

December 2008

Visit our web-site at
www.wrha.com

wrha



Asuris selects Omak community health advocate for 2008 Latino Hero Award



Paraguayan immigrant educates community about wellness through radio show and outreach programs

SPOKANE, Wash. — Asuris Northwest Health today announced it awarded Omak health care advocate Nancy Nash-Mendez the 2008 Latino Hero Award. The award is part of Asuris' ongoing commitment to the Latino community, honoring individuals of Latino descent who have given back to the community and have impressive professional or educational accomplishments.

"Nancy Nash-Mendez has emerged as an energetic leader and vocal proponent for wellness in Omak's Latino community," said Francisco Garbayo, Asuris emerging markets manager. "Her dedication to promoting healthy lifestyles among underserved populations truly embodies the spirit of Asuris' Latino Hero Award."

Nash-Mendez is responsible for helping found Fuerza Latina, a Latino community group that promotes health, education and empowerment to Latinos and farm workers in the Omak area. She also hosts a Spanish language health education radio program called "Viva La Salud y La Familia" (Long Live Health and Family).

In addition, she is the cultural resource manager for Mid-Valley Hospital and has implemented several health education outreach programs for underserved populations in the community, including the Healthy Kids Having Fun Fair and the Autumn Leaf Run. Nash-Mendez herself is an accomplished runner and recently returned to her home country of Paraguay, where there are very few female runners, to complete a marathon and promote wellness among women.

"The Asuris Latino Hero Award was created to honor Latinos making significant contributions to the community, and it is part of Asuris' larger Latino outreach program focusing on health education," continued Garbayo. "At Asuris we understand and honor the changing face of our communities."

See Asuris, page 7

Schedule of Events

March 18, 2009

Northwest Regional Critical Access Hospital Conference
 Red Lion Hotel at the Park
 Spokane, WA
www.ahec.spokane.wsu.edu

March 19-20, 2009

Northwest Regional Rural Health Conference
 Red Lion Hotel at the Park
 Spokane, WA
www.ahec.spokane.wsu.edu

September 9-11, 2009

Northwest Medical Informatics Symposium
 The Davenport Hotel
 Spokane, WA
 Sponsored by Inland Northwest Health Services

Advertising Rates

Advertisement Size	Cost for single issue-one time run only	Discounted cost for one year contract
Full page	\$400	\$2,100
1/2 page	\$200	\$1,000
1/4 page	\$100	\$500
Business Card	\$50	
Classified Add	\$3 per line	

Please note that each WRHA member can annually place a free classified ad (up to 5 column lines-- plus \$3 for each additional line). New members may place one free business card ad.

WRHA Salutes Our Sponsor Members!



**Association of
Washington Public
Hospital Districts**



**Optometric Physicians
of Washington**



INHS
INLAND NORTHWEST HEALTH SERVICES



**WASHINGTON STATE DEPARTMENT OF
Health**
**WASHINGTON STATE UNIVERSITY
EXTENSION**

Area Health Education Center of Eastern Washington



Submission Information

Please send all materials, advertising material, photos and correspondence to:

Washington Rural Health Association Newsmagazine, WRHA
 Box 1495, Spokane, WA 99210-1495
 Phone: 1-800-369-0975—FAX: 509-358-7647

Articles and meeting information may be sent by e-mail to wrha@wsu.edu.

The Washington Rural Health Association newsmagazine is a publication of the Washington Rural Health Association, a not-for-profit association composed of individual and organization members who share a common interest in rural health. This newsmagazine seeks to disseminate news and information of interest to rural health professionals to help establish a state and national network of rural health care advocates.

WRHA members include administrators, educators, students, researchers, government agencies and workers, physicians, hospitals, clinics, migrant and community clinics, public health departments, insurers, professional associations and educational institutions. If you are interested in joining WRHA, contact the WRHA office at 1-800-369-0975 or use the membership application in this issue.

The WRHA newsmagazine is published six times per year by WRHA. Annual subscriptions for non-WRHA members are \$70. Send all subscriptions, renewals and address changes to the WRHA office: PO Box 1495, Spokane, WA 99210-1495. To ensure correct processing of your renewal or change of address, be sure to attach your current label.

Editor:

John McLean

Publisher:

Marlene O'Dea

Communications Committee:

John McLean

Harry Jasper

Please contact us if you would be interested in joining the Publications Committee.

Visit us at <http://www.wrha.com>

- 1** Asuris selects Omak community health advocate for 2008 Latino Hero Award
- 2** Upcoming Events
- 4** L is for LEADERSHIP
- 5** Providers in Rural Communities Face a Looming Problem
- 6 & 7** Secretary Mary Selecky: National Economic Crisis Having a Severe Impact on State Budget
- 7** "Asuris" continued
- 8** Leadership of Two New Colleges Announced
- 9** Ongoing Swing Bed Training, "Providers" continued
- 10** Annual Awards Information
- 11** Annual Awards Nomination Form
- 12** United Health Foundation Confirms Our June Announcement
- 13** McMorris Rodgers Selected as House GOP Conference Vice Chair
- 14 & 15** Mid Valley Hospital is a Leader in Community Wellness Initiatives in Okanogan County
- 16** Why Rural?
- 17** Board of Directors and committees
- 18** Opportunity or Threat, INHS Launches New Websites!
WRHA membership application
- 19** Lead the way...join WRHA
- 20** WRHA Welcomes Our New Members

***Next Newsletter Deadline is:
January 26, 2009***

President's Column
Jeanette Weyrich

L

is for LEADERSHIP



I recently attended a conference related to Leading in Difficult Times. For health care, it would seem that much of our “times’ are difficult, now just more so. The speakers discussed strategies that would assist a leader to move the organization and employees from a surviving mode to one of thriving:

Trust employees with the truth

Set audacious goals

Honor the roots of the organization

Be radical, act swiftly, and be decisive

Be passionate, enthusiastic, proud - BELIEVE!

Above all create an environment of support and understanding

“PEOPLE ACTING TOGETHER AS A GROUP CAN ACCOMPLISH THINGS WHICH NO INDIVIDUAL ACTING ALONE COULD EVER HOPE TO BRING ABOUT.”

Franklin Delano Roosevelt

My best to all of you during this Joyous Season and for the New Year

Jeanette

Providers in Rural Communities Face a Looming Problem

By Laurie Dawson

Since the inception of managed care in Washington, rural health clinics have played a critical role in the state's Healthy Options program. (Healthy Options, or HO, is a medical program that provides no cost healthcare services for people on Medicaid or receiving temporary assistance for needy families.) As safety net providers, rural health clinics (RHCs), along with federally qualified health centers (FQHCs), provide healthcare services to well over one-half of the state's Healthy Options population. Earlier this year, RHCs were notified of the State's plan to revise the payment methodology used to reimburse RHCs and FQHCs (in place since the mid-1990's) for managing the care of, and providing services to, Healthy Options patients. The proposed revisions would drastically alter the billing method by requiring clinics to bill DSHS as a secondary payer once they receive initial payment from the Managed Care Plan. This billing would occur on a "per visit" basis, rather than the up front supplemental payment system currently in place on a "per enrollee" basis and would be required for the clinic to receive their full reimbursement for each visit. The increased labor costs to accommodate this new billing method, coupled with a decrease in reimbursement, could seriously impact the ability of many RHCs and FQHCs to meet the healthcare needs of the underserved population. In addition, the result of the payment reduction could mean anything from serious limitations to healthcare access in rural communities to complete closure of some rural health clinics.

Federal law allows an enhancement program through the Benefits Improvement and Protection Act (BIPA) of 2000. Even prior to enactment of this law, DSHS has made enhancement payments to RHCs and FQHCs based on Healthy Options enrollees (i.e. capitated payment system)...since the mid-1990's. These enhancement payments (implemented in Washington as well as other states) enable the existence of Medicaid managed care programs in rural and other underserved areas. In 2006, the Centers for Medicare and Medicaid (CMS) notified Washington State that their payment methodology was not in compliance with their published State plan. The State was directed to make appropriate changes to ensure compliance. They are currently working with a 12/23/08 deadline to comply with the CMS directive.

The State's current proposed plan would change the payment methodology to a "per visit" (or FFS) method, from a "per enrollee" (or capitated plan). This method defeats the purpose of a managed care program, which has proven to be very successful in Washington State. RHCs and FQHCs are requesting the State retain the current payment methodology and submit a State Plan Amendment (SPA) that supports this method (capitated basis). A required reconciliation process, as dictated by BIPA, would be included in the SPA to ensure rural health clinics and federally qualified health centers are sufficiently reimbursed.

The majority of our state's RHCs are members of the Rural Health Clinic Association of Washington (RHCAW). The RHCAW, along with representatives of the FQHC community, have been working closely on this issue for several months. Meetings with State officials, CMS representatives, state and federal legislative members, as well as the Governor's office have ensued. The purpose of these meetings are to: 1) ensure a thorough understanding of the potential negative impact to rural communities and the patients served should the State's current proposed plan be implemented; 2) work with the State and CMS on other viable options for the State to comply with the CMS directive, while preserving the Healthy Options program; and 3) retain a sufficient level of reimbursement to enable continued quality access to healthcare in rural communities.

See Providers, Page 9

DOH Secretary
Mary Selecky

National Economic Crisis Having a Severe Impact on State Budget



It's hard to pick up a newspaper or watch the network news right now. Every day it seems like there's more bad news about the national economy. I know it's affecting us all personally.

The national economic crisis is certainly affecting state government in a big way. Most of our revenue comes from sales tax and the business and occupations tax (B & O). With so many national concerns, people are making wise decisions for their families, and being very cautious about spending. As a result, state sales tax revenue is down a lot from the projection just a few months ago. Like families faced with financial challenges, state agencies are making some very difficult decisions.

I've worked in state and local government for more than 33 years. These financial problems are unlike any I've seen during my career. Since August, all state agencies have been under a freeze on hiring, out-of-state travel, equipment purchases, and personal service contracts. That's expected to save about \$90 million by next June.

Unfortunately, as the economic picture has continued to worsen, those savings will not come close to covering the gap between state revenue and spending during this fiscal year. Governor Chris Gregoire has asked all state agencies to look very closely at how we do business, and find ways to make government work better and smarter at a lower cost. The Department of Health has been directed to immediately cut spending by about \$7 million dollars.

We have more than 100 vacant positions; they won't be filled this year due to the freeze. We've frozen salaries for managers and have cut back severely on buying equipment and office supplies. Those and other changes in business practices are saving money, yet we'll also have to scale back or cut some programs to balance the agency budget. That's going to be particularly difficult, because much of the funding we get comes to the department and goes straight out to programs in communities.

I know that most local health agencies and county governments are also facing very tough budget situations right now. We're looking closely at every proposed reduction to make sure we have a clear understanding of the effect it may have in local communities.

This is especially important because the Department of Health is one of several agencies that provide funding to local programs. The Department of Social and Health Services is much larger than my agency. Because of that, it's facing much larger reductions that will also impact communities.

Let me assure you, the public's health is one of the governor's priorities. Every decision we make will take into account any possible impact on our ability to protect and improve the health of people in our state.

Celebrating the tobacco settlement anniversary

November was the 10th anniversary of the Master Settlement — the landmark legal settlement between states and big tobacco companies. Governor Gregoire, who was state attorney general at the time, was one of the lead negotiators. We're one of the few states to commit most of the settlement funds we've received to improving health.

Washington set aside \$100 million from the settlement to be used for tobacco prevention and control. It's been money well spent. In 2000 we kicked off a comprehensive program that included a toll-free Tobacco Quit Line (1-800-QUIT NOW), funding for programs in schools and in every county, and a public awareness campaign to make sure people know the truth about tobacco use.

It's working. In fact, the results have been tremendous. Adult smoking in Washington is down by about 25 percent and youth smoking is down by about half.

I had the honor of celebrating the settlement's anniversary at an assembly at Bush Middle School in Tumwater. Governor Gregoire and I were joined by Attorney General Rob McKenna as we went to the school to talk about the dangers of tobacco use. When we asked the kids if they knew who "Joe Camel" was, almost none did. When we asked them if they'd heard of our anti-tobacco campaign called No Stank You, hands went up all around the gym.

As long as the tobacco companies keep spending millions to attract new smokers, we'll have work to do. Yet, it's clear we're making a difference.

Remember to take care of yourself and your health

With the New Year around the corner, it's a great time to develop some better health habits. Whether your goal is to lose weight, exercise regularly, or stop smoking — even small lifestyle changes can help you succeed. Have a safe and healthy 2009!

ASURIS

Continued from Page 1

As the recipient of the Hero Award, Nancy Nash will receive \$2,000 which she will donate to the Mid-Valley Hospital's Community Outreach Project. In conjunction with the Latino Hero Award, Asuris will also award two \$1,000 scholarships to the North Central Washington Chamber of Commerce.

About Asuris Northwest Health

Asuris Northwest Health offers a full range of health care coverage options, including dental coverage, for eastern Washington employers and individuals. We also offer Medicare supplemental plans and Medicare Part D prescription drug coverage, and provide member access to more than 20,000 health care providers. Asuris is committed to improving the health of our members and our communities, and to transforming our health care system. For more information, please visit www.asuris.com. Asuris Northwest Health, a not-for-profit health plan, is a subsidiary of Regence BlueShield, a leading health plan in Washington.

Article provided by: Mike Tatko 208-798-2221, mike.tatko@regence.com

LEADERSHIP OF TWO NEW COLLEGES ANNOUNCED

Pacific Northwest University of Health Sciences (PNWU)

Yakima, Washington – Pacific Northwest University has announced two new Interim Deans, who will lead the newest colleges at Pacific Northwest University of Health Sciences. In August the university matriculated its first class of students in the College of Osteopathic Medicine. Shortly thereafter, university leaders announced that two new colleges will open at the university in 2009, building on the long-range vision of a 42 acre university with up to ten colleges at full development.

“It is an honor to introduce two fine leaders as Interim Deans of our newest colleges at Pacific Northwest University of Health Sciences,” said Dr. Stanley L.K. Flemming, president of the university. “The College of Osteopathic Medicine has been highly successful, and these new colleges will compliment the existing college.”

PNWU is pursuing new health sciences programs to meet allied health manpower shortages in rural and underserved areas of the Pacific Northwest and the military, and recently completed a feasibility study to determine the most-needed new colleges and training programs.



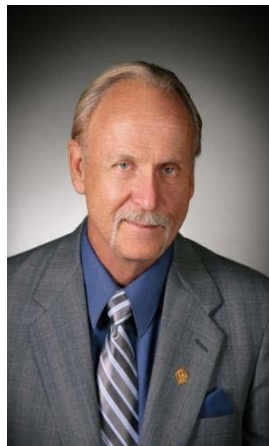
Mark Taylor, Ph.D.
Interim Dean College of Allied Health Sciences

COLLEGE OF ALLIED HEALTH SCIENCES

“I am pleased to announce that the Interim Dean of the College of Allied Health Sciences will be Mark Taylor, Ph.D.,” said Dr. Flemming. “Dr. Taylor will serve as Interim Dean to lead the new college in the planning and development stage. He brings to this interim position

twenty-two years of university teaching experience, twelve years of administrative practice, and considerable medical/health science program development accomplishment.”

“I am honored and privileged to serve as Interim Dean,” said Dr. Taylor. “I am eager to support Dr. Flemming, the Board of Trustees, my colleagues and the Yakima Valley Community in supporting the PNWU vision of offering health care to the people of the Pacific Northwest. It has been said that ‘The only true failure is never having tried to make a difference,’ and I am pleased to be a part of this tremendous organization. This is the time, the season for PNWU to pursue leaving a legacy for families in the Northwest.”



Anthony Stahelski, Ph.D.
Interim Dean
College of Post Graduate Studies

COLLEGE OF POST GRADUATE STUDIES

“I am also pleased to announce that Anthony Stahelski, Ph.D. has been appointed Interim Dean of the College of Post Graduate Studies,” said Flemming. “Dr. Stahelski’s professional background makes him uniquely qualified to serve in this leadership position. He has 20 years experience as professor and leader at Portland State University and Central Washington University. He most recently has served as Director of Assessment at Pacific Northwest University of Health Sciences.”

“It is an honor to accept this post of Interim Dean,” said Dr. Stahelski. “I have always greatly enjoyed the entrepreneurial process of creating new organizations and programs, and I strongly believe in the PNWU mission of serving the underserved. I look forward to working with the leadership of PNWU to develop this new college and to continue to further the mission of the university.”

“It is an honor to accept this post of Interim Dean,” said Dr. Stahelski. “I have always greatly enjoyed the entrepreneurial process of creating new organizations and programs, and I strongly believe in the PNWU mission of serving the underserved. I look forward to working with the leadership of PNWU to develop this new college and to continue to further the mission of the university.”

Article submitted by: Ruth Swain, Office of Strategic Communications (509) 528-5653

Ongoing Swing Bed Training

Sponsor: Colorado Rural Health Center

Format: Onsite

Description from Sponsor: The utilization of swing beds in Critical Access Hospitals (CAHs) provides a viable option at the local community level for patients in need of skilled care. CAHs are reimbursed at a cost-based level for Medicare swing bed services, and in many states increased Medicaid reimbursement is also available. In spite of the benefits, swing bed status is often not used effectively. This interactive swing bed training is designed for medical staff and provides a comprehensive overview of the procedures and regulations for swing beds. The training can be customized for individual facility and statewide needs.

Cost: Contact Cari Fouts at cf@coruralhealth.org <<mailto:cf@coruralhealth.org>> for more information.

Web Site: http://www.coruralhealth.org/crhc/cah/cah_resources/docs/CAHSwingBedTrainingFlyer.pdf
<http://www.coruralhealth.org/crhc/cah/cah_resources/docs/CAHSwingBedTrainingFlyer.pdf>

Sheri Glischinski

Colorado Rural Health Center

3033 S. Parker Rd, Ste 606, Aurora, CO 80014

(303) 309-6807 (800) 851-6782 Fax (303) 832-7496. www.coruralhealth.org <<http://www.coruralhealth.org>>

Providers, continued from page 5

Physicians and other practitioners who want to make a lot of money do not come to rural Washington. They come to rural communities because of their love of people and desire to serve the underserved population of our great state and to ensure patients have access to high quality healthcare without having to travel great distances. These clinicians should be applauded for their dedication and service. Our hope is to see them rewarded for the fruits of their labor, simply by supporting them in their efforts to continue to serve the communities they love and ensuring their viability. In the process, sufficient reimbursement for their services will ensure continued access to quality healthcare in rural communities for all patients.

Article written by Laurie Dawson, who is the current President of the RHCAW (the Rural Health Clinic Association of Washington).

**GCI ConnectMD is the
largest medical Network
in the Pacific Northwest.**

Join our medical network to access
resources from more than 200 hospitals,
clinics and medical facilities.

To learn more, visit www.connectmd.com



Annual Awards Information

Dear WRHA members:

There are so many unsung heroes in rural health. You have the opportunity to nominate one of them for the recognition they deserve. There are five different categories:

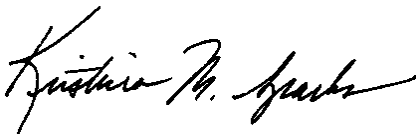
Leah Layne Memorial Health Leadership Award

Outstanding Contribution to Rural Health
Outstanding Rural Health Practitioner,
Friend of Rural Health
Future of Rural Health

For a complete description of each category see the attached document or go to www.wrha.com/awards.htm. The application process is easy. Just send an e-mail to wrha@wsu.edu with the information requested in the nomination form (attached), or send the information by fax (509-358-7647) or postal mail (WRHA, PO Box 1495, Spokane, WA, 99210). Please send in your choice for one of these awards. Nominations should be received by March 2, 2009.

The awards are presented at the annual Rural Health conference March 19 and 20th in Spokane.

Sincerely,



Kris Sparks
Awards Committee Chair

WRHA Awards Categories

Each year WRHA presents awards to individuals or organizations for their contributions to rural health. Nominations may be made by any member of WRHA. Please use the enclosed form and attach a one page summary supporting each nomination. You may submit more than one nomination by duplicating this form and submitting the required summary attachment. *Nominees do not have to be members of WRHA to be eligible for these awards.*

LEAH LAYNE MEMORIAL HEALTH LEADERSHIP AWARD - This award recognizes the late Leah Layne, a long-time campaigner and activist on behalf of rural health. This award is based on demonstrated leadership skills, someone who best exemplifies Leah's spirit, vision, foresight and dedication in the field of rural health.

OUTSTANDING CONTRIBUTION TO RURAL HEALTH - This award is based on the overall contributions a nominee has made to benefit rural health. This award is for nominees who have, over the course of their careers, made significant impacts in rural health across the state.

OUTSTANDING RURAL HEALTH PRACTITIONER - This award is based on the overall contributions a practitioner has made to benefit rural health. This award seeks nominees who have, over the course of their careers, made significant impacts in rural health.

FRIEND OF RURAL HEALTH - This award seeks nominees who have made a special effort to cause and affect change in rural health policy, legislation, etc. to specifically benefit rural health outcomes. This category honors individuals who are legislators, trustees, community wellness activists, etc.

FUTURE OF RURAL HEALTH - This award recognizes an outstanding youth 14-20 years of age from a rural community who has performed outstanding volunteer service for better health in his/her community or who is successfully pursuing health sciences educational opportunities



2008
Outstanding Rural Health Practitioner awardees Peter and Fran Martin with U.S. Representative Cathy McMorris Rogers and Secretary Mary Selecky.

Annual Awards
Nomination Form

**WASHINGTON RURAL HEALTH ASSOCIATION
AWARDS NOMINATION FORM
2009**

NOMINEE: _____

ADDRESS: _____

PHONE: OFFICE: _____ HOME: _____

NOMINEE'S PRESENT POSITION: _____

NOMINEE'S ORGANIZATION: _____

- CATEGORY: Leah Layne Memorial Health Leadership Award
 Outstanding Contribution to Rural Health
 Friend of Rural Health
 Outstanding Rural Health Practitioner
 Future of Rural Health

NOMINATED BY:

NAME: _____

ADDRESS: _____

POSITION: _____

PHONE: _____ FAX: _____

E-MAIL: _____

NOMINEE'S CONTRIBUTION TO RURAL HEALTH CARE: Please summarize the nominee's accomplishments and the significance of their work to rural health on one page. You may also include a resume, news articles, reference letters, etc. in support of this nomination.

PLEASE RETURN THIS FORM TO:

Awards Chair
c/o Washington Rural Health Association
PO Box 1495
Spokane, WA 99210-1495
FAX: (509) 358-7647

DEADLINE: March 2, 2009

Healthiest State in the Nation

United Health Foundation Confirms Our June Announcement

More great news for all of us working to make Washington the Healthiest State in the Nation!

The United Health Foundation (UHF) just released its annual report, *America's Health Rankings*, and their numbers confirm what the Washington Health Foundation (WHF) released in its *2008 Healthiest State Report Card* several months ago: Washington is back in the Top Ten.

The extensive UHF report puts Washington at #10 — up two spots from a year ago. “We are making great strides, but there is still a lot of work to be done before we reach our goal of becoming the Healthiest State in the Nation,” said Greg Vigdor, WHF President & CEO.

“With the recent elections, we have a tremendous opportunity to usher in a new era of change — and we are leading the way here in Washington state. We look forward to working together with you on the next chapter of health improvement to make Washington the Healthiest State in the Nation, and America the Healthiest Nation in the World.”

Washington's national health rank had slipped to #15 when we kicked off the Healthiest State in the Nation Campaign back in 2004. Since that time — nearly 40,000 individuals, 1,200 organizations and 400 schools have joined our Healthiest State Campaign making it the largest grassroots movement for health in state history!

According to this year's UHF Report, Washington's strengths continued to be:

- Low prevalence of smoking
- Low rate of preventable hospitalizations
- Low percentage of children in poverty

And Washington continues to face the same challenges:

- Low immunization coverage
- Low high school graduation rate
- High geographic disparity within the state

Another challenge for Washington continues to be rapidly increasing obesity rates — up 176% since 1990.

This year's UHF report also includes a personal note from the head of the American Public Health Association titled, "Building the Healthiest Nation in One Generation". He wrote, "We have the potential to greatly improve our population's health in the future, but changing our health system will require innovation. The old way of doing things hasn't worked, and we must find models that produce better outcomes."

We agree. Which is why we built our own model of change four years ago. And moving up five spots in those four short years may just indicate that we're on to something here in Washington state.

Thanks for doing your part!





McMorris Rodgers Selected as House GOP Conference Vice Chair

FOR IMMEDIATE RELEASE

Contact: Destry Henderson

November 19, 2008

202-225-2006

(Washington, D.C.) Today, members of the House Republican Conference selected Congresswoman Cathy McMorris Rodgers as Conference Vice Chair. The House Republican Conference represents all of the House Republicans and helps develop the House Republicans' communications strategy.

"We must be doing more work to build those coalitions as conference, reaching out to women, the younger generation, minority groups, and just welcoming them to our party and letting them know that we care and that we want them to be a part of our vision for America."

“As a new mother and second youngest woman Member of Congress, my unique perspective will help our party as we build coalitions, redefine our agenda and develop and spread our party’s message,” McMorris Rodgers said.

“If we are to inspire people to join us and rally around our party’s vision for America, we as Republicans must begin using new technology to communicate our solutions for the budget and tax policy, energy, health care, education and the environment.”

McMorris Rodgers joins Republican Leader John Boehner, Minority Whip Eric Cantor, Conference Chair Mike Pence, Conference Secretary John Carter, NRCC Chair Pete Sessions and Republican Policy Committee Chair Thaddeus McCotter as members of the House GOP leadership team.

McMorris Rodgers looks forward to serving her third term representing Eastern Washington in Congress. Prior to being elected to Congress in 2005, she served ten years in the Washington State House of Representatives, including being the first woman to serve as House Minority Leader. McMorris Rodgers grew up on her family’s orchard in Kettle Falls and spent 13 years working there. She is married to retired Navy pilot Brian Rodgers and they are the proud parents of an 18-month-old son, Cole.

"Someone has proposed that we should become the "Grand New Party", and I must admit, it's appealing to me, because, I do think, we need to come up with a way of shedding some of the past bad behavior and some of the missed opportunities that we've had, and we also, as a party, must bring our message into the 21st century."



Mid-Valley Hospital as leader in community wellness initiatives in Okanogan County

By Alex Paul

As the new editor and publisher of The Chronicle, a weekly newspaper that serves Okanogan County, one of the first things I wanted to do was get to know the people who make things happen locally.

In the Okanogan Valley, one of those persons is Nancy Nash-Mendez, cultural resource manager at Mid-Valley Hospital in Omak. It seemed like everywhere my wife Debbie and I went, Nancy's name would come up.

And just as often, the conversation would shift toward an event called the Autumn Leaf Run/Walk. We quickly realized this was something we wanted to be involved in.

We were stunned when Nancy told us it attracts more than 600 walkers/runners. There are only 2,500 residents in Okanogan and 4,700 residents in nearby Omak.



In its 9th year, the Autumn Leaf Run/Walk represents the year-end event of Mid-Valley Hospital's Community Wellness Program. It is held in October when the colors of the Okanogan Valley are vibrant red, yellow and gold and there is a cool nip in the fall air.

It is free to all participants, whether they are a toddler in a stroller, a senior citizen in a wheelchair being pushed by local high school student, or a serious runner intent on bettering his or her 10K time.

Planning starts months ahead of the event and includes a broad range of age groups, such as junior high and high school students involved with a leadership program known as Gear Up, hospital staff members, representatives of the City of Okanogan, and townspeople intent on helping create an attitude of good health throughout the area.

All are invited to bring their thoughts and perspectives to the planning table.

They know that health statistics in Okanogan County are troubling, especially for teenagers.

Planning meetings were a time for getting down to business, but also for much laughter. Volunteers didn't need to be coerced into tackling projects. Hands went willingly into the air whenever a need was brought to the table.

"We need water," Nash-Mendez said at one meeting.

"I'll bring a truckload of bottled water," responded Eric Schneider, the local Pepi-Cola distributor.

And so it went. At one meeting, a pre-teen girl provided a list of games and other fun things for children to do before and after the actual run/walk.

When the number of entries outnumbered the pre-printed race bibs available, volunteers came in and hand printed more.

The Chronicle staff set up a link on our Web site advertising the event. During the race, we took photos of every runner and then posted them to our Web site. The photos could be downloaded free of charge so that anyone who participated could see himself or download photos. The site drew thousands of viewers the first week it was online.

We also worked with the hospital staff and graphics department to produce a two-page special section that provided information and map of the event routes. It was distributed to more than 17,000 homes and postal addresses in Okanogan County.

David Pendergraft, a Gonzaga University basketball star, spent several hours working with youngsters the morning of the event. He signed autographs, gave away gifts and encouraged the youngsters to stay off drugs and stay in school.

In the wee hours of the morning on race day, volunteers spent hours posting hundreds of signs along the three routes. By race time though, unexpected high winds blew over some of the signs, causing a bit longer run for some of the 10K competitors. But even they had smiles on their face after learning their route went a bit farther than advertised.

There were a number of information booths available for participants to learn about healthy lifestyles. Local civic groups such as the Rotary and Kiwanis clubs devoted their time to any number of needed projects. Volunteers who have helped since the first walk/run were recognized during a brief awards ceremony, as were those who traveled the farthest, all the way from California.

This year's event attracted a record 700 to 800 runners/walkers of all ages and skill levels.

Nancy Nash-Mendez said her goal is to make the event the Blooms Day of Okanogan County.



Why Rural?

By John Hanson

I was wondering the other day about recruiting health professionals, especially doctors, to rural areas in Washington. There is no better source of information on this topic than the person who sits in an adjoining cubicle to mine, Natalie González, our very own Recruitment Specialist. I walked over to her desk and asked her if she would talk to me about recruiting. When I asked what she'd like to say, the first words out of her mouth were, "It's getting difficult to find primary care practitioners." I asked her to elaborate. She said that nationally family medicine practitioners (FMPs) are now harder to recruit than cardiologists. In Washington alone Natalie placed more dentists last year than she did FMPs. She now has more openings for FMPs than she has had in all of the eight years she has been doing this work.

What's the problem?

Fewer people are going into primary care and fewer of those are interested in rural practices. Why? Partly because—and this is nothing new—not everyone wants to work in rural areas. They simply prefer to be in or close to larger cities where there may be more opportunities for their families and more things to do. But another factor is that a medical education these days is so expensive that new practitioners are coming out of school with *enormous* amounts of debt and feel forced to choose a specialty practice over family practice because the income is higher. Rural practice sites can earn on average 15-25% less than urban sites. That fact makes recruiting tough.

"What are the plusses of practicing medicine in rural areas?" I wanted to know. It turns out that there are many advantages, things that I'll bet many medical students don't even know about.

In 2007 a panel of Washington rural family medicine physicians were asked by second and third year fam-

ily medicine residents, "Why rural?" These rural doctors, each with 5+ years of experience gave responses like:

"I am able to serve on boards in leadership positions. This would not be likely as a family practitioner in the city."

"There are many shortages of doctors in rural...I am making a difference! Patients are being seen and would not be if I was not here."

"Everyday I see something new... intellectually challenging."

"I love the autonomy. I don't have to work through levels of hierarchy."

"My children have learned great values living in a rural area such as being respectful of elders."

"I like living in town. It allows me to connect to the community."

"Rural practice supports my lifestyle."

Another practitioner added that rural practice gives you the opportunity to become, in a palpable way, part of a community. You learn not just about your own patients, but their whole families. You shop at the same grocery store; you see them at basketball games and in other more personal settings.

Rural practice also helps you to become more self-reliant. You will deal with a wide variety of conditions all in one morning with no local consultations or quick referrals to specialists. Instead, you have a team of people who have been doing their work for decades, who know what to do and who to call in the middle of the night.

In short, rural medicine can be more challenging, diverse, and personally satisfying than practice in an urban setting.

If you want to contact Natalie with questions about rural practice you may call or email her at:

Telephone: 360-236-2815 Email: natalie.gonzalez@doh.wa.gov.

2008-2009 Board of Directors

- Jeanette Weyrich, President
Omak
- Carole Halsan, President-Elect
South Bend
- David Olson, Past President
Moses Lake
- William Plummer, Secretary
Seattle
- Vic Dirksen
Port Townsend
- John Franco
Kennewick
- John Hanson
Olympia
- Harry Jasper
Pomeroy
- Carrie McLachlan
Coupeville
- John McLean
Spokane
- Nancy Nash
Omak
- Norm Passmore, DDS
Dayton
- Evelyn Torkelson
Spokane

NRHA State Association Council Representatives

- John McLean
Spokane
- Kristina Sparks
Olympia

NRHA State Office Council Representative

- Kristina Sparks
Olympia



Current WRHA Committee Activities

To join a committee, e-mail wrha@wsu.edu or
call 800-369-0975

<p>Executive Committee Jeanette Weyrich David Olson Carole Halsan Bill Plummer (Consists of appointed officers.)</p>	<p><i>Coordinating representatives to other organizations. Serving as financial committee. Developing policy handbook. Managing staff transition.</i></p>
<p>Membership/ Communications John McLean Harry Jasper John McLean Nancy Nash Jodi Palmer Norm Passmore Evelyn Torkelson</p>	<p><i>Coordinating funding for website upgrade. Newsletter production. Developing dual membership offer with NRHA.</i></p>
<p>Legislative Committee David Olson Sue Lani Madsen Carrie McLachlan Zeynep Shorter Kris Sparks Karl Tjerandsen</p>	<p><i>Meeting to discuss "outside the box" options for connecting with legislators. Planning for upcoming legisla- tive session.</i></p>

Letter to the Editor

Opportunity or Threat

It is in times of life-threatening illness to ourselves or a loved one that we are most acutely aware of what is really important in our lives. We drop activities or habits that take precious time away from the relationships that mean the most to us. We focus on what builds up and we find new ways to get necessary tasks accomplished more efficiently.

We have a golden opportunity this year to bring this same sense of priority to our organizations. The state budget deficit and the general economic upheaval provide the urgency. In a time of economic scarcity, we are forced to focus on identifying core tasks and processes which provide the highest value to accomplishing the mission of the organization.

More importantly, it becomes easier to admit that some of the old processes and procedures might have become unquestioned habits. Start questioning, and when you have an idea, follow through. Whether it's an insurance company, a government agency or your own internal management, make that phone call or e-mail. Follow up to confirm the message was received and ask what action has been taken. Take your ideas up the chain of command if necessary. We all know there is waste in the healthcare system. Now is the time to focus on the essentials, and each of us can help.

From: Sue Lani W. Madsen *Edwall based architect, rancher, and volunteer EMT*

Washington Rural Health Membership Application

Name: _____

Additional member names (if organizational or sponsor member)

1) _____

2) _____

Organization: _____

Address: _____

Phone: _____

Email: _____

Referred By:

Please bill me OR Check enclosed

- Membership Category:
- Gold Sponsor (\$5,001 or more)
 - Silver Sponsor (\$1,501-\$5,000)
 - Bronze Sponsor (\$750-\$1,500)
 - Organization (\$240)
 - Individual (\$70)
 - Student (\$15)

- If you wish to join a committee:
- Membership Committee
 - Communications Committee
 - Finance Committee
 - Legislative Committee

- Preferred newsletter format (choose one or both):
- Online, Web-Friendly Edition
 - Paper Edition

Plan for 2009

www.nmis.info

September 9-11, 2009
The Davenport Hotel
Spokane, Washington

save the date!

INHS Launches New Websites!

With a new look, updated features, patient and customer stories, patient outcomes, news and information, INHS has launched new websites. The address is the same, the content is better

Visit www.inhs.org today to learn more.

Lead the way... join WRHA!

The Washington Rural Health Association is a non-profit membership organization whose primary focus is to advocate for the preservation and improvement of rural health in Washington State.

The special challenges of delivering healthcare in rural areas of Washington were the driving force in the development of the WRHA. The Association provides a neutral forum for exchanging information, developing common strategies—particularly regarding legislative action—and representing rural health needs in a coherent fashion. WRHA's diverse constituency is composed of members interested in providing



leadership on rural health issues. It includes individuals and organizations involved in rural health: healthcare providers of all types; hospitals, mental health and dental, community centers, consumer groups, and elder services programs; insurance, legal & financing organizations; policy makers and educators; rural business leaders; and health consultants.

The Washington Rural Health Association's goals are to:

- ◆ Serve as an advocate for rural health while securing access to high quality healthcare services for rural citizens and individuals vacationing or traveling through rural areas;
- ◆ Assist in providing enhanced opportunities for education and training for rural healthcare providers;

MEMBER BENEFITS

Network with other advocates of rural health in Washington! Your annual membership includes:

- ◆ Discounted registration to the annual Northwest Regional Rural Health Conference.
- ◆ Representation in Statewide Office of Rural Health.
- ◆ An opportunity to have a voice in rural health by joining your state legislator at Rural Health Policy Day in Olympia.
- ◆ Representation in State Association Council of National Rural Health Association.
- ◆ Individual members have one vote pertaining to Association matters and one year subscription to the WRHA newsletter. Organizational members have three votes and three one-year subscriptions to the newsletter.

SPONSOR BENEFITS

Emphasize your strong commitment to rural health in Washington State by becoming a sponsor!

Bronze Sponsorship
\$750 to \$1,500

One year membership in WRHA and recognition at the WRHA annual membership meeting.

Silver Sponsorship
\$1,501 to \$5,000

Bronze benefits plus complimentary exhibit booth at the Northwest Regional Rural Health Conference, including one conference registration.

Gold Sponsorship
\$5,001 or more

Bronze benefits plus complimentary prime exhibit booth at the Northwest Regional Rural Health Conference, including one conference registration, and complimentary conference registration for two additional attendees.


- ◆ Increase communication among interested individuals and organizations with common goals to help promote partnerships, coalitions and other cooperative arrangements to benefit rural healthcare delivery;
- ◆ Promote enhanced understanding of rural health issues while working toward the improvement of regulatory, financing and insurance industry policies affecting the delivery of rural health services; and
- ◆ Support the work of existing constituency groups in their efforts to pursue improvements in rural healthcare.

WRHA
Welcomes Our
New Members:

Bronze Sponsor:
GCI ConnectMD
Seattle

Organization:
Lewis County Health Department
Chehalis

Individual:
James Gerding, MD
Spokane
John McCarthy, MD
Spokane



RURAL LOCUM TENENS

Temporary Rural Practice Opportunities for

- Physicians
- Physician Assistants
- Advanced Registered Nurse Practitioners
- Pharmacists

Your Hospital, Clinic, or Independent Practice May Qualify!

Contact us for Referrals, Eligibility, & Reimbursement Guidelines at No Cost.

E. WA Area Health Education Center, WSU Extension
Phone: (509) 358-7640 E-Mail: ahec@wsu.edu
www.ahec.spokane.wsu.edu

A program of the WA Department of Health Office of Community and Rural Health

Washington Rural Health Association
PO Box 1495
Spokane, WA 99210-1495

Change Services Requested

PRSRT STD
US Postage
PAID
Spokane WA
Permit No. 90

