ILLUSTRATION: CHRIS VAN ES

HOW HEALTHY IS FARM COUNTRY?

BY JAMIE COLE, SUSAN DAVIS, DES KELLER, CLAIRE VATH & ERIN CLYBURN

You can find all the bad news you want about health and health care in rural America, along with plenty of research to back it up. But the people closest to the issue—residents, farmers and the people who care for them—often tell a different story, one with a little more good news.

A SPECIAL REPORT
www.progressivefarmer.com/bestplaces

BEST PLACES TO LIVE IN RURAL AMERICA

Of course, no story on an issue this broad is complete without the good, the bad and the ugly. The bad and the ugly in this story are as hard to swallow as a multivitamin:

- Traumatic injuries are more common in rural areas.
- Nearly half of rural residents have at least one major chronic illness.
- The rural mortality rate for residents under 24 is 20% higher than the national average. This is in part because motor vehicle accident mortality rates are 50% higher in rural areas.
- Rural residents are less likely to be insured. And though that statistic doesn't hold true for farmers and ranchers, they do pay more for health insurance that covers less.
- Twenty percent of Americans live in rural areas, but only 10% of America's physicians practice there.

Sounds like a negative diagnosis. But then there are people like Deanna Munson. She credits her local rural hospital's care with saving her father's life. After being hospitalized in Topeka, Kan., with a bleeding ulcer, the retired farmer was given a slim chance of recovery, she says.

Deanna moved her father 86 miles from his home to Geary Community Hospital in Junction City. "The minute he got there he was treated like royalty. He started to thrive within two weeks," says Deanna. "The rehab unit is the only reason he's alive today."

Alan Morgan, chief executive officer of the National Rural Health Association (NRHA), says stories like Deanna's are common, but don't make news often enough. "The fact is, most people are looking for primary care. And if you look at that, across the board, rural performs better then urban," he says.

Geary (Kan.) Community Hospital helps keep Deanna Munson's family healthy. Both her husband, Charles, (left) and father, Fred Michaels, (right) received excellent care there.

PHOTO: JIM PATRICO

There's research to back that up too. The Institute of Medicine's study "Quality Through Collaboration: The Future of Rural Health" saw higher levels of quality outcomes and patient satisfaction among rural health providers. Meanwhile, other research that targets health indicators such as cancer, diabetes and heart disease often see little or no difference between rural and urban residents.

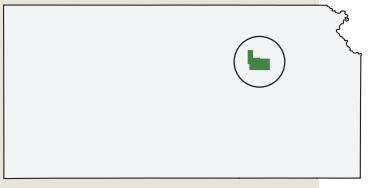
The oft-reported disparities still exist (see much more about that at **www.progressivefarmer.com/bestplaces**). But community and volunteer spirit—along with technology—are helping more and more to bridge the gap. ▶

FIVE OF THE FITTEST

Now *this* was a research project. We got the help of OnBoard LLC—the research firm that helps us compile our Best Places to Live in Rural America list each year—to take a comprehensive look at how rural counties stack up. We looked at access to hospitals and clinics, ailments reported by their citizens, and even what households pay for everything from cigarettes to health insurance. You can see those stats and more on our web site at **www.progressivefarmer.com/bestplaces**.

The result—after wading through an ocean of numbers—was a list of five counties that are getting a lot of things right when it comes to being healthy. Maybe you can pick up an idea or two for your own county.

1 GEARY COUNTY, KANSAS



Deanna Munson knew her local hospital was a jewel after the experience with her dad. Her husband, Charles, is also thankful for it.

The Angus cattle breeder and farmer had heat stroke in a wheat field. After a trip to the emergency room, he was back on the combine the next day. "We certainly have a lot better community where we live because of the hospital. I feel more comfortable with it being there," Charles says.

The 92-bed Geary Community Hospital also reaches the rural population with skin cancer screenings at health and 4-H fairs. That kind of targeted preventative measure helps them reach a sometimes hard-to-reach segment of the population.

"Some of the farmers had not been to the doctor for years," says Cyndy Platt, director of medical staff development and public relations. The hospital also has a rural training track program for recruitment and retention of physicians.

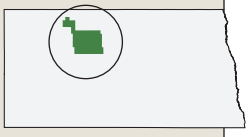
Besides the hospital, the Junction City Youth Center provides health care ranging from sports physicals to counseling for residents under the age of 21.

That kind of all-around care has an impact. That's why the county ranked No. 1 overall in our survey and No. 1 for the population's general health.

TOP FIVE

2 WARD COUNTY, NORTH DAKOTA

Ward County's Hospital, Trinity Health, has been rated No. 1 among its peers in care measures for heart attack, heart failure and pneumonia.



Located in the county seat of Minot, the hospital has a level II trauma unit, neonatal intensive care unit and 102 physicians in 30 specialties. Trinity's 292-bed, long-term care facility is the largest in North Dakota.

Ward County attacks health issues. A 1997 survey resulted in a task force focusing on access to health care, cancer, substance abuse, physical activity and nutrition, mental health, and children and family. Eight counties, including Ward, comprise the Healthy 8 Communities Network, with 35 coordinating entities ranging from police departments to a local monastery.

The Mid-Dakota chapter of Farm Safety 4 Just Kids offers off-highway vehicle safety helmets free to children attending ATV safety seminars. The chapter obtained funding from organizations ranging from hospital foundations to Farm Bureau. Chairperson Allie Sagness and her husband, Ron, have a cow/calf herd and grow wheat, canola, sunflowers and flax near Kenmare, 60 miles from Minot and 20 miles from Saskatchewan.

"Our goal is to reach as many kids as we can 80 miles around Minot," Sagness says. Reaching out is how Ward County makes the top five.

3 DECATUR COUNTY, INDIANA

Decatur County Memorial Hospital (DCMH) rises above many metro facilities and has received the "Top 25 Connected Health Care Facilities" award two years in a row. That theme of connection is consistent with the kind of care the hospital provides.

CEO Bill Alloy says almost all the hospital's radiological exams are digital and available 24/7 to the referring physician via direct connection at their office or home. A new telemedicine cart will enable physicians to transmit data remotely from stethoscopes.

Connecting to women also keeps the hospital competing. DCMH is a member of Spirit of Women, a wellness network with more than 150 hospitals nationwide. Local membership has sprouted from 100 women a few years ago to more than 400 today. For a

LONG-DISTANCE HOUSE CALLS

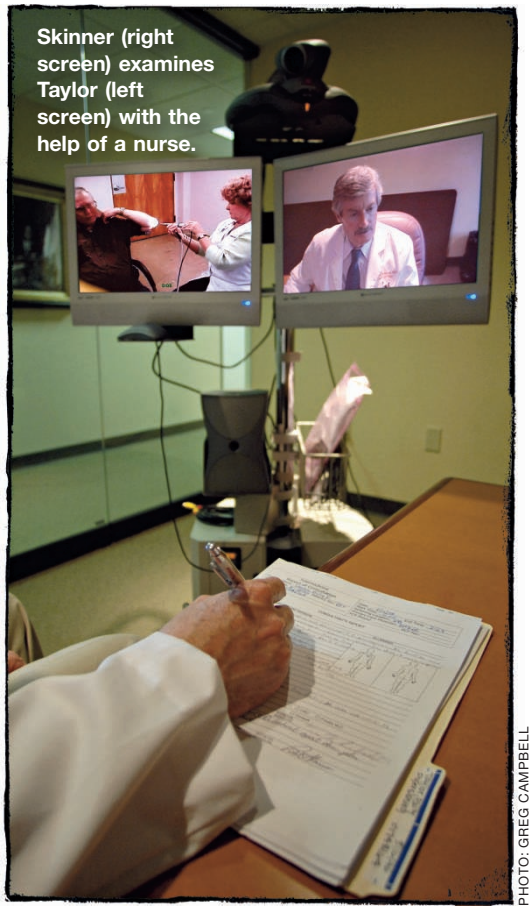
The lack of specialists is one of those disparities. The bridge over that particular gap is a virtual one.

Telehealth is not a new technology by any stretch. It has been used to treat astronauts in space since the 1960s. But in the past few years telehealth has gained great strides serving rural areas where specialists are scarce.

Dr. Robert Skinner works in the University of Tennessee Health Science Center's immensely successful telehealth program, used at 85 sites across Tennessee, Arkansas and Mississippi. "I see patients one afternoon a week," says Skinner, a dermatologist. "Sometimes as many as eight to 15 patients [via telehealth]."

Billy Taylor is one of those.

"My general practitioner couldn't figure out what was wrong with me, and he referred me to a telehealth doctor," says the 61-year-old, who lives on 450 acres outside Dyersburg and is suffering from skin rashes. "The drive to Memphis would eat up an entire day, but with telehealth, I can be back home in less than an hour and a half."



Skinner (right screen) examines Taylor (left screen) with the help of a nurse.

PHOTO: GREG CAMPBELL

Taylor simply drives to the local hospital, checks in, and his telehealth nurse takes him to an exam room. There, two monitors and a camera are set up. "On one monitor I can see Dr. Skinner, and on the other I can see what he's seeing," Taylor explains.

The exams are done over a secure web link, allowing the patient and doctor to converse normally. "The cameras are so good that the images the doctor receives are better than what you'd see in person," says Taylor, who's still working with Skinner to figure out a diagnosis. And the best part, he laughs, is there's no waiting room.

COMING HOME TO PRACTICE

In many parts of the country, telehealth is still the wave of the future—a potentially distant one for those not served by high-bandwidth networks necessary for the job.

NRHA's Morgan says it's in those places that recruiting and retaining physicians become vital to the success of a rural clinic or hospital.

That's because the shortage of health care workers—from doctors to nurses to even trained clerical staff—is one of the most pronounced differences between urban and rural hospitals and clinics.

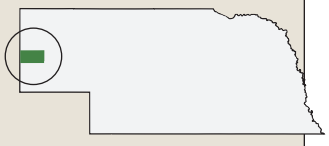
It helps when caregivers know what they're getting into by moving to a ▶

TOP FIVE

$10 one-time fee, women receive newsletters, a magazine and free or reduced-cost seminars on exercise and health.

Barbara Eddelman, a former DCMH board member, says, "Women do most of the doctoring within the family and are the ones mostly likely to get family members to go to the hospital." Eddelman and her mother own a 260-acre farm near Westport, Ind. "We have some dynamite doctors," Eddelman says about the county with 25,000 residents.

4 SCOTTS BLUFF COUNTY, NEBRASKA



Resident and registered nurse Jackie Delatour found children in rural Nebraska were not receiving immunizations, so she started a clinic offering free shots—regardless of income. Delatour and her family raise 7,000 head of cattle yearly on more than 30,000 acres near Harrison, Neb.

Immunizations are just one challenge facing the Nebraska panhandle, with less than four people per square mile in many locales. Regional West Medical Center in Scotts Bluff helps meet the challenge with more than 70 staff physicians representing 23 specialties from neurosurgery to pathology.

That makes the county the hub of medical care in the panhandle. "We have medical facilities and capabilities and services not found in a town of 25,000. But we serve an area the size of West Virginia," says Stuart Fulks, vice president of planning and marketing.

Regional West is one of 137 Rural Referral Centers nationwide. The facility serves six other critical access hospitals with a goal of primary care within an hour's drive. The 279-bed hospital is also a trauma center.

The trauma center staff addresses causes of injury and prevention. "We have a lot of injuries from livestock—what we call one-horse rollovers," says Jim McHugh, a Regional West vice president. Livestock injuries are common in the state with 4 million cattle and 1 million people.

Survival depends on cooperation and coordination. In the outlying hospitals, emergency room TV cameras enable the critical access hospitals' physicians to link live to Regional West's doctors. The revolutionary telemedicine tool places all the caregivers in the same room.

rural area. Sometimes that's even a draw, says Todd Wiltsie, who directs physician recruitment for LifePoint hospitals, one of the nation's largest rural hospital chains. "A good fit is a doctor who likes to hunt or fish. Some candidates like to farm or raise cattle. And someone who was born and raised in a certain area is most preferred," he says. That approach helps keep LifePoint's turnover rate low.

It's a good approach, says NRHA's Morgan. "What you see often is these rural training tracks approach kids with the highest scores that grew up in urban areas, train in urban areas and then end up in a rural area where they're unhappy, so they don't stay," he explains.

Now, some rural hospitals even reach out to elementary schools to get kids interested in health care early, since data shows that rural kids in rural tracks tend to stay around and practice. "You'll get returns that way, but it's long-term," he says.

Though often underfunded, volunteer EMS is a source of community pride.

PHOTO: THINKSTOCK

VOLUNTEER SPIRIT

Still, it's not surprising that long-term involvement in a community leads to more stability. That's perhaps most true on the volunteer level, where most rural emergency service takes place.

"EMS is an afterthought on the federal level," says Morgan. As a result, it's vastly more underfunded than hospitals and clinics, who at least have the opportunity to receive grant money and government support.

That leaves much of the burden on residents. "This is a good way to give back to the community," says Lou Hubbs, who farms winter wheat and rents 2,000 acres of pasture.

Hubbs is also captain of the sparsely populated community's ambulance and fire service in unincorporated Hawk Springs, Wyo. Hubbs, whose emergency services leadership roles are also voluntary, works part-time for pay in neighboring Cheyenne County, Neb., for their ambulance service.

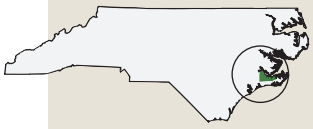
But another trend may be emerging—a partnering of rural emergency services that will allow more volunteer paramedics and EMTs to take on those roles as a full-time job.

This can happen, according to health care planners, because workers can provide much-needed assistance in the community or at local hospitals while not responding to ambulance calls.

"Paramedics might conduct follow-up home visits for heart attack patients, deliver and administer medications, provide immunizations at schools or car ▶

TOP FIVE

5 CRAVEN COUNTY, NORTH CAROLINA



Craven Regional Medical Center advertises a $20,000 sign-on bonus plus a $3,000 relocation provision for physicians. The New Bern, N.C., hospital's open-heart surgery unit is the only one serving the central coast region and was the first in eastern North Carolina to offer outpatient cardiac rehabilitation.

North Carolina Cooperative Extension Agent Mike Carroll is thankful to have cardiac care close by. His teenage son was born with a condition that requires a pediatric cardiologist's testing and monitoring. "I have lived in many eastern North Carolina counties where medical services like this are not available," Carroll says.

The county's ag products include tobacco, corn, cotton, soybeans, blueberries, peanuts, swine, poultry, cattle, turf and aquaculture. "One end of the county is predominantly ag and the other new homes, retirement communities and golf courses. Both of these together is what makes it work," Carroll says.

seat clinics—a variety of public health kinds of tasks," says Gary Wingrove, director of government relations and strategic affairs for the Mayo Clinic Medical Transport.

The reality, according to Wingrove and others, is that many rural areas are overserved by volunteer ambulance services while other duties at hospitals and in the community go wanting. The present system is largely a victim of its own success, with rural communities making it a point of civic pride to have enough trained volunteers and a well-equipped ambulance. "We believe there is a ready-made work force that is already part of the community," says Wingrove. "Many of them would rather be full-time."

> "It's a clinically proven fact that a tight community plays a role in the healing process."

Even in rural areas where full-time staff is possible, volunteers like Hubbs will still provide valuable help when needed. "We care about the community," he says. "You either have to like it or not."

STICK TOGETHER

Collaboration at every level, says NRHA's Morgan, is critical to the future of rural health care. "In the best rural hospitals, you see it," he says. "It's the ability to link up, use state hospital associations, state offices of rural health, state universities—all sharing knowledge."

And then there's that sense of community—of connection—that often

INSURANCE: NOT SO HEALTHY FOR THE BOTTOM LINE

Richard Shuman works the dairy with his father in the afternoons and spends his days in the family's corn fields. His two young kids have chores to do around their Mainville, Penn., farm; his 8-year-old son, Steven, even knows his way around a tractor, even if he can't quite drive one yet. It's a family operation in every sense of the word.

Well, almost. "Deb liked working on the farm. She wants to be on the farm," Richard says. Instead his wife, Deb, is teaching in town so the family of four can have health insurance.

Richard sits on the Pennsylvania Farm Bureau board, so he knows about the group insurance available through that channel. His father, Duane, purchases coverage through the dairy, but the out-of-pocket premiums are outrageous—"about $1,100 a month for him and my

PHOTO: THINKSTOCK

mom," says Richard. "Do the math on that. Our operation can't sustain that kind of expense."

Mainville is located in Columbia County, Penn., one of *The Progressive Farmer*'s top 10 Best Places to Live in Rural America this year. There are two well-equipped hospitals inside its borders, and the world-class Geisinger Medical Center is one county over.

But the ticket to access is that insurance card, and it's one expensive ticket. That got the attention of The Access Project, a nonprofit group whose research mission is to improve access to health care. One of its recent studies showed that while 90% of farmers and ranchers surveyed had health insurance, often the policies didn't offer enough coverage. One in four said health care expenses cause financial problems for the family and the operation. The study surveyed more than 2,000 farmers in the Great Plains.

About one-third in the survey buy directly from an insurance agent, which means the 90% number is a little deceptive. While farm and ranch operators are much more likely to be insured than the general rural population, many are paying much higher premiums and have higher deductibles with fewer benefits.

Carol Pryor, The Access Project's senior policy analyst, says health insurance oversight is mostly in the hands of the state, and points to Massachusetts as having some possible solutions to ease the numbers crunch on small businessmen. There, "guaranteed-issue laws" mean health coverage can't be refused based on prior medical history. Rates also can't be set based on medical

transcends what others might view as a disparity.

"It's a clinically proven fact," says Morgan, "that a tight community plays a role in the healing process." While farmers like Hubbs help prove that point on a volunteer level, it's true of doctors too. "You see your patients at the store, at school functions, at church—it makes a difference in how you care for them," says Morgan.

It also plays a role in the success of a small hospital or clinic. Morgan says to think of a health care establishment the same way you'd think of a school—as something like the center of your town. "Utilize it, donate to it, volunteer for it, rally around it," he says. Those are things farmers and rural residents know well how to do—things that play a huge role in stabilizing even the most critical patient.

history alone, though age can play a role.

State-subsidized group coverage, such as Fishing Partnership Health Plan, bases insurance costs on income and helps lower premiums for owners and operators in the state's fishing industry.

These kinds of public and private partnerships might be the light at the end of the tunnel for farmers feeling the pinch, but they're rare.

Pryor says a good first step is to pay attention to health care plans from political candidates at all levels. "As proposals come out for health reform," she says, "look for protections for the self-employed."

Meanwhile, off-farm employment looks like the best option for most, just like the Shuman family. More than half of those surveyed said that's where their coverage comes from.

It's a symptom of the rising cost of health care and coverage across the board; a symptom that feels more like a disease to those paying for it right out of the pocket or right off the farm's balance sheet. *—Jamie Cole*