

rural roads

Spring 2012 National Rural Health Association



Message sent

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School shooting forever changes young doctor
Staff give back to hospitals where they were born
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Write us

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

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Strong members, strong NRHA



Thanks to a dedicated staff, generous policy partners and passionate members who understand the importance of being involved on a grassroots level, the legislative process was positively impacted through the National Rural Health Association's Rural Health Policy Institute.

I'm proud to say rural was well represented on Capitol Hill as we started the year, and I'm confident NRHA will continue to make your voice louder. But we can't do it without you.

An organization is only as strong as its members, and your support and involvement are crucial to our future success.

NRHA's mission to provide leadership on rural issues through advocacy, communications, education and research is accomplished in part through 13 constituency groups and councils. Visit RuralHealthWeb.org and click the "About NRHA" tab to learn more about how these active interest groups contribute to the advancement of rural health.

Network with your colleagues from across the country and meet with your constituency group during NRHA's 35th Annual Rural Health Conference April 17-20 in Denver. This is the best place to learn about and address issues affecting rural health. I look forward to seeing you there.

Lance Keilers
2012 NRHA president

pit stop

things I picked up in this issue:

1. Nearly 12,000 women in the United States will be diagnosed with cervical cancer this year, and 4,000 will die from it. *page 18*
2. Home to Jimi Hendrix and host to NRHA's Rural Quality and Clinical Conference, Seattle boasts majestic landscape, a rich arts scene and famous cuisine. *page 32*
3. Rural health care advocates need your help. During the 2010 election cycle in Washington, 37 members of the House of Representative's Rural Health Care Commission and 10 members of the Senate's Rural Health Care Caucus either retired or lost their race. *page 41*
4. Using a cell phone while driving, even if it's hands-free, delays a driver's reaction time as much as if the driver had a blood alcohol concentration at the legal limit. *page 6*
5. NRHA's fast-approaching Annual Conference will welcome a *New York Times* best-selling author. *page 40*

Message sent

One family takes texting tragedy on the road

By Lindsey V. Corey



Johnny Mac Brown

On her way to school, Alex replied to a text while driving, he says, knowing many of the students listening did the same thing that morning and hoping they'll make it to graduation.

Alex didn't. She was tossed around the cab of her truck "like a rag doll," he explains, and thrown from the passenger window before it rolled over her and left his daughter there crushed and moaning in the weeds.

That's where her mom, Jeanne, found the 17-year-old. She was first on the scene of the one-car accident after an aide at the high school, where she taught and Alex was on her way to being valedictorian, asked if Alex was home sick that day.

"I just started screaming, 'Alex, what have you done?' I called 911, and then I just started praying," Jeanne recalls.

Johnny Mac Brown is a quiet guy, the humble kind.

But he's also a proud papa. Ask him about his daughters and he'd light up talking about Alex's straight A's, her last choir performance and college plans and about Katrina, always following her big sister but enjoying taking center stage in school plays.

Now, almost every day, Johnny Mac takes center stage.

He starts with the stuff that comes naturally, showing prom pictures and bragging about his "little girls". Even at 17, Alex would crawl up in his lap.

And then Johnny Mac tells a different story, the one most people will remember. At least he hopes they will.

The Browns knew everyone who arrived on the scene, not more than two miles from their mobile home in Wellman, Texas, population 241.

"I asked the deputy if she had been on the phone, and he looked at me and his eyes welled up, so I knew," Johnny Mac remembers.

She was flown to Lubbock, where doctors said they lost Alex several times on the table. She was being kept alive by machines.

"They cleaned her up so we could see her one last time and asked us what we wanted them to do," he says. "My wife and I didn't look at each other or talk about it; we both just said at the same time, 'let her go.' All I could do was hold her hand until she was gone. You can't imagine what that's like.

"It was just a normal day one second, and the next we were planning a funeral."

Johnny Mac had other plans too, plans that surprised him.

"Standing in the hallway of that hospital, literally waiting to tell Alex goodbye, I looked at my wife, and I was already thinking about putting that wrecked pickup on a trailer to take to schools," he remembers. "I was

feeling bad about it because I knew I needed to be comforting my family, but this insane idea wasn't mine. I assure you, I would have rather closed my blinds, put a blanket over my head and drown in a bottle of something. I don't like hanging around teenagers, and I'm certainly not a public speaker, but this is something we had to do."

Sharing the message

Less than three weeks after Alex's Nov. 10, 2009, accident, Johnny Mac tearfully told her classmates what had happened with that truck on a trailer to make his case when he couldn't find the words.

"There were about 50 kids," he remembers. "I knew all of them and half had been in our house. She'd gone to school with them since kindergarten, and all of them wanted to know who Alex was texting, what the message said. That doesn't matter. It was just silly stuff, as most texts are. The bottom line is that she chose to text while driving, and the whole community was mourning."

"I asked the deputy if she had been on the phone, and he looked at me and his eyes welled up, so I knew."

Johnny Mac Brown

A couple days later, the Browns took their unscripted story and that pickup to about 650 students at another Texas school.

"The No. 1 killer of our teenagers is distracted driving wrecks. We don't want you to be one of the statistics like Alex was," Jeanne tells students across the country. "If I have to tell Alex's story every day for the rest of my life so that people will make better choices, I'll gladly do that to save lives. I cannot stand the thought of another parent having to go through what we've been through."

The family has visited nearly 300 high schools. They've been to 11 states in just the last six weeks and have presentations scheduled into 2013.

Jeanne is in "mom mode" in the middle of most gyms. She reminisces about the talks they had "about boys, friends, church, school" and about lecturing Alex on high phone bills because of so many text messages.

"She did what I told her to do on so many things, but this one thing, I couldn't get her to quit," Jeanne says. "I checked her phone records the night she died, but in my heart I already knew."

Johnny Mac is the straight shooter.

"I tell them 'if you continue to text and drive, you need to talk to your parents tonight and plan your funeral'," he says. "'Your parents don't have a clue what songs you want played, which friends you want to carry your casket.' Alex and Jeanne had talked about decorating her dorm room, so we used those colors – bright pink, lime green and brown – for the funeral."

Katrina, now 13, is home-schooled so she can join her parents and share

continues

Messages

Get the message

Edit

In 2009, **5,474** people were killed in crashes involving driver distraction, and an estimated **448,000** were injured.

16 percent of fatal crashes in 2009 involved reports of distracted driving.

In June 2011, more than **196** billion text messages were sent or received in the United States, up nearly **50** percent from June 2009.

40 percent of American teens say they have been in a car when the driver used a cell phone in a way that put people in danger.

Drivers who use hand-held devices are four times more likely to get into crashes serious enough to injure themselves.

Text messaging creates a crash risk **23** times worse than driving undistracted.

Sending or receiving a text takes a driver's eyes from the road for an average of **4.6** seconds, the equivalent – at **55** mph – of driving the length of an entire football field, blind.

Using a cell phone while driving – whether it's hand-held or hands-free – delays a driver's reactions as much as having a blood alcohol concentration at the legal limit of **.08** percent.

Driving while using a cell phone reduces the amount of brain activity associated with driving by **37** percent.

Source: U.S. Department of Transportation, distraction.gov

continued

her experience with teens in big cities and small towns.

“She describes that day and life now that her best friend and hero is gone,” Johnny Mac says. “She wanted to be just like Alex, and these kids need to know that they are role models whether they like it or not. She gives them a perspective Jeanne and I can’t, and when Katrina talks, that’s when you hear sniffles.”

Tough talk

It doesn’t get easier to relive the worst day of their lives every day, to literally drag the horrifying reminder behind them, keeping an eye on Alex’s mangled truck in the rearview mirror.

“It’s emotionally draining,” he says. “I’m so tired after that because I’m right back there where we found her or in that hospital room every time I speak. I tell you, I could dig postholes with my hand all day and not be as tired. We try to keep it to just two presentations a day because it wears on us.”

“If I have to tell Alex’s story every day for the rest of my life so that people will make better choices, I’ll gladly do that to save lives.”

Jeanne Brown

But they don’t say no. And demand has the Browns zig-zagging across the country and praying for donations. (Jeanne quit her teaching job, and Johnny Mac hired someone to handle his synthetic lubricant customers, but he’s self-employed and hasn’t added any clients to his rural sales route since before the accident.)

“Schools are broke, and we don’t charge because we’re not about to let money get in the way of saving somebody’s life,” he says. “We’ll keep doing this until people quit booking us, or we run out of funds, and it’ll probably be the latter first. Texting is the new drinking and driving.”

Or worse. Reports from the National Highway Traffic Safety Administration show that a driver who is legally drunk is four times more likely to be involved in a wreck than a sober one, and a texting driver is 23 times



Top: Katrina Brown, 13, speaks to teens about the dangers of texting while driving. Since her sister Alex died as a result of texting and driving, the Brown family has shared their story at high schools across the country.

Above: Sisters Katrina and Alex Brown having fun.

more likely to cause an accident than someone who is not distracted. Just talking on a cell phone delays a driver’s reactions as much as if they had a blood alcohol level at the legal limit.

“And in morning rush hour, most people aren’t drunk, but look around, they almost all do have a cell phone in their hand,” Johnny Mac adds.

The Browns give students the facts about distracted driving and an option to sign a pledge that they won’t use cell phones while behind the wheel.

“Teenagers are teenagers. We know that,” Johnny Mac says. “I want them to ask themselves, before they reach for it out of habit, if they’re willing to



Top: Alex Brown gets ready for the first day of her senior year. Just a few months later, while texting and driving on the way to school, the 17-year-old rolled her truck and later died.

Above: Alex Brown's grave marker

Messages
Calling all drivers
DNT TXT N DRV
Edit

Visit the Remember Alex Brown Foundation online to:

- Sign and share the pledge to never text and drive.
- View videos of the Browns.
- Donate to the help Alex's family spread the message about the dangers of distracted driving.
- Book a visit to your town.

rememberalexbrownfoundation.org

ONE TEXT OR CALL COULD
WRECK
IT ALL


risk their life for words on a phone.”

But they realize a piece of paper – even if laminated and stuck to bathroom mirrors or inside lockers as the Browns suggest – isn’t as powerful as Alex’s story.

“It’s a hard habit to break,” Johnny Mac says. “We get it. We weren’t the best examples. My wife would text behind the wheel and Alex would ask why it was OK for her to do it but Alex couldn’t. Just like 99 percent of people, we thought because we were driving all the time, we could get away with it. ‘Do as I say not as I do’ didn’t

work so good.”

Daddy’s little girl’s legacy has an undeniable impact though.

“It’s easy now for us to ignore it, but even after we buried Alex, we both found ourselves reaching for our phones in the car,” he says. “Now we don’t even turn it on and pull over to check it. At first, the curiosity kills you, but then you look at it at the next stop and it’s just junk email. That’s what people are dying from, and it means nothing.” 

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Home is where the hospital is

By Lindsey V. Corey

Rural Roads caught up with four women giving back to the rural hospitals where they took their first breaths.



“I don’t think about the facility being where I was born... It’s just where I’m supposed to be.”

Jonell Sirois, Ashland Health Center, Kansas, family nurse practitioner
Born: 1960 Hired: 2010

It was a tornado that took Jonell Sirois home to the hospital where she was born.

While she agrees “there’s no place like home,” this Kansas girl’s story is different from Dorothy’s.

Sirois was raised in Michigan but born in Ashland, Kan., when her mom went home from college during summer break. She spent summers back in Kansas with her grandparents, and when she married a Michigan native, Sirois made it clear that they’d raise their family close to hers.

“I always knew I wanted to come back here because this was home,” Sirois says. “And the closest we could get was Greensburg.”

Greensburg, Kan., is just over 60 miles from her family’s farm near Ashland, population 855. And in 1983, after her mother survived a brain tumor which inspired Sirois to change her major from engineering to nursing, she and her husband made the move. They had three girls and a boy in the town of 1,574, and she was able to be with her maternal grandparents when they died.

On May 4, 2007, a funnel cloud wider than the

town, swept through Greensburg, and suddenly 95 percent of its buildings, including the Sirois’ home, the school and the hospital were gone. Half the citizens left too.

“We still always refer to everything as ‘before the tornado’ and ‘after the tornado,’” she says. “All the seniors moved to where their children lived, and the patient load really changed.”

Sirois was ready for a change too. She had filled in for Ashland’s physician’s assistant when he had to leave town, so when CEO Benjamin Anderson called to ask if she’d provide women’s health care one day a week at Ashland Health Center’s rural health clinic, she was excited.

“It worked perfectly with my other job because we had slowed down in Greensburg,” Sirois says. “I was honored they’d asked me. I love the area; I love the people, and believe it or not, there’s something very special about the vast openness. When I drive down there, it’s just home... But I didn’t know how long it would last.”

Then, last fall, the new physician asked how he could make it easier for Sirois to help Ashland area patients, and she signed on to work one day a week in the clinic, still doing most of the women’s health screenings, and one day on call for the 24-bed critical access hospital and nursing home.

Sirois takes a break from the hospital, where she and her sister were delivered, and now has dinner with her parents most weeks.

“I don’t think about the facility being where I was born,” she says. “I did in the beginning; I thought about it a lot, but anymore, it’s just where

I'm supposed to be. And Greensburg was where I was supposed to be for awhile."

Sirois doesn't know a lot of her Ashland patients just yet.

"But they know my parents or grandparents and tell me funny stories," she says. "I try to get to know them and see where their roots are. Most people have been in Ashland for generations, and knowing the family information impacts their whole care. Most people are there for the same reasons I am, they love the people and they want to raise their children there. They need somebody, and I care about them."

That's small-town health care for you, she says.

"One woman asked if I was weirded out when I see someone naked that I've seen at a ballgame, but I think it's the opposite," Sirois says. "People are comfortable with someone they know, and I work to earn their trust. Small towns enable more comprehensive care. We truly manage their health care through their whole life."

Sirois' mother JoAnn Rambo was a nurse, and her eldest daughters, Hope and Maggie, are registered nurses in rural Kansas.

"They've seen how being a health care provider makes you part of a community," she says.

Read about how Kiowa County Memorial Hospital in Greensburg, Kan., rebuilt an energy-efficient facility following the 2007 tornado in this 2010 Rural Roads article: [ruralroadsonline.com/coming back, going green](http://ruralroadsonline.com/coming_back_going_green).



"When it came time to do my dissertation research, I just had to do something for the hospital where I was born."

Amy Dore, DHA, Pauls Valley General Hospital, Oklahoma, doctoral dissertation
Born: 1972 Dissertation research: 2008-2009

Amy Dore wasn't supposed to be born in rural Oklahoma, and people were surprised when the Denver resident went back for her doctoral research.

Dore's mother was visiting her parents while Dore's father was deployed with the Navy, and the baby girl arrived three weeks early at Pauls Valley General Hospital.

"When it came time to do my dissertation research, I just had to do something for the hospital where I was born," she recalls. "I literally designed my topic around that. It was an uphill battle, but I knew I wanted to do it there, and now I had to figure out how."

Dore visited her maternal grandparents, whom she considers her second set of parents, at least three times a year. During one trip, she offered to do research for the hospital CEO, who was interested in hospitals of

similar size providing surgeries that would both help rural residents and boost their bottom lines. The Pauls Valley hospital has 50 beds, "so they're not considered 'critical access' [by federal definition], and they are kind of stuck in between," Dore explains.

The facility is not big enough to take advantage of federal Prospective Payment System reimbursement, which requires high volumes, but it's too large to be eligible for the cost-based reimbursement promised to federally-designated critical access hospitals, which have 25 beds or fewer.

"I'm so passionate about this hospital and keeping it afloat to provide for the community, so I couldn't let this project fail," Dore says.

She scheduled in-depth interviews with hospital staff and board members in Pauls Valley, population 6,187.

"When I sat down and told them who I was, I'd explain who my grandparents were, and that would start the stories about them, about my mom and about when I was a child," Dore laughs. "And that was before I got to ask any questions."

continues

continued

To round out the research and earn her doctor of health administration degree, Dore also conducted a nationwide survey of hospitals with between 40 and 55 beds in 2008 and 2009.

Now an assistant professor at Metropolitan State College of Denver's Department of Health Professions, Dore plans to help health care management students interested in rural health recreate the study and review the comparative data they collect.

"Even though I live in an urban area and teach in an urban college, rural health has always mattered to me," she says. "I find it very rewarding to pay it forward and expose them. Urban people are able to put blinders

on, but I'm saying to these students: 'you need to pay attention. This is the reality of the world. You may manage a health system with a rural town.' I'm able to tell them stories because Pauls Valley was always our home base. I remember, at the local pizza place, being introduced to the doctor who delivered me, and I felt better knowing the people who cared for my grandmother when she had cancer."

Dore will again use her own funds to conduct research.

"That's how much it means to me and how much I want to introduce students to this and help this segment of the population, people like my 86-year-old grandfather, who still lives in Pauls Valley," she says. "By the time the students leave, usually someone tells me they never considered rural as a career option, and now they have. One at a time, I'm trying to do my part."



"It's almost like it could come full circle for me. I may end up in this building when I pass, and that's comforting."

Tina Nelson, Sturgis Regional Hospital, South Dakota, registration/admissions clerk
Born: 1968 Hired: 2011

Comfort is key to Tina Nelson.

And she feels right at home as the admissions clerk for Sturgis Regional Hospital, a 25-bed facility in the South Dakota town of 6,627 best known for its annual motorcycle rally.

"I enjoy being able to work where I was born," Nelson says. "It's great that I can come back, and the same hospital is still here and thriving."

Nelson checks in patients who arrive at the critical access hospital's emergency room and works with insurance companies Monday through Friday.

One week is busier than the rest with rally goers, but Nelson says she knows most of the people who come through those doors "because I've been here my whole life, and that's just how small towns are."

"It makes my job easier and makes the customers happier," she says. "They feel more comfortable, which is important, and like they get better service because they know people here."

Nelson says she feels a sense of serenity within the walls of the place where she took her first breath.

"It's almost like it could come full circle for me," she says. "I may end up in this building when I pass, and that's comforting."

continues on page 16

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"It's very rewarding to take care of teachers and people who have been a big part of your life, to be able to give back to them."

Barb Irwin, Custer Regional Hospital, South Dakota, registered nurse
Born: 1964 Hired: 1985 and again in 1999

Barb Irwin's first job just happened to be in a hospital. So have all the rest.

"I've worked in health care since I graduated high school," she says. "At the time, it was because the state hospital had opened, and it was one of the few jobs in town."

That was 30 years ago.

"Then, I found out I loved it," Irwin says.

After serving as a nurse aide at Custer State Hospital for a few years, she sought work at Custer Regional Hospital in Custer, S.D., population 2,067. In the same building where she was born, Irwin cooked meals during the day and greeted patients in the evenings before moving to rural Wyoming and working as a surgical technician and an EMT.

"I wanted to be able to help more," she remembers.

So when she moved back home to Custer in 1999, Irwin took a job as the hospital's new assisted living

director while attending college at night. When she had completed the prerequisites for nursing school, she became a night-time aide at the facility until she graduated as a registered nurse in 2005 and began her current role as a nurse at the 11-bed hospital.


"Custer is a huge tourist community, so some days we know quite a few [patients], and then we may go weeks without knowing anyone," Irwin says. "There's a level of comfort for the patients. It's always nice when you're sick to walk through the door and see someone you know."

But that can be difficult for the local caregivers.

"If somebody is critical that you've known your whole life, it's like a family member, so it's hard, but you always stay focused," Irwin says.

"Anyone is heart-wrenching, but especially if it's someone near and dear to your heart. At times you grieve right along with the family. That's part of caring."

In small-town hospitals, Irwin says, the good days outweigh the bad.

"It's very rewarding to take care of teachers and people who have been a big part of your life, to be able to give back to them," she says. "I can't imagine doing anything else." 

Rural health cares

Thank you to the following 2011 contributors to the National Rural Health Association.

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Mother-daughter program aims to improve communication, reduce HPV

By Lindsey V. Corey



Left: Minnjuan Flournoy and Tasha Louise-Nance, of the University of South Carolina's Institute for Partnerships to Eliminate Health Disparities, developed an educational series for middle and high school girls and their mothers to foster healthy relationships and increase awareness about HPV. Above: Students work on a project as part of the Females Against Cancer Education and Awareness Series.

Minnjuan Flournoy and Tasha Louise-Nance were startled when a focus group of college women didn't know how HPV spread.

"This is a sexually transmitted disease we're talking about, and they didn't realize they could contract it from a male," says Louise-Nance, EdD, research faculty member at the University of South Carolina (USC) Institute for Partnerships to Eliminate Health Disparities.

No wonder South Carolina ranks 14th in the nation when it comes to cervical cancer deaths, thought she and Flournoy, PhD, USC Institute for Partnerships to Eliminate Health Disparities postdoctoral fellow.

They decided informing undergrad students about their risks and prevention options wasn't enough because:

- Persistent HPV (human papillomavirus) infections are now recognized as the cause of essentially all cervical cancers. More than 12,000 U.S. women

are expected to be diagnosed with cervical cancer, and more than 4,000 are expected to die from it this year, according to the National Cancer Institute.

- South Carolina youth are 7.4 percent more likely than other youth to engage in sexual activity and 3.3 percent more likely to have intercourse before they turn 13, according to the Centers for Disease Control's 2009 Youth Risk Behavior Study.
- Incidence and mortality rates from cervical cancer are disproportionately higher in rural South Carolina counties.

So with the USC institute's director Sandra Glover, PhD, they developed the Females Against Cancer Education and Awareness Series (FACES) for middle and high school girls and their mothers.

"FACES originated out of the mindset that we needed to reach younger girls and enable them to protect themselves," says Flournoy, the program's evaluator.

The seven-part educational series received start-up funding from the National Center on Minority Health and Health Disparities and administration interest from Orangeburg Consolidated School District 5 in

Orangeburg, S.C., an area with high rates of the virus.

But the focus wasn't solely on STDs.

"Talking about HPV only wasn't even going to get people in the door," Flournoy says. "We're talking about a rural, southern state with laws promoting the teaching of abstinence. But you can't have HPV and abstinence, so something is going on."

The four-hour weekend workshops fostered open dialogue between students, mothers and grandmothers about self-esteem, decision-making, disease prevention, abuse, teen pregnancy and more.

"To stay within the scope of the state law, we had a broader lens on healthy relationships with not only the young adult's significant other but also with her parents," Flournoy says. "We felt all of these tiny components would relate back to healthier relationships and protective factors reducing HIV, HPV and HPV-mediating cancers."

Twenty-one parents and grandparents participated every other Saturday with 29 female students, all of them African-American.

Black women in South Carolina are 37 percent more likely to have cervical cancer than white women, and the death rate for African-Americans diagnosed with cervical cancer is 61 percent higher than that of white patients, according to the South Carolina Medical Association.

"And those rates are worse in Orangeburg, a poor- to lower-middle class, predominantly black area," Flournoy says.

State law mandated that their guardians be there for consent, "but it also promoted open communication. We heard from both mothers and daughters that they learned so much about each other and were more comfortable sharing with each other thanks to FACES. And we hope that the information provided had a more lasting effect by having their moms there with them," says Louis-Nance, the project's director.

Each interactive session featured a speaker (from lawyers to social workers) and ice-breakers to get the conversation going. Then students talked among themselves before having private time designated for mother-daughter talk.


"We created an it's-OK-here environment emphasizing that you can share what you want to share, and we want it to be OK to discuss it more at home too," Louis-Nance says. "You'd see people relax and open up a little more each week, and by the later sessions, we were staying late because they really wanted to talk, which was great."

Lunch and childcare services were provided, and gift cards – funded

by the grant – were given to participants who attended every session.

Participating students have asked for the series to be extended, and parents new to FACES are asking when it will be offered again, Flournoy says.

"But it takes funding," she says. "We're really hoping we can enhance the curriculum and make it even more appealing so a funder will say, 'this is fantastic; we're sorry we didn't support it sooner'."

FACES spun off into two additional awareness programs: Baby Think it Over, providing simulated infants to students, and Empowering Men by Raising Awareness in Sexual Education for teen boys and their fathers or guardians. 

Priority: Prevention

For more on HPV prevention, Baretta Casey, MD, University of Kentucky College of Public Health professor, will speak about a social media campaign to increase vaccination, DVD-based counseling intervention and other care in rural Appalachian areas of Kentucky where cervical cancer rates are higher than average.

Casey will present during the National Rural Health Association's 35th Annual Rural Health Conference April 17-20 in Denver. For the full agenda and to register, visit RuralHealthWeb/annual.

The University of South Carolina's Minnjuan Flournoy, PhD, and Tasha Louise-Nance, EdD, presented their research and efforts aimed at reducing cancer disparities during the Rural Multiracial and Multicultural Health Conference in December in Florida.

This annual NRHA event is designed for those dedicated to bringing quality health care and services to this underserved and often under-represented portion of the rural population.

The 2012 Rural Multiracial and Multicultural Health Conference will be Dec. 5-6 in Asheville, N.C., and session proposals will be accepted through April 27 at RuralHealthWeb.org/mm.



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ORHP encourages rural providers to use health IT resources

By Sahira Rafiullah, ORHP deputy associate administrator

Health information technology (IT) requires a significant financial investment, and many rural providers face challenges in adoption due to limited access to capital to purchase hardware, software and other equipment needed to implement health IT to meet meaningful use requirements developed by the Centers for Medicare and Medicaid Services.

To help meet this need in rural communities, as part of the White House Rural Council's activities, the U.S. Department of Agriculture (USDA), the Office for the National Coordinator for Health IT (ONC) and the Health Resources and Services Administration (HRSA) joined forces with a shared goal of improving health in rural areas.

Together, they plan to leverage existing local resources

to expand the health IT infrastructure and modernize America's health care system, according to Tom Morris, associate administrator of HRSA's Office of Rural Health Policy (ORHP).

"Providers and hospitals should act now in order to maximize the incentive payments available through Medicare and avoid penalties for not successfully demonstrating meaningful use in 2015," Morris explains.

By investing in health information technology systems to meet meaningful use in 2012, providers and hospitals may maximize incentive payments through 2014. Medicare incentive payments are available to eligible health professionals and hospitals as they adopt, implement and demonstrate meaningful use of certified electronic health records (EHR) technology.

ORHP suggests providers and hospital administrators utilize the resources below to aid in implementing health IT.

Health IT help

USDA Community Facilities programs
rurdev.usda.gov/had-cf_loans.html

Hospitals and providers may use the USDA Community Facilities Direct and Guaranteed Loan Programs, in conjunction with meaningful use incentives from the U.S. Department of Health and Human Services, to fund upfront infrastructure investments that will benefit rural health providers. Incentive payments can be used to offset payments of a loan or buy down interest rates.

USDA Rural Utilities Services
rurdev.usda.gov/rustelecomprograms.html

Rural Utilities Services provides programs to finance rural America's telecommunications infrastructure, including these programs: Broadband Loan, Distance Learning and Telemedicine, Community Connect Grant and Telecommunications Infrastructure Loan.

Regional extension centers
healthit.hhs.gov/rec

Regional extension centers, sponsored by the ONC, are available to provide guidance, training and support services to assist providers and hospitals in adopting EHRs.

State offices of rural health
nosorh.org/regions/directory.php

State offices of rural health serve as an initial point of contact to help rural providers connect to and access resources within their state.

Health IT resource portal
healthIT.gov

This ONC website provides information, resources and links to on a range of health IT topics targeted to providers as well as patients.

Health IT toolkit
raconline.org/hit

This Rural Assistance Center website features resources to help rural communities find funding and to help community colleges enhance training programs. Visitors can find information about legislation affecting EHRs and leverage multiple federal resources for project development.

Health IT webinars
hrsa.gov/healthit/toolbox/webinars

HRSA's Office of Health Information Technology and Quality hosts technical assistance webinars to help HRSA grantees and safety net providers who are either using or planning to use health IT as a tool to improve quality in the delivery of patient care.

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Beginnings & Passages



Erik Brodt, clinical faculty in the University of Wisconsin-Madison Department of Family Medicine, with wife Amanda Bruegl, gynecologic oncology fellow at the M.D. Anderson Comprehensive Cancer Center in Houston.

“One day we were living the rural Hoosier’s dream; I woke the next day in a nightmare.”

Learning to walk the healer’s path

By Erik Brodt, MD

Three minutes and 30 seconds remained in the fourth quarter of the Minnesota Section 6A boys’ basketball final. Showcasing a fake plant step, our All-State point guard sends his opponent to the floor again. Dribbling around the flopping contender, No. 5 pulls up and sinks a 15-foot jumper to put Cass-Lake up by four.

But there is a turn of fate. Floating down from his jump shot, our point guard landed on the foot of another player, twisting his ankle inward and sending him to the floor in agony. Hearts dropped with the crowd’s deep gasp. Silence. I gulped nervously as my time was at hand. I composed myself and strolled onto the court to help our star as thousands looked on.

“Three minutes and 30 seconds!” she shouted as I threw myself into my disaster gown. “Estimated time of arrival, three minutes and 30 seconds!”

My hands quivered cold with sweat as my fingerprints formed through my latex gloves. Confusion rested on my shoulder. I didn’t know what, but I could feel something horrible happening.

That day, now eternally etched into my mind, had begun as a splendid day. Each step was light, walking between medicine clinic and the women’s health ward to visit a laboring mother and evaluate a baby I had delivered in the morning.

Wearing a wide grin of connection and accomplishment, I fought to contain the giddy chuckles of becoming a doctor. When all is well, being a doctor is bliss.

Pulling the hospital door, it didn’t budge. Puzzling. Why was our rural hospital locked in the middle of the day? My pager sounded, I was needed in the ER immediately.

March 21 will never be another day to me. No day will.

As a third-year medical student I performed a nine-month rural clerkship at North Country Regional Hospital in Bemidji, Minn. I chose Bemidji to be close to my family and the three largest Minnesota Chippewa Reservations. I am Anishinaabe (Chippewa) and it was the perfect opportunity for me to invest in the Native community during medical school. Little did I know how profound an impact the experience would have on me, especially on the afternoon when a young man entered Red Lake High School, shooting 13 people and killing eight, including himself.

Two days earlier, I had looked proudly on the young men of the Cass Lake-Bena basketball team as they were welcomed home to the reservation following a successful state tournament. In the ER I found myself staring at young, Native men, all victims of the tragedy in Red Lake. My mind raced and my stomach curdled sour. Do I know this kid? Oh, no. Does he remember me? There is —. I hope her child is all right. Which one of hers is behind the curtain?

Recounting what I saw would not serve anyone justice; just know that I now understand the

Innovative rookies and seasoned professionals share their experiences.

“When all is well,
being a doctor is bliss.”



Erik Brodt

meanings of “gruesome” and “horror.”

I was devastated. I played basketball with their brothers, knew their faces from powwows, and remembered their passions and joys from sports events. When you are related – no matter how distant – when you are community, no matter how close or wide, when you know the life and family that goes with the mangled face, you stop. Everything stops.

I grew up rural, but I never realized the challenges of providing care to a close-knit community until I lived it from a provider perspective. Initially I was shocked by the shooting, then the media frenzy. However, once the last patient was discharged and the camera lights dimmed, the community remained – remained with many questions and in need of healing. So did I. My life floated without direction or breeze. I hovered in suspended animation, cold and alone.

My stomach simmered the awful sights, smells and sounds of that day. My thoughts and dreams replayed the contrasting images and emotions of victory and violence: young men full of life and hope and young men lying dead and still. I was sick, hollow veined, confused by the instant flashes of beauty and horror. One day we were living the rural Hoosier’s dream; I woke the next day in a nightmare.

The pendulum swung swiftly. Our community climate was a schizophrenic storm of emotions. The joys of athletic victory and Reservation pride were short lived, and the heartache of tragedy held stationary. A soft, gray rain fell for months.

The physicians faced challenges in waves. Initially stabilization and emergent skills were needed,

followed by communication and counseling sessions with families. As the weeks turned and the months passed, the most difficult challenges arose: addressing the many faces of grief in one’s self and the community.

I watched as many banded together and found comfort in numbers. Others withdrew and searched within. Some found solace in addictions. During my last four months I could not help but wonder if the events of March 21 were connected to each new case of anxiety or depression. Or if pending divorce, job loss, car accident, or belly pain were the end result of some hope lost after the shooting. I felt some hope lost, perhaps soul loss.

Rural physicians, like their patients, spare anonymity and feel much of the impact of community events – jubilant or tragic. The question for me turned into one of reconciliation.

How am I to flourish in medicine as a young practitioner when I find myself so disconnected and disenchanted by human violence? How am I going to heal? This time and the next time? As a Native physician, how am I going to approach dark events within the Native community? Medicine quickly teaches a young doctor there is plenty of joy and heartache. Will I be able to withstand repeated heartache striking close to home? How can I continue my course for positive social change?

Too many funerals happened that spring – Christian and traditional Native.

The community turned to spiritual leaders, counselors and physicians for healing.

As for me, I left town. The weight of the shooting was crushing me and I could not stay any longer to keep reliving the events. All the constant reminders of the shooting – the media, the hospital, and town – quickly faded from my rearview mirror as I drove toward melting snow and robins. Hours later I arrived at an Ojibwe language and culture retreat.

An elder friend of mine was there for similar reasons. We both needed

continues on page 29

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Beginnings & Passages

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reprieve. By sharing our hurts and joys with one another, a bond formed between two healers. Away from the steaming edge of a boiling ocean, I was able to start processing my experience with another who understood my pain. We talked for minutes, which became hours. The hours morphed into car rides north of Bemidji where we would sit, listen, laugh, and begin to heal. Finally, the burdens in my chest began to lift.

“Once the last patient was discharged and the camera lights dimmed, the community remained – remained with many questions and in need of healing. So did I.”

Later that year I sought guidance from another friend – a man who heals people in traditional Ojibwe ways. We sat around a healing fire waiting on the rocks to glow brilliant orange. Staring into the woods, he began to share his experiences as a healer and how he approaches the dark events in the lives of those he helps. The forest hushed while he shared his ways of staying on a good path when darkness hits too close. My breaths became conscious and intentional.


He enforced the necessity of healing the healer. Each syllable chimed with each blazing clink of the firing rocks, “You need to develop thick skin.”

I shuddered. At first I did not understand, thinking he was encouraging me to become callous and disconnected from the community. This was the opposite of my life vision in medicine. As I listened to his words, I realized the “thick skin” was more like a protective glove. Not a hard, impenetrable shell, but a tight barrier wrapping around and flowing with my humanity. The

thin layer would continue to permit me to feel – feel warmth and touch – but provide a cushion from inflictions when asked to care for people in dark extremes.

He guided me to seek out necessary experiences and skills to flame-forged my own gloves, to be equipped to meet the dynamic challenges to care for a Native community. I have taken the challenge like a moth to a flame.

Many things have since changed; children are growing up and dear elders have passed. I am weeks and months further from March 2005, but the lessons learned are as crisp as September skies.

The joys and heartaches I experience each day as a young doctor are being cast into a layer around me, thus permitting me to heal myself and others. With advice to seek balance and develop “thick skin,” I have become more humane with my patients, and them with me. Wearing my experience-woven skin over my healing hands gives me the strength to endure and the confidence to succeed in providing essential care when life turns cold or springs bliss. 

Erik Brodt, MD, was 25 at the time of the 2005 shootings on the Red Lake Indian Reservation in Minnesota, when 10 people were fatally wounded in a home and the high school. Now a clinical faculty member in the University of Wisconsin’s family medicine department, Brodt says “the events surrounding the shooting at Red Lake High School have strengthened my resolve to improve the overall health of American Indian people through clinical care, education, recruitment, activism and health policy.”

His essay originally appeared in “The Country Doctor Revisited: A Twenty-first Century Reader,” a collection of stories, poems and essays written by more than 30 rural health professionals across the country. The anthology was compiled and edited by National Rural Health Association member Therese Zink, MD, and published by Kent State University Press in 2010. It is used in discussion groups for medical students around the country. For more information, visit thecountrydoctorrevisited.com.

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Dustin Summers

No raft for the rural med student

By Dustin Summers

There is a scene in the movie *Cast Away* where Tom Hanks launches his ramshackle raft from his deserted island and begins a journey that will either end with his demise or with his reaching a desired destination. With the help of his paddles and the wind at his back, he clears the breakers — the initial hurdle in his voyage — and finds himself drifting out into a vast, seemingly endless sea. He then looks back at the shore and contemplates the wisdom of his undertaking.

It's easy to become overly philosophical and reflective when beginning an arduous task. The metaphorical paths laid out before oneself and the journey of self-discovery sure to unfold, offer an air of a legendary character in some epic odyssey.

Fortunately, medical school does not offer enough pauses for one to get caught up in this nonsense.

The first semester of med school is akin to watering the lawn with a tidal wave. It's hours of lectures and reviewing recorded lectures, reading and supplemental reading, note taking and note recopying.

Any doctor who claims the first year of medical school is fun is either a liar or a lunatic. Avoid these people.

I began med school with no illusions of simplicity. I knew it would be hard. I knew it would take hours of monotonous, thankless work. I knew it would make me want to put my head through a wall at times. But I did it anyway, because I know where I want to end up, and that this is the path over, through and to my destination.

For the next three and a half years, every issue of *Rural Roads* magazine will feature an update of my journey toward becoming a rural family physician. These "Street Smarts" installments will continue until

I graduate or run off to join the circus. This is in no way intended to be a how-to manual for surviving medical school. Instead, it will be a candid conversation highlighting the setbacks, the obstacles, the rewards and the evolution of a student into a doctor.

"The first semester of med school is akin to watering the lawn with a tidal wave."

If you are a physician, maybe you will recognize yourself from years ago. If you or someone in your family is considering undertaking this challenge, this column might serve as a behind-the-scenes look into medical education. If you are a sadist, perhaps you'll just enjoy watching me suffer. Whatever your reasons for reading, I hope you enjoy my efforts.

At the time of this writing, I am in my second semester. I have survived one-eighth of my medical education intact, some holes patched together with bailing wire and chewing gum, but intact. I've breached the breakers and am now beyond any point of return. There is no port on the horizon, and I feel as if I am surrounded by unforgiving, hostile waters.

I catch myself imagining the conclusion to this journey, arriving at my destination. It's a pleasant daydream, yet there is no time to waste, not another moment to reflect. For, somewhere in the distance, the next tidal wave is already on its way.

Dustin Summers worked in the National Rural Health Association's government affairs office from 2009 to 2011. He now attends medical school at Lincoln Memorial University in Harrogate, Tenn.

Seattle's best with NRHA member Sue Skillman



Sue Skillman, of Seattle: "We really do get sun and have gorgeous mountains."

Sue Skillman has lived in Seattle for more than 20 years. So *Rural Roads* asked the Northwest native to help fellow National Rural Health Association members plan their trips to the Rural Quality and Clinical Conference July 18-20.



*The majestic Mount Rainier watches over pleasure boats on Puget Sound.
Photo by Tim Thompson*

Go up high, downtown.

The conference hotel is located in the heart of downtown Seattle, where you'll find plenty to do from sun up to sundown.

- Take your morning jog north along the waterfront to Myrtle Edwards Park. This park has trails along the water, and you can weave through the Seattle Art Museum's sculpture garden for free.

Veer a little east to the historic Seattle Center, the site of the 1962 World's Fair. Here you can take the elevator to the top of the Space Needle or visit the Experience Music Project.



*West Seattle is a scenic location to run, bike or rollerblade, with Elliott Bay and the Seattle skyline serving as backdrops.
Photo by Tim Thompson*

- Smith Tower is a less expensive alternative to the Space Needle that's even closer to the downtown core. Ride the original 1914 elevators to the 35th floor Chinese Room (which boasts furnishings from the last empress of China), and step outside to the wraparound observation deck. Afterward, explore the surrounding Pioneer Square.
- Cruise Puget Sound on one of Washington's ferries. It's a short walk to the downtown ferry terminal, where you can hop onto the Bainbridge Island ferry and enjoy the short ride to Bainbridge for lunch or shopping. Try timing your return for sunset views.
- Many well-known companies were founded in the Seattle area: Microsoft, Costco, Starbucks,

Boeing and Amazon.com, to name a few. Shop at the Nordstrom and REI downtown Seattle flagship stores, and climb to the top of the REI Pinnacle while you're there.

- Reserve your spot for the Underground Seattle Tour. It's a humorous, but highly informative, walking tour through Seattle's history.
- Just wandering downtown, you can take in spectacular views of the Cascade Mountain Range, including Mount Rainier, and the Olympic Mountains, plus Elliott Bay and Puget Sound.

Experience the arts.

- Check seattleweekly.com for local art exhibits and concerts in July.



Experience Music Project and the Seattle Space Needle both call the grounds of Seattle Center home. Photo by Tim Thompson

- Discover your inner Jimi Hendrix at the Experience Music Project at the Seattle Center. It's both visually stunning – Frank Gehry designed the building to look like a melted guitar from the air – and an interactive experience to bring out the rock star in you.
- Make time to visit the Seattle Art Museum, Olympic Sculpture Park and the Seattle Asian Art Museum in Volunteer Park, about two miles from downtown.
- While downtown, you can't miss the Seattle Public Library. There's no cost to explore this wild take on the library experience designed by Dutch architect, Rem Koolhaas.



Seattle's historic pergola, an old cable car stop located at the center of the Pioneer Square neighborhood. Photo by Tim Thompson

Eat up.

Seattle is a top destination for incredible food. We have a vast array of international restaurants, fine continental dining and innovative local fare, much of which is created with sustainable sources.

- Just up the hill from the conference hotel is the new Melrose Market. Here you can snack on local shellfish, select some exquisite cheeses and meats, or dine in one of several restaurants that serve up Seattle's hippest dishes.
- Founded in 1907, the Pike Place Market is the oldest continually operating farmers' market in the country. This downtown Seattle icon is a great spot for gifts, entertainment and, of course, food. But Seattle also has more than a dozen unique neighborhood farmers' markets to explore.

Don't delay.

Join Sue and others passionate about quality rural health care in Seattle July 18-20.

Register for NRHA's 8th annual Rural Quality and Clinical Conference early at RuralHealthWeb.org/quality to save. Scholarships are also available.

Sue Skillman is the deputy director of the University of Washington Rural Health Research Center and the Center for Health Workforce Studies. She has been a member of NRHA since 2006.

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Jon Applebaum, CEO
Twin County Regional Healthcare

Members on the move

Member to lead AHEC, serve hospital



David A. Gross

National Rural Health Association member David A. Gross recently began serving as administrative director for education and research at St. Claire Regional Medical Center in Morehead, Ky.

In addition to overseeing many of St. Claire's education programs and research projects, Gross directs the Northeast Kentucky Area Health Education Center (AHEC), which has a 17-county service area.

St. Claire serves as a 159-bed regional referral center and is the largest rural hospital in northeastern Kentucky. The hospital has hosted the regional AHEC since 1983.

Prior to his position in Morehead, Gross served as director of research, marketing and community engagement for the University of Kentucky Center for Excellence in Rural Health for nine years. He is also president-elect of the Kentucky Rural Health Association and a member of NRHA's Research and Education Constituency Group.

"I am excited to blend my research experience with AHEC's educational focus as we work to improve health care access within northeastern Kentucky," Gross says.

Gross joined NRHA in 2003.

Health sciences university names new president

Craig Phelps, DO, will replace retiring A.T. Still University of Health Sciences (ATSU) President Jack Magruder, PhD, in July.

Phelps, a 1984 graduate of ATSU's Kirksville College of Osteopathic Medicine, became provost of the university's Arizona campus in 1998, where he led the team that developed that campus. In 2010, he became the university's first executive vice president for strategic initiatives and has been working to create the Missouri School of Dentistry and Oral Health and other programs.



Craig Phelps

"I am honored and humbled to be selected by the board as ATSU's next president," Phelps says. "With everyone's help, we will bring ATSU to the next level and achieve the board's vision of preeminence."

In addition to his university responsibilities, Phelps is the primary care team physician for the NBA's Phoenix Suns and the WNBA's Phoenix Mercury, as well as the company physician of Ballet Arizona. He also practices medicine in Glendale, Ariz.

Magruder served as ATSU president for four years.

ATSU has had an organizational membership with the National Rural Health Association since 2010.

Past president credits NRHA involvement for landing new leadership job



Val Schott

Former National Rural Health Association president and longtime member Val Schott is now chief executive officer of the new Oklahoma Health Information Exchange Trust.

The goal of the legislatively created public-private trust is to foster the development of health information exchanges, especially among providers serving rural Oklahoma, Schott says.

"A lot has already been done in cities," he explains.

Send your career updates to editor@NRHArural.org.

“But small hospitals don’t have electronic health records yet and are struggling to get them. Rural docs are older; some are ready to retire and don’t know if want to spend the money. So it’s a challenge.”

Prior to leading the trust, Schott worked for the Oklahoma Office of Rural Health for nearly 20 years, most recently as director of the office and the Oklahoma State University (OSU) Center of Rural health as policy and advocacy director.

“The work we’ve done with NRHA and OSU certainly helped prepare me for this and build the qualifications they were looking for,” Schott says of his job with the trust. “I can’t think of a better primer than my involvement with NRHA. I’m particularly proud to be part a part of the organization and what NRHA stands for and does. If I had not been so involved in rural health and this organization, they would not have considered me for this.”

Schott joined NRHA in 1992.

NRHA news

NRHA welcomes new fellows



2012 Rural Health Fellows

Following a competitive review process, 10 fellows were selected to participate in the National Rural Health Association’s yearlong, intensive program aimed at developing leaders who can articulate a clear and compelling vision for rural America.

“With the successes achieved by the five previous classes, we look forward to continuing the tradition of building rural health care leaders through this valuable program,” NRHA CEO Alan Morgan says.

The 2012 Rural Health Fellows first met during NRHA’s Rural Health Policy Institute in January in Washington, D.C.

The new fellows are:

Anne Braswell, North Carolina Office of Rural Health and Community Care research and development senior analyst, Raleigh, N.C.

Mary DeVany, Great Plains Telehealth Resource and Assistance Center outreach director, Harrisburg, S.D.

Jarod Giger, PhD, University of South Dakota social work assistant professor, Vermillion, S.D.

Rebecca Hartman, Alvernia University doctoral candidate, Wyomissing, Pa.

Nalo Johnson, PhD, Avera Rural Health Institute grant writer, Sioux Falls, S.D.

Lesley LaFile, Good Samaritan Hospital Foundation grants and special project manager, Kearney, Neb.

Lori Larson, Central Minnesota Area Health Education Center regional specialist, Fergus Falls, Minn.

Samantha Lippolis, Children’s Hospital Colorado outreach coordinator, Aurora, Co.

Tarik Walker, MD, University of Colorado family medicine instructor, Aurora, Co.

Florence Weierbach, PhD, East Tennessee State University College of Nursing assistant professor, Johnson City, Tenn.

For more information on the Rural Health Fellows, visit RuralHealthWeb.org. Application materials to join the 2013 class will be available online in May.

NRHA graduates fifth class of fellows

The 2011 Rural Health Fellows presented the results of a year of research and collaboration during their graduation ceremony at this year’s National Rural Health Association Rural Health Policy Institute in Washington, D.C.

These NRHA members are now alumni of the competitive program:

Sally Buck, National Rural Health Resource Center associate director, Duluth, Minn.

Elizabeth Burrows, JD, Vermillion-Parke Community Health Center CEO, Clinton, Ind.

Danielle Hamann, Avera Health public policy associate, Sioux Falls, S.D.

Deborah Herzberg, Davis County Hospital CEO, Bloomfield, Iowa

Bren Lowe, Pioneer Medical Center CEO, Big Timber, Mont.

Mary Ellen Pratt, St. James Parish Hospital CEO, Lutchter, La.

Tim Putnam, Margaret Mary Community Hospital CEO, Batesville, Ind.

Michelle Reisinger, Community Healthcare Systems nurse practitioner, Onaga, Kan.

continues on page 40

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2011 Rural Health Fellows

Nicole Rouhana, Stony Brook University clinical assistant professor, Stony Brook, N.Y.

David Schmitz, MD, Family Medicine Residency of Idaho Inc. associate director, Boise, Idaho

Ryung Suh, MD, Atlas Research president and CEO, Washington, D.C.

"It was a wonderful experience that provided me with a better understanding of NRHA as well as rural health," Buck says.

Go to RuralHealthWeb.org for more information on NRHA fellows.

Best-selling author to headline NRHA event



T.R. Reid

Author and documentary filmmaker T.R. Reid will be the keynote speaker for the National Rural Health Association's 35th Annual Rural Health Conference next month.

Reid has written several books, including the 2009 *New York Times*-bestseller, "The Healing of America: A Global Quest for Better, Cheaper, and Fairer Health Care."

PBS "Frontline" made two documentaries following Reid around the world as he did the reporting for that book. His latest film, "U.S. Health Care: The Good News," will be broadcast nationally on PBS this year.

Reid was a Naval officer during the Vietnam War, a lawyer, a teacher and a *Washington Post* correspondent and now serves as a NPR commentator. His April 18 appearance at the NRHA event in Denver is sponsored by

the Colorado Trust, a nonprofit dedicated to achieving access to health care for all Colorado residents.

On April 19, Kathy Greenlee, U.S. Department of Health and Human Services assistant secretary for aging, will present the annual Reilly address on her commitment to expanding the capacity of the national aging network to better serve older people, caregivers and individuals with disabilities so they are able to live in their communities as they age.

Throughout the conference, NRHA members will also hear updates from key staff from the Center for Medicare and Medicaid Services, the Health Resources and Services Administration, the Office of Rural Health Policy and Veterans Affairs on the latest changes impacting rural health care delivery and funding.

NRHA's Annual Conference is the nation's largest gathering of rural health professionals. Nearly 1,000 people will attend the 2012 event in downtown Denver April 17 through 20. And NRHA's Rural Medical Educators conference will gather educators, researchers and students on April 17.

For the full conference agendas and to register, visit RuralHealthWeb.org/annual.

Speak at educational conferences

The National Rural Health Association is accepting presentation submissions through April 27 for this year's Rural Health Clinic, Critical Access Hospital and Rural Multicultural and Multiracial Health conferences.

To submit a presentation for review by a panel of members, visit RuralHealthWeb.org, and complete the online application.

NRHA's Rural Health Clinic and Critical Access Hospital conferences will be Sept. 25-28 in Kansas City, Mo., and the Multicultural and Multiracial Health conference will be Dec. 5-7 in Asheville, N.C.

NRHA recognizes congressional rural health champions

The National Rural Health Association recently presented its 2012 Legislative Awards, which recognize outstanding leadership on rural health issues by U.S. congressional members and staff.

This year's recipients are:

Sen. Ben Nelson, D-Neb.

Sen. Jon Tester, D-Mont.

Rep. Jo Ann Emerson, R-Mo.

Rep. Cathy McMorris Rodgers, R-Wash.

Jennifer Boyer, health policy adviser for Sen. Pat Roberts, R-Kan.

Tony Clapsis, Senate Finance Committee staff

"The winners embody hard work, commitment and a true devotion to rural America," says David Lee, NRHA government affairs and policy manager. "Their efforts to guarantee quality, accessible health care in rural environments are appreciated, and NRHA and all rural advocates are fortunate to have such stalwart champions."

Award winners were honored during NRHA's 23rd Annual Rural

Health Policy Institute, which set an attendance record by bringing 450 rural health advocates to Washington, D.C., Jan. 30-Feb. 1. Kathleen Sebelius, U.S.

Department of Health and Human Services secretary, gave the event's keynote address.

The 2013 Policy Institute will be Feb. 4-6.



NRHA former president and Nebraska Office of Rural Health director Dennis Berens presents Sen. Ben Nelson, D-Neb., with a NRHA Legislative Award.

accelerating advocacy

Listen up this election year

By Maggie Elehwany, NRHA government affairs and advocacy vice president

As we find ourselves knee-deep in the presidential and congressional election cycles, it is easy to turn that 30-second "paid for by the committee to elect (fill in the blank)" ad off and listen to the glorious silence.

Before you touch the remote, however, it's important to remember something: Whether we like it or not, rural health care is dependent upon the federal government. Federal legislation, regulations and appropriations each are an important component of the rural health care safety net.

Rural facility payment designations such as the critical access hospital, Medicare-dependent hospital or rural health clinic (just to name a few) are far too often at the mercy of Congress or under the heavy hand of administrative regulations.

Funding for important rural programs such as the National Health Service Corps, rural hospital flexibility grants and even state offices of rural health are subject to the whims of a few congressional members on appropriations committees. And, as we all know, rural communities are disproportionately comprised of Medicaid, Medicare or uninsured patients, which means rural providers are more dependent upon federal reimbursements or federal bad debt allowances.

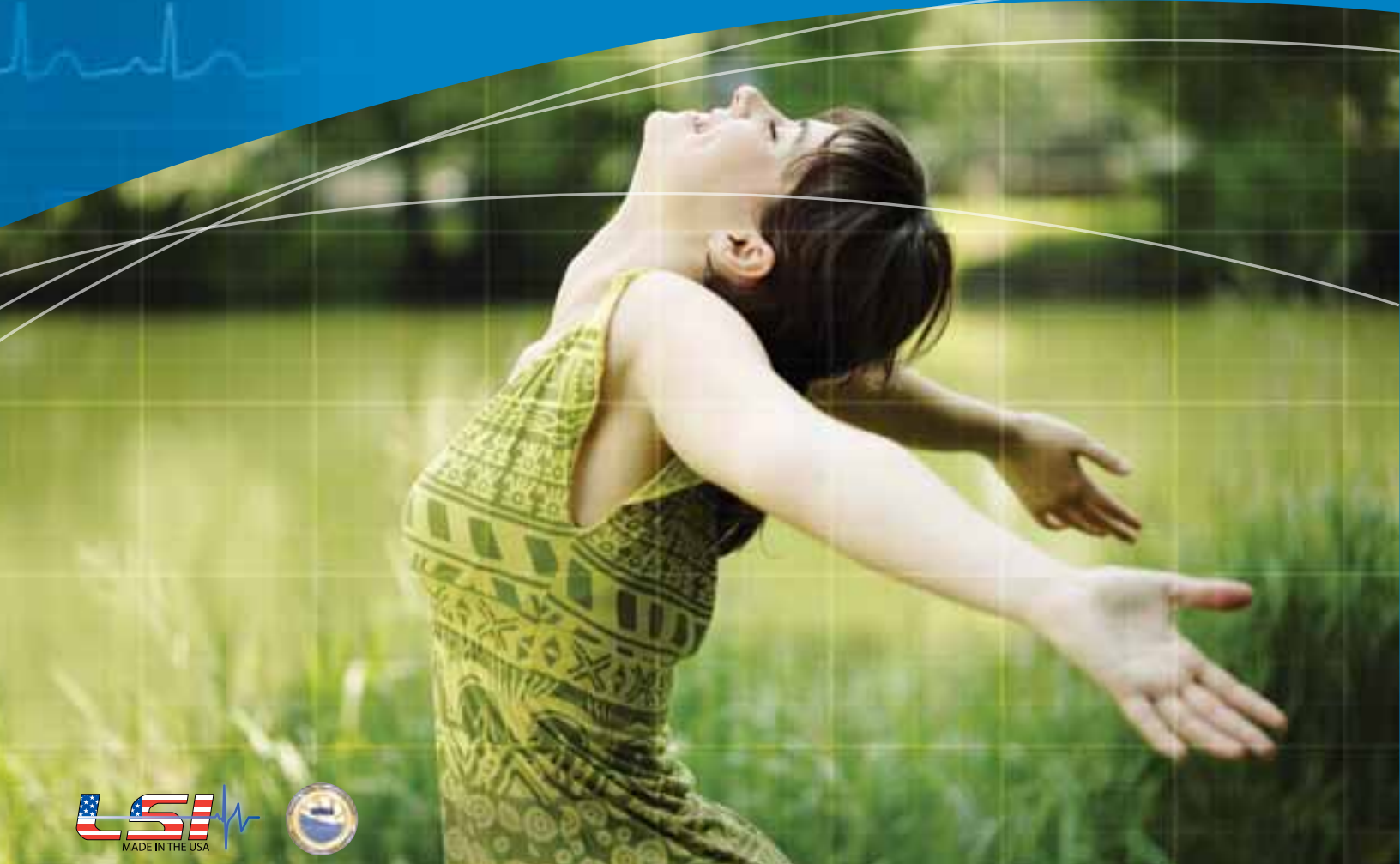
As we face a period of austerity on Capitol Hill, where each day seems like a new race to see who can cut the most federal dollars, the National Rural Health Association is fighting to ensure cuts are made with a scalpel and not a hatchet.

During the last election cycle, where the political pendulum made its most decisive swing since 1948, rural health care lost many advocates. Thirty-seven members of the U.S. House Rural Health Care Coalition and 10 members of the Senate Rural Health Caucus either lost or retired in the last election. Fewer rural health champions in Congress, means it's imperative to gain new allies through advocacy and education. That's where you come in.

The federal challenges ahead are likely the most significant in decades. NRHA needs you to stay involved and stay tuned. That 30-second ad could be of your next representative who will need to learn about the challenges of the delivery rural health care from you, his or her constituent.

For the latest federal news impacting rural health, follow NRHA's blog at blog.RuralHealthWeb.org.

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Denver's rich history



Denver's 16th Street Mall, courtesy of denver.com

While the “mile high city” is known for its mountains, nightlife and outdoor activities, Denver's past can be as exciting as its Black Diamond trails.

Founded during the height of the 1850s gold rush, the city of Denver – then just a territory – drew in nearly 100,000 miner-hopefuls. True to these roots, “the Wall Street of the West” remains a significant economic hub today. It's also home to the Denver Mint, which manufactures more than 32 million coins each year, making it the single largest producer of coins in the world.

But this high-life isn't just for 19th-century settlers or present-day skiers, National Rural Health Association members can visit this exciting city in April and gain a wealth of knowledge at the 35th Annual Rural Health Conference and the Rural Medical Educators Conference.

So whether you want to ski the Rockies, tour the downtown Denver Mint or relax at a resort, rush to RuralHealthWeb.org and sign up today.

shifting gears

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Off the beaten path

Breaking up is hard to do



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Homestead, Fla., is home to Coral Castle, a compound constructed by Latvian immigrant Edward Leedskalnin.

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Legend has it that Leedskalnin's obsession began in the 1920s after his fiancée left him.

After 1,100 tons, 28 years, one relocation, and zero witnesses, the Coral Castle was complete, and he charged 10 cents for a tour.

Today – some six decades later – it remains an architectural marvel, speculated on by scientists and Billy Idol alike. But its engineer called the castle simply his “unusual accomplishment.”

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