

LANE COUNTY MEDICAL SOCIETY | MARCH 2024

# MEDICAL MATTERS

## Companions for Change

Dr. Guzman and Dr. El-Hashemy discuss their encounters with bias and how they overcame barriers to promote inclusion in their fields.



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### 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.*



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# MEDICAL MATTERS

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# Celebrating Diversity and Inclusion

**BY RIE TAKAHASHI, MD, PHD**  
LANE COUNTY MEDICAL  
SOCIETY, BOARD OF TRUSTEES

This month, the Lane County Medical Society magazine focuses on different types of bias. These biases include but are not limited to, socioeconomic status, racial disparities, gender, physical disabilities such as blindness and speech impairments, as well as issues affecting senior citizens.

For patient care, one of the important ways to embrace diversity is by understanding a patient's background, which can play a significant role in the outcome of how the patient may heal or not heal after treatment.

To be inclusive of all backgrounds, we can focus on the patient holistically through these questions: Who are you? What makes you tick? What is your story? What's your background? What do you do when you're not at the doctor's office? As we take time to develop relationships with our patients and get to know them, asking these questions in the process is equally as important as treating them.

As a Mohs surgeon, our practice is unique because most of the patients we see are over 65. Mohs surgery involves removing skin cancers in sensitive areas like the face by removing only the skin cancer and preserving normal skin—ultimately sparing the patient from the disease. The patient is awake during the entire procedure with local anesthesia.

Acting as both the surgeon and

pathologist, I can look under the microscope and firmly communicate with the patient where the cancer cells are located and in which direction I plan to take their treatment.

Studies show that historically elderly patients have been excluded from certain health treatments often being labeled as 'too frail' to handle procedures adding an the issue referred to as ageism.<sup>1</sup>

Ageism can be found anywhere in society and is a bias towards people based on their age, most often affecting older patients. Ageism crosses all sectors and cultures, especially in healthcare settings where at least 20% of patients over the age of 50 encounter such bias.<sup>2</sup>

The dermatology field has found the opposite: elderly patients, specifically those over the age of 90 are well-suited for procedures such as Mohs surgery, which gives the highest cancer-free rate.<sup>3</sup>

When performing surgeries, we find that there is no standard for an older individual. We understand that our nonagenarians have the same mental acuity as some twenty-year-old patients and remain inspirational leaders in their communities.

The staff and I, take pride in spending hours with patients getting to know them and their families who join for moral support, since Mohs surgery can take several hours. Given that a good portion of the patients we serve are in their 80s and 90s, with even a few in their 100s, we have been humbled by how unique each patient is.

Learning about each patient and breaking down social barriers is just the beginning of creating a more inclusive healthcare system. Acknowledging the cognitive abilities of every person, regardless of their background or age, is essential.

This recognition is important for delivering the best possible care to the elderly community. Elderly patients are not all the same and must be treated according to their personal wishes and vision for their health. I believe this applies universally to all patients from all backgrounds.

The Lane County Medical Society aims to fulfill its mission of Diversity and Inclusion by having an open-door policy for different groups and organizations to share their experiences with our members. We can widen our perspective through event collaboration, the sharing of stories in the magazine, and frequent community partner collaboration.

We hope you engage with the activities of inclusivity of all of our physicians and patients in the community, celebrating diversity together. ♦

*LCMS Mission Statement for DEI: The Lane County Medical Society aims to invite different groups and organizations from our area to speak with our members in order to encourage diverse conversations and provide options and opportunities for our members to work with others toward creating a more welcoming community for all.*

1. World Health Organization, [https://www.who.int/health-topics/ageism#tab=tab\\_1](https://www.who.int/health-topics/ageism#tab=tab_1)

2. National Institute of Aging, <https://www.nia.nih.gov/research/resource/health-and-retirement-study-hrs>

3. MacFarlane et al. *Dermatologic Surgery*, 23(5):p 389-392, May 1997. | DOI: 10.1111/j.1524-4725.1997.tb00067.x

# PeaceHealth welcomes new leadership

**Jim McGovern, MD**  
PeaceHealth Oregon's new  
chief hospital executive

Dr. McGovern first joined PeaceHealth in 2019 and served as Chief Medical Officer. With an eye on high-quality care for patients and efficient processes for caregivers, he was instrumental in guiding Sacred Heart Medical Center at RiverBend to its first ever CMS 5-star rating, placing it in the top-10 percent of hospitals nationwide for safety and quality.

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# Chart Notes

“I want people to know and understand that a successful and professional person can look like me, but in this society, that’s not the prevailing view.”

- LISANDRA GUZMAN, MD  
ON BEING A WOMAN OF COLOR PRACTICING MEDICINE. SEE MEMBER PROFILE ON PAGE 14

“We need to [serve patients in their language and their cultural ways] and anticipate the needs of a diverse community,”

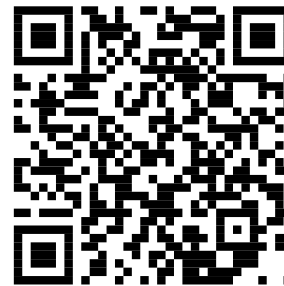
- SHEHAB EL-HASHEMY, ND  
ON HOW HEALTHCARE PROVIDERS SHOULD EMBRACE DIVERSITY IN THE COMMUNITY. SEE MEMBER PROFILE ON PAGE 14

## Legislative Roundtable April 16th.



LCMS is hosting an invite-only legislative roundtable discussion on April 16th. Participate in shaping healthcare policies that affect our community. This event presents a unique opportunity to engage directly with local leaders, including Senator James Manning and Representatives Julie Fahey, John Lively, and Charlie Conrad. Covering topics such as Healthcare for All, funding, advocacy efforts, and more.

Appetizers and wine will be provided. To reserve your spot, email [info@lcmedsociety.com](mailto:info@lcmedsociety.com) or scan the QR code below. Space is limited.



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## UPCOMING

**Amplify Speech Therapy is seeking physicians to participate in a discussion** on dementia following the screening of the film “Key Bags Names Words” on March 19th from 5:00-7:00 pm. If interested, please contact [info@amplifyspeechtherapy.com](mailto:info@amplifyspeechtherapy.com). The screening is open to all community members.

**Support the Lane County Medical Society Foundation by making a tax-deductible donation** to support its upcoming Physician Leadership Program, the PWP, new initiatives, or for general donation purposes, please contact [info@lcmedsociety.com](mailto:info@lcmedsociety.com)

**Save the date: New Member Social is on May 15th!** Join the LCMS community at the Top Golf Suite in the Graduate Hotel to greet our newest members, enjoy refreshments, food, and a variety of virtual games while getting to network.



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# Embracing A Future of Healthcare Without Bias

**BY JOCELYN WENSEL, MA, MS2,  
NAACP HEALTHCARE WORKFORCE  
DEVELOPMENT PROGRAM MANAGER  
FOR LANE COUNTY MEDICAL SOCIETY**

A Google search of “lack of diversity in healthcare and consequences for patient care” returns 660,000,000 articles and “lack of diversity in healthcare in the PNW” returns 2,160,000 articles.

A map of Oregon Primary Care Health Professional Shortage Areas (HPSA) demonstrates that Lane County is considered a geographic HPSA, meaning that there is “a shortage of providers for an entire group of people within a defined geographic area.” That area is mostly centered within Lane County, according to the Bureau of Health Workforce.

A portion of that area is additionally considered low-income and urbanized. Oregon is home to several professional healthcare schools and academic programs. Within all these schools exists the same trend that the BIPOC student body makes up less than 15% at all these academic institutions.<sup>1</sup>

To help the National Association for the Advancement of Colored People (NAACP) alter this narrative and rewrite the next chapter of the story for BIPOC youth in Lane County, we have partnered with FACES of the Future Coalition and Lane Workforce Partnership to expand the Eugene, Springfield, and Junction City Health Sciences CTE program led by Keri Pilgrim, a 4J District

educator at Churchill High School.

FACES for the Future Coalition was founded in 2000 in Oakland, California by Dr. Tomás Magaña, MD, MA, FAAP. Dr. Magaña created FACES of the Future coalition as a response to “a lack of support and opportunity for youth [from diverse communities] seeking options to improve their lives through education, career training, healthy choices, and a lack of diversity in the health professions that directly contributes to worsening health disparities in diverse communities.”<sup>2</sup>

FACES of the Future Coalition builds their programming, a package that they are outfitting NAACP and the Lane County community with, around the following tenets:

**Health Career Training and Work-based Learning:** Includes internships in hospitals, community clinics, mental and behavioral health agencies, public health departments, and health-focused community-based organizations.

**Academic Support:** This can include tutoring, college and scholarship application preparation, and financial aid.

**Wellness Services:** Students are assessed for environmental stresses that may be negatively impacting the achievement of academic goals. They are then connected with outside resources, including counseling, medical homes, housing, and food resources.

**Youth Leadership Development:** Includes opportunities to provide peer health education, participate in public health conversations about issues impacting their communities, and being active around health disparities.

Additionally, programs will provide wellness training on such topics as mindfulness, healthy relationships, and self-advocacy.

In the first round of grant funding through Oregon’s Higher Education Coordinating Commission, the NAACP was able to develop an outline for the program that we are deploying over the next two-and-a-half years. We also ran a pilot program collecting data on student outcomes on six students. Two of the three seniors in the program had college acceptances by the end of the program and one served as a TA for the MedSplash program, mentoring other younger students interested in a healthcare career.

In this upcoming round, we intend on expanding this opportunity to 60-90 students. Schools with students already involved in the program include Marist High School, Churchill High School, Junction City High School, North Eugene High School – as well as schools not yet involved that are interested in this programming but out of district or include home-schooled students.

We are well on our way to exceeding our impact expectations for the program.

1. State of Oregon, <https://www.oregon.gov/oha/PH/ABOUT/Documents/sha/sha-health-equity-analysis.pdf>  
2. Faces of the Future, [facesofthefuture.org](https://facesofthefuture.org)

## HEALTHCARE BARRIERS

The healthcare CTE program has 40 incoming juniors and 29 seniors, so far.

In the upcoming round, we will offer our participants access to: the FACES of the Future Coalition Public Health Youth Corps (PHYC) which allows students to earn Mental Health First Aid Certification, CPR/BLS certification, “Stop the Bleed” Tourniquet Training, Overdose Intervention, Naloxone Training, and Community Health Worker Certification.

Additionally, we will offer trauma-informed training – through The Trauma Healing Project and consultancy with FACES for the Future Coalition – for the health profession mentors that will be matched with high school students.

Keri Pilgrim, the Churchill High School Health Services CTE instructor, and Valerie Raia, PeaceHealth’s Workforce Planning expert, and Talent Pool Development Specialist, will

manage the mentor-to-mentee matching.

In keeping with Dr. Magaña’s vision, there is no minimum GPA for inclusion in the program and Keri Pilgrim is adept at working with her students who utilize IEP and are neurodivergent. This program is about the inclusion of BIPOC youth on intersectional identity in healthcare career tracks and thusly, our programming has been structured to ensure individualized catered support for students of all abilities and backgrounds.

We will offer the high school participants holistic mental health and wellness assessments, training and support services, and assist students with scholarship applications, applying to additional healthcare certificate programs, internships, successful completion of graduation requirements for the healthcare CTE program, and college/post-graduate program

applications.

We will have a part-time shadowship coordinator, a Healthcare Workforce Development Program Manager, 1-2 coordinators for the in-classroom/on-site coordination and surveying, and an extended network of clinical sites, and community mentors to steward this work.

Additionally, we will offer seniors and recent graduates opportunities to receive a stipend and be part of the advisory committee, which assist us in vetting the impact and intentions of our work and evaluating it for blindspots. ♦

*If interested in offering clinical experiences to the youth, joining the advisory committee, or providing feedback from your own high school students at home, email [jocelynw@naacplanecounty.org](mailto:jocelynw@naacplanecounty.org) or call or text 213 808-0161.*

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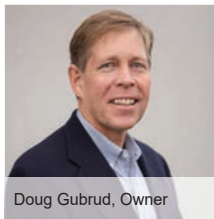
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# Aiding the Vision for All

BY BALA AMBATI, MD

FOR LANE COUNTY MEDICAL SOCIETY

On my second day as an attending physician, I met a young woman, Sabrina Greenlee, who permitted me to share her story and remains one of my most memorable patients.

Her ex-boyfriend's new girlfriend had thrown lye at her, causing extensive chemical burns to her face, neck, chest, and eyes. Both corneas were completely opaque causing her vision to be limited to only the perception of light.

For a young single mother, the impact was devastating. But modern ophthalmology can be a marvel. In the course of 18 months, and several surgeries including an amniotic membrane, limbal stem cell transplant, cornea transplant, and cataract surgery, we restored her vision to 20/50 and she could see her children once again. However, corneal transplant rejection was a challenge, and she did require additional transplants and an artificial cornea.

Over time, Sabrina went on to raise an NFL football player, DeAndre Hopkins, and began SMOOTH, a nonprofit dedicated to fighting domestic violence by empowering women to get out of abusive relationships.<sup>1</sup> Her memoir, *Grant Me Vision*, is being published later this year. Sabrina's story is particularly searing, but she was far from alone in losing her sight.

Across the world, over 43 million people (about ten times the population of Oregon) are blind in both eyes. Globally, an additional 258 million people (more than ¾ the US population) have moderate or severe visual impairments.<sup>2</sup> In addition to the human cost, blindness is a major financial burden, with the annual global

cost of productivity estimated to be \$411 billion USD.<sup>2</sup> And in the US, 70% of blind patients are unemployed.<sup>3</sup>

Vision loss can dramatically impact the quality of life at any age. Children with vision impairment can experience delayed or diminished motor, language, emotional, social, and cognitive development.<sup>2</sup> This can lead to a compromise in school achievement, career, and relationship opportunities.



For adults, vision loss can limit the ability to have a job, drive, care for children or a home, or participate in sports and hobbies, further marginalizing these patients from engaging with family, their community, and society.

Decreased vision substantially increases the risk of falls, hip fractures, driving accidents, depression, and dementia, and cataract removal has been demonstrated to reduce the risk of each of these. In much of the world, blindness is a lethal condition, often due to simple neglect. With a higher risk of mortality within 3 years of vision loss, this is a gap we aim to reduce.

Furthermore, families with blind seniors often rely on the youngest female relative to provide daily caregiving, which

has adverse ripple effects on education, work, and community development. Restoring vision to a blind relative helps build a virtuous cycle where their family members can return to school or work.

Most vision impairments are preventable or treatable—the biggest causes of blindness include cataracts, the need for glasses, glaucoma, macular degeneration, and diabetic retinopathy. Unfortunately, while the US is fortunate to have one ophthalmologist for every 16,000 people, in many countries, there is not even an ophthalmologist per half a million or million people.

Service is the rent we pay for living. Several organizations are focused on the goal of ending preventable blindness worldwide. It has been my privilege to work with ORBIS, assist Mercy International, Sight for the Sightless, SightLife, and Project Hope to provide cost-free cataract surgeries, and corneal transplants across the globe. I have operated in a variety of countries in my career, including India, Zambia, Ghana, Panama, Malaysia, Indonesia, and the Philippines. The impact eye care teams can offer by restoring vision is life-changing and tremendously profound.

Medical situations differ greatly among regions. At a medical clinic in rural Zambia, I felt particularly outmatched. The facility was bare, and our supplies and equipment were lacking, and we faced flies in the operating room, mosquitoes outside, and saw conditions rarely seen in the United States. Nevertheless, patients waited hours to days for care, and afterward, those who received cataract removal were able to see their families again and help take care of the children. The issue of medical equipment furthers the difficulties of

1. SMOOTH, <https://www.smoothinc.org>

2. World Health Organization, <https://www.who.int/news-room/fact-sheets/detail/blindness-and-visual-impairment>

3. Sage Journals, <https://journals.sagepub.com/doi/abs/10.1177/0145482X19887620?journalCode=jvba%23--:text=One%2520of%2520the%2520most%2520common,with%2520blindness%2520or%2520low%2520vision>

## HEALTHCARE BARRIERS

treatment for blindness.

I compare that with a young boy, Karthik, whom I was able to treat for corneal scarring during a training mission in Pune, India, a larger city with a well-stocked and staffed hospital. Karthik had failed 2 prior cornea transplants. I was able to bring a keratoprosthesis (artificial cornea) manufactured in Boston to restore his vision and enable him to return to school. The need is, of course, much larger than can be achieved through the work of American doctors traveling abroad for a week or two at a time.

Many of these programs have a focus on training and education for local doctors, nurses, and medical staff. Over time, well-trained and supported local surgeons and employees will be able to perform more surgeries and provide long-term follow-up care.

The case of India is particularly instructive—over the last 40 years, the

cataract surgery rate has increased from 1/10 that of the US to 1/2 that of the US, allowing many rural and poor residents to uplift themselves in society. On a system level, India has also built an infrastructure to support cornea transplants and supply corneal tissue to many poorer countries. Despite a better ratio of doctors to patients in the US, care is still lacking for certain populations and communities. Our practice has had the honor of working with Volunteers in Medicine to provide care to low-income adults in Lane County. At VIM, our doctors primarily treat cataracts, diabetic eye disease, glaucoma, and pterygium.

We all thirst for some small measure of peace, and by giving unto others we may hope to achieve it. Ophthalmology is only one of many medical needs that Non-Government Organizations both locally and around the world are providing, and it is my genuine and deep hope that we can

help contribute by volunteering our time and talents. Speaking for myself, having the blessing to be able to share my time helps reinforce the preciousness of life and vision, and puts the smallness of our daily troubles into context. ♦



From left to right: Sabrina in 2023, following AMT, LSCT, cornea transplant, and cataract removal; contrasted with her appearance in 2002 shortly after the chemical burn.

Photos provided by Bala Ambati



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# Companions For Change

Dr. Lisandra Guzman and Dr. Shehab El-Hashemy emphasize the need for inclusivity in patient care.

BY VANESSA SALVIA

FOR LANE COUNTY MEDICAL SOCIETY

**L**isandra Guzman, MD, who is the deputy public health officer of Lane County, and her husband, Shehab El-Hashemy, ND, a naturopathic physician at Lane County Community Health Centers, have experienced biases in medicine in different ways. Collectively, their experiences have shaped the way they practice medicine in the community and the impact they leave on their patients.

El-Hashemy was born in Egypt. He recalls his early encounters, which fueled his passion to pursue medicine.

“Growing up, I witnessed neighborhood doctors making house calls,” he recalls. “They seemed to always arrive at situations of worry with their iconic black bag that had all sorts of remedies that would transform a frantic situation into relief.”

He was captivated by the magical black bag, and he wanted one. This longing led El-Hashemy to pursue a degree in conventional medicine at Cairo University, where herbal and alternative therapies have a greater acceptance than in the United States.





Dr. Guzman and Dr. El-Hashemy are pictured sitting on their Egyptian furniture, which they brought overseas from a recent trip to the Middle East.

### Professional Barriers

El-Hashemy came from modest means, and openly criticized Egypt's financial corruption and social justice problems, making it challenging for him to secure employment. Seeking better opportunities, he immigrated to Canada.

Despite graduating at the top of his class and being proficient in English, he faced exclusion and racism as a foreign medical graduate from the Middle East. He was subject to an additional examination known as the Medical Council of Canada Evaluating Examination (MCCEE), which sets a significantly higher standard than the exam taken by local doctors—a practice he views as a reprehensible barrier to professional advancement.

"I then pursued naturopathic medicine, which I love," he says. But over time, he felt he had to conform by suppressing his cultural storytelling tendencies and taking less time with his patients. He later became an associate dean at the Canadian College of Naturopathic Medicine in Toronto, and dean at the National University of Natural Medicine in Portland, but felt that he was being celebrated for the wrong reasons.

"I learned, as many immigrants do, to act the role," he says. "In front of patients, I learned to say the 'right' things, I learned to be more efficient, and to not tell stories. I had to go against my own culture."

In Lane County's community healthcare clinics, three NDs are practicing primary care medicine with different areas of cultivated expertise such as internal medicine, transgender care, and endocrinology.

"I think part of society is willing to accept an ND as an equal, but other parts of medicine are still not accepting," El-Hashemy says.

In Oregon, NDs can practice contemporary primary care and general family medicine. However, El-Hashemy

adds that his true passion lies in inspiring transformation in his patients' lives, including approaches such as food as medicine, appropriate exercise regimens, mindfulness meditation, and enhancing overall sleep quality.

"I don't perceive this as solely within the realm of NDs," he says. "Rather, NDs have historically focused on these areas due to their exclusion from other medical fields."

El-Hashemy's master's thesis at the University of Toronto involved original research examining the experience of foreign-trained medical doctors as well as patient outcomes when they are cared for by foreign-trained physicians. The research unequivocally indicates that the few who succeed in credentialing exhibit equal or better patient care outcomes.

"Not being from here doesn't seem to hold them back," he adds. "It makes them stronger! We can only theorize why that is, but the numbers don't lie."

**"...we can all have a bad day...but it is the repeated exposure to microaggressions and systemic racism on a daily basis that makes it so difficult to recover."**

### Insufficient Explanations

Guzman's experience with medicine started when she was three years old, when her family moved to the United States from Puerto Rico, driven by her brother's need for extensive medical care. As a young child, she served as her family's primary interpreter, witnessing firsthand how they were treated within

the healthcare system.

"We often had unanswered questions because explanations weren't offered," she states. "Early assumptions were made about our education and intelligence because we look and act differently."

Once, Guzman herself went to a medical appointment with her mother and brother. When the nurse called them back, the group stood up and the nurse said, "Oh, it's a party."

Guzman stood up for her family and said, "No, it's not a party... it's my mom's medical appointment, and it's serious. And yes, it's three of us. I shouldn't have to explain why three people would attend an appointment. Why make us feel uncomfortable? Why make the comment?"

Guzman has encountered bias in various forms throughout her career. She has often been mistaken for a nurse. Other times she has been directly questioned by a patient about her proficiency in English, and even questioned about her medical degree.

"I feel a fire that consumes me, but I also need to remain professional," she says. "It's hard not to view those encounters from a sexist or racial lens."

While rounding on a new patient in medical school, the senior resident asked her to interpret for a Spanish-speaking patient and the resident's first question to the patient for her to interpret was, "Ask her why she doesn't speak English." Dr. Guzman froze in awe and to this day she doesn't remember if she translated the question or not.

"The only thing I remember was being horrified," she recalls. To speak up in situations like that is difficult, and yet, not speaking up can lead to guilt, and it doesn't increase society's awareness.

"Life is not perfect, and we can all have a bad day... but it is the repeated exposure to microaggressions and systemic racism on a daily basis that makes it so difficult to recover," she says.

### Advocacy For New Models

By any measure, Guzman is successful. And yet, as a brown-skinned woman, she's often made to feel "other" or "less than."

"I want people to know and understand that a successful and professional person can look like me, but in this society, that's not the prevailing view." She adds, "We must cultivate an inclusive environment where diversity in race, ethnicity, and gender identities is valued with the same professionalism as the existing model."

Taking an active stance in advocating for her patients, Guzman makes sure her patients feel heard and teaches them to advocate for themselves.

Recognizing the limited seating in most exam rooms, she and El-Hashemy ensure that every family member they bring is accommodated so they feel welcome and included.

"The patient and doctor relationship is a sacred responsibility and honor," she says. She dedicates time to thorough explanations, utilizing visual aids as needed. However, she laments that non-English speakers are often viewed as a burden, resulting in rushed service and inadequate attention.

Both Guzman and El-Hashemy have different perspectives, but they agree on a few things. It's unacceptable for a system to not expect to serve patients in their language and in their cultural ways, which for many people means a less-rushed, family-oriented experience.

"We need to start there, and anticipate the needs of a diverse community," says El-Hashemy. "We would like to see that change happen more quickly than it is happening now."

The couple are engaged in Diversity and Inclusion training, which is a good

start, but El-Heshemy says they aren't seeing enough practical applications of it.

As a member of LCMS, Guzman has found camaraderie and resources that have made a real difference for her.

During a difficult time in her life, she used LCMS's confidential counseling services, which she was grateful for. Getting to know other local providers through the LCMS magazine and events has also been rewarding.

Though bias in medicine still exists, the compassion she and her husband have for each other's challenges and that of their patients gives each of them hope for greater inclusion and understanding moving forward. ♦

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# Assistive Communications

**BY CECELIA PIZANO, SPEECH  
PATHOLOGIST AT AMPLIFY SPEECH  
FOR LANE COUNTY MEDICAL SOCIETY**

Marcy\* awoke in a hospital bed to the disheartening news that she had suffered a stroke. Her nightmare began when she struggled to formulate words. Whenever she tried, a string of incomprehensible and unrecognizable sounds were all she could muster. Despite her efforts, the hospital staff could not understand her. In fact, the struggle and effort only made it harder for her to communicate and to be understood.

Marcy was in the middle of a health crisis, yet days passed without any reliable communication between her and her healthcare team. By day four, speech therapy had completed comprehensive communication testing and Marcy was diagnosed with acquired verbal apraxia secondary to her stroke. For days, staff had assumed she couldn't understand them but now testing confirmed that she understood everything except for complex or abstract language. If staff simplified the information given and provided yes or no options, Marcy would have been able to participate in her treatment plan much sooner.

It became evident to Marcy that the test results were not enough to guarantee inclusivity in her care. At a mere 20% intelligibility for communication, Marcy continued to be dismissed and excluded from discussions about her medical plan.

What was most salient to her providers, was that Marcy could not state her name, say "hello," or count to ten, tasks that are often preserved except in the most severe cases of verbal apraxia.

*\*Name has been changed.*

It is estimated that 10-25% of older American adults live with a communication disability.<sup>1</sup> The acquired communication disorders that complicate access to healthcare include aphasia, verbal apraxia, dysarthria, dysphonia, and cognitive-communication impairments. Recent studies indicate that individuals with communication disabilities experience healthcare disparities in the receipt of and access to high-quality healthcare.

Furthermore, these patients are more likely to experience a preventable adverse medical event in the hospital compared to patients without a communication impairment. They report significant difficulties finding a provider who will see them. They also report higher rates of delayed or foregoing medical care due to costs and availability barriers.

Individuals with communication disabilities report that the challenges they experience in communicating with their healthcare team leaves them feeling ignored, disregarded, and underestimated. Because of this, many report dissatisfaction with the quality of the communication with their provider and the care that they receive.

When a communication impairment is present, each step of the patient encounter is impacted. Even the process of scheduling an appointment becomes insurmountable when someone cannot effectively place a phone call or navigate technology. Intake forms are complex and overwhelming for those with reduced language comprehension, reading and writing impairments, or executive function impairments.

Most individuals with communication impairments require slow and simplified

speech, while also benefiting from the repetition of complex information. Yet, time is a resource few providers have enough of. To further complicate things, communication impairments are unique and what works for one patient may not work for the next patient.

In adhering to the social model of disability, we endeavor to alleviate the burden of communication placed solely on the individual with the impairment. Having some tools at the ready could make for a more effective and inclusive experience when working with a patient who has a communication disability. Technology innovations offer promising solutions to this challenge.

“Individuals with communication disabilities report that the challenges they experience in communicating with their healthcare team leave them feeling ignored, disregarded, and underestimated.”

To help combat this challenge, *MedConcerns* is an app developed by speech-language pathologist, Hillary Sample, and Dr. Steven Richman, who teamed up to address communication

1. Stransky, Michelle, Jensen, Kristin, Morris, Megan. "Adults with Communication Disabilities Experience Poorer Health and Healthcare Outcomes Compared to Persons Without Communication Disabilities." *Journal of General Internal Medicine*, Vol 33, 2018.

2. Morris, Megan. "Striving Toward Equity in Health Care for People with Communication Disabilities." *Journal of Speech, Language, and Hearing Research*, Vol 65, October 2022.

## HEALTHCARE BARRIERS

breakdown between patients with aphasia and their provider. MedConcerns presents information through simple images and audio prompts to facilitate a patient's interview.

At the start of each visit, the provider can select from a range of topics such as medications, symptoms, and even reporting falls. Narrowing the topics tailors the available images and vocabulary to the patient. With an app such as MedConcerns, providers' time can be used more efficiently, and patients may participate at a greater level in their own care, improving their satisfaction and outcomes.

Another beneficial app to have at the ready is a virtual whiteboard. Individuals who experience receptive aphasia may benefit from visual aids such as written keywords or diagrams to support comprehension. Patients with a cognitive-linguistic impairment could

benefit from written keywords to sequence steps or highlight information to reinforce their understanding. With a virtual whiteboard loaded onto a phone or tablet, a provider can incorporate these visuals seamlessly into a patient encounter and use their time more effectively.

Marcy didn't have the benefit of a communication app during her hospital stay but by the time she returned home, she was able to contribute to her health plan. With great effort and the occasional error, she could type her thoughts into a basic text-to-speech app on her tablet. Her healthcare visits still required extra time and patience, but she had regained autonomy.

She remained highly motivated to speak clearly and didn't want to rely on her communication device, so speech therapy focused on scripts she could use with her healthcare provider. In preparation for

office visits, she practiced statements to inform her doctor when she continued to feel dizzy or had a recent fall at home.

When greater support is needed to help patients with communication disabilities, patients may benefit from a simple communication device like Marcy's text-to-speech app, or training in strategies from speech therapy to help increase participation in their healthcare visits.

Even patients who have completed speech therapy in the past can still benefit from additional intervention and sometimes are more motivated once the acuity of their medical crisis subsides.

It should also be considered that with an aging brain, language and or cognitive supports shift over time, and updating communication recommendations could optimize patients' success not just in the doctor's office but in their everyday lives. ♦



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# Celebrating a Vibrant Journey

**BY ANGEL MONTES**  
FOR LANE COUNTY MEDICAL SOCIETY

Dr. Edward Ross Schwarz, a beloved member of LCMS and an esteemed figure in the healthcare community, passed away on January 19, 2024.

“His care and compassion for all his patients was always evident,” said one of his patients, reflecting on Ross’s dedication to going above and beyond in providing support.

Born in Louisville, Kentucky, on November 30, 1971, to Sally and Burt Schwarz, he is survived by his loving wife, Tamara Hughes Schwarz, their children Ellis, Finn, Gavin, and Alayna, as well as his parents and sisters, Tina Schnapper and Beth Kastner. Raised in St. Louis, Missouri, Ross excelled academically at Parkway South High School and enjoyed cruising around town in his cherished

*Content summarized from the official obituary.*

1954 Chevy, gifted by his grandfather. His passion for camping and outdoor adventures was ignited during his time as an Eagle Scout, with trips to Alaska bringing him countless joys. Earning degrees from the University of Illinois and Loyola University of Chicago, Ross began his medical career in Eugene in 2001.

As a hospitalist and primary care physician with the Oregon Medical Group, he was known for his compassion and expertise, leaving a lasting impact on countless lives. Ross also volunteered at the White Bird Clinic and enjoyed astronomy and caring for his plant collection. “Running into Ross always left me with a feeling of energy boost and authenticity,” said a colleague, reflecting on Ross’s positive presence.

Known for his encouraging nature and sharp medical skills, Ross was cherished

by all who knew him. ♦

*In lieu of flowers, donations to Transponder, The Trevor Project, or the White Bird Clinic would be appreciated. A celebration of life will be held from 2 to 5 p.m. on March 3 at the McDonald Theater. For those interested in sharing memories of Ross at the memorial, please contact Dr. Tina Schnapper at [tschnapper12@gmail.com](mailto:tschnapper12@gmail.com).*



Dr. Schwarz posing next to “Betsy,” his 1954 Chevrolet gifted by his grandfather.

*Photo provided by Dr. Tina Schnapper*



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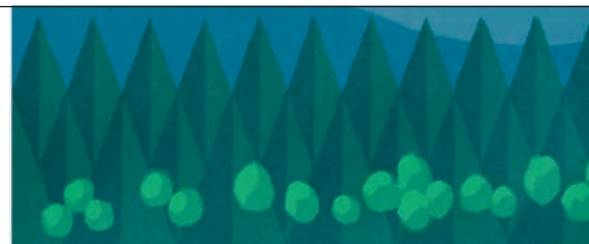


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# Barrier Breaking Career Support

**BY WORKSOURCE OREGON**  
FOR LANE COUNTY MEDICAL SOCIETY

The initial stages of a new job can be daunting, and having a dedicated advocate to provide support can have a meaningful impact on a healthcare professional's integration into a new role.

WorkSource Oregon recognizes that there are many socioeconomic barriers to securing gainful employment, particularly around the financial burden of funding for training, transportation, and job-related essentials such as work clothes and tools.

This is especially true in the ever-changing realm of healthcare, where starting a new professional journey can be both exhilarating and challenging. At the Employment Department, our mission is to "provide resources to diverse job seekers in support of their employment needs," and improve job retention and preparedness by providing support and training to these employment seekers.

Barriers such as training for a new career, clothes for an interview, and transportation to work can hinder job seekers in their pursuit of employment leading to a gap in accessibility for jobs. These barriers are often a result of economic disparities and the financial burden of undertaking a career change.

WorkSource Oregon provides a range of programs designed to help people overcome these barriers, including transportation support, funding for training, and work attire.

Jeff, a WorkSource Oregon SNAP

Employment & Training Programs (STEP) coach, notes, "The STEP program seeks to remove and reduce barriers our customers might experience."

The STEP program partners with people who are receiving Supplemental Nutrition Assistance Program (SNAP) benefits to support them in achieving their employment goals. He went on to share a success story from a participant in the program.

**“Barriers such as training for a new career, clothes for an interview, and transportation to work can hinder job seekers in their pursuit of employment leading to a gap in accessibility for jobs.”**

"A mother of five was recently enrolled in the STEP program. She had been unable to find meaningful work that provided adequate funds to support her family.

During the STEP intake, the customer shared her vision of becoming a CNA, which would offer her a professional future with adequate pay. STEP was

able to support the customer by paying the tuition and purchasing the needed supplies to allow the customer's success."

Additionally, we have the federally funded Workforce Innovation and Opportunity Act (WIOA) On-the-Job Training (OJT) program, delivered by Lane County Health & Human Services.

This initiative focuses on skill development and helps businesses hire people with specific training needs. From providing training in medical terminology, to patient care, office work, and billing software, the OJT program can bridge the gap between the skills a person already possesses to the requirements of a new job.

As one participant stated, "My employer, being part of the OJT Program, made me feel like my training was important and invested in." By ensuring new employees feel valued and also investing in their training, job retention improves and employees are empowered to stay engaged in their work and motivated to overcome barriers they face.

The OJT process starts with an initial meeting between the employer and the OJT Team. After completing the preliminary steps, the candidate is chosen by the business and assessed by the OJT Team for eligibility. The business and the OJT Team then partner to create a training plan outlining the skills to be acquired during the employer's training program, which lasts eight to 16 weeks. The program also conducts regular check-ins and progress reports, offering a robust support system.

Additionally, Lane County's OJT Team provides the new hire with ongoing

## HEALTHCARE BARRIERS

assistance and financial support. Take the case of Taylor, who started a Medical Office Apprenticeship with Oregon Medical Group (OMG) in the Fall 2023 cohort.

OMG partnered with Lane County's OJT program to support their apprenticeship trainees. Taylor, who commutes from Cottage Grove, received financial assistance for healthcare worker essentials and mileage reimbursement.

"Being in the OJT program helped me be more successful in my job for multiple reasons. Receiving help paying for healthcare worker essentials like scrubs, a stethoscope, and comfortable shoes was a huge bonus and allowed me to focus on my training/new responsibilities instead of worrying about how I would afford my job necessities," Taylor says.

By providing Taylor with funding for travel and job-related essentials, she was equipped with the necessities

to succeed in her job and reliably to commute to work, which are often insurmountable financial barriers.



Taylor, CNA, is pictured in scrubs at an Oregon Medical Group clinic.

As Taylor shared, "I had a great experience with the OJT program. My representative, Christy, was eager to

help me in any way she could and was super responsive and easy to get a hold of. If I had any questions or concerns, I knew I had someone that had my back. Oftentimes when starting a new job, it can feel isolating or confusing, but having someone like Christy made my experience seamless."

In addition to the benefits of additional support for their new employee, employers also benefit from participating in the OJT program, receiving up to 50% wage reimbursement during the training period. This encourages businesses to take chances on job seekers who may have skills gaps but demonstrate strong potential.

In everything we do, WorkSource Oregon's goal is to help improve community access to jobs and reduce barriers to employment.◆

*Photo provided by Lane WorkSource*



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### Loan Duong, DO

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PeaceHealth Medical Group  
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### Chalapathi Medavarapu, MD

Endocrinology  
PeaceHealth Medical Group  
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Eugene, OR 97401  
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F: 458-205-6492

### Pallav Pareek, MD

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1200 Hilyard St. STE 420  
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F: 458-205-6440

### Joshua Skufca, DO

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F: 458-205-6070

### Jeff Wong, MD

Otolaryngology  
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### Haidee Zamora, MD

Internal Medicine/  
Endocrinology  
PeaceHealth Medical Group  
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Eugene, OR 97401  
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## Events

### Interested in a legislative roundtable discussion with local leaders?

LCMS is planning an invite-only event on April 16th, where you'll have the opportunity to connect directly with local legislators, including state representatives and senators such as Senator James Manning, Representatives Julie Fahey, John Lively, and Charlie Conrad. This is a great opportunity to engage in meaningful dialogue and contribute to shaping healthcare policies that directly impact our community.

## Notes

### LCMS invites crafty and creative individuals to join the PWP Gala Committee!

Join us in coordinating and raising funds for the PWP Gala this year. Our first virtual meeting is scheduled for March 14th at 5:30 pm. Additionally, we're actively seeking community connections to engage with potential donors. For participation and contributions, email [info@lcmedsociety.com](mailto:info@lcmedsociety.com).

**Congratulations to Dr. Jim McGovern, who has been promoted to Chief Hospital Executive of the PeaceHealth Oregon network!** Dr. McGovern will oversee all operations within the Oregon network, including PeaceHealth Sacred Heart Medical Center at RiverBend, PeaceHealth Cottage Grove Community Medical Center, and PeaceHealth Peace Harbor

Medical Center in Florence.

### LCMS is offering wallet-sized cards for the PWP program.

The Physician Wellness Program, accessible to Lane County Physicians, offers free and private counseling sessions without a diagnosis. To arrange an appointment, please contact Cascade Health at 541-345-2800, or call the 24/7 mental health support line at 888-409-0141 to connect with certified counselors. To request these cards, please email [info@lcmedsociety.com](mailto:info@lcmedsociety.com).

### Request for LCMS Support Form.

Members coordinating group events have the option to receive support, which can range from magazine announcements to nominal financial assistance for catering or venue expenses.

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## Physician Wellness Program



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