Overview: The Rural Health Equity Conference is one of the National Rural Health Association’s fastest growing conferences. One of the only meetings in the nation to focus on rural underserved health issues, this event offers attendees the opportunity to meet with peers and experts who share unique concerns and interests. This conference is designed to benefit those who are dedicated to bringing quality health care and health care services to this underserved and often under-represented portion of the rural population. Conference sessions will address four critical areas of rural economic development: education, entrepreneurship, social infrastructure and public infrastructure.

Conference Goals:
1. Showcase and share information about creative approaches and lessons learned to improve health and well-being of underserved populations in rural and frontier communities.
2. Educate community stakeholders about the impact of health care reform on rural and frontier underserved populations.
3. Identify comprehensive strategies for improving health and the delivery of health services in rural and frontier regions.

Conference Objectives: Conference participants will be able to:
1. Identify challenges and successes in promoting equity and wellness in rural/frontier underserved communities
2. Demonstrate the use of data and ethical considerations in formulating policy and in the planning, delivery, financing, research and implementation for informed program development that improves the health and well-being in rural/frontier underserved communities.
3. Identify tools, models, and resources available for rural/frontier communities to serve their citizens—particularly among underserved communities.

Tuesday, May 9th
7:00 a.m. – 8:00 p.m. Check in/Packet Pick-Up/Continental Breakfast/Poster Session

8:00 a.m. – 8:15 a.m. Room TBA Conference Welcome
Alan Morgan, NRHA CEO
Susan Kunz, NRHA Rural Health Equity Council Chair
Suzanne Eidson-Ton, NRHA Rural Medical Education Senior Co-Chair

8:15 a.m. – 9:00 a.m. Room TBA Keynote
Karen McNeil-Miller, Ed.D., The Colorado Health Foundation, CEO and President

9:00 a.m. – 10:00 a.m. Rural Medical Education Panel

10:00 a.m. – 10:30 a.m. Networking Break/Poster Session

10:30 a.m. – 12:00 p.m. Room TBA Health Equity Leadership and Workforce Panel Discussion
12:00 p.m. - 1:00 p.m. Networking Lunch
Room TBA

1:00 p.m. – 2:15 p.m. Concurrent Sessions (Choose one)
1A. Water Crisis: Social & Environmental Justice among Native Americans
Mary-Katherine Smith, DrPH, AT Still University CGHS- Public Health, Associate Professor & Chair
Aesha Turner, AT Still University CGHS- Public Health, Faculty & Doctoral Candidate
David Line, PhD, ATSU CGHS- Public Health, Associate Professor

34% of Native Americans live on reservations many of which are rural with limited access to water. Reservations are often used as dumping grounds for toxic or nuclear waste, a practice known as “environmental racism.” This session explores the impact of environmental racism and how environmental justice should be sought.

Migrant Farmworkers’ Understanding and Prevention of Zika Transmission
Alina Shaw, CDC, Health Communication Specialist

Migrant farm workers may be vulnerable to Zika. A rapid qualitative assessment was conducted in rural areas of Georgia, Texas, and California. Workers knew about Zika and associated birth defects but had limited understanding of symptoms or sexual transmission. Improved access to reproductive healthcare and targeted information are needed.

1B. Smoking in rural low-income women: Findings from a photovoice study
Star Mitchell, PhD, RN, CCRN, Texas State University, Assistant Professor, St. David's School of Nursing

Low-income rural women present higher smoking rates and are disproportionately affected by smoking related diseases, death, financial burden. This photovoice study discovers sociocultural factors that affect low-income women’s relationships between social support, social networks, social identity, and the meaning of smoking as related to decisions on smoking or smoking cessation.

1C. Healthy Start Border Alliance: Aligning for Maximum Impact
Lisa Bain, , PCI (Project Concern International), Director, Program Quality, US & Border Programs
Madelyn Reyes, DNP, MA, MPA, RN, Health Resources and Services Administration (HRSA), Senior Nurse Consultant

Presenters will share how the Healthy Start Border Alliance works to improve perinatal outcomes in border communities by enhancing protective factors; assisting participants move from a state of fear to one of confidence in themselves; and empowering them to pursue goals such as educational attainment, employment and citizenship.

2:15 p.m. – 2:30 p.m. Break

2:30 p.m. – 3:45 p.m. Concurrent Sessions (Choose one)
2A. Vivir Mejor! (Live Better) Collaborative Diabetes Model
Susan Kunz, MPH, Mariposa Community Health Center, Chief of Program Development

Vivir Mejor! (Live Better)is a rural partnership between a health center, hospital, development corporation and food bank and others that uses CHWs to achieve statistically significant improvements in lifestyle A1c. It is considered a promising practice for rural communities and is publishing its results to become an evidence-based model.
2B. How to Build Consensus and Collaboration for Telemedicine

Talbot McCormick, M.D., Eagle Hospital Physicians, CEO

Telemedicine offers a lifeline that more hospitals and healthcare facilities, especially in underserved rural communities, rely on. This session is designed to use successful rural telemedicine programs to demonstrate best practices on how facilities can build consensus and collaboration among the three key constituent groups: Clinical, finance and administration.

2C. Delivering Culturally Competent LGBQT Care in Rural Healthcare

Lisa McKeithan, CommWell Health, SPNS Project Manager
Stephanie Atkinson, Commwell Health, Positive Life Program Manager
Albrea Crowder, CommWell Health, Case manager

This presentation will explore challenge and social determinants in providing treatment to the LGBQT community in rural healthcare setting. Furthermore, we will discuss innovative solutions, best practices, and how having a culturally competent team will improve the quality of care for the patients and reduce health disparities.

3:45 p.m. – 4:15 p.m. Break/Poster Sessions/Display Tables

4:15 p.m. – 5:30 p.m. Concurrent Sessions (Choose one)

3A. Accelerating Rural Oral Health Equity through Narrative Storytelling

Joni Nelson, PhD, Medical University of South Carolina, Post Doctoral Scholar in Oral Health Interprofessionalism
Amy Martin, DrPH, Medical University of South Carolina, Director and Associate Professor

We will introduce a theoretical model addressing social determinants of health equity on the adopted value systems of oral health for rural communities in the Southeast. Our work explores the effectiveness of narrative storytelling as a pathway to broaden opportunities for achieving rural oral health equity.

Digital storytelling: voices promoting rural health equity

Martha Moore-Monroy, University of Arizona Mel and Enid Zuckerman College of Public Health, REACH Program Director-Lecturer
Floribella Redondo, Arizona Community Health Outreach Workers Association, President Arizona Community Health Outreach Workers Association
Patty Molina, Mariposa Community Health Center, Senior Director-Community Health Services

Digital stories have played a significant role in the promotion of health equity in rural racial and ethnic communities. Digital storytelling techniques are accessible and provide a forum to increase health literacy, community engagement and advocacy. The session will focus on digital storytelling resources and use in rural Arizona communities.

3B. Addressing Infant Mortality in a Collective Impact Model

Stephanie Kiser, RPh, UNC Eshelman School of Pharmacy / Buncombe County CHIP Advisory, Director, Rural Health & Wellness; Co-Chair Community Health Improvement Advisory, Buncombe County
Frank Castelblanco, RN, DPN, Mountain Area Health Education Center, Director, Division of Regional Services
Deborah Calhoun, MPH, Mountain Area Health Education Center - MAHEC, Health Improvement Specialist
The Mountain Area Health Education Center, in collaboration with over 100 community partners across Buncombe County and Western NC, have established a collective impact approach to address health disparities in infant mortality. In Buncombe county, African American babies are 2.5 times more likely to die than white babies.

3C. Integrating Community Health Workers into Rural Communities
*Debra Flores, Ph.D., TTUHSC West Texas AHEC, Managing Directors*

Changes in health care have posed barriers in rural areas. Community health workers have proven to be an effective addition to health care teams. West Texas Area Health Education Center has piloted a hybrid community health worker class that expands the classroom into the rural regions using technology.

**Community Health Workers supporting community based research in Appalachia**
*Frances J. Felmer, DNP, University of Kentucky Center of Excellence in Rural Health, Center Director
William M. Baker, University of Kentucky Center of Excellence in Rural Health, Director of Kentucky Homeplace
Sydney P. Thompson, University of Kentucky Center of Excellence in Rural Health, Data Analyst*

This tailored model of innovation utilizes community health workers (CHWs) to link vulnerable Appalachian population and university researchers. CHWs provide research support that helps assure more representative client samples, increased adherence to study protocols, and decreased attrition rates. CHWs offer culturally-appropriate recruitment of rural population characterized by low health literacy.

5:30 p.m.  Adjournment