LANE COUNTY MEDICAL SOCIETY | FEBRUARY 2021

MEDICAL MATTERS

Path to Equity

Dr. Salazar shares his views on diversity and equity in healthcare.

Two Upcoming Events:
Wednesday, February 3rd &
Wednesday, February 17th
See inside for more details!

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Contents

LANE COUNTY MEDICAL SOCIETY | FEBRUARY 2021

COMMUNITY DIVERSITY

LCMS MISSION STATEMENT

The Lane County Medical Society is a professional organization that represents, unifies, and supports its physician members as they practice the science and art of medicine.

The Society promotes the interests of member physicians and advocates for the health of the community.

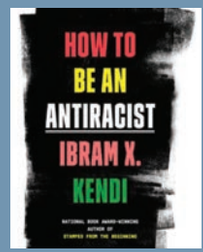
2021 DEI MEETING DATES

Join us on the third Thursday of each month from 5:30-6:30pm to discuss personal experiences, ideas, and actionable ways we can work toward a more welcoming community.

February 18
March 18
April 15
May 20
June 17
July 15
August 19
September 16
October 21
November 18
December 16

***Dates are subject to change as needed.**

Book Club Meetings for How to be an Antiracist will be hosted the following Wednesdays from 6-7p:
February 10 - Ch 1-4
March 10 - Ch 5-8
April 14 - Ch 9-12
May 12 - Ch 13-15



DIVERSITY EQUITY & INCLUSION

MEDICAL MATTERS

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Actions Toward Meaningful Change

As part of an inspirational quote I found recently, one part truly resonated with me.

"Communicating is hard. Not communicating is hard. Choose your hard. Life will never be easy. It will always be hard. But we can choose our hard. Choose wisely."

Communication is so important because it fosters trust and connection. A healthy relationship of any kind requires open and honest dialogue, and at times this may not be easy, but usually worth the effort.

Nothing makes a person feel more valuable than when someone expresses interest in a genuine way. The challenge lies in finding the best way to communicate when there are barriers. Perhaps you don't know how to start a conversation, or you don't appear to have much in common on the surface.

By NOT communicating, it's guaranteed you won't find out. So, as a challenge in this new year, give it a try. It may be one of those New Year's resolutions you keep (and enjoy).

Actionable Goals For 2021

As incoming LCMS President, Dr. Alice Horrell, outlined in her January article, one of her goals for the organization this year is to continue supporting our Diversity, Equity & Inclusion (DEI) group. This month's magazine theme aims to provide information and resources to those interested in learning about challenges affecting physicians, other healthcare providers, and patients in our community. And, then putting that knowledge into action.

It's much easier to identify areas needing improvement or growth when armed with more information. Admittedly, we all have room for growth, which is a very powerful and life-changing revelation. While we cannot change where we came from, our learned experiences, or our successes and struggles, we can change our perspective and turn the focus to how we react and what we can control. How am I treating my staff? How am I interacting with my colleagues and patients? Could I do better in any of these areas?

Since communication is crucial in this process, the articles this month give some helpful suggestions on how to get started, both personally and professionally. In fact, many of these resources offer free training, workshops, and/or consultations. They offer perspectives based on facts, not emotions, so that underlying implicit bias can be acknowledged, identified, and overcome.

As this is one of the "actionable" goals for the group, when more resources are discovered, we will add them to the growing list. The quote from Cass Averill's article rings true, "It's really just about a shift in perspective and taking action on that."

Unique Journeys Worth Sharing

Much of the positive feedback received about the monthly magazine is regarding the monthly profiles. Why? Because they offer another perspective. We have been pleasantly surprised to find no shortage of members doing incredibly compelling and engaging things, both professionally and personally.

Some may feel awkward being highlighted in such a way, but it allows members to learn about each other in a way that may not be possible otherwise. It's an opportunity to share experiences, perspectives, and accomplishments. And, since "a picture is worth a thousand words," profile photos offer what words cannot. Admittedly, I eagerly anticipate the profiles and photos each month, along with the range of emotions they invoke (this month's profile, for example).

Each unique journey is an important reminder that we still have a lot to celebrate and new ways to connect. So, if you are approached to be featured as a member profile, please consider sharing your story.

Hope On The Horizon

With the vaccination process underway, thanks to our local hospitals, the Health Department, and numerous collaborations within the community, there is finally a sense of hope for eventual recovery. It might feel slow, but since we've been stuck in "reactive" mode, it's empowering to finally be moving towards a more "proactive" approach.

And, finally, whether you've been a member for days or decades, THANK YOU for making us a strong organization. Annual membership renewal and participation in the benefits offered keeps our healthcare community connected in many ways. Individually or as part of a group, each of you make LCMS and the community unique, and we sincerely appreciate it.

Chart Notes

"The hard part...is getting people to listen."

DR. CROOKS
ON ADDRESSING
IMPLICIT BIAS

2021 DIRECTORY

Due to a record number of new membership applications, the Directory distribution will be delayed a few weeks so we can include everyone. We are also reducing the size due to COVID and cost reduction efforts. Members can request access to the Physician Only section by emailing us or they can access the information via our website once logged in. If you need help with your unique login, please email us at info@lcmedsociety.com.

Innovative Physicians: Forging Their Own Path February 3rd

Drs. Meg Alden and Renee Dversdal will present *Innovative Physicians: Forging Their Own Path* on Wednesday, February 3rd at 6pm, as well as Honoring National Women Physicians Day. They'll discuss how they've combined their specialties and device innovation in infant feeding systems and bedside ultrasounds.

Register now on our website, www.lcmedsociety.com/events.

All members welcome!

Oral Appliance Therapy February 17th

Join us Wednesday, the 17th at 6p when Dr. Ivan Paskalev, DMD shares about obstructive sleep apnea. He'll discuss a dentist's approach to oral appliance therapy and the collaborative process between medical and dental providers.

Register now for this virtual event on our website at www.lcmedsociety.com/events.

Thank You for Joining Us at Our Annual Meeting

UPCOMING EVENTS

The next LCMS Diversity, Equity, & Inclusion meeting will be Thursday, February 18th from 5:30-6:30p. Join us for a discussion on how we can improve diversity and create a more welcoming community. We welcome questions, provide a place to be heard, and are open to new perspectives. All members welcome! Register at www.lcmedsociety.com/events.

Our first DEI book club meeting is on Wednesday, February 10th from 6-7p. We will be discussing the first four chapters of How to be an Antiracist by Ibram X Kendi. Be sure to register early to preview some of the questions. Register at www.lcmedsociety.com/events.

Be sure to request to join our private, MEMBERS ONLY Facebook group, Lane County Medical Society, to stay up-to-date on our events. Email us any questions at info@lcmedsociety.com.

COMMUNITY DIVERSITY

Cascade Health's DEI Council

BY ERIC T. VAN HOUTEN, CEO & CHELSIE WONG, HOSPICE VOLUNTEER COORDINATOR OF CASCADE HEALTH
FOR LANE COUNTY MEDICAL SOCIETY

What is the Cascade Health Diversity, Equity, and Inclusion Council?

Our Diversity, Equity, and Inclusion (DEI) Council is represented by staff across our 14 departments to address meaningful opportunities to improve our health care delivery to black, indigenous and other people of color (BIPOC), as well as other marginalized populations. This Council is empowered to look at obstacles that exist at Cascade Health and to guide us on the path to being an even more equitable and inclusive organization.

Our purpose is to improve and enhance our own commitment to diversity, equity and inclusion. We, by no means, feel that we are experts in this journey, but are committed to inquiry and learning. If our efforts inspire others in health care we will greatly appreciate and respect the collaboration – but this is solely an initiative by and for Cascade Health.

The DEI Council will look at service delivery data, staff recruitment and retention, physical environment, training and consciousness raising, messaging and communication to determine areas for improvement. Critical to the initiative is that, while there is a beginning to this work, the effort will never be done. We must be committed to this change like a quality strategy, it is a never ending quest as we always have room for improvement.

What conditions exist to warrant your action?

As the events of this summer unfolded we felt compelled by the call to action from the Black Lives Matter movement. The inequities that exist in access to health care, poorer health outcomes, and, most alarming, increased risk for contracting and dying from COVID-19 for BIPOC required us to do something.

Cascade Health, as a private nonprofit, had not previously had a diversity committee. This year we identified that previous efforts through trainings, conversations and other initiatives were not sufficient to address necessary changes to create and sustain a culture shift.

How do you feel your employees will receive this initiative?

There's been a wellspring of support and enthusiasm for this undertaking. Cascade Health is filled with competent and caring professionals – it's a natural progression for us to develop a team dedicated to honoring the values of respect, compassion and inclusivity, providing education and developing employee-led initiatives to support greater inclusion and diversity. Our recruitment efforts for the Council were met with immediate and overwhelming support for this endeavor.

Do you believe this initiative will ultimately provide better care for patients and clients – especially those from diverse populations?

Absolutely – and equally, it's an opportunity to deliver better care to our staff, volunteers, partners and community. All of us benefit in creating a work environment where staff learn, thrive and develop deeper understanding to offer clients and our community culturally-aligned and sensitive care, to expand inclusion by ensuring our doors are wide open to anyone who wishes to walk through them and defining clearly how our values of diversity and inclusion are interwoven through the experience of all at Cascade Health.

Further, as a local nonprofit, we want to deliver the highest level of care to the broadest community population possible. Yet we know that people of color don't utilize health services as often as white patients, and we see this as a problem not of the users, but of the providers. One example is found in hospice care where 2018 national statistics indicate 82% of hospice patients were white.

We want to be proactive in closing that gap to ensure those who need service receive it and know where to find it.

What is your ultimate goal for the program? How will your DEI Council help achieve these goals?

Cascade Health's DEI Council is striving to increase access to health services, employment opportunities and promotion to build and retain a diverse and inclusive staff well positioned to provide the highest level of support possible. We seek to spark curiosity, awareness, consideration and communication around topics of race, social barriers to healthcare, diversity, respect and inclusion. We want to ask the hard questions of ourselves and our community to identify where we may evolve, redouble efforts and grow.

The newly-formed DEI Council is sponsored by our CEO, Eric Van Houten, and includes representation from each department. We'll begin with an organizational survey to explore areas of opportunity and work with senior management, HR, Oregon Health Authority's DELTA (Diversity and Equity Leadership Training) program and subject matter experts to increase diversity, promote inclusion, respect and safety while creating clear policy around these principles. We'll host lunch and learn opportunities (or a remote version), define common language, develop a process for receiving and responding to employee and community feedback and add diversity and inclusion training as part of new employee training and our yearly staff education.

While we are just beginning this journey, Cascade Health offers many service lines to support lifelong wellbeing. We want to ensure these services are available and valuable to as many as possible by listening to understand and respond to the needs of those we serve and engage. ◆

NAACP Works to Reduce Medical Racism

BY VANESSA SALVIA
FOR LANE COUNTY MEDICAL SOCIETY

Dr. Christal Crooks, a family physician at Oregon Medical Group, is a member of the health committee for the local chapter of the NAACP. As a Black woman from Trinidad and Tobago, she has seen first-hand what medical racism looks like, and she's working to empower both physicians and patients—physicians to identify and overcome their own implicit biases, and patients to get the care they deserve.

The Eugene-Springfield NAACP and Nuturely, a nonprofit dedicated to global maternal and infant health, are partnering for a 6-week virtual series tackling systemic racism within pregnancy, birth, and postpartum that commenced on January 20 for Oregon-based physicians, midwives, nurses, doulas, lactation consultants, and other health workers. So far, a training has convened a doula, OB-GYNs, and pediatric physicians. The panel represents a wide swath of community groups, including a social worker from the Eugene 4J school district, Parenting Now, Relief Nursery, HIV Alliance, and others. The committee chair is Mark Harris, an educator who specializes in racial microaggressions.

"We are confronting medical racism from a lot of different angles," Crooks says. "We are working not just on the lofty ideals of implementing anti-racism training for providers and the community, but we're also supporting more immediate things like free COVID testing for minority groups."

Unfortunately, there's a powerful and long legacy of medical racism. In 1951, a sample of cancer cells from a Black woman named Henrietta Lacks was taken without her consent and used (to this day) in research. The Tuskegee experiment condemned Black men to untreated syphilis for 40 years, from 1932 to 1972. The effects of these and other tragic violations of medical ethics forced on the Black community has created a culture of distrust toward medical professionals.

"The idea that your life doesn't have as much value as a white person is something non-white people learn when they're little kids," Crooks says.

White physicians, and especially white males, don't have to worry about whether they will be accepted as physicians, which is not the case for non-white members of the medical community. Crooks says that sometimes she's assumed to be a nurse, even when she gives her name as "Dr. Crooks." Implicit bias in a physician's daily work are noticeable to non-white people, but not typically by the providers themselves. Crooks gives an example of a patient she once cared for in Tennessee, a Black woman with neuropathy from severe diabetes.

"She went to the ER in a lot of pain and they refused to give her medication for it because it's often assumed that Black people are trying to get drugs," Crooks remarks. "Studies have shown that Black people's medical concerns are often not taken seriously."

In December, a Black physician in Indiana, Dr. Susan Moore, died from COVID-19 complications after describing a white doctor dismissing her concerns. A December 19, 2019, report from The Century Foundation entitled "Racism, Inequality, and Health Care for African Americans" (https://tcf.org/content/report/racism-inequality-health-care-african-americans) described disparities in health outcomes between African Americans and whites. African-American women are three times more likely to die of pregnancy-related causes than white women, and African-American infants die at twice the rate of white infants. African Americans are more likely to die from cancer and heart disease than

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"The idea that your life doesn't have as much value as a white person is something non-white people learn when they're little kids."

-DR. CROOKS
ON THE DIFFERENCES IN MEDICAL CARE FACED BY PEOPLE OF COLOR

whites, and are at greater risk for diabetes.

The work of the panel will include encouraging physicians to view systemic racism from a fact-based perspective rather than an emotional one, because evidence is harder to ignore. Crooks explains that one challenge is to get people to open up to the idea that they are guilty of having implicit bias in the first place—no one wants to think of themselves as "bad."

"It's easy for the white physician who hasn't thought about implicit bias to assume they don't have it, they ignore the things they do," she says. "The hard part that I think we will have is getting people to listen."

Crooks says in general, non-white patients are afforded less rights and dignities than white people. "There's a higher morbidity in Black communities and much of that is because they don't trust doctors," she says. "They're taught to not question white authority. They leave with a prescription, but they never take it because they don't really know why they're taking it. They're scared to ask questions because that's not what people of color have been encouraged to do."

Doctors can help overcome this problem by understanding that they may need to take extra time with non-white patients to establish open lines of communication, and showing patience when answering their questions. Crooks offers two books for recommended reading: "Medical Apartheid: The Dark History of Medical Experimentation on Black Americans from Colonial Times to the Present" by medical ethicist Harriet A. Washington, and "How to Be an Anti-racist" by American historian Ibram X. Kendi (This is also the first book the LCMS DEI Book Club will be covering starting this month on February 10th. Visit our website for more details www.lcmedsociety.com/events). Members of the medical community who want to know more are encouraged to register for the workshops the NAACP and Nurturely are presenting. The NAACP's office is open to the public on a daily basis. The office is accepting donations of food for people in the community who were diagnosed with COVID and need help paying bills. ◆

Racism in Perinatal & Pediatric Health
Presented by Nurturely and Eugene Springfield NAACP
Live virtual sessions start January 20 and are held weekly on Wednesdays from 9-11 am. Presentations will be recorded for registered participants. Register at nurturely.org/racism.

Eugene Springfield NAACP
(541) 484-1119
330 High St, Eugene 97401
https://naacplanecounty.org

MEMBER PROFILE

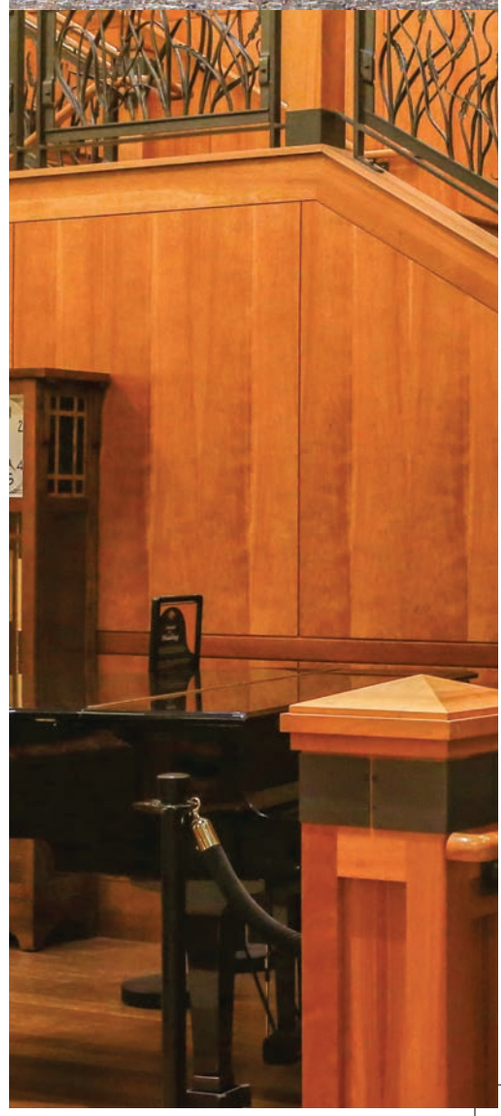
Path to Equity

Dr. Salazar actively works to improve equity and knowledge translation.

BY VANESSA SALVIA
FOR LANE COUNTY MEDICAL SOCIETY

There are a few threads that tie Dr. Arturo Salazar's early life in Costa Rica to his lifelong advocacy for population health. Born into a working class family and raised by a single mother in underserved areas of Costa Rica, many of his friends were displaced immigrants from Nicaragua or black citizens in the Caribbean, each facing multiple forms of social inequality. His later experiences in healthcare—seeing how lack of knowledge and language barriers impacted loved ones—proved to be additional motivating factors for him to ensure that all patients had an advocate.

After practicing medicine for 18 years in a variety of settings, he's seen many different healthcare models. "There are always inequalities," he says. "Even in Oregon, there are very rural populations. And if you are rural, you don't have access to healthcare the same way that you have it in Portland or Seattle."



Dr. Salazar and his wife, Melissa, with their rescue pup, Levi, and some of their Muskovy ducks.

Top Left to Bottom:
-Michael Friedlander, MD
Medical Director
-Julanya Richards
Director Hospital Medicine
-Mollie Skov-Ortega, MD
Department Vice-Chair
-Rajeev Alexander, MD
Post-Department Chair
-Charlotte Yeomand, MD
Department Chair
-Arturo Salazar, MD
Chief of Staff University District

A Natural Curiosity

As many children of divorce do, he took refuge in his natural curiosity. "It was my own little world, and it gave me a belief that through science and technology, the future could be brighter," he says.

It was then that his younger brother William became ill and he experienced a new kind of inequality: educational inequality. Costa Rica is a developing country, but managed to have "Universal Health Care" since the 1960s. Despite such access, the lack of up-to-date information meant the general physician did not detect the red flags in William's development.

Salazar affirms that the healthcare system in Costa Rica is robust, but not always able to identify complex issues. Eventually William was referred to the National Children's Hospital where he was diagnosed with acute lymphoblastic leukemia.

"As a mother, my mom had to advocate for him; she knew something was wrong and she just kept going day after day to the clinic," Salazar says.

Now a teenager, Salazar could see how impossible it would have been to get high-level medical care if his family had to direct pay as many others did in Latin America, let alone afford the expensive specialized care Willy needed to cure his cancer.

"The world of science and the technology of the future suddenly became very real," Salazar relates, and his appetite for knowledge grew. Through a series of academic scholarships, Salazar was fortunate to attend both a "magnet" science-focused high school and the University of Costa Rica for medical school.

Salazar feeds his bevy of Muskovy ducks.

Unfortunately, William's condition progressed into iatrogenic acute myelogenous leukemia and there were no further options for him in a country with such limited resources. Somehow his mother found a research trial in Dallas, Texas, and they accepted him into a specialized treatment program. Out of his "bubble" for the first time, Salazar became acutely conscious of the vast differences in healthcare.

"I not only saw through the eyes of a patient—my 11-year-old brother—but also through the eyes of an academic," he says. "Now I'm no longer in Costa Rica, and the world opens up." He saw that specialized knowledge was critical, but it became clear that access to such knowledge was far more pivotal.

After returning to Costa Rica to finish medical school, he entered the country's mandatory year-long medical appointment, in which he chose to serve indigenous populations in the rainforest. It's beyond rural—it involves backpacking for hours to bring in everything, including fording rivers or being turned away if the river is too high.

"That year was challenging, but also beautiful," he says. "When they see you, a hundred people come out of the trees, just like a Hollywood movie."

In 2002 Salazar joined a project providing basic healthcare in a remote area of Tanzania. This time was different, as he was serving as the sole provider in a region suffering from the aftermath of war. Without accessible healthcare, children and adults routinely died. "I was depressed and I didn't know what to do," he says. However, the community connections, such as the honor of being invited to a Bahaya wedding or sitting with the women chanting in the back of the bus, led him to seek out other means of providing.

Dedication to Evidence-Based Medicine

At this point, he found the Cochrane Collaboration, a global group dedicated to improving Evidence-Based Medicine (EBM) and decreasing the knowledge gap, by, for instance, translating research into other languages. "You can talk about education at many levels, but the knowledge translation gap is why my brother suffered," Salazar recalls. "The first time he went to see a doctor with my mom, that doctor didn't know what to look for."

Archie Cochrane's call for "up-to-date, systematic reviews of all relevant randomized controlled trials in the field of healthcare" fueled his desire to narrow that gap. To that end, thanks to his association with Cochrane, Salazar was able to train on research methodology with EBM experts in Spain, Liverpool, Oxford, and Canada.

After returning to Costa Rica, he decided that instead of focusing solely on patient care, he would work with policymakers to address health inequity issues. He came to serve as an advisor for the Costa Rican National Health Service, helping make decisions on new technology and medications.

He concurrently took a position with the local branch of the Cochrane Collaboration as the head of their education and research program, focusing on training other physicians and executives in EBM. With their support, funding was secured from the World Health Organization to work as a consultant, allowing him to use his EBM training to develop clinical guidelines for Latin America.

In 2004, Salazar met his wife, Melissa, in Costa Rica when she was studying medical Spanish. After they married, he completed a dual residency in Internal Medicine and Pediatrics at Wayne State University in Michigan, returning to Melissa's native Oregon in 2012.

Life in Oregon

Salazar happily made this move, not only due to the Pacific Northwest's

abundant natural beauty so reminiscent of home, but also for the promise of a multi-state medical system entrusted to make healthcare more available to all. After years of practicing medicine in various settings, he chose PeaceHealth, not just for its history of standing for social justice, but also because of its stated values of respect, dignity, stewardship, and collaboration. "It fulfilled everything I wanted in a workplace," he says.

Here in Oregon, Salazar focuses on hospital medicine, a complex but very appealing specialty that works closely with various sub-specialists. "We have the privilege and responsibility of treating patients who are in need of varying levels of care at their most vulnerable and often scariest moments of their lives," Salazar says. "From COVID-19 to mental health crises, strokes to MIs (myocardial infarction), advanced cancer to patients at the end of life—we touch them all."

During his early years at PeaceHealth, his priority was supporting his new family of colleagues. "Our service shares a similar story to what I have witnessed in life," Salazar affirms. "A group of diverse, egalitarian and caring people, frequently undervalued and under-recognized as providers of really good medical care."

Though Oregon is now his home, he continues to work with the Cochrane Collaboration and furthering EBM. "It's very fulfilling," he says. "You have the opportunity to impact diverse groups of people." Most recently he trained a large cohort of OB/GYN surgeons in Latin America, and before that, the advisory team to the Costa Rican supreme court justices.

In the EBM model, the art of medicine comes from a combination of best available evidence, the expertise of the provider, and patient values. One of the stated aims of the Cochrane Consumer Network is "to provide an avenue for consumer representation." "During our time creating guidelines in Latin America," Salazar relates, "we worked with expert panels—including patients—as their participation is required for truly informed healthcare decision-making."

Through it all, Salazar continues to advocate for lowering the disparities between access to healthcare and the way healthcare is delivered. "How do we deliver better information that can be distributed faster to our providers so that the patients get it?" he asks. "Do we need to work on patient empowerment so that they know where to go and when to seek help?"

"Yes, I'm a Costa Rican working as a doctor in a place that is majority white, but I see diversity as being more than ethnicity. It's all of us – women, men, different ages, people from different places and different backgrounds. At the end, nobody's journey is the same as another, and that's the key."

His prior participation with the Population Health Research Institute of Canada on the 2008 POISE trial was particularly rewarding in terms of improving patient safety. It revealed that a large percentage of post-operative patients have uncommon symptoms of MI—or none at all—until it is too late, with women in particular being treated differently. As a direct result of this data, for the past five years Hospital Medicine has allied with the departments of Anesthesia and Surgery to screen patients for post-operative MI after non-cardiac surgery (MINS). "Our collaboration is reducing mortality equally," Salazar affirms.

As Salazar looks to the future, he is encouraged by PeaceHealth's plans to create a vibrant community hospital by removing four vacant buildings and revitalizing the remaining structures. As the Chief of Staff for the University District hospital, he is excited to be of service during this modernization project, noting it's a fresh new direction for their campus in downtown Eugene.

Salazar believes part of the responsibility as a medical staff leader is to help secure and improve the quality of the care provided. "Enhancing the quality of our decision making is a big interest of mine," he relates. There is a great opportunity for innovation at PeaceHealth, especially now with the new partnership Knight Campus for Accelerating Scientific Impact. "For example, machine learning could augment providers," he says, "enhancing the human factor and releasing them to do what people do best - connect the dots."

Salazar sees creating a community among doctors, by sharing one's journey, struggles, passions, and projects - for example, through the LCMS Medical Matters - is an important part of the overall goal of providing the best care. He says he knows that no one person or partnership can fix everything, but everyone can address one thing in front of them. "If you find a friend who is willing to partner with you and help you, which you will find, you can change things," he says. "Yes, I'm a Costa Rican working as a doctor in a place that is majority white, but I see diversity as being more than ethnicity. It's all of us – women, men, different ages, people from different places and different backgrounds. At the end, nobody's journey is the same as another, and that's the key." ◆

COMMUNITY DIVERSITY

Foster Inclusive Care Through Compassion and Education

BY ASHLEY LORRAINE WIESNER
FOR LANE COUNTY MEDICAL SOCIETY

"I started it because I thought I was alone," Cass Averill remarks, reflecting on the origins of his non-profit.

Eight years ago, Averill existed in isolation. A few years into his transition Averill found himself thinking, "I must be the only one going through this," but knew, deep down, that wasn't the case. In an effort to bring together the Eugene transgender community, Cass organized an informal support meeting in his backyard.

As Averill found a community, his transformation began. He went from the shy person in the room to the person at a podium with a microphone. This community, confidence, and passion transformed Averill's backyard meeting into Oregon's premiere non-profit for gender diverse people – TransPonder.

TransPonder continues to be a grassroots, transgender-led non-profit primarily serving the Eugene-Springfield area. The organization plays an active role in the lives of transgender people and their allies, offering a wide range of support from inclusivity trainings to special events all focused on building community and awareness around gender diversity.

"We go in and start an ongoing conversation around gender diversity awareness," Averill adds.

TransPonder offers diversity awareness trainings and consultations to local businesses looking to foster inclusivity. The most used resource TransPonder offers is the resource directory. The directory is a community vetted list of transgender friendly and inclusive providers in the area. Community members seeking informed and inclusive service providers should turn to the directory, but so should fellow service providers—as it's a great place to find transgender inclusive referral options for patients.

An extensive resource, the list includes: Primary care providers, therapists,

barbers, chiropractors, surgeons, hairdressers, support groups, and more. Community members seeking informed and inclusive service providers should turn to the directory, but so should fellow service providers.

Transponder's work centers around fostering community and inclusivity. To truly become inclusive, Averill recommends getting outside of one's own experience.

"Put your feet in the shoes of a transgender individual who's never interacted with your organization before and go through each process," Averill suggests.

From there, people are able to evaluate the aspects of their process or environment that are not inclusive. He adds that inclusive acts can be simple—ask for pronouns, clarify legal versus given name, provide various gender options on paper, and create an inviting office with inclusive and diverse imagery, literature, and flags.

"There's a little caveat to that," Averill comments. "Don't just fly a trans flag and think you're an ally and good to go. You've got to be able to back up that flag. You've got to be able to stop oppression when it happens in front of you and to believe people when they say they've experienced oppression. Then work with them to heal."

Averill continues, adding that the establishment of both anti-discrimination and anti-oppression policies are critical to creating an inclusive environment. Anti-discrimination policies should include gender, gender identity, and gender expression. Anti-oppression policies should explicitly list acts of micro-aggression, client and employee responsibilities, and repercussions in the instance of a policy violation.

Organization-wide policies ensure an inclusive, comfortable environment for people from start to finish. It's not enough for the provider to be great, Averill comments, the front desk people, the billers, and the nurses have to be great, as well.

Averill reflects on an experience with a trusted and established provider of his who had just moved clinics. At this new clinic, a women's clinic, Averill found himself at the front desk for 15 minutes in an attempt to convince the receptionist his appointment was valid.

"That's not the only time I've had that experience," he adds. "That's not even the only time I had that experience in that office."

> "Put your feet in the shoes of a transgender individual who's never interacted with your organization before and go through each process."
>
> **-CASS AVERILL**
> ON CREATING A WELCOMING AND INCLUSIVE ENVIRONMENT

Averill sums up the experience as traumatizing. And he is not alone in that experience, this is why he recommends a trauma informed approach to care.

"A way to think about this is that every transgender person alive today in America is a survivor," Averill says.

The advent of telehealth has called for a different approach to transgender care. To foster a safe environment, Averill recommends providers establish a safe word with patients, emphasizing that not all transgender people are currently in spaces where they feel safe to be openly transgender.

He also adds that telehealth may be particularly traumatizing for transgender people who experience gender dysphoria, Averill recommends providers give patients the option to turn off their camera or conduct the appointment via phone.

"It's really just about a shift in perspective and taking action on that," Averill adds.

Believe patients when they say something, don't make everything about being transgender and educate yourself and your clinic – your patient should not be your educator, he adds.

Averill reflects back on that initial appointment at the women's clinic. He shares that the clinic became an inclusive environment thanks to a lot of conversations with his provider and work with clinic staff. Things changed because he stuck with it.

"I had the emotional fortitude and ability to that," he reflects. "But so many in our community don't."

This is where self-education comes in.

For medical resources, professionals should turn to OHSU. OHSU is at the cutting edge of transgender care in Oregon, building a pediatric patient registry and researching testosterone's impact on the voice.

When looking for gender diversity awareness, and inclusivity resources, Averill recommends turning to local organizations. Local organizations, like TransPonder, who understand the nuances of the transgender community your practice is serving.

TransPonder continues to provide trainings to local businesses and encourages inclusive practices to nominate themselves for the TransPonder resource directory. Though, he adds, the most important thing local practices can do is educate themselves and listen to the experiences of transgender people.

"We want to live in a world where everyone is accepting, inclusive, and knowledgeable," Averill adds. "We don't expect everyone to have all the knowledge, but we do expect a baseline knowledge, which TransPonder can help you get." ◆

COMMUNITY DIVERSITY

Showing Up for Racial Justice

BY CARTER McKENZIE
FOR LANE COUNTY MEDICAL SOCIETY

Who or what is your group?

We are the Eugene-Springfield chapter of the national network Showing Up for Racial Justice (SURJ) organizing people for racial justice.

The national group was founded in the wake of racist backlash following the first election of Barack Obama in 2009. Finding themselves to be once again alone in defending themselves against this backlash, BIPOC (black, indigenous, and people of color) leadership demanded that white allies take action to address and undermine racism, specifically as manifested by other white people.

The Springfield-Eugene SURJ chapter was formed in the summer of 2015 out of a sense of urgency following the Charleston massacre at Mother Emanuel Church and the relentless pattern of police brutality against Black people. At the time we were one of 30 chapters across the country. Now we are among around 200 other nation-wide chapters.

What does your group stand for?

We stand for lifelong commitment to the work of racial justice, and seek to be a multiracial group with a focus on educating white folks to help dismantle racism. This dismantling is crucial to bringing an end to the systemic racism of white supremacy that has been perpetuated, alongside democratic values, since this country's foundation. We stand for supporting the crucial leadership of BIPOC communities, and are committed to being responsive to how they need us to show up to create awareness and pressure for systemic change for justice, as allies and accomplices.

> "We live in a society that was actually built on racism; this was the factor that from the beginning contradicted our democratic ideals."

Why is it important right now and long term?

This work is urgent and life-long, for the sake of everyone's humanity, which is damaged in different ways by white supremacy.

We need millions of white people to join the movement for racial justice. As anti-racist author Robin DiAngelo has stated, white people, even those who intend to be progressive, remain vastly uneducated about racism, in terms of internalized racism and systemic racism. If white people cannot see it, they cannot fight it. Furthermore, it is important to realize that white people, because of their conditioning in this culture, do NOT know racism when they see it, unless they work hard to see it. It is this lack of awareness that makes possible gas lighting of the realities of racism experienced on a daily basis by BIPOC people and communities, and enables the system of white supremacy to continue.

We work to understand within ourselves and with other white people how racism is not simply a binary of "good" people not being racist and "bad" people being racist, but rather a continuum.

Our work to educate and engage other white people is not about shaming, but about encouraging all who are willing and feel the moral imperative to dismantle racism to learn, despite mistakes, to keep going.

Southern white anti-racist Anne Braden (1924-2006), a mentor to one of the founders of national SURJ, Carla Wallace, put it this way:

> "Racism is lethal and soul killing...It operates primarily and most harmfully through invisibility afforded by privilege and the shawl of respectability. It endangers the humanity of us all."

"We live in a society that was actually built on racism; this was the factor that from the beginning contradicted our democratic ideals. Therefore, because this is the base, it has always occurred that when a struggle was mounted against racism, a struggle that involved whites as well as people of color, the doors to a better society opened wider for us all. All of history proves this."

What types of things does your group do or are involved in?

Our chapter holds general meetings for anyone who desires to participate on a monthly basis (now on Zoom until it is safe to meet in person). Our meetings consist of education and actions in response to the needs of our accountability partners, which include the Eugene/Springfield NAACP, Black Unity, the LatinX Alliance communities, and Indigenous communities represented by Chifin Native Youth Center in Springfield and the Winnemem Wintu of the Shasta region in Northern California.

All first-time participants in general meetings are strongly encouraged to

attend an orientation session, which is offered monthly.

Our chapter offers book clubs that anyone who is interested can join and workshops guided by Layla Saad's book Me and White Supremacy.

We are involved in actions that we understand from our accountability partners to be important and needed from us. We do not determine actions without communicating with our accountability partners, and we take full responsibility for how we decide to move forward.

We have also been very involved working with SURJ national on elections in swing states around the country and for the January runoff in Georgia, and we have been active in demonstrating against police brutality, and supporting protests with funds from donations for Black Lives Matter signs.

Why should others care?

Racism is lethal and soul killing. It is insidious in how it manifests itself in systemic ways. It operates primarily and most harmfully through invisibility afforded by privilege and the shawl of respectability. It endangers the humanity of us all. And white people, who have benefited from this system in ways they often do not recognize, need to wake up to their complicity and understand how this system has disconnected them from their own humanity.

> "We work to understand within ourselves and with other white people how racism is not simply a binary of "good" people not being racist and "bad" people being racist, but rather a continuum."

How can others get involved?

Anyone interested in being on our mailing list to receive reminders of meetings, minutes, and announcements of actions and events, can write the leadership team at: surj-info@googlegroup.com.

Given our mission to reach out to white people, and given the necessarily raw nature of some of our discussions about realities of which BIPOC folks are already very aware, our meetings are mostly attended by white people, but everyone who wants to be part of our meetings is welcome. ◆

ADVERTISER SPOTLIGHT

Oregon Surgical Wellness

Why Wellness...On behalf of their community, surgical friends pivot to create a new Surgical Wellness Clinic.

Up until 2021, Drs. Winnie Henderson and Chris Kollmorgen were part of a surgical specialist group, here in Lane County for many years. In their daily work, they always set their sights on providing the best in medical care. Over time, they developed a growing concern with their more tangled and bureaucratic health care delivery environment. As generalists, they performed all kinds of general surgery, but gradually, they sub-specialized, developing a primary focus as breast surgical oncologists. They also noticed that their patients had become more anxious, more medically complex, and more often disadvantaged due to their social determinants of care. After years of watching this unfold, they began their journey of finding a better way. Here in their own words, they identify solutions to these intricate problems.

How can we minimize stress to our patients and promote healing while finding our interactions more rewarding?

The surgical aspect of breast oncology is often traumatic, stressful, and too rushed. To help these patients through their journey in a "minimally invasive" way, we realized soon that we needed to form a dedicated team of specialized medical assistants, a nurse navigator, data collection specialists, and evidence-based integrative care specialists. Our team approach is key to patient wellness. Our new team environment is called Oregon Surgical Wellness.

How do we track our data to ensure we offer the very best reproducible care possible to our patients?

Quality data reporting is a commonplace conversation. Payors have threatened doctors repeatedly over the last decade, claiming that they must produce quality data to receive payment. As it turns out, producing quality data is not so easy. Most independent practices and nonacademic centers, either don't have the time or lack the financial incentives to collect data. Thankfully, we don't have those issues. Our highly trained data collection specialists have registered over 3800 patients on breast, endocrine, hernia and general surgery national quality outcomes registries. We compare it to wearing a fit bit that tracks your physiology over time. You begin to see what works and what does not work regarding your health. The same goes for data tracking in the medical field. These registries are invaluable to us, as they help us understand our trends in care. We go this extra mile because it makes us better.

How do we support the whole patient during treatment and promote the highest quality of life for them in the future?

Personal choices are a huge part of the healthcare continuum. When a patient receives a life-threatening diagnosis, such as breast cancer, they are faced with some hard choices to make on how to treat their cancer best. Oftentimes, patients don't have a lot of time to decide and are plunged into an overwhelming sea of information that may or may not even be pertinent to their situation. As breast surgical oncologists, it's up to us to educate them on their choices, and it is our goal that they select not only a healthy choice but also one driven by science and sound medical data. We use a method called "patient shared decision making," serving as a research site for the Dartmouth-Hitchcock Center for Shared Decision Making. The patient's satisfaction with their outcome is greater when they decide based on their personal needs, not the doctor's. Most doctors stop there and leave out one of the most crucial parts; preventative care and survivorship. By the time the patient has a disease that requires surgery, the problems that promoted that disease's manifestation have been there for quite some time.

How do we: Maximize the healing potential before, during, and after treatment while also helping to prevent patients from getting a similar illness in the future?

Our surgical skill can only solve a portion of the bigger problem. Rather than merely "cutting things out," how do we help our patients understand some of the things that led to the problem and offer prevention choices? Our surgical clinic will pioneer the offering of on-site integrative medical care. It was natural that we came together with Pacific Integrative Oncology due to our shared vision and goals. Drs. Dunn and Niesley focus on diet, supplements, acupuncture, and botanical medicine. This opportunity to focus on the intersection between evidence-based medicine from all angles of care is truly unique in our community.

We are confident that this new venture will result in a more rewarding experience for both the patient and healer.

While our primary focus will be breast surgical oncology, we have also used our model very successfully with endocrine surgery, hernia repair, robotic and general surgery. As we start the new year with a fresh perspective, we sincerely look forward to working with you and appreciate our medical community's support. ◆

Dr. Carmina Angeles
Neurosurgeon

BANK ON US.

Dr. Angeles specializes in minimally invasive techniques to treat spine disorders, helping her patients get back to doing the things they love. With the help of our banking team, Dr. Angeles was one of 752 businesses statewide to secure PPP loans since the health crisis hit.

"The pandemic has been stressful for all businesses, including mine. A lot of my elective cases had to be delayed or cancelled. The PPP loan helped me stay afloat," she says.

Oregon Pacific Bank has loaned more than $125.2 million to businesses and nonprofits in Lane, Coos, Douglas and Jackson counties, as part of the U.S. Paycheck Protection Program, retaining more than 15,000 local jobs, including those in the medical field. See more stories at **bankonopb.com**

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Passing the Stethoscope

FROM SONJA HALVORSON, PA-C

Very few people have the opportunity to work with their parents. It's especially unusual for fathers and daughters. It has become uncommon to apprentice, or to take up the family trade. But I was lucky enough to spend the last two years working in the emergency department alongside my dad, Dr. Gary Halvorson, and it made me realize that it is a treasure.

He was a staff physician for Sacred Heart for three years before helping found Eugene Emergency Physicians, the independent democratic group that still staffs Riverbend and University District EDs. When he retired in May, he was the last founding member still working for the group. During his career he served on medical staff and was also the Medical Director of the Center for Medical Education and Research. He worked hard to ensure medical education would continue to expand in Lane County and split the remainder of his time between teaching EM and coordinating rotations for medical and PA students.

> "There we were: colleagues, kith, kin. And I knew it was a certain and rare type of joy."

Dr. Halvorson gave 35 years to emergency medicine, and 32 years to his community here at Sacred Heart. It's hard to imagine the number of patients he saw, the people he helped and the things he learned from them. He was known for being a minimalist, for treating vulnerable patients with dignity and care, and for genuinely loving his work in medicine. He started his career in Eugene as the first emergency medicine residency- trained physician in town and ended it as a partner to 33 other EM physicians and 12 PAs.

On his last day, we got to work together down to his final hour at University District — the hospital where he started, and the one where I was born. There was a point in the shift when it was just us two, Halvorsons together, in our blue hospital scrubs, manning the ship. We were still fussing over EKGs and lab results, talking about the right treatments as he probed the edges of my thinking— him educating me to the last.

I inherited his hands, and sometimes I see him in the way I examine a patient how he did; methodically and with curiosity. He examined every patient, and did not skip steps or rush. I cannot hold an otoscope or do a neurologic exam without thinking of him. He taught me to think critically, to not order tests if they wouldn't change my management and to trust my clinical judgement. Above all he always taught me to be fiercely tender.

As he left, he handed me his stethoscope, passing the torch. There we were: colleagues, kith, and kin. And I knew it as a certain and rare type of joy. ◆

NEWS

Announcements

New Members

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Notes

Due to another great year of new memberships and a number of late arriving applications, the Directory will be delayed a few weeks as we ensure all our members are included. Thank you for your patience as we complete this valuable resource.

THANK YOU TO OUR MEMBERS WHO RECENTLY RETIRED

Dr. Cristin Babcock
Womens Care

Dr. Mark Bodily
NW Anesthesia

Dr. John Dunphy
PeaceHealth

Dr. Sylvia Emory
Oregon Medical Group

Dr. Thomas Harburg
Kaiser Permanente

Dr. Jay Park
Willamette Valley Derm

Dr. Barry Perlman
NW Anesthesia

Dr. Martha Reilly
Oregon Medical Group

This list is not necessarily comprehensive and is based on information we've received in the past year. If you or one of your colleagues would like to be mentioned, please email us at info@lcmedsociety.com.

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