MAY 8-9, 2025

Rural Health Symposium

Advancing Rural Health Through Research, Policy, and Community Partnerships










Geisel School of Medicine at Dartmouth | Dartmouth Health

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Rural communities across the United States face some of the most urgent and persistent health challenges in the nation. Until the 1980s, rural communities enjoyed better health outcomes than in urban areas. Today, however, numerous structural and systemic barriers have led to a widening morbidity and mortality gap showing a decline in health in rural areas. Challenges in the rural landscape include a misaligned funding system, outdated hospital models, infrastructure deficits, a fraying rural health care workforce, socioeconomic factors, and more — making rural health a timely and pressing concern.

Dartmouth Health and the Geisel School of Medicine at Dartmouth are deeply embedded in the rural communities of New Hampshire and Northern New England—where care providers, researchers, patients, community organizations, and students come together to tackle concerns specific to rural communities. On May 8 and 9, 2025, we welcomed 271 diverse stakeholders to a Rural Health Symposium at the Hanover Inn to discuss, learn, and explore solutions for rural health disparities through research, community partnerships, and health policy. The symposium reinforced a central theme that echoed across multiple sessions: no single institution or sector can solve rural health inequities alone. Improving outcomes in rural communities requires multisectoral collaboration that recognizes the distinct but interdependent roles of many groups, including healthcare systems, researchers, policymakers, insurers, transportation services, educators, and communities themselves.

The Dartmouth Rural Health Symposium offered a clear and urgent mandate: advancing rural health is not optional—it is foundational to the sustainability, equity, and effectiveness of the national health system.

We are pleased to offer this summary of the inaugural Rural Health Symposium.

CO-CHAIRS, RURAL HEALTH SYMPOSIUM

Amber E. Barnato, MD, MPH, MS
Wennberg Distinguished Professor and Chair of Health Policy & Clinical Practice; Director, The Dartmouth Institute for Health Policy & Clinical Practice

Mark A. Creager, MD
Emeritus Director of the Heart and Vascular Center at Dartmouth Hitchcock Medical Center; Program Director for the Center for Rural Health Care Delivery Science; Professor of Medicine at Geisel School of Medicine

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

Opening Remarks

Following an introduction by Dr. Sally Kraft, Dartmouth President Sian Leah Beilock, PhD, opened the Rural Health Symposium by emphasizing Dartmouth's deep ties to rural communities and the pressing need to address healthcare disparities. She noted that while 20% of Americans live in rural areas, only 9% of physicians serve these regions. Rural residents face higher mortality rates from chronic conditions like heart disease and cancer. She emphasized that Dartmouth Health is rare, being the most rural academic medical center in the United States, which hosts an NCI-designated comprehensive cancer center and receives federal funding for rural health research. She underscored that proposed federal funding cuts threaten progress in rural healthcare research and practice and stressed the importance of bipartisan advocacy for continued funding.

Next, Joanne Conroy, MD, President and CEO of Dartmouth Health, reinforced the significance of hospitals as community anchors, highlighting the economic and social consequences of hospital closures, particularly regarding labor and delivery services in NH and VT. She outlined financial strains affecting Vermont hospitals, worsening social determinants of health like lack of housing and food insecurity, and demographic shifts that threaten rural healthcare sustainability. She called for collaborative efforts between academic medical centers and local communities to tackle these challenges, stressing that thriving communities are essential to long-term health outcomes. "We have to be part of the solution," said Conroy.

> "We have to be part of the solution."
>
> **Joanne Conroy, MD**
> *President and CEO of Dartmouth Health*

Plenary Session

Jack Wennberg's Pioneering Work on Regional Variations and the Enduring Challenge of Rural Health Inequities

MODERATOR

Jonathan Skinner, PhD
Professor of Economics and of Health Policy and Clinical Practice at Dartmouth

PANELISTS

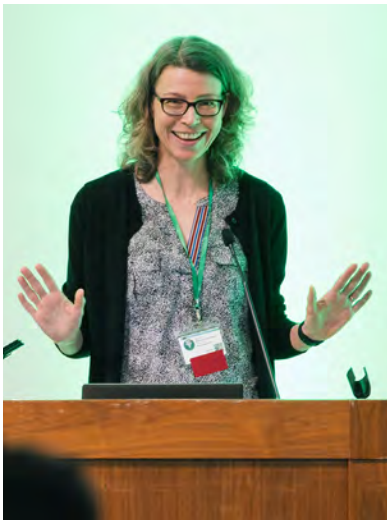
Carrie Colla, PhD
Susan J. and Richard M. Levy Distinguished Professor, Geisel School of Medicine, Dartmouth

Johnny Huynh, PhD
Assistant Professor of Health Policy and Clinical Practice, Geisel School of Medicine, Dartmouth

Courtney Tanner, JD, MSW
Senior Director of Government Relations at Dartmouth Health

Emily Walton, PhD, MA
Associate Professor of Sociology, Dartmouth

> "Rural health care is in critical condition."
>
> **Jonathan Skinner, PhD**
> *Professor, Geisel School of Medicine, Dartmouth College*



The opening plenary session explored Dr. John (Jack) E. Wennberg's pioneering research on healthcare variation, particularly in rural areas, and how disparities have evolved over the decades. Dr. Amber Barnato introduced the discussion by emphasizing the persistent inequities in rural healthcare, exacerbated by COVID-19, and the necessity of partnerships among researchers, policymakers, clinicians, and communities to enact meaningful change.

Moderator Jonathan Skinner highlighted Wennberg's early studies on variations in medical intervention across Vermont and their implications for understanding provider biases and variations in health outcomes. While rural healthcare once had better outcomes than in urban areas, recent trends show a sharp decline, marked by rural hospital closures and deteriorating care quality. Rising midlife mortality is concentrated among rural, non-college-educated populations, which Dr. Skinner attributed to factors beyond "deaths of despair," especially smoking. "Geography remains destiny" in American healthcare, underscoring the urgency for immediate and sustained policy action.

Panelists discussed a variety of factors driving rural health disparities:

- Social drivers of health: poverty, food insecurity, lack of affordable housing, travel burdens
- Environmental contaminants and underinvestment in public infrastructure
- Threatened cuts to Medicaid, Medicare, and research funding
- Rural hospital closures and provider shortages
- Mistrust in institutions that provide healthcare
- Inadequate social networks, particularly for new residents of color and LGBTQIA communities

Consequences:

- Sharp decline in rural health outcomes
- Higher hospital readmissions
- Reduced preventive care
- Increasing use of informal sources for medical advice

Potential solutions:

- Adoption of new rural emergency hospital designation
- Expanded telehealth reimbursement
- Increased support for diversifying communities
- Partnerships to expand community health workers, housing trusts, and employer collaborations with NGOs to support childcare and affordable housing

> “The early Wennberg studies in rural Vermont and Maine helped to clarify the importance of hospital capacity and provider beliefs in driving regional variations in health care.”
>
> **Jonathan Skinner, PhD**
> *Professor, Dartmouth College, Geisel School of Medicine*

Plenary Session

Cardiovascular Health Disparities in Rural United States: Causes & Solutions

MODERATOR

Mark Creager, MD
Emeritus Director of the Heart and Vascular Center at Dartmouth Hitchcock Medical Center, Program Director for the Center for Rural Health Care Delivery Science, Professor of Medicine at Geisel School of Medicine

FEATURED SPEAKERS

Vasan Ramachandran, MD, DM, FACC, FAHA,
Dean, University of Texas School of Public Health San Antonio, Frank Harrison, MD PhD Distinguished Chair in Public Health

PANELISTS

Steven Bernstein, MD
Chief Research Officer for Dartmouth Hitchcock Medical Center, Senior Associate Dean for Clinical and Translational Research at Geisel School of Medicine, Director, SYNERGY: The Dartmouth Clinical and Translational Research Institute

Elizabeth Carpenter-Song, PhD
Research Professor of Anthropology, Dartmouth College

JoAnna Leyenaar, MD, MPH, PhD
Professor and Vice Chair of Pediatrics and Professor of Health Policy and Clinical Practice, Geisel School of Medicine and Dartmouth Hitchcock Medical Center

Tracy Onega, PhD, MA, MPAS, MS
Jon M. and Karen Huntsman Presidential Professor in Cancer Research, Senior Director of Population Sciences, Professor, Department of Population Health Sciences, University of Utah

Douglas Sawyer, MD, PhD
Chief Academic Officer, MaineHealth, Co-Director, Myocardial Biology & Heart Failure Research Lab

Following an introduction by Dr. Mark Creager, Dr. Vasan Ramachandran described the complex, dynamic, and interconnected nature of rural and urban areas, which are influenced by geographic, economic, and social factors. Preventable causes of early death—cardiovascular disease,

> “Eighty percent of what matters for health happens outside the doctor’s office, inside our homes, schools, jobs, and communities.”
>
> **Vasan Ramachandran, MD, DM, FACC, FAHA**
> *Dean UT School of Public Health San Antonio*

diabetes, and cancer—remain significantly higher in rural areas. The causes of the rural health penalty are recent, chronic, and contextual. "Eighty percent of what matters for health happens outside the doctor's office, inside our homes, schools, jobs, and communities," he noted. Thus, the solutions need to be broader than clinical care.

Panelists added a variety of key perspectives:

- Policies and systems are frequently designed for urban areas, while rural needs are unique
- Primary care is the backbone of all healthcare, especially in rural regions that lack specialty healthcare services
- Generational poverty and stress have long-term and disproportionate impacts in rural areas
- Rural areas are highly diverse, and each community should be approached with curiosity and asset-based perspectives
- Children are underrepresented in disparities research
- Broadband access is a health equity lever
- Interventions must be place-based, people-centered, and collaborative—integrating across sectors to achieve meaningful outcomes
- Lasting change depends on trust, deep community involvement, and sustained efforts to address the structural gaps undermining rural health equity

"Rural engagement requires consideration of different approaches, being curious and understanding our location within a broader context. We must replace disparaging narratives with a sense of energy to do things differently."

Elizabeth Carpenter-Song, PhD
Research Professor of Anthropology, Dartmouth College

Plenary Discussion

The Role of Artificial Intelligence in Rural Healthcare

FACILITATOR

James N. Weinstein, MS, DO
Emeritus Professor of Orthopaedics, Health Policy and Clinical Practice, and Community and Family Medicine, Geisel School of Medicine, Dartmouth College; Senior Vice President, Microsoft Healthcare

Dr. Weinstein challenged participants to embrace Artificial Intelligence (AI) and the ways that AI can be integrated into healthcare delivery systems, noting "I think of this as a Sputnik moment." He advocated for digital aspects of the hub-and-spoke model of healthcare delivery, AI-enabled payment systems, AI-assisted decision-support tools, and AI education for a diversity of users. At the same time, Dr. Weinstein noted, "AI is way ahead of our ability to intellectually keep up with it." Following an overview of AI, its current uses, and future possibilities, Dr. Weinstein and audience members emphasized that technology developers must work in tandem with communities—not just institutions—to ensure that AI and telehealth solutions are not only technically sound but are also trusted, culturally relevant, and accessible.

> "I think of this as a Sputnik moment."
>
> **James N. Weinstein, MS, DO**
> *Emeritus Professor, Geisel School of Medicine, Dartmouth College; Senior Vice President, Microsoft Healthcare*

Community Partnerships Track

Building Community and Health System Partnerships, Part 1

FACILITATORS

Jack Westfall, MD, MPH
Family Physician and Professor of Family Medicine (ret.), University of Colorado; Consultant, Healthcare Research and Policy

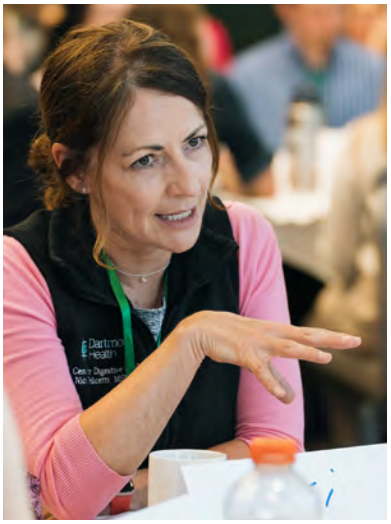
Angela Zhang, MSW
Senior Population Health Coordinator, Dartmouth Health

This interactive breakout session began with a land recognition by Ms. Denise Pouliot, representing Cowasuck Band of the Abenaki People, who honored the enduring indigenous stewardship of the Penacook, Abenaki, and Wabanaki peoples. She emphasized the importance of fostering relationships and well-being through acknowledging their historical and contemporary connections to the land.

Dr. Jack Westfall and Ms. Angela Zhang co-facilitated discussions on participatory research in rural communities, focusing on authentic collaboration among researchers and local members. They outlined key objectives, such as defining principles of engaged research, emphasizing the inclusion of community voices in research teams, and describing the characteristics of an effective research partnership. A major theme was the shift from academic-centric studies toward participatory action—where communities play an active role in shaping research based on their lived experiences.

The workshop covered practical strategies for engagement, including physical presence in communities, direct outreach, and leveraging existing networks. Researchers were encouraged to spend time in local environments, initiate relationships, and incorporate cultural traditions, such as shared meals, to strengthen trust. Discussions highlighted the need for authenticity and reciprocity, stressing that research should be collaborative, not extractive. Participants examined challenges such as logistical barriers, funding complexities, and trust-building, recognizing that meaningful engagement requires time, reliability, and community-driven priorities. Ultimately, researchers were urged to show up as authentic partners, embracing collaboration and adapting research to reflect community needs.

> “Stop building trust. Be trustworthy.”
>
> **Jack Westfall, MD, MPH**
> *University of Colorado*



Building Community and Health System Partnerships, Part 2

Two community-engaged health interventions in rural eastern Colorado served as case studies for this active listening session. The first was a colorectal cancer screening initiative that increased awareness and testing rates through localized messaging and community collaboration. By tailoring materials and involving local populations, the project realized significant improvements, including a 15% increase in colonoscopy rates in intervention areas. The second initiative, focused on asthma management, employed community-driven campaigns with impactful visuals and tools like asthma kits and educational posters, which contributed to a decline in asthma hospitalizations below the state average.

Participants discussed best practices for community-based health research, including early community involvement, empowerment at all stages, and co-presentation of findings. Sustainability, flexibility, and transparency were also emphasized to ensure that research initiatives address genuine community needs and yield lasting benefits. These principles serve as a guide for creating impactful, respectful, and collaborative health interventions in rural areas.

Health Policy Track

Political Drivers of Health: Housing—Diverse Needs and Investments in Supply

MODERATOR

Courtney Tanner, JD, MSW
Senior Director of Government Relations at Dartmouth Health

PANELISTS

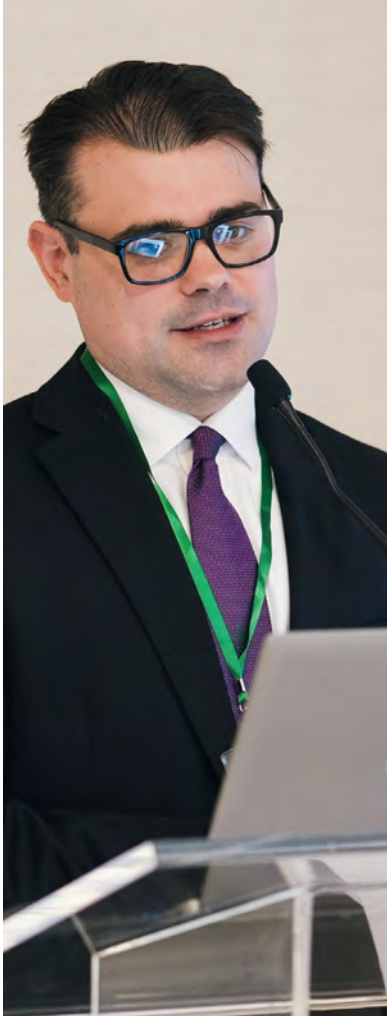
Natch Greyes, JD
VP of Public Policy, Business & Industry Association of New Hampshire

George Reagan
Director of Community Engagement, New Hampshire Housing Finance Authority

Seddon Savage, MD, MPH,
ECHO Director, Population Health, Dartmouth Health

The discussion emphasized the significant role of housing policy in shaping health outcomes, highlighting the interconnectedness of housing affordability, availability, and public health. Speakers underscored the challenges posed by limited housing options, high costs, and zoning laws that often perpetuate and deepen inequalities. "Working upstream to shape drivers of health improves the health of individuals and communities and reduces costs," noted Dr. Seddon Savage. Stable, affordable housing is essential for reducing stress and isolation, improving chronic illness management, and fostering healthier communities. Panelists discussed solutions such as zoning reforms, financial initiatives like Housing Opportunity Grants, and legislative efforts to expand housing options. The conversation also touched on the critical shortage of housing for healthcare workers, with some regions in New Hampshire facing particularly acute challenges.

In a broader scope, the panel explored historical and socio-economic factors behind housing challenges, such as outdated zoning laws. They advocated for incremental changes, emphasizing that higher housing density could offer benefits like affordability and environmental conservation without drastically altering communities. While the public is generally supportive of improving housing options, individuals are often resistant to change in their own communities. The discussion concluded with a focus on the need for advocacy, collaboration, and education to drive policy changes to create equitable and sustainable housing solutions for all Granite Staters.



> "The five 'Ls,' barriers to housing—lumber, labor, land, laws, and loans."
>
> **George Reagan**
> *New Hampshire Housing Finance Authority*

Policies to Enhance Primary Care Access and Quality in Northern New England

MODERATOR

Courtney Tanner, JD, MSW
Senior Director of Government Relations at Dartmouth Health

PANELISTS

Lisa Letourneau, MD, MPH
Senior Advisor, Delivery System Change, Maine Department of Health and Human Services

Jonathan Ballard, MD, MPH, MPhil, FACPM
Chief Medical Officer, New Hampshire Department of Health and Human Services

Elliott Fisher, MD, MPH
Professor, Health Policy and Clinical Practice, Medicine, and Community and Family Medicine, Geisel School of Medicine at Dartmouth

Panelists representing Vermont, New Hampshire, and Maine discussed legislative and administrative efforts to enhance primary care across Northern New England. In New Hampshire, innovative Medicaid initiatives, such as funding wellness visits and polypharmacy reviews, have demonstrated effective use of limited resources. Maine policymakers have emphasized the need for investments in primary care, while facing resistance to legislation that leads to higher spending. Vermont legislators, grappling with high insurance premiums and strained rural hospitals, have focused on regulatory reforms through the Green Mountain Care Board and legislative action to stabilize healthcare costs and access.

Panelists discussed broader, regional challenges, such as variations in state healthcare structures, workforce challenges, Medicaid management, and the financial strain on primary care caused by rising costs and outdated payment models.

Overall, the session highlighted the importance of innovation, state-specific strategies, and advocacy to address rural health challenges. Proposals for addressing issues such as payment reforms, workforce shortages, and hospital sustainability were seen as pivotal steps towards building resilient and effective healthcare systems. The conversation underscored the urgency for bold solutions, including better integration of telehealth, team-based care approaches, and the expansion of roles for providers like community health workers to ease the burden on primary care physicians. Political will is vital, as the people most negatively impacted may not have the political power nor the bandwidth to advocate on their own behalf.

> “Care coordination ensures that all providers and organizations (PCPs, specialty providers, pharmacy, community resources, social services, mental health facilities, etc.) provide continuous, cohesive, and consistent care.”
>
> **Jonathan Ballard, MD**
> *New Hampshire Health and Human Services*

Research Track

Top Ranked Abstracts on Rural Health Research

Two breakout sessions featured oral presentations by faculty and trainees of highly ranked abstracts on rural health research.

MODERATORS

Mark Creager, MD
Emeritus Director of the Heart and Vascular Center at Dartmouth Hitchcock Medical Center, Program Director for the Center for Rural Health Care Delivery Science, Professor of Medicine at Geisel School of Medicine

Heather Schacht Reisinger, PhD
Professor, Internal Medicine-General Internal Medicine, Director, Veterans Administration Office of Rural Health Center for the Evaluation of Enterprise-Wide Initiatives, University of Iowa

Top Ranked Abstracts on Rural Health Research, Part 1

- "Supporting Informed Decisions about Breast Cancer Screening in Communities with Known Environmental Contamination: A Pre-Post Study" Christine Gunn, PhD, Associate Professor, Health Policy and Clinical Practice, Geisel School of Medicine, Dartmouth
- "Association between cardiac implantable device monitoring and clinical outcomes in a population of Medicare beneficiaries in rural America" Emily Zeitler, MD, MHS, Associate Professor of Medicine, Geisel School of Medicine, Dartmouth College, Staff Physician, Cardiology, Dartmouth Hitchcock Medical Center
- "Rural-Urban Differences in Continuity of Ambulatory Care for Children with Medical Complexity" Andrew Schaefer, PhD, Senior Programmer/ Analyst, The Dartmouth Institute for Health Policy and Clinical Practice
- "Telehealth Use Among Medicare Beneficiaries with Incident Lung or Colon Cancer" Rebecca Smith, MS, Graduate Student, The Dartmouth Institute for Health Policy and Clinical Practice, Geisel School of Medicine, Dartmouth College, Research Project Manager, Community and Family Medicine, Dartmouth Hitchcock Medical Center
- "Urban-rural differences in hospital-based low-value care delivery for pediatric respiratory conditions" Samantha House, DO, MPH, Section Chief, Pediatric Hospital Medicine, Dartmouth Hitchcock Medical Center, Associate Professor of Health Policy and Clinical Practice, and of Pediatrics, Geisel School of Medicine, Dartmouth

Top Ranked Abstracts on Rural Health Research, Part 2

- "When Minutes Matter: A Systematic Review and Meta-analysis of Travel Time to Health Facilities and Perinatal Outcomes" Sanam Roder-DeWan, MD, DrPH, Associate Professor of Community and Family Medicine, Dartmouth College, Associate Professor of The Dartmouth Institute of Health Policy and Clinical Practice, Staff Physician, Primary Care, Dartmouth Health
- "Snapshots of Rural Maternity Care Access" Riley Carbone, BA, Medical Student, Geisel School of Medicine, Dartmouth College
- "Common ophthalmologic problems and timeliness of follow up of incarcerated patients at a rural New England academic hospital" Michael Hii, MD, PGY2 Ophthalmology, Dartmouth Health
- "Variation in Cancer Care in Rural and Socioeconomically Deprived Areas" Kathleen Fairfield, MD, MPH, DrPH, Vice Chair, Education & Professional Development, Department of Medicine, Maine Medical Center, Director, MaineHealth Institute for Teaching Excellence, Department of Medical Education, MaineHealth, Physician-Scientist, MHIR – MaineHealth Institute for Research
- "Rural-Urban Differences in Timing of Medicaid Enrollment during Pregnancy and Infant Outcomes" Patience Toyin-Thomas, MD, PhD, Assistant Professor of Pediatrics, Geisel School of Medicine, Dartmouth College, Staff Physician, Pediatrics, Dartmouth Health

Summary of Rural Health Challenges

	CHANGES NEEDED	PRIMARY ACTORS
Hospital-centric, outdated care models	Redefine rural hospitals; identify and strengthen essential services for every rural community, including primary care, emergency medical services, hospital-at-home, and telehealth	Centers for Medicare and Medicaid Services (CMS), state departments of health, Medicaid agencies, philanthropy, rural health systems, and community members
Workforce shortages and maldistribution	Adjust wages for providers in rural areas, increase training pipelines and retention efforts, support team-based care, leverage expertise of advanced practice providers, expand paraprofessional and peer support workforce	Medical and public health schools, rural residency programs, health systems and practices, payers
Fragmented funding and reimbursement	Shift to global and geographic value-based payment models to reduce reliance on fee-for-service and to prioritize preventive care	CMS, Medicaid agencies, state legislatures, private insurers, health economists, health system finance
Lack of trust and community connection	Engage rural communities in authentic co-design, invest in long-term community relationships, use trusted messengers, such as community health workers (CHWs)	Researchers, CHWs, public health departments, community-based organizations, rural health systems, population health teams
Technological and infrastructure gaps	Build digital and public health infrastructure; expand broadband access, AI-assisted systems, and digital literacy support	Federal and state broadband initiatives, technology sector, public health departments, philanthropy
Political and structural barriers to innovation	Empower rural residents to advocate for change, improve primary care representation on the American Medical Association's (AMA) Relative Value Scale Update Committee (RUC)	AMA, CMS, national advocacy organizations, state advocacy organizations, health system government relations

Symposium Highlights

A scientific poster session featured the work of nearly 80 students, faculty, and staff from Dartmouth, Dartmouth Health, and other organizations.

Friends, family, and colleagues of the late Dr. Jack Wennberg (1934 to 2024) gathered to celebrate his life and the impact of his work on our understanding of unwarranted variation in healthcare and its outcomes. Dr. Wennberg was founder and director emeritus of The Dartmouth Institute for Health Policy and Clinical Practice.

The inaugural Wennberg Prize for best scientific poster was awarded to Elham Malik, for "Where Students Gather: Sustainable Funding Approaches for School-Based Oral Health Programs in New Hampshire." A second-place prize went to Rebecca Smith, for "Telehealth Use Among Medicare Beneficiaries with Incident Lung or Colon Cancer."

Attendees were invited to share their rural health stories in a pop-up storytelling booth.

Dartmouth Dialogue

Rural Health Policy

The Symposium was followed by a "Dartmouth Dialogue" on rural health policy. "Dartmouth Dialogues" is a college-wide program designed to foster respectful conversations and to bridge political and personal divides.

Facilitated by Professor Carrie Colla, the discussion featured Alex M. Azar II, 24th U.S. Secretary of Health and Human Services (2018-2021), in conversation with Elliott Fisher, MD, MPH. The discussion highlighted challenges and innovations in rural health policy, focusing on how to sustain essential services in rural communities.

The discussants agreed on several strategies to address rural health challenges:

- Revise outdated regulatory requirements
- Adopt alternative care models, including telehealth, expansion of emergency medical services and team-based care, and optimizing the use of advanced practice providers (APPs, such as physician assistants and nurse practitioners) to address provider shortages
- Institute payment reforms, such as global budgets and population-based models, to incentivize outcomes and health promotion over the current fee-for-service system.
- Expand broadband access and unified electronic health records
- Address social determinants of health, such as housing

"Primary care providers are championed as one of the most effective at restoring trust. There is a need for patients to have continuity of care, that PCP can provide."

Alex Azar II
24th U.S. Secretary of Health and Human Services

2025 RURAL HEALTH SYMPOSIUM

Poster Presentations

1. Leveraging data systems to advance equity: A healthcare-community partnership to increase WIC enrollment, *Sophia Allen, Taralyn Bielaski, Chelsey Caravan*
2. Memory Cafe: Improving Patient and Caregiver Stress, *Fares Awa, Stefano Rozental*
3. Collective Action in Rural Communities for Reducing Cardiovascular Disease Risk through Social Drivers of Health, *Cara Baskin*
4. Little Rivers Health Care Food Farmacy Program: Food as Medicine to Support Patient Health, *Katie Keating*
5. Understanding and Addressing Barriers to Health in the Unhoused: A Community-driven Approach in the Upper Valley, *Vincent Busque and Helena Steffens*
6. Rural Community Corps for the Fall Mountain School District: Locally Led Efforts to Support Health and Social Needs, *Katie Keating*
7. Barriers and Facilitators to the Implementation of Evidence-Based Digital Doula Postpartum Peer Support into a Sustainable Medicaid Reimbursement System in Rural New England, *Sai Chilakapati*
8. Using an Annual "System of Care Assessment" to improve New Hampshire's Children's Mental Health System, *Jim Fauth*
9. From Crisis to Care: Healthcare and Legal Partnerships Enhancing Rural Health for Children and Families, *Holly Gaspar*
10. Expanding Reproductive Healthcare in Rural America Through Online Advertising, *Katie Hartnett, Nevin Fowler*
11. A Road Trip to Rural Primary Care Engagement: Lessons from the NNE CO-OP's PCBRN's Multi-State Learning Tour, *Paula Hudon*
12. Food Insecurity and Navigational Barriers Among Refugees in Concord, New Hampshire, *Suchi Singh Jain*
13. A Survey of Outcomes and Experiences of Medical Students Participating in Community Flu Vaccine Clinics, *Noah Kim*
14. Project ECHO to Improve Community Engagement in Advancing Health, *Sally Kraft*
15. Rural Sustainability Starts with the Medical Student: Insights from Experiential Learning, *Chelsea Leversedge*
16. Assessing Digital Literacy to Implement Community Based Digital Health Literacy Initiatives, *Jessalyn Li, Joy Miao*
17. Community Led Efforts to Open a Recovery Community Organization (RCO) in Windsor, VT, *Katie Keating*
18. Co-designing for Breastfeeding and Early Parenting Success in Rural Populations, *Kate MacMillan*
19. Building Early Sun Safe Habits and Cancer Awareness in Rural Youth Populations, *Joy Miao*
20. Assessing Primary Care Needs Among Migrant Farmworkers in the Upper Valley, *Daniela Molina Palacios*
21. Increasing Awareness of the Health Effects of Microplastics in Middle and High School Classrooms, *Cassandra Nelson*
22. Partnering for Progress: Transforming Long COVID Care in Rural Regions, *Kathy Parsonnet*
23. Building Capacity for Community Engagement Studios in Health Care Delivery Science in Northern New England, *Renee Pepin*
24. The Medical Education at Dartmouth in Community Service (MEDiCS) Project, *William Peterson*
25. Bridging Gaps in Crisis Response: Training Healthcare Providers and Students for Rural Mass Casualty Incidents, *Betsy Piburn*
26. Engaging Disabled Voices: Accessible and Inclusive Community Engagement Strategies, *Emilia Poehlman*
27. Plan and Protect: Home Safety in Rural New Hampshire and Vermont for Children Experiencing Mental Health Crises, *Jaqueline Pogue*
28. Nourish to Flourish: Food Insecurity at the Geisel School of Medicine at Dartmouth College, *Alyssa Shewmaker*
29. Evaluating a Culturally Adapted Diabetes Health Program in the Little Earth Community of Minnesota, *Dain Shirmer*
30. Improving Community Nurses' Ability to Support Aging in Place for the Rural Client: A Spotlight on Rural New Hampshire, Vermont and Maine Nurses, *Marie Skoczlas*
31. Improving Access to Eye Care for Veterans in Rural Vermont and New Hampshire Through the Technology Based Eye Care Services (TECS) Program, *William Gensheimer*
32. Learning from Global Hospital Budgets in the Pennsylvania Rural Health Model, *Ishaan Kumar*
33. Public Health and Periodontal Disease, *Eric Linden*
34. Where Students Gather: Sustainable Funding Approaches for School-Based Oral Health Programs in New Hampshire, *Elham Malik*
35. Cardiovascular Effects of Nicotine Pouches Compared to Traditional Nicotine Products, *William Rathbone*

36. Political Drivers of Health ECHO: Growing Advocacy for Sound Health Policy, *Courtney Tanner*
37. Alcohol Use and Intentions to Reduce Use, Including Motivations and Barriers, Among Cancer Survivors in New Hampshire and Vermont, *Cesar Alas Pineda*
38. The role of place-based consciousness in Rural Vaccine Hesitancy: A Mixed Methods Analysis, *Ramsey Ash*
39. Teen Perspectives: The Impact of Social Support and Social Media on Rural Adolescent Mental Health, *Charlotte Bausha*
40. Comparing the Impact of ADV and Bullying on Anxiety Among LGBTQ+ and Heterosexual-Cisgender Adolescents in Vermont, *Keelan Boisvert*
41. Closing the Gap: Advancing Health Equity Through Genomic Newborn Screening in Rural Communities, *Mairead Bresnahan*
42. Snapshots of Rural Maternity Care Access, *Riley Carbone*
43. Common Ophthalmologic Problems and Timeliness of Follow-up of Incarcerated Patients at a Rural New England Academic Hospital, *Natalie Chen, Michael Hii*
44. Association of Substance Use with Poor Mental Health in Urban and Rural Vermont Communities, *Samantha Collins*
45. Intersecting Social Determinants of Health during Pregnancy at a Northern New England Health System, *Vinisha Velmineti*
46. Variation in Cancer Care in Rural and Socioeconomically Deprived Areas, *Kathleen Fairfield*
47. Identifying the Missed Opportunity Population for Lung Cancer Screening at Dartmouth, *Dana Ferrari-Light*
48. Feasibility and Outcomes of a Free Cellphone Program for Promoting Engagement in Care among Pregnant and Postpartum People with Substance Use Disorders, *Daisy Goodman*
49. Supporting Informed Decisions about Breast Cancer Screening in Communities with Known Environmental Contamination: A Pre-Post Study, *Christine Gunn*
50. A Not So Benign Problem: Novel Strategies to Improve Access to Hematology Care in Northern New England, *Christi Hayes*
51. Assessing the Perspective of Rural-Residing Families on Pediatric Low-Value Care Delivery: A Qualitative Study, *Samantha House*
52. Urban-Rural Differences in Hospital-Based Low-Value Care Delivery for Pediatric Respiratory Conditions, *Samantha House*
53. Do No Harm: Creating Common Engagement Resources to Nurture Academic-Community Partnerships, *Sally Kraft*
54. Lessons from Peer Recovery: Community Care and Addiction in Rural New England, *Anika Larson*
55. Evaluating Rural Healthcare Workforce Programs: Applying Whole-of-Person Retention Improvement Framework in VA Programs, *Meghan Longacre*
56. Evaluating Patient Experience in a Rural-Serving Nephrology Clinic: Psychometric Assessment of the ConsideRATE Questions and Assessment of Care Experience, *Joseph Nano*
57. Healthy Homes Study: A Project to Increase Home Radon Testing in New Hampshire (NH) and Vermont (VT), Stephanie Papas
58. Rural-Urban Divides in Household Rules Limiting Combustible Tobacco, Noncombustible Tobacco, and E-Cigarette Use, *Laura Paulin*
59. Clinician Perspectives on Needs for Developing Climate Informed Primary Care in Northern New England, *Troi Perkins*
60. When Minutes Matter: A Systematic Review and Meta-Analysis of Travel Time to Health Facilities and Perinatal Outcomes, *Sanam Roder-DeWan*
61. Developing a Primary Care Research Center in Collaboration with a PBRN, *Jessica Sand*
62. Keep it Simple, Stupid: Preliminary Findings from Developing a Simple Clinical Agenda-Setting Intervention for People with Advanced Chronic Kidney Disease, *Gabriela Sanders*
63. Rural-Urban Differences in Continuity of Ambulatory Care for Children with Medical Complexity, *Andrew Schaefer*
64. Telehealth Use among Medicare Beneficiaries with Incident Lung or Colon Cancer, *Rebecca Smith*
65. Patient Perspectives and Insights to Improve HCV Screening among Perinatally Exposed Infants and Children in Primary Care, *Meagan Stabler*
66. Rural-Urban Differences in Timing of Medicaid Enrollment during Pregnancy and Infant Outcomes, *Patience Toyin-Thomas*
67. Identifying Barriers and Finding Solutions to Timely, Post-Operative Head and Neck Cancer Treatment in the Rural Setting, *Garrett Wasp*
68. Using a Community Engagement Studio to Refine the Assessment of Prognostic Awareness Around a Serious Illness Conversation Visit in Oncology, *Garrett Wasp*
69. Advancing Hearing Care in Primary Care Clinics: A Pilot Study in New Hampshire and Vermont, Kort Zarbock
70. Association between Cardiac Implantable Device Monitoring and Clinical Outcomes in a Population of Medicare Beneficiaries in Rural America, *Emily Zeitler*
71. The Power of Partnerships: Integrating Indigenous Knowledge into Rural Health Sciences Training, *Sarah Crockett*
72. We Are Still Here: The New Hampshire Indigenous Health Needs Report, *Sarah Crockett*

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