



## Oregon Office of Rural Health

Mail code: L593  
3181 S.W. Sam Jackson Park Road  
Portland, Oregon 97239-3098  
tel 503 494-4450 | fax 503 494-4798  
toll free 866 674-4376  
[www.ohsu.edu/oregonruralhealth](http://www.ohsu.edu/oregonruralhealth)

March 25, 2025

Chair Nosse, Vice Chairs Javadi and Nelson, and Members of the Committee:

My name is Sarah Andersen, and I am the Director of Field Services at the Oregon Office of Rural Health (ORH). Our mission is to improve the quality, availability and accessibility of health care for rural Oregonians. We do this through the provision of technical assistance and educational programming to rural and Critical Access Hospitals, certified Rural Health Clinics, rural EMS, and rural public health agencies, especially in the areas of quality improvement, population health and financial and operational improvement. In addition, ORH provides workforce assistance through a full-time provider recruiter who works with our rural facilities, providers and students. We also administer federal and state provider incentive programs, including loan repayment, loan forgiveness and rural provider and EMS tax credits. **I support HB 3916.**

HB 3916 focuses on three important workforce areas that will help improve health outcomes and reduce costs in rural communities. These areas include public health, mobile integrated health (MIH) and community health workers (CHWs). ORH supports all three of these areas through:

1. Our work with the Oregon Coalition of Local Health Officials (CLHO), which has strengthened partnerships between our rural health delivery systems and rural public health. We partner with CLHO and act as the fiscal agent for the Healthy Rural Oregon grant to train CHWs. In addition, to help carry out this work into the future, ORH made a long-term commitment to supporting the CHWs we have trained through our new Rural CHW Peer Network, which meets monthly;
2. Our work with the Oregon Mobile Integrated Health Coalition, which is a statewide group dedicated to advancing MIH and community paramedicine across the state. One of our staff members, who is an EMT Intermediate, CHW and community paramedic, serves on their Board. In addition, ORH operates a program that works with rural EMS agencies on issues ranging from workforce training support and retention to identifying resources to acquire EMS equipment, such as ambulances.
3. Our work with rural public health agencies to provide them with mini-grants to address pressing community health. We also support their partnership building and education through scholarships to the Oregon Rural Health Conference, which offers a rural public health track.

Over the last decade, and exacerbated by the pandemic, we have seen a significant turnover in our public health employees, which has led our local public health agencies to experience chronic vacancies in mission-critical positions. It is essential that we train additional public health workers at

all levels to meet our public health needs. Through the support of HB 3916, we will focus on recruiting a local public health workforce by supporting education costs. By building a pathway for local students, we will build a local and more stable workforce.

**HB 3916 will allow us to increase the Oregon's public health workforce, which will, in turn, support the sustainability of local public health agencies.**

CHWs have become an essential component of our health care system. They work in our communities as a bridge between the health care system and patients and improve health care outcomes by facilitating health care access, adding value to the health care team and enriching the quality of life for their patients and clients, including those who have low incomes and those who are underserved, such as rural populations, people of color and those who prefer to receive communication in a language other than English. CHWs provide a vital and inexpensive community link to health and social services by improving access to care and lowering the cost of care. They are people from the local community who support the health of their communities.

Over the last three years, ORH has acted as the fiscal agent for the grant that started the Healthy Rural Oregon program. This grant was awarded by the Health Resources Services Administration's (HRSA) Federal Office of Rural Health Policy to train and cross-train CHWs with a focus on both clinical and public health. Nearly 500 CHWs have been trained through the grant, and they are now actively supporting the rural health care workforce and patients. This grant ends on July 31, 2025, and will not be renewed. In addition to the Healthy Rural Oregon program work, ORH has trained 75 additional CHWs through the support of OHA and the CDC. As mentioned earlier, we have developed a Rural Oregon CHW Peer Network designed for rural CHWs to network and form meaningful relationships with other CHWs; share knowledge, tools and resources; ask questions and brainstorm ideas; and discuss advocacy and awareness campaigns related to preventative health care.

**HB 3916 will allow for continued support for CHW training, which will otherwise not be supported after July 31, 2025.**

ORH has a long history of supporting Oregon's rural and remote EMS agencies and providers, particularly by providing training grants through our Helping EMS in Rural Oregon (HERO) program and offering technical assistance and tax credits to volunteer EMS providers. We have partnered with the Oregon Mobile Integrated Health Coalition to help expand the important benefits of MIH and community paramedicine (CP) to more rural communities.

Mobile integrated health continues to grow as an important component of our health care workforce as they are specially trained EMTs, paramedics and other health professionals who bring care and resources to patients in a home or community-based setting. Think of a mobile health van that makes house calls to help a patient manage diabetes or shows up at a community health fair to provide services. These professionals focus on preventative care, chronic disease management and addressing health concerns early to avoid unnecessary 911 calls and emergency room visits. This is

critically important in rural communities where health care access can be limited, and EMS service can be delayed due to distance and workforce shortages.

HB 3916 will support training programs to develop health care professionals with the specialized skills required for MIH and CP roles. Most importantly, HB 3916 will create continuing education and professional development opportunities, ensuring the retention and long-term success of MIH and CP professionals and the communities they serve.

**HB 3916 represents a strategic and critical investment in our health care workforce. The current shortages in public health, mobile integrated health, and CHWs are creating expensive stress on our system. This bill will help meet Oregon's health care needs while ensuring safe, high-quality and ultimately less expensive care. I urge your support.**