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## Book sees hope in rural efforts

OUR HEALTH

By EVAN GILLESPIE  
Tribune Correspondent

For Thomas Rowley, the state of health care in many rural American communities is cause for hope, not despair.

"Trite though it may sound," he writes in the introduction to "Hope in the Face of Challenge," "problems truly are opportunities for solutions. In the face of challenge, there is, and can be, hope."

The book, published by the National Rural Health Association, was written by Rowley, a syndicated columnist and fellow at the Rural Policy Research Institute, and illustrated by Granger-based photographer D. Brent Miller. It focuses on communities that have produced innovative solutions to some of the countless obstacles blocking health care in rural America.

For the communities profiled by Rowley, inadequate funding and staffing, lack of insurance, lack of education and poverty are more than just a litany of shortcomings: They are circumstances that encourage new approaches, the plotting of new courses around formidable hurdles.

In the course of researching and taking photos for



**The Quincy Senior and Family Resource Center in Quincy, Ill., sits in the middle of downtown, surrounded by a city of 42,000 people. In addition to the workshop, library, exercise rooms, dining hall-cum-ballroom and a whole host of other amenities, it contains 57 residential apartments, houses 14 separate agencies, each offering multiple services to seniors, and provides meeting and activity space to 182 groups.**

Photos provided/D. BRENT MILLER

the book, Rowley and Miller traveled across the United States, gathering stories, discovering and documenting the people who are determined to bring health care to those for whom it has proved elusive.

Rowley and Miller, whose local photography includes work for the South Bend Silver Hawks as well as his own fine arts projects, hit the road in search of inspiring stories.

"We really went out across the country," Miller says. "We went to 10 states. We wanted to show that, when it comes to health care, that one size

doesn't fit all. Condon, Oregon, is not South Bend, Indiana, and different communities require different solutions. We wanted to tell the stories of the people who are solving problems. Not thinking about it, not talking about it, but doing it."

The pair found no shortage of positive action. In Appalachia, they found health fairs conducted by East Tennessee State University designed to bring local residents out of their homes to a central location where medical students can address their health problems and provide education. In a northern Michigan county, they found a community whose doctors and dentists have agreed to provide free medical care to the uninsured.

In Montana, they found support groups for the chronically ill that use the Internet to reach patients in even the most remote locations. In Kentucky, they found a system that provides Family Health Navigators, health workers dedicated to helping clients find their way through the labyrinth of health care bureaucracy.

"We both have favorite stories," Miller says. "Tom likes what's happening in Montana. I like Condon, Oregon, a community of 650 people that created a health care tax district."

The residents of Condon agreed to tax themselves in order to bring a health care provider to the previously doctorless community. The result, a medical center staffed by two physician assistants, gives the community full-time health care for the first time since the late 1970s. It was a significant victory for Condon, and it would not have been possible without the innovative tax-based solution.



**East Tennessee State University medical students consult with faculty physicians about their patients at a free rural health fair in Saltville, Va. The medical school regularly comes to provide care to people who often go without it and, perhaps more importantly in the long run, exposes the students to the real-world practice of rural medicine.**



**The town of Clarion, Iowa, a county seat with about 3,000 people and the requisite Midwestern grain elevators, embraced a rapidly rising migration of Hispanic workers, upgrading hospital facilities and a free clinic, and creating a domestic and sexual assault outreach center.**

Miller, whose background in rural issues includes past work for the National Rural Development Partnership and the Indiana Rural Development Council, saw little that surprised him during his work on the project.

"Tom and I have been out and about a lot," he says, "so we knew what was out there. Some of what we found might surprise the readers, though. If I had a goal for my photographs, it was to put a face on the rural individuals who are facing these problems."

The book, which for now is available only through the Web site of the National Rural Health Association ([www.nrharural.org](http://www.nrharural.org)), is aimed at health care professionals, both those who work in communities that could benefit from nonstandard solutions and those who are interested in what their rural colleagues are doing. But the book has a wider appeal as well.

"The book is not written with technical jargon," Miller says. "Its purpose is to tell stories that might inspire others. From my perspective, I think these are very interesting stories, and they are very important stories."

Jump to a day:

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