ellen Taetzch, MPH

Systems Manager, Early Childhood Region 1, Monadnock United Way

Ellen Taetzsch is the Systems Manager for Early Childhood Region 1 out of Monadnock United Way, serving southwestern New Hampshire. She works to support collaboration between schools, early childhood educators, family support services, community members and families to ensure our young children thrive. Prior to this she worked in Vermont strengthening the early childhood system through local and statewide approaches where she was a graduate of the Snelling Center for Government Early Childhood Leadership Institute in 2017. Before that she worked in Uganda and Zambia with rural communities to provide health education on topics ranging from rabbit rearing to HIV Education and support community development.

Nina Sand-Loud, MD

Assistant Professor Psychiatry and Pediatrics, Geisel School of Medicine at Dartmouth

Nina Sand-Loud, MD is an Assistant Professor in the departments of Psychiatry and Pediatrics at the Geisel School of Medicine at Dartmouth. Dr. Sand-Loud joined Dartmouth-Hitchcock in 2010 and specializes in developmental disorders including autism spectrum disorder, sleep disorders, down syndrome, learning differences and AD/HD with a special interest in early childhood education and screening. Dr. Sand-Loud is passionate in her advocacy for her patients and their families to ensure all children have access to the educational opportunities they need to help them thrive.

Andrea Smith, MPA, MSW, CPS

Senior Community Health Partnership Coordinator, Population Health, Dartmouth Health

Andrea Smith is a Senior Community Health Partnership Coordinator in the Population Health Department at Dartmouth-Hitchcock Medical Center. Through her work, Andrea focuses on substance misuse prevention for the Upper Valley Regional Public Health Network and serves as co-facilitator for ALL Together, the Upper Valley's regional substance misuse and suicide prevention coalition. Andrea has her Master's in Social Work and Public Administration and is a Certified Prevention Specialist. Andrea was recently appointed to serve on the Behavioral Health Workgroup for NACCHO.

Julie Balaban, MD

Assistant Professor of Psychiatry and Pediatrics at Dartmouth Health
Section Chief for Child and Adolescent Psychiatry, Department of Psychiatry, Dartmouth Health

Julie Balaban MD is an Assistant Professor of Psychiatry and Pediatrics at Dartmouth Health, and is Section Chief for Child and Adolescent Psychiatry in the Department of Psychiatry. Dr. Balaban has extensive experience in providing direct care to children, adolescents and their families at all levels of service. In addition she has provided consultation to pediatricians, allied health professionals and schools, as well as teaching and supervising mental health trainees and providers. Dr. Balaban has been a team member on multiple grants and projects with a focus on creative expansion of mental health care to youth and families in rural community settings.

Laura Byrne, MA

Executive Director, HIV and Hepatitis C Resource Center

Laura Byrne is Executive Director of the HIV/HCV Resource Center, an AIDS Service Organization located in Lebanon, New Hampshire. Over the past decade, she has expanded her agency's syringes service and overdose prevention programming and has worked to strengthen the linkage to care for people with substance use disorders. She is particularly interested in promoting health equity for clients who have faced stigma, including people who inject drugs and LGBTQ individuals. In addition to harm reduction, she is interested in relationships between gender, identity, society and culture. She is a graduate of Colby College and received an MA in Anthropology from Boston University. In her spare time, she likes to sing and play hockey, but not necessarily at the same time.

Stephanie Bergeron, MS

Projects Director, Certified Community Behavioral Health Clinic, West Central Behavioral Health

Stephanie is a proficient grant writer and creative professional with over two decades of experience in resourcing and managing collaborative initiatives in higher education and behavioral health. She is currently the CCBHC (Certified Community Behavioral Health Clinic) Project Director at West Central Behavioral Health in Lebanon, NH. She is excited to support West Central and its community partners as they work through this transformational process to increase access to coordinated comprehensive behavioral healthcare. Stephanie resides in Weare, NH with her husband, teenaged daughter and two rescue dogs.

Greg Norman, MS

Senior Director, Community Health, Dartmouth Health

Greg Norman is Senior Director of Community Health at Dartmouth Health in Lebanon, New Hampshire. In this role, Greg oversees Dartmouth Health's Community Health Needs Assessment process, the development of Dartmouth Health's Community Health Improvement Plan, and then helps Dartmouth Health organize its people, expertise and other resources to partner with community organizations and community members to help improve conditions that impact health and well-being. Prior to working at Dartmouth Health, Greg worked as a part of several Upper Valley region non-profits including Headrest, many regional schools, and The Family Place Parent Child Center, and provided strategic planning consultation to numerous other organizations. Greg is also an Adjunct Instructor in The Dartmouth Institute's Master's in Public Health degree program. Greg enjoys hiking, town recreation sports, and off-key singing and guitar playing in his spare time, and volunteers as a Board Member and Strategic Planning Committee member for Vital Communities.

Event Evaluation

Evaluation questions:

How'd it go?

Working Together to Improve Health for Rural New England Communities

October 30, 2023

Lake Morey Resort, Fairlee, VT

We know your time is valuable and appreciate you spending it with us. Please answer the following questions to help evaluate our time together and plan for an even better event next time.

Please rate the following on a scale from 1 to 5
(with 1 being "strongly disagree" and 5 being" enthusiastically agree!")

During the gathering, I...

...gained a better understanding of health equity challenges in our rural communities	1	2	3	4	5
...gained a better understanding of how to participate in rural health equity work in my community	1	2	3	4	5
...connected with others who share my rural health-related interests	1	2	3	4	5

After today I feel:

Less engaged and excited about the Center for Advancing Rural Health Equity	About the same as I did going into the day	More engaged with the Center for Advancing Rural Health Equity

What did you particularly like? What could we have done to make it better?

____

____

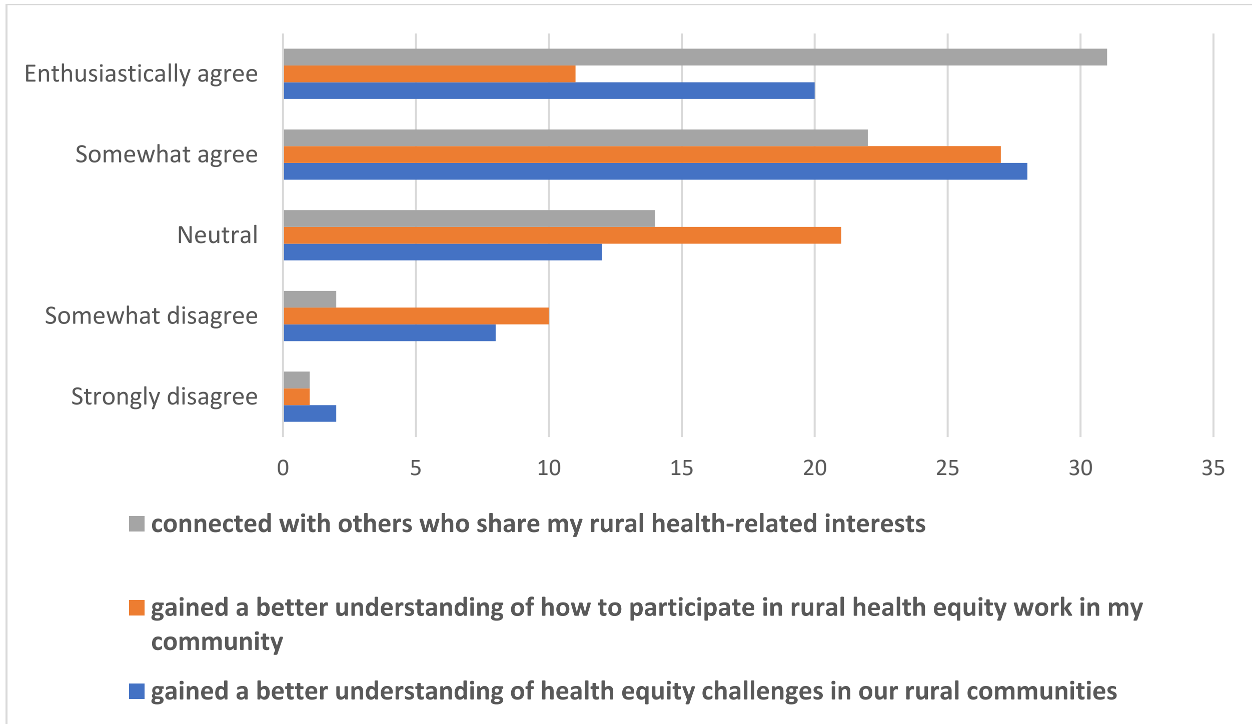
What would you like to see CARHE do in the coming year?

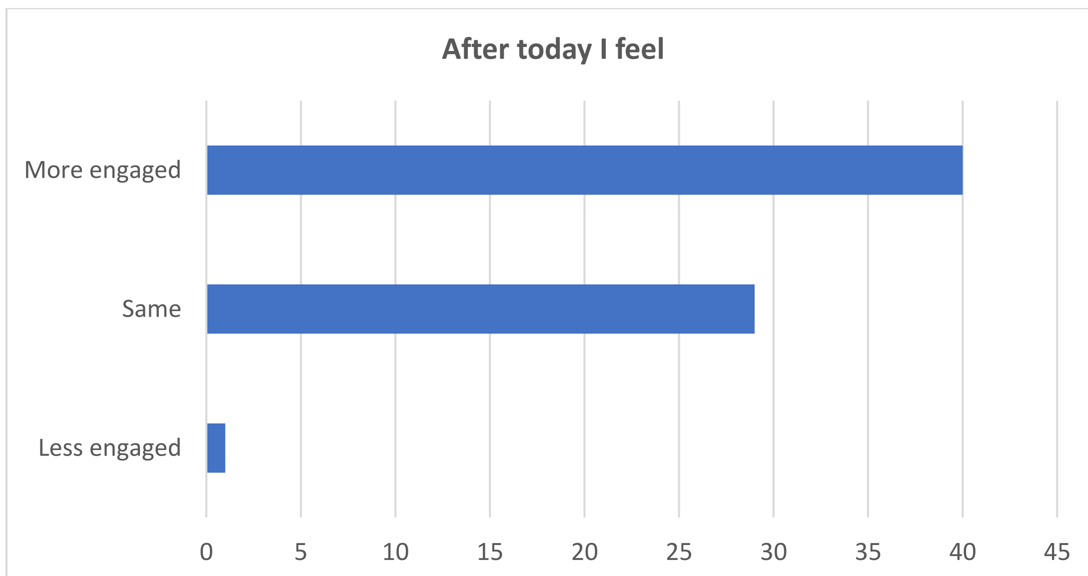
____

____

Evaluation results:

The following results from our event evaluation are from 70 respondents, which is approximately a 44% response rate.





What did you particularly like?

- Keynote talk by Dr. Yvonne Goldsberry
- Opening panel discussion
- Experience and diversity of speakers
  "I especially liked the panel discussion and the diverse background and experiences of the panelists was good."
- Breakout sessions
- Opportunity to connect with others
- Variety of sessions and learning about rural health equity
  "Really learned a lot from the presentations."
- Inclusive vibe
- Organization, materials, pronoun pins, food
- Having no slides

What could we have done to make it better?

- More interactive sessions and more time for Q&A
  "The final exercise was great, but I wish we spent more time on it. We really did not get much of an opportunity to talk. Exercises such as the last one could have been helpful perhaps earlier in the session as well."
- More opportunity for networking
- Longer event, including more time for breakouts and more time for World Café
  "The day was filled with a lot of information, it was good, the only suggestion is to allow additional time to attend more than one breakout session as it was difficult to choose."
- Different venue/location and improved accessibility
- More visuals
- Later start time
- Virtual option
- Provide contact info for participants
- More focused topic areas, focus on socioeconomic issues
- Greater representation from specific groups: LGBTQ, BIPOC, veterans, other small populations

What would you like to see CARHE do in the coming year?

- Engage with community, engage with more people
  "Connect with community based organizations to understand the capacity that exists. Use partnerships with community organizations to identify and engage community change makers."
- Engage with specific groups, including medical students, faith groups, people in Maine
- Bring people together, provide opportunities for networking and dialogue
  "Create a platform - or co-design process to begin to virtually connect partners in community health to ask questions, learn about best practices based on core areas of need."
- Disseminate information about CARHE and local resources
- Training and capacity building (grant writing, community based participatory research)
- Focus on systems and policy/advocacy
- Practice humility
- Address root causes, socioeconomic security, and racism
- More opportunities to get involved

Land Acknowledgement Statement

This meeting takes place on N'dakinna which translates to 'our homelands' that is now called New Hampshire and Vermont. N'dakinna, is the unceded traditional ancestral homelands and waterways of the Pennacook, Abenaki, and Wabanaki Peoples past and present. We acknowledge and honor with gratitude the aki (land), nebi (water), Awan (Air), olakwika (flora), and awaasak (fauna) and the Aln8bak (Human Beings) who have stewarded N'dakinna throughout the generations for over 12,000 years.

Appendix G: Rural Health Equity ECHO Course Summary, Outcomes and Resources

Project ECHO at Dartmouth Health Course Summary for QI and Archival purposes

Course Title	Rural Health Equity ECHO: Tackling the Social Drivers of Health
Course Director	Beth Wilson
Course Manager	Ariel Pike
Course Facilitator	Beth Wilson & Kris Bergen-Buteau

Learning Objectives

1. Explain rural health equity and the complex issues that come together to produce unfair health outcomes in northern New England (NNE).
2. Apply key equity principles in working with others to overcome barriers to health equity in NNE.
3. Engage in actions that promote greater health equity in NNE.

Session Dates, Topics and Speakers

Time of Day: Wednesdays 12-1pm EST

Dates	Topics	Speakers
9/13/2023	Addressing Rural Health Equity: Contextual Considerations	Rudy Fedrizzi, Angela Zhang, Sally Kraft
9/27/2023	Housing	Rob Dapice
10/11/2023	Food and Nutrition	Chelsey Canavan + Hanna Flanders
10/25/2023	Transportation	Ezekiel Baskin
11/08/2023	Childcare	Courtney Hillhouse
11/29/2023	Access to healthcare	Sally Kraft & Andrew Loehrer
12/06/2023	Special barriers to well-being and care	Jessica Goff, Rikki Chapman & Kris Bergen-Buteau
12/20/2023	Cross cutting solutions	Andy Lowe, Rudy Fedrizzi

Panelists:

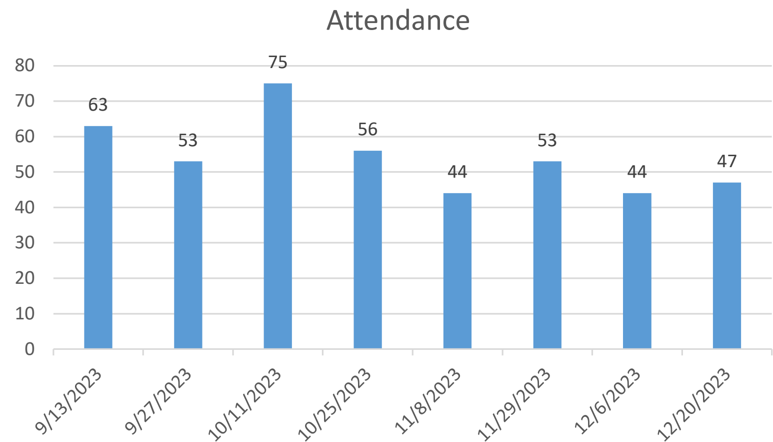
Name and degrees	Perspective-Profession	Regular or Visiting
Rudy Fedrizzi, MD	Public Health Services District Director, Vermont Department of Health	Regular
Angela Zhang, MSW	Program Services Director, LISTEN community services	Regular
Chelsey Canavan, MSPH	Manager, Center for Advancing Rural Health Equity	Regular
Andrew Loehrer, MD, MPH	Staff Physician, Dartmouth Health	Regular
Kris Bergen-Buteau, CPHQ	Director, Workforce Development & Public Health Programs, North Country Health Consortium	Regular
Andy Lowe	Executive Director, New England Rural Health Association	Regular
Beth Wilson, MD, MPH, MS-HPEd	Chair and Professor, Department of Community and Family Medicine, Dartmouth Health and Geisel School of Medicine	Regular
Michael Redmond	Executive Director, Upper Valley Haven	Visiting

Andrew Winter	Executive Director, Twin Pines Housing	Visiting
Christina D'Allesandro	Director of early childhood and family supports, NH Charitable Foundation	Visiting
Amber Wright	Trainee (childcare session)	Visiting
Erin Barnett, PhD	Associate Professor of Psychiatry and The Dartmouth Institute for Health Policy and Clinical Practice, Geisel School of Medicine at Dartmouth and DHMC	Visiting
Amy Brooks, M.Ed.	Executive Director - Early Care & Education Association	Visiting

Marketing and circulation venues: Attendees of past ECHOs from Connect site, D-H Marketing/Pop Health Newsletter, DHMC CME office, The Pulse, NH Medical Society, VT Medical Society, COOP Network, UNH ECHO team, UNH Institute for Health and Policy, JSI ECHO team, CMOs of Dartmouth Health affiliate sites - New London; Mt Ascutney; APD; Bennington; and Brattleboro, Healthy NH, NH Hospital Association, VT Public health association, One Care Vermont, Northern & Southern AHEC's, Maine Health, Regional Public Health Networks, Bistate Primary Care, DH Primary Care Newsletter, CHW networks, VT FQHCs, NH Nurse Practitioner Association, NERHA mailing list, Greater Upper Valley Integrated Services Team, The VT Community Health Equity Partnership, Public Health Council, Primary care newsletter

Participant information

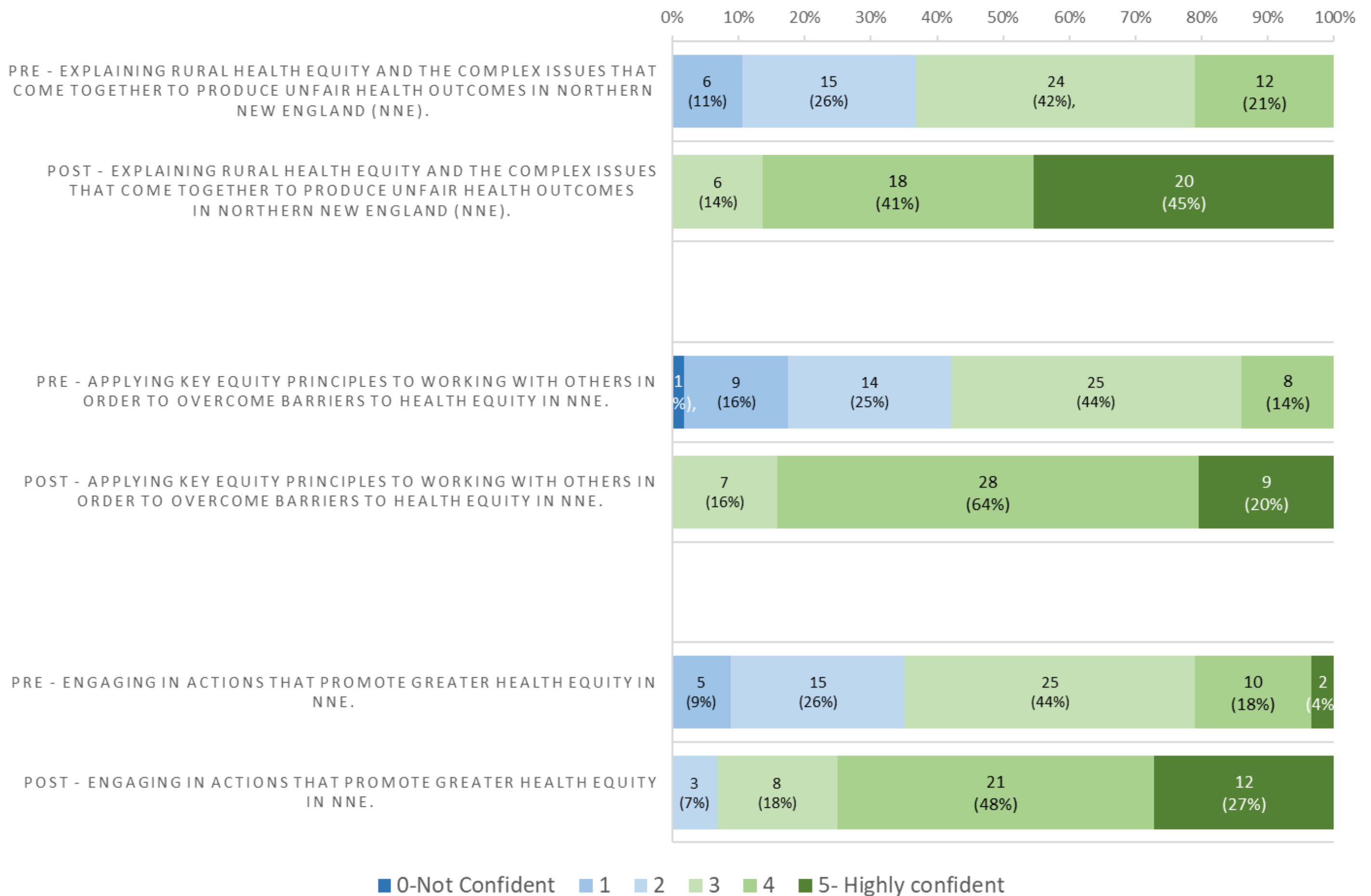
- Number Registered:191
- Number registered from D-HH system: 48
- Avg session attendance: 54



Professional distribution/Geographic distribution

Medical Professional	79
Public Health	33
Administrative	22
Educator	18
Community Based Health Worker	11
Policy Maker/Advocate	3
Researcher	6
Student	5
Community Service Organization	2
Other	12

Outcomes Data



Overall Confidence Scores:
Pre: 62% Post: 98%

98% of Participants report feeling a decreased sense of professional isolation after participating in the ECHO course.

Please name 1-3 things, if any, you anticipate doing differently as a result of attending the course:

- More collaboration, look for places where there are solutions, continued collaboration
- Participate in more Echo series and community groups.
- Continuing to use data in conversation with community members and organizations for collaborative change
- Just the way I go about things and the way i think.
- Advocating for policy change and encouraging others to do the same Encouraging collaboration and remembering one organization can't solve all problems
- Think more about structural drivers, advocate for more collaborative solutions eliminating siloes, always ask for the voice of lived experience from the start of any effort

- continuous conversations around community inequities understanding 2. proactive approach to solving social concerns
- Thinking about larger organizations making movement and changes when evaluating our work
- Think differently about who is part of the conversation about community health-include town health officers, town managers, welfare officers ets.
- I will continue to connect with those I met on the ECHO as a means to share ideas and strengthen collaborations.
- Collaborate when I feel stuck
- Just my whole out look.
- Bringing this ECHO information to our staff meeting for discussion and increased awareness.
- Attending more community events
- Continue to build connections between pharma industry and local governments, state health officials to understand the needs and gaps and where joint success can occur 2. Seek local groups that are trying to address the rural health equity issue in each community to understand their needs better
- I appreciate the topics that were presented and information shared. However it seemed as shame that the talented group that attended was not engaged in furthering the dialogue and did not participate in any agenda setting or solution focused work together. Most of what was shared was common knowledge among participants, who work on the ground and then research. The action oriented focus was lost. In frankly it seemed many people were off-line, looking at other emails and doing other activities and seeking the CEU credits.
- I do not intend on doing anything differently.
- Providing support and resources to struggling families and individuals Understanding how to better communicate with families and individuals about how to navigate different resources available to them
- More aware of resources
- 1.More aware of state and local resources so participation reinforced my commitment to networking. 2.Continue to try to promote system changes that address root causes of inequities
- Discussion with staff about rural equity and awareness of assessing food insecurity and transportation needs Setting up clinics that are accessible to rural families Partnering with home health to do outreach to rural homebound families
- Never assume an individual has exhausted all of their options when struggling with barriers to care.
- Attending more community events
- Exploring for local/community entities & organizations that exist in the areas where our work is occurring Bringing attention to the difference/lack of resources in rural areas

What additional topics would you be interested in for future ECHOs?

- Family supports, partnerships with prevention work
- Education and empowerment on ways to prevent and treat intergenerational trauma
- More on this would be welcome Update on effective collaboration efforts addressing moms in recovery

- anything
- Social isolation
- intersection of political, community education and healthcare advocacy
- Municipality involvement in community health
- Community Based participatory research- how to facilitate it, how to create change from it
- anything to keep informed
- Housing continues to be an issue with limited solutions - would like discussion on environmental impact on health care and chronic disease.
- Partnership with industry (pharma, biotech, devices, tech)
- Next steps from information, sharing to integration/collaboration and partnerships that move the needle.
- Emergency services available after families and or individuals experience a significant emergency situation or that may involve loss of life or property
- Childcare
- Climate crisis and related health implications and emerging solutions that demand action. Medicare and Health Care for Seniors and those with disabilities Race/Gender as Determinant of Health
- Impact of homelessness on people's physical and mental health - solutions for this difficult lifestyle while they wait for secure housing
- Transportation access, including but not limited to: Driver's Ed offered as part of a public HS education (not offered in NH), grants or donation hub for vehicles (like Good News Garage, currently defunct in NH), increase in public transportation options, and greater oversight of medicaid ride services.
- Using CHWs to mitigate climate change effects on rural communities
- I couldn't attend them all due to scheduling conflicts
- policy steps for lay persons to support rural health care

Other comments:

- A great facilitation! A seamless balance of presentation and engaging meeting attendees and questions.
- I have gone back to look at and listen to the ones I missed, just a scheduling problem for this sesison after I signed up
- It was great.
- Thank you for creating a trusting environment of shared learning
- thank you
- Enjoy these ECHO sessions - good group interaction and always a learning opportunity.
- The online platform is useful for getting a larger number of people to participate in the echo sessions, but misses most of the benefits of coming together as experts and interested parties in producing valuable outputs.
- I provide primary care in Vermont. I have quite a bit of experience working with underserved populations in both Vermont and other states. I felt that these sessions approached the issues of health access inequity at only a very basic level. As a former faculty member and administrator in a university nursing program, I taught both undergraduate and graduate nursing students. The topics covered in this ECHO course were taught at the level that was presented to undergraduate nursing students in those

programs. I was surprised that this same level was what was thought to be needed by physicians and other primary care providers in NH and Vermont. This may reflect the lack of education on key topics in medical and nursing education in this area, or it may affect the fact that health care professionals are given so little time to spend with their patients that they cannot spare time to concentrate on individual and group patient needs and to reflect back on how this fits in with their education.
- Really great content and discussions
- Thanks for the great facilitation and openness for sharing. Very well planned sessions
- ECHO sessions are well done and very informative - always find time to attend as I am sure I will learn something or make a professional connection.
- The only additional thing that I could have hoped for would be more discussion of action steps that could be taken to advocate for some of the concrete supports that would increase rural health equity.

As a result of your participation in this learning activity, how will you integrate a change(s) into your practice or behavior?
- In anyway I can
- More collaboration & advocacy
- Ensure all decisions arise from an equity lens
- as stated above, I will integrate this into my continuous conversations around how to improve health equity with all providers engaged
- I feel much more aware of the complexities, the effort being put in across different programs and areas and have a better sense of collective identity in how we are all trying to achieve similar outcomes even if our work may not readily overlap
- This really helped me focus on what makes rural SDoH different from other areas and how we can work to making the rural landscape better for all.
- I will integrate where needed.
- Take time to assess the person's social and emotional needs in relation to their illness complaints.
- Engage w more community partners
- Sorry not much new material learned. Same agency readers spoke and shared their best practices. Many networks already exist where this information is shared amongst stakeholders.
- More aware and caring about each person's individual needs
- Discussion at staff meeting and look for professional resources to learn more.
- Awareness for rural aspects for our work

Explain how you will share the information provided during this learning activity with your interprofessional team in order to develop a plan to improve patient care:
- Just be open and share the knowledge
- Have shared these sessions with staff
- Provide the insight of other organizations and other sectors are also working on the same concerns we have and use that to have better interprofessional understanding, collaboration, and coordination
- Any way I can.
- Share this information at staff meeting and discuss how our team can integrate health equity into the client care plans and needs assessment.

- Help with encouraging people in the department to approach individuals with more empathy for encouraging them to engage in meaningful conversations and relationships with individuals who we care for and interact with, as well as how to encourage people to get the support and help they need and help them get access to available opportunities they may not know about
- Discussion with our case managers to raise awareness and understanding of the struggles that our rural populations may be dealing with at this time.
- Use in grant proposals & curriculum design

Please add additional comments that would help the Planning Committee improve this ECHO program:

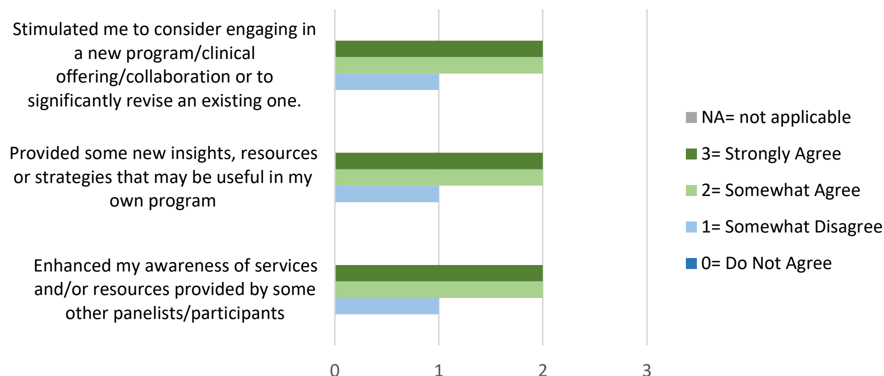
- Enjoy the case study format.
- I would love to see presenters from the community present their struggles. The cases seemed to be made up of what someone in upper management thinks the community needs, not an actual case being dealt with right now as we struggle to find equity as pandemic supports go away and no new funding comes in
- Great choice of speakers for this ECHO series.
- It's hard to create an opportunity to engage w so many people. Perhaps consider breakout rooms for smaller discussions
- As mentioned, in prior feedback, it would be more effective to have the format move away from content providers and talking heads to interactive agenda, setting and collaborative, focused action.

Please identify any speaker and his/her expertise, or topics for a future learning activity:

- I would value the experience of a community leader or even person affected by the inequities of rural health.
- They where all good.
- Highlight examples of how local academic as well as community-based research has transformed into specific actions and outcomes. Or sharing some new research that could lead to local initiatives and practices. Seems a shame fir DHMC not to leverage the expertise and insights of the many participants "in the room" during the precious one hour session of engagement during the ECHO.

Panelist Survey

Total Responses: 5

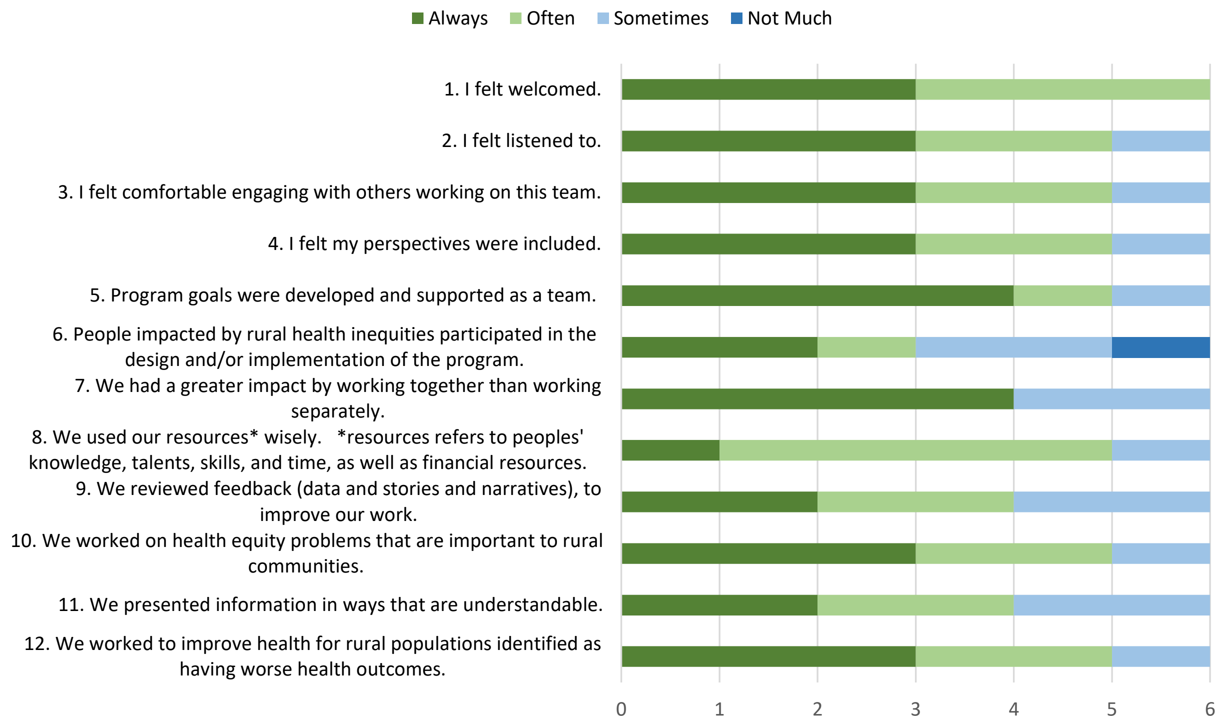


Comments

- Overall excellent experience. I thought the engagement of attendees was sometimes less than I hoped. I have to say that lunch time can be challenging as people are eating, catching up on e-mail, etc. and not fully present. I understand the constraints of scheduling, however.
- I wonder if there is any value in sharing a one-page "summary" of the 8 sessions? What each session focused on and a short list of ideas or potential actions arising from the cases or dialogue. Perhaps based off of Kris's summations.
- The session wasn't very well planned. My participation seemed to be unnecessary without a clear role.

CARHE Health Equity Planning Team survey

The objective of this survey was to evaluate how well CARHE principles of equity were embedded in the work of the CARHE planning team. Six out of seven planning team members responded to the survey.



Resources to Expand Understanding and Support Action

Session 1: Addressing Rural Health Equity

New England Rural Health Association, https://www.nerha.org/
The nation's only regional rural health association in the country, enabling sharing of learning and best practices across all six states

Healthy People 2023, Health Equity site https://health.gov/healthypeople/priority-areas/health-equity-healthy-people-2030
U.S. national public health objectives, through an equity lens, with videos on rural health and health equity.

Center for Advancing Rural Health Equity https://www.dartmouth-health.org/carhe
A center that aims to make sure that people in rural areas have the chance to live healthy lives by learning and acting together in our rural communities

Rural Healthy People 2030: New Decade, New Challenges
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10060738/ An article describing the Federal health People 2030 Initiative

Advancing Health Equity in Rural America - www.rwjf.org/en/insights/our-research/2022/06/advancing-health-equity-in-rural-america.html
A report from the Robert Wood Johnson Foundation, 2022

Session 2: Housing

Homelessness and Health, U.S. Centers for Disease Control Office of Readiness and Response https://www.cdc.gov/orr/science/homelessness/index.html
CDC resources to address homelessness

Housing as a Platform for Health and Equity: Evidence and Future Directions
https://pubmed.ncbi.nlm.nih.gov/31415202/

Housing as a determinant of health equity: A conceptual model.
https://pubmed.ncbi.nlm.nih.gov/31675514/

Importance of Housing and Cardiovascular Health and Well-Being: A Scientific Statement From the American Heart Association. -
https://www.ahajournals.org/doi/10.1161/HCQ.0000000000000089

Session 3: Food and Nutrition

Nutrition, U.S. Centers for Disease Control https://www.cdc.gov/nutrition/
Links to a wealth of information on food, nutrition, health and equity

Household Food Security in the United States in 2021
https://www.ers.usda.gov/webdocs/publications/104656/err-309.pdf

Prioritizing Nutrition Security in the US. https://jamanetwork.com/journals/jama/article-

abstract/2778232

Food in the Anthropocene: the EAT–Lancet Commission on healthy diets from sustainable food systems. https://doi.org/10.1016/S0140-6736(18)31788-4

Reducing food's environmental impacts through producers and consumers. https://pubmed.ncbi.nlm.nih.gov/29853680/

Concepts and critical perspectives for food environment research: A global framework with implications for action in low- and middle-income countries https://doi.org/10.1016/j.gfs.2018.08.003

Ultra-processed foods and human health: What do we already know and what will further research tell us? https://doi.org/10.1016/j.eclinm.2021.100747

Association of changes in red meat consumption with total and cause-specific mortality among US women and men: two prospective cohort studies. doi: 10.1136/bmj.l2110. PMID: 31189526; PMCID: PMC6559336.

Session 4: Transportation

Transportation and Health website, American Public Health Association, https://www.apha.org/topics-and-issues/transportation
Information and resources to address transportation related health and equity issues

Public Transportation in the U.S.: A driver of Health and Equity, https://www.healthaffairs.org/do/10.1377/hpb20210630.810356/
A Health Affairs health policy brief describing the challenges and potential solutions.

New Hampshire Alliance for Aging Transportation website
https://nhaha.info/transportation/
Aims to ensure transportation options are available and accessible to enable NH residents of all ages to get jobs, connect with family and friends, and continue to access the best parts of our communities.

Session 5: Childcare

Building Bright Futures
www.buildingbrightfutures.org
An organization that works to improve the well being of young children and their families in Vermont

Early Childhood Equity Movement
https://endowmentforhealth.org/early-childhood-equity-movement
A movement for early childhood equity in New Hampshire.

Session 6: Access to Healthcare

Affordability of Health Care for People with Medicaid
https://www.commonwealthfund.org/sites/default/files/2023-10/

Collins_paying_for_it_2023_affordability_survey_fact_sheet_medicaid.pdf

Rural-Urban Variations in Travel Burdens for Care
https://www.ruralhealthinfo.org/topics/transportation#travel-burdens

State facing class-action lawsuit over in-home care for older and disabled residents
https://www.nhpr.org/people/annmarie-timmins-new-hampshire-bulletin

Session 7: Special Barriers to Well-being and Care

NH Fiscal Institute, health policy report
https://nhfpi.org/blog/new-hampshire-policy-points-health/
Provides an informative and accessible resource to policymakers and the public, highlighting areas of key concern.

Association of Gender-Affirming Hormone Therapy With Depression, Thoughts of Suicide, and Attempted Suicide Among Transgender and Nonbinary Youth, Green AE et al, Journal of Adolescent Health, 2021 https://www.jahonline.org/article/S1054-139X(21)00568-1/fulltext

The Health Stigma and Discrimination Framework: a global, crosscutting framework to inform research, intervention development, and policy on health-related stigmas, Strangl et al, BMC Medicine, 2019 https://bmcmedicine.biomedcentral.com/articles/10.1186/s12916-019-1271-3

Session 8: Cross-Cutting Solutions

Centering Equity in Collective Impact, Kania et al, Stanford Social Innovation Review, 2021https://ssir.org/articles/entry/centering_equity_in_collective_impact

National Rural Health Association Advocacy 101 Toolkit:
www.ruralhealth.us/NRHA/media/Emerge_NRHA/PDFs/Advocacy-Guide-FINAL.pdf

National Opinion Research Center (NORC) Rural Health Mapping Tool:
https://ruralhealthmap.norc.org/

HRSA Rural Health Network Development Planning grant:
https://www.ruralhealthinfo.org/funding/218