

## Sustainable Community Model (SCM): A Model to Sustain Southern Oregon's Healthcare System

**By Chris Guastaferrro**  
*Executive Director  
Area Health Education Center  
of Southwest Oregon (AHECSW)*

In southern Oregon, there is an unacceptable health problem – rural communities have extremely low health status coupled with economic disparity. The Oregon Office of Rural Health has designated several counties in the region as medically underserved areas. Simply put, there are not enough health care providers to adequately serve the healthcare needs of these communities.

AHECSW believes in current research (OHWI, 2011)<sup>1</sup> that states that a strong healthcare workforce will dramatically increase rural health status and improve a community's economic vitality by adding jobs. Many believe that health is a community issue and communities are most effective when they form partnerships to resolve health care problems.

To this point, Paul Schmitz (Schmitz, 2012)<sup>2</sup> writes, "For true social trans-

formation has never been realized by one person's vision, but by a group of people coming together for a common cause". In Schmitz's (2012) book, *Everyone Leads*, he states, "The process of leading and building a community requires three elements: the leadership and engagement of residents; the services and support that neighbors provide to neighbors; and the coordination and collaboration toward common goals among citizens, associations, NPO's, schools, etc."

Ideally, communities take ownership of their health issues; have intentional processes of interpreting health workforce assessments, and implement sustainable programs through partnerships promoting healthcare career pathways and health literacy.

So the question becomes: how can a community feed the healthcare provider pipeline to "grow their own" healthcare work forces, cultivate current healthcare providers, develop a concrete healthcare workforce assessment, and inspire new part-

nerships to leverage resources and optimize assets?

AHECSW recently developed a concept called the Sustainable Community Model (SCM) – a system that integrates a series of ongoing and viable healthcare education programs to address these concerns. The SCM will be executed simultaneously in each of the six counties that AHECSW serves to:

- Evaluate the health reform needs of a community
- Train community members how to develop their own healthcare workforce based on the greatest needs of that community
- Allocate funding to support a community in its effort to ultimately sustain its own healthcare system

A successful program is measured by its impact and ability to be sustainable. Programs of this nature need to be tested, evaluated, continually developed, and consistently

produce great outcomes. The SCM system – currently in its pilot stage – will in time improve southern Oregon’s rural health status and economic vitality using four key success factors.

## Four Keys to Success

### 1. Partner Hospitals or ‘Hubs’

A ‘hub’ candidate is chosen based on its ability to meet an area’s healthcare needs. It is imperative that AHECSW partner with an organization that has similar or complementary objectives, has buy-in from the administrators, and has the capacity for growth. This partnership is essential for integrating AHECSW’s healthcare education programs with in schools, medical centers, and local non-profit and for-profit organizations to reach the greatest number of students. We’ve seen that once a community grafts these programs into their schools and healthcare communities, it becomes a launching pad for potential job growth in the healthcare career pipeline and catalyzes incredible student energy.

### 2. Shared Resources

AHECSW partners with each hub to

add a new or supplement an existing healthcare education coordinator staff position. This allows the hub to expand their health career promotion and health education programs in schools, hospitals and the community by implementing the four programs that are the cornerstone to each SCM.

### 3. Tried and Tested Programs

AHECSW has established four major programs that they would like to incorporate at some level in each SCM setting; a Teen Volunteer Program, an Internship program, Diagnosis Day, and a Summer Healthcare Career Camp. All of these programs have been or are being successfully piloted at Mercy Medical Center in Roseburg.

### 4. Regional Expansion

There is a great need throughout the region for AHEC services. However, staffing, resources and funding are limited. The SCM is an efficient, low cost way to effectively serve our entire six-county region. Though our focus will be only one county at a time, our hope is that in six to seven years, we will have simultaneous programs running in

each county year round.

AHECSW is currently in the process of procuring funding through grants, additional revenue streams, as well as other innovative ways to leverage resources. AHECSW is also working to gain support from community members and district legislators. We want them interested and learning about the SCM program and then rolling up their sleeves to see that it is successful.

## References:

<sup>1</sup>Institute, O. H. W. (2011). *The economic contributions of Oregon's health care workforce*. Portland.

<sup>2</sup>Schmitz, P. (2012). *Everyone leads: building leadership from the community up*. San Francisco: Jossey-AHECSW has established four cornerstone programs that will be mirrored in each SCM region: a Teen Volunteer Program, a Student Internship program, Diagnosis Day, and a Summer Healthcare Career Camp.

*Cris Guastafarro can be reached at [cguastafarro@healthyoregon.com](mailto:cguastafarro@healthyoregon.com) or 800-501-1566 x204.*

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