

# rural roads

Summer 2010 National Rural Health Association



## Hope for Haiti: Volunteers bring healing

Tornado turns Kansas hospital green

Doctor nurtures rural roots

Smoking ban reduces heart attacks



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*Rural Roads* was awarded a KC IABC 2009 Bronze Quill Award for most improved publication.

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## On the cover



Medical volunteers from South Dakota's Black Hills play with Haitian children waiting for medical care.

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# Write us

*Rural Roads* is interested in the opinions of readers regarding articles published. Letters to the editor must be signed and may be edited for space and style.

Send your letter to [editor@NRHArural.org](mailto:editor@NRHArural.org) or *Rural Roads* editor, NRHA, 521 E. 63<sup>rd</sup> St., Kansas City, Mo., 64110.

[RuralRoadsonline.com](http://RuralRoadsonline.com)

## Putting rural pharmacies on the map



You did a really great job on the spring 2010 article. We forwarded the link to some friends, colleagues, faculty and students and have received many positive replies.

I hope it will help us recruit pharmacists to rural Alaska. We don't have a pharmacy school in our state, but there are many positive things about living and working here and operating a rural pharmacy business. This article could have been written about many other rural community pharmacy owners from Maine to Alaska I'm sure.

It kind of puts Prince of Wales Island on the map, at least a little bit. Thanks again for getting the word out!

*Bill and Sarah Altland  
Whale Tail Pharmacy, Craig, Alaska*

## Share your story.

Should you or a colleague be featured in the next issue of *Rural Roads*?

Are you taking health care on the road in a mobile clinic?

Do you know of a successful rural HIV/AIDS prevention or treatment program?

Contact Lindsey Corey at [editor@NRHArural.org](mailto:editor@NRHArural.org).  
Editorial suggestions must not be advertisements.

## Rural creativity changes the world



What do rural and remote places have to offer in this era of global change and health reform?

Few are asking us for our ideas about what could or does work in our world. Few realize how rural people have gotten creative enough to continue to live and work in remote areas in our country and around the world.

I was thrilled when the International Roundtable on Community Paramedicine was created. It's a group of EMS leaders from many nations who found ways to utilize this rural provider base to care for citizens in remote places. In our country, we have also created the Community Health and Emergency Cooperative that developed a Community Health Paramedic curriculum piloted in Minnesota. This model will now be reviewed and used around the globe as just another example of rural ideas changing the world.

Share what goes on in our communities, because it matters.

A handwritten signature in blue ink that reads "Dennis".

Dennis Berens  
2010 NRHA president

pit stop

## 5 things I picked up in this issue:

1. Rural physicians Rup and Vani Nagala have funded the education for and trained seven physician assistants in North Dakota. *Page 31*
2. A smoking ban in Starkville, Miss., reduced heart attack admissions by 27 percent. *Page 35*
3. NRHA board member Art Clawson speaks Haitian creole and will spend 13 more months there leading a relief effort. *Page 12*
4. Newberg, Ore., dug its way into the *Guinness Book of World Records* for the largest groundbreaking when its medical center was rebuilt as the first LEED gold certified hospital in the country. *Page 29*
5. Volunteering is good for your health. *Page 17*





# *Help for Haiti* *Health for Haiti* *Hope for Haiti*

By Lindsey V. Corey

Above: Sheets are tents, and tents are homes between two lanes of traffic in Port-au-Prince, Haiti. Right: Haitian children thank medical volunteers from the University of Virginia.



All these months later people live under sheets held up by sticks. They call them tent cities.

If they fall, at least no one dies. But people are dying inside. They're starving. They're scared. They're broken.

A six-year-old with braids holds tight to the hand of a bigger kid, about 13.

They don't have shoes. And they don't have parents anymore. So they walk from tent to tent. Some days, they find food.



Left: Earthquake damage in Haiti. Right: Gary Childers, DO, treats a Haitian child.

“It sticks with you forever,” says Gary Childers, DO, an internist at Spearfish (S.D.) Regional Medical Clinic.

He closes his eyes and is back there, a world away, in the clinic he carved out with some rope, two tables and 10 other South Dakotans in the midst of 400 tents marking what’s left of a Haitian village.

It was May, five months after a 7.0 earthquake took hundreds of thousands of lives in the already impoverished country.

Childers had seen poverty before. He’s cared for chronically ill patients in Ghana and Zambia, Surinam and Guyana.

“This was different,” he says of the disaster relief mission. “You wonder how they will get anything accomplished when they started with nothing, and the little bit they had was taken away.”

They’re too frightened to go back into buildings, because buildings crushed their legs, mothers, sons, skulls, cousins. There’s no money anyway. So bed sheets provide shade, and rubble and waste pile up around them.

They’re sick and they’re tired, but Haitians are the most patient patients Childers has met.

“They stood in the hot sun for hours to see us, lines as far as you could see even at the end of the day,” he says. “Those people were truly sick, and none of them acted like they were deserving.”

“Not to sound crass about the people we see in the U.S., but people here come in for a rash or a snuffle or a ‘funny feeling’ in their abdomen. These people haven’t eaten for three days. They’re throwing up blood and waiting in the sun. Someone’s dad is unconscious in their tent. They brought kids in who were barely alive. They’re so incredibly resilient and seem like they’d persevere through anything.”

## *In their eyes*

Childers says he saw it in their eyes: horror and hope. So much hurt and still enough strength to survive another day.

Regina Phillips, who had been to Haiti three years earlier, saw it too. The people she helped then were poor. Add pain.

**“Their eyes were different this time.”**

Regina Phillips comparing her medical mission trips to Haiti before and after the earthquake

“It’s hard to put into words, but you could see it in their eyes,” she says. “Their eyes were different this time.”

She says their eyes bridged the language gap and let her in.

“It’s amazing to build a relationship with people you can’t even talk to,” recalls the Lincoln County (Ky.) Senior Citizens Center home care coordinator, who volunteered in February. “Looking into people’s eyes you can see they’re starving and so thankful and so scared. There was not one person who didn’t lose a close family member. They just wanted us to tell them everything was fine now.”

But it wasn’t. Phillips’ team, including two other registered nurses from rural Kentucky, Ginger Elliott

*continues*





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Medical volunteers from South Dakota's rural Black Hills, including Gary Childers, DO, (far left) leave with translators and supplies for their make-shift clinic in one of Haiti's "tent cities."

and Ina Glass, saw 2,000 patients at a make-shift clinic perched on a mountain outside Port-au-Prince. And word had spread that no one would be there when those women went back to America.

**"It was refreshing to be able to be nurses and doctors like we were taught and to help people who were so appreciative of everything we did."**

Ginger Elliott, medical volunteer

For six days, they disinfected wounds and treated patients for worms, malaria, tuberculosis, scabies, dehydration, malnutrition, anxiety, fever and more. Like Childers' clinic, the Kentucky crew had to make due without running water or electricity. Two-thousand patients, one cot, two sheets. When one got especially wet, it was tossed in the sun to dry and traded for the other dingy sheet.

"You just come down and work with what you've got," says Elliott, infection prevention coordinator at Ephraim McDowell Regional Medical Center in Danville, Ky. "What choice did we have?"

There were so many lacerations and broken bones from people digging in the rubble to save loved ones and loved things that everyday accidents were almost a relief, she remembers.

"One little boy came in because his big brother hit him with a rock," she says. "It was a reminder that kids will be kids the world around."

### *No way to prepare*

But Third World nursing is different.

"I could be a real nurse there," Elliott says. "I just used my skills and didn't worry about being sued or

continues

continued



Top: Gary Childers, DO, with a Haitian patient who had been burned cooking over an open fire. Volunteers treated many burn victims. Above: Scott Hourigan, a chiropractor from Spearfish, SD, advises an elderly couple living in a “tent city.” The patients don’t have calendars, so they guessed their ages. When these Haitians were asked how long they’d been married, they told volunteers “forever.”

dotting every ‘i’ and crossing every ‘t’. There was no time to document for 30 minutes what I did; I just served. And it was refreshing to be able to be nurses and doctors like we were taught and to help people who were so appreciative of everything we did despite the long wait.”

Haitian culture dictates that young and old alike have no choice but to wait, so triage became especially important as lines grew.

“They give away what little food they might have, and they think, why would you help me when others need it?” explains Audrey Snyder, PhD, University of Virginia School of Nursing assistant professor and nurse coordinator for community outreach. “The Haitian people believe that the whole is more important than one and are focused on community and doing what’s best for everyone.”

**“The Haitian people believe that the whole is more important than one and are focused on community and doing what’s best for everyone.”**

*Audrey Snyder, medical volunteer*

She remembers vividly a mother who was so dehydrated she could barely hold her 10-day-old baby just waiting quietly in the heat.

“When we discovered and grabbed him, he was cold and almost dead, breathing three times a minute,” Snyder says. “So many children in that country die, and they’re not asking for help. If that were a baby here, parents would be running into the E.R. and throwing them into our arms screaming at us to do something. I was a flight nurse for eight and a half years; I’ve seen a lot of really bad things, but that’s what touched my heart the most.”

Two weeks after the quake, Snyder, an acute care nurse practitioner, worked out of what was left of a church in Jacmel, where patients lay on mats on the floor or 10-inch wide pews to be examined. She also screened pregnant women at a refugee camp.

She’s volunteered in rural India and El Salvador dozens of times, but “you can’t prepare yourself to see 3,500 people crammed onto a soccer field and knowing

## Witness the work

Visit [RuralRoadsonline.com](http://RuralRoadsonline.com) to watch video of rural health professionals from South Dakota at work and play in Haiti.

they'll live like that for a long, long time."

Snyder, who teaches a disaster preparedness college class in the Caribbean, called her trips to Haiti since the quake "a real education."

"I know what the textbooks say about it," she says. "But I got a crash course over there. Most of these people had lost everything, many of them family members, and they still had the ability to see beyond the immediate loss to smile. They were very accepting and moving forward."

## *Breaking down*

It wasn't so simple for the volunteers.

"You can't really process it there," Childers says. "If you stopped for a second, you'd fall apart."

At the airport, Childers realized he couldn't hold it in any longer.


"I sat down in the midst of all these white people waiting to get there or go home, and it hit me," he remembers, and his throat tightens. "For two hours, I sat, wrote, cried, thought and everything else and sort of got my head through it."

Then he boarded the plane for Miami. And as soon as the wheels lifted off the runway, the other Americans cheered.

"I still don't know what that was about," he says. "We went to help these people, but it wasn't enough. Are you happy you left, that you did something to get a pat on the back? If you look at it like I'm going to do my part and go home, nothing ever gets fixed. If you look at it like we're all one big world, we have to work together because you're still thinking about them and they're still thinking of you, then you don't cheer when you leave. I get that we have to go home to our jobs and our kids, but if you went because you genuinely care and want things to be better, how can you be happy?"

"I'm not mad at anybody; I'm glad they went. But of all my trips, this one the most made me feel like we have to look at everybody as brothers and sisters. To truly provide disaster relief, we have to live it every day and not fly back to our nice lives and forget."

Glass, chief nursing officer and vice president of patient care services at Fort Logan Hospital in Stanford, Ky., says not a day goes by that she doesn't think of the children who wanted to touch her blonde hair and taught her to fly kites made of twigs, plastic bags and strings from their clothes, her interpreter Reginald, or the mother and daughter who couldn't eat or sleep since they literally lost her 4-year-old twin sister in the quake's aftermath.

"It changes you, a little bit at a time, but it changes you," she says. "I need to go back." 

## NRHA Service Corps partners lend Haiti a helping hand.

**Amerinet started an employee donation program.** Following the 2010 earthquake in Haiti, personal donations from Amerinet employees combined with a company match raised more than **\$18,000** to contribute to the relief efforts of the Hôpital Albert Schweitzer Haiti and the American Red Cross.

**McGladrey raised more than \$30,000 for earthquake relief.**

McGladrey's Haiti relief effort included a corporate contribution to the Clinton Bush Haiti Fund and local office grassroots campaigns that collected **\$30,000** and much-needed items. Organizations benefitting were Save the Children, UNICEF, American Red Cross, Soles4Souls, Clean the World and Feed My Starving Children.

**McKesson Corp. supplied more than \$700,000 in funds and medical supplies.**

Funding and supplies including crutches, orthopedic braces, gauze, masks and mosquito nets were donated to relief organizations World Vision and the Red Cross. McKesson employees responded through supply collection drives and the McKesson Foundation's matching gifts program.

**Siemens Healthcare shipped systems and supplies.**

Through Project HOPE, Siemens shipped supplies to aid health care workers to help victims by delivering critical care, blood, gas and blood electrolyte test results. In addition, Siemens donated enough urinalysis strips to perform **90,000** tests for rapid diagnosis in kidney function, urinary tract infections, carbohydrate metabolism and liver function.

**Virtual Radiologic sent 51,000 meals.**

Virtual Radiologic paid 42 team members to pack food to send to Haiti through the Feed My Starving Children program. Employees bagged more than **51,000** meals that were headed for Haiti.



# *Art Clawson builds homes and hope in rural Haiti.*



*Art Clawson stops in front of what was left of the National Catholic Cathedral with long-time friend and Haitian co-worker Yvon. They were surveying earthquake damage in Port-au-Prince.*

**Home base:** Lake Wales, Fla.

**Paying gig:** Warner University director of Hunger Education and Resources Training Institute

**Volunteer trips to Haiti:** 1983, 1986–1990, 2009, February, April and May 2010, and August 2010–September 2011

*As told to Lindsey V. Corey*

I've worked hurricanes, floods and fires but never an earthquake. The devastation was much greater because of the type and volume. Try to imagine 200,000 homes, 30,000 businesses collapsed and millions injured who may have lost a limb and then all the lives lost in the rubble. The sheer amount of devastation is unbelievable.

Having lived there, I know the country well, but when you're walking in it, the impact is amazing. TV doesn't capture the desperation on people's faces standing in lines a mile long in hopes there will be food at the end of it, the dust, the smells, the sounds of terror. They survived the big quake and so many



aftershocks. They're rattled and desperate.

On any mission I lead, our focus is to bring hope. We want to relate to these people as well as get them off the ground and out of tents. We're using kits to build 22-room pre-fab houses in rural areas, working side-by-side in the villages to teach them how to put up homes with concrete floors and metal roofs. If they show interest, then we invest in the training, and they can travel to other areas to keep building.

**“If you smile at a Haitian, you’ve made a friend for life. They just light up.”**

Haitians are very industrious, hard-working people in the midst of such poverty. That has not changed. They aren't sitting around crying. They're rolling up their sleeves. They may not have anything, but they are cleaning up so when they have the opportunity, they are ready.

They know there's a long list. And they have hope that they'll get help, but when they see you, their eyes light up, and you can see a change in them. It's not just building a house; it's that we're here standing behind them. It shows them there are people out there who care and haven't forgotten.



*Above: Art Clawson and other volunteers erect a home in the rural village of Prospere, Haiti. Top right: Clawson stands atop rubble of one of the oldest churches in Port-au-Prince. Bottom right: Clawson is joined by village leaders Erik, Jarson and Wilner from Hatte Cadet, where he was surveying earthquake damage.*

The media has moved on; that's what the media does, but this is going to be a 10-year rebuilding process at a minimum. Folks in government lost their homes and family as well. They're struggling through grief like everybody else.

But as the houses start to go up and you give children an opportunity to play, you see people begin to smile and laugh again. Those are some of the things I carry with me.

It's the people that keep my wife Suetta and me going back. Haiti grabbed our hearts in 1983. If you smile at a Haitian, you've made a friend for life. They just light up.





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# Regina Phillips didn't ask for a penny – until she got back.



Regina Phillips rides in the back of a cattle truck to Port-au-Prince. The volunteers couldn't fly in to the devastated and busy capital city, so they rode 12 hours with 20 people taking turns sitting and standing.

**Home base:** Stanford, Ky.

**Paying gig:** Lincoln County Senior Citizens Center home care coordinator

**Volunteer trips to Haiti:** 2007 and February 2010

*As told to Lindsey V. Corey*

Every night I'd watch the news, and every night I'd wish there was a way I could go.

One morning my husband said, "You need to go to Haiti." But I didn't have the vacation time or money.

That same morning, I walked into my boss Linda Grigson's office, and she said, "The answer is yes." I hadn't even asked the question, and just like that she said, "You need to go to Haiti." She told me I could work ahead so I could build up time to go.

**"This little county in Kentucky hasn't forgotten."**

Within five days, I had every penny, and all \$1,500 of it from coworkers and seniors. I didn't fundraise, not even for a second. People were just excited to know someone was going and wanted to help. We suddenly had more supplies than we could carry with us.

And I'm amazed at how our little community keeps asking for updates on the people we met and keeps finding ways to help from home. Not a day goes by I don't talk with a senior, somebody at the grocery store or my kids about those people. They have connections through personal stories and pictures I took, and they really do care, and I wouldn't ask for myself, but I'll fundraise for the people in Haiti.

When kids hear the stories, they start seeing there's more to life. Teenagers will be teenagers; they can't help it. But Jестie, my 13-year-old, made potholders when our power was out in the winter. All on her own she decided to sell them and give the \$40 to a school in Haiti for a swing set.

This little county in Kentucky – it's one of the poorest in the state – hasn't forgotten.

And this just might become home to a girl we met there. She wants to be able to help pregnant women in her country, so Ginger Elliott and I are helping her apply to the nursing program where we're alums.

There's power in education and in community.

# Haiti changed Ginger Elliott.



*Ginger Elliott works with Joab, a Haitian interpreter, to obtain medical history from a patient at the temporary clinic on a mountain overlooking Port-au-Prince.*

**Home base:** Danville, Ky.

**Paying gig:** Ephraim McDowell Regional Medical Center infection prevention coordinator

**Volunteer trip to Haiti:** February 2010

*As told to Lindsey V. Corey*

I'd been married for 38 years when my husband decided he wanted someone else.

It was finally final last September, but I was still letting this guy, who would've never let me go to Haiti or anywhere, hold on to me.

And then there's Regina Phillips; she's a nurse who goes to church with me. Within a week of the quake, Regina says she wants to get a medical mission trip together and looked right at me. I told her then and there I was in.

My parents thought I was crazy, but once they saw how determined I was, they didn't fight it. I felt like it was what I was supposed to do.

And it was.



*Left: Ina Glass (right) treats a Haitian infant at a temporary clinic near Port-au-Prince. Glass was on Ginger Elliott's medical mission team. Above: Packets are placed in a pool to filter water, making it safe for drinking. The packets were given to dehydrated patients.*

Before I knew it I was in the back of a cattle truck with 20 other folks making our way through the mountains of Haiti for 12 hours. I've honestly never prayed for tires before, but let me tell you, it didn't take long to see why we prayed for those poor tires before we piled in.

We saw bodies dumped into communal graves. The odor of flesh was still everywhere. You can't really imagine it, but I remember it.

## “We could learn a lot from them.”

And the people. The people are so beautiful. You look at all they've gone through and how they have nothing, and they still have a big smile on their face. It's pretty amazing in all the desperation... We could learn a lot from them.

Everyone's dehydrated. They have to buy clean water or boil it, and they don't have money to buy water or charcoal. They know the water isn't safe, but they're thirsty; their kids are thirsty.

And it occurred to me when I got home that before I left I didn't like the colors of my townhouse. Repainting

## Good for them, good for you

Volunteering is healthy, according to a recent United Healthcare survey of 4,500 seniors.

- 86% of senior volunteers feel younger than their age, compared to 72% who don't volunteer.
- 87% who volunteer say they are aging well, as opposed to 78% of those who don't volunteer.
- 69% say they feel good about getting older, compared to 59% who don't volunteer.
- 92% say they have an enriched sense of purpose.
- 31% of volunteers were identified as obese as compared to 36% of non-volunteers.

Visit [volunteermatch.org](http://volunteermatch.org) for opportunities close to home or across the globe.

was keeping me up at night. Can you believe it? It was crazy, but I didn't realize it was crazy at the time. And I was so sad and angry about my husband leaving – until I got back. Haiti helped me put it all behind me. It all suddenly felt light years away.

That's because being there opens your eyes to what you have here. People at work say I'm more mellow.

There's an electrician who's worked at the hospital for years, and we never talked, but he heard about my trip and asked to see photos. One thing led to another, and now we're dating.

I can't tell you how amazing the trip was, but it changed entire my life.





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# Rural road map

## USPHS serves America's underserved

According to Michael Bartholomew, MD, lieutenant commander in the U.S. Public Health Service (USPHS) Commissioned Corps, “serving the underserved will change your life.”

Here he discusses his career in the USPHS and shares how you can pursue a career with the Commissioned Corps, America's health responders.

### How did you decide to serve rural populations?

Early on, my parents showed me the meaning of service. My father was an officer with the U.S. Public Health Service (PHS) Commissioned Corps who worked in Indian country, and my mother was full-blooded Kiowa. Through an externship with the PHS, I was able to interact with folks at the Indian Health Service. You could hear in their voices how gratifying they found the work, and they had seen and done things that I knew I wouldn't be able to experience in the private sector.

### Tell us about your career thus far.

I consider myself still “early” in my career – I graduated from residency four years ago and received my commission with the USPHS. Currently, I am stationed at the Navajo reservation at Ft. Defiance, Ariz. My wife (a pediatrician who also works with Indian populations) and I made the decision that building a life and family in Ft. Defiance would be perfect for us.

As with many rural populations, the biggest disparity we are working to address here is access to care. We're really proud of our childhood immunization rates, which are the highest on the reservation. We have accomplished this through reminder posters in the office, sending letters, calling families on the telephone, and as needed sending our public health nurses to the families' locations. It's a dedicated effort from all of the clinical and administrative staff.

### What is the best part of your job? The most challenging?

The best part is the people I work with and see day in and day out. My coworkers' pride in service and our community makes me happy to come to work, and there is no doubt that my patients make my work worthwhile. Here in Ft. Defiance, all the families thank you for being here and working for them and their children. In fact, some of them come to the clinic just to chat with me about their lives.

The medical aspect of providing care can be the most challenging – for instance, getting subspecialty care. We have to be as self-sufficient as possible. For instance, we don't have a radiologist on staff, so we read our own films and then receive confirmation on the diagnosis at a later time from a remote radiologist.

### What would you say to someone who is considering a career serving rural populations or joining the USPHS?

Serving the underserved will change your life. It will impact your perspective on health care from your first day on the job.

My experience in Indian country is just one of many you can have with USPHS. We are recruiting actively for physicians, dentists, nurses and pharmacists, plus psychiatrists, psychologists, psychiatric nurses and licensed clinical social workers.

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# Coming back, going green

Tornado turns Kansas hospital toward future

By Angela Lutz



*In the aftermath of the 2007 tornado that destroyed 95 percent of Greensburg, Kan., Kiowa County Memorial Hospital board members meet with representatives from FEMA and USDA to discuss plans to rebuild.*

In the heart of Tornado Alley, the infamous, unofficial region spanning from South Dakota to northern Texas that reports 90 percent of U.S. tornadoes each year, Kansans are accustomed to stormy spring skies and prepared for severe weather.

But no one could have prepared for the total devastation of Greensburg, Kan., population 1,574, on May 4, 2007.

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*Top: The groundbreaking for the new Kiowa County Memorial Hospital was held in October 2008, more than a year after a tornado wiped out the old facility. Bottom: Construction crews prepare the new hospital site in Greensburg, Kan., with temporary facilities visible in the background.*

At 9:45 in the evening, a mile-and-a-half wide tornado rating EF5 on the Fujita Scale, the strength of which compares to less than 1 percent of tornados over the last 50 years, descended on the southwestern Kansas farming community, completely destroying 95 percent of the town. In less than an hour, people's homes and livelihoods were ground into piles of rubble. Deaths totaled 11.

After the initial chaos began to settle in the federally designated national disaster area, survivors were faced with the daunting task of how to rebuild.

"We committed the very next day we were going to come back," says Mary Sweet, administrator of Kiowa County Memorial Hospital (KCMH), which was wiped out by the storm. "It wasn't a decision on whether to come back; it was how to come back."

### Greensburg goes green

The close-knit community gathered in tents to discuss their goals for rebuilding, and after examining cost, sustainability and return on investment, Greensburg decided to go green. They planned to reconstruct the whole town using Leadership in Energy and Environmental Design (LEED) standards, an internationally recognized green building certification system developed by the U.S. Green Building Council.

**"Green is not a new concept for rural Kansas. Farmers are respectful of the land because they want their children and grandchildren to farm the same land. That's what LEED is – it's building for the future."**

*Mary Sweet, Kiowa County Memorial Hospital administrator*

"Green is not a new concept for rural Kansas," Sweet explains. "Farmers are respectful of the land because they want their children and grandchildren to farm the same land. That's what LEED is – it's building for the future."

Following the disaster, Sweet and the KCMH staff continued providing health care to the community from nine mobile surgical hospital tents, as well as the rural health clinic they operated 10 miles away in Haviland. In December 2007 they moved into modular buildings where most of the hospital's previous services were available, including X-rays, CT scans, a full emergency room and a full lab.

Sweet remembers the months immediately following the tornado as difficult and often stressful. Most families were living in temporary housing or trailers with limited shelter in case of bad weather. Sweet's then 11-year-old

son slept in his clothes every night so he'd be prepared if something bad happened.

"I always tell people if you want to see a community that's scared of tornados, look at ours," she says. "It's hard to focus when there's bad weather and your child is living in a metal trailer with no shelter."

But instead of viewing themselves as victims, the residents of Greensburg adopted the mentality of survivors.

"While rebuilding the hospital we were also rebuilding our lives, and sometimes that was difficult," Sweet recalls. "We say it's a good thing we didn't all cry on the same day; we cried on different days and helped each other through it. But I love living here, and I've raised four kids here. It was a choice to stay; it wasn't that we had to stay."

Because of the scope of the damage, Greensburg attracted national attention, so while undertaking the construction of the new hospital with little planning or funds, Sweet was fortunate to have a lot of help.

In addition to assistance from the Federal Emergency Management Agency and the local fire marshal, who helped temporary KCMH facilities stay up to code,



*Construction of the new Kiowa County Memorial Hospital was completed in March. Featuring a wind turbine, it is 32 percent more energy efficient than the old facility. photo by Steve Rasmussen*

the Murray Company, a Midwestern LEED-accredited construction firm specializing in critical access hospitals (CAHs), got on board to help design and build the new facility.

Having constructed 11 CAHs in the last five years, the Murray Company undertook its first LEED platinum project with KCMH, which if certification is awarded will become the first LEED platinum CAH in the country. Hospital construction was completed in March, and certification should be official within nine months, according to Bill Collins,

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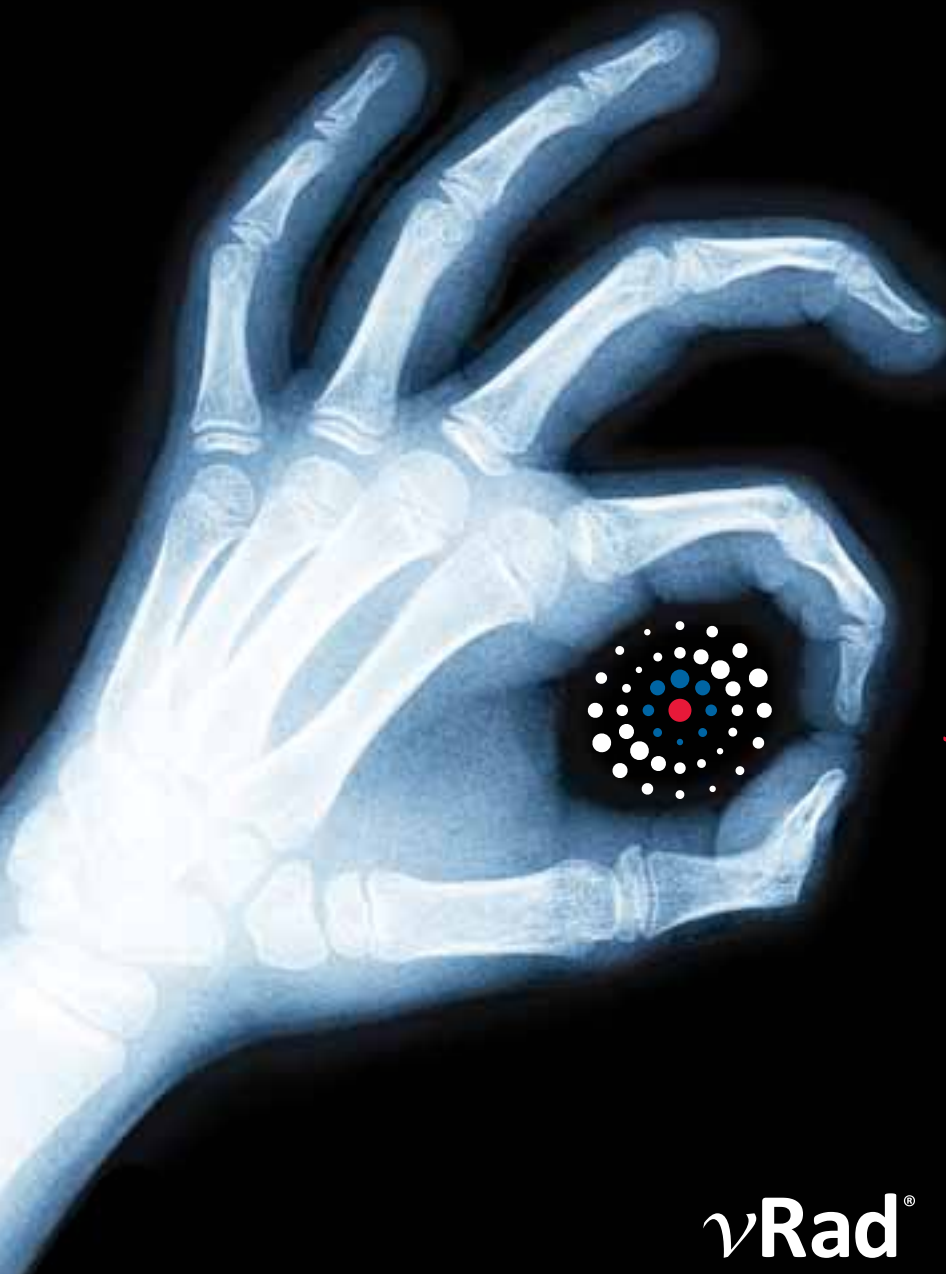
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Murray Company director of client development.

“This was the first [hospital] designed with LEED platinum in mind,” he says. “They didn’t pursue green just for the panache or title of green. They felt it was a better way to build and that over a long period of time, the return on investment was better suited to that method than traditional building methods.”

## The journey continues

In keeping with LEED standards, some features of the new KCMH design include an on-site wind turbine that provides nearly 30 percent of the hospital’s power; natural lighting in 75 percent of the interior; highly efficient florescent and LED lighting with light-sensing dimmers and motion sensors; light colors on the roof and paved areas to reduce heat absorption; an on-site water filtration system that allows for harvesting of rainwater and reusing of gray water from showers, laundry facilities and sinks; and a building made from 30 percent recycled materials.

**“They didn’t pursue green just for the panache or title of green. They felt it was a better way to build and that over a long period of time, the return on investment was better suited to that method than traditional building methods.”**

**Bill Collins, Murray Company director of client development**

And according to Jeremy Bechtold, Murray Company project engineer, 95 percent of the construction waste generated was also recycled, and construction materials were “regional materials from within 500 miles of the site,” which helped lower costs and stimulate the regional economy.

In addition to the green elements, according to Sweet the hospital was “built to suit the way we practice in Greensburg.”

The same providers staff the hospital, rural health clinic and E.R., so while the old clinic was freestanding the new clinic is located within the building. Specialists

visit several times a month and previously did not have a designated space – “before, our cardiologists were using the E.R.,” Sweet says – so the new facility includes exam rooms specifically for specialists. It also features an on-site daycare for employees, seamless floors and countertops to decrease the likelihood of infections, and sinks in patient rooms to encourage visitors to wash their hands.

Employees are grateful for the new facility and the naturally lit work environment, and excitement over the building’s green features and amenities has also proven to be a powerful recruitment tool for employees and patients alike.

“There have been studies showing a statistically significant difference that people heal better in natural versus incandescent light,” Collins says. “They are getting patient enrollments from well outside Kiowa County, and many feel it’s largely due to the unique environment [KCMH] provides.”

In addition to creating a safe, pleasant atmosphere for patients and employees, according to the U.S. Department of Energy the new hospital is expected to be 32 percent more energy efficient than a traditional hospital of a similar size.

This is due not only to the efficient features of KCMH but also the Greensburg Wind Farm, which produces enough energy to power every house and building in town with enough excess to share.

“The biggest benefit is sustainability as a whole,” Collins says.


For other facilities planning to go green, Mark Brooks, Murray Company senior project manager, recommends getting a construction manager on board to identify costs and payback early.

And as Collins points out, a facility doesn’t have to become fully LEED certified to introduce

green elements.

“Just make a few smart decisions,” Collins says. “You’ll end up with fewer costs, less maintenance, lower energy costs. Other benefits will be different for each person. For us, knowing that we are doing the very best we can with the gifts that nature has given gives us some solace.”

For Sweet and the KCMH staff, moving into the new hospital three years after the tornado has been just another part of their journey.

“When we started building we looked toward the end, toward the goal,” Sweet explains. “But one awakening for us was that the new building wasn’t our goal. We realized it’s not ever the end of the journey. It’s the start of a new process with new goals. After rebuilding our homes and re-acclimating our kids, we are still going forward. It’s just another beginning.” 

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# Remodeling green: A few smart decisions



*Prairie du Chien Memorial Hospital in Prairie du Chien, Wis., has undergone several green renovations since 2008, including the installation of solar panels on the roof of the 53-year-old building.*

Many facilities aren't ready for a top-to-bottom green overhaul, but it is possible to add a few energy-efficient elements without breaking the bank.

At Prairie du Chien Memorial Hospital (PCMH) in Prairie du Chien, Wis., CEO Bill Sexton is taking steps to give the 53-year-old critical access hospital some new environmentally friendly features.

"As part of the community we wanted to be a leader in conservation and energy," Sexton says. "Both the staff and patients are more environmentally conscious in the way we dispose of items and use our resources."

Over the last year and a half, through the leadership of Ken Pankow, facilities director, PCMH has installed solar panels to provide energy and heat the water,

switched to water-saving toilets, and built heating, ventilating and air conditioning and water systems to recapture lost energy.

Several rows of large, rectangular solar panels projecting from the roof have altered the hospital's appearance and generated a variety of responses from the community.

"Some people have stopped in and congratulated us, while others have commented that the place sure looks different now that we put up the solar panels, and they sure hope the wind doesn't blow them away," Sexton laughs.

They have also started looking at criteria for LEED gold certification and have begun a master facility planning process.

"Do we renovate this building or build a new one?" Sexton asks. "That's what we're looking at now."

For other facilities brainstorming ways to be environmentally conscious and reduce energy costs, Sexton recommends considering natural resources.

"It depends on the area of the country," he explains. "In some areas, solar energy is more efficient than others. In some areas, you could recapture wind energy."

Sexton predicts PCMH will see the payback on renovations within 10 years due to increased energy efficiency. And in response to the national discussion on renewable resources, more funding opportunities are available for green projects now than ever.

"The Obama Administration is very focused on energy conservation, so there are grants and rebates available," Sexton says. "It makes it a great time and opportunity to be moving forward with these projects." — *Angela Lutz*

## What is LEED?

According to developers at the U.S. Green Building Council, "Leadership in Energy and Environmental Design (LEED) is an internationally recognized green building certification system providing third-party verification that a building or community was designed and built using strategies aimed at improving performance across all the metrics that matter most: energy savings, water efficiency, CO<sub>2</sub> emissions reduction, improved indoor environmental quality, and stewardship of resources and sensitivity to their impacts."

To learn more about LEED certification, visit [usgbc.org](http://usgbc.org).



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# Rebuilding green: The trailblazers



When Providence Newberg Medical Center in Newberg, Ore., was rebuilt in 2006, it became the first LEED gold certified hospital in the country.

When Providence Newberg Medical Center (PNMC) in Newberg, Ore., was rebuilt in 2006, Mark May, executive director of new hospital development, saw it as a great opportunity.

“We were trying to prove to ourselves and the community that we can do world-class things,” May says.

One of PNMC’s core values includes stewardship of environmental resources, so May and the construction planning committee decided to “jump in and do this right” by becoming the first LEED gold certified hospital in the country.

“We wanted [the new facility] to be as operationally efficient as possible to minimize expense, and we wanted it to be the best possible for patients and staff,” May says. “You put it together, and you realize it’s an opportunity for us to deliver great care in a great environment and lower overall operating costs at the same time.”

According to May, community and nationwide

responses to the new facility have been “exceptional.”

In addition to winning national awards for the interior design and making the *Guinness Book of World Records* for the largest groundbreaking with 2,453 diggers, the new PNMC facility has been a valuable recruitment and retention tool.

“The existing employees were very excited because they’re in a first-class, cutting-edge facility,” May explains. “Recruitment of new physicians was enhanced because people were aware of the building and excited about it. The building was one manifestation of how we can improve our excellence.”

Additionally, the Providence Newberg Health Foundation, which provides funds for cancer, children’s and women’s care for vulnerable and under- and uninsured populations, among other things, received strong donations in response to the new hospital, and the initial cost of rebuilding was recaptured in 14 months.

But May says the building’s green aspects are only one part of what makes PNMC special.

“I’m most proud of the great patient care,” May says. “The bottom line is what’s most important, and that’s that we’re delivering really great care to the people we serve.” – *Angela Lutz*



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## Home grown

### Doctor nurtures rural roots, trains local nurses

By Angela Lutz



*Rup Nagala, MD, (right) recipient of NRHA's 2010 Rural Health Award for practitioner of the year, and Vani Nagala, MD, (left) attend NRHA's 2010 Annual Rural Health Conference with their daughter Sonia.*

In 1978, Jeanne Hoistad was working as a registered nurse at Oakes Community Hospital (OCH) in Oakes, N.D., when Rup Nagala, MD, came to town.

Originally from a small town in India, Nagala had recently completed his family practice residency at a clinic in Minot, N.D., when he was recruited by an OCH surgeon. He arrived hoping to gain surgical skills; he stayed because he felt at home and found rural practice fulfilling.

"I was welcomed to this small, family community by several townspeople who had a good rapport with the surgeon whose practice I joined," Nagala says. "Oakes, a progressive, small town in need of a physician, had friendly, open-minded and supportive people."

And inspired by his father, who was a surgeon in charge of several rural clinics in India, Nagala had some ideas for how to improve the health care system in Oakes, population 2,000, especially as the 1980s saw the closure of two hospitals in the rural area.

"Early on, we realized that only one community could not support a hospital, so we [planned to

establish] several rural clinics," Nagala explains. "Our city alone would not be able to sustain the viability of the hospital, so we would need patients from several smaller towns to come to the hospital [as well]."

**"With no hospital the nurse gets called on frequently, so it was a natural transition to further my education and be able to work in that capacity."**

*Jeanne Hoistad, physician assistant*

Fast forward to 1993. Hoistad was working as nursing director at a nursing home in Forman, N.D., when she got a call from Nagala, who had established the first OCH satellite clinic in Gwinner two years earlier.

"He asked if I would want to go back to school to be a physician assistant (PA) and work for him," Hoistad recalls. "I really hadn't given it much thought myself, so it kind of caught me by surprise. But he had a lot of vision, and it made a lot of sense. And he was right – it's the perfect job for me."

A lifelong Forman resident, Hoistad was familiar with the demands of being the only health care professional in town.

"Forman is about 500 to 600 people," she explains. "With no hospital

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the nurse gets called on frequently, and she gets a lot of questions and people coming to her door, so it was a natural transition to further my education and be able to work in that capacity.”

Over the next 17 years, Nagala oversaw the opening of seven rural satellite clinics in neighboring communities, and along with his wife, Vani Nagala, MD, an internist and geriatrician, he sponsored and trained seven PAs to staff the clinics.

Because recruitment to rural areas is difficult, Nagala sought out “dedicated, trained people who are committed to rural areas, who are willing to work a little harder with slightly less than ideal resources in return for recognition, a greater sense of gratitude and thankfulness on the part of the patients.”

Hoistad, an experienced rural nurse who currently helps staff the clinics in Forman and Gwinner, was an ideal candidate.


“They choose strong nurses who live in the community and have the permanence within the community,” Hoistad says. “It’s hard to get someone to move to the area, so they train those who live there.”

Additionally, Nagala worked to help establish the Royal Oakes Assisted Living Center, the area’s first assisted living facility, and the Davita Dialysis Center, which allows dialysis patients to seek care close to home instead of traveling 75 miles to Aberdeen. In 2007, he also provided leadership in the construction of the new state-of-the-art OCH facility.

As a result, the community of Oakes has survived and thrived – while North Dakota’s overall population grew only 0.5 percent in the 1990s, Oakes grew nearly 10 percent. Nagala attributes this growth to the town’s health care services, as well as strong businesses and schools.

“A good [health care] system is the backbone of a rural community,” Nagala says. “It helps keep the residents in town and this in turn helps its main street businesses. If the businesses are successful that provides stability for the community. A good health care system is also a powerful recruiting tool for young adults who would like to raise families in small communities and also for older residents who would like to retire in small towns.”

For more than 30 years of dedication to rural health care, Nagala received the 2010 NRHA Rural Health Award for Practitioner of the Year, an honor Hoistad says was well deserved.

“It’s unbelievable what he has done and what he continues to do,” she says. “I’d never seen such commitment. He’s just amazing.” 

*See page 45 for a full list of 2010 NRHA Rural Health Award winners.*

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# Smoking ban reduces heart attacks by 27 percent in rural Mississippi

By Lindsey V. Corey

When Matt Cox voted to ban smoking in his hometown, he didn't realize it could be "that easy to save lives."

But in the three years after Starkville, Miss., instituted a smoke-free ordinance, the local hospital saw a 27 percent reduction in heart attacks.

"I was surprised at what a dramatic and immediate impact it made," says Cox, who was a member of the board of aldermen that unanimously passed the law in 2006. "It validated our work. It's not a convenience or preference issue about where you eat; it's a true community health issue."

Robert McMillen, PhD, Mississippi State University (MSU) assistant professor of psychology, reviewed heart attack admission data from Oktibbeha County Hospital in Starkville, population 24,300.

**"Inaction is costing lives and creating unnecessary sickness and suffering."**

Roy Hart, Mississippi Office of Tobacco Control director

He also spearheaded the grassroots campaign to get the college town to become the first municipality in the state with a comprehensive smoke-free law.

"It didn't cost us or the community a dime," he says of the e-mail distribution list that grew from word-of-mouth, a town hall meeting and local media coverage.

At least 375 other U.S. communities have banned smoking in restaurants, bars and workplaces, according to the Americans for Nonsmokers' Rights Foundation. And 19 states, Puerto Rico and Washington, D.C., are smoke-free in public indoor spaces.

Last fall, the Centers for Disease Control and Prevention commissioned a review of 11 studies on communities in Canada, Italy, Scotland and the United States. Heart attack reduction ranged from 6 to 47



*Robert McMillen, PhD, spearheaded efforts to get his town to go smoke-free and followed the ban with research on its effects.*

percent, but each municipality showed a decline following its comprehensive smoking ban. Two independent studies published by the American Heart Association concluded that heart attack admissions decreased, on average, by 17 percent the first year a smoke-free ordinance was in place and that the benefit increases over time.

"We thought it was important to look at rural communities because risk factors tend to be higher in rural areas, so it would be useful to see if smoke-free laws can reduce heart attacks where people may be more prone to them anyway," McMillen says. "I thought the effects might be a bit smaller here because we know tobacco use is more common in rural areas than urban. But our results are right in line with the other studies. Replication is powerful."

McMillen also just completed a similar study of Hattiesburg, Miss., where a smoking ban went in to effect Jan. 1, 2007. Two hospitals service the rural county. In the three years since the ban, those hospitals saw

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13.4 percent fewer Hattiesburg residents for heart attacks and 1.4 percent fewer non-residents compared to the three-year span prior to the ban.

“It was our chance to compare people who were protected from second-hand smoke and those not protected from it,” he says. “Short-term benefits speak to politicians, so if something is improving immediately, we want to capture that to push for a statewide ban. We have a long way to go, but the progress is exciting.”

**“Starkville directly saved lives. They were pioneers in the state to do the right thing early on, and the results provide the momentum we need to convince other leaders.”**

Roy Hart, Mississippi Office of Tobacco Control director

Since Starkville’s ban, about 40 Mississippi communities have enacted comprehensive smoke-free legislation, says Roy Hart, Mississippi Office of Tobacco Control director.

“Starkville directly saved lives. They were pioneers in the state to do the right thing early on, and the results provide the momentum we need to convince other leaders,” he says. “For the first time, this gives Mississippi a way to look at the true effect of a policy change on people’s lives. The key message is that inaction is costing lives and creating unnecessary sickness and suffering.”


A coalition continues to deliver that message to the state legislature.

“It’s not an easy thing to do in this state,” says Bob Collins, MD, MSU health services director who also sees patients at Oktibbeha County Hospital. “The traditional image of a smoke-filled room with good ole boys hatching plans is the Mississippi legislature to a T. It’s going to be tough, but we have compelling data.”

Cox says he realized other governing bodies were watching Starkville.

“We’re a college town and wanted to be a leader in active and healthy living, so we were adding bike lanes and farmers’ markets, and this fit within that strategy of a progressive community, but we were also going to be the first in the state, so we felt a tremendous sense of responsibility to do it right,” he says. “We actually created a more comprehensive ordinance, with no distinction between restaurants and bars, than originally proposed. It leveled the playing field for businesses and took the social smoking pressure off the college kids.”

And business didn’t suffer like opponents had predicted.

“The concern about patrons going somewhere else happened in reverse,” Cox says. “Sales tax data shows that more people were coming here because it was a more family-friendly environment. Hopefully that adds to the sense of urgency for other communities where people are against smoking bans.” 



Heart attack hospital admissions decrease by an average of **17 percent** in the first year a smoke-free law is in place.

**19 states**, or **41 percent** of the U.S. population, are covered by smoke-free laws in workplaces, restaurants and bars.

**32 states** have laws that ban smoking in workplaces and/or restaurants and/or bars.

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**379 municipalities** require workplaces, restaurants and bars to be **100 percent** smoke-free.

*Sources: American Heart Association, American Nonsmokers' Rights Foundation*



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*“Our Corporate Partners are a valuable source of knowledge that our members can use to add to our knowledge center.”*

– Dennis Berens, 2010 NRHA president



*“Rural health care will improve through a strong partnership between our members and our Corporate Partners.”*

– Alan Morgan, NRHA CEO



*“Corporate partners understand that one size does not fit all, and one product does not fit all sizes. Their products are designed and customized to meet the needs of NRHA members.”*

– Beth Landon, 2009 NRHA president



# NRHA Corporate Partners

Our corporate partners are building relationships with National Rural Health Association members. They have a proven track record in quality and reliability of products and services meeting the needs of rural health care providers.

To ensure successful relationships, the NRHA Services Corporation Advisory Panel reviews and recommends candidates for the Corporate Partners program and ensures all of our Corporate Partners understand the unique challenges facing rural hospitals, clinics and health care providers.

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## Rural RN uses Master's Degree to Bring Community Back

By Lisa Long

A 50-bed nursing home/24-unit assisted living facility in rural Caledonia, Minn. had a problem: it was losing community support. The town of 1,300 just wasn't getting the kind of care it needed for its aging citizens and their families.

The reasons were many: budget cuts had eliminated geriatrician and nurse practitioner outreach positions. Long-term care and a move toward patient-centered care were misunderstood by the community, which the facility was working hard to fix.

But one nursing services coordinator was about to shake things up.

### DEVELOPING NEW PROGRAMS – AND OUTREACH TOOLS

Joyce Meyer, 34, an associate RN at the facility, had been quietly earning her Master's degree in nursing at home and online, one course at a time, since 2008. Nearly half-way through her program, she began focusing her assignments and research projects on the needs of her geriatric constituents – and things at the facility started to change.

"I helped develop an Alzheimer's support group as part of my course work. I also developed a 'Bathing without a Battle' program for our dementia patients, which came out of my research class," Joyce said. This program is a work in progress, but will benefit the geriatric population in long-term care settings.

*The community is coming back to support us. Morale has improved, and productivity has increased. It's a win all around.*

She helped implement an Alzheimer's support group for caregivers. "I wrote the plan on how to market this group and bring people in from the community. We were offering a safe place for families to voice their fears and challenges. Turn-outs were good," she said.

Joyce was also able to help in writing grant proposals to gain the needed funding.

"Not only did these programs start bringing back community members by offering a valuable service, they served as a marketing tool for the facility to bring in clients," she added.

Thanks to Joyce's Master's degree specialization in nursing management and organizational leadership, she was able to run these programs, too. "My supervisors were happy that



there was now someone to take on the role to implement after we'd talked about them for so long," she said.

### MANAGING SCHOOL, WORK, FAMILY – AND ACHIEVING SUCCESS

Choosing to go back to school was a tough decision for Joyce.

"I have a husband and three children between the ages of one and eight. Money was also a concern," Joyce explained. "I knew I wanted to do my coursework at home. I didn't have the time to drive to a traditional school's campus. I also had to find an affordable program."

Joyce enrolled in the online RN to MSN degree program at American Sentinel University, which offers CCNE-accredited Bachelor's and Master's nursing degrees, flexible scheduling, eight-week courses, and one of the lowest tuition rates for online schools.

"I am proud of what I've accomplished academically while also raising my young family and working full time," she said.

"Plus, getting the two programs started at the facility has been a positive thing for our community. People are starting to understand our move toward patient-centered care, and they're coming back to support us," Joyce added.

"The internal staff feels proud of what they do, morale has improved, and our productivity has increased. It's a win all around when everyone supports each other."

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# Beginnings & Passages



This was the job  
that changed  
my life.

## Raised rural in native health

By Evonne Bennett-Barnes

As a Comanche/Navajo woman from New Mexico, my goals were shaped by my family and my environment.

I come from a small town bordering the Navajo Reservation. We often traveled back and forth to the reservation visiting my grandparents and going to Indian Health Service for health care. I witnessed firsthand health disparities in the Navajo Nation. My experiences growing up influenced my decision to work toward better health care for American Indian/Alaska Native people.

The path that led me to work for the Office of Minority Health (OMH) Resource Center was not an easy one. I never thought that I would live on the East Coast far away from family and homeland.

My journey began when I decided to go to Fort Lewis College in Durango, Colo., because it was close to home. After I completed my bachelor's degree, like many recent graduates, I was looking for a job and didn't know what to do.

Fortunately, I found an internship in Washington, D.C., which led me to work for the National Marrow Donor Program as a national minority marketing consultant. This was the job that changed my life.

Out of the many extraordinary experiences I had at the Marrow Program, helping a rural Alaskan family stands out the most. A 6-year-old Tlingit boy named Alex Cesar was battling leukemia and needed a bone marrow transplant. With his family, we set up bone marrow drives in some of the most rural settings.

It was tough and we had to be creative, but we were determined to make it work. A few months later, Alex found two matches! He received a transplant and six years later is doing well. I still receive updates about him, and it warms my heart to know that I was able to help.

In my current role at OMH Resource Center, it's rewarding to be able to give back to my community. I work with native people and Tribes so they can continue providing much-needed care in Native communities.

*Evonne Bennett-Barnes is a capacity building specialist at the Office of Minority Health Resource Center, a massage therapist in both Maryland and Washington, D.C., and an NRHA Rural Health Fellow. She joined NRHA in 2009.*

*Are you relatively new to rural health or looking back on years of serving rural America?  
E-mail [editor@NRHArural.org](mailto:editor@NRHArural.org) if you'd like to share your story.*

Innovative rookies and seasoned professionals share their experiences.



We would not be successful were it not for the tremendous support of our rural communities.

## Establishing experience for rural physicians

By Jim Boulger

I have spent my professional life and career attempting to contribute to solutions to the physician maldistribution problem with special attention to frontier and rural areas.

Following the completion of my graduate training in psychology at the University of Minnesota in 1968, I joined the faculty of the new Medical College of Ohio at Toledo, which opened its doors in the fall of 1969.

I joined the department of psychiatry with the intention of changing at least a small part of medical education. The specialty of family medicine was just beginning at that time, and the Medical College of Ohio established one of the nation's first 15 family medicine residencies.

In 1974, I moved on to the new medical school in Duluth, Minn., and was appointed as associate professor of behavioral sciences and the first associate dean for curriculum at a school whose goals were set legislatively to produce family physicians to alleviate rural shortages.

Until 2004 the medical school in Duluth was a separately accredited school consisting of the first two years of medical training. Students then transferred to the medical school in Minneapolis to complete their degree after another two years.

As one of the first admissions and student affairs deans, I realized immediately the necessity of bringing in the right students to meet our goals. And as curriculum dean, I was charged with the responsibility of developing a curriculum to support our mission.

All students participate in the Family Medicine Preceptorship Program, which I have directed since 1975 and which individually matches students with family physicians in the Duluth area for a number of half-day office-based sessions as well as in rural communities for four three-day periods to sample the life of a rural family physician. During these rural visits, the students live with the physicians and their families.

Many of the Duluth matriculants also select the Rural Physicians Associate Program, which places them in small communities for nine months during their third year of training.

I am proud of the accomplishments of the faculty in Duluth. Since we opened, 49 percent of all graduates have selected family medicine residencies, and 45 percent practice in communities smaller than 20,000.

These enviable numbers have not been easy to attain, and we would not be successful were it not for the tremendous support of our rural and small communities and the generous efforts of the family physicians throughout the region.

*Jim Boulger, PhD, is Department of Behavioral Sciences professor, Family Medicine director, Center for Rural Mental Health Studies director and Family Medicine Preceptorship Program director at the University of Minnesota Medical School in Duluth. He joined NRHA in 1986.*



Michelle Clark-Forsting visited Ko Phi Phi, an island off the coast of Thailand, in 2009.

## Five things you should know about NRHA member Michelle Clark-Forsting

### 1. She is a third-year medical student.

At 25, Clark-Forsting already has an undergraduate degree from the University of Wisconsin-Eau Claire and a master of public health degree in community health education from the University of Wisconsin-La Crosse. She is currently in the rural track program at the Wisconsin Academy for Rural Medicine at the University of Wisconsin School of Medicine and Public Health in Madison.

“I plan to return to my hometown community as a family physician,” she says. “I would love for my practice to include obstetrics with C-section privileges and Spanish-speaking patients.”

### 2. She married her high school sweetheart.

Clark-Forsting and her husband, Kevin, celebrated their second wedding anniversary on June 14. They both enjoy the outdoors and grow flower and vegetable gardens.

“Our outdoor wedding in his parents’ yard was only fitting,” she says.

### 3. She has always wanted to be a doctor.

“Since I was very young, the only thing I ever wanted to be was a doctor,” Clark-Forsting says. “I love working with people. To be able to build relationships while working in a field that is challenging and requires lifelong learning, as medicine does, is my dream come true.”

Having grown up in a rural community – she graduated high school in a class of 34 – she also knows the unique challenges small town physicians face.

“As a doctor in a rural community, I will have the honor of sharing in the health care and lives of my friends, neighbors and family members,” she explains. “However, with that privilege comes the responsibility of maintaining my patients’ privacy no matter who they are.”

### 4. She would love to go back to Thailand someday.

“I got the chance to go to Ko Phi Phi, an island off the southern coast of Thailand, last May. There were no cars, only bikes. The people were super friendly, the accommodations were nice, and the food was amazing. I would definitely go back.”

Despite her desires to travel abroad, she is still a Wisconsin girl at heart.

“I am a true Wisconsin cheesehead and cheese lover,” she says.

### 5. She is the chair of NRHA’s Student Constituency Group.

“Bringing people from all over the country together is a challenge. But I’ve learned a lot about how organizations function at the national level and locally through my position as the Student CG chair. I am looking forward to learning more in the future.”

If you would like to be featured in *Rural Roads*, e-mail [editor@NRHArural.org](mailto:editor@NRHArural.org).



## News briefs

### 2010 Rural Health Awards presented at NRHA's Annual Rural Health Conference



Each year NRHA celebrates excellence by honoring outstanding individuals and organizations serving rural health care, and this year was no exception. On May 20 at NRHA's 33<sup>rd</sup> Annual Rural Health Conference, the winners were honored in Savannah, Ga., with more than 900 colleagues in attendance.

Send your career updates to [editor@NRHArural.org](mailto:editor@NRHArural.org).

And the winners are:

**Outstanding Rural Health Organization**  
**Appalachian Regional Healthcare**, Lexington, Ky.

**Outstanding Rural Health Program**  
**Pike County Community Health Partnership**, Pittsfield, Ill.

**Louis Gorin Award for Outstanding Achievement in Rural Health Care**  
**Robin Rose**, Gibson City, Ill.

**Rural Health Practitioner of the Year**  
**Rup Nagala, MD**, Oakes, N.D.

**Distinguished Educator of the Year**  
**Michael Samuels, DrPH**, Lexington, Ky.

**President's Award**  
**Al Grant**, Chester, S.C.

**Volunteer of the Year**  
**Keith Mueller**, Iowa City, Iowa

**Student Leadership Award**  
**Michelle Clark-Forsting**, Madison, Wis.

**Student Achievement Award**  
**Amy Dore, PhD**, Highland Ranch, Colo.

## accelerating economies

### Funding your mission

For health care-related nonprofits or businesses looking for critical funding to support their mission or finance the construction of a rural hospital, clinic or other health care facility, there are resources available, as presented by U.S. Department of Agriculture Rural Development (USDA RD) at NRHA's Annual Rural Health Conference in Savannah, Ga., in May.

Jonathan Claffey, deputy assistant administrator for USDA RD, and R. Gregg White, regional coordinator, shared information on a variety of funding opportunities. The Rural Utilities Service offers financing for broadband, telemedicine and distance learning projects, bringing the latest health care technology to rural communities.

Also, the Rural Business and Cooperative Service can support health care-related businesses and nonprofits in rural areas through commercial lending guarantees, low-interest loans, revolving loan funds

and economic development grants.

Joseph Ben-Israel, acting deputy administrator for the USDA RD Community Facilities Program, led the next session with Ross Manson of Eide Bailly and Ben Rooke of Brasfield and Gorrie. They explained how health care providers are effectively accessing millions of dollars to develop or improve rural health facilities through USDA Rural Development's Community Facilities program — and how you can do the same.

For information on these programs and many more, visit [rurdev.usda.gov](http://rurdev.usda.gov).

— Beth Landon, 2009 NRHA president



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# Clear your plate

for NRHA's Rural Health Clinic and Critical Access Hospital conferences.

## 5 reasons

to come to Kansas City this fall:

**1 The resources are relevant.**  
Take home expert insights on health reform impact, cost reduction techniques, HIT implementation and meaningful use standards relevant to rural to share with your community.

**2 Network and stay in-the-know.**  
The RHC Conference Sept. 28-29 will highlight revenue cycle management, coding issues, liability insurance for nurse practitioners and social networking.

**4 Improve quality and reduce costs.**  
The CAH Conference Sept. 29-Oct. 1 will include expert advice on quality improvement tactics, accountable care organizations, marketing strategies and employee health plan cost savings.



**5 The fountains are nonstop.**  
Early fall is the perfect time to browse shops at Crown Center or enjoy an evening stroll through the Country Club Plaza in the city of fountains.



## 3

**The rib tips are tops.**  
With renowned restaurants such as Arthur Bryant's, Gares and Jack Stack, Kansas City is the place to be for barbecue.

## shifting gears

Answer the call to recycle

Most Americans get a new cell phone every 18 to 24 months, making old phones the fastest-growing type of manufactured garbage in the country. According to the Environmental Protection Agency, **Americans toss 125 million phones each year**, many of which contain hazardous materials such as lead, mercury, cadmium and arsenic.

Instead of trashing your outdated phones, recycle them. Call2Recycle, a nationwide nonprofit, makes it easy to recycle old batteries and cell phones. Visit [call2recycle.org](http://call2recycle.org), and enter your zip code to find a recycling location near you. Many are located at places you frequent anyway, such as retail and home improvement stores.

Visit [RuralHealthWeb.org/kc](http://RuralHealthWeb.org/kc) to view full conference agendas and to register.

### Off the beaten path



### Wall Drug

Nestled amidst the Badlands of South Dakota in the town of Wall, **population 818**, sits Wall Drug, a **79-year-old** western-themed souvenir shop, restaurant and old-fashioned ice cream parlor that got its start giving free ice water to thirsty travelers during the Great Depression.

Tourists heading along **Interstate 90** are coaxed into stopping by more than **500 miles of billboards** advertising **5-cent coffee**, homemade doughnuts and of course free ice water.

Most visitors also leave with free bumper stickers, and though its necessity is debatable, one Wall Drug enthusiast jammed a sign proclaiming **"Free Ice Water, 9,333 miles"** into the snow at the South Pole.

Visit [walldrug.com](http://walldrug.com) to learn more about "America's favorite roadside attraction."

Tell us what puts your town on the map. E-mail [editor@NRHArural.org](mailto:editor@NRHArural.org).





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