

# rural roads

Summer 2009 National Rural Health Association



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## On the cover

Vegetable stand at Kansas City's City Market.  
Photo: Kristen Hellstrom

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Working in health care, we see it up close and personal: limited tax bases, patients without coverage, and all the psychosomatic connections between poverty, helplessness and ensuing disease.

As the biggest employer in rural areas, health care agencies bring unique resources that can facilitate economic development. To make lasting and meaningful economic development happen, providers must partner with entities beyond health care, specifically education, financing and entrepreneurship, public works and social service agencies.

Those of us in rural health care must rethink our partnerships to ensure entrepreneurialism and job creation. This is especially true now that we live in a “flat world” where geography is no longer a barrier to getting work done. Even more opportune is that this Administration cares about job creation.

NRHA is working assertively to ensure resources in the stimulus package support rural health and rural job creation. Join me in accessing new resources and new opportunities. It’s a win for health and a win for rural.

*Beth Landon*

Beth Landon  
NRHA president

pit stop

## things I picked up in this issue:

1. Cell phones are helping HIV patients stick with treatment. *page 22*
2. 800 NRHA members spotted 11 celebrities at the Fontainebleau Resort. *page 37*
3. A California telehealth center combines good economics with great medicine. *page 18*
4. There are more than 4,600 farmers’ markets across the country. *page 6*
5. Love moved one man to Alaska. *page 26*

## Eat your veggies

Farmers' markets enrich health and community

By Angela Lutz

On a Saturday morning in early May, thousands of people have gathered in the City Market in Kansas City, Mo., for their first tastes of spring. In June the market will explode into its peak season, and shoppers will have produce from apples, watermelon and gooseberries to carrots, eggplant and okra to choose from. Right now, most vendors at the open-air market are selling early crops of lettuce, spinach and asparagus, as well as colorful bouquets of the season's first flowers.

Each week, hundreds of thousands of people visit similar farmers' markets across America, and especially





*Opposite page: Young and old alike can benefit from the fresh, nutrient-rich spinach available each week at the Portland (Ore.) Farmers' Market, as well as the more than 4,600 markets across all 50 states. This page: Vendors, consumers and merchants at the Portland market enjoy the colorful variety and abundance of the week's harvest.*

over the last decade, the markets have become an increasingly popular and more viable source for fresh, locally-grown, organic produce. According to the United States Department of Agriculture, the number of markets has increased by more than 63 percent since 1994, with more than 4,600 operating in all 50 states.

Awareness of the connection between what we eat and how we feel has increased over the last decade as well.

**“Farming is critical. We’re the capillaries of the whole earth. If they start clogging, the whole can’t function. If rural isn’t healthy and sustained, the whole system is going to be sick.”**

**Ann Forsthoefel, Portland (Ore.) Farmers’ Market director**

“More consumers are recognizing the connections between the food system, their diets and their overall health,” says Stacy Miller, executive director of the Farmers’ Market Coalition, which helps promote and share resources with markets nationwide. “They want to invest in authentic relationships with their sustenance and know where what they’re eating is coming from.”

### The common denominator

At the Portland Farmers’ Market, in Portland, Ore., Ann Forsthoefel, market director, knows firsthand the connection between farmers’ markets and nutritional awareness. The Portland market has been open for 18

seasons, and at the height of its season, it attracts close to 28,000 attendees per week to five markets in the area.

“You can’t have a successful farmers’ market without people becoming aware of food issues in general,” Forsthoefel says. “The biggest benefit is bringing fresh fruits and vegetables back into the consciousness of the general public.”

And as consumers become more aware of the availability of fresh, locally-grown produce and incorporate it into their diets, they reap the nutritional benefits.

“When you go to a farmers’ market, the produce is at most 24 hours out of the ground,” Forsthoefel says. “This is compared to grocery stores, where non-local produce is going through a distribution chain that takes six to seven days.”

Timing is essential with produce, and the less time from garden to dinner plate, the better.

According to registered dietician Kathy Link, the main antioxidants found in fruits and vegetables are subject to light and air exposure. This includes vitamins C and E, both of which help neutralize the free radicals that can cause cell damage and eventually lead to heart disease.

*continues*



## August 2-8 is National Farmers' Market Week.

Visit [www.localharvest.org](http://www.localharvest.org) to find a market near you.

"If you're eating something that was picked last night, those nutrients haven't oxidized yet," she says.

Freshness is especially important in spinach, a nutrient-rich food containing calcium, vitamins C and K, iron and folate, among other essential vitamins and minerals. But, if spinach is not eaten fresh, many of these nutrients are lost, and within eight days, they are almost entirely depleted.

"In bagged spinach, there is a distinct drop in nutrients in the time between when it was harvested and when it is consumed," Miller says. "Fresher foods retain nutrients. You don't get that level of quality and freshness at any other retail outlet."

The quality of produce at farmers' markets is also enhanced by how the food is grown.

Many large commodity farms use pesticides, which is one of the main reasons Link tells her patients to buy fresh, local fruits and vegetables.

"The pesticides remain on the food and get in soil and water," she says. "When you start looking at the immune system, it has to deal with every chemical we put into our bodies. The fewer chemicals we eat, the less stress our immune system is under, in addition to the stresses of working, daily life, paying the bills. Fresh, local produce has little pesticide and no salt, chloride or preservatives."

Link especially recommends farmers' markets to people with food allergies and additive sensitivities. And because heart disease, cancer and diabetes – the three top causes of death in American adults – are largely preventable through diet and lifestyle, fresh fruits and vegetables can play a vital role in preventive health care for the general population.

"The common denominator to decreasing the likelihood of heart disease, cancer and diabetes is increasing the intake of plant and fiber foods," Link says. "They're all readily available at markets."



Many markets, including the Portland (Ore.) Farmers' Market, feature not only fresh produce, but also local baked goods, honey, preserves and crafts.

Shopping at markets also encourages what Link calls the "sensory experience" of preparing a meal, as opposed to picking up burgers and fries at a drive-through window. According to Link, Americans eat over half of their meals out of the house.

"Right now we have the younger generation whose exposure to food before they eat it is about five minutes," she explains. "They don't prepare it. McDonald's is gone in a



few minutes. At a market, you have continual exposure. You touch it, see it's ripe, carry it home, wash it, cook it. It feeds into the whole sensory experience of eating."

**"The sheer beauty, variety, diversity and abundance of what is at markets blows people away. People are amazed that all this is here and they didn't know about it."**

Ann Forsthoefel, Portland (Ore.) Farmers' Market director

## Soul food

Alongside selecting and preparing the food, a large part of the farmers' market experience is in the community that forms around the events.

Susan Sauter, West Virginia Farmers' Market Association treasurer, sees communities open markets each week across the largely-rural state.

"People are hungry for a face-to-face connection, and markets provide that," she says. "There are so many intersecting values and interests. It brings vibrancy to downtown areas in cities where they might not have as much going on."

Forsthoefel agrees, noting that "people shopping at farmers' markets are 10 times more likely to have a conversation with someone than if they went to a national chain."

"People are starving for that community," she adds. "We've had so many conversations with people who say this is what feeds their soul."

One of Forsthoefel's favorite parts of the experience is watching new shoppers' reactions when they see dozens of varieties of mushrooms or purple and yellow carrots for the first time.

"The sheer beauty, variety, diversity and abundance of what is at markets blows people away," she says. "People are amazed that all this is here and they didn't know about it."

Even with all the consumer benefits, the sense of community may be most valuable for the farmers.

Through her work with the Farmers' Market Coalition, Miller knows the focus of farming has shifted to commodity crops, such as corn, soybeans and wheat. Farmers have little control over the prices of these crops, and as production costs increase, profits continue to decrease. Farmers also have to dedicate most of their land to the production of a single crop.

"There's recognition among farmers that they may

not have been able to make a living on thousand-acre farms growing wholesale commodities," Miller says. "Markets allow them to focus on quality instead of quantity and to market directly, allowing them to

take in a higher percentage of retail dollars."

And at the markets, farmers get the valuable opportunity to socialize and network with other farmers.

"I've sold at markets and managed them, and farmers value the simple act we all take for granted of getting off the farm, communicating and learning from their peers," Miller explains. "They engage in social networking that's often lacking in rural communities where you tend to be more isolated. It bridges the gap between rural and urban."

Bridging the rural-urban gap also helps re-establish the direct connection between farmer and consumer.

"It takes away from the isolation created by big agriculture and commodity farming," Forsthoefel says. "People are giving their dollar directly to the farmer. They feel a sense of pride and ownership in keeping

*continues*

## Try these tips when preparing your summer farmers' market finds.

Registered dietician Kathy Link suggests the following herbs and spices to season veggies without using salt.

- Carrots: Cinnamon, cloves, marjoram, nutmeg, rosemary, sage
- Corn: Cumin, curry powder, onion, paprika, parsley
- Green beans: Dill, curry powder, lemon juice, marjoram, oregano, tarragon, thyme
- Greens: Onion, pepper
- Peas: Ginger, marjoram, onion, parsley, sage
- Potatoes: Dill, garlic, onion, paprika, parsley, sage
- Summer squash: Cloves, curry powder, marjoram, nutmeg, rosemary, sage
- Tomatoes: Basil, bay leaf, dill, marjoram, onion, oregano, parsley, pepper

## Don't shy away from new and unusual veggies.

Most farmers' markets offer suggestions on how to cook both traditional and more exotic produce.

To get started, try some of the suggestions from guest chefs and vendors at the Portland (Ore.) Farmers' Market. Find a list of recipes in the Learning Center at [www.portlandfarmersmarket.org](http://www.portlandfarmersmarket.org).

For more fresh recipe ideas, check out [www.epicurious.com](http://www.epicurious.com) and [www.seasonalrecipes.com](http://www.seasonalrecipes.com).

the tradition of farming alive.”

And healthy farms lead to healthy rural communities, which Forsthoefel says is vital.

“Farming is critical,” she says. “We’re the capillaries of the whole earth. If they start clogging, the whole can’t function. If rural isn’t healthy and sustained, the whole system is going to be sick.”

## Getting back to basics

As farmers’ markets continue to thrive, they help the local economy to do the same.

This is largely because “93 cents (of each dollar) stay in the local economy versus 25 cents in grocery stores,” Forsthoefel says.

“The local dollar is spent four times before it leaves,” Sauter adds. “We’re bringing people downtown to nearby stores, libraries and cafes.”

In an economic recession, shopping at markets is also beneficial to consumers watching their wallets. According to a University of Seattle study, farmers’ markets were on average 20 cents per pound cheaper than retail grocery stores on items including apples, spinach, red potatoes and carrots.

“The quality is definitely better,” Link says. “The cost is usually cheaper, unless it’s on sale at the grocery store, but then it’s usually been out there for awhile.”

And as the recession continues, markets are reaching out to lower-income

shoppers by accepting electronic benefit transfer (EBT) and supplemental nutrition assistance program benefits.

“It’s a challenge a lot of markets are facing,” Miller says. “Last year only 7 percent of markets accepted EBT, so we have a long way to go to provide access to low-income eaters. In this economy, more people will be using EBT.”

## “People are hungry for a face-to-face connection, and markets provide that.”

Susan Sauter, West Virginia Farmers’ Market Association treasurer


Forsthoefel agrees, noting that even with the infrastructure to accept benefits in place, they will need to work to make people aware.

“We have to use the media. We have to be tech-savvy on how we reach out,” she says. “Good food is for all – it is a basic human right. It comes from the promise we’re trying to do something better for everyone.”

As outreach efforts increase, many consumers will visit markets for the first time. For beginners trying to break unhealthy eating habits, Link recommends a slow change instead of a complete overhaul.

“Try to incorporate one fruit or vegetable per day,” she suggests. “Start with just one, and then extend it to a week. Instead of a total overhaul of your diet, look at what’s available. Instead of a bag of chips, grab an orange.”

Markets are also a great place to “get back to basics,” which Link says promotes a sense of well-being.

“You’re helping your neighbors, and your neighbors are helping you,” she explains. “There’s nothing more basic than getting your food from someone who will take responsibility for the food they grow and stand behind it, literally and figuratively.” 

## Super foods

When it comes to nutrition, these fruits and vegetables pack the most punch per pound.

- **Blueberries** are a great source of fiber and vitamins C and K.
- **Broccoli** contains vitamin C, carotenoids and folic acid.
- **Citrus fruit**, such as oranges and grapefruit, is rich in vitamin C, folic acid and fiber.
- **Grape tomatoes** are great for snacking. They’re also packed with vitamins A and C.
- **Spinach and kale** are full of vitamins A, C and K, folate, potassium, magnesium, iron, lutein and phytochemicals.
- **Sweet potatoes** are loaded with carotenoids, vitamin C, potassium and fiber.

Source: Center for Science in the Public Interest, [www.cspinet.org](http://www.cspinet.org).



*High school students learn proper personal protective equipment application during Susquehanna County Career and Technology Center's Health Care Career Day, which gives students exposure to a variety of potential health care careers.*

## High school students discover health care careers

By Angela Lutz

Since she started babysitting at age 13, Gina Lopez knew her future involved helping people. “I’ve always loved kids, and I’ve always wanted to be a registered nurse or pediatric nurse,” says the junior at Plainfield High School in Norwich, Conn. “I wanted to volunteer, but I didn’t know where to go.”

Thanks to Youth Health Service Corps (YHSC), Lopez and other high school students interested in health care can gain volunteer experience in a real-world setting and develop the skills they need for their future careers.

“The idea is to get (high school students) ready for careers now, so they can have a

*continues*



Top: Youth Health Service Corps participants had dinner with U.S. Surgeon General Steven K. Galson in Hartford, Conn., in 2008. Left: Students at Elk Lake High School in Dimock, Penn., participate in Susquehanna County Career and Technology Center's Health Care Career Day. Right: Students in Susquehanna County Career and Technology Center's Health Care Technology program learn healthy eating habits using the food pyramid.

career instead of just a job," says Christy Hildebrand, YHSC program coordinator. "Health care is a recession-proof career. If they take this national training and put it on their resumes, it is a very useful skill set."

### A meaningful experience

YHSC began in 1996 out of the University of Connecticut with support from the Eastern Connecticut Area Health Education Center (AHEC). Hildebrand says the original program goal was to keep students occupied and prevent teen pregnancy, but that focus quickly broadened. There are now more than 20 YHSC programs across the country.

"They decided to get students interested in health care through service learning projects," explains Hildebrand, who has been involved with YHSC since 2004 and currently works with students at Plainfield High and Norwich Free Academy, both in Norwich. "I'm trying to get them ready for health care careers that serve vulnerable populations."

Since 2004, 112 students at the two schools have completed the

program, and in 2008, three of those students received presidential service awards for completing more than 100 hours of community service. Many YHSC students go on to pursue higher education and begin successful health care careers.

"They get a great skill set that's actually meaningful experience," Hildebrand says. "It puts them in the running for scholarships. We've also had a few students who have completed certificate programs and were hired as a result of their volunteering."

**"I like to see (students') faces when they accomplish something and know they're making a difference. Teenagers today aren't given enough credit for the things they're able to do. These kids are a real shining example."**

*Christy Hildebrand, Youth Health Service Corps program coordinator*

To encourage students to finish the program and complete more community service hours, the program operates on a three-tiered, progressive award system, with the first tier requiring completion of 10 community service hours and three of nine training modules, which are designed to prepare students for work with underserved populations and cover topics including ethical and legal issues, disease prevention and emergency preparedness. Tier two requires 25 hours and tier three requires 50, each also necessitating the completion of an additional three modules.

For Lopez, who has been involved with YHSC since the beginning of her junior year and has completed 20 hours of community service, the three tiers are just a starting place.

"I've finished one tier already," she says. "I want to complete all three and then continue. I know they will give me the knowledge I need and help me get used to the hospital setting."

To complete their community service hours, YHSC participants have volunteered at a variety of events and organizations, including Planned Parenthood, the March of Dimes, World AIDS Day and the Barnaba

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Institute, which fights human trafficking. They have also provided free health care services such as blood pressure and height and weight screening, completed CPR and first aid training, and created and distributed informational brochures at adult education centers.

“A lot of immigrants have limited English proficiency,” Hildebrand says. “We’ll give them literature tailored to their needs so they’ll understand what their blood pressure numbers mean. We tailor it to populations that might not see a doctor for routine primary care.”

And because YHSC is approved for high school credit in the Eastern AHEC region, students sign up for it the same way they would any other class. Except any other class wouldn’t include monthly trips to Day Kimball Hospital in Putnam, Conn., the latest addition to the students’ volunteer résumés.

At the 89-bed hospital, students learned the significance of paperwork by assembling more than 300 charts for surgical patients.

“The accuracy of the paperwork is important, and their attention to detail is wonderful,” says Janet Johnson, volunteer coordinator at Day Kimball. “I think they have great potential, and I’ve asked all of them to consider the Junior Volunteer Program, where they can experience the emergency room, maternity ward and pediatric center.”

Volunteer locations benefit from students’ efforts as well.

“The hospitals and volunteer sites say if they had to pay someone to do the work the students do, it would cost them tens of thousands,” Hildebrand says. “It saves the communities a lot of money.”

**“Even if our program makes a student realize health care is not for them, that’s okay. It is just as important to know what you don’t want to do as it is to know what you do want to do.”**

*Bergen Morehouse, South Central Montana AHEC program coordinator*

Because of YHSC’s benefits to the students and the community, Hildebrand hopes to continue funding the program through the AHEC and “train as many students as possible for future careers.”

“I like to see their faces when they accomplish something and know they’re making a difference,” she

## Station topics in the Research and Explore Awesome Careers in Healthcare (REACH) program

1. **Lab:** Students learn how to draw blood, test for cholesterol, CBC and thyroid issues, how to use the machines, and what it takes to be a phlebotomist.
2. **Emergency room:** Students learn gloving and sterilization procedures, how to conduct EKG tests, splinting and isolette procedures, how the machines work, and how to insert a needle using oranges.
3. **Radiology:** Students X-ray a classmate’s hand or ankle and learn how to read the results. They also see the technology involved and take their X-ray home on a CD.
4. **Physical therapy:** Students are led in a variety of exercises for recovery, including stability ball, weights and bands. They also conduct manual muscle tests.
5. **Medical office:** Students discover the importance of billing, coding, filing and transcription, as well as check-in and release procedures and how the admittance process works.
6. **EMT/life flight:** Students tour an ambulance and life flight helicopter and learn what to do and expect as the first to arrive on a scene. Volunteer students are put in a neck brace and on a backboard and transferred to an ambulance.
7. **Nursing/clinic:** Students learn how to take a patient’s vitals and blood pressure, test for strep throat, and assess symptoms. They also gain an understanding of the role of a clinic nurse.

says. “They get excited about a project, take it on, make it their own, carry it out and become real leaders in the community. Teenagers today aren’t given enough credit for the things they’re able to do. These kids are a real shining example.”

### Knowing the options

Also seeking to introduce students to rural health careers using a “grow-your-own” approach to workforce development, the Research and

Explore Awesome Careers in Healthcare (REACH) program out of the South Central Montana AHEC allows area high school students to discover new opportunities in health care through one-day, interactive visits to regional health care facilities. Granite County Medical Center in Phillipsburg, Mont., population 950, and Ruby Valley Hospital in Sheridan, Mont., population 690, are the first sites to host REACH.

*continues*

“The main inspiration to start the program was the health care workforce shortage and our desire to educate kids about health care opportunities,” says Lisa Benzel, South Central Montana AHEC director. “It amazes me how many kids don’t know about the lesser-known fields and what all the options are.”

To familiarize students with a variety of careers, experts from seven different fields of health care, including emergency room providers, physical therapists and emergency medical technicians (EMT), set up stations where students can ask questions and gain practical experience while learning some of the skills necessary for each career.

“The stations are hands-on so that students have the opportunity to see what each job is like in the real day-to-day atmosphere,” explains Bergen Morehouse, South Central Montana AHEC program coordinator. “We use the students themselves, with parent permission, as the ‘patients,’ as well as volunteers from the health care facility. For example, in the EMT station, a student

volunteer is placed on a backboard with a neck brace. This simulates the actual experience for the student.”

Morehouse gets students interested in REACH through classroom presentations. The program mainly targets students who are either already thinking about health care careers or who are undecided.

“Of our applicants, it seems many are already considering a career in health care,” Morehouse says. “Of the students who are undecided, we hope exposure to various health care careers may help sway them into health care. Even if our program makes a student realize health care is not for them, that’s okay. It is just as important to know what you don’t want to do as it is to know what you do want to do.”

When considering applicants, Benzel says they “want to make acceptance broader than just considering their GPA.”

“We want to consider their aptitude for things that aren’t

necessarily part of a high school education,” she adds. “We’re not entirely convinced you need a high GPA to be successful in your career. When (students) find their passion, they are able to soar.”

Since the program began in April, Benzel and Morehouse have not yet started tracking the progress of participants. But initial reactions – from both students and hospital staff – have been positive, and their ultimate goal is to attract more health care professionals to practice in their rural communities.

**“I tell (students) that if they do well, they are guaranteed a job. The medical field will always be there – it is not a trend. It will change, but it will always be in-demand.”**

Alice Davis, Susquehanna County Career and Technology Center administrative director

“We hope to increase the number of students going into health care fields,” Benzel says. “A lot of hospital administrators will say a valuable benefit is starting a grow-your-own type program. It’s hard to recruit someone from an urban area to a rural area because the lifestyle is so different.”

Benzel hopes to encourage even more students to consider health care careers by expanding the program and eventually taking it region-wide. Plans are underway to expand to multiple facilities next year.

“The health care workforce shortage is a real cause for concern,” Morehouse adds. “Any little thing we can do that may eventually produce one more physician assistant, respiratory therapist, etcetera, is a step in the right direction.”

### Getting to work

At the Susquehanna County Career and Technology Center (SCCTC) in Dimock, Pa., Alice Davis, PhD, administrative director, has been training students for careers as certified nursing assistants (CNA) since 1984. Each year SCCTC’s health care technology program has between 35 to 40 students, and nearly 1,000 high school students and adults have completed the CNA program throughout its 25-year history. The program is funded mostly through tuition reimbursement, subsidies from the state and various grants.

“We have the second largest elderly population next

## Training modules of the Youth Health Service Corps

### Tier 1 - 10 community service hours

Module 1: Vulnerable populations

Module 2: Ethical and legal issues

Module 3: Applied health services

### Tier 2 - 25 community service hours (cumulative)

Module 4: Cultural competency

Module 5: Health education and disease prevention

Module 6: Health career exploration

### Tier 3 - 50 community service hours (cumulative)

Module 7: Health observation and data collection

Module 8: Emergency preparedness

Module 9: Peer education and leadership

Students also receive CPR, first aid and automated external defibrillator (AED) training.



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to Florida,” Davis says of Susquehanna County, which is nearly 85 percent rural. “We knew students would be interested, but it was also high priority.”

To increase the number of students entering the health care workforce, one of the program’s initiatives is making them aware of educational requirements and potential careers, including paramedics, EMTs and nurse aides.

“The main goal is to let the students know the academic studies they need to be successful,” Davis says. “It helps them realize what courses to take, including the math and science to get them to the upper levels. It’s also ideal for awareness of the jobs that are out there – not just doctors, nurses and receptionists.”

Students are introduced to a variety of health care careers each fall on Health Care Career Day, when health care professionals visit area high schools and discuss their day-to-day jobs, provide hands-on, interactive experiences, and create increased awareness of rural career options.

One of those opportunities is the CNA program, which accepts students in grades 10 through 12 from seven area high schools. They spend half of their day attending classes at their schools and the other half of the day training at SCCTC. As a result, many students are ready to work immediately following graduation, and some start jobs even before they graduate. Nearly 50 percent of those who receive certification through SCCTC go on to receive registered nurse (RN) training nearby.

“CNAs have three different employers actively recruiting them when they finish training, and it’s the same with RNs,” Davis says. “I tell them that if they do well, they are guaranteed a job. The medical field will always be there – it is not a trend. It will change, but it will always be in-demand.”

SCCTC graduates are especially appealing to prospective employers because the curriculum for its health care technology program is largely influenced by the Health Care Advisory Committee, which includes advisers from the Northeast Pennsylvania AHEC and professionals from the nearby health care organizations that will employ the students after high school.

“We work directly with the teachers who teach the nurse aide program and health technology courses,” says

Mary Casey, Northeast Pennsylvania AHEC school coordinator, who has been a member of the advisory committee for five years. “It’s a way for us to have an impact on the workforce in rural areas. The whole purpose of the Northeast Pennsylvania AHEC is to enhance access to health care through education.”

And SCCTC students are benefitting from their educational experiences in more ways than one.

In 2008, the advisory committee suggested the students needed better numeracy and literacy, so they worked with Davis to integrate more reading and writing opportunities into the classes. This is valuable for students who decide to pursue higher education, as well as those who choose to stay at the CNA level.

“All jobs require more and more literacy,” Casey says. “(SCCTC’s) whole mission is for the students to become lifelong learners and productive citizens and community members. We try to make sure they match their interests and needs with meaningful jobs.”


While in school, students also get the invaluable support of Davis, Casey, and health care technology instructor Linda Hoover.

“SCCTC has an absolutely dedicated faculty and staff who address both educational and personal needs and guide rural students into real jobs that are available in rural areas,” Casey says. “I also help mentor students individually. I will read their college essays and give them meaningful shadowing experiences.”

And when the students begin their careers and start earning a living, the community profits as well.

“The community benefits from the things the students do, and the students are becoming part of the community at a very early age,” Casey says. “We want to keep them in the area. Some leave the area to study, and then they return afterward. If they have good experiences related to the medical field in high school, they often come back to serve their community.”

In fact, Davis herself returned home to Susquehanna County after earning a doctorate degree from Pennsylvania State University.

“She inspires her community because she’s from the community,” Casey says. “They’re lucky to have someone who has her education who leads them the way she does. She’s home-grown.” 

**Do you have an innovative program encouraging high school students to begin health care careers?**

Since there isn’t enough space to share all of the success, continue the discussion on NRHA Connect at [connect.nrharural.org](https://connect.nrharural.org).

And don’t miss the final part of the Project Pipeline series covering elementary and middle school programs in the fall issue of *Rural Roads*.

## California's redwoods at root of Eureka's telehealth, specialty center

By Carol Harrison



They are an unlikely coupling: the old growth redwoods in California's Humboldt County and the Visiting Specialist and Telehealth Center in the county seat of Eureka.

But thanks to seed money from a \$22 million economic stimulus fund that grew out of the state and federal government's purchase of 3,000 acres in the Headwaters Forest, the telemedicine center is one of the few economic success stories of 2008.

In the two years since opening in December 2006, the center doubled its revenue to \$1.4 million, more than tripled its staff, and brought much-needed specialty care to rural regions in and out of the county.

"It's been quite a ride," says Frank Anderson, director of telehealth for the Open Door Community Health Centers.

Telemedicine coordinator Darlene Coop says "the place took off and grew in a boom."

Coop is a medical assistant and one of eight full-time support staff now employed at the 4,000-square-foot center. Four exam rooms and a large conference room equipped for telemedicine are no longer enough space. A psychiatric nurse took the storage closet as his office. The equipment and supplies the closet used to contain now line the staff restroom.

Sterilization and medication rooms made space for specialty and laboratory equipment, and the site administrator's office became the full-time psychiatrist's.

"This got way bigger, way faster than we expected," Coop says.

The psychiatrist and 11 other part-time specialists work anywhere from

one to five days a week out of a clinic that is one of 10 sites in two counties operated by the Open Door system. For the last 32 years, executive director Herrmann Spetzler and his board of community members have actively sought out areas of special need to provide health care and education to people without access to care because of financial, geographic or social barriers.

Until the telehealth center opened, Open Door focused on primary care services but had no access to specialists. Clients left the area for specialty care, usually in San Francisco or Sacramento, some 300 miles away.

**“Everyone is saying shop local, shop local. But how much creeps out because you don’t have a local option in medicine? It’s one of our major leakages.”**

Patrick Cleary, Headwaters Fund chairman

“When you talk about economic development, you look at leakages,” says Patrick Cleary. He’s chairman of the board of directors for the Headwaters Fund, the \$22 million package intended to replace revenue from timber harvest taxes and other things lost to the county by the public purchase.

“Everyone is saying shop local, shop local. But how much creeps out because you don’t have a local option in medicine? It’s one of our major leakages.”

The fund gave the county a chance to stop the bleeding. Set aside in 1999, it took three years of local discussion to settle on a three-pronged approach to economic development through community investment, grants and revolving loans.

In 2005, the Headwaters Fund awarded a \$135,000 grant to the nonprofit Open Door system to create a hub site for the North Coast Telemedicine Network.

But Spetzler had grander ideas. He wanted more than to be an intermediary linking his staff and clients to specialists at the University of California at Davis, his first partner and a nationwide leader in rural medicine connectivity.

“Almost every other hub does not have on its staff 12 specialists,” he says. “We are a hub and a spoke and a provider base. Not only does the center provide access to a big portion of the population to specialty care, but it also allows the specialists of

## Telemedicine saves family money, time



*Louie Lingard met his doctor via teleconferencing. He is pictured in the lap of his mother, Joienne, with medical assistant Darlene Coop and a physical therapist.*

Telemedicine’s benefit to 7-year-old Louie Lingard is hard for economists to quantify, but not for his dad.

Born a “floppy baby” with no muscle tone and no connection between his nervous and muscular systems, Lingard spent the first months of his life in the pediatric intensive care unit at the University of California at San Francisco.

“He was a \$10 million baby,” says his father, Ron Lingard. “He’s always going to have issues.”

Frequent two-day trips to Sacramento’s Shriners Hospital have been the norm the last three years.

“It costs me \$500 to \$600 bucks every time we go for lodging, fuel, food. I try not to miss work, but . . .” Ron says.

Louie met through his first telemedicine consult his next physician, who is based at Oakland Children’s Hospital. With a visiting specialist nearby, Louie watched himself in a small corner inset on a screen dominated by the face of his new Oakland specialist. Louie hammed it up on TV as the clinician looked at his feet and watched him stand and walk in preparation for summer surgery to repair his club feet and hands.

“Talking to a TV screen that talks back to you is a fascination to children,” Open Door executive director Herrmann Spetzler says.

Ron calls the center a “tremendous asset.” He owns his own construction business and helped to build the center.

His wife, Joienne, works for state workers compensation fund. Their other son, 4-year-old Daniel, completes a family that counts every dollar and hour together as precious. Her first telemedicine experience won’t be her last. Joienne laughed ruefully at the memory of the long and costly trips in the past to hear after a 90-minute wait, “Oh, he’s looking good.”

“We are always so focused on the providers we see and the income it brings that we forget about the patient,” Spetzler says. “Little Louie will have to make trips many more times in his life, but every trip saved is a big deal to that family.”

*continues*

*continued*

the North Coast to provide service to a broad cross-section of rural California.”

In February, Coop says the clinic completed 42 of 49 scheduled telemedicine consults for 27 adults and 15 children based in nine California counties, including Riverside in the south. Imperial County, located on the border with Mexico and more than 1,000 miles away, is a tenth user.

“External dollars are coming into our community as we sell our expertise,” Spetzler says. “Rural areas will buy expertise from other rural areas before they want to buy from another urban center. A specialist in this area can relate to the primary care doc in some place like Brawley who doesn’t have an endless amount of equipment or a referral base.”

In addition to psychiatry, podiatry and gynecology, the center offers expertise in allergy and immunology, cardiology, pediatrics, diabetes education, behavioral health, HIV/Hepatitis C, pulmonology and orthopedics.

“It’s growing by the month,” Anderson says of the specialists and partners.

When the specialists are not linking to those outside the county, they are seeing the clients in the Open Door system, either by telemedicine or in-person.

**“It’s not only good economics but great medicine.”**  
Herrmann Spetzler, Open Door executive director

“The center provides all of our sites with a level of expertise that otherwise wouldn’t have been here,” Spetzler says. “The specialty care is billed where the patient is seen, so another million dollars worth of visits has been generated throughout the rest of the system.”

That’s \$2.4 million added to Open Door’s bottom line, and that doesn’t include the ripple effects vital to people and economic development.

“It is as critical to a community to have a health care system as a school system,” Spetzler says. “To create economic development to bring professionals to town. The first two questions they ask are: What are the



*Telehealth coordinator Darlene Coop participates in a teleconference linking seven affiliates of the Open Door Community Health Centers and North Coast Clinics Network. Photo by Carol Harrison*

schools like and what is the access to health care?”

Although Humboldt County recognizes health care as a “target of opportunity” for job growth, the Headwaters Fund never listed health care as one of the nine industry clusters it would support. Spetzler convinced the Headwaters Fund board that the infrastructure development for health care was as fundamentally important as the projects it supported for water and sewer.


“Health care is showing up as a big growth area, not only in the number of related businesses but in the number of well-paying jobs,” Cleary says. “As the board has refined things and looked at where to make a difference, health care is certainly beginning to pop up more and more.”

Spetzler says the Headwaters grant was a public display of confidence and support that he then used to go the USDA, the California Endowment, the California Healthcare Foundation and local foundations.

“It was the first time there was recognition of an expansion of infrastructure to think of health care,” Spetzler says.

The \$1.1 million tab included the purchase of the property and a \$300,000 loan, most of which has been repaid.

Spetzler isn’t surprised by the center’s success. But he’s pleased that it happened so quickly. He predicts it will change the workforce to one that is not as schooled in health care as it is in home support services.

“Rather than taking a very expensive individual and sending them on a three-hour drive to do a half-hour home visit, we’ll be able to employ a young person in that locale who will be glad to do the home visit and use the technology as an intermediary,” he says. “It’s not only good economics but great medicine.” 

*The Open Door Community Health Centers and the North Coast Clinics Network hired free-lance journalist Carol Harrison to focus on the activities, education and projects conducted by a consortium that annually serves 56,000 patients, a third of the region’s population, in 192,000 visits.*

## FirstChoice Cooperative selected for group purchasing services

The National Rural Health Association has selected FirstChoice Cooperative (FCC) as its provider of choice for group purchasing services based on the value FCC can bring its members through aggressive pricing discounts on supplies, services, and equipment – and cash dividends paid back to members annually.

All GPOs collect fees from their contracted suppliers based on the purchase volume run in their contracts. FCC returns 90 percent of all those funds collected paid by the suppliers back to its members, creating a whole new revenue stream for you. So you not only get attractive pricing, but you also get an actual check back annually.

Unlike all other GPOs, FirstChoice Cooperative is geared to the rural acute care market in that they have no pricing tiers. This means that pricing is the same

**FirstChoice**  
COOPERATIVE



regardless of the size of the health care provider.

Other benefits:

- No access fees, enrollment fees or monthly fees
- No minimum number of contracts to use
- Allows each member to participate and vote on which contracts to award, with one vote per member regardless of size
- A region director dedicated to your account to assist you in identifying savings opportunities and conduct analyses at no cost to you.

For more information, contact FirstChoice Cooperative at 800-250-3457 or [www.fccoop.org](http://www.fccoop.org).

## ACI/Boland helps clients make informed decisions

ACI/Boland is a respected health care design firm that draws upon 25-plus years of experience working with rural communities. We offer a collaborative approach, provide innovative ideas and deliver realistic solutions.

We have worked with 40-plus rural hospital clients, completed architectural services for 70-plus rural hospitals and 750 health care projects, all of which has brought our clients efficiency improvements for staff and an enhanced patient experience. We understand the struggle to balance constant technological change, increasing regulatory scrutiny and the growing demands of health care consumers with the realities of limited financial resources and the need to maintain focus on quality environments.

ACI/Boland served on a national taskforce developing a “how to” manual for critical access hospital replacement. In partnership with the National Rural Health Association, ACI/Boland is honored to participate in providing educational webinars directly related to improving the quality of health care for the rural community. (See past and upcoming webinars

Past Webinars:

- 1) Financing Rural Hospitals During the Credit Crisis
- 2) Rural Hospital Planning: the Architectural Planning Process

Upcoming Webinars:

- 3) Occupancy and Post Construction
- 4) Medicare Reimbursement Facts with your Facility
- 5) Maximum Facility Cost Efficiency in a Healing Environment
- 6) Marketing Your Hospital to the Community
- 7) Rural Hospital Facilities: Renovation, Phased Replacement, New Construction

listed above.)

Suggestions for future topics are welcomed.

Visit us at [www.aci-boland.com](http://www.aci-boland.com), or call to learn how our expertise can help your rural health care organization. Contact Dave Flessner, director of business development, at 816-763-9600.

**ACI BOLAND**  
ARCHITECTS PLANNERS INTERIOR DESIGNERS



## Texting keeps clinic in touch

By Lindsey V. Corey

Text messages may be the latest tool in patient outreach.

HIV patients at the University of Virginia's Infectious Disease Clinic who had fallen out of treatment have been given cell phones programmed to receive personalized text message reminders to take their medication, pick up prescription refills and go to their next clinic appointment.

**“Stigma is a big reason patients don't follow through, but this is a private phone that they don't get a bill for.”**

*Sarah Delgado, University of Virginia assistant professor of nursing*

“It allows them to be more engaged in their care,” says Rebecca Dillingham, MD, assistant professor of medicine. “There are practical benefits, but it's also a tool of empowerment for chronic disease management.”

Dillingham saw colleagues in urban Haiti regularly rely on cell phones to connect with their HIV patients when travel to appointments was difficult or too dangerous.

“There's a great deal of political turmoil in Haiti, but they were able to develop strategies to get people their medication even when they couldn't leave their homes or when it would take hours to get to the doctor by public transportation,” she says. “It's not rocket science. If they can do this in Haiti, why not do it here in rural Virginia?”

Mary Rafaly, University of Virginia clinical social worker, recognized that despite outreach efforts, rural HIV patients were less likely to keep appointments than urban patients. Some of the patients live 150 miles from the university facility, and the average is 50 miles away. Rafaly suggests participants to Dillingham and Sarah Delgado, assistant professor of nursing, who are co-primary investigators on the study.

The free phones limit study participants to calling



*Rebecca Dillingham, MD*

self-selected emergency contacts, in some cases a family member or a homeless shelter, and health care providers such as their primary care physician and substance abuse counselor.

“Transportation and related poverty are issues,” Dillingham says. “They don't have the money or can't take time off jobs if they have them, so the cell phone helps them coordinate by providing direct contact with the caregiver. One rural patient is an active heroin user, and she has been able to address her issues in a much better way using the phone, which has been a pleasing aspect of the study for us.”

Faculty and students managing the study track whether participants pick up their prescriptions on time and go to their appointments “because clinic attendance is associated with survival in HIV patients,” Delgado says.

“There are 200 different reasons why people stop coming and stop taking their meds,” she says. “For some, it's the cost of gas. Others have childcare responsibilities. Changes in medication coverage require skill in navigating

the system, and our social workers can help, but not if they don't have access to a phone they feel safe calling on. Stigma is a big reason patients don't follow through, but this is a private phone that they don't get a bill for."

Since many of the clinic's patients keep their diagnosis a secret, they also lack a support system.

Before the study, the investigators consulted a focus group of HIV patients who emphasized the importance of "feeling someone cared about them because they're so isolated by location and live in fear of the stigma. An individual connection means a lot to them," says Dillingham.

So the texts are individualized: "Someone loves you." "I care about you." "Believe the impossible can happen."

"They have chosen messages with personal significance," Delgado says. "Some just say 'take your pills'. Some select scripture, but they all have personal meaning, so it's better than an alarm clock in that way."

Ten patients received a cell phone with daily texts. Ten didn't get phones. The study aims to keep patients in care for a year. And nine months into the study, feedback from those with phones is positive.


"For one homeless man, this has been a life-changing intervention," Dillingham says. "Many patients in the intervention arm have mentioned it

feels very personal even though it's a machine sending them the message. That's a big innovation in this project."

The interdisciplinary project is funded by a \$25,000 National Institutes of Health grant. The phones and software were donated by local companies. Management of the system is simple and requires little clinician time, so it's cost effective, Dillingham says.

"The challenge in rural applications is assessing whether or not your cell coverage is good enough," she says. "In our case, we've been fairly lucky, but that's something we wanted to test before expanding the study to include more patients."

Dillingham also envisions texting as a positive communication tool for those suffering from other chronic diseases, including diabetes.

"Maybe we could even deliver video down the line to maximize the potential of the cell phone as a tool for better health," she says. "There are a lot of possibilities." 

## Share your story.

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

Contact Lindsey Corey at [editor@NRHArural.org](mailto:editor@NRHArural.org) or 816-756-3140 to share your ideas and experiences.

Editorial suggestions must not be advertisements.

## Fellowship in Rural Family Medicine

Tacoma Family Medicine (TFM) offers 4 openings for August 1, 2010 in its Fellowship in Rural Family Medicine. TFM, a 31 year-old Family Practice Residency affiliated with the University of Washington, has a strong history of training physicians for rural practice. We are currently in the 19th year of our Fellowship in Rural Family Medicine and 4 Fellows are currently participating in the program. Applicants should have previously completed or be finishing a Family Practice Residency in 2010 and have an interest in rural practice. The curriculum consists of 6 months of intensive training in high risk and operative obstetrics and 6 months of electives tailored to the needs of the individual. Elective options include adult and pediatric emergency and inpatient care, medical and surgical specialties, procedural skills, rural preceptorships, neonatology, practice management, etc. As the only civilian residency in Tacoma, WA, located on beautiful Puget Sound, this is an ideal training site. Contact Alan Gill, M.D., Program Director, Tacoma Family Medicine, 521 Martin Luther King Jr. Way, Tacoma, WA 98405 for details. Phone (253) 403-2922.

Website: [www.tacomafamilymedicine.org](http://www.tacomafamilymedicine.org)  
Email: [Barbara.york@multicare.org](mailto:Barbara.york@multicare.org)  
(Fellowship Coordinator)



*Panelists gather to discuss rural border health issues.*

## NRHA brings experts together to focus on border health

The National Rural Health Association (NRHA) has a new initiative: border health.

Association members have always worked in rural areas along the United States-Mexico border, but in the last year, NRHA leadership has decided to make strengthening partnerships on both sides of that 2,000-mile, mostly rural border a focus.

A task force gathered in Tuscon, Ariz., in 2008 to begin this work, and a second comprehensive team met in El Paso, Texas, in February to continue those efforts, prioritize issues and formulate NRHA's role in making a positive impact in rural border regions.

"NRHA already has programs in place for improving rural health care access for minority populations, and the increase in our association's diverse membership places us in a prime position to target border populations through this broad initiative," says Alan Morgan, NRHA CEO.

Meeting participants represented the U.S. Mexico Border Health Commission, the Pan American Health

Organization, U.S. Health Resources and Services Administration, the Office of Rural Health Policy, several universities and state and local health care foundations.

"It's heartening to be in a group like this and feel part of the work you're doing that can make a difference," says Maria-Teresa Cerqueira, PhD, Pan American Health Organization U.S.-Mexico Border Field Office chief in El Paso.

A variety of issues from childhood diabetes to environmental policy were discussed.

Volunteers from the meeting are developing a concept paper on these needs, and NRHA staff members are working to increase awareness among national leaders and making policy recommendations.

"We're modeling this after our successful rural quality initiative, trying to develop best practices for rural communities along the border," says Amy Elizondo, NRHA program services vice president. "Doing that requires a lot of information sharing, and we're taking the right steps to bring successful programs and ideas from those serving these areas together."

For more information or to volunteer, contact Amy Elizondo, NRHA program services vice president, at [elizondo@NRHArural.org](mailto:elizondo@NRHArural.org).



## Diamond Healthcare Corporation offers comprehensive behavioral health services

Diamond Healthcare Corporation is the national leader in the planning, development and operation of high quality behavioral health services in partnership with health care organizations. Diamond's client relationships span a diverse geographic and demographic range, from rural critical access hospitals to urban academic medical centers and from sole community hospitals to multi-hospital health systems including faith-based health care organizations, nonprofit systems and for-profit hospital companies.

Diamond offers a comprehensive range of health care services including contract management, facility planning, consulting, education and employee assistance



programs. Diamond currently serves more than 80 clients in 29 states.

In its more than 20 years of providing behavioral health services, Diamond has distinguished itself for its exceptional focus on customer needs, its intense research into community needs and its commitment to clinical quality. These traits have earned Diamond a provider of choice title by VHA, QHR, National Rural Health Association, North Carolina Hospital Association and the Alliance of Independent Academic Medical Centers.

Call 800-443-9346 or e-mail [info@diamondhealth.com](mailto:info@diamondhealth.com) to learn how member hospitals can benefit from Diamond's partnership with NRHA. Visit [www.diamondhealth.com](http://www.diamondhealth.com).

## Reimburse safely and securely with 501(c) Agencies Trust

Nonprofit rural health care clinics are discovering a hidden source of funds from an unexpected source – their state unemployment tax departments.

Since 1972, federal law has allowed all 501(c)(3) organizations the option to pay state unemployment taxes or reimburse their state dollar-for-dollar for any claims paid to former employees.

With many states' unemployment funds going insolvent, agencies that pay unemployment taxes will likely see substantial cost increases. Reimbursing on your own can be costly as well because managing unemployment costs is a daunting and time-consuming task.

Luckily, there are dedicated outsourcing programs available to help nonprofit employers reimburse safely and securely. The 501(c) Agencies Trust, a national



unemployment organization, has been helping nonprofit employers reimburse since 1982.

Members of the Trust enjoy the benefits of a professional claims management team, an HR hotline, an agency-owned reserve account and the financial security of stop-loss insurance to protect against any unusually high claims. More than 1,600 nonprofits belong to the 501(c) Agencies Trust.

Trust membership is best for nonprofits with \$500,000 in annual payroll. To see if your clinic qualifies, contact NRHA Services Corporation partner 501(c) Agencies Trust unemployment program coordinator Ellen Johnson at 800-442-4867 or at [ejohnson@501c.com](mailto:ejohnson@501c.com).

# Beginnings & Passages



Above: Heidi Baines celebrates winning the local triathlon. Below: Dave Baines shows off a king crab he caught near Dutch Harbor. He fishes weekly.

Typically our rural health rookie and seasoned professional featured in Beginnings and Passages are strangers who only share a common interest in improving the lives of rural Americans. This time, Beginnings and Passages share an island clinic, two children and a wedding album.

## Couple leads clinic on remote Alaskan island

In her first job out of residency, Heidi Baines, MD, serves as medical director of the community health center in Unalaska, Alaska, where the nearest hospital is 800 miles away.

It was a package deal. She got husband Dave Baines, MD, a position there. He's worked in rural health for 30 years, the last three and a half in the town of 3,800.

### How did you end up being two of the six health care providers in Unalaska?

**Dave:** Heidi is a lot younger than me, and I'd done most of the stuff I set out to with my career, so when she got ready to graduate with her residency, I said she could pick where we'd go. She's from Hawaii so I was sort of counting on that. I'd always worked in rural health, but this is my first time in

the bush. I was a bit of a pill, but I promised so here we are, and it's actually worked out really well.

**Heidi:** After a two-week rotation in this clinic, I knew I wanted to work here, so when something opened up, I dragged him out here. I was ready for an adventure.

**Dave:** And I'm a bit of an adrenaline junkie, so it's great out here. I'm always trying to get on a boat to go fishing.

### What's the best part of the community?

**Dave:** The population gets up to 10,000 during fishing season, and it's very diverse. The wonderful thing about small towns is the sense of community that doesn't exist in urban settings. It doesn't take long to get friends who are like family.

## Innovative rookies and seasoned professionals share their experiences.



*Heidi, Alexander "Sasha," Dave and Cooper Baines enjoy a hike near Unalaska*

**Heidi:** This community is really open to new people, which is unique for a small town. But people come and go – 30 percent of the population turns over every year – so people are very open and welcoming. People come for the adventure and eventually go back. It's \$1,000 just to get to Anchorage so there's a lot of turnover, but it brings interesting people from all different walks of life.

Over half the population speaks English as a second language, which isn't typical for a rural town, but there are wonderful events around those cultures.

And Unalaska has a good tax base thanks to the fishing industry, so we have wonderful resources. It's remote but doesn't feel isolated.

There are social events almost every weekend. Our whole family has been to 10 one-year birthday parties, and 30 percent of the people in the room are Dave's patients, 30 percent are mine, and the others we don't know. When I did a residency in Anchorage, I went to one funeral of a patient, and that was the extent of social interaction with patients.

### **And the downside of life in Unalaska?**

**Heidi:** The hardest part is being so far from family. Travel coordination is difficult. Like now, there's a volcano erupting, so there haven't been planes

for two days. And there are no movie theaters and just six restaurants that we get tired of, but you also realize you don't need all that extra stuff people think they need when they shop. We only have grocery stores.

### **What surprised you about working on the island?**

**Dave:** I had just got into teaching and wanted to make a difference that way but was afraid we couldn't get any students or residents up here. Instead they've sort of followed us. The first year there were just a couple, but then we had 18 one year when word got out. We've put a ton of work into making it a community rotation and not just medical stuff. They go with the school nurse to work, go on tours of fishing boats and processing plants, go crabbing. It makes recruiting easy.

### **What challenges do you face providing health care there?**

**Heidi:** There's no hospital or pharmacy, no specialists here. You have to fall back on clinical decision making, looking at patient risks and the environment. Medivac is \$60,000, so there are a lot of weighty decisions. Do you call the Coast Guard helicopter or keep a patient overnight and

ask a nurse to spend the night knowing you'll be short-staffed tomorrow?

A lot of our patients might not live on land. You have to consider whether treatment will work if they're on a boat for three months or working in a factory for 18 hours a day. Pregnant patients are advised to leave a month before their due date because there's no blood or hospital or anesthesia available.

We have to do a lot of shared decision making with patients to discuss risks and benefits. They're all so hardworking and very gracious.

And having a leadership position so early in my career is great, but it's been challenging for me to manage my husband, who's a salty doc that's been around for a long time.

### **And what's it like working for your wife?**

**Dave:** She's my boss at home, so she might as well be at work too.

*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.*

## Advice from our experts

### How can we improve medication access in rural communities?

**Remember when the coal miners took canaries down into the mines to warn of the presence of odorless, toxic gases?** (A life-saving technology at the time, unless you were the canary.) Well, the canaries are warning us that something is not right. Between May 2006 and December 2008, 213 rural communities lost their only pharmacy. Another 118 rural communities went from having multiple pharmacies to having only one, and three rural communities went from having multiple pharmacies to none.

This represents not only the loss of timely access to prescription medications for these communities, but even more disturbing, a loss of access to the pharmacist services proven to improve medication outcomes and reduce medication errors.

These and other crucial issues will be addressed during NRHA's 2<sup>nd</sup> Annual Medication Use in Rural America Conference in September. This conference is for all rural health stakeholders. Plan now to attend. Visit [www.RuralHealthWeb.org/rx](http://www.RuralHealthWeb.org/rx) to learn more and to register.

When programs or policies result in unintended consequences, you can almost always count on them impacting rural areas first. Let's pay attention to the canaries!

*Paul Moore, 2008 NRHA president and Pharmacy and Consulting Management Company president*

**Don't miss NRHA's Medication Use in Rural America Conference Sept. 9-11 in Kansas City, Mo.**

Go to [www.RuralHealthWeb.org/rx](http://www.RuralHealthWeb.org/rx).

### Is social networking just for kids?

**Social networking is more than just social.** As NRHA members, we can utilize this technology to do our jobs better.

Whether your office is on a remote island or in a state capital, you can simply go online any time to share ideas, question experts and work together to find ways to advance rural health.

NRHA recently added opportunities for members to connect on a person-to-person level nationally. Be sure to check out NRHA Connect, where you can discuss and find breaking news, follow up with that person you met at a conference, and even post files. You can also find NRHA on Twitter, Facebook, LinkedIn and Flickr sites.

NRHA Connect is a free, online networking community for members. Your profile is already set up and ready for your customization. Upload a quick photo (so others can put a name to the face), add in some professional details, join any discussion groups that interest you, and start finding your friends in NRHA. Simply log in to NRHA Connect at [www.connect.NRHArural.org](http://www.connect.NRHArural.org), and enter your e-mail as the username.

Facebook is definitely not just for kids anymore; its fastest growing demographic is over 30. If you have signed up, visit NRHA's page and become a fan! This will alert your Facebook friends to the value you place in NRHA.

If you've established a LinkedIn profile, be sure to join the NRHA group there and show your professional connections that you're one of more than 20,000 members nationwide.

Turns out Twitter is the fastest-growing idea-sharing service on the planet, with more than 8,000 people joining daily. NRHA also has a Twitter account, so send us a tweet and follow NRHA. With hundreds of hospitals, journalists, politicians and providers on Twitter, it's a great place to start conversations that influence public perception.

*John Eich, NRHA Online Communities Task Force chair and Wisconsin Office of Rural Health director*

## Need advice?

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

We should meet.

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Fiorella Horna-Guerra (center) gathers for a family meal with (left to right) son Maxwell, mother Elsa Mendoza, husband Max, and daughter Arisha.

## Five things you should know about NRHA Rural Health Fellow Fiorella Horna-Guerra

1. She is a program consultant at the Office of Rural Health and Community Care at the North Carolina Department of Health and Human Services.

Horna-Guerra provides consultation for the North Carolina Farmworker Health Program, which grants funds to health centers in rural, agricultural areas around Raleigh, N.C., for outreach, case management and health education.

“I came into this position seven years ago when this office was becoming more proactive in eliminating barriers to access,” she says. “As a component there was a focus on farm worker populations that were indigent, uninsured. If people can find a way to provide services to this hard-to-reach community, they’ve also got it for everyone else.”

2. She is an advocate for the underserved.

“The Rural Health Fellows program is an opportunity to create leaders who will promote rural health,” Horna-Guerra says. “We don’t have enough people advocating for rural providers, so sharing things from our perspective is enticing to me. I bring a voice not only for rural providers, but also for indigent, poor populations.”

3. Her biggest challenge is “finding enough resources to put into rural America.”

“It’s hard to get doctors and jobs to the area,” she says. “No matter how many people try to collaborate, the dollars aren’t there.”

She also struggles with the “misconceptions and misinformation” preventing some migrant workers from gaining access to quality health care.

“There are doctors who won’t treat patients without social security numbers or insurance because they believe they’re undocumented,” she says. “But North Carolina is fifth in the nation for legal workers who have come to the country on the H-2A visa. They’ve done everything right. Half of my time I’m out there talking to people about health care and access.”

4. She enjoys exercise, camping and the arts.

When she has a spare moment, Horna-Guerra takes time out to exercise and garden, and she’s passionate about promoting Latino art and culture.

“I enjoy attending cultural presentations,” she says. “It’s one of my favorite pastimes.”

She also enjoys vacationing with her husband, Max, and their kids, Maxwell, 15, and Arisha, 11. Last year they went primitive camping on Bear Beach in North Carolina’s Outer Banks.

“At night, you have the whole beach to yourself,” she says. “With the wind, blue ocean and sand dunes, it’s beautiful. I came from New York with concrete blocks all around me, so I wouldn’t change North Carolina for anything.”

5. The most rewarding part of her job is seeing improvements, no matter how small.

One way Horna-Guerra addresses the shortage of health care workers is by recruiting students from area universities to work in rural health centers.

“Some are passionate enough that they’re willing to stay,” she says. “It’s rewarding when you see there’s access for farm workers and when you hear students say, ‘I’m going to stay in a rural area.’”

If you’re a new NRHA member and would like to be featured in *Rural Roads*, e-mail [editor@NRHArural.org](mailto:editor@NRHArural.org).



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## Members on the move

**Graham Adams**, National Rural Health Association board member and South Carolina Office of Rural Health CEO, testified before the Health Subcommittee of the House Committee on Veterans' Affairs (VA) on closing the health gap of veterans in rural areas in March.

His testimony included how to increase access to care, including mental health and brain injury care, by collaborating with non-VA facilities and improving the Office of Rural Veterans. His full written testimony is available at [www.RuralHealthWeb.org](http://www.RuralHealthWeb.org).

Adams has been an NRHA member since 2007.

**Tracy Morton** is now a program specialist at the Rural Health Resource Center. She provides education and information to the 45 State Medicare Rural Flexibility (Flex) programs. She also assists in managing consultant projects for Flex programs and critical access hospitals and works to coordinate the Technical Assurances and Services Center team. She most recently worked as a coordinator and epidemiologist at Northern Lights Public Health Preparedness Consortium.

Morton joined NRHA in 2009.

**Sally Trnka** is now program coordinator II at the Rural Health Resource Center. She does conference and event planning, coordinates performance improvement training events, markets resource center services and provides staffing for Rural Health Innovations. She most recently worked as the presentations coordinator at Amsoil Inc.

Trnka joined NRHA in 2009.

**Gary Wingrove**, Mayo Clinic Medical Transport strategic affairs corporate assistant coach, has been named one of *Journal of Emergency Medical Services'* 10 EMS Innovators for 2009. The award recognizes EMS professionals who have advanced pre-hospital care through dedication and innovation. Wingrove shaped EMS globally as one of the founders of the International Roundtable on Community Paramedicine, which works to ensure access to health care services.

Wingrove has been an NRHA member since 2007.

## News briefs

### Conrad 30 program extended

The Senate voted to extend the Conrad State 30 program, a national initiative that brings doctors to underserved rural areas facing a shortage of physicians, until Sept. 30. Sen. Kent Conrad (D-ND) created the program through legislation he first introduced in 1994.

Under Conrad State 30, foreign-born, American-trained doctors provide health care to people living in underserved areas in exchange for an extension of their stay in the United States. Doctors in the program typically serve in rural hospitals and clinics and must agree to serve the community for a minimum of three years. Conrad says he will continue to attempt to expand and improve Conrad 30 through further legislation.

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

## New NRHA members

Mary Adam  
Marty Akrop  
Lee Ann Amann  
Emily Ayres  
Laporsha Baker  
Dana R. Baldukas  
Ashley Lynn Barnes  
William E. Barnes  
Maryellen Barreca  
Joy Barresi Saucier  
Bruce Bennard  
Lori Bilello

Patrick Joseph  
Branco  
Suzanne Britt  
Kathleen D. Brooks  
Tara Brown  
Angela Bruner  
Sharon Carter  
Corinne Chavez  
Trica Clark  
Michelle  
Clark-Forsting  
Sean Clendaniel

Barbara Cliff  
Ron Crowder  
Sheila Cullen  
Wendy Curran  
Judy Daley  
Christina DeAnna  
Ernie De Los Santos  
Joan Dearmin  
Ann Dixon  
William Dixon  
Deanna Duis  
Kelly A. Duke

Katie Dziak-McBride  
Brannen Edge  
Michael Edwards  
Diane M. Erlandson  
Katherine Erwin  
Judy Eyerly  
Carolyn  
Bowyer Ferrell  
Becky Firster  
Paula Fleming  
Melissa C. Florell  
Mary Caldwell Foster

Monte Fox  
Michael A. Frost  
Samuel W. Galstan  
Adam C. Gardner  
Michael P. Gavin  
Bahram Ghaffari  
Angela Gibler  
Brent Gibson  
Robert Gonzales  
Lydia Gottesfeld  
Tonya Greene  
James Greenwald

Paula L. Griswold  
Bob Hardy  
Benson Hargens  
Mary A. Hart  
Richard Hartman  
Teresa Hartman  
Christopher A.  
Hatwig  
Linda Heeg-Krause  
Nikole M. Helvey  
Elizabeth Hemphill  
Don Hilty



## 2009 Rural Health Awards presented at NRHA Annual Conference



2009 Rural Health Award winners

Each year NRHA celebrates excellence by honoring outstanding individuals and organizations serving rural health care, and this year was no exception. On May 7 at NRHA's 32nd Annual Rural Health Conference, the winners of the prestigious, competitive Rural Health Awards were honored at the Fontainebleau Resort in Miami Beach, Fla.

### Award winners are as follows:

#### **Louis Gorin Award for Outstanding Achievement in Rural Health**

**Paul McGinnis**, Oregon Rural Practice-Based Research Network community health, quality and practice development director

#### **Outstanding Rural Health Organization**

**Grande Ronde Hospital**, La Grande, Ore.

#### **Outstanding Rural Health Program**

**Louisiana Emergency Medical Services Designated Regional Coordinator Network**

#### **Outstanding Researcher**

**William Weeks**, Dartmouth Institute for Health Policy and Clinical Practice associate professor

#### **Practitioner of the Year**

**Tom Dean**, Horizon Health Inc.-Jerauld County Clinic staff physician and chief of staff

#### **Rural Health Quality Award**

**Family Medicine of Port Angeles** in Washington

#### **Distinguished Educator Award**

**J. Ocie Harris**, Florida State University College of Medicine retired dean

#### **Student Achievement Award**

**Michael Arnold**, University of South Dakota doctor of physical therapy student

#### **Student Leadership Award**

**Christine Hancock**, University of California-San Francisco medical student and NRHA Rural Medical Educators Steering Committee member

#### **Volunteer of the Year**

**Jodi Schmidt**, Hays Medical Center chief development officer

*For more information on the Rural Health Awards and how to nominate a professional or organization for 2010, visit [www.RuralHealthWeb.org](http://www.RuralHealthWeb.org).*



*Tom Dean, MD, accepts NRHA Practitioner of the Year award. He received a standing ovation.*

Kayla Holmes  
Esther Houston  
Todd Howell  
Christjon J.  
Huddleston  
Uyioghosa Idemudia  
Joseph Israel  
Jessica Johnson  
Mary Anne Johnson  
Morgan Jones  
Peter Kaboli  
Tom Key

Ruth Kish  
Garth Kruger  
David C. Landy  
Joe Lawley  
Jeff Lawson  
Denise Leclerc  
BL Leon  
Paul Letalien  
Michael Lichter  
Brooke Lockhart  
Kate Lucey  
David A. Magner

Lori Massie  
Rhonda Masters  
Lisa McKee  
Ron McLaughlin  
Katherine McMullin  
Peter Meade  
Michael Meadows  
Nelda Miller  
Ann Miller  
Janice Milligan  
Jackie Morales  
Jim Morell

Leslie Morland  
Allen Moyer  
Jill Myers  
Jose Edwin Nieves  
Jean-Marc Noel  
Kathryn  
Tims Onufrak  
Leah Osbahr  
Glenda Owens  
Kelby Owens  
Lisa Jackson Parker  
Sneha Patel

George Pink  
Harold Plunkett  
Craig Ravesloot  
Margaret H. Ray  
Amie Raymond  
William G. Redmon  
Peter H. Reilly  
John Robinson  
Michael Rodolico  
Jillian Lee Rogers  
Sharon Rohrbach  
Douglas A. Romer

Regina Rutledge  
Connie Schmidt  
Troy Seidl  
Susan Severson  
Denise Shadonix  
Chintan A.  
Shanishwara  
Mark A. Sherod  
Anita Skarbek  
Ira Slomka  
Michael B. Small  
Brandon Smith

## NRHA committee changes name

In 1988, NRHA began focusing on rural minority health issues and since 1992 has worked through its Rural Minority and Multicultural Health Committee to represent rural and minority-responsive national associations and professional organizations to provide health care services and access to rural minority populations.

This committee represents African-Americans, Asian Americans, Hispanics/Latinos, Native Americans and others. NRHA is committed to playing a leading role in developing and carrying out a national rural minority health policy statement and action strategy to improve the health status of rural minority populations.

Recently NRHA's Rural Minority and Multicultural Health Committee voted to officially change its name to the Rural Multiracial and Multicultural Health Committee and has also changed the name of the annual conference to the Multiracial and Multicultural Rural Health Conference, remaining the only one of its kind in the nation.

The new name is a reflection of NRHA's adaptation towards the changing nation and the changing needs of the diverse members of the association.

The Multiracial and Multicultural Conference will be Dec. 9-11 at the Peabody Hotel in Memphis, Tenn. For more information, visit [www.RuralHealthWeb.org/mm](http://www.RuralHealthWeb.org/mm).

## President-elect participates in national health care reform

NRHA President-Elect Dennis Berens participated in the Health Care Reform Summit in March in Washington, D.C. The gathering in the White House brought together President Obama, key members of the House and Senate and representatives from health care stakeholder groups.

Attendees discussed how to lower health care costs and improve quality and insurance coverage.

"I invite all members of NRHA to think about how to give voice to the needs of our rural area and its limited supply of dedicated health professionals," Berens says. "How do we explain access in a way that means more than insurance and enables new technologies to help with access issues in rural America? This health reform effort must have lots of input from the bottom up, and we now have more tools than ever to share our stories and our needs."

Debbie Smith  
Dennis Smith  
Harley Smith  
Vernon Smith  
Jeff Speaks  
Daniel Spinetto  
Barbara St. Hilaire  
Aaron Steele  
Roger W. Steinkruger  
Jehu Strange

Mark A. Sugden  
Buzz Tanner  
Donald Tapella  
Courtney Timm  
Heidi Trenholm  
Sally Trnka  
Candy Turner  
Alicia Walker  
Mary Beth Warren  
Laura Welch

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For more information, contact Sharon Hutinett  
at 816-756-3140 x.17 or [hutinett@NRHArural.org](mailto:hutinett@NRHArural.org).



National Rural Health Association

## Answers for a tough economic environment

Community hospitals and critical access hospitals bear more responsibility to deliver accessible and modern imaging equipment than many other institutions in the country.

Although times are tough and cost pressure and clear cost containment objectives need to be taken into account, you want to make sure that your CT services do not suffer. What are your options to help bridge the gap between limited budgets and high-quality patient care? Siemens Medical Solutions, a gold level sponsor with NRHA, has introduced a new member to its SOMATOM Definition AS family of scanners, featuring a 20-slice configuration. The new configuration offers a 78cm gantry for more comfortable CT examinations. More importantly, its small footprint can

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easily replace an outdated CT scanner without expensive room renovation costs.

In addition, this scanner does something many other CTs don't – it grows with your patient and clinical needs. And looking into the future, this is the only scanner that can be field upgraded onsite from 20 slices, to 40 slices, to 64 slices and even 128 slices. It grows with your needs and protects your investment over time.

Siemens also offers flexible operating leases that allow future upgrades with minimal increases in operating costs.

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# Star-studded conference



Rob Lowe

NRHA members hob-knobbed with celebrities during the 32<sup>nd</sup> Annual Rural Health Conference at Miami Beach's famous Fontainebleau Resort in May.

King's Daughters Hospital CEO Daryl Weaver's wife Janice Weaver worked out with Kelly Ripa, met Rob Lowe and convinced *Grey's Anatomy* star Eric Dane to leave a voice mail for their 15-year-old daughter.

Janice was running on a treadmill next to Ripa when Lowe approached Ripa in the resort gym.

"Both of us were having star freak out moments, which is funny because she meets celebrities every day," Janice says. "And then we realize we're in workout clothes, sweating, meeting Rob Lowe. Oops."

Janice says she asked Ripa if she could tell people she ran with her.

"And she said 'tell them you kicked my butt'," Janice says.

The Weavers also chatted up *American Idol* hopeful Matt Giraud, who told them his pick to win the show and took an interest in the stimulus package's potential impact on rural health.

Members also spotted the following celebs:

George Clooney

Regis Philbin

Dennis Quaid

Rachel Hunter

Lil' Kim

Nicole Richie

George Hamilton

"Even if all the stars hadn't been there, the location was amazing," Janice says. "It was the chance of a lifetime to be able to stay at something so historic that looks so eclectic and cool."

## shifting gears

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### Want to know more?

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