

# rural roads

Winter 2010 National Rural Health Association



## The beat goes on Heart health in rural America

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*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.



### Opportunity for visibility

I have just finished reading the new issue of *Rural Roads* and want to let you know it is nicely done. I enjoy getting this publication. It is a nice complement to other NRHA communications.

One note for you to consider...I copied the "Robo Doc" article (fall 2009) to our senior vice president for legislative affairs because he is dealing with state medical board rules changes on telemedicine. Unfortunately, the copied pages do not provide adequate source information. NRHA is losing an opportunity for visibility. I encourage you to use a more informative byline, header or footer.

Keep up the good work.

*Steven R. Shelton*  
East Texas AHEC Community Outreach assistant vice president

Did you or someone in your organization contribute to relief efforts in Haiti?

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).  
Editorial suggestions must not be advertisements.

## Invest in economic solutions



I have traveled rural roads for most of my life. Each time, it's a new adventure because the landscape changes with the seasons, crops and movement of life. We care what happens on those roads and to the people who use those roads.

Roads also lead to communities. NRHA cares about people who have made a commitment to community.

It has been said all politics are local. I believe all health and health care are local. What should NRHA be doing to ensure rural communities are equipped and empowered to address health issues?

We have a calling to ensure rural people have a voice at every table that can make decisions affecting us and them.

You are the member who will help identify the policies that need changing. You can help your fellow members and all communities connected by rural roads.

I am thrilled to be on this journey with you.

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

Dennis Berens  
2010 NRHA president

pit stop

## 5 things I picked up in this issue:

1. Forty years of health care service should be celebrated on a mountaintop. *page 27*
2. Heart disease is the No. 1 cause of death for both men and women in America. *page 11*
3. Telemedicine connects parents to the school nurse's office. *page 22*
4. One member got a special invitation to Obama's health care speech. *page 30*
5. Leave your mark at Bug Ranch. *page 35*

# Hospitals prepare for the pandemic

Rural residents  
rely on neighbors

By Lindsey V. Corey



*Health care leaders in Ellsworth County, Kan., have been meeting regularly for months to ensure the rural region is prepared for an H1N1 outbreak. Left to right: Beth Vallier, Ronda Kasiska and Sue Wolf.*

**It's true during harvest season, natural disasters, even pandemics. Folks just naturally pitch in.**

In Ellsworth, Kan., population 2,900, the county health department sits across the street from Ellsworth Medical Center, a critical access hospital. Administrators from both began tailoring their emergency preparedness plan to address H1N1 in April, more than six months before the department received the vaccines hospital staff and high-risk patients needed to prevent the virus' further spread.

"We've worked together since the beginning of swine flu," says Ronda Kasiska, Ellsworth County Health Department administrator and a registered nurse. "We try to keep everyone healthy, and they take care of the people. Partnerships are so important here."

Sue Wolf, the hospital's registered nurse in charge of infection control and employee health, says collaboration early and often with the health

department, school district, hospital association and local emergency planning committee “ensured a unified response is being given in our community.”

## A shot in the dark

Wolf volunteered to vaccinate children and supply parents with flu-prevention information during parent-teacher conferences, and a nearby rural health clinic provided a nurse to administer the shots to students with parental permission during regular school hours.

“We did a lot of kids that we normally didn’t get because of word and worry,” Kasiska says. “We also gave a lot more of the seasonal vaccine than last year, which is a good thing, but we don’t have enough for everybody.”

She says while swine flu took longer reach to rural areas than cities, H1N1 and seasonal flu vaccines have been even slower to arrive. The county received its first shipment of 28 doses in mid-October. Subsequent shipments have been sporadic.

“Phone calls to the office have probably tripled; people can’t understand why we aren’t getting much in, but all we can do is wait,” Kasiska says. “We’re still trying to vaccinate the (CDC-targeted) groups while Wichita (population 366,000, two hours away) is announcing clinics open for everybody. It’s not fair to our people, but we have no control. It’s frustrating, but we just have to take it one day at a time and stick to the plan as best we can.”

## Planning for the worst

That’s worked for Rebecca Carter, Transylvania Regional Hospital patient care services vice president and chief operations officer. Transylvania is a critical access hospital in Brevard, N.C., population 32,000, with about 15,000 emergency room visits annually.

“Our emergency preparedness plan is designed to be flexible enough to fit any kind of disaster, weather-related, terrorism, utility outage, floods, whatever, so we can work with this kind of surge capacity issue when resources don’t meet demand,” she says. “We’ve always had a plan, but it’s been improved and broadened so it can be utilized with state and federal resources and is a regional process rather than individual.”

To ensure the plan would work if the flu pandemic escalated in western North Carolina, the hospital staff participated in a 96-hour drill pushing staff and supplies past capacity.

“We had to see what we’d do if this gets worse,” she says.

Carter was pleased with the results. Administrators learned the hospital didn’t have an internal system for tracking employee absence and illness. Now those who call in sick are added to a daily spreadsheet.

“We can quickly look at it every day to see if we’re trending in a direction that could get us in trouble in terms of staffing capacity,” she says. “We had the ability to get additional people in, but we didn’t have a way to identify illness, predict it and act early until now.”

Tina Davis, Ellsworth Rural Health Clinics director, says she feels

fortunate staff at the four clinics she oversees hasn’t missed much work.

“The numbers aren’t as high as anticipated, knock on wood,” she says. “But the second wave is supposed to be greater than the first wave, so I’m just bracing myself because a very small portion of our staff has had the vaccine. They’re afraid because of things they’ve heard.”

Like Transylvania, Ellsworth administrators encourage health care employees to be vaccinated but do not require it.

## “We had to see what we’d do if this gets worse.”

Rebecca Carter, Transylvania Regional Hospital patient care services vice president and chief operations officer

“We can’t force them,” Davis says. “At the end of the day, they have to make a decision. It’s no different than having a yearly mammogram. We try to provide data and encourage it, but it’s their responsibility.”

Ellsworth hospital administrators changed the organization’s policy to allow staff members immediate access to their illness benefit account if they have flu-like symptoms so they don’t have to lose days from their paid time off balance. In the past, employees had to have been out sick for at least 40 hours before accessing the benefit.

“It encourages them to not worry about coming back to work too early to hopefully avoid a relapse or spread of the disease,” says Beth Vallier, Ellsworth Medical Center education, communication and emergency preparedness coordinator. “It’s better if they stay home and don’t have to worry about a paycheck.”

## H1N1 hits home

Davis put the benefit to use when she was out for two weeks with H1N1. She’s only missed that much work after giving birth.

“I’m a very energetic person and expected to just bounce back, but I couldn’t even take a shower without sitting down and even then was so exhausted I had to go straight to bed for hours after,” she recalls. “It’s beyond anything I’ve ever experienced. I’m 48 years old, and my mom was checking on me three times a day. She was so concerned because she’d never seen me like this.”

Davis received the swine flu nasal spray vaccine the

*continues*



Nurse Judy Eskelson measures oxygen levels for a patient at Pioneers Medical Center in Meeker, Colo. The critical access hospital has been busier since the H1N1 outbreak.

same day a young patient greeted her with a hug. She had hoped getting the dose would set an example for employees to follow.

“Our numbers had peaked, and I’m a manager who’s out in the clinic always seeing patients,” she says. “The child came into my arms and gave me a kiss and hugged me and was crying. I can’t walk away from that.”

Vallier says she feels fortunate the hospital did not need to hospitalize any flu patients in 2009.

**“We live in a nation of people moving all the time from one place to another, so while the wave takes longer to get here, we have to be prepared.”**

**Beth Vallier, Ellsworth Medical Center education, communication and emergency preparedness coordinator**

“Part of that is good education, and part of it is just the nature of the beast,” she says. “The University of Kansas had an H1N1 outbreak, and thankfully they kept the students quarantined for awhile, but sure enough we saw a surge a couple weeks later. We live in a nation of people moving all the time from one place to another, so while the wave takes longer to get here, we have to be prepared.”

Kansas hospitals report to an online system to monitor available beds, so if one hospital is over capacity, administrators can check for openings at nearby facilities.

“It’s an invaluable resource,” Vallier says. “As a critical access hospital, we don’t have all the equipment we’d need if there were a surge in cases. Without ventilators, if one of our patients became critically ill with H1N1, we’d have to seek a larger hospital.”

## Keeping the flu at bay

Because of the low incidence of flu in Ellsworth, Vallier says they have not changed the hospital’s visitor policy.


For nearly a month, Pioneers Medical Center in Meeker, Colo., restricted visitors under the age of 12. Facilities across the country banned those under the age of 18, but that would have impacted Pioneers’ 33-bed, long-term care facility, which employs some 17-year-olds, according to Amy May, operating room and employee health coordinator and a registered nurse.

“We felt like we were still capturing most of the elementary kids where we were seeing the most (H1N1) activity,” she says. “We didn’t hear many complaints and didn’t need to make any exceptions. We were able to lift it because of the decrease in cases, and with the holiday season we didn’t want kids to not be able to visit grandparents in our long-term care facility.”

Transylvania Regional Hospital’s emergency department staff also treated mostly children for flu but did not restrict visitors based on age. Carter says nearby summer camps increased cases for several months, but adults with H1N1 were more likely to require hospitalization. In August, a 54-year-old man died there from flu-related complications.

“It didn’t create a panic, but at the same time we started seeing a surge in our emergency department,” Carter recalls. “At that point, the important thing was surveillance and getting the facts out.”

The hospital’s emergency room waiting area was also divided; patients with flu-like symptoms were moved to an outpatient waiting area, and those with other symptoms were directed to the ER waiting room separated by a corridor.

“It’s been uncharacteristically busy,” Carter says. “And it’s been a little more stressful, sure. But the staff has responded extremely well, and we’ve practiced so we’re confident we can meet community needs.” 



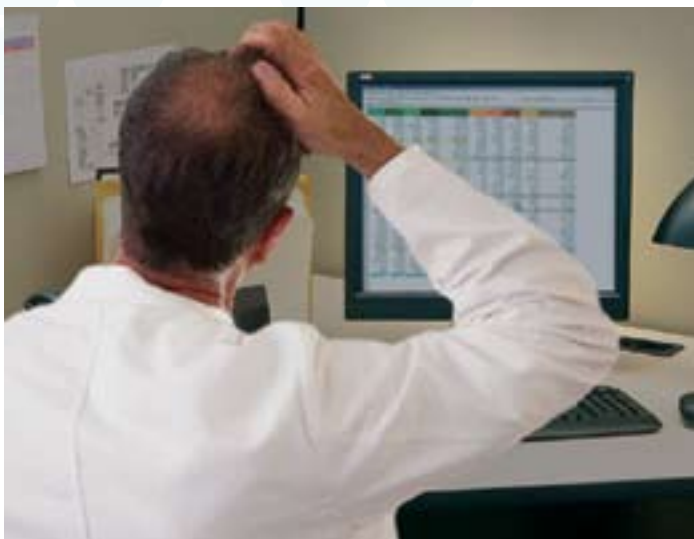
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# The beat goes on

Rural heart health programs focus on prevention By Angela Lutz

If all Americans with cardiovascular disease inhabited the same city, its population would be 80 million, greater than Tokyo, New York City and Mexico City combined.

According to the American Heart Association, one in three Americans currently has some form of cardiovascular disease, and it is the No. 1 cause of death for both men and women in America. Many of these deaths are preventable.

“People don’t change their behavior unless they’re motivated to do it, and mostly they’re motivated by crisis and nothing short of that,” says John Sparks, executive director of the Lowndes County Partnership for Health in Valdosta, Ga. “We’re looking for ways to incentivize behavior change prior to crisis, because by then it’s sometimes too late.”

Since August 2007, Sparks and his team have been working with the 1,200 employees at Langdale Industries in Valdosta to implement a wellness and disease management program to prevent cardiovascular disease through physical activity and nutrition. According to Sparks, changing nutritional behaviors has been especially difficult in the South.

“Cultural eating habits are hard to break,” he says. “The diet of our culture is fried everything, which contains a lot of saturated fat. It’s passed down through generations. Also the main mode of recreation is eating out.”

*continues*





Binghamton University's Promoting Heart Health research team provided outreach to rural women in Virginia and New York to reduce cardiovascular disease risk factors.

And during an employee health risk appraisal, Sparks discovered nearly 97 percent of those surveyed didn't eat the recommended five servings of fruit and vegetables per day.

**“People don't change their behavior unless they're motivated to do it, and mostly they're motivated by crisis and nothing short of that.”**

John Sparks, Lowndes County Partnership for Health executive director

“If you look at middle- and low-income families, oftentimes both parents are working,” he says. “They rely on restaurants and fast food, which usually is the least nutritious way to eat.”

A lack of nutrition can be compounded by a busy, stressful lifestyle, a lack of physical activity, obesity and smoking, all of which contribute to cardiovascular disease, and all of which are preventable.

## Responding to relationships

Sparks began to focus on cardiovascular health in 1997 after a community needs assessment revealed that, similar to most communities, cardiovascular disease was the main cause of death and hospitalization in Lowndes County. With grant funding, Sparks worked with about 20 area companies to implement the Wellness Council of America's Well Workplace model, a seven-step approach to creating a company-managed wellness program. The program was offered free of charge.

**“If our country continues on this pattern, our risk of more people dying of heart attacks will increase over the next 20 years.”**

Pamela Stewart Fahs, Decker School of Nursing professor

“It's a good model, and it works, but as time went on, we noticed most companies didn't allocate the resources that were needed to maintain the programs,” Sparks says. “So we started selling our services to self-insured employers. Because they have made a financial investment in the health of their employees, they give us the access we need, and we develop a program to meet their needs.”

Sparks feels their success in reducing cardiovascular risk factors is a direct result of the relationships they established with the employees.

“People change because of the relationships they have with the people who care about them,” he says. “The companies we work with really care about their employees, and the employees know that. They know we don't have an ulterior motive in telling them what's in their best interest. We're in a rural situation, where they respond to a relationship instead of a piece of paper.”

Despite their success, Sparks knows personal motivation is the key to long-term behavior change, so he is working on new methods to reward healthy behaviors.

“You can have all the best materials and programs, but if incentives don't properly motivate employees, you will not see behavior change,” he says.

The program he hopes to implement will modify a points-based system Langdale uses to encourage its

employees to follow safety regulations. Staff will receive points for complying with pre-defined behaviors such as getting regular wellness checkups and health screenings and attending educational programs. At the end of each month, they will receive a statement with their total accrued points.

“An employee making \$10 an hour can over time save up enough points for a trip or a television,” Sparks says. “It motivates people to comply and gives them something to work toward. It’s the best thing we’ve ever seen.”

Implementing the program “is not cheap,” but Langdale has seen a return on the investment and saved nearly \$1 million in health care costs. Healthier employees are also more productive and have lower absenteeism.

“The companies that are long-sighted see the value in these things,” Sparks says. “When employers offer insurance for their employees, they have a vested interest in helping employees be healthy, because it affects their bottom line.”

And because many people in the community don’t have regular access to doctors or specialists, the availability of health care services in the workplace has helped prevent chronic diseases, which are often most expensive to treat.

“A lot of people don’t see doctors regularly, and if you relied on physician offices (to distribute information on cardiovascular health), you’d never fully reach them,” Sparks explains. “The workplace is the best place to educate and motivate people about chronic disease.”

In addition to expanding the wellness and disease management program to other companies, Sparks hopes to encourage members of the community as a whole to eat well and become physically active by launching the Healthy Living Task Force, which will teach people how to eat nutritiously on a budget.

“The food is available, but the barrier of education is there,” he says. “They don’t realize what can be purchased and how to be nutritious with only a small amount of money.”

## Gender gap in cardiac care

Educating women on cardiovascular disease has also become increasingly necessary.

According to the Women’s Heart Foundation, women are twice as likely as men to die within the first few weeks after suffering a heart attack, and nearly 38 percent will die within a year, compared with 25 percent of men. Still, women comprise only 24 percent of participants in heart-related studies.

To lessen this disparity, the Promoting Heart Health (PHH) research team led by Pamela Stewart Fahs, professor and endowed chair of rural health nursing at the Decker School of Nursing at Binghamton University in Binghamton, N.Y., focused on cardiovascular disease prevention with 117 rural women ages 35 to 65 in Orange County, Va., and Delaware County, N.Y., from January 2006 through December 2008. The University of Virginia School of Nursing also helped with the study.

**“We’re in a rural situation, where they respond to a relationship instead of a piece of paper.”**

**John Sparks, Lowndes County Partnership for Health executive director**

Similar to Sparks’ wellness program, the study encouraged women to eat healthier, increase exercise, decrease stress and quit smoking. All participants received community interventions, which focused on distribution of heart health information through public service announcements, radio and newspapers, and half also received individual counseling with a nurse on diet, exercise and smoking cessation. Researchers then tracked their progress over a 14-month period.

“Cardiovascular disease is the No. 1 killer of women in the country,” Fahs says. “Rural factors put different stresses on people, and we need to be able to know how someone’s socio-ecological background and culture play into their risk factor profile.”

*continues*

## Women’s heart attack symptoms

According to a National Institutes of Health study, women’s heart attack symptoms are often different and more difficult to diagnose than men’s.

### Major symptoms prior to heart attack include:

- unusual fatigue
- sleep disturbance
- shortness of breath
- indigestion
- anxiety

### Major symptoms during heart attack include:

- shortness of breath
- weakness
- unusual fatigue
- cold sweat
- dizziness

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*Pamela Stewart Fahs, professor and endowed chair of rural health nursing at the Decker School of Nursing in Binghamton, N.Y., is working to prevent cardiovascular disease in rural women.*

At the beginning of the study, Fahs was disappointed to learn that nearly 30 percent of the 274 women screened were ineligible because they already had too many cardiovascular risk factors.

“We were surprised how many were already above a moderate risk,” she says.

After participants were selected, Fahs asked each group to decide which type of prevention and education would work best and was most vital in their community.

In Virginia, the primarily African-American community included heart health education as part of their annual health fair at Shady Grove Baptist Church, which draws 300 to 400 attendees each year. In New York, the group worked with Peg Pribulick, PhD nursing student, and the Public Health Nursing Service of Delaware County to develop a web site listing safe, local exercise areas, including schools that allow walking in the mornings, facilities with pools and hiking trails.

“We think of rural as being idyllic and a place where you get a lot of physical exercise, but since we’ve had mechanization of rural areas, many drive long distances to work,” Fahs says. “In suburbs you can walk down well-lit sidewalks, but safe walking on rural roads in upstate New York can be an issue.”

In addition to diet and exercise, the PHH team

encouraged participants to keep journals detailing their progress and use pedometers to track their steps each day. Researchers also measured participants’ risk factors pre- and post-study, including body mass index, cholesterol and waist measurements.

“Overall, there was a significant decrease in many cardiovascular risk factors,” Fahs says.

The group that received the individual and community interventions had a significant increase in the numbers of fruits they ate per day and showed more willingness to change behaviors. Fahs plans to continue researching cardiovascular disease prevention in women to determine which type of intervention is most effective.

She is also working with Melanie Kalman, PhD, at State University of New York Upstate Medical University College of Nursing to educate women on female heart attack symptoms, which are often different and more difficult to diagnose than men’s.

“It is essential that individuals can recognize female heart attack symptoms and seek help immediately,” Fahs explains.

*continues*

Want to learn more about the heart health programs in this article?

Lowndes County Partnership for Health:  
[www.healthyvaldosta.com](http://www.healthyvaldosta.com)

Binghamton University’s  
Promoting Heart Health research team:  
[www2.binghamton.edu/dson/faculty-and-staff/fahs-p.html](http://www2.binghamton.edu/dson/faculty-and-staff/fahs-p.html)

“Even though our rates of smoking are decreasing, which should give us cardiovascular protection, the rates of obesity are increasing. If the country continues on this pattern, our risk of more people dying of heart attacks will increase over the next 20 years.”

But according to Fahs, the informal networks through which rural residents share information can also be used to educate the community on cardiovascular health.

“We know in rural communities that if people find something that works well, they share,” she says. “We saw we could make a difference in cardiovascular risk.”

### Screenings serve underserved

In Minnesota, the Sage Plus screening program is helping rural women make lifestyle changes to promote healthy hearts.

“We try to get women to think about what they could do to have better heart health,” says Anne Kukowski, Sage Plus director.

But it’s up to the participants in the program to accept the challenges.

The program screens participants for cholesterol,

blood pressure, body mass index and other heart disease risk factors and gives them tools to lose weight and lead healthier lifestyles, including free lifestyle change coaching, such as smoking cessation.

Participants are encouraged to develop a plan to reach achievable goals.

“It is not about telling women to lose weight, but to show how their health is impacting their lives,” Kukowski says.

For Nancy\*, 51, who has no family history of heart disease, the screenings revealed no cardiovascular risks, but she still felt the need for change.

“The screening process is not a whole lot different from going to your regular doctor,” Nancy says. “It kind of gives the ‘go’ for you to get active, and it worked for me.”

The program offers incentives for those who reach their goals, such as \$25 gift cards.

Sage Plus, funded by the Debra E. Powell Center for Women’s Health, is designed for women who are underserved or underinsured. Participating clinics send out mailings to qualifying residents based on income.

Even free programs sometimes struggle in rural areas. Many times patients are more than 100 miles away from the screening clinic.

“It’s free, but many still have to worry about gas to get there or taking time off of work,” says Brendan Ashby, Northwest Minnesota AHEC executive director.

But parts of the Sage Plus plan can be managed over the phone.


For Kate\*, who only saw a doctor in emergencies, the free screening revealed she had diabetes.

“Frankly if I didn’t get screened, I wouldn’t have known that I had it. That’s why I’m a big fan of the program,” she says.

After her diagnosis, Kate focused on increasing her fruit and vegetable consumption.

“I was really angry about (having diabetes) for a long time, but I learned to change my attitude and did a whole psychological adjustment,” Kate says. “I go by the ‘airline oxygen mask’ approach. Put your oxygen mask on first before placing it on someone else.”

Since the program began, 15 clinics have screened 4,668 women. They have shown decreases in systolic blood pressure, diastolic blood pressure and total cholesterol.

“We found success in working with other clinics to further education and in letting other eligible patients learn more about the program,” Ashby says. 

*Jenna Berry also contributed to this article.*

*\*Last name withheld on request.*

## Heart health facts

- More than 80 percent of cardiovascular disease deaths take place in low-and middle-income countries and occur almost equally in men and women.
- Cardiovascular risk in women is particularly high after menopause.
- Cessation of tobacco use reduces the chance of a heart attack or stroke.
- Engaging in physical activity for at least 30 minutes every day will help prevent heart attacks and strokes.
- Eating at least five servings of fruit and vegetables a day and limiting salt intake to less than one teaspoon a day helps prevent heart attacks and strokes.
- High blood pressure has no symptoms but can cause a sudden stroke or heart attack.
- Diabetes increases the risk of heart attacks and stroke.
- Being overweight increases the risk of heart attacks and strokes.

Source: World Health Organization, [www.who.int](http://www.who.int)



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## Wellness Environments helps Minnesota hospital gain reimbursement benefits



River's Edge Hospital and Clinic in St. Peter, Minn., recently celebrated the five-year anniversary of its successful 17-bed replacement project. The first critical access hospital in the country to partner with Wellness Environments, River's Edge employed Wellness Patient Rooms throughout the facility. The opportunity to take advantage of additional reimbursement benefits because of the special designation of these rooms as equipment by the IRS and CMS was key for the future success of the facility.

This unique qualification has allowed River's Edge to depreciate their patient rooms in 10 years, as opposed to 30 years with traditional patient rooms. Moreover, this depreciation cost was directly allocated to the in-patient

care wing, where the facility's Medicare census is much higher.

"The use of Wellness rooms is making a tremendous difference to cash flow because we're getting Medicare's portion of our investment back over 10 years, not 30 years like the rest of the building," says Ken Cornish, River's Edge CFO.

Long-term operational savings on maintenance and housekeeping costs have also had an impact on the bottom line according to Tom Wilcox, the hospital's director of environmental services.

To learn more about Wellness, call 615-321-5052 or visit [www.WellnessEnvironments.net](http://www.WellnessEnvironments.net).

## Mental help for teens

### Programs reduce stigma, boost self-esteem

By Angela Lutz

Like it or not, kids are talking about it.

And according to Victor Wilburn, Southeast Missouri State University assistant professor of child development, the worst thing we can do is ignore them.

“Children in rural communities are suffering, sometimes silently,” he says. “Suicide tends to be very much taboo. It’s one of those things we will not talk about in our communities and families. But when we don’t talk about it, we’re not equipping them with the tools they need to make good decisions.”

#### Rural rates higher

Nationwide, suicide is the third leading cause of death among people ages 10 to 24, and for each completed suicide there are as many as 15 to 25 attempts. Statistics tend to be even higher in rural areas.

“There is a lack of resources due to the social and economic infrastructure declining and a lack of family support, so children feel like they aren’t being heard,” Wilburn says. “They become disconnected from their families and have an enormously high amount of stress.”

Through his research, Wilburn has found a lack of social and familial support makes the transition from childhood to adulthood more difficult for young people.

“The challenges particular to rural youth are especially complex. They represent a group with fewer resources, including access and availability to jobs, after-school programs, youth-based programs, sports and skill-building,” he explains. “These are resources that studies have shown help youth make confident and productive transitions to adulthood.”

Often compounding feelings of stress are drug and alcohol abuse, which can lead to antisocial behavior.

“Kids don’t know how to cope, so they’re coping the only way they know how, and that’s by giving up,” Wilburn says. “When they begin to feel hopeless



*Eighth and tenth grade students in Newton County, Miss., attend annual mental health presentations at Central Mississippi Residential Center.*

**“There is a lack of resources due to the social and economic infrastructure declining and a lack of family support, so children feel like they aren’t being heard.”**

**Victor Wilburn, Southeast Missouri State University assistant professor of child development**

and isolated, there’s not always the social network to get them out of that train of thought. They cope by using drugs, which leads to mental health problems and cumulative life stress.”

#### Fighting stigma

Often the best way young people can address mental health problems is by seeking the help of a professional. In rural areas, access can create a barrier and prevent people from getting mental health care, but stigma plays an even more significant role.

“The reality is in many of our communities there are subcultures that believe getting mental help is a sign of weakness,” Wilburn says. “They don’t feel like help is available, and they feel it’s a sign of limitation in character, so it’s not an option.”

To change this perception, Wilburn says talking and being direct with young people and parents is the best way to fight stigma.

“We need to talk about it the way children think about it,” he says.



Annual mental health presentations for eighth and tenth graders in Newton County, Miss., aim to reduce stigma and give teens a chance to talk openly about their problems.

“If you create a dialogue, you will discover children talk about this very frequently.”

Debbie Ferguson, Central Mississippi Residential Center (CMRC) director, agrees.

“The No. 1 barrier that keeps people from accessing services is stigma,” she says. “If we’re going to prevent long-term problems, we need to intervene earlier. If someone has high blood pressure, they go to the doctor right away; they don’t wait until they need open heart surgery.”

To reach out to young people in Newton County, Miss., three years ago CMRC began inviting eighth and tenth grade students from area schools to yearly mental health presentations on their campus. Those grades are difficult, transitional times, Ferguson says, and each year CMRC staff interacts with approximately 1,000 students.

“We try to address different issues, including suicide prevention and mental health facts related to stigma,” she says. “We try to get someone who has used mental health services and gone through difficult times to share their story so kids can relate directly. [We do] a lot of brainstorming to determine effective coping mechanisms, including talking to a friend or adult, accessing services, reading or playing sports.”

Ferguson says allowing students to visit the facility and giving them a chance to speak openly about their problems has been a success.

“They have a preconceived notion of what a mental health facility will look like and be like, and they get to interact on a positive note in terms of that,” she says. “Students will get up and talk about making suicide attempts, the impact of bullying

and some of the difficulties they face. We’ve gotten tremendous amounts of positive feedback from parents, aunts and uncles when the student went to a family member and sought assistance.”

Sometimes the impact of a mental health intervention is even more immediately apparent.

“One eighth grader went to an employee and said she benefited from the presentation because she had thoughts of suicide, and now she had a different vision on taking her own life,” says Frankie Johnson, CMRC public relations director. “One young man said he actually put a gun to his head and pulled the trigger, but it just snapped. It brought tears to our eyes. It has a huge impact on these lives.”

The results of pre- and post-presentation surveys on mental health stigma are promising, and Johnson says he hopes they’re “turning the tide” so other young people will seek professional help before attempting suicide.

**“If we’re going to prevent long-term problems, we need to intervene earlier. If someone has high blood pressure, they go to the doctor right away; they don’t wait until they need open heart surgery.”**

**Debbie Ferguson, Central Mississippi Residential Center director**

“Prior to coming in they thought of words like ‘crazy,’ but after they had a different view on things,” he says.

As Wilburn points out, it is also important to get parents involved in suicide prevention.

“Many kids will tell their parents and friends before they do it,” he says. “We also have to empower families. We have to give them the information they need to do

*continues*

**Suicide prevention lifeline: 1.800.273.TALK**

the right thing and the resources they need.”

In an effort to empower parents, this year CMRC offered a program covering the potential signs of teen suicidal ideation and depression, as well a workshop for teachers and counselors on dealing with behavioral problems in the classroom. Their most important message, Ferguson says, is to talk about it.

“It’s a myth that you shouldn’t ask someone if they’re suicidal,” she says. “It’s an extremely difficult question to ask, but an extremely important question to ask. They’ll be immensely relieved they can talk about it. And at that point, just listen. Then it’s most important to get them to a professional for some help.”

### Building self-esteem

Along with mental health care access, young people also need effective tools to deal with stress.

“For adolescents, the most important things that need to be developed are self-esteem, social competence and self-confidence,” Wilburn says. “We are not effective as a society in predicting children’s stress. We don’t know when and how they’ll be confronted with it. They need to feel prepared for the world and for adulthood and their given roles in society.”

Near Omak, Wash., David Weller, PhD, United

States Department of Agriculture-Agricultural Research Service research leader and program director, has been working to introduce elementary through high school students on the Confederated Tribes of Colville Reservation to scientific careers in fields including biology, chemistry and engineering.

Through the program “Pumping up the Math and Science Pipeline,” Weller works with Washington State University (WSU) and world-renowned math and science professionals to bring hands-on science education to Colville classrooms once a month. They also offer six paid internships at WSU for high school seniors to work side-by-side with researchers.

“It gives them not only an education, but allows them to see the passion scientists and mathematicians have for their professions,” Weller says. “They realize that researchers come in all flavors – they’re young, old, multicultural. It relates science to them in a real way, and they can visualize themselves in some kind of profession in science or technology.”

Through these educational experiences, students learn to work as a team, which is a building block of other important life and coping skills.

“They learn self-confidence, which goes along with self-esteem,” Weller says. “We want them to realize they all have great potential. Young people who have developed a passion early in life and see themselves growing in an area of interest have also probably developed a network they can talk with about different things, such as their problems in school.”


These skills and support systems can help students get through difficult times, especially in underserved rural areas.

“I believe education uplifts the area, which leads to alleviation of poverty and unemployment,” Weller says.

And according to Wilburn, “a healthy climate” is what young people need to truly thrive.

“The immediate solution is building self-esteem, but you can’t make the child healthy and then expect him or her to be successful in an unhealthy climate,” he says.

In order to continue spreading the word on suicide prevention and mental health care, Wilburn says people need to receive information in multiple places, such as church, community centers and educational systems, and to know resources are available. Parents and educators also need to be vigilant and listen to what children are saying.

“Our children are contemplating this,” Wilburn says. “We must treat suicide the same way we do other illnesses or challenges that jeopardize our society. We must make it a national call for awareness.” 

## Symptoms of depression in teens

- sadness or hopelessness
- irritability, anger or hostility
- tearfulness or frequent crying
- withdrawal from friends and family
- loss of interest in activities
- changes in eating and sleeping habits
- restlessness and agitation
- feelings of worthlessness and guilt
- lack of enthusiasm and motivation
- fatigue or lack of energy
- difficulty concentrating
- thoughts of death or suicide

Source: [www.helpguide.org](http://www.helpguide.org)

## Helping hospitals navigate modernization and replacement projects

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## Telemedicine clinic blooms at Smith River school

By Carol Harrison



*Patient Isaac Mignon and nurse Tirsia Croy have their images beamed on a monitor to Alexander Wade, MD, at the same time his image is simultaneously relayed back to them in the Blooming Lily Telemedicine Center at Smith River Elementary School. Photo by Carol Harrison*

It took months for Smith River Elementary School students to choose a name, but Blooming Lily Telemedicine Center needed only 30 minutes to make a difference for its first patient, 5-year-old Isaac Mignon.

By summer, it will be making a difference for the entire Smith River community. The clinic in California's Del Norte County is the latest in public-private partnerships to bring health care access to rural areas by incorporating video technology into a school setting.

The agricultural town of Smith River used to have a small freestanding clinic while Crescent City, located 20 miles south, had a medium-size clinic. Both clinics were part of the Open Door Community Health Centers system, which now operates 10 health care facilities in California's Humboldt and Del Norte counties.

But after the Open Door administration teamed with Del Norte County leaders to build a spacious new wellness center in Crescent City, Smith River residents learned their clinic would be a casualty to consolidation.

"What sounded the alarm was the notice that they were closing the clinic," Smith River school principal Paige Swan says. "We've got a lot of older folks in our community, a lot of them without transportation. We felt



Frank Anderson, Open Door Community Health Centers telehealth development director, and Smith River principal Paige Swan played key roles in bringing Smith River a telemedicine clinic that links residents to providers in Crescent City, San Francisco or Boston. Photo by Carol Harrison

pretty strongly there was a need.”

The solution: incorporate video technology into the normal workflow of the new wellness center by linking with the school, the only Smith River location with the necessary connectivity. Parents who work in remote locations were especially relieved.

“I would have had to bring him into Crescent City,” says Erica Herrera, Mignon’s mother. Her words and face came via a video monitor in the exam room at Smith River School. She was physically located at the Crescent City wellness center. Her son was perched on the Smith River school exam table with licensed vocational nurse Tirsia Croy nearby.

The Blooming Lily clinic is located in a portable building less than 20 yards from Mignon’s classroom. A giraffe adorns the door to the exam room while a zebra and other animals decorate the waiting room walls. The exam room is like any other, except for \$50,000 worth of video technology linking the school to the wellness center in Crescent City, Open Door health care providers elsewhere in the system or specialists as far away as Boston.

“(This appointment) would have taken a half day of work and school,” Herrera says shortly after hearing physician Alexander Wade’s diagnosis.

Wade asked Croy to point the camera lens on Mignon’s injury, peppered Croy and Herrera with questions, then wrote a prescription.

Neither Wade nor Herrera left Crescent City; he moved on to his next patient, and she returned to her work. Mignon returned to class, all smiles after seeing his mom on television.

“Isn’t that something?” says Frank Anderson, Open Door’s telehealth development director. “It’s been a long project, but seeing it come together makes it all worthwhile.”

Any doubts Swan had about the benefits of telemedicine disappeared after he stopped a second-grader on her way to class early in September.

“She was itching and had some bumps, so I walked her to the clinic,” Swan recalls. “Tirsia linked with the doctor, he e-mailed the prescription to a pharmacy, and daycare scooped the medicine up and brought it to the school. It was streamlined and paperless – a push of a button and wham. That was the first time I saw how slick and smooth and quick it could be.”

## “What sounded the alarm was the notice that they were closing the clinic.”

Paige Swan, Smith River Elementary School principal

Swan is a fourth generation Crescent City resident who understands Smith River residents wanting their own clinic. He also understands economics and how the new wellness center changed the health care dynamics for Open Door and Smith River, an agricultural area with a sizable Latino population known as the Easter lily capital of the world.

“People were more than glad to drive the 20 minutes to the old Smith River clinic when we were past our capacity in the old Crescent City clinic,” says Herrmann Spetzler, Open Door executive director.

But when the Open Door system doubled its presence in Crescent City with the opening of the wellness center in 2007, it no longer needed to refer overflow clients to the Smith River clinic.

“Sometimes Smith River would see only six or eight patients a day,” Spetzler recalls. “That’s an economy of scale that doesn’t lead to survival.”

“We’re talking about using doctors already at work somewhere else and sprinkling cases into their day rather than taking a doctor at \$100,000 a year and putting him somewhere he can only work at 30 percent capacity,” Anderson says.

Even so, Spetzler and his staff were determined to have a footprint in Smith River, population 2,000.

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## Longtime nurse is familiar face at new clinic

Tirsa Croy is the clinic constant in Smith River health care. The licensed vocational nurse worked in the old clinic, moved to the new one, and tells everyone she meets about telehealth services.

It's no wonder some of the city's residents know Blooming Lily Telemedicine Center as "Tirsa's Clinic."

"Every time I talk to someone, I give an explanation of what it's about, how we see the doctors through a camera and they see the children and patients through another camera," the bilingual Croy says.

Croy has lived in Smith River for the past 19 years. With three daughters, eight grandchildren and several years of work in obstetrics, nursery and pre-natal care as a licensed vocational nurse, Croy is no stranger to kids. She doesn't want anything to do with retirement though.

"All my children are gone. My grandchildren live far away from me. What am I going to do at home?" asks the 66-year-old.

She celebrates 50 years of nursing this year and may well be the most familiar face in Smith River health care.

"They change secretaries, providers, location – they change everything except me," she says. "Everybody knows me, and I know everybody."

Croy isn't the only Smith River woman involved in the clinic. Born and raised in Smith River, Hilda Yepes-Contreras recruited Croy two decades ago to work for Open Door. Closing her hometown clinic weighed heavily on the community and Yepes-Contreras, who is now manager of the Del Norte Community Health Center.

"They bent my ear, so having this work out is a wonderful opportunity for everyone and rewarding for me," she says. "It's great."



*Tirsa Croy, who has worked in health care for 50 years, enjoys working with children in Smith River, Ca.*

Blooming Lily Telemedicine Center, Smith River School Clinic, Open Door or Tirsa's Clinic... the name isn't as important as the service it provides and standard it sets.

"It's very hard to reach out if you don't have a community that's reaching back," Open Door executive director Hermann Spetzler says. "In Smith River, it's been a true partnership from the very beginning. It took a while to make sure everyone was comfortable but everybody – once they had a chance to talk about it – saw it as worthwhile."



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“There was a real concern in letters from the community and the principal about how difficult it would be if they lost their clinic,” Spetzler recalls.

Swan says Smith River’s kindergarten through eighth grade school of nearly 300 students already had an attendance rate about 1.5 percent below the state average. He figured that would worsen if health care access became more difficult.


“If we had a kid getting sick and we called for a parent, they would be gone all day,” he says. “Many of our parents work 12-hour days, sunup to sundown. If their child comes down with any kind of health issues, I have to call the employer, the employer gets on the radio and figures out where in the middle of nowhere they are and then has to bring that parent from the middle of nowhere to here. Everything took much, much longer.”

With a signed permission slip ahead of time, sick children can be seen at the school by Croy and a physician – and the parent never leaves work or loses pay.

“At first, I was hoping to let this pass and go somewhere else. We didn’t have the space,” school district superintendent Jan Moorehouse says. “But they liked the possibility of telemedicine, and the school districts are the ones with connectivity. We are the only show in town for that. We decided we weren’t able to pass this off and maybe we shouldn’t have wanted to anyway. Not a dime has come from our budget.”

California HealthCare Foundation gave Open Door the resources to outfit the school-based clinic.

“The plan is to expand into the community with telemedicine when appropriate and with live providers who will start by coming once per month,” Anderson says. “We want to make use of the weekend and after-hour times for a mix of telehealth and the kind of in-person visits that things like women’s health require.”

As for Spetzler, this was his first experiment in trying to reach out to the most remote sites. It won’t be his last. 

*Carol Harrison is a free-lance journalist commissioned by the Open Door Community Health Centers and the North Coast Clinics Network.*

# Thank You

NRHA would like to thank the following people for their donations to the 2009 Annual Giving Campaign and their continued support of rural health.

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# Beginnings & Passages



Laurissa Stigen with sons Ethan and Connor McGuiness

Health professions students need to live, breathe and feel all the benefits of rural living.

## Ambassador of rural health

By Laurissa Stigen

I was fortunate to grow up in a rural community, and I appreciate all the benefits rural life has to offer: I know my neighbors, collaboration is a natural occurrence, and my surroundings are peaceful.

Though I enjoyed living in a large city when I attended college at the University of Minnesota in Minneapolis, I always knew that my big city lifespan was limited, and one day I would want to return to a rural community to raise my family.

As executive director of Central Minnesota Area Health Education Center (AHEC), I am able to combine my personal and educational interests with my passion for rural life. My daily work involves engaging the worlds of education, health care and community development to progress toward our mission of strengthening the health professions workforce through collaborations with communities and academic partners that support lifelong learning and ensure a future generation of health professionals.

One of the keys to ensuring there will be a comprehensive health professions workforce in the United States is that students, especially those from metro and urban locations, have positive experiential educational experiences in rural settings and medically underserved areas to encourage a broader view of health care practice. Health professions students need to live, breathe and feel all the benefits of rural living and connect with local mentors, and Central Minnesota AHEC helps make that possible.

I see my role as a chamber of commerce for the 15-county region that I serve and an ambassador for health professions students who are interested in clinical rotations or internships at health care facilities. I am proud to promote health care practice and life in Central Minnesota to future health professionals.

After a completing a rotation here, it is not uncommon to hear students say, "I had no idea how much I would enjoy being in a rural community," or "I am amazed at the quality of care that takes place here." In the future, I hope to run across many of these same students as health care providers for my family and friends.

*Laurissa Stigen is executive director of the Central Minnesota Area Health Education Center and a 2009 NRHA Rural Health Fellow. She joined NRHA in 2007.*

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.

It is best to put principles above personalities and the profound above the petty.



Hilda R. Heady with friend and former classmate Dan Glode

## Revisiting rural roots

By Hilda R. Heady

In 1968 I joined VISTA and went to work in rural West Virginia. At 19, I didn't clearly understand why my experience was so pivotal and profound. I fell in love with the state and her people because I felt at home.

In 2008, to celebrate my 40<sup>th</sup> year in rural health, I took my son, daughter-in-law and friends to a mountain top in Barbour County with a spectacular 360-degree view of mountains. It was on that spot that I had realized I wanted live, work and raise my family in this same rich, rural world.

As the Appalachian Mountains fan out at the most southern point of their range, they create fertile plateaus and hills. I spent my childhood on one of those plateaus in a farming community near Eva, Ala. In those days we were cotton farmers. Children were reared in warm, close families with an obligation to work hard and serve others. These are essential parts of the rural American culture I hope we continue to retain across the country.

I have been blessed with a wonderful career with great colleagues. I have developed educational programs for handicapped rural children; started and managed a birth center with services for rural pregnant teens; served as CEO of a 58-bed rural hospital and worked with community

leaders to reverse a near bankruptcy that could have closed the hospital; and served as the president of this great organization. As an NRHA leader, I was privileged to give voice to the concerns of rural veterans. For the past 18 years I have served in rural health workforce development.

Now, I have been blessed again and offered an opportunity to serve rural veterans through policy and research at the national level. My experiences have taught me many things. I have learned if I believe I have the right answer, I stop looking for a better one. I have learned in rural health it is best to put principles above personalities and the profound above the petty to reach the greater good. I am humbled to serve everyday as I try to live by these ideals.

I hope to soon purchase a few acres in Alabama which rest between and touch the farms where each of my parents grew up. And on this land, near a small creek, I will build my "West Virginia" cabin where I will spend some of my retirement writing, reflecting and spending time with my extended family.

*Hilda R. Heady is senior fellow and chair of the Rural Health Policy and Research Group with Atlas Research LLC. She joined NRHA in 1986 and was president in 2004.*



Bill Nelson hiking with wife Paula Schnurr in Australia

## Five things you should know about NRHA member Bill Nelson

### 1. He is an expert in the unique ethical challenges of rural health care.

Nelson, PhD, is director of rural ethics initiatives at Dartmouth Medical School, where he has been a community and family medicine professor and researcher since the 1980s. His professional focus is the nascent field of rural health care ethics, and he is currently developing an ethics training manual for potential use by state offices of rural health and area health education centers.

He also recently edited an e-book, *Handbook for Rural Health Care Ethics: A Practical Guide for Professionals*, which is available online through Dartmouth.

“Most ethics activities are urban and academic-oriented, instead of focusing on the issues at small, rural practices and critical access hospitals,” he explains. “I want to help people better understand how ethical issues play out in rural America and how clinicians and administrators address those issues. Rural ethics focuses on how the rural environment and context shape ethical issues such as overlapping relationships, allocation of limited resources, privacy and confidentiality and disease stigma.”

### 2. He splits his time between New York City and “the wilds and mountains of Vermont and New Hampshire.”

Though he is at home in both the city and the country, Nelson chose a rural-focused career because he noticed that similar to rural health care disparities, there are rural ethics disparities.

“The topic isn’t being addressed in traditional medical ethics resources, training and professional courses,” he says.

“I think spending part of my life in a rural setting made me increasingly aware of how the rural context is interwoven into the lives of health care professionals and influences the presentation and response to ethics conflicts. I’ve been trying to raise the flag that rural ethics is different and we need to think about it differently.”

### 3. He was a 2008 NRHA Rural Health Fellow.

Nelson applied to the fellows program to become “more invested in NRHA.”

“I also wanted to expand my networking opportunities with people across the country who are passionate about enhancing the quality of care in rural America,” he says. “I wanted to better understand NRHA’s lobbying efforts and increase my understanding of who’s doing what in rural America. Being a fellow was a great opportunity and experience.”

### 4. In his free time, he hangs out with his twin granddaughters, reads the classics, distance bikes and explores new cities.

Nelson enjoys running marathons, and he works out almost every day either swimming, lifting weights, biking or hiking with his wife, who is an internationally-known post-traumatic stress disorder expert. He also enjoys spending time with his two daughters and granddaughters. He reads the classics – he recently finished *On the Road* by Jack Kerouac – and loves “exploring new cities or spending time relaxing on the beach.”

### 5. He is excited that “people internationally are thinking about the issues” of rural ethics.

“It’s rewarding to see the increasing openness from journals to publishing articles about rural ethics and seeing people respond positively and quickly acknowledge how it makes sense,” he says. “It’s also exciting that I’ve developed international contacts and have presented with the Australian National Rural Health Association. Rural ethics resonates with lots of people once you get the word out.”

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

## RN increases hospital's operational effectiveness

Improves communications between leadership and clinicians

By Lisa Long

Kathy Edwards, an RN and quality advisor for a remote, 140-bed hospital in Northern Utah, had wanted to earn a Master's degree since the early 1990s. But a divorce, being a single mother with three boys, and having to maintain her home by herself quashed that dream.

Now, at age 51, Kathy's finally on the road to accomplishing her goal—and helping her regional hospital operate more effectively to boot.

Thanks to the knowledge she's gaining in an online MSN program, Kathy is able to blend her clinical experience with healthcare business expertise. She's becoming an increasingly reliable facilitator of clear communication between the administration, physicians, nurses and patients.

### CROSSING THE BARRIERS OF SCIENCE AND BUSINESS

Kathy realized that learning the business of healthcare would broaden her capability to help operations run more smoothly. "What I'm learning in my courses is how to provide clinical knowledge to the administrative leadership when they make decisions," Kathy said.

"I'm learning things like core measures and the reasoning behind why we have to do certain things in a certain way. I'm learning what goes on behind the scenes in healthcare leadership, which is something clinicians are not as familiar with," she said.

### EARNING RESPECT FROM PHYSICIANS AND ADMINISTRATORS

As Kathy began to apply her coursework to the job, she discovered something that wasn't always evident in her past experience as a nurse: respect.

"I've worked with physicians for so many years, but now I find I'm less timid, and I operate at a different level with them. They take my input and don't question it." In fact, she's now running committee meetings with physicians, organizing meetings for root cause analysis, and serving as a sounding board for nurses and patients.

Kathy's ability to understand the varying perspectives within her organization has given her credibility. It's made her an integral part of the team.

### PROVIDING A GOOD LIFE FOR A FAMILY

Kathy never gave up on her dream of a Master's degree. "I've been able to support three children and a house,



*Kathy Edwards, RN, puts her online MSN studies to work.*

*She's becoming an increasingly reliable facilitator of clear communication between the administration, physicians, nurses and patients.*

and take care of my responsibilities, and I'm proud of that," she said, "but returning to school is a goal I set for myself years ago. I'm 51, and I just said, 'I can do it!'"

Kathy chose American Sentinel University's CCNE-accredited online degree program because she wanted to retain control of her schedule. She can do her coursework whenever and wherever it's convenient for her.

"With business and clinical knowledge together, a nurse can help a hospital by offering insights, experience and comprehension of all the reports," Kathy said. "Plus, it's a safe job and a good way to raise a family."

*If you support advanced education for anyone on your team, encourage them to contact American Sentinel University. Our flexible, affordable, CCNE-accredited online Bachelor's and Master's nursing degrees are designed for working professionals. We can even design cohorts for your organization. Visit us at <http://pages.americansentinel.edu/nrha> or call Natalie Nixon today at 1.800.729.2427.*

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## Members on the move

### NRHA members at the center of health reform debate



Wayne Myers

On Sept. 9, President Obama spoke before a joint session of Congress outlining the details of his health reform strategy.

Obama touched on the importance of rural health reform and specifically mentioned one of NRHA's long-time member organizations, Geisinger Health System in rural Pennsylvania. He emphasized that rural providers like Geisinger offer "high-quality care at costs below average."

Also in attendance was

NRHA member and past-president Wayne Myers, MD.

"I knew it was political theater," says Myers. "But historic theater of particular importance to rural people, even the skeptics."

### Introducing NRHA's new leadership

NRHA is a member-driven organization, so our volunteer leadership is critical to the success of the association. We are proud to announce the following individuals were elected by their peers to serve in leadership roles in 2010:

#### President-elect

Kris Sparks

#### Secretary

James Tyler

#### Constituency group chairs: Hospitals and Community Health Systems

Jodi Schmidt

#### Research and Education

Mike French

#### Statewide Health Resources

Lisa Kilawee

#### Community Grassroots

Michael Meit

#### Student

Michelle Clark-Forsting

#### Congress constituency group representatives:

##### Rural Health Clinics

Toloo Pearl

##### Research and Education

John Gale

Patricia Moulton

##### Statewide Health Resources

Lynda Bergsma

Judy Mikami

### NRHA announces new class of Rural Health Fellows

After the completion of a competitive review process, seven fellows were selected to participate in NRHA's year-long, intensive program aimed at developing leaders who can articulate a clear and compelling vision for rural America.

#### The 2010 Rural Health Fellows are:

- **Janelle Ali-Dinar**, PhD, Mary Lanning Hospital/HealthCare Foundation vice president, research and capital development
- **Evonne Bennett**, MD, Office of Minority Health Resource Center capacity building specialist
- **Patrick Cross**, University of South Dakota assistant professor of physical therapy
- **Ed Pitchford**, Charles Cole Memorial Hospital president and CEO
- **Kathleen Quinn**, PhD, University of Missouri School of Medicine program director
- **Kathleen Spencer**, Rural Assistance Center, Center for Rural Health information specialist
- **Janice Wilkins**, Landmark Group vice president of health care services

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

## Harvesting and sharing resources



*Dennis Berens*

I grew up on a small farm near Charter Oak, Iowa. We did what all farmers around us did: We raised food for the family and to sell to the community and open market. I also remember that we shared our labor and tools with neighbors because none of us had enough to go it alone.

We worked, harvested, butchered, and shared life's joys and sorrows. We did it as a community.

That background keeps me connected to the earth, its animals and crops and the magnificent beauty of the changing seasons. On the Plains, we have four seasons and weather that is right in your face. We constantly check the forecasts to see what to plant, when to harvest and how to adjust in those cycles.

That is what I try to do each year with my garden, flower beds, trees and indoor orchids. Each year I plant about 100 tree seedlings and any plants that I have nurtured from seeds found in my adventures around Nebraska.

I love to plant and see what grows. It is through this prism that I see the work of NRHA and its thousands of members. We are all connected to the rural ways of this country, and in our own ways we are constantly planting and waiting for a harvest.

As I learned in my early years, we can do more if we share work and resources. NRHA needs to know what resources each member can offer to help with the tasks at hand. Please tell us what you'd like to contribute so we can work together as a community dedicated to all rural people and the places they live.

*-Dennis Berens, 2010 NRHA president*

## Fond farewell

Thank you for the privilege of serving as your 2009 NRHA president. When I ran for the position of president-elect in late 2007, no one knew who would be our next U.S. president. We were not anticipating a financial crisis. And the term "health reform" wasn't on people's minds. I could not have envisioned a more exciting year.



*Beth Landon*

Our advocacy team in D.C. proved relentless and effective. We developed new relationships with the incoming administration: NRHA secured an agreement with the HHS Office of Minority Health, engaged leaders in the Department of Commerce, and achieved a new level of collaboration with USDA Rural Development toward rural wealth creation.

I thank you for engaging me and telling me your stories. From West Virginia to Hawaii, I have enjoyed learning the myriad dimensions of this thing we call "rural." For those of you whom I did not visit in your home state, thank you for cornering me at conferences or taking my calls. It is your energy, your ideas and your commitment that make NRHA such a wonderful organization.

*-Beth Landon*

## News briefs

### University receives grant to expand nursing program

The University of Virginia School of Nursing received a \$450,000 Advanced Education Nursing grant from the Health Resources and Services Administration, a division of the U.S. Department of Health and Human Services.

The grant will fund curriculum development in the master's of science in nursing and doctor of nursing practice programs to prepare nursing leaders with expertise in community/public health leadership

*continues*

*continued*

(CPHL), health systems management (HSM), or psychiatric mental health (PMH) as specialists in rural health care.

The Nursing Leadership in Rural Health Care project aims to improve access to quality health care and to help eliminate health barriers and disparities in rural areas by making graduate education in CPHL, HSM and PMH more accessible to rural nurses in Virginia and beyond. Upon completion, graduates will be prepared to provide leadership and transform rural health care systems to better address the needs of rural populations.

## NRHA forms HIT Task Force

The National Rural Health Association has formed a Health Information Technology (HIT) Task Force, which had its inaugural meeting in October in Washington, D.C.

The meeting included representatives from governmental and non-governmental agencies who are stakeholders in the expansion of HIT to rural underserved areas.

Louis Wenzlow, Rural Wisconsin Health Cooperative HIT director, briefed the group with a presentation on the impact of the American Recovery and Reinvestment Act of 2009 on health information in rural America. He highlighted several obstacles common to rural providers that often slow the implementation and effectiveness of health information technology initiatives.

“The need for the incorporation of health information technology is imperative for rural health care providers,” Wenzlow told colleagues. “Traditionally, rural providers have lower than average levels of adoption; they start from farther behind and with fewer resources.”

Wenzlow also reviewed the state of Medicaid reimbursement and incentives relevant to health information technology. And Neal Neuberger, Health Tech Strategies executive director, gave a presentation on telemedicine and electronic medical records.

Common themes such as coordination of care and information security were at the forefront of each set of objectives outlined by the team.

NRHA’s HIT Task Force was developed as part of a grant program supported by The Leona M. and Harry B. Helmsley Charitable Trust. In addition to the creation of the task force, NRHA is working on a three-year HIT initiative to develop policy recommendations related to rural telemedicine and to highlight best practices from around the country.

“NRHA is excited to work in conjunction with valuable stakeholders who are able to lend their voice to rural HIT issues,” says Alan Morgan, NRHA CEO. “We look forward to future collaborations

and successes.”

NRHA will coordinate quarterly HIT calls and annual meetings. For more information on the task force, contact Dustin Summers at [summers@nrharural.org](mailto:summers@nrharural.org).

## Improvement Map helps hospitals achieve exceptional patient care



Building on the knowledge gained in the 5 Million Lives campaign, the Institute for Healthcare

Improvement (IHI) has launched the Improvement Map, an interactive, web-based tool designed to bring together the best knowledge available on the key process improvements that lead to exceptional patient care.

It offers clear guidance through an often confusing health care landscape, helping hospitals set change agendas, establish priorities, organize work and optimize resources.

IHI will add to and refine the key processes on the Improvement Map over time, clustering them by care setting and content area, and will help hospitals identify where they should focus to maximize impact.

IHI provides how-to guides and introductory calls for all Improvement Map key processes at no cost. For hospitals that desire a deeper level of assistance, IHI offers a range of fee-based programs. For more information and a schedule of upcoming programs, visit [www.ihl.org](http://www.ihl.org).

## Earn continuing education credits with NRHA’s best practice webinars

NRHA has developed a series of online educational webinars to promote best practices in performance improvement, access to care, workforce development, networking and economic viability.

The webinars are rural health related, and this series will provide those who are unable to attend educational conferences the opportunity to learn from the same expert faculty and earn continuing education credits



## accelerating economies

### Linking health and wealth

NRHA continues to strengthen the link between rural America's largest employer, health care, and its greatest need, wealth creation.

In September, Alan Morgan, NRHA CEO, Maggie Elehwany, NRHA government affairs and policy vice president, and I met with Agriculture Secretary Tom Vilsack to discuss this. That discussion catalyzed new conversations within USDA leadership. USDA Undersecretary for Rural Development Dallas Tonsager spoke at NRHA's Critical Access Hospital (CAH) Conference in October. I also met with Tonsager and members of his team, the Commerce Department's Chief Economist Mark Doms and with staff from Commerce's Economic Development Administration to further the dialogue on rural wealth creation.

Another highlight of the CAH conference was speaker Kathryn Otto of Thrive. This eight-county economic development group includes health care as one of its three strategies for strengthening rural economies. To borrow some ideas, go to [www.thrivehere.org](http://www.thrivehere.org).

The theme of rural wealth creation resonates with members. At the recent Hawaii State Rural Health Association conference, attendees worked in small teams to brainstorm how to create new jobs. The majority of ideas used videoconferencing and community colleges to develop more health professionals. These ideas build on public infrastructure and educational infrastructure to improve local health care and create more quality jobs at home.

To find and contact your state office of rural development, check out [www.rurdev.usda.gov/recd\\_map.html](http://www.rurdev.usda.gov/recd_map.html).

*-Beth Landon, 2009 NRHA president*

from the American Academy of Family Physicians (AAFP). These webinars are available for download at your convenience for a small fee:

- Empowerment evaluation: An innovative approach to prevention intimate partner violence and sexual violence to improve the health of rural women
- Practical approaches to the integration of mental health and primary care services for rural providers
- Coding for physician services: Understanding key documentation issues

After viewing a webinar and passing a short quiz, attendees will be offered a certificate of completion for education accreditation from the AAFP.

Visit [www.RuralHealthWeb.org/webinars](http://www.RuralHealthWeb.org/webinars) to register.

### Create, expand connections

NRHA invites members to utilize NRHA Connect to meet new rural health professionals and share ideas with colleagues close to home or across the country.

The free, online networking community is available at [connect.NRHArural.org](http://connect.NRHArural.org). Click on the directory tab, enter your e-mail address as the username and complete your profile. Share your ideas in an NRHA Connect blog or comment on NRHA's policy blog at [blog.RuralHealthWeb.org](http://blog.RuralHealthWeb.org).

### Support those who support you.

NRHA Services Corporation partners were chosen for their commitment to improving rural health care.

These partners are eager to serve you, so when you have a need for products or services, please give them a chance to earn your business through prompt service, competitive pricing and superior knowledge of our market.

Not everything you purchase will originate from one of our current partners, but when you buy from them, you further support NRHA.

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American Sentinel University  
CTL Consulting  
First Choice Cooperative  
Impact Communications  
Medical Recovery Services  
QHR  
Relational Technology Solutions  
Wellness Environments

## Amerinet helps improve revenues and profits during tough times

As the GPO Provider of Choice for NRHA, Amerinet is a vital partner in helping members improve revenues and profits during these tough political and economic times.

“The challenges faced by rural health care providers, critical access hospitals and community health centers vary greatly from those in urban areas,” says Todd Ebert, Amerinet president and CEO.

By listening to issues and uncovering opportunities, Amerinet helps NRHA members sustain not only their organizations, but their vision of how health care should enrich the communities they serve.

“Amerinet was a true partner in helping us modernize our radiology department,” says Robert Miller, Coshocton County Memorial Hospital chief financial officer. “The solution they presented has worked extremely well both financially and structurally, allowing us to preserve capital while also implementing



needed upgrades.”

Amerinet’s account representatives consult closely with NRHA members to maximize contract utilization and product standardization. As a result, members can achieve 12 to 25 percent savings on supply spend along with a one to five percent revenue-capture opportunity. Complementing this personal service is a best practice repository in the areas of quality, education, financial, clinical and operational efficiencies solutions – all built specifically for the rural health care market.

And the Amerinet Alliance for Financial Efficiency offers end-to-end revenue cycle management and financial performance improvement, incorporating best-in-class software and services offered by industry leaders Craneware and Perot Systems.

Call Amerinet customer service at 877-711-5600 or e-mail [info@amerinet-gpo.com](mailto:info@amerinet-gpo.com).



## William Gallagher Associates partners with NRHA

William Gallagher Associates (WGA) is proud to be the insurance sponsor for NRHA. The firm is a leading provider of insurance brokerage, risk management and employee benefit services.

WGA, founded in 1983, is recognized as an industry leader in providing insurance services to companies with complex risks and dynamic needs, especially those within the health care industry.

WGA has several health care clients, expertise in risk management and a vast array of other expanded resources to offer NRHA members. With this partnership, WGA’s Health Care Practice will be responsible for bringing sophisticated insurance brokerage and other services to rural health care. The firm will work with selected insurance carriers that specialize in insurance tailored for rural providers.



“Our mission is to provide the highest level of expertise to our clients,” says Philip J. Edmundson, WGA chairman and CEO. “This partnership continues in this tradition by helping an organization with a strong commitment to providing rural-relevant services.”

“Too often rural health providers are not treated with the same attention as larger, more urban providers,” says Pete Reilly, WGA’s health care practice leader. “WGA is excited to partner with NRHA to bring highly specialized risk management products and services to these rural providers.”

# It's creepy and it's kooky

## Savannah, Ga.

NRHA's Rural Medical Educators and 33rd Annual Rural Health conferences offer something for everyone.

Mark your calendars for **May 18-21**, and visit [www.RuralHealthWeb.org/annual](http://www.RuralHealthWeb.org/annual).



## short cuts

### Rebel dolphins

Kayak the Savannah River, and you just may meet dolphins swimming upstream.

### "Butter y'all."

Visit Food Network star Paula Deen's local restaurants for Southern cooking and hospitality.

### Ghost stories

Much of Savannah rests atop old cemeteries, inspiring the American Institute of Parapsychology to name it America's most haunted city.

# Chomp down on stress

## Feeling stressed?

Eating foods with certain vitamins can help in a crunch.

Exercising regularly will help in stress-busting, as will keeping your body hydrated with plenty of water.

Reaching for a handful of almonds will give your body a boost of vitamin E.



Oranges can also help after a stressful situation by returning blood pressure to a normal level with their burst of vitamin C.

Adding soy to your diet reduces stress because it is high in protein, B vitamins, calcium and magnesium.

## shifting gears

Try doing **more online** in the office to **reduce paper usage**. E-mail instead of mailing, review and edit documents on screen instead of printing off multiple copies, and **store files on hard drives** instead of in cabinets.

Bring lunch in a **reusable container** to reduce a mounting pile of take-out trash, and use reusable utensils. And if you're going out for lunch, **make it a group outing or walk**.

## Off the beaten path

## Bug Ranch



Photo by Matthew Cottrell

About **12** miles East of Amarillo, Texas, just off of Interstate **40** lies the ghost town of **Conway**. Today, it's known as Bug Ranch, where Volkswagen Beetles stick out of the ground. Modeled after Cadillac Ranch, also located outside of Amarillo, its attraction is the artwork left by visitors.

The only requirement: **Bring your own paint.**

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



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# Community Matters



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May 19-21  
Savannah, Ga.

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