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On the cover: Former farmworker Angel Castro stands in front of his old trailer in a neighborhood housing many immigrant farmworkers in rural Missouri. (Kristofor Husted/Harvest Public Media)

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Lisa Kilawee

Let's show up for rural

I've often pondered this Woody Allen quote: "80 percent of success is showing up." Showing up is important, as we can all think of situations where many people fail to do even this. However, what's really important is the other 20 percent: engagement and action.

It's an honor to serve as your 2016 president. The National Rural Health Association is the leading voice – and sometimes the only voice – for health care in rural America.

Through our members and talented staff, rural America has a presence on Capitol Hill, in the media and at the state level.

Through our educational conferences, Rural Health Congress, committees and other activities, members have opportunities to engage in activities that support health care for rural Americans.

With all of the changes and turmoil related to health care, engagement in NRHA is more important than ever. So I'd like to issue a challenge to members: Engage in NRHA's important work by attending the 39th Annual Rural Health Conference in America's heartland, Minnesota. I hope to see each of you in Minneapolis May 10-13.

Lisa Kilawee
2016 NRHA president

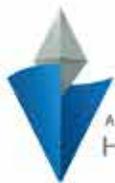
pit stop

things I picked up in this issue:

1. Rescue Divas, a unique summer camp for middle school girls in rural Wisconsin, aims to encourage more young women to become EMTs. *page 13*
2. Tuberculosis, pesticide exposure and viral breakouts are a few of the more common threats facing farmworkers living in substandard housing. *page 7*
3. "For some people in rural communities, asking them to drive 30 miles to go to the hospital is the same as asking them to drive to the moon," George Pink, PhD, Sheps Center for Health Services Research senior research fellow, told NRHA's Rural Health Policy Institute attendees. *page 28*
4. Working as a public health nurse allowed one rural health pro to see the strength and resilience of rural relationships firsthand. *page 30*
5. Six NRHA members were recognized in *Becker's Hospital Review's* annual list of "women hospital and health system leaders to know." *page 32*

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Immigrant farmworkers face housing crisis, threats to health

By Kristofor Husted

Former farmworker Angel Castro stands in front of his old trailer in a neighborhood housing many immigrant farmworkers in southeast Missouri. (Kristofor Husted/Harvest Public Media)

The rural areas in the U.S. where immigrant workers who pick crops like cotton and melons find work often lack the social services and affordable housing vital to integrating new arrivals into a community. That means many farmworker families end up in dilapidated buildings, which can come with health risks.

continues



During the growing season, these trailers are packed with seasonal farmworkers who can't afford to rent in the rural community of Kennett, Mo., according to former farmworker Angel Castro. (Kristofor Husted/Harvest Public Media)

Immigrants planting roots

Angel Castro's old road is muddy and covered with flooded potholes. He lived here during the 1990s, just behind a large John Deere store in Kennett, Mo.

"This is one of the trailer parks that rent to migrant people," he says. "It's not in the greatest shape, you know? But if you need a place to stay, you have to do what you have to do."

Dozens of trailers and campers sit on lots littered with plastic bottles and food wrappers. Large tires hold down roofs, siding is falling off the mobile homes, and cracked windows are covered up with plastic. Castro says during growing season, these trailers pack in up to 10 farmworkers.

"Right here, I think they charge you by the head," he says. "It depends on how many people are staying in the trailer. I think it's like \$120 a month a person."

Castro was born in Mexico but raised just across the border in Texas. His family spent summers chasing the watermelon crop from state to state as migrant farmworkers. Now, he has a job recruiting farmworkers'

kids to enroll in school programs.

"When we used to travel, we ran into some of those trailers, too," Castro says. "My sister used to cry, 'Oh look at the places we live in.' And my dad would say, 'It's only a month. Just ride it out a month, and we'll be out of here.'"

"If you need a place to stay, you have to do what you have to do."

Angel Castro, former farmworker

Almost three-quarters of hired crop farmworkers don't actually travel the country following the harvest, according to Department of Agriculture data. Rather than short-term migrants looking for seasonal work, many farmworkers are remaining in the U.S. longer and looking for a place to settle.

Housing options, funding limited

Generally there are three types of housing options for farmworkers: private housing like the trailers Castro lived in, employee housing provided by a landowner, and government-funded housing.

"There is a big need across the country," says U.S. Rural Housing



A dog rests in the shade at a trailer park that rents to farmworkers in Kennett, Mo. (Kristofor Husted/Harvest Public Media)

Administrator Tony Hernandez. “There is probably more need than money we have.”

The U.S. Department of Agriculture lends money through a federal program to build housing for farmworkers. Hernandez says it’s critical to provide housing for the people who help get Americans’ food to the table.

“It’s not that long ago farmworker housing was nonexistent in a lot of places,” he says. “People lived in their car. There was not a bathroom for places to have. This is really an effort to make safe and decent housing and better working conditions, and housing is a big part of that.”

Hernandez says while federal loan programs have added to farmworker housing stock, there is stiff competition for loans, and some projects don’t get funded immediately. The program is dependent on money allocated by Congress, which is in flux – from as much as \$60 million to as little as \$5 million in recent years.

Ultimately, where there isn’t local housing available, farmworkers often end up in off-the-grid shantytowns.

Health concerns, lack of inspections

“Farmworkers don’t make a lot of money. They don’t have a lot of options. The housing that they are able to find is often substandard,” says Virginia Ruiz, director of occupational and environmental health at the advocacy group Farmworker Justice.

“Farmworkers don’t make a lot of money. They don’t have a lot of options. You see often overcrowding, which can also be harmful psychologically. It’s easier in overcrowded housing for diseases to spread.”

Virginia Ruiz, Farmworker Justice occupational and environmental health director

Farmworkers are often priced out of rural rental markets that lack the resources, infrastructure or desire to build affordable housing, Ruiz says, and many end up crammed into rundown trailer parks.

continues on page 11

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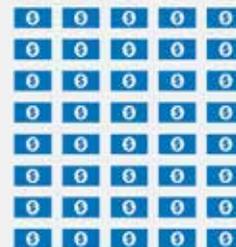
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“You also see often overcrowding, which can also be harmful psychologically,” she says. “It’s very stressful. It’s easier in overcrowded housing for diseases to spread.”

Tuberculosis, pesticide exposure and viral breakouts are a few of the more common threats facing farmworkers living in housing without adequate showers, ventilation and utilities. And these arrangements are common nationwide.

“When you don’t have the money or the means to get somewhere else or buy somewhere else, you do what you have to survive.”

Angel Castro, former farmworker

“Practically every state has a lack of enforcement,” says Moises Loza, executive director of the Housing Assistance Council, which works to improve housing conditions in rural areas.

Enforcement of housing codes doesn’t happen often enough because of limited resources, Loza says. And you’re not going to hear the tenants raising a fuss about the conditions either.

“They’re uninformed about what rights they might have or what codes there are in housing,” Loza says. “But even if they did know, they’re also afraid of getting immigration after them.”

Seventy percent of U.S. farmworkers were born in Mexico and about half are undocumented, according to the Housing Assistance Council. Because immigration status complicates dealing with local authorities, Loza says the population is largely invisible.

‘You have to survive’

Angel Castro’s old trailer has been spiffed up and looks nicer than the ones rented to farmworkers in his old neighborhood. He says he was the first Mexican to move here. Now, he says, the trailer park is filling up with farmworkers from Central America without options.

“When you don’t have the money or the means to get somewhere else or buy somewhere else, you do what you have to survive,” he says. “To live.”

Castro now lives with his family 10 miles away in a town with a burgeoning Hispanic population. He says he was fortunate to work his way out of the crop picking trade and the trailer park. But he says without education or enforcement of housing codes, the living conditions for the tenants who continue to work the fields will linger. 

This story originally aired on Harvest Public Media, a public radio reporting collaboration that focuses on agriculture and food production.

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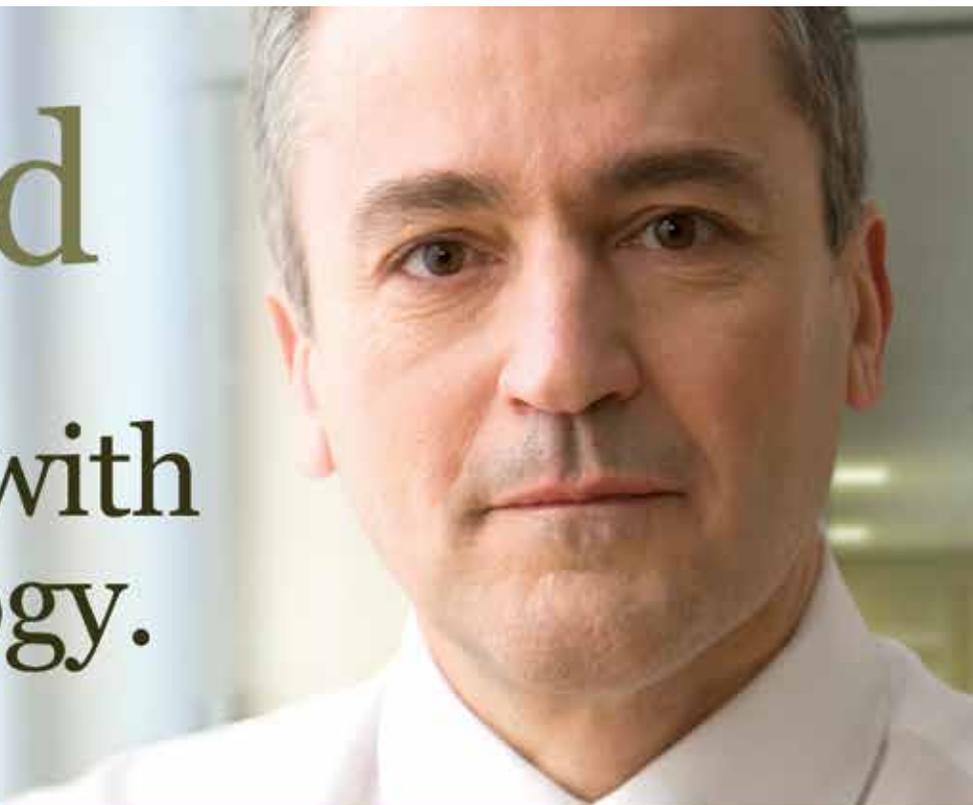
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EMS recruitment starts early in rural Wisconsin

By Sandra Knisely



Rescue Divas participants meet Ashland (Wis.) Fire Department's Julie LeBlanc to tour the station and learn to use a fire extinguisher.

Helicopters, hazmat suits, fire extinguishers, search-and-rescue dogs — in many places, a summer camp boasting these kinds of things would likely be targeted at boys.

But in Ashland, Wis., Rescue Divas is a camp for middle school girls that aims to attract new recruits to the field of emergency medical services. And it wouldn't have been possible without the support of the Wisconsin Office of Rural Health (ORH), housed at the University of Wisconsin-Madison School of Medicine and Public Health.

ORH distributes federal grants to more than 60 rural hospitals, clinics and other health care providers across the state. The office has a long history of funding projects that address a wide range of health care issues facing rural providers. In 2015, it placed special emphasis on supporting Wisconsin's emergency medical services (EMS).

"EMS is the heart and soul of health care in rural areas," says John Eich, ORH director.

In some areas, the nearest hospital may be more than an hour away, making emergency medical technicians (EMTs) a crucial part of patient

care. Yet little data exists on the overall state of EMS in Wisconsin — or on big-picture challenges facing EMTs in remote areas.

ORH is preparing to launch an assessment survey that will offer a fresh look at health care in Wisconsin by providing not only new statistics, but also more in-depth feedback from EMTs.

"This will offer a quantitative and qualitative roadmap to help us better target which parts of the state really need help," Eich says.

But the ORH team isn't waiting on the survey to start addressing some well-known challenges.

"Most rural EMTs are volunteers, so while they are professional in the sense that they're certified and have

continues



Rescue Divas participants put their education into action with a search and rescue drill.

the same standards as urban counterparts, they're not able to do this as a full-time job," says Kevin Jacobson, the ORH program manager in charge of rural community initiatives.

"We want people to know that the only way we can preserve the response time is for people to volunteer. If not you, who? If not now, when?"

Carrie Okey, volunteer EMT and Rescue Divas founder

"In the past, you would have three or four new EMTs a year," says Carrie Okey, a volunteer EMT in Washburn, Wis., and manager at the Northwest Wisconsin Concentrated Employment Program. "Now you're lucky to get one every couple of years."

This trend worries experts, as dispatchers in some areas are contacting multiple communities before

finding an EMS crew that can respond to a call.

"We want people to know that the only way we can preserve the response time is for people to volunteer," says Okey. "If not you, who? If not now, when?"

Two years ago, Okey approached Jacobson with an idea: a summer camp to inspire more young women from the Ashland area to become EMTs.

"We would not have been able to do this without ORH," she says. "Knowing a grant was out there that would fund it let us think outside of the box."

The first four-day session of Rescue Divas launched in June with 21 middle school girls. Among many activities, the campers conducted a mock search and rescue, met an all-female helicopter crew, and completed certifications in CPR and first aid.

In addition to facilitating the startup grant, Jacobson also helped Okey's team develop a long-term plan to keep Rescue Divas sustainable.

"Kevin puts people together with others doing similar things," Okey says. "He gets our vision and can offer statewide collaborations; we're in such a rural, northern area, we don't have those opportunities on our own."

Innovative approaches to recruitment and retention are especially critical as communities begin experimenting with programs that expand the role of



Pat Sanchez, Sawyer County (Wis.) Search and Rescue director, leads Rescue Divas participants on a canine search.

EMTs and paramedics.

“There’s a new movement to get paramedics to function as providers-on-call, to follow up with people who have been discharged or to do home check-ins, like a visiting nurse,” Eich says.

In 2014, ORH sponsored a forum on the topic that was attended by more than 100 hospital leaders and paramedics from Wisconsin, including representatives from the Reedsburg Area Medical Center and Reedsburg Area Ambulance Service. The two organizations recently launched a community paramedicine program that sends EMTs to check on patients in their homes.

“Our hope is to help the hospital reduce re-admissions, but to also help people stay at home and follow their doctor’s orders so they continue to be healthy,” says Joshua Kowalke, director of the ambulance service.

“The listserv that ORH initiated has been helpful by providing updates on what is taking place throughout Wisconsin regarding community paramedic programs,” Kowalke says. “It has created a way for EMS providers, hospitals and other community partners to come together and gain information.”

More generally, Eich says ORH is well-positioned to help build stronger bridges between Wisconsin’s cities and rural areas.

“On a trip to Ashland, I asked a clerk at a gas station about the best route back to Madison, and she said, ‘I don’t know. I’ve never been there,’” he says. “Rural areas of the state are not as dependent on Madison or Milwaukee as we might think.”

The next session of Rescue Divas will be in June. 

This article originally appeared on the University of Wisconsin-Madison website.

Reviewing rural recruitment

Learn more about successful rural recruitment efforts from EMTs to MDs at the National Rural Health Association’s 39th Annual Rural Health Conference May 10-13 in Minneapolis.

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Assessment aims to improve care for rural veterans

By Angela Lutz



Theresa Hudson
(Jeff Bowen/Central
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To better understand the needs of the 24 percent of veterans who live in rural areas, the U.S. Department of Veterans Affairs (VA) Office of Rural Health (ORH) recently established the National Rural Evaluation Center (NREC). NREC currently leads a national needs assessment to identify gaps in rural veterans' care and develop partnerships to improve access.

To learn more about NREC, *Rural Roads* spoke with Teresa Hudson, PharmD, PhD, about the assessment's top priorities, promising partnerships, and why rural health services are vital.

Hudson has worked with VA for 15 years, including the last eight years as the associate director at the VA Health Services Research and Development Center of Mental Healthcare Outcomes and Research at the Central Arkansas VA Healthcare System in Little Rock, Ark.

What is the National Rural Evaluation Center?

NREC is a partnership between VA's Quality Enhancement Research Initiative and the Office of Rural Health. Its goals are to examine the relationship between social determinants of health, and access to and quality of care for rural veterans. It seeks to understand the current status of rural veterans' health and well-being and provide data ORH can use to guide future initiatives.

What sources will NREC use to inform the rural veteran assessment?

We currently use more than two dozen data repositories both within VA and from other sources such as the American Community Survey and Centers for Medicaid and Medicare Services.

We will also talk directly with rural veterans who do and do not use VA health care to identify factors that influence how veterans make health-related decisions, especially about obtaining health care and what factors they believe are most impactful on their health.

We are also planning to talk with organizations that help veterans who are not enrolled in the VA health care system. We are especially interested

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continued from page 17

in organizations that do not currently partner with VA to identify potential new partners that VA and ORH can work with to improve access to care for rural veterans.

How will the assessment help ORH positively impact rural veteran health?

We believe that identifying organizations that veterans use to address health-related needs will help ORH in two ways: First, we will understand the barriers that organizations may face when partnering with VA and get their input on how these barriers can be reduced or eliminated. Second, we will have the veterans' perspective about how partner organizations meet their needs. We believe this information can be used to guide strategic new partnerships.

What do you hope the assessment will accomplish?

I hope that this assessment will identify where – geographically speaking – ORH needs to further deploy resources and with whom, such as new partner organizations and perhaps veterans themselves. [The assessment will also] identify new ways VA and ORH can influence social determinants of health to improve veterans health and well-being.

Why do rural health care and services matter to you?

I was born in a small, rural town in Missouri. Many of my family members live in rural towns in Missouri and Kansas. I have witnessed firsthand how lower income and education can influence health status.

For the last 25 years I have lived in Arkansas, an extremely rural state, and have witnessed the challenges in maintaining health and health care in these areas.

Many of Arkansas' towns do not have a physician, and people in those towns do not have an easy way to travel to care. Furthermore, the rates of poverty and unemployment are higher, making it more difficult to access care as well as to engage in healthy habits, such as eating well and reducing alcohol and tobacco consumption.

What excites you most about this work?

I'm increasingly interested in how a wide range of factors influences health. My background includes work in physical health, so the opportunity to conduct work that could impact both physical and mental health is very exciting.

It is also exciting and challenging to engage in a nationwide evaluation. I've done a variety of evaluations for various projects and organizations, but working on this nationwide evaluation offers the opportunity to help veterans across the nation – not just those in my city, state or region.

The potential for this work to make a lasting and meaningful impact on health and health care of rural veterans is amazing. 

Caring for rural veterans

Learn more about efforts to improve health care access for rural veterans during the National Rural Health Association's 39th Annual Rural Health Conference (May 10-13) and Health Equity Conference (May 10) in Minneapolis.

Go to RuralHealthWeb.org for details, agendas and scholarship information.



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Reaching veterans through rural health networks

By Wakina Scott, Natassja Manzanero, Jayne Berube and Anthony Oliver



Veteran Brian Shaw, a graduate of the health information technology program and recent hire at Fort Drum Regional Health Planning Organization in New York, assembles and tests a telemedicine unit to be used at a regional rural practice.

With the number of veterans on the rise in rural communities, addressing their health care and employment needs has become a local and national focus.

About 24 percent of veterans – or 5.3 million – live in rural areas, many in states where veterans’ health care facilities are few and far between.

The Federal Office of Rural Health Policy (FORHP), in collaboration with the Veterans Administration Office of Rural Health (ORH) has worked to address rural veterans’ needs through collaboration and network-building activities at the federal, state and local levels. This work has gained particular momentum thanks to the passage of the Veterans Choice Act and the opportunities it creates for veterans to get care

locally in rural areas.

At the state and local levels, FORHP has funded several programs to improve rural community networks for health care services and workforce training programs.

“We want to do all we can to enhance care for rural veterans, and that’s been a key focus area not only for our office but also for the White House Rural Council,” said Tom Morris, FORHP director. “What’s been interesting is to see how a number of rural communities are leveraging our funding to develop really innovative projects for rural veterans.”

These community-funded programs and others have established collaborative networks for rural veterans:

Flex Rural Veterans Health Access Program (RVHAP)

Flex RVHAP provided support to state offices of rural health in Alaska, Maine and Montana to increase the delivery of mental health and other health care services to veterans through health information exchange and technology.

Alaska and Montana developed programs that provided behavioral telehealth. In Maine, program funds were used to enhance care coordination and referral communication for more than 800 veterans who receive care from the Veterans Health Administration and private health care providers. Care providers reported that access to a veteran's information made the care coordination process easier by improving the medication reconciliation and management process.

"Supporting Maine's rural veterans has been some of the most rewarding work this program has ever done," says Matthew Chandler, director of the Maine Rural Health and Primary Care Program.

The Flex RVHAP is a pilot program that is being recompeted in 2016, and FORHP hopes to use the lessons learned from past grantees to help other states and communities that want to enhance care for rural veterans through collaboration with the Department of Veterans Affairs (VA).

Network Development Grant Program

Funding provided through the Rural Health Network Development (RHND) Program supports collaboration across health care entities to create innovative solutions to address access and quality challenges in rural areas.

This ongoing program serves a broad range of collaborative projects

that address the unique health needs of the awarded communities. Two award recipients have used funding to promote veteran enrollment in the Health Insurance Marketplace through outreach events.

Staff at a grant-supported network in Indiana created an innovative mental telehealth program to build on the services provided by VA to increase access to mental health services for rural veterans. During the three-year grant period, the Affiliated Service Providers of Indiana Inc. network served more than 950 veterans and saved more than 100,000 miles and countless hours driven by veterans to one of the only two VA facilities in the state. This telehealth model is being replicated across the country, promoting innovation and solutions to access issues in rural America for veterans and civilians alike.

Rural Health Information Technology (HIT) Workforce Program

The Rural HIT Workforce Program, which is in its final year of funding, supports formal rural health networks related to the recruitment, education, training

continues on page 25

Save 10,000 pennies in the land of 10,000 lakes

NRHA's 39th Annual Rural Health Conference, the nation's largest gathering of rural health professionals, will be May 10-13 in Minneapolis.

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and retention of HIT specialists. All grantees have been encouraged to focus on the recruitment of veterans through this program, and many have been successful in their efforts as seen in their “Veteran Recruitment Plan” reports. Through this program, rural residents, including veterans, can access HIT trainings that could prepare them for job opportunities in rural hospitals and clinics to implement and maintain systems such as electronic health records (EHR), telehealth, home monitoring and mobile technology, and to meet national EHR meaningful use standards.

“Our veterans provide a unique value to the health IT workforce community considering their experience with cutting-edge technology, [and] our program is dedicated to providing veterans with the best learning opportunity possible that leverages their unique skills and mitigates the numerous workforce challenges facing veterans in rural areas,” says Pat Fontana, Rural Health IT Workforce Network director for the Fort Drum Regional Health Planning Organization in Watertown, N.Y.

Similar efforts are underway through the Indiana Rural Health Information Technology Education Network (IRHITEN).

“The IRHITEN creates opportunities to help connect veterans with health IT-specific jobs,” explains Cindy Large, Indiana Rural Health Association network director. “Our continuing focus is on relieving the shortage of available professionals in health IT for rural health care operations as quickly as possible, and focusing our strategies on offering training and certification to Indiana veterans, which has resulted in five veterans certified in HIT.”

This one-time funding program awarded 15 grantees from September 2013 through September 2016. As of 2015, 43 of the 731 students enrolled in the HIT specialist programs were veterans. Successful recruitment efforts have included use of Army career fairs, reduced tuition for veterans and veteran spouses, funding courses through the GI Bill, and working with state and military service organizations.

Wakina Scott, Natassja Manzanero, Jayne Berube and Anthony Oliver work for the Federal Office of Rural Health Policy.

Connect and learn

Hear from Federal Office of Rural Health Policy grant recipients and learn about federal initiatives and funding at the National Rural Health Association’s 39th Annual Rural Health Conference May 10-13 in Minneapolis.

Register today at RuralHealthWeb.org/annual to save.

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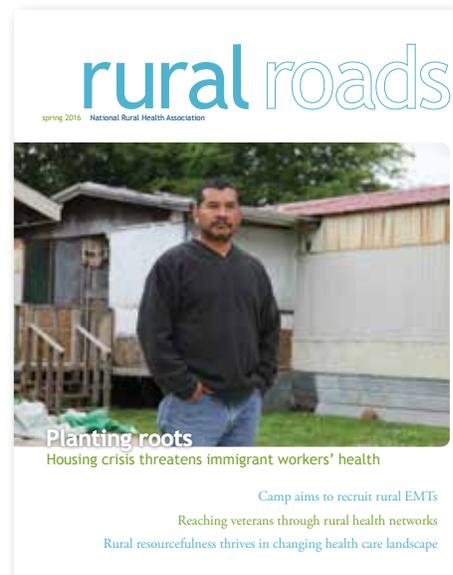
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RuralRoadsOnline.com

Visit friendly, adventurous Minnesota with NRHA member Sally Buck

Side trip



Sally Buck

So many lakes, so many sessions

Join experts and colleagues in Minneapolis May 10-13 for NRHA's 39th Annual Rural Health Conference, the largest gathering of rural health professionals in the country. Choose from more than 50 innovative, practical and cost-saving sessions.

Arrive early for the Health Equity Conference or Rural Medical Education Conference on May 10. NRHA is also hosting the new Rural Hospital Innovation Summit at the same time as the Annual Conference.

Go to RuralHealthWeb.org today to save.

It's no secret that Minnesota is friendly, scenic and home to 10,000 lakes, but there are plenty of hidden gems waiting to be discovered when you visit Minneapolis for National Rural Health Association events in May.

Sally Buck, National Rural Health Resource Center CEO, has lived in Duluth, Minn., for 23 years, and she has some suggestions – many within walking distance of the conference hotel – that will help turn your trip to Minneapolis into a vacation.

By Sally Buck

Duluth is 150 miles from the Twin Cities, which has a great variety of theater, shopping, dining and museums. The Twin Cities are like my twin boys: total opposites in personalities and features. When spring won't arrive in Duluth each April due to the ice on Lake Superior, I head to the Cities for a few days of unique activities.

Many of my favorite spots in Minneapolis can be found in **Nicollet Mall**, a pedestrian-friendly avenue one block from the NRHA conferences.

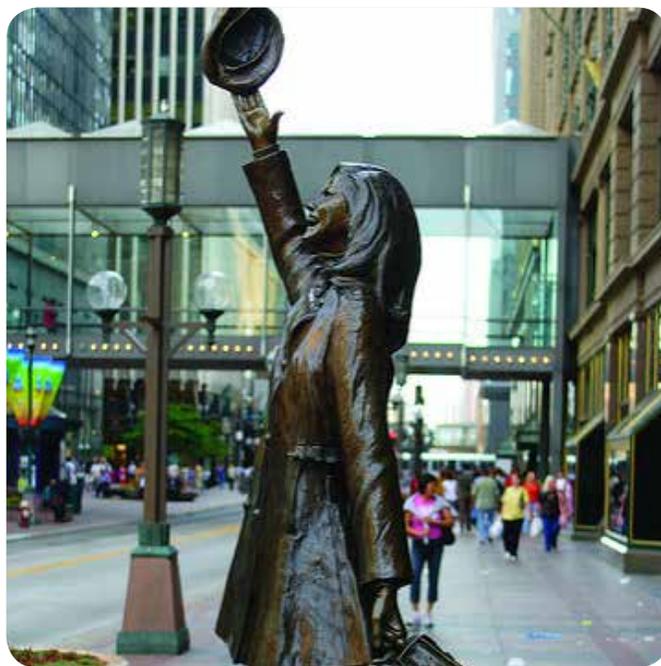
My favorites on the mall:

- **Oceanaire Seafood Room** provides the perfect setting to enjoy the freshest seafood flown in daily from around the world.
- **The News Room** offers an American eclectic menu with news-themed décor. Also, if you are a fan of the “Mary Tyler Moore Show,” visit Moore’s statue two blocks away.
- **Minneapolis Farmer’s Market** is usually on Nicollet Mall but has been temporarily relocated to Hennepin Avenue between 5th and 10th avenues. It’s open on Thursdays, featuring 60 vendors and one of the most diverse collections in the upper Midwest.

Other entertainment options:

- **Target Field** is one of the nation’s best ballparks and is located downtown. The Minnesota Twins play the Baltimore Orioles May 9-11.
- **Minneapolis Institute of Art** has a comprehensive collection with extensive Chinese and Japanese art and offers free admission.
- **Guthrie Theater** offers world-class productions in a three-stage architectural gem. “**Trouble in Mind**” is showing May 10-12.
- **Hennepin Theater Trust** is home to a number of historic venues on Hennepin Avenue. “**The Book of Mormon**” is showing at Orpheum May 10, and “**Leap of Faith**” is showing at Century May 12-13.
- **The Mall of America** is accessible by train from downtown Minneapolis or the airport. It offers more shops than anyone can visit in one day as well as an indoor amusement park, complete with roller coasters and a Ferris wheel.
- **Minnehaha Falls**, located in Minnehaha Park, is along the route between the airport and hotel and definitely worth a stop.
- **Minnesota Science Museum** in St. Paul is a favorite for our family. It features dinosaurs, many hands-on exhibits and an omnitheater. It is located on the Mississippi River.

Sally Buck joined the National Rural Health Association in 2001.



Mary Tyler Moore statue, Mall of America, and Minnehaha Falls, courtesy of Meet Minneapolis

Rural advocates campaign to save hospitals, set record

The National Rural Health Association's 27th annual Rural Health Policy Institute brought a record 490 rural health advocates together in D.C. in February.

NRHA unveiled new research at the event, demonstrating the increased severity of the closure crisis: One in three rural hospitals is at risk of closure, and 11.7 million patients could lose access to care.

"For some people in rural communities, asking them to drive 30 miles to go to the hospital is the same as asking them to drive to the moon," George Pink, PhD, Sheps Center for Health Services Research senior research fellow, reminded attendees.

Speakers included U.S. Department of Agriculture secretary Tom Vilsack, Federal Office of Rural Health Policy director Tom Morris, CMS acting administrator Andy Slavitt, and senators and representatives from both sides of the aisle.

Slavitt announced the creation of the CMS Rural Health Council "to

help promote a strategic focus on access, economics and innovation issues across rural America."

"As I listen to people and read their emails, I quickly realize that even in a wide diversity of circumstances, how many people are just hoping for the same basic things from the health care system," Slavitt said. "To get care when they need it and be able to afford it, to have their family well taken care of, and when they're sick, to get them home to lead as productive and healthy life as possible."

In advance of the Policy Institute, NRHA also hosted its annual Advocacy 101 workshop along with the Rural Accountable Care Organization Summit.

NRHA's 2017 Policy Institute will be Feb. 7-9 in Washington, D.C.



USDA secretary Tom Vilsack speaks at NRHA's Policy Institute. NRHA's Maggie Elehwany welcomes a record crowd to the 27th annual event.



Clockwise: Stacy Fontenot, Zach Allen and Kate Hill enjoy the Capitol Hill reception. Sen. Angus King talks with Charles Eldridge following King's Policy Institute speech. Jodi Schmidt, George Pink, Michael Topchik and Tim Wolters discuss the rural hospital closure crisis. Rob Schmitt, Tim Putnam, Tom Morris and Nikki King exchange ideas at the reception. 2016 NRHA president Lisa Kilawee welcomes attendees to the conference.

More friendly faces

Continue your trip down Memory Lane or see what you missed with more photos from the Rural Health Policy Institute and other NRHA events at facebook.com/ruralhealth.

Learn more about and become involved in NRHA's advocacy efforts on page 37.

Beginnings & Passages



Christine Eisenhauer

“I value the knowledge and resourcefulness that rural communities hold for designing workable solutions to their health problems.”

Rural resourcefulness thrives in changing landscape

By Christine Eisenhauer

There is a unique wisdom that comes from living and working in rural places. I have had the privilege of learning from some of the best teachers: rural residents themselves. Working as an advanced practice public health nurse rewards me with the opportunity to learn about rural health issues from the ground level and work with communities to find solutions to health problems that are locally acceptable.

While I always aspired to be a nurse, my passion for improving rural health developed through caring for tribal members on the Santee Sioux Reservation. I saw how the rural environment could be both nurturing and harmful to health. Through this, I developed an appreciation for how health behaviors are impacted by access to culturally acceptable knowledge and resources.

Observing the loss of social capital in my county as a result of poverty, minimal public infrastructure, aging-in-place, and lack of employment opportunities has been one of the most difficult challenges to living and working in rural Nebraska. The first lines of resources that my patients and neighbors use for health advice, supportive care, socialization and reciprocity are disappearing.

Although my rural landscape is changing, some rural characteristics remain unchanged. The shared experiences and resilience that bond rural neighborhoods together is powerful. It is the strength of these relationships that has driven my career path toward community-partnered research with rural adults.

I value the knowledge and resourcefulness that rural communities hold for designing workable solutions to their health problems. Whether creating healthy eating and activity interventions with middle-aged men or documenting preferences for culturally sensitive care transitions with older women concerning cognitive decline, working in partnership with rural communities has been a rewarding path to establishing a research career in rural nursing.

Christine Eisenhauer, PhD, is assistant professor of nursing at the University of Nebraska Medical Center-Northern Division. She and her husband, Scott, own an Angus cow head and grain operation. They have two sons and have resided in rural Knox County, Neb., for more than 20 years. Eisenhauer joined the National Rural Health Association in 2008 and was a 2015 NRHA Rural Health Fellow.

Innovative rookies and seasoned professionals share their experiences.

“When I finish working for the day, if I can say that people have been helped, then I leave with a sense of accomplishment.”



John Carlo

Living to serve others

By John Carlo

Every doctor remembers his or her career beginning, and the question, “Why do you want to be a doctor?” In the midst of making good grades, studying for the MCAT, and high-pressure medical school interviews, this simple question needs a thoughtful yet honest answer.

I’m probably like most doctors in practice today in that I don’t remember the answer I gave back then, but it almost certainly isn’t the answer I would give today. Today, for me, it is much simpler, but more honest: I live to serve others. When I finish working for the day, if I can say that people have been helped, then I leave with a sense of accomplishment.

My professional career is somewhat unusual. I trained as a general surgeon, but learned that my calling was to function at a different level in a way that could garner a greater impact than what could be accomplished in the operating room alone. I became a public health practitioner working to find ways of connecting hospitals to providers, utilizing the channels that both government and private sector offer.

The public health approach has the greatest potential to limit suffering, lower disease rates, and make the biggest differences. Patients need great doctors to see them when they are sick, but my passion is to create ways to prevent illnesses.

Today, I am leading an organization that provides HIV treatment, prevention and primary care for some of our most vulnerable communities in North Texas. Today, the epicenters for HIV epidemics in the U.S. are moving away from being exclusively urban to other places, with significant increases particularly in the rural south.

Many of our patients travel great distances to come see us, often from rural communities where the kind of services we provide don’t exist. Isolation, be it due to stigma, geography or poverty, continues to cause new infections of HIV. My work is to address this condition by having accessible medical facilities, caring and capable professionals and a system that can work collaboratively toward addressing communities in need.

John Carlo, MD, is the chief executive officer for AIDS Arms Inc., the largest community-based HIV/AIDS service organization in North Texas. AIDS Arms provides comprehensive HIV prevention and treatment services primarily for those who lack health insurance. Carlo will present at the National Rural Health Association’s Health Equity Conference May 10 in Minneapolis.

*Are you relatively new to rural health or looking back on years of serving rural America?
Email editor@NRHArural.org if you’d like to share your story.*

Members on the move

Longtime rural health pro becomes chief operating officer



Greg Weaver

services In 2009, he took a position at West Holt Memorial Hospital in Atkinson, Neb., as clinic administrator.

In his new role in South Dakota, Weaver oversees the clinic, lab, X-ray, food service, environmental services, and building and grounds. Additionally, he will be reviewing processes, policies, workflow and financial indicators.

“I am excited about moving into a more proactive (preventive medicine) role for our clinic as well,” Weaver says. “We need to keep patients healthy, not just be reactive to their acute complaints. The educational and legislative programs of NRHA are very valuable in keeping me up to date on current events, trends, benchmarking and laws that affect health care.”

Weaver joined the National Rural Health Association in 2014.

National Rural Health Association member Greg Weaver recently accepted a new position as chief operating officer at Coteau Health Care Systems in Sisseton, S.D.

A longtime rural health professional, Weaver started his career as an EMT at Audrain Medical Center in Mexico, Mo., where he worked for 30 years in various positions, including director of ambulance

Maryland Rural Health Association gets new leader



Lara D. Wilson

Lara D. Wilson recently became executive director of the Maryland Rural Health Association.

Prior to her new position, she worked at Garrett Regional Medical Center, a rural hospital in Oakland, Md., as director of grant development.

In her new role, Wilson is excited to grow the organization by launching a new website and marketing campaign. She hopes to expand the association’s presence on social media to reach a larger membership base.

“NRHA’s monthly state association calls provide me a great sense of how the other state associations are reaching their community,” Wilson says.

She joined the National Rural Health Association in 2015.

Replacement facility designed to deliver state-of-the-art care

Community HealthCare System (CHCS) in Onaga, Kan., was recently rebuilt and expanded to focus on patient privacy and enhanced access to services.

In addition to a new surgical suite, in-house imaging department, expanded emergency services suite, birth center, and renovated primary and specialty care clinic, the new facility offers an advanced healing environment with lots of windows, natural light and art.

CHCS has a service area of more than 10,000 square miles, with family practice clinics in seven communities, two nursing homes, one assisted living unit, and two hospitals. The system employs 471 people, including 22 local family practice physicians and midlevel practitioners.

Send your career updates to editor@NRHArural.org.



Community Health Care System

“NRHA has been a great partner in helping us achieve our mission, providing many educational and advocacy resources,” says Todd Willert, CHCS CEO. “Advocacy on behalf of our rural hospitals, be it physician supervision regulations, the 96-hour rule, or changes to 340B, has always been a hallmark of NRHA. The annual Critical Access Hospital and Rural Health Clinic Conferences consistently provide timely content specific to rural hospitals and a tremendous opportunity for networking and the sharing of ideas.”

CHCS joined the National Rural Health Association in 2010.

NRHA members included in list of female leaders to know

Becker's Hospital Review has named six National Rural Health Association members in its annual list of “women hospital and health system leaders to know.”

The list includes women who are executives at hospitals and health systems across the nation and have established themselves as successful leaders within the ever-changing health care industry.

“I am so honored to be counted among the executives that *Becker's* recently recognized,” says Leslie Marsh, Lexington (Neb.) Regional Health Center CEO. “During an internship at NRHA in 2010, immediately prior to assuming the role of CEO, I was able to meet

some of the best and the brightest in rural health care. NRHA's focus on advocacy, regulatory issues, quality, population health and finance, all integral to health care delivery, is noteworthy. The access to health care leaders and information is critical, particularly as we move to a value-based health care delivery system.”

The following NRHA members were selected by *Becker's* editorial team:

Jean Anthony, Hills and Dales General Hospital, Cass City, Mich.

Karen Collins, Lady of the Sea General Hospital, Cur Off, La.

Margot Hartmann, Nantucket (Mass.) Cottage Hospital

Leslie Marsh, Lexington (Neb.) Regional Health Center

Siri Nelson, Sutter Lakeside Hospital, Lakeport, Calif.

Robin Rose, Gibson Area Hospital and Health Center, Gibson City, Ill.

NRHA news

NRHA announces new leadership



David Schmitz

Leadership for the National Rural Health Association is secure for 2016 and beyond, thanks to recent elections for Board of Trustees and Rural Health Congress positions.

NRHA members chose David Schmitz, MD, as president-elect. Schmitz, Family Medicine Residency of Idaho chief rural officer and director for rural training tracks, will assume the duties of NRHA president in 2017.

“Being entrusted to serve the National Rural Health Association as a future president is a highlight of my career,”

Schmitz says. “NRHA allows our voice to be louder and smarter. I am confident we can work together to benefit our members and our organization, and most of all we can strive together for better rural health.”

He continues to practice family medicine, including obstetrics, as a medical educator at several Idaho locations.

Members selected Pat Schou to serve as NRHA's board secretary in 2016 and 2017. Schou is executive director of the Illinois Critical Access Hospital Network.

The following NRHA members were elected by their peers to serve in leadership roles:

continues

continued

Constituency Group chairs

Hospitals and Health Systems: Susan Starling, Irvine, Ky.

Public Health: Alana Knudson, Bethesda, Md.

Research and Education: John Gale, Portland, Maine

Statewide Health Resources: Patricia Crawford, Lewisburg, W.Va.

Students: Julie Middleton, Seattle, Wash.

Rural Health Congress representatives

Hospitals and Health Systems:

Steve Barnett, Sandusky, Mich.

Kiley Floyd, Osborne, Kan.

Jan Kemmerer, Beloit, Kan.

Jeremy Levin, Sauk City, Wis.

Jim Peterson, Arroyo Seco, N.M.

Pat Schou, Princeton, Ill.

Allen Van Driel, Smith Center, Kan.

Roger Wells, Saint Paul, Neb.

Holly Wolff, Waterloo, Iowa

Research and Education: David Gross, Morehead, Ky.

Rural Health Clinic: John Everett, Snyder, Texas

Statewide Health Resources:

Sally Buck, Duluth, Minn.

Brad Gibbens, Grand Forks, N.D.

Sandra Pope, Charleston, W.Va.

Elected in 2014, Lisa Kilawee, of rural Wisconsin, is serving as NRHA's 2016 president.

NRHA congratulates Rural Health Fellows graduates

The National Rural Health Association congratulates the 2015 Rural Health Fellows for completing the intensive program.

The fellows presented the results of a year of research and collaboration during their graduation ceremony at this year's NRHA Rural Health Policy Institute in D.C.

"The Rural Health Fellows Program served as a springboard to launch my leadership in NRHA," says graduating fellow Julie Middleton. "Since starting the program, I have been elected to serve as Student Constituency Group Chair, joined the Rural Health Congress, and moderated sessions at the Annual Conference. The program provided many opportunities to integrate into NRHA as a large organization as well as develop personal leadership skills."

These NRHA members are now alumni of the competitive program:



2015 Rural Health Fellows

Brandon Baumbach, Rural Assistance Center rural health policy specialist, Grand Forks, N.D.

Roxana Cruz, MD, Hunt Regional Medical Partners primary care medical director, Greenville, Texas

Sue Deitz, Critical Access Hospital Network executive director, Newport, Wash.

Christine Eisenhauer, PhD, University of Nebraska Medical Center College of Nursing assistant professor, Norfolk

Erin Gregg, West Texas Area Health Education Center program coordinator, San Angelo

Carla McKelvey, MD, North Bend Medical Center general pediatrician, Coos Bay, Ore.

Julie Middleton, University of Washington School of Medicine student, Seattle

Robert Monical, McPherson Hospital CEO, McPherson, Kan.

James Parrish, Humboldt General Hospital CEO, Winnemucca, Nev.

Maria Sallie Poepsel, PhD, Scotland County Hospital chief anesthetist, Memphis, Mo.

Justin Stokes, U.S. Rep. Richard Hanna chief of staff, Washington, D.C.

Ann Turner, Dartmouth-Hitchcock Center for Rural Emergency Services and Trauma program manager, Lebanon, N.H.

Margaret Woepfel, Bryan Health regional services consultant and critical access hospital coordinator, Lincoln, Neb.

As part of the yearlong program, the fellows developed six research projects on topics including rural public health, rural health careers pipelines, a responsive rural health delivery system, the impact of swing beds and collaborations of multiple rural stakeholders.

NRHA welcomes new fellows



2016 Rural Health Fellows

Following a competitive review process, 16 fellows were selected to participate in the National Rural Health Association's yearlong program aimed at developing leaders who can articulate a clear and compelling vision for rural America.

"Once again, this class represents various levels of rural health expertise," NRHA CEO Alan Morgan says. "With the successes achieved by the previous classes, we look forward to continuing the tradition of building rural health care leaders through this valuable program."

The 2016 Rural Health Fellows first met during NRHA's Rural Health Policy Institute in February in D.C.

The new fellows are:

Robert Alpino, Eastern Virginia Area Health Education Center director, Norfolk

Britta Anderson, PhD, National Opinion Research Center Walsh Center for Rural Health Analysis research scientist, Bethesda, Md.

Brandy Bynum, Rural Forward NC – North Carolina Foundation for Advanced Health Programs associate director, Cary

Megan Cody, Preferred Management Corporation waiver manager, Austin, Texas

continues

Donor corner



James G. Boulger, PhD, has given generously to the National Rural Health Association's Rural Health Foundation each year since it was established in 2012.

Boulger, University of Minnesota Duluth professor of family medicine, biobehavioral health and population sciences and Center for Rural Mental Health Studies

director, joined NRHA in 1986.

Rural Roads: Why is rural health important to you?

Boulger: Fairness. Justice. Accountability. Today, we talk a lot about health disparities, but this has not always been the case. Until recently, rural citizens were largely ignored as a population under the inequity umbrella. While this is changing, the need for a rural health voice is as greatly needed today as it has ever been. Policymakers and politicians need to be responsive to our national needs constantly and not just during the run-up to elections.

My work in rural medical education for the past 47 years has been spent attempting to provide excellent training to rural physicians in family medicine and other specialties. The Duluth model works. We have a very large proportion of our alumni serving rural and Native American populations. The joy of seeing students practicing and learning in rural areas is sustaining in the face of the recurring needs. I could not be working in a better area than in rural health education.

Rural Roads: Why do you support the foundation?

Boulger: As an educator, I know that programs and change require commitment and funding – and there is never enough funding to support our needed programs. We must have our case presented clearly, professionally and – yes – loudly. Without NRHA, who would speak for all of us?

We need the high-quality, passionate leadership that we see in NRHA. We are fortunate to have such a dedicated staff fighting for all of us. We need to thank them and, as importantly, support their efforts financially.

Rural Roads: Why would you encourage others to donate to this cause?

Boulger: To paraphrase America's poet Bob Dylan, how many times can we all turn our backs and pretend that we just cannot see that we need to have meaningful change for all? It is time to turn and face the music, to support each other as we make the world a better place. It is time to support the change-makers with our resources. Yes, give. Not only is it the right thing to do, it feels better to be a contributor than a watcher.

NRHA thanks James Boulger for his ongoing contributions to the Rural Health Foundation.

For more information and to help build a permanent endowment for rural leaders, visit RuralHealthWeb.org/donate. Donations are tax deductible.

caring for the future of rural America

continued

Kailyn Dorhauer, Montana Office of Rural Health and Area Health Education Center project coordinator, Bozeman

Jan Eberth, PhD, South Carolina Rural Health Research Center deputy director and University of South Carolina assistant professor, Columbia

Adam Gingery, Door County Medical Center finance director, Sturgeon Bay, Wis.

Christine Hancock, MD, Sea Mar Community Health Centers family physician, Bellingham, Wash.

Heidi Mennenga, PhD, South Dakota State University assistant professor, Brookings

Tracy Morton, National Rural Health Resource Center senior program manager, Duluth, Minn.

Prisci Quijada, California Department of Public Health Office of Binational Border Health program manager, San Diego

Cindy Siler, Tennessee Rural Partnership deputy director, Brentwood

Julie St. John, DrPh, Texas Tech University Health Sciences Center assistant professor, Abilene

Sharita Thomas, North Carolina Rural Health Research Program at Sheps Center for Health Services Research research associate, Chapel Hill

Melissa Van Dyne, Missouri State Office of Rural Health director, Jefferson City

Aaron Walker, United Methodist Health Ministry Fund vice president for strategic development, Hutchinson, Kan.

For more information on the Rural Health Fellows program, visit RuralHealthWeb.org. Application materials to join the 2017 class will be available online in May.

Keynotes announced, scholarships available for May events

The National Rural Health Association's 39th Annual Rural Health Conference will be May 10-13 in Minneapolis.

Scholarships are available for the event as well as for NRHA's Rural Medical Education and Health Equity Conferences, both on May 10.

David Acosta, MD, University of California-Davis Health System associate vice chancellor of diversity and inclusion, will give the keynote address at NRHA's Rural Medical Education Conference.

Acosta, a family practice physician, is a recognized leader in creating, managing and directing diversity and inclusion programs.

Gary Puckrein, PhD, National Minority Quality Forum (NMQF) president and CEO, will be the keynote speaker at NRHA's Health Equity Conference.

NMQF addresses the critical need for strengthening national and local efforts to use evidence-based, data-driven initiatives to guide programs to eliminate the disproportionate burden of premature death and preventable illness for racial and ethnic minorities and other special populations.

NRHA is proud to offer a new event designed for rural hospital leaders. The first Rural Hospital Innovation Summit will run consecutively with the 39th Annual Rural Health Conference May 10-13 in Minneapolis.

Visit RuralHealthWeb.org for agendas and registration for these and other upcoming NRHA educational and networking events. Register by April 7 to save up to \$200 on the Minneapolis conferences.

Speak up: Present at NRHA conferences

The National Rural Health Association is accepting presentation submission proposals for its upcoming educational events.

Submissions for this year's Rural Health Clinic and Critical Access Hospital Conferences will be accepted through May 26. The events will be Sept. 20-23 in Kansas City, Mo.

Go to RuralHealthWeb.org to submit proposals for review by NRHA members.

NRHA recognizes congressional rural health champions

The National Rural Health Association recently presented its 2016 Rural Health Champion Awards, which recognize outstanding leadership in rural health issues by U.S. congressional members and staff.

This year's member recipients are Rep. Sam Graves (R-Mo.), Rep. Dave Loebsack (D-Iowa) and Sen. Michael Bennet (D-Colo.).

Staff awards were given to JP Mason of the Office of Rep. Graves, Vonnice Hempel of the Office of Rep.



Rep. Dave Loebsack accepts an NRHA Rural Health Champion Award.

Loebsack and Rohini Kosoglu of the Office of Sen. Bennet.

“The winners embody hard work, commitment and a true devotion to rural America,” says Maggie Elehwany, NRHA government affairs and advocacy vice president. “Their efforts to guarantee quality, accessible health care in rural areas are appreciated, and NRHA

and all rural advocates are fortunate to have such stalwart champions.”

Winners of NRHA’s legislative awards were honored during the 27th Rural Health Policy Institute, which brought 490 rural health advocates to D.C. for education and advocacy in February. (See page 28 for more on the event.)

The 2017 Policy Institute will be Feb. 7-9 in Washington, D.C.

NRHA’s Rural Lens photo contest coming soon



Past contest entry by Linda Stansberry

The National Rural Health Association will begin accepting submissions in May for its Rural Lens photo contest to capture rural health across the nation through photographs.

NRHA Facebook fans will vote for the fourth annual

competition winners at [Facebook.com/RuralHealth](https://www.facebook.com/RuralHealth) in July.

Winners will be featured in *Rural Roads* magazine and future NRHA and Rural Health Information Hub publications and sites.

Follow NRHA on Facebook for contest updates.

accelerating advocacy

Join the fight to save rural hospitals

Rural health care continues to be threatened by a variety of proposals from D.C. that would harm vital rural health programs, including critical access hospitals.

The National Rural Health Association fought to protect these programs and worked to strengthen rural health care in 2015.

But there are still threats to the rural health safety net.

According to the University of North Carolina Sheps Center for Health Services Research, there were 17 rural hospital closures in 2015 and a total of 67 since 2010.

NRHA worked with allies on the Hill to fight this growing crisis with H.R. 3225, the Save Rural Hospitals Act, and help stop the

bleeding of the nearly 700 additional rural hospitals at risk of closure in the near future without local, state and federal intervention.

Grassroots letters, emails, phone calls, meetings and advocacy efforts saved many of these hospitals in 2015, but the fight continues to save vulnerable hospitals.

“Now is the time to take action,” says NRHA CEO Alan Morgan. “The National Rural Health Association urges policymakers to focus on this growing health crisis, which threatens basic access to health care for rural Americans.”

Visit RuralHealthWeb.org for advocacy materials.

Mini-Apple offers impressive art museum

Minneapolis has become known as the Mini-Apple, drawing comparisons to New York City for its growing arts scene.

While you're in town for the National Rural Health Association's Annual Rural Health Conference, Rural Hospital Innovation Summit, Health Equity Conference and Rural Medical Education Conference, plan to visit the nearby Frederick R. Weisman Art Museum on the University of Minnesota campus.

This stunning building, designed by Frank Gehry, has been called "an architectural highlight of the campus and the city." Admission is free, and inside you'll discover American art of the 20th century, including works by Georgia O'Keeffe and Andy Warhol.

Three new exhibits are scheduled during NRHA's events: "Still... Life," "Clouds, Temporarily Visible" and "Cowboys and Indians."

For details, visit weisman.umn.edu.



Frederick R. Weisman Art Museum, courtesy of Meet Minneapolis

Off the beaten path



Cawker City, Kan.



Darwin, Minn.

And never the twine shall meet

With upcoming National Rural Health Association conferences in the Twin Cities, there is perhaps no better time for NRHA members to decide for themselves which town has the world's largest ball of twine: Darwin, Minn., (population 350) or Cawker City, Kan. (population 469)?

While much debate exists, it is generally agreed upon that the twine ball in Darwin is the smaller of the two and can be called "the World's Largest Ball of Twine Rolled by One Man," while the Kansas sphere is technically "the World's Largest Community-Rolled Twine Ball."

But perhaps it is not such a natural selection after all. Many Darwinians believe their twine ball – the product of the individual efforts of Francis A. Johnson – is far superior (if not quite in circumference, in undertaking) than the now-public effort in Cawker City. Additionally, Darwin residents ask tourists to consider the shape of the Kansas twine, which – according to the small Minnesota town – "sloppily" gathers at the bottom and cannot be truly called a "ball" of twine as can their own.

Whether it's Minnesota or Kansas, an individual endeavor or community project, Twine Ball Days or Twine-a-Thon, we hope you'll join this Midwest debate en route to NRHA's upcoming events.

up to speed

Producing produce

Not only will planting a garden provide you with healthy, natural produce this spring, but did you know the process of gardening is also great for your health and considered exercise?

According to a *U.S. News* report, the average gardener burns 250 to 350 calories an hour while working outside on a lawn or garden.

For those without access to (or interest in) a garden, many communities now have local produce delivery companies that provide subscribers with fresh fruits and vegetables on a monthly schedule. To review some options in your area, visit localharvest.org.

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Jackson T. Shatraw, M.A., Th.M., CMRP
Director, Supply Chain, Western Reserve Hospital



National Rural Health Association

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Choose wisely in 2016.

Vote NRHA for these educational and networking opportunities:

Annual Rural Health Conference

May 10-13
Minneapolis, Minn.

Rural Hospital Innovation Summit

May 10-13
Minneapolis, Minn.

Health Equity Conference

May 10
Minneapolis, Minn.

Rural Medical Education Conference

May 10
Minneapolis, Minn.

Rural Quality and Clinical Conference

July 13-15
Oakland, Calif.

Rural Health Clinic Conference

Sept. 20-21
Kansas City, Mo.

Critical Access Hospital Conference

Sept. 21-23
Kansas City, Mo.

Rural Health Policy Institute

Feb. 7-9
Washington, D.C.

Visit RuralHealthWeb.org to register today and save.