

rural roads

Winter 2013 National Rural Health Association



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Rural resolution:

2013 is already a busy year for NRHA, and staff and the board have goals aplenty.

Throughout this issue of *Rural Roads*, you'll find 2013 resolutions shared by sources.

What's your rural resolution? Share it at facebook.com/ruralhealth, and let us know how NRHA can help.

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Endless opportunities

I would like to thank Dustin Summers for his candor and reflection in his “Street Smarts” column (fall 2012) describing the end of his career in medical school and his time working with the National Rural Health Association.

It seems to me that he hasn’t really failed at all, and I hope that he will be successful in his quest to improve the health of rural people – the opportunities are endless!

Susan B. Coyle, PhD

West Virginia University School of Nursing
Rural Health Education coordinator and
assistant professor



Celebrating NRHA award



I wanted to let you know we have produced one more celebratory item in light of the National Rural Health Association’s 2012 Outstanding Rural Health Organization recognition Beartooth Billings Clinic proudly received at your Annual Rural Health Conference.

We used this photo – taken during our community’s annual Home of Champions Rodeo Parade – in the holiday card sent to our colleagues, suppliers and partners. It wasn’t a traditional holiday message, but we wanted to celebrate the achievement just one more time in reflection of the past year’s successes.

I sincerely appreciate the coverage Lindsey Corey provided our clinic and staff and the guidance she provided us as we created promotional materials relative to our receipt of this honor.

Thank you again,

Maggie Karas

Beartooth Billings Clinic community relations coordinator

Still impressed

I continue to be impressed with Lindsey Corey’s work in *Rural Roads*.

I was very pleased with the article you did on the Rural Outreach Nursing Education Program in the spring 2009 issue.

Jodi Perlmutter

Western Washington Area Health Education Center
CEO/executive director

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.

Send your letter to editor@NRHArural.org or *Rural Roads* editor, NRHA, 521 E. 63rd St., Kansas City, Mo., 64110.



Rural resolution:

"This year, I resolve to help launch an expansive leadership development virtual program for rural health care organizations to sustain rural health, host an international summit addressing rural health, and encourage Congress and the administration to redirect significant federal funds to address looming health care workforce shortages."

Sandra Durick

It's resolution time

Plan now to make professional development and networking your resolutions for the new year.

The National Rural Health Association is focused on the success of our members; we recognize their success creates ours.

Money and time are tight for many members, but there is no more important time to stay informed and to benefit from the power of coming together to secure the future of rural health care.

The Rural Health Policy Institute is the first of several annual meetings that brings our members together for learning, sharing and advocacy directed at protecting and strengthening rural health care for Americans. I hope you'll join me in D.C. Feb. 2-4 to start 2013 demonstrating the passion that makes rural health care something to be appreciated and valued.

NRHA strives to keep conference rates down and our events value-adding. We also offer scholarships so no one misses out. To register or learn more about the Policy Institute and the many other networking opportunities offered throughout the year, please visit RuralHealthWeb.org.

Happy New Year,

Sandra Durick
2013 NRHA president

pit stop

5 things I picked up in this issue:

1. Now is the time to get your Kentucky Derby ticket. And while you're at it, register for NRHA's Annual Rural Health Conference also in Louisville just after the famous race. *page 28*
2. Despite longstanding regulations put in place to protect coal miners, black lung is on the rise. *page 8*
3. Volunteers in rural Avery County, N.C., have made more than 100 hats for cancer patients. *page 14*
4. The National Health Service Corps deploys 10,000 providers to 17,000 sites, many of them in rural America. *page 12*
5. Women are gaining ground on Capitol Hill. *page 33*

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Five times as many coal miners have black lung than 10 years ago, according to a Centers for Disease Control study.

Black lung is back

Coal miners with disease can't catch a breath or a break

By Lindsey V. Corey

You could say coal mining is in David Neil's blood.
But you can see it on his lungs.

His dad had black lung too.

"All my family members worked in the mines," Neil says from his home in Boomer, W.V. "It's pretty much a way of life here.

"I worked construction for a few years before I went into the deep mines, but my dad drove a coal truck, so I wanted to do it too. If I had it to do over again, I'd never go into mining."

But 31 years and an advanced-stage black lung diagnosis later, Neil still punches the clock at the coal field five days a week.

"I tell anybody who will listen if I could ever get a lung transplant and

start over again, I would move plum out of the state of West Virginia, somewhere south where nothing had anything to do with dust," he says. "But it might be a little late for that."

Neil has trouble walking up the seven steps to reach his front door, and mowing the yard now requires lots of stops and starts. He lives near mountains but sticks to flat land.

There are moments when the air Neil needs just isn't there.

"You'd think at 52, I shouldn't be having the lung problems I've got, but I guess you could say I did it to myself," he says.



Top: David Neil with his grandson Brandon Cole. Neil says black lung prevents him from playing with his grandsons as much as he'd like. Above: Neil with his stepdaughter Taylor Ruggieri.

Money talks

Neil wasn't interested in college, he says. He wanted to get married, buy a house, start a family. Mining more than paid the bills.

"Coal miners are making good money, and there aren't that many jobs in West Virginia, and there certainly aren't that many good paying jobs here, especially for folks like David with just a high school education. So in order to support a family, they're pretty much going to stay in the industry," says Debbie Wills, who has led the black lung program at three Valley Health clinics in southern West Virginia since 1989. "There's really no sense trying to talk them out of it."

But, Wills adds, she can't help but try.

"Generally, doctors don't tell patients what occupation they should be in, but I'm in a different kind of role, and miners often ask me for my opinion," she says. "If they ask, they are most certainly going to hear me tell them to get the heck out of that dust."

When Neil showed up with a bad cough at the clinic in nearby Cedar Grove a decade ago, doctors thought he was too young to have complicated (or the most advanced stage of) black lung, so they worried it might be cancer.

"I'm probably the only guy ever relieved to get a black lung diagnosis, but I'd just as soon have nothing," he says.

A couple years later, he got a physical required for a new mining job that showed two masses on the tops of his lungs. The disease had progressed, but Neil was hired anyway.

Once, when he was laid off, he went to the local unemployment office in hopes of getting out of the coal fields, but Neil was told the only opening he was eligible for was a mine inspector position. Now, he drives a coal truck and keeps the windows rolled up when he can to limit his exposure to coal dust.

Coal field workers can't seem to catch break – or a breath – from this disease.

"There are certain jobs that make a person less susceptible, but anybody in those dusty conditions is likely to get black lung," Wills says. "We have guys who've only been guards way out there where the trucks go by with a load of coal, and they have it. If you can get them completely out of the dust, that will prevent the disease progression."

No cure

Not only are miners reluctant to change careers, many avoid free screenings because they don't want to risk losing their jobs, Wills explains. The Office of Rural Health Policy's (ORHP) Black Lung Clinics Program funds Valley Health and 14 other rural clinics or hospitals to provide outreach, diagnosis, medical care, education and compensation counseling for miners across the country.

"I tell anybody who will listen if I could ever get a lung transplant and start over again, I would move plum out of the state of West Virginia, somewhere south where nothing had anything to do with dust."

David Neil, black lung patient

"A lot won't come in until they have strong symptoms," Wills says. "It's a cultural thing in Appalachia. Men very much don't want to admit anything is wrong with them. They're bread winners and have people who count on that income, so they don't want to be disabled. They go through a lot of denial because of fear."

But black lung doesn't go away.

"If you have it, you'll have it forever," Wills says. "There really is no treatment for black lung, and there's definitely no cure. No laser, surgeries, pills, potions, nothing will fix it. It may progress to a point where it kills you, or it may stay the same. Not all miners with the disease are going to

continues on page 11

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Debbie Wills

end up in the final stage, but that's just based on luck."

And young miners tend to believe they'll be among the lucky ones. They trusted the Federal Coal Mine Health and Safety Act of 1969 would protect them, even if its restrictions hadn't come in time to save their fathers like Neil's and Wills'.

"Sure, I knew about black lung, but I thought by the time I started it was regulated better," Neil says.

Respirators were always available at his work sites, but Neil says he often had to remove his because it

would get clogged with dust, cutting off his air.

"The best you can do is not good enough all the time; you still get dust," he says. "But when you're young, you're hard-headed like I was and don't pay attention to that. You don't think what black lung will do to you, and you might say 'shoot, I ain't gonna get it.' You think it's fun now making money, but when they take the breath away from you, you'll find out the money's not worth it."

Busier than ever

A recent study by the Centers for Disease Control, using chest X-rays and breathing tests from more than 2,000 coal miners from Utah to Pennsylvania, showed five times as many miners have black lung than 10 years ago.

Wills has seen it firsthand. She's busier than ever. In 2011, she assisted 179 miners with the U.S. Department of Labor or the West Virginia workers' compensation claims processes and 14 widows trying to get benefits. And miners visited the three small clinics 2,000 times that year.

The black lung patients she sees are "way younger than ever before," many of them have never worked underground, and they're less likely to be union employees, Wills says. Many of the miners she's helped in recent years work 10- to 12-hour days.

"The vast majority are now non-union mines, so these guys have an extra 20 hours of dust exposure a week compared to when the 1969 rules were put in place; that adds up," Wills says. "Plus, there are less coal jobs now, so they are very reluctant to speak up about safety issues because now the foreman can say, 'hit the road, we have other guys waiting for this job.'"

Researchers aren't sure what other factors have contributed to the increase. Spreading the word about coal mining risks and black lung programs was easier when unions facilitated meetings with ORHP grantees providing services, Wills explains.

Unfortunately, she says, most of the allocated federal funds go to treating miners' symptoms.

"Of course, I'd like to do all education and outreach," Wills adds. "Our

hope in the future is to get the word out before miners and their families have to deal with the effects of the disease."

Slowing down

Black lung slows down everything physically for Neil, but the disease takes its emotional toll when his 4- and 5-year-old grandsons want to play.

"They want to bounce on my knee and roughhouse and 'let's do this, Papa,'" he says. "It's hard to explain to them that Papa can only play for little while."

Harder because, despite good intentions, Neil blames himself. He quit smoking after the diagnosis, but "your lungs can repair from cigarettes; black lung is forever."

"You work like this for your family, and then you want to be able to spend longer than a lot of people get to see your grandkids grow up, to take them hunting and fishing without being stuck on an oxygen pump. It makes me think about quitting," he trails off. "It might get to the point where I won't be able to wait."


"When they take the breath away from you, you'll find out the money's not worth it."

David Neil, black lung patient

Wills works with many families for years helping them obtain medical and monetary benefits. Neil says he'd "be in the dark without her."

"Dealing with a disease every day and an industry that causes it is frustrating, but there are some you can help, and that's rewarding," she says. "The hardest part is the end stages when the miner is dying, and there's nothing you can do but watch. There's nothing scarier than not being able to catch a breath. You can see the fear in their eyes. Sometimes they go through that for months; sometimes for a few years."

She's been to more funerals than she can count.

"I work with them from beginning to end," Wills says. "It's my calling." 

Rural resolution:

"Black lung is a completely preventable disease. Miners working in the United State of America should not be getting this disabling, and sometimes fatal, disease. During 2013 as I continue to assist miners and widows with the claims process, I would like to work with miner organizations and federal agencies to ensure that current and future miners do not get black lung."

Debbie Wills

NHSC aids rural recruitment for 40 years

By Rebecca Spitzgo



National Health Service Corps providers Casey Wyatt, Lupe Sanchez, Marshall Snoddy and Veronica Sinclair gather after providing medical care at a migrant farmworker camp in Washington.

Fewer and fewer health professionals are pursuing primary care practice nationwide.

According to the Association of Medical Colleges, the United States will have a shortage of 21,000 primary care physicians by 2015.

The decline in medical students choosing primary care poses a threat to rural communities that already face a shortage of providers, according to Mary K. Wakefield, PhD, Health Resources and Services Administration administrator.

“We need to ensure that the talent pool in rural America is robust to meet this challenge in the future,” she says.

For 40 years, the National Health Service Corps (NHSC) has provided opportunities to bring physicians and other health care professionals to traditionally underserved areas nationwide. By offering scholarships and loan repayment programs, NHSC removes financial barriers for those who

want to practice primary care medicine, particularly if they are willing to commit to going places where access to high quality health care services are most needed.

“Many health care providers know firsthand the unique benefits and joys of living in rural towns. Others discover those attributes, often staying much longer than they imagined or planned,” Wakefield says. “Frequently, those providers are part of the National Health Service Corps.”

The Corps deploys 10,000 providers to 17,000 NHSC-approved sites, including Northern Montana Medical Group in Havre, Mont., Columbia Valley Community Health in Wenatchee, Wash., and Central Ozark Medical Center in Richland, Mo.

“While these rural facilities are in different states, of

Online job center helps with rural recruitment

In April, the National Health Service Corps launched its newest online resource for NHSC sites and primary care job seekers.

The NHSC Jobs Center — nhscjobs.hrsa.gov — is a free tool that allows sites to showcase all aspects of their communities for job seekers. Employers can post

customized information, pictures of the location and facility and links to relevant websites.

NHSC site administrators that haven’t completed their profile on the Jobs Center can learn how by visiting nhsc.hrsa.gov/sites/siteprofile.

different sizes, and serve varying populations, they have one thing in common: each is an NHSC site and by employing Corps members has seen a positive impact on reducing recruiting costs while also increasing staff retention,” Wakefield says.

Big help in the Big Sky state

The Northern Montana Medical Group, located in an agricultural and railroad community of 9,310, is a comprehensive provider with the nearest medical facility 110 miles away.

With a 49-bed hospital, a 146-bed nursing home, assisted-living apartments, an Alzheimer’s/dementia special care unit and two outpatient rural health clinics, Northern Montana is the working definition of a medical home, says its president and CEO David C. Henry.

“We need to ensure that the talent pool in rural America is robust.”

Mary Wakefield, Health Resources and Services Administration administrator

“[We’re] very, very rural. Doctors usually like it but spouses don’t so much,” Henry says. “But we find that if we get the families invested in the community, in schools and churches, they want to stay.”

Since 2000, NHSC has played a significant role in finding the doctors Havre needs to help address the issue of an aging medical staff, Henry says.

“Without the Corps, we would have a much tougher time recruiting,” he says. “The Corps members bring a new life, a new vitality to the group. They have energy, plus knowledge of the new technology that’s so vital to medicine today.”

An apple a day

North central Washington is known as “the apple capital of the world,” but residents in and around Wenatchee need more than an apple a day to stay healthy. Many in these small communities are involved in labor-intensive work. One-third of the area’s population is migratory or seasonal, and that segment is mostly Hispanic and non-English speaking.

This provides serious challenges in delivering the most basic medical care, according to Patrick Bucknam, Columbia Valley Community Health CEO.

“Much of our 22,000 patient population faces language barriers, access and outreach issues,” he says.

“You have to go find patients and make sure they know where you are. You also have to deal with issues such as pesticide exposure and heat exhaustion during harvest season.”

To break down barriers to patient care, Columbia Valley has 12 Spanish-speaking medical providers, all of whom arrived through NHSC. They also understand the cultural differences, which helps address challenges the residents face, Bucknam says.

“Delivering this personal care is in large part a result of working with the Corps. If it weren’t for NHSC, we wouldn’t be around,” he says. “Many providers have stayed with us long beyond [Corps-required] years of service and have become key pillars among our medical professionals.”

Medical home sweet home


When Central Ozark Medical Center opened in 1981, its first two doctors were Corps members.

Since then, more than 80 percent of the center’s providers have come from the Corps, including primary care physicians and specialists in obstetrics/gynecology, mental health and dentistry. Like other NHSC sites, Central Ozark follows the medical home model, in which a patient’s care derives continuity by receiving treatment from a connected team of providers.

Robert Walters, CEO of Central Ozark Medical Center, has been with the facility since 1999.

“A medical home is a place where people come because they trust you. In rural centers, doctors can learn about family history from patients, because once they trust you, they will tell you their story,” he says. “This is particularly important in the management of chronic diseases and in treating the elderly and aging population that predominates in Richland.”

Walters says the Corps has helped with provider retention in the Missouri town of 1,863. One Corps physician arrived in Richland fresh out of medical school in 1991, stayed six years and then left to be in private practice before returning to the medical center in 2001.

“He is still here today. He liked the support and the fact that here he could solely focus on seeing patients, not spending his time doing paperwork, which comes with having a private practice,” Walters says. 

Rebecca Spitzgo is associate administrator for the Health Resources and Services Administration’s Bureau of Clinician Recruitment and Services and National Health Service Corps director.

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Comfort close to home

Volunteers knit hats to warm heads and hearts in rural North Carolina

By Lindsey V. Corey



Free handmade hats await cancer patients at the volunteer-run Avery County Cancer Resource Center. Photo by Brenda S. Hoss.

Ann Coleman doesn't knit, but she just might know every knitter, crocheter and quilter in Avery County.

She knows most of the cancer patients too.

Coleman is a connector.

She quickly took the lead when other Charles A. Cannon Jr. Memorial Hospital volunteers wanted find a way to help cancer patients.

The Linville, N.C., critical access hospital doesn't offer chemotherapy or radiation treatments, "but we can offer comfort close to home," Coleman says of the Avery County Cancer Resource Center.

"It's just a little thing we can do that means a lot to these patients," she adds.

When the center began in 2007, it was tucked in a hallway of the 25-bed hospital. Coleman convinced a local furniture store to donate an armoire to hold a few wigs and American Cancer Society brochures.

Since then, the center has been relocated twice, both upgrades.

"The janitors joke that we're the only people who move who get more room around here," Coleman says adding that she's appreciative of the space and support from hospital administrators. "I never dreamed it would grow like this."

Now there's plenty of space for patients to choose from handmade hats, turbans, scarves and quilts, to try on wigs, to relax and get a makeover from a



Left: A volunteer cosmetologist helps a patient try on free wigs at the Avery County Cancer Resource Center. Above: Ann Coleman (center) and other volunteers raise money and awareness at a breast cancer event. Photos by Brenda S. Hoss.

specially trained volunteer local cosmetologist or to get help from another volunteer coordinating free transportation to chemotherapy or oncology appointments.

The center is entirely volunteer-run, and everything is free, prompting neighboring counties to model new programs after it.

Coleman estimates about 100 patients in the county of 17,572 have benefited from the “go-to stop”. Patients and family members contact Cannon Memorial, and then Coleman sets up appointments at their convenience with a member of the on-call volunteer team.

“We never know just what we’ll be helping with, but you can count on all kinds of hugs and tears,” she says.

When the center was first trying to fill its armoire, Coleman says she and other volunteers went to every civic organization and church in town. Since then, residents have donated hundreds of “chemo caps.”

“When I saw the rack with all those hats hanging there, I just thought ‘how sweet and heartwarming’ to see them there just waiting for someone who needs them,” says Brenda S. Hoss, administrative assistant to the hospital president. “It’s really touching, and I’m so proud of our community, our hospital and the volunteers.”


The Cancer Resource Center volunteers raise awareness through area health fairs and coordinate breast, colon and skin cancer awareness initiatives. Local organizations raise money for the center, and patients have had utility bills

covered, groceries provided, medical supplies paid for and more.

“A lot of times they’re so worried about bills, they can’t focus on fighting the disease,” Coleman says. “So wherever we can step in and help, we will. Anything to make their lives easier, sometimes that’s just listening so they can get their mind off the cancer for awhile.”

Coleman’s father died of colon cancer, and several volunteers are cancer survivors.

“I just feel like I need to do this,” she says. “To give back to my community in this way is so rewarding, and we’re so thankful for all the people who help us.”

Donations may be sent to the Appalachian Regional Healthcare Foundation, care of the Avery County Cancer Resource Center, P.O. Box 2600, Boone, N.C. 28607. 

Rural resolution:

“I’d love to be able to reach out to more patients in need and provide whatever we can to make their lives easier.”

Ann Coleman

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Rural parents become part of teens' health career pursuits

By Amanda W. Scarbrough



Kathryn Bernal and her mother Melissa Gonzales participated in Encouraging the College-bound into Health Occupations program at her rural high school. Kathryn is now majoring in allied health at Texas A&M University.

Melissa Gonzales handpicked Refugio, Texas, for her family.

“There was never a doubt in my mind that I would raise my children in a small-town, rural environment,” she says. “The sense of community, the commitment to traditional values, the slower-paced way of life were important to me as a mother.”

Refugio is mostly flatland covered with tall prairie grass. The community is federally designated as both medically underserved and a health professional shortage area. But in this town of 2,941, Melissa was confident she could equip her daughter, Kathryn Bernal, with the skills needed to secure a bright future.

Kathryn was interested in a health career so she asked her mom to attend the Encouraging the College-bound

into Health Occupations (ECHO) programming offered at Refugio High School.

ECHO was funded by a grant from the Texas Higher Education Coordinating Board, developed in 2010 by Texas Area Health Education Center East (TAE) and executed by six of TAE’s regional operations in 71 school

“There are many communities that need practitioners to fill the gaps in the health care pipeline, which creates great job opportunities for our rural kids. And parents play a key role in helping these kids achieve their career goals.”

Steve Shelton, Texas Area Health Education Center East executive director

districts across eastern Texas. Nearly 700 students, mostly minorities, participated during the two years ECHO was offered.

The program was designed to expose rural students and their parents to a variety of health professional opportunities in medicine, nursing and

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Phones enable smart wound care in rural areas

By Candi Helseth



Kristi McClellan, a Saint Francis University health sciences student, demonstrates how smartphone technology can be used for wound care.

Leslie Wilson spends a lot of time on her smartphone looking at what some people might term disgusting photos.

Wilson, a registered nurse with advanced certification as a wound ostomy continence nurse (WOCN), uses cellular technology to monitor, assess and develop treatment plans to heal persistent wounds. On the other end of that cellular connection is a home care nurse, who applies Wilson's advice, and a homebound patient whose wound is getting proper care.

WOCNs like Wilson are in short supply nationwide. But the number of patients suffering from chronic wounds has risen to nearly 6 million throughout the United States, according to Brenda Guzik, St. Francis University (SFU) Center of Excellence for Remote and Medically Under-Served Areas (CERMUSA) telehealth assistant director.

CERMUSA in Loretto, Penn., and Wilson's employer, Home Nursing Agency (HNA) in Altoona, Penn., are collaborating on a project to assess the success of cell technology wound home care throughout the HNA service area, in what they believe is the first and only rural program in the country to use smartphone

technology in this way. HNA has provided home health and other services in 13 west central Pennsylvania counties since 1968.

In her Altoona office, Wilson receives cellular images from HNA nurses who travel to patients' homes. They give a verbal report of their findings while Wilson views the photographs. Then she consults with the nurse and patient while the nurse is still present in the home. In the past, Wilson says, she spent travel time going to a patient's home for an initial assessment and often returning for follow-up visits. Now she sees more patients more frequently.

"My role is to provide wound assessment and topical treatment using the best product for that wound," she explains. "This is definitely a collaborative effort. These images can easily be sent instantly to physicians or other providers involved in care. And patients still get that home visit from a nurse. There's a good medical reason to keep that home visit because nurses can identify potential problems in the home that we wouldn't know otherwise. The nurse also provides education so the family is involved in the care."

Guzik says home care patients with wounds are the largest population nationwide using visiting nurses. Non-healing surgical wounds and pressure ulcers are the most common types of wounds in HNA patients, and the majority of those patients are diagnosed with diabetes and/or heart disease. Other patients who frequently need wound care treatment include those with diagnoses of strokes, multiple sclerosis and trauma injuries.

"An average smartphone consult lasts 26 minutes compared to an in-home visit averaging 78 minutes."
 Leslie Wilson, wound ostomy continence nurse

Most HNA patients are homebound and elderly, have trouble walking or moving and/or are bedridden. Traveling to clinics for care is difficult due to the distance, patient's condition, lack of transportation, weather conditions and other barriers.

"Use of smartphones effectively increases patients' access to specialized wound care, increases the number of encounters for patients and allows agencies to better utilize hard-to-find specialty nurses more effectively," Wilson says. "An average smartphone consult lasts 26 minutes compared to an in-home visit averaging 78 minutes. For in-home visits, there's an additional 65 minutes in travel time, on average. The extra time required for one in-home visit equates to four visits that could occur with the use of


smartphone technology.”

Guzic says patient satisfaction surveys indicate patients like the personal visits and are glad their wounds are being inspected more frequently. Hospital readmissions and emergency room visits have decreased.

When the project began seven years ago, nurses carried nearly 20 pounds of video conferencing equipment into the homes along with their clinical supplies. The smartphone can be tucked in a pocket and is more user-friendly for nurses, Guzic says. With expansion of cell coverage in recent years, almost all HNA service areas have adequate coverage. Where it doesn't exist, the nurses still use the video conferencing equipment.

The U.S. Army Medical Research and Materiel Command Telemedicine and Advanced Technology Research Center at Fort Detrick, Md., funds the

project. In May, HNA and CERMUSA began compiling a study that will include assessment of wound healing rates, rehospitalization rates and quality of life scores resulting from the use of smartphone technology.

“We have a lot of young men and women who've been deployed in active duty and are returning to their rural communities for treatment and care,” Guzic said. “The military wants to be able to evaluate if they can get care equivalent to what they'd get in urban areas.” 

This article was originally printed in the Rural Monitor, a publication of the Rural Assistance Center.

Rural parents become part of teens' health career pursuits

continued from page 17

allied health fields such as physical, occupational and speech therapy and physician assistant studies.

Melissa says she was, “amazed to learn about the various opportunities available for students. We came away from each event more prepared to make the important decisions about colleges, majors and careers.”

Steve Shelton, TAE's executive director, calls “ECHO a unique chance for students in our rural areas to get exposure to all the different avenues they can take to work in health care. There are many communities that need practitioners to fill the gaps in the health care pipeline, which creates great job opportunities for our rural kids. And parents play a key role in helping these kids achieve their career goals.”

As a parent participant, Melissa did more than just attend meetings. She took the lead and supervised a group of ECHO students in a local community service project to educate children on preventing cold and flu viruses through proper hand washing.

“It was a wonderful opportunity for the students to serve, to communicate to the public what the group was about, and to work together as a group” she says.

Much like Melissa and Kathryn, Candy Alex and her daughter Katie, were involved with the ECHO program through Katie's high school in Goliad, Texas, population 1,975. As a rural student, Katie knew she faced limited resources.


“Larger schools offer more research opportunities for their students, and that is the one thing I think that I have missed out on by going to a smaller

school with less resources,” Katie says. “But I wouldn't trade my education that I have received for anything. I have had exceptional teachers and have met good, small-town people that have taught me so much about learning and life.”

A high school senior, Katie is applying to colleges with hopes of getting a degree in biomedical engineering.

“My family has loved me when I was at my best and when I was at my worst,” Katie says. “Without them by my side, I wouldn't have been as successful as I am today, and I know I want them by my side in the years to come to remind me what my goals are and that I can accomplish them.”

A sophomore at Texas A&M University and an allied health major, Kathryn and her mom look forward to the time when she can give back to her rural roots.

“When I see the young woman Kathryn has become, I know that I made the right decision,” Melissa says. “I pray that Kathryn will use all that God has blessed her with to serve others.” 

Amanda W. Scarbrough, PhD, is the Texas Area Health Education Center East manager of operational planning and projects. Coworkers Regina Knox and Jody Sanders also contributed to this article.

Rural Lens:

Photographers capture people, places and projects



“Little Stony Creek”
by Kimber Simmons

Grand prize and landscape category winner

Kimber Simmons says she was “thrilled to win” the National Rural Health Association’s first photo contest, Rural Lens.

Simmons, a member of the Central Appalachian Rural Network, learned about the contest from NRHA’s Facebook page, where members could vote on their favorite images in three categories – community outreach, people and landscape – and later for a grand prize winner.

Her photograph – taken near her home in rural Virginia – is along a trail to the Cascades, “my absolute favorite hiking destination,” Simmons says. “This was a wonderful opportunity to share a piece of Virginia I love with people in other parts of the country.”

Simmons received \$400 from the NRHA Partnership Program for winning the contest. NRHA’s volunteer Communications Committee planned the contest, and 81 photos were submitted.

Visit facebook.com/ruralhealth to check out the competition. And stay tuned for details on this year’s contest.

Rural resolution:

“I will celebrate and capture nature and how we interact with it. It’s living and growing just as we are, and when we connect with it, we begin to respect it more. I hope through my photography more people will grow their appreciation for rural areas and the peace they can gain from them.”

Lisa Guerra

“Hats” by Brenda S. Hoss

Community outreach category winner

The volunteer-run Avery County Cancer Resource Center at Cannon Memorial Hospital in Linville, N.C., provides free wigs, head scarves, hats, resources and support to rural patients.

“Looking at my photo, I think it’s supportive, and it’s functional, and everything about it just said ‘community’ to me. Our hospital is here for the community, and our wonderful volunteers who make and give these hats are demonstrating what community is.”

Learn more about the program on page 14.





“Face off” by Lisa Guerra

People category winner

“I took this photo when we were visiting a friend in rural Southeast Nebraska. My son found a frog and decided to have a stare off with it. I love the color of my son’s eyes and that they are the same color as the frog, the innocence of being young and exploring and connecting with nature. It reminds me of my own time growing up on an acreage.”

“Moffitt family with cat” by Dan Way

Honorable mention, people category

“The photo of the Moffitt family was taken in Wevertown, N.Y., in the Adirondack Park. The people represent three generations of Moffits, all of whom are disabled and on Medicaid.”



“Untitled” by Michael Knapstein

Honorable mention, community category

“Home-grown produce for sale in a small cart just outside Reedsburg, Wis.”



“Pine Ridge Indian Reservation” by Mina Tanaka

Honorable mention, landscape category

“I took this photo near my house when I worked on the reservation as a youth diabetes prevention coordinator.”



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David Shaw

Chief Executive Officer
Nor-Lea General Hospital, Lovington, New Mexico



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Beginnings & Passages



Alicia Haywood

“At the end of the day, I want for others what I had.”

Rural resolution:

“In 2013, I want to cultivate new and existing relationships at the state and federal level so my organization can be a resource to policymakers looking for information on the impact of health policy changes on rural Coloradans.”

Alicia Haywood

A passion for policy

By Alicia Haywood

Even though I grew up in a small community in Iowa, I didn't identify as “rural.”

I saw my family doctor when I was sick. I got my sports physicals through school and my immunizations at the local health department. My sisters were born in a hospital 20 minutes away, and when my mom was sick, we traveled just two hours to see specialists at one of the top medical facilities in the country.

Now, advocating on behalf of rural providers and communities, I make comparisons to my upbringing and realize just how fortunate I was.

After graduating from college, I moved to Denver for an AmeriCorps volunteer opportunity serving as a case manager for homeless patients in a community clinic. It was a tough job that left me feeling especially frustrated with our safety net.

I decided I wanted to affect change, rather than work in service. So I entered graduate school to study the policy-making process. Upon earning my master's in public administration, I started working with an organization to ensure health care systems meet the needs of the medically underserved.

Later I accepted a position administering a program to train mid-career leaders in public policy. We delivered issue-specific programs on economic development and on rural health. I learned how different my own rural experience was from that of many others and developed a passion for working with rural communities.

Today I am the policy and advocacy manager at the Colorado Rural Health Center, a nonprofit state office of rural health that offers programs and services to rural facilities and communities.

I love what I do. I meet many wonderful people across Colorado and even across the country. I continue to learn about the health inequities rural residents face and increasingly appreciate their resilience, innovation and sense of community that drives solutions.

At the end of the day, I want for others what I had. I want rural residents to have access to affordable health insurance and adequate coverage, quality health care, timely and geographically accessible care, healthy food and parks.

I want others to grow up thinking their ability to stay healthy and recover from adverse events is not stymied by the location of their home.

Alicia Haywood has served as the Colorado Rural Health Center's policy and advocacy manager for two years. She joined the National Rural Health Association in 2011 and is a 2013 Rural Health Fellow.

Innovative rookies and seasoned professionals share their experiences.

“I have always found the kindest, most generous, welcoming, resilient and grateful people in the rural communities.”



Tina Elliott

Growing together: Volunteer finds fulfilling career in rural

By Tina Elliott

After staying home to raise three children until the youngest was in middle school, I decided to re-enter the workforce. I wanted a position that allowed time for volunteering at my children's schools and in the community, yet one that would help me achieve my professional goals.

After more than 10,000 hours of volunteer service at Union Hospital, I got that opportunity as an employee.

In 2001, Frank Shelton, the newly hired director of the Indiana Rural Health Association (IRHA) and retired Union Hospital CEO, interviewed me for a part-time job. Respecting him as much as I did, I listened to his vision for IRHA. I told him I knew nothing about rural health. He said we'd learn together, and I was hired on the spot.

Working for IRHA re-energized me and empowered me to identify and reconnect with my interests, talents, motivations and confidence. I've achieved many of my personal and professional goals and often think back and give thanks for the wonderful people I have met through IRHA.

I have always found the kindest, most generous, welcoming, resilient and grateful people in the rural communities.

There are unique challenges in rural areas, and the longer I work with IRHA, the more I realize this. Rural people face different obstacles to their health and have less access to care

than those in urban areas. I've had the privilege of working with the Indiana Department of Health's State Office of Rural Health and the Indiana Health Commissioner, as well as colleges and nonprofits on initiatives aimed at ensuring all Indiana residents have the opportunity to live a healthy life. The rewards are limitless.

I am passionate about rural health and have learned so much from IRHA executive directors (Shelton, Shawna Girgis and Don Kelso) who have led this organization.

Due to the many programs and resources they offer, IRHA's membership has grown from 135 in 2001 to 2,500 today. We have proudly provided grant funding for emergency preparedness, networking, outreach, telehealth, rural clinics and hospitals, tobacco education, clinical quality and behavioral health.

It has been a pleasure working for IRHA and its partners, as well as the National Rural Health Association and other state associations. I will be here until I retire (hopefully several years from now). I look forward to continued growth and sharing my interest in rural health with others.

Tina Elliott has worked for the Indiana Rural Health Association since it was incorporated in 2001 and has served as its community relations director since 2009. 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 if you'd like to share your story.

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6 reasons to race to Louisville with NRHA member Elizabeth Cobb



Elizabeth Cobb

I can't wait for you to visit Louisville, Ky., for the National Rural Health Association's 36th Annual Rural Health Conference May 7-10.



The Kentucky Derby at Churchill Downs. Photo by Dan Dry, courtesy of the Louisville Convention and Visitors Bureau.

1. NRHA's biggest event will come on the heels of the 2013 Kentucky Derby.

This is one of the most exciting times of year for our state, and especially for Louisville.

The city will be at its finest after hosting visitors from around the world for the most exciting two minutes in sports. Definitely consider arriving early to attend the most famous horse race on May 4. You can order tickets

now at churchilldowns.com. Most importantly, don't forget your hat!

Learn more about the deep horse racing history of Kentucky by visiting the Kentucky Derby Museum located at historic Churchill Downs. Even if you miss the Derby, you can still experience racing at its finest at the famous track. Be sure to catch a race while you're in town.

2. Louisville is full of champions.

The Muhammad Ali Center celebrates the boxing legend in the heart of his hometown. Interactive exhibits will teach you about Ali's roots, his training, his inspirations, his art and more.



A Muhammad Ali Center visitor participates in an interactive exhibit. Photo courtesy of the Louisville Convention and Visitors Bureau via the Muhammad Ali Center.



Louisville Slugger Museum. Photo by James Moses, courtesy of the Louisville Convention and Visitors Bureau.



Fourth Street Live. Photo courtesy of the Louisville Convention and Visitors Bureau via Moberly Photography.

3. Learn about the history of the Louisville Slugger bat and how it's made at the Louisville Slugger Museum.

These museums and others on "Museum Row" are all within walking distance from Kentucky International Convention Center, where NRHA's conference will take place.



Proof on Main. Photo by John Rott, courtesy of the Louisville Convention and Visitors Bureau.

4. Louisville has some of the best dining around.


For a great experience and a special meal, you should try Proof on Main located in the 21 C hotel, which also features a unique modern art museum.

5. Check out Fourth Street Live, located just around the corner from NRHA's conference hotels.

There are more than 10 restaurants at Fourth Street with options sure to please anyone's palate. One of my favorites is the Makers Mark Bourbon Restaurant and Lounge. To learn more, go to 4thstlive.com.

6. One of our family's favorite places is the NuLu, East Market District.

In recent years, there has been an exciting revitalization in this part of downtown. Locals affectionately call it NuLu for new Louisville. NuLu has great dining like Wiltshire on Market and Harvest Restaurant, featuring foods from local farms and artisans. There are also unique shops in the area where you can find a true Kentucky souvenir to take home. And its just a short cab ride from NRHA's conference.

I hope you love Louisville as much as I do! With all the fun and dining options, you are sure to visit us again and again. 

Elizabeth Cobb is the Kentucky Hospital Association's health policy vice president and joined NRHA in 2006. She has lived in Louisville, Ky., for 12 years.

Timing is everything

Don't delay in making your reservations for the most-watched horse race of the year or for the largest gathering of rural health professionals in the country.

Signing up early for the May 4-7 Annual Rural Health Conference will save you \$100 on registration and big on hotel rates in Louisville, Ky.

Visit RuralHealthWeb.org/annual for the conference agenda and to register today.

Members on the move

Nickerson receives organization's highest honor



Gail Nickerson

Longtime National Rural Health Association member Gail Nickerson recently received an honor from another rural health nonprofit.

The National Association of Rural Health Clinics (NARHC) presented Nickerson with its 2012 Ron Nelson Award “for outstanding leadership, dedication and commitment to the advancement of rural health clinics,” the group’s highest honor named for one of its founders.

Nickerson has committed nearly 30 years to advocating for rural health, including her current position as Adventist Health’s clinic services director.

“I love the work I get to do to help RHCs serve their communities with quality, cost-effective care,” she says. “Getting to work with NARHC and NRHA, the two national associations that are the most important advocacy organizations for RHCs, is truly a blessing.”

Nickerson, who joined NRHA in 2007, is NRHA’s Rural Health Clinic Constituency Group chair.

Rural Assistance Center celebrates 10 years

The Rural Assistance Center (RAC), a national information resource for rural health and human services, is celebrating its 10-year anniversary.

Since its December 2002 launch, RAC’s website – www.raconline.org – has received more than 6 million visits. And its staff has personally responded to nearly 9,000 information requests from across the country.

In its first decade, RAC has continually grown and adapted its collection of information available to rural stakeholders, now offering an extensive online library, information by state and topic, various tools for community success, electronic updates and customizable maps.

“People in rural organizations have to wear many hats – unlike their urban counterparts, they often do not have the access to specialized resources that could assist them in searching for information and available services. On top of which, with their multiple responsibilities, time is always at a premium,” says Kristine Sande, RAC program director. “Because of that, opportunities might be lost for providers and the communities they serve. So our quest has always been to level the playing field, so to speak,

for rural providers across the country in finding and competing for funding opportunities, staying abreast of current regulations and events, and accessing the latest information.”

Sande will present on RAC’s resources at the National Rural Health Association’s Annual Rural Health Conference May 7-10 in Louisville, Ky.

Based at the University of North Dakota Center for Rural Health, RAC is a collaboration of the University of North Dakota and the Rural Policy Research Institute. It is funded through the Office of Rural Health Policy.

NRHA news

Kunz wins first McKenzie Legacy Award

Susan Kunz received the inaugural Rosemary McKenzie Legacy Award during the National Rural Health Association’s 18th annual Rural Multiracial and Multicultural Health Conference in December.

“I am honored to be the first recipient,” Kunz said upon receiving the award at the event in Asheville, N.C. “I will continue my work in Rosemary’s spirit.”

Rural resolution:

“I will do everything I can to encourage our nation’s leaders to find a way to discover common ground and move forward together to help our communities improve their economies and our citizens improve their health.”

Gail Nickerson



Susan Kunz (center) receives the Rosemary McKenzie Legacy Award from NRHA CEO Alan Morgan and 2012 NRHA Multiracial and Multicultural Health Council chair Sandra Pope.

McKenzie proudly served as NRHA's minority liaison and program services manager in the Kansas City, Mo., office for 27 years. She died in 2011 due to complications from pancreatic cancer. To carry on McKenzie's legacy and honor her memory, NRHA established the award to be presented annually during the conference she coordinated.

Kunz, the Mariposa Community Health Center's health promotion and disease prevention director, has dedicated her career to improving health equity for American Indians and Hispanics in Arizona.

"The tireless efforts and heartfelt work that Susan has done along the border to assist multiracial and multicultural populations is extraordinary, making her a great first recipient of this award in honor of Rosemary," says Amy Elizondo, NRHA's program services vice president.

Kunz will share her story in the spring issue of *Rural Roads*.

Rural resolution:

"I will continue to think of rural health in terms of all of the factors that contribute to personal and community wellness, which include social determinants like employment, income, education and housing."

Susan Kunz

NRHA elects new leadership



Raymond Christensen

National Rural Health Association members selected longtime member Raymond Christensen, MD, as president-elect.

"As I reflect on my professional service in medicine and advocacy and the mission of NRHA, this is my rural professional home," says the practicing rural family physician and University of Minnesota Medical School associate dean for rural health. "Together we will continue to provide leadership on rural issues through advocacy, communications, education and research."

Christensen, who defeated Jodi Schmidt for the position, joined NRHA in 1987. He will assume the duties of NRHA president in 2014. This year's president is Sandra Durick.

Becky Conditt, West Texas Area Health Education Center director, was elected NRHA's board treasurer for 2013. She joined the association in 2004.

Visit NRHA's blog at blog.RuralHealthWeb.org for the full list of newly elected constituency group chairs and Rural Health Congress representatives.

Rural health award nominations due soon

The National Rural Health Association will accept nominations for its 2013 Rural Health Awards at RuralHealthWeb.org through Feb. 14.

Winners will be selected by a committee of NRHA members and honored during the 36th Annual Rural Health Conference May 7-10 in Louisville, Ky.

Each student award winner will also receive complimentary conference registration, a one-year NRHA membership and \$500 from John Snow Inc.

Present at NRHA conferences

The National Rural Health Association will soon accept presentation submission proposals for its upcoming educational events.

Submissions for this year's Rural Health Clinic and Critical Access Hospital Conferences will be accepted March 4 through April 26. The events will be Oct. 1-4 in Austin, Texas.

Rural Multicultural and Multiracial Health Conference submissions will be accepted March 1 through May 31 for the Dec. 3-5 conference in San Antonio, Texas.

And NRHA will take session proposals for its 2014 Annual Rural Health Conference, the nation's largest gathering of rural health professionals,

continues

continued

May 1 through July 31. The 2014 event will be in Las Vegas April 22-25. Presentations have already been selected for the 2013 annual conference.

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

Send your career updates
to editor@NRHArural.org.

accelerating advocacy

New Congress brings new rural advocacy challenges

By Maggie Elehwany

Although the House remains in Republican control, and the Senate remains in Democratic control, this was not exactly a status quo election.

Nearly 100 new faces are joining Capitol Hill, so as advocates of rural health we've got a lot of work to do. Making new rural friends in Congress will be critical. Here's a quick rundown of the election:

The Senate

In a surprise to many, the Democrats picked up a net two seats. There will be 12 new senators, eight Democrats, including four women, three Republicans, including one woman, and one independent from Maine. It's an interesting class — all but one has held elective office previously. Six are former House members; two were governors; and three are former state officials.

The House of Representatives

The House will be slightly less Republican and somewhat more moderate, at least on paper. The election has given us 79 new House members: 44 Democrats and 35 Republicans. (In 2010, 89 new members were elected.)

The president

Re-elections can create a different president — one that is freer to speak his mind and shape his legacy. If history is any guide, there will be changes in President Obama's cabinet.

The rural fight

The challenges of rural advocacy are only going to exacerbate this year.

Though bipartisanship in the new Congress is far from a certainty, reigning in federal spending is.

Budgetary attacks on critical access hospitals promise to bubble up in 2013. Rural health clinics, individual rural providers and rural health safety net programs will not be shielded either.

Our job, together, is to educate Congress that federal dollars spent on rural care pay off for patients as well as taxpayers.

In fact, it's 3.7 percent more cost effective to provide care in a rural setting as opposed to an urban setting.

If Congress needs to control federal dollars, rural providers can teach them a lesson or two.

We can start at the nation's largest rural advocacy event, the National Rural Health Association's Rural Health Policy Institute. Join us Feb. 4-6, in Washington, D.C., as we go to Capitol Hill to fight for critical rural funding.

Your voice is needed now more than ever. Visit RuralHealthWeb.org/pi for details and to register.

Maggie Elehwany is the National Rural Health Association's government affairs and advocacy vice president.

What's new in Washington?

Fun federal facts from the election

The candidates campaigned. You went to the polls. The results of the **2012** election are in and, from Congress to the Oval Office, this is one for the history books.

- *The New York Times* pointed out Barack Obama won all states that begin with 'new' (New Hampshire, New Jersey, New Mexico and New York), but he lost all that begin with a direction (North Carolina, South Carolina, North Dakota, South Dakota and West Virginia).
- The 2012 presidential election was the most expensive in U.S. history; nearly **\$2.6** billion was spent throughout the campaign.
- A historic number of women comprise the **113th** Congress. Extra credit goes to the citizens of New Hampshire who elected the first all-women delegation.

To better understand and impact health care policy at the federal level, join the National Rural Health Association, elected officials and experts Feb. 4-6 in D.C. for the 24th annual Rural Health Policy Institute. Go to RuralHealthWeb.org/pi to register.

Off the beaten path

Boulder bells

Bridgton Township is a mere **65** miles outside of New York City. Should your travels ever lead you near Upper Black Eddy, Pa. — population **1,277** — the sweet sounds of Ringing Rocks Park might just lure you off the Big Apple beaten path.

On any given day, patrons and visitors can drop by this **8**-acre field, hammers in tow, and contribute to the enduring melody. This chorus of nature is comprised of diabase rock, or “volcanic basalt.” Usually the rocks make a sound too low for the ear to hear. However, scientists explain that these tune-like tones produced by park-goers audibly “ring” when the rock comes in contact with other rocks or heavy objects.

Fields of diabase can be found in Pennsylvania, New Jersey and Montana. It is believed the boulders are the result of Jurassic Period lava subjected to extreme elements.

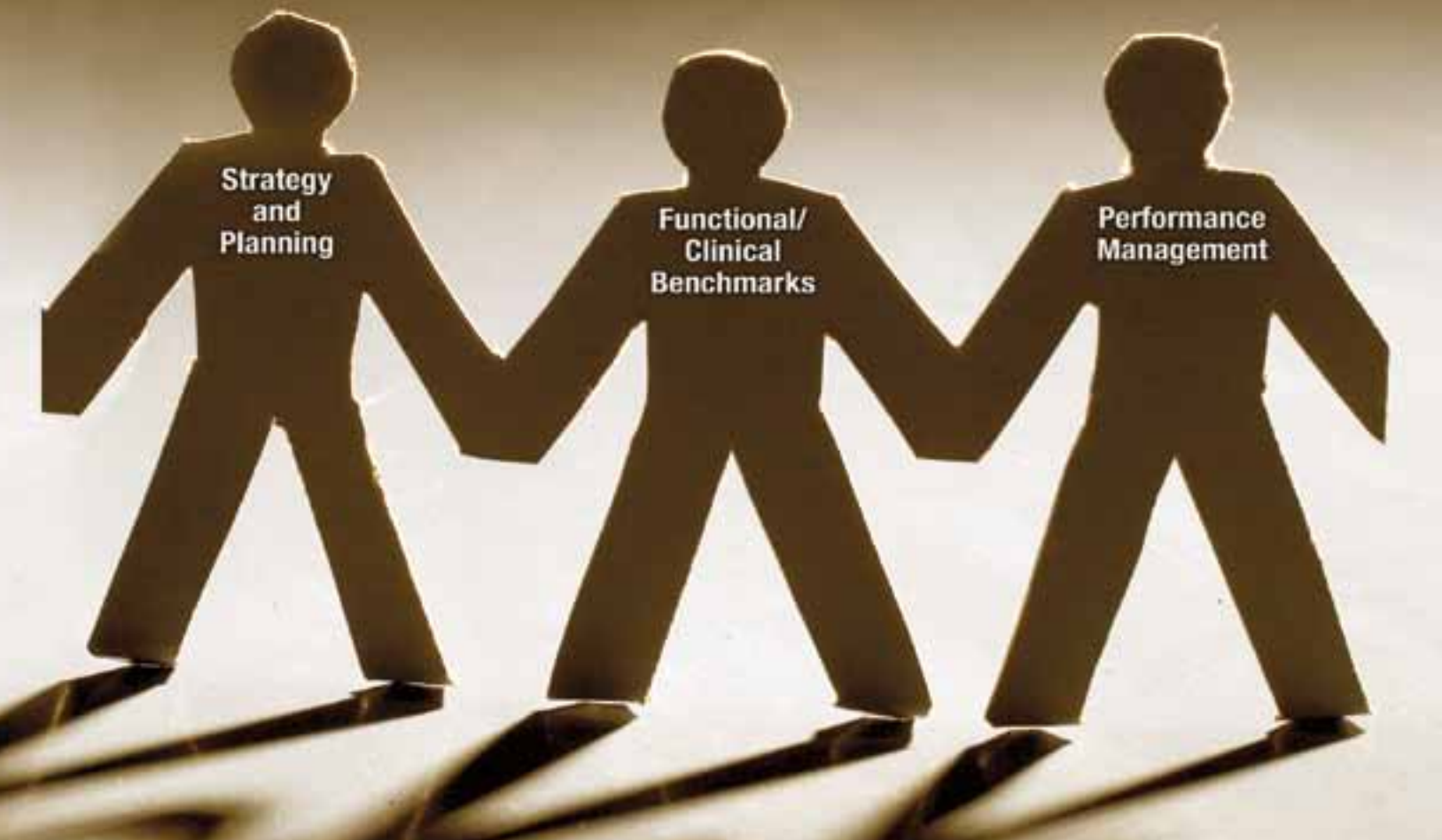
This Pennsylvania park, which is itself much larger than the boulder field, is said to have been shaped by a massive avalanche. It also boasts a culture of conspiracy and has long been thought a site of paranormal activity and rumors of ancient meteorites. In **1890**, its boulders joined musical instruments in a song under the direction of J.J. Ott. Naturally, this has been hailed by many as “the first-ever rock concert.”

shifting gears

Be green in thirteen

Whether you've been successful in resolution-keeping or not, here are some easy ways to commit to an eco-friendly lifestyle in the year ahead.

- **Travel:** Ride a bike or carpool when possible.
- **Reading:** To save on paper, visit your local library and utilize electronic readers or computers.
- **Bills still coming in from the holiday season?** Request an electronic bank statement instead of paper, and utilize online bill pay.
- **Entertainment:** Did Santa bring you the latest in electronics? Take old devices to an electronics recycling site near you.
- **Shopping:** Aid the environment by using reusable shopping bags.
- **Exercise:** Still keeping up with your workout schedule? Make a difference in reducing waste by avoiding bottled water. Instead, purchase a filter system for the same health benefits at a reduced cost.



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