Oregon Alliance to Prevent Suicide

Workforce Subcommittee Meeting Agenda & Action Planning

Date & Time: October 7, 2025 9:30 AM – 11:00 AM

Zoom Link: https://us02web.zoom.us/j/89796541408?pwd=OGpPRVArcDhTS1MzWml3YUhaZHV3dz09

Subcommittee Voting Members: Chair Angela Perry, Stephanie Willard

Subcommittee Non-Voting Members: Gordon Clay, Linda Hockman, Meghan Crane, Shanda Hochstetler, Steve Schneider

Staff: Heather Stewart, Jenn Fraga

Subcommittee Decision Making: Each OHA appointed member is entitled to one vote on any matter referred to the Subcommittee. Votes will require a quorum. A quorum in Subcommittees, other than the Executive Subcommittee, will be three voting members of the Alliance, and must include a Subcommittee Chair or Co-chair. Decisions will be made by majority vote of the total number of members on that Subcommittee that are present.

Main Objective of Meeting: The meeting began with team introductions and updates, including discussion of ongoing suicide prevention work and policy matters. The group explored challenges in healthcare provider training and advocacy, particularly regarding firearm safety and suicide prevention, while discussing strategies for engaging medical providers about these issues. The team concluded by examining options for obtaining continuing medical education credits and developing culturally appropriate training programs for medical providers in rural communities.

Agenda Item: Workplan trainings.

Notes: The group discussed challenges in healthcare provider training and advocacy due to uncertain funding and legislative environments. Steve shared insights from his community-level work, noting high interest but limited training capacity due to provider stress and capacity issues. Meghan highlighted the success of their recent provider education initiatives, including an 8-session ECHO Network course, and emphasized the need for flexible, state-level coordination to address training gaps.

The group discussed the increasing trend of LGBTQ+ individuals purchasing firearms for protection, highlighting the need for targeted outreach and education on safe storage and mental health challenges. Steve shared an article from The Intercept that explored new demographics of gun ownership driven by fear, emphasizing the complex interplay of fear, firearms, and lack of training. The conversation underscored the challenges of addressing gun violence through cultural change, with efforts like the Oregon Veteran Alliance using veterans' credibility to shift narratives around firearm safety and self-defense.

Stephanie suggested mandating that medical providers ask about firearm ownership and safety training, while Steve shared that healthcare providers often lack training and confidence in discussing firearms, but welcome guidance on how to approach these conversations. The group discussed the importance of in-person questioning rather than relying on electronic health records to avoid patient concerns about registration. Steve noted that St. Charles has been implementing firearm safety training for providers, and suggested assuming patients own firearms to make discussions more natural.

The group discussed training options for medical providers on firearm safety and suicide prevention, with Meghan explaining that while national training

programs exist, they may not be suitable for Oregon's cultural context and medical needs. Stephanie suggested that given the Oregon Medical Board's requirement for a one-hour pain training video, it might be feasible to implement a similar shorter training on firearm safety, rather than the proposed 8-hour Oregon CALM program. The discussion highlighted the challenge of finding evidence-based, practical training solutions that could be implemented given current resource constraints.

Meghan and Stephanie discussed the challenges of passing legislation for pain education and the importance of aligning training with continuing medical education (CME) requirements to support healthcare providers. Meghan highlighted the success of the American Academy for Family Physicians CME for OCOM and noted that CME is a key motivator for providers to participate in training. Stephanie raised questions about whether suicide prevention training falls under cultural competency requirements, and Meghan expressed concerns about equating suicide prevention with cultural competency, suggesting instead that it should be carefully considered for specific communities. They agreed to explore how ethics training might be relevant and whether suicide prevention training could meet ethics requirements, with Stephanie being more familiar with this area.

The group discussed strategies for improving cultural competency and firearm safety training for medical providers in rural communities. Meghan shared that through a CDC grant, they have been working with licensing boards to promote an "Addressing Rural Firearm Safety" course and track completion rates. The team identified a potential gap in suicide training for medical providers and discussed exploring existing low-cost or free training options, such as Ursula Whiteside's training, or developing a new training program with funding.

The group discussed strategies for obtaining continuing medical education (CME) credits for AFSP programs, with Angela noting that current programs are classified as programs rather than trainings, preventing CME attachment. They explored potential partnerships with St. Charles as a CME provider and discussed reaching out to the Oregon Pediatric Society for insights on developing medical training courses. The group agreed to pursue these opportunities, particularly before Julie Schultz's retirement at the end of the year, and considered having medical providers review and provide feedback on potential courses.