

ACCESS

Newsletter of the Nebraska Office of Rural Health,
Nebraska Department of Health & Human Services,
Division of Public Health
and the Nebraska Rural Health Association
for all rural health stakeholders
Issue 52, October 2008

NOTICE TO OUR READERS

Dear Reader:

Some changes: The ACCESS newsletter has also been available for almost two years at the following web site: www.dhhs.ne.gov/orh. Back issues are also available on this site.

We have been asked to make all newsletters available in electronic versions. Our next issue will follow these guidelines. As part of our shift to the digital world we are asking you to now subscribe to our electronic newsletter. The information is below.

To be notified when a new issue is available, please go to <http://www.dhhs.ne.gov/newsletters/access/> and click on 'Subscribe to Access Newsletter.' (You will also be offered other health-related newsletters from the Department.) After subscribing, you will receive an e-mail notice from the Department letting you know that your subscription has been successfully created.

If you prefer, send your e-mail address to Ann.Larimer@dhhs.ne.gov, and we will do this for you. Please e-mail Ann with any questions.

In addition, our offices have moved from the Nebraska State Office Building to the 220 Building on the corner of 17th and N street in Lincoln. Our mail-

ing address, fax and phone numbers remain the same.

If you do not have Internet access, we still want you to be able to receive our newsletter. Please send us the back page of the newsletter (a photocopy is fine) with your address label, and a note stating that you don't have Internet access and would like to receive a paper copy. We will do our best to print and mail our next newsletter to you.

We would also appreciate your comments about our online version of the next newsletter. We will continue to publish quarterly, and as always welcome your story ideas and suggestions.

Thanks for your patience as we make our transitions. And thank you for working to ensure health care services to the rural areas of our state, and for being a faithful ACCESS reader.

--The Staff of the DHHS Division of Public Health-Office of Rural Health

also in this issue . . .

- The Nebraska Way (page 3)
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MARK YOUR CALENDARS

Rural Health Advisory Commission Meeting

November 21, 2008; 1:30 p.m.

State Office Building, Lincoln, NE

Contact: Marlene Janssen, (402) 471-2337

2008 Dental Transition Seminar and Opportunity Fair

Friday, November 7, 2008

University of Nebraska Medical Center, College of Dentistry

Contact: Veronica McManamon, 402-472-3285).

NE DHHS Public Health Combined Conference - Prevent, Promote, Protect: Working Toward a Healthier Nebraska

April 8-9, 2009

Cornhusker Marriott - Lincoln, NE

(detailed information will be available in a few months)

2009 National Rural Health Association Conference

May 5-9, 2009 - Miami, Florida

2009 Nebraska Rural Health Conference

September 17-18, 2009

Holiday Inn Convention Center - Kearney, NE

Nebraska Dental Transition Seminar and Opportunities Fair

Friday, November 7, 2008

8 a.m. – 4 p.m.

University of Nebraska Medical Center

College of Dentistry

UNL East Campus

40th & Holdrege Sts.

Lincoln, Nebraska

The University of Nebraska Medical Center College of Dentistry is co-sponsoring the 2008 Dental Transition Seminar & Annual Opportunities Fair. This is a three-fold program this year. For a nominal fee you have your choice of participating in the transition seminar portion of the program, reserving space for a table to showcase dental opportunities in your area, or participating in both activities. This will be an excellent program for anyone who is planning any transition in their practice over the next five to ten years. If you are looking for an associate or a partner, or an economic development leader trying to recruit a dentist for your area, this is an ideal situation to meet with the student body at the UNMC College of Dentistry. Please share this information.

Seminar Registration Deadline: Friday, October 24, 2008

Registration will be confirmed via email account.

For more information, contact Veronica McManamon at (402) 472-3285 or e-mail: vmcmanam@unmc.edu

c/o UNMC College of Dentistry

40th & Holdrege Streets

Lincoln NE 68583-0740

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Rural Healthcare “The Nebraska Way”

By David Howe

Nebraska may not have mountains. But it has a legacy of people willing to try moving mountains to make life better. A culture of leadership, born of frontier times, continues today. And in few places is it more evident than the state’s rural healthcare efforts.

Think, for example, of the state’s 65 critical access hospitals and a telehealth system that stands out among healthcare accomplishments throughout the nation, Milan Wall said in a lead-off presentation at the annual Nebraska Rural Health Association conference in Kearney last month.

People he calls “transformational change agents” have built this state socially and physically over the past 150 or more years. Chief Standing Bear, William Jennings Bryan, and George W. Norris are among those who come to mind as leaders who have left their marks on Nebraska history, Wall said.

That culture of “transformational” leadership continues today, said Wall, co-director of the

Lincoln-based Heartland Center for Leadership Development.

This small, independent non-profit corporation focuses on strengthening rural community leadership. It facilitates and trains rural leaders to build economic vitality in small towns and rural communities throughout the U.S. and Canada.

The Heartland Center for Leadership Development works with such organizations and institutions as the following: Nebraska Leadership, Education/Action Development (LEAD) program, the Department of Ag Leadership, Education and Leadership (AgLEEC) at the University of Nebraska-Lincoln, the University of Nebraska Medical Center, Chadron State College, the Northeast Nebraska Community College, and regional development districts.

Drawing a parallel between what has gone before and how that relates to Nebraska’s efforts today to build a strong rural healthcare system, Wall cited the aforementioned historic figures.

He alluded to renowned Nebraska historian Robert

Manley’s entertaining stories of how the vision and persistence among the state’s leaders in settlement times led to homes appearing where only treeless open prairies had existed. It began with dugouts, sod houses, and houses of hay.

That vision and persistence is woven throughout the state’s social fabric today and includes Nebraska’s rural healthcare accomplishments, Wall said. “You keep working at it until you build it into reality.”

He calls it “the Nebraska way.”

Chief Standing Bear’s successful fight for constitutional recognition of native Americans as human beings in 1876, William Jennings Bryan’s championing women’s right to vote and of the 40-hour work week, and George Norris advancing the concept of public power and the one-house legislature are examples of Nebraska’s “transformational change agents,” Wall said.

Maxine Moul, who provided economic development leadership and served as Nebraska’s first female lieutenant governor, and Jack McBride, who was essential to the founding and development of public television, are modern examples of transformational change agents in the state, Wall said.

These efforts are the social capital, the glue to hold communities together with trust and reciprocity. They represent social networks that bring people and communities together, he added. They are the precursor to economic vitality. Strong social capital produces economic vitality, not the other way around, he told the Kearney rural health conference.

Encouraging citizen participation in civic projects gives poten-

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2008 Outstanding Rural Health Achievement Awards

Melissa Beaudette, NeRHA

Awards for Outstanding Rural Health Achievement were presented at the 2008 Nebraska Rural Health Association conference held in Kearney, NE September 11, and 12, 2008. The Nebraska Rural Health Association recognized individuals who took leadership roles and who made a difference in healthcare in rural Nebraska.

"There are few things more gratifying than the approval and recognition of our peers for a job well done," said Allen Van Driel, Nebraska Rural Health Association president. "That's why it is an honor to recognize these people for their work in the rural healthcare field."

2008 award recipients were:

President's Award - Marty Fattig, CEO Nemaha County Hospital, Auburn, NE

The President's Award is not given every year. It is only awarded at the discretion of the Nebraska Rural Health Association President. This year the award was presented to Marty Fattig. Fattig has had an impact on the status of healthcare delivery in rural Nebraska as a clinical provider, as a healthcare executive, as an advocate for rural healthcare programs, as an influential leader of the Nebraska Rural Health Association, as a mentor, and as a strong voice for the future. The hallmark of Marty's efforts has always been patient safety and quality. He has been and remains today a strong voice for these standards through his pioneering efforts to lead the implementation of information technology throughout the facility and the medical community of Auburn. His efforts led to Nemaha County Hospital being designated by the American Hospital

Association as one of its "Most Wired" facilities last year. Marty has served in a number of leadership capacities throughout Nebraska. He has served as the Chairman of the Nebraska Hospital Association Services Board, as a member of the NHA Research and Education Foundation Board, and Chairman of the NHA Issue Strategy Group on Workforce Shortages. He has served the educational community as President of the Southeast Nebraska AHEC, and as a member of the UNMC College of Public Health External Advisory Council. He serves on the Executive Board of the Mid-America Hospital Alliance and is a member of the Critical Access Hospital Steering Committee. He serves on the Critical Access Hospital Advisory Board on Quality, and is a member of the Nebraska Rural Health Advisory Commission. He served two terms on the Board of Directors of the Nebraska Rural Health Association, and served as President of the Association as well.

Outstanding Rural Health Practitioner Award

- Dr. Gerald Luckey, Butler County Clinic, David City, NE

The Outstanding Rural Health Practitioner Award recognizes an individual who is a direct service provider and who has exhibited outstanding leadership, care, and collaboration in improving health services in rural Nebraska. Those eligible for this award are individuals who provide direct patient care. This year the Outstanding Rural Health Practitioner Award was presented to Dr. Gerald Luckey of the Butler County Clinic. Dr. Luckey has a long standing reputation of very personal care, giving every patient as

much time as they need. During his 35 years of working with preceptors he has encouraged many of them to practice in rural areas. Dr. Luckey has been a key player in the success at Butler County Health Care Center. Dr. Luckey graduated from the University of Nebraska Medical Center in Omaha and completed an internship in Nebraska. He began his family medicine career in David City where he continues his practice. Currently Dr. Luckey is involved in supporting his community through the David Place Nursing Home and St. Joseph Villa as their medical director. His involvement as a board member on the David City Chamber of Commerce, St Joseph Villa and the Future Generations Health Care Foundation reflect his strong commitment. Dr. Luckey and his wife have three children and seven grandchildren.

Outstanding Rural Health Achievement Awards

- Dale Gibbs, Good Samaritan Health System, Kearney, NE and William Bauerle, Chase County Community Hospital, Imperial, NE

This year the Nebraska Rural Health Association decided to honor 2 individuals for the Outstanding Rural Health Achievement Award. This award recognizes individuals for leadership and noteworthy initiative in promoting the development of community-oriented, rural healthcare delivery.

The first award was presented Dale Gibbs of Good Samaritan Health System. Each day, Gibbs works in the best interests of rural healthcare. This is particularly true in his current role of director of outreach and telehealth services, but access to

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New location!

The Office of Rural Health has moved to **220 South 17th Street**. Our mailing address, phone numbers, fax number, and e-mails will all remain the same:

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Nebraska Department of Health & Human Services
Division of Public Health
P.O. Box 95026
Lincoln, NE 68509-5026
Phone: (402)471-2337 Fax: (402)471-0180
Web site: www.dhhs.ne.gov/orh.
Newsletter site: <http://www.dhhs.ne.gov/newsletters/access/>

2009 Nebraska Public Health Conference

Prevent, Promote, Protect:
Working Toward a Healthier Nebraska

Save the Date!

April 8 and 9, 2009
Cornhusker Marriott Hotel
Lincoln, Nebraska

Reaching Out To...Public and allied health professionals, mental health practitioners, social workers, environmental health specialists, dietitians, nurses, physicians, health educators and advocates, behavioral health practitioners, and others interested in the well-being of Nebraskans.

Sponsored by: Nebraska Department of Health and Human Services, Nebraska Minority Public Health Association, Public Health Association of Nebraska, and The Center for Biopreparedness Education, Creighton University.

Engaging two-day program! Dynamic national speakers!
Information routinely updated at www.dhhs.ne.gov/Public_Health/conference

Nebraska Way cont'd from p. 3

tial leaders a sense of ownership and allows them to develop leadership skills, Wall said. It can apply to rural health issues as well as economic development.

He cites the humorously named "Bale Committee" at Wausa, which he became aware of while working with that northeastern Nebraska community. For this town's annual parade, volunteers lined up flatbed trailers and bales from area farmers to serve as seating for

the parade. Through this modest beginning at organization, young potential leaders in the community learned basic lessons in leadership through the process of organizing the fleet of flatbeds and bales. Bale committee participants acquire the confidence to take on greater leadership roles--maybe on the city council, as mayor, or even the statehouse, Wall said.

In an interview following his Kearney health conference presentation, Wall alluded to those whom he had watched accept

awards for their rural healthcare contributions. "I was impressed to see such an array of people who are devoting their careers to make sure we have access to healthcare resources and the quality of healthcare services in rural areas. My understanding is that Nebraska's telehealth network is more extensive in terms of outreach than any similar telehealth network in the country." Wall sees that as evidence of transformational leadership's success in the rural healthcare arena. □

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rural healthcare has been Gibbs's long-time passion.

Good Samaritan Hospital serves as the hub for a strong critical access hospital network with which Gibbs works very closely. "Dale Gibbs works hard to facilitate relationships and communications with hospitals, physicians and staff within the network," says Steve Loveless, vice president of ancillary services at Good Samaritan. "Dale knows rural healthcare from both the small and larger hospital settings and believes in the value of outreach and telehealth to Good Samaritan and equally to rural health. Dale has been a leader in the rural healthcare community for a number of years and brings a wealth of knowledge and experience to his position." Gibbs first suggested offering monthly education for emergency medical technicians via telehealth to Good Samaritan's original 5 telehealth sites. Now, this EMS Trends course is offered to 28 sites. His enthusiasm for telehealth continues today in his role as a co-chair for the Nebraska Statewide Telehealth Network. Gibbs has the ability to grasp the importance of the future of telehealth for rural Nebraskans. Gibbs helped found

the Tri-Cities Medical Response System that has grown from assisting 3 hospitals in 3 counties to 18 hospitals in 23 counties in planning for emergencies. He has taken a leading role in working to change regulations that would give rural communities better access to pharmacists via telehealth, is a strong proponent of teletrauma, and worked diligently to help secure the grant that would fund the Rural Nebraska Regional Ambulance Network. Commitment and dedication are two of Gibbs's hallmarks, as are his responsiveness and easy-going personality. He is a trusted leader and he continually looks for ways to collaborate rather than compete with others in an effort to strengthen healthcare in the state.

The second Outstanding Rural Health Achievement Award was presented to William Bauerle, Chairman of the Board for Chase County Community Hospital. His achievements in realms of leadership, community service and character have enabled this small facility to obtain advanced equipment and deliver quality service.

Bauerle joined the Board of Trustees in April of 2000 at a time when it would have been easier to criticize the work of

the hospital and board than to take a risk on improving the state of affairs. He was instrumental in the process of building and establishing a hospital owned clinic to draw back the community members seeking healthcare out of the local area. His vision is to be a leader in technology for small hospitals. This belief has allowed for the implementation of electronic medical records for the clinic, an electronic medication management system for the hospital pharmacy as well as many improvements in the radiology department.

Bauerle possesses many talents and donates his skills to help cut costs around the hospital and lend a hand to fellow employees in need. He volunteered his time to refurbish the old laboratory cabinets, remove flooring, and paint walls to save the hospital vital operating dollars. He is often visible on his tractor clearing snow from the hospital parking lot during the winter or improving drainage ditches on the outside boundaries during the summer. During a family health crisis he gathered a team to help an employee construct part of their home. Through Eagle AirphoTo,

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Nebraska Statewide Telehealth Network: Fall 2008 update

By Dale Gibbs

The Nebraska Statewide Telehealth Network (NSTN) is now more than two years old. With 82 Nebraska tertiary care or critical access hospitals, 18 public health departments, one mental health hospital and three community mental health centers in Nebraska connected, this unique and extremely successful telehealth network is making a huge impact in improving access to health care in rural Nebraska.

Hub and spoke

Nebraska's telehealth network is a hub and spoke network with eight hub hospitals connected through a backbone of T-1 lines and fiber optic cable. Each of the "spoke" sites connects to a hub, which allows them to use these backbone lines to connect with others across the state.

The eight hub hospitals are Regional West Medical Center in Scottsbluff, Great Plains Medical Center in North Platte, Good Samaritan Hospital in Kearney, Saint Francis Medical Center in Grand Island, Bryan/LGH East in Lincoln, Saint Elizabeth Regional Medical Center in Lincoln, University of Nebraska Medical Center in Omaha and Faith Regional Medical Center in Norfolk.

What makes this telehealth network so unusual is its collaborative nature. The NSTN is not a legal entity but rather a consortium of hospitals and others, working together with a commitment to improve rural health care.

In addition to the collaboration, an important aspect of the Network's success is the funding from the Federal Communications Commission, administered by the Universal

Service Administrative Company (USAC) that help to offset much of the costs of the T-1 lines. The Federal Communications Commission's goal is to provide reduced rates to rural health care providers for telecommunications services and Internet access charges related to the use of telemedicine and telehealth.

In addition, the Nebraska's Public Service Commission (PSC) provides generous support for the transmission lines, routers, firewalls and other NSTN equipment. Every hospital in the state eligible for USAC support pays a reduced amount for its transmission costs— between \$100 and \$167 per month. And the PSC provides support to the backbone lines that help connect the entire network. Without the support from USAC and the Nebraska PSC, a T-1 line could cost some hospitals up to \$3,000 per month.

NSTN governing committee

A governing committee consisting of a representative from each of the hubs and a representative for the public health departments provides direction and coordination for the Network. Each of the hub hospitals and its spoke sites coordinate connections and activities, but when a hospital from one hub and spoke network needs to connect to another hospital in another hub and spoke network, the NSTN provides the means to do so.

These connections between hubs could not be made without the NSTN governing committee's providing the oversight and direction. As with the Network as a whole, the NSTN governing committee is successful because of the collaboration by each of the hubs to make the statewide

network happen. In addition to the NSTN governing committee members, the Nebraska Hospital Association and the University of Nebraska/Lincoln are major partners contributing significantly to the success of the NSTN.

A short summary of successes

The Network strives to receive an evaluation from every person who has an encounter through telehealth, whether that is a clinical, educational or administrative meeting. The following is a summary of the evaluations returned to the Network from the first six months of calendar year 2008. They show the value the Network brings to health care providers, patients and their family members.

- Travel time hours saved = 17,681
- Travel time cost savings = \$441,971
- Miles saved = 1,011,044
- Mileage cost savings = \$514,968

At the end of 2008, we project we will have saved more than 35,000 hours, 2 million miles and \$956,000. Obviously, both individuals and organizations save a great deal by using the NSTN.

Current issues

As the NSTN has grown, we realize that the potential for the Network is still much greater than we have seen.

At this time, the majority of the use of the Network is for meetings and education for health care providers. Clinical usage involving a practitioner in one hospital providing care for a patient in another hospital, while growing each year, still needs to be developed further. To accomplish this we have to address reimbursement issues

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Telehealth cont'd from p. 7

that are not conducive for the practitioners, as well as the credentialing and privileging issue, another barrier to clinical usage. The Network is addressing these issues, working with state agencies to assure compliance.

Because USAC rules denote who can and cannot use the system and what uses are allowed, the Network has developed a usage policy and will be sharing this with everyone involved in telehealth over the next couple of months. We hope to provide education that will result in a common understanding of how the Network can be used.

Another exciting project is linking the NSTN to the Veterans Health Administration's telehealth network. Preliminary work done

by the University of Nebraska Medical Center and the Omaha VA system has resulted in the establishment of a secure physical connection between the networks. Our next step is to work with the VA administration, on the national and regional levels, to promote further connections to all rural areas of Nebraska. Without telehealth, a veteran in Valentine has to travel to a VA hospital in Hot Springs, S.D., or Grand Island or to a clinic in Alliance. With telehealth capability already in Cherry County Hospital in Valentine, that rural veteran may be able to see VA specialists through telehealth without ever leaving Valentine.

A very important project for the future of the NSTN is the organizational structure. The current arrangement of

collaborating telehealth hubs partnering with the Nebraska Hospital Association and others is working well, but we know we will be facing funding issues in the future that may be better addressed if the Network were a legal entity. During the next few months, we will be exploring models and deciding if this is the direction we want to proceed.

Summary

Nebraska's citizens can be proud of the Nebraska Statewide Telehealth Network because it is truly unique to the United States and is very successful. In addition to providing increased access to specialized health care for all Nebraskans, the Network is saving hospitals and public health departments thousands of dollars each year in time and mileage. And, we have only begun. □

2008 Nebraska Telehealth Conference: Connections in Healthcare

October 28, 2008 - 7:30 a.m.-3:00 p.m. CST - Sandhills Convention Center - North Platte, Nebraska

The Nebraska Statewide Telehealth Network (NSTN) is pleased to provide this conference specifically for critical access hospitals and health departments. Come for a day of learning how to use the statewide system and how to enhance your capability to serve your patients, staff, and community. In order to enhance networking opportunities, no video conferencing will be available.

Partial Agenda:

8:25-9:25 - General Session: "Answering Your Questions: The New NSTN Usage Policy"

12:00 - Keynote Address/ Lunch: "The Exciting Future of Telehealth Technology: What's Next?"

Breakout Session Topics

1. **Equipment Operation Bootcamp** - Julia Carlson, Regional West Medical Center
2. **Successful Videoconferencing Management** Carol Rosenbaum, Faith Regional Health Services; Max Thacker, University of Nebraska Medical Center
3. **Ensuring Success with Clinical Consults** - Wanda Kjar-Hunt, Good Samaritan Hospital; Marilyn Dahle, Av-era Health/Great Plains Tracking Ctr.
4. **The Basics of USAC** - Camelia Rogers, Universal Services Administrative Company
5. **USAC Questions and Answers** - Camelia Rogers, Universal Services Administrative Company
6. **Making Grants Work for YOU** - Mike O'Neal & Dan Engle, Thayer County Health Services

Send Registration by **October 21** to: Good Samaritan Hospital
Attn: Telehealth
P.O. Box 1990
Kearney, Nebraska 68845-1990
Fax: 308-865-2986
Email: kathygosch@catholicealth.net
For questions, call: (308) 865-7742

Nebraska Rural Health Association 2009 Awards Nomination

Each year, the Nebraska Rural Health Association honors people who have contributed to rural health care through leadership at its annual conference. These awards recognize individuals and organizations who take on leadership roles in healthcare and their communities. Each year, the Nebraska Rural Health Association solicits nominations for four awards, and your input is very valuable to us.

The **Integrated Rural Healthcare Award** is open to any **provider** giving primary care, mental health, or substance abuse collaborative care in rural areas of our state (outside of Douglas, Lancaster and Sarpy counties). The distinction of this award is the collaborative model, the methodology, the types of providers, the issues they are having problems with and the successes they have seen. The provider can be an **individual, a team, a system or partnership**. Integration can be with two or all three of the components (primary care, mental health, and substance abuse). Nominations are accepted from patients, fellow providers, or employees of the provider.

The **Outstanding Rural Health Practitioner Award** recognizes a **direct service provider** who provides direct patient care such as physicians, nurses, physician assistants, nurse practitioners and others. This individual must exhibit outstanding leadership in bringing to and/or improving health services in rural Nebraska. Factors taken into consideration include providing outstanding care; collaboration and multi-disciplinary teamwork; involvement in the community; involvement in education; and lasting contribution to the rural health care system.

The **Rural Health Achievement Excellence Award** recognizes an **individual in the health care industry** or leadership and noteworthy initiative in promoting the development of community-oriented rural health care delivery. Factors for selection should include: distinctive efforts to promote and/or improve rural healthcare and provide lasting contributions to health care. This award recognizes noteworthy initiatives in the development of community-oriented rural health care delivery.

The **Rural Health Distinctive Consumer Advocate Award**: It is important to recognize that rural health care delivery systems will survive only with the involvement of rural consumers. This award honors an **individual consumer, who is not an employee** in the health care or health insurance industry, for active participation within his or her community and/or region regarding rural health service delivery issues. For example, the award winner may have testified to the state or national legislature on rural consumers' health care needs or have made lasting contributions to rural health care in his or her community, region, or state. The nominee should be current on rural consumer health care issues and must have shown leadership in community and education regarding health care changes, needs, or improvements.

Awards will be presented at the annual Nebraska Rural Health Conference September 18 and 19, 2009. □

Awards cont'd from p. 6

his private business, Bauerle has provided Chase County Community Hospital beneficial marketing tools that promote the Chase County Development Committee, community, hospital and clinic, and the Hospital Foundation.

Rural Health Distinctive Consumer Advocate Award
- Beverly McNiff, Mid Nebraska Community Services, Inc., Franklin, NE

It is important to recognize that rural healthcare delivery systems will survive only with the involvement of rural consumers. The Rural Health Distinctive Consumer Advocate Award honors and individual consumer, who is not an employee in the healthcare or health insurance industry, for active participation within his or her community. This year the award was presented to Beverly McNiff of Franklin, NE.

McNiff is an employee of Mid-Nebraska Community Services, Inc. Through her employment, she serves individuals in Nuckolls, Webster, Franklin, Harlan and Phelps Counties. McNiff is not a woman who sits in the office and waits for something to happen, she goes out and makes sure people receive services. McNiff also serves children with the WIC program that provides women and infants or the Community Supplemental Food Program for Children, Women and seniors. She also serves on the Food Pantry Network. McNiff's name appears as a contact under the 06 and 07 Nebraska Project Networking Guide, The Franklin After School Program and Kid-Vision are 2 of the cited projects.

2009 award nomination forms are available on the NeRHA Web site at <http://www.nebraskaruralhealth.org/Awards.html> □

ACCESSory Thoughts

Dennis Berens, Director
Nebraska Office of Rural Health

It's all about food!

Food is now one of the top three issues in the United States and in Nebraska. What part of the food equation are you most focused on right now? Is it food safety, food quality, food sources, food locally produced, food as a health commodity — or is it the cost of food for all?

In some respects, all of the above concerns are tied together. It also appears many people are thinking about the changes that have taken place because of \$4 gasoline and e coli and salmonella issues. Is the era of cheap food ending? And what will happen to our 24/7-365 ability to buy fresh foods from around the world in our local grocery stores? What might be the impact on our state and the health of our people?

I attended a Gateway to Food Protection meeting of the FDA in mid August, and we addressed some of the issues listed above. We looked at food safety planning, and we tried to envision what could or should be found in 2013.

It was amazing to see the commonality of ideas and opinions from a very diverse group of experts. Some of the general big issues sounded a lot like our discussions in Kearney at our annual rural health conference. Here are just a few:

1. Capacity: What sets of resources will need to be in place to address the challenges and opportunities

that we face? Most of the talk was around “human resources” and appropriate, planned financial resource allocation.

2. Communication: It is time that databases can be shared and linked. It is also time to develop interoperable telecommunication systems instead of the “silo” models now in place.
3. Speed: The processes are too slow to address issues faced today. Laws, rules and regulations processes need to move more quickly.
4. Qualified staff: The knowledge age is here, and we need to constantly train all workers as they progress on their career train.
5. Accountability: Who is to be held accountable? What do we do in a globally connected world where products and services are available around the world?

Sound like our rural health issues?

The great news is that the 200 people who attended the August meeting found common ground quickly and the priorities presented were excitedly received. Who will lead this discussion in Nebraska, and what role should the rural health community play? We welcome your ideas and efforts. □



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