

SUMMER 2019

# PENNSYLVANIA RURAL HEALTH

## Human Trafficking in Rural Pennsylvania: ADDRESSING A HIDDEN CRIME

### **PENNSYLVANIA OFFICE OF RURAL HEALTH**

Presents 2018 State Rural  
Health Awards

### **CRITICAL ACCESS HOSPITALS**

Perspectives from Three  
Retired CEOs

### **HEEDING THE CALL**

A Conversation with  
Matt Baker

# message *from the* director



Welcome to the summer issue of *Pennsylvania Rural Health*. By the time you read this, we should be well into warmer weather with the snow, ice, wind, and cold a distant memory.

Much of the content of this issue is devoted to the exemplary leaders we have in the state and the well-deserved recognition they received. We also include an article on the perspectives

of three retired hospital leaders, where they share their experiences and projections for the future of rural health care.

Reviewing these articles and participating in an interview for Rural Health Leadership Radio has led me to give thought to the question of what is leadership, is leadership inherent in all of us, and what qualities constitute good leadership?

The resources I reviewed on leadership emphasized five key characteristics of effective leadership. The first four are communication, vision, honesty and integrity, and acknowledgement. The fifth characteristic, which I found to be the most interesting, was humor.

Leadership is not an abstract term. It is a concept, and a practice, that can be used every day, on any scale, whether it's a large health system or corporation, a specific project, or activities of everyday life (think of your kid's sports or academic coach).

When I look to those who I consider to be true leaders in rural health, there are several traits they share, most of which center on the person they are, not the knowledge they have. First and foremost, they are polite, respectful, and courteous. They invite discussion, convey genuine interest

in opinions and input, and encourage openness. They are the first to offer resources, support, and a helping hand. They lead by example, although they would be the least likely to label themselves a leader. These folks are also, almost without exception, those who have a great deal of knowledge to share. They are experts in their field, readily share their knowledge, and support others in personal and professional growth. They do not quickly accept credit and are the first to accept responsibility. They have the vision to see the potential in any situation and the passion to put plans into action. And they are able to laugh—at themselves and at the absurdities of life.

Rural leadership is evident across our state and across the country. Every hospital and clinic I visit has leaders who, either because of or in spite of the federal and state support they receive, find solutions to address challenges. I read an article in an online agriculture journal that epitomized leadership at the grassroots level. During one of the recent blizzards that plagued Minnesota this winter, volunteers with the local fire and ambulance departments, at home listening to the local police radio, learned of cars that were stranded. They jumped on their snowmobiles to rescue the families trapped by the snow, found a warm place for them to stay for a day (at their in-laws' home; this is rural Minnesota so everyone is related to everyone), and then spent the day clearing snow, moving cars, and making a straight path for the snow plows. Leadership at its finest.

To paraphrase a quote I read, "Why be fine when you can be great?" The leaders I know take this to heart.

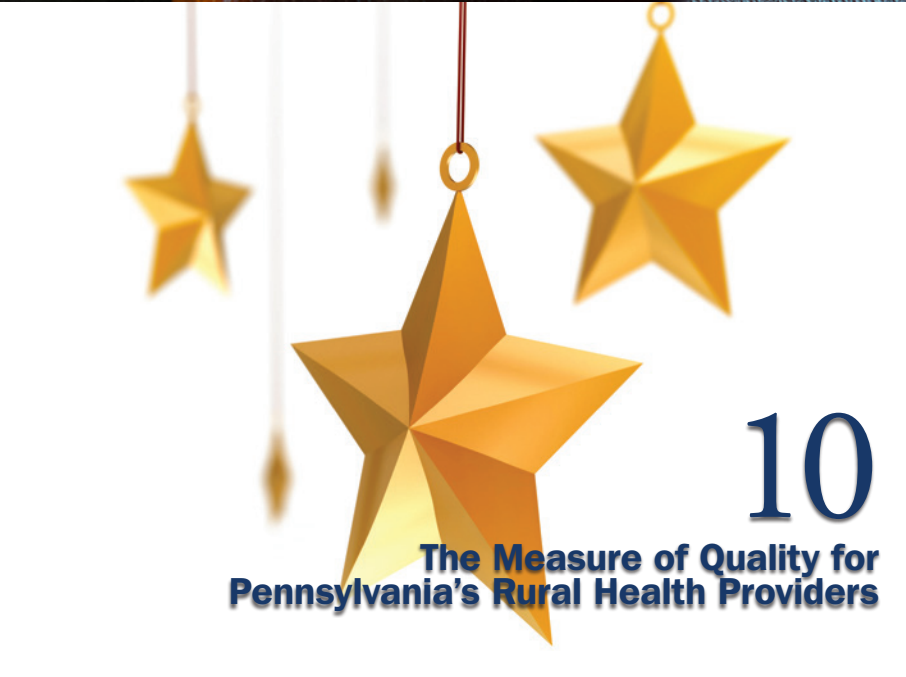
*Lisa Davis*

*Lisa Davis  
Director*



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***Pennsylvania Rural Health***

Lisa Davis, *Director*

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# Human Trafficking in Rural Pennsylvania:

## ADDRESSING A HIDDEN CRIME

*By Hannah I. Ross and Susan J. Burlingame*

*This is the first of a two-part series on rural human trafficking. The second article, which will be published in the Fall 2019 issue of Pennsylvania Rural Health, will focus on specific strategies to address human trafficking in rural areas.*

“It’s economics 101,” said Shea Rhodes, Esq., director and cofounder of the Villanova Law Institute to Address Commercial Sexual Exploitation (CSE Institute). “Human traffickers are in the business of making money. The commodity they sell is a human being. And worldwide, human traffickers make millions and millions of dollars because there is a demand for commercial sex. We have to change that paradigm.”

A prosecutor in Philadelphia for almost ten years, Rhodes realized that Pennsylvania didn’t have a comprehensive sex or labor trafficking law. She said the way law enforcement looked at the commercial sex problem was backwards because it focused on arresting and convicting victims rather than sex buyers and sex traffickers—the people who exploit or sell human beings to make money. She left the district attorney’s office to advocate for what is now Pennsylvania’s comprehensive human trafficking act.

“I wanted to formalize what I do and pitched it to my alma mater (Villanova University Charles Widger School of Law),” Rhodes explained. She co-founded the CSE Institute with Michelle Madden Dempsey, a tenured law professor whom Rhodes described as “one of the premier international scholars on prostitution, sex trafficking, and gender-based violence.”

Launched in the fall of 2015, the CSE Institute has become a highly-regarded center for legal support, technical assistance, education, and advocacy to improve the legal system’s response to commercial sexual exploitation, support survivors, and hold perpetrators accountable. The center offers free legal assistance to survivors of exploitation and trafficking to help clear their criminal records through vacatur and expungement.

According to the Federal Strategic Action Plan on Services to Victims of Human Trafficking in the United States, human trafficking is “a crime involving the exploitation of someone for the purpose of compelled labor or a commercial sex act through the use of force, fraud or coercion.” When a person younger than 18 years of age is induced to perform a commercial sex act, it is a crime regardless of whether there is any force, fraud or coercion.

Considered to be a crime occurring only in metropolitan areas, human trafficking occurs in every state, every city, every town. Human trafficking, as Rhodes said, occurs wherever there is a demand for commercial sex.

And that includes rural Pennsylvania.

To address human trafficking at the federal level, the U.S. Department of Health and Human Services (HHS) formed the Region 3 Federal Interagency Anti-Trafficking Task Force, comprised of numerous federal government agencies, with a mission of facilitating collaboration across federal, state, and local agencies.

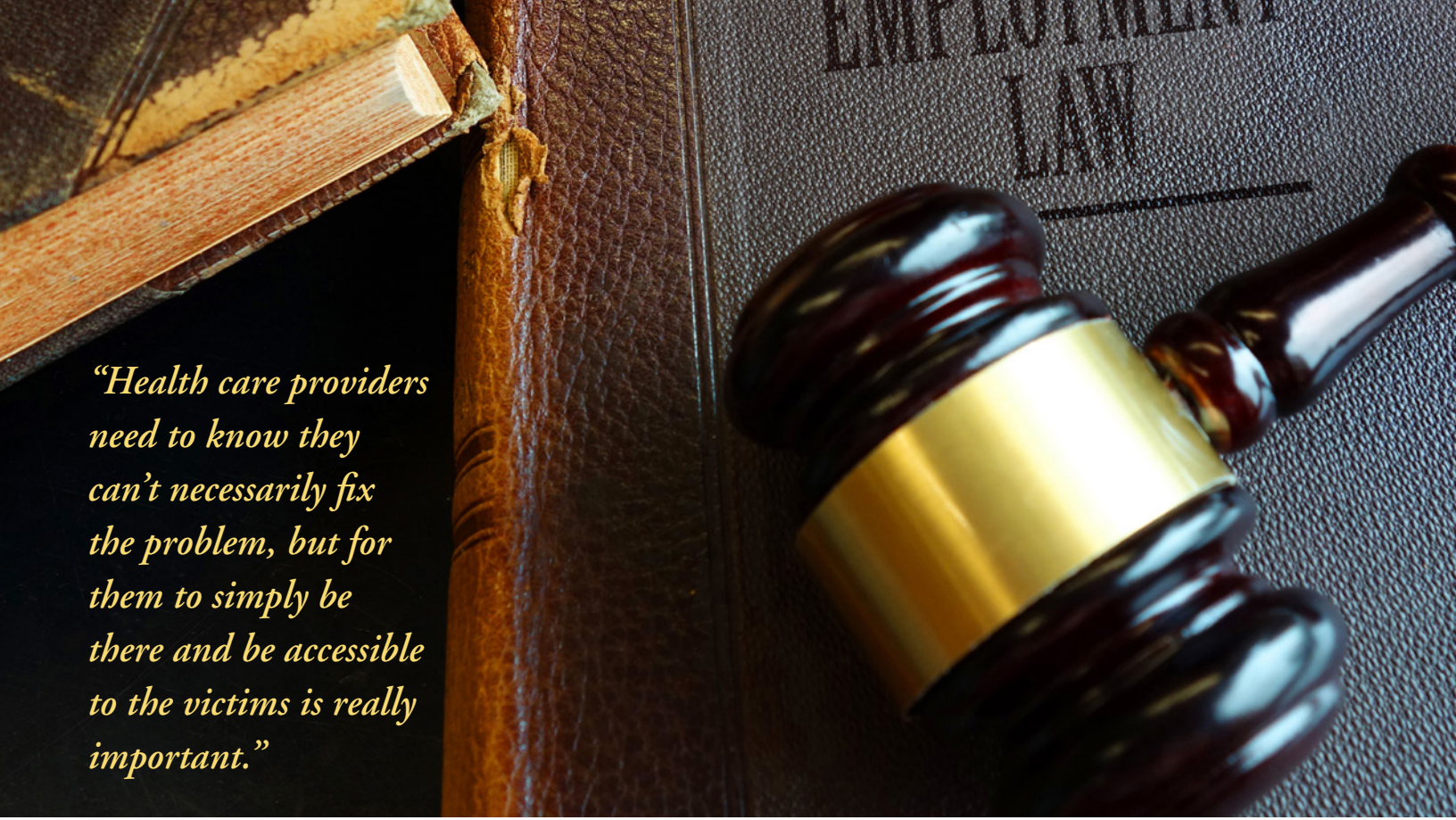
Region 3 includes Washington, D.C., as well as Delaware, Maryland, Pennsylvania, Virginia, and West Virginia. Christine Woolslayer, public health advisor for HHS, is one of its co-chairs.

“When I first joined the task force, I don’t think I really understood how much human trafficking affects our region,” she said. “I learned that human trafficking is not only a women’s issue—there are men and boys—and I learned that it is not only a city issue.”

Task force member Daniel Bones Gallardo, public health advisor (minority health and health equity) for HHS, added information about the ethnic background of human trafficking victims, both sex trafficking and labor. “Something we don’t often hear is that minorities are victims of human trafficking in greater numbers than non-minorities,” he said. According to an April 2011 U.S. Department of Justice Special Report, approximately 75 percent of sex trafficking victims were from minority populations; more than 98 percent of labor trafficking victims were from Hispanic, Black, Asian, and other minority communities.

In addition to being from minority populations, human trafficking victims also tend to be from more vulnerable groups such as people with disabilities, members of the LGBTQ community, migrant workers, refugees, and runaways. They have

*Human trafficking is “a crime involving the exploitation of someone for the purpose of compelled labor or a commercial sex act through the use of force, fraud or coercion.”*



*“Health care providers need to know they can’t necessarily fix the problem, but for them to simply be there and be accessible to the victims is really important.”*

a higher prevalence of prior physical/sexual abuse or neglect, drug dependencies or economic challenges.

“We have to speak about human trafficking in order to understand it, as well as to know where it’s happening and who it’s happening to,” added Gallardo.

The Anti-Trafficking Task Force is doing exactly that; it focuses its efforts on outreach and awareness, data collection and analysis, capacity building and partnership, and funding and resources.

“Victims of trafficking are people who have had severe and repeated trauma in their lives,” said Woolsey, explaining that health care providers need to learn to identify victims and get proper training so they can provide appropriate support. “Health care providers need to know they can’t necessarily fix the problem, but for them to simply be there and be accessible to the victims is really important.”

“Rural health care providers need to know that there is help for survivors of human trafficking, whether for sexual exploitation or labor,” added Gallardo. “They should feel empowered to connect survivor to services, which can be difficult based on where they are located, but they should at least be able to connect people to the national hotline, which has links to every state and gets victims connected with help.”

The National Human Trafficking Hotline is 1-888-373-7888 and is available twenty-four hours a day, seven days a week. There are many other resources available to health care providers as they learn to identify and help victims. Additionally, there are several resources available for health care facilities on preventing human trafficking and treating survivors. They include the Office of Victims of Crime, the National Human Trafficking Training and Technical Assistance Center, the Look Beneath the Surface Regional Anti-Trafficking Program, and Blue Campaign. Contact information and brief descriptions of each can be found at the end of this article.

Rhodes, Woolsey, and Gallardo believe progress is being made on the issue of human trafficking.

“We are slowly but surely making strides by consistently engaging in conversation with law enforcement and prosecutors on how best to target the commercial sex industry by going after sex traffickers and third-party facilitators, like no-tell motels and the strip club industry, as well as the sex buyers,” said Rhodes. “As we raise awareness and education, we hope to see the number of arrests for the crime of prostitution decline substantially. We also hope law enforcement will understand the need to provide victims with appropriate services and robust strategies for exiting the lives they have been leading—from social services to substance abuse programs to housing.”

*For more information or help for victims of human trafficking, contact the National Human Trafficking Hotline at 1-888-373-7888 or contact one of the following organizations:*

*Office of Victims of Crime (OVC) – Human Trafficking Victims Services: Since 2003, OVC, with funding authorized by the Trafficking Victims Prevention Act (TVPA), has supported the development and enhancement of programs designed to provide a comprehensive array of culturally competent services to victims of human trafficking. Visit [ovc.ncjrs.gov/humantrafficking/providers.html](http://ovc.ncjrs.gov/humantrafficking/providers.html).*

*The Stop, Observe, Ask and Respond (SOAR) to Health and Wellness Act passed the U.S. House of Representatives in February 2018. It proposes providing health care professionals with training on how to identify and appropriately treat human trafficking victims. Access [acf.hhs.gov/otip/training/soar-to-health-and-wellness-training](http://acf.hhs.gov/otip/training/soar-to-health-and-wellness-training) to learn more.*

*The National Human Trafficking Training and Technical Assistance Center (NHTTAC) delivers training and technical assistance to inform and enhance the public health response to human*

## National Human Trafficking Resources

### AGENCY

### CONTACT INFORMATION

National Human Trafficking Resource Center Hotline	1-888-373-7888
National Human Trafficking Resource Center	<a href="http://traffickingresourcecenter.org">traffickingresourcecenter.org</a>
Office on Trafficking in Persons	<a href="http://acf.hhs.gov/endtrafficking">acf.hhs.gov/endtrafficking</a>
Polaris	<a href="http://polarisproject.org">polarisproject.org</a>
Physicians Against the Trafficking of Humans	<a href="http://doc-path.org">doc-path.org</a>
National Human Trafficking Resource Center	<a href="http://traffickingresourcecenter.org">traffickingresourcecenter.org</a>
HEAL Trafficking	<a href="http://healtrafficking.org">healtrafficking.org</a>
Truckers Against Trafficking	<a href="http://truckersagainstrafficking.org">truckersagainstrafficking.org</a>
FBI	Check for state listings

*trafficking. NHTTAC builds the capacity of communities to identify and respond to the complex needs of all survivors of human trafficking and address the root causes that make individuals, families, and communities vulnerable to trafficking. Visit [acf.hhs.gov/otip/training/nhttac](http://acf.hhs.gov/otip/training/nhttac).*

*The Look Beneath the Surface Regional Anti-Trafficking Program serves targeted geographic areas and focuses on the identification and referral of foreign and domestic victims of severe forms of trafficking in persons. Campaign materials for organizations are available given that the program is not available in all U.S. states. Visit [acf.hhs.gov/otip/partnerships/look-beneath-the-surface](http://acf.hhs.gov/otip/partnerships/look-beneath-the-surface).*

*The Blue Campaign from the U.S. Department of Homeland Security has developed new products for medical front-line responders in law enforcement at state, local, and tribal levels. These include assessment tools and protocols for managing care for those affected by trafficking. Access [dhs.gov/blue-campaign](http://dhs.gov/blue-campaign) to learn more.*

*Health care providers can access federal services through the Office on Trafficking in Persons (OTIP), which provides information, trainings, and links to other organizations combating Human Trafficking at [acf.hhs.gov/otip](http://acf.hhs.gov/otip).*

*Shea Rhodes at the CSE Institute at Villanova University can be reached at 610-519-7183 or to [shea.rhodes@law.villanova.edu](mailto:shea.rhodes@law.villanova.edu).*

Woolslayer said the federal task force is receiving more inquiries and being approached more about collaborations. “I feel that people are starting to understand that human trafficking isn’t just something that happens internationally. It is happening everywhere in the U.S.”

“I hadn’t thought of human trafficking as a particular concern for rural Pennsylvania communities,” said Lisa Davis, director of the Pennsylvania Office of Rural Health (PORH) and outreach associate professor of health policy and administration at Penn State. PORH works with rural health care providers, legislators, and policy makers to improve access to care for people in rural Pennsylvania.

“I found out, though, that human trafficking can and does happen everywhere—even in rural Pennsylvania—and concluded that we have an opportunity and responsibility to train personnel in critical access hospitals and other rural health care centers so they can recognize and support victims. Fortunately, in addition to federal and state agencies and the CSE Institute at Villanova University, there is an enormous network of people and organizations who are addressing the issue, from women’s resource centers to YWCAs to organizations like the Rotary Club, Dawn’s Place, and Truckers Against Trafficking.”

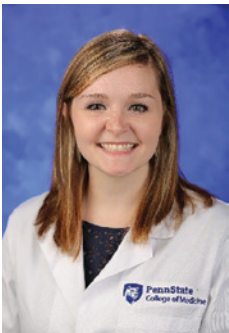
# RURAL COMMUNITY HEALTH CARE: Perspectives from Medical Students

*Jason Spicher and Morgan Decker are second-year medical students at the Penn State College of Medicine-University Park Campus (PSCOM-UP). They will be chronicling their medical education, their experiences serving rural communities, and their progress toward earning their medical degrees.*



*Jason Spicher*

During the second year of medical school, we spend our time in clinics across Central Pennsylvania. Being completely immersed in patient care, we have learned a great deal about the people and place we serve. A theme that we see quite often, and highlight here, is the dichotomy of a rural area within the shadows of a Big Ten University, our academic institution of Penn State.



*Morgan Decker*

Like many other college towns across the country, Penn State has built and attracted advanced medical resources to serve the university population and their families. The community hospital for Centre County was located in the county seat, Bellefonte, about nine miles from Penn State. In 1978, the hospital was moved to State College, within two miles of Penn State's University Park campus. Medical resources in State College continue to expand, making specialty services such as cancer treatment and cardiac catheterization a local reality. Facilities in surrounding communities have continued to struggle with the challenges of providing care in rural areas and one hospital closed. A pattern we continue to observe is how rapidly health care access changes within miles of leaving State College.

Facilities in surrounding communities have continued to struggle with the challenges of providing care in rural areas and one hospital closed. A pattern we continue to observe is how rapidly health care access changes within miles of leaving State College.

*Jason:* It was the end of another evening of a winter walk-in clinic and my preceptor and I were both exhausted and eager to get home. Just minutes before the doors closed, a six-month old boy was brought to the clinic with the chief concern of “cough.” The physician pulled up the demographic information and we noticed that our patient was from a town over an hour away. I followed the doctor into the exam

room and he opened the conversation by asking the parents where they lived. They stated they had driven quite a way from their small town on the mountain because it was the closest office they could find that was still open. After the family left, my preceptor explained his habit of looking at his patients' addresses before seeing them. Much can be learned from an address and clearly these patients were in great distress as they were willing to travel an hour at night so that their child could receive care. With research suggesting that our ZIP Codes have more to do with our life expectancy than our DNA, I plan on continuing to ask my patients about their hometowns as well.

*Morgan:* At a local free clinic, we had another opportunity to watch this theme unfold. A few months ago, a young man hobbled into the clinic on two crutches that were clearly the incorrect size. After completing the intake form, and listing “leg boil” as his chief concern, we called him to the exam room. We quickly discovered that his “boil” was actually a softball-size abscess. Given his lack of insurance and access to a car, he verbalized that we were his last hope. If we didn't address this, he was going to address it himself—with a pocket knife. Lacking the proper resources, we contemplated sending him to the nearest emergency room. He made it very clear, however, that he was ready to take this into his own hands. We rummaged through the supplies, found adequate materials, incised and drained the abscess, packed the wound, wrote him a prescription for antibiotics, and asked him to follow up during our next clinic. He walked out of the front door, without his crutches, never to be seen again.

As we continue our clinical year in Central Pennsylvania, we're both humbled by how quickly the health care landscape changes after leaving State College. We feel fortunate to attend medical school in a location where we can study in a community setting, but more importantly learn from, interact with, and serve a rural population.



# Heeding the Call

**M**att Baker would have been quite content continuing his leadership role in the Pennsylvania legislature. Matt served more than twenty-five years in the state House of Representatives, including many years as Majority Chairman of the House Health Committee. He was a member of the Rural Caucus, the Cancer Caucus, the 2<sup>nd</sup> Amendment Caucus, and the Firefighters and Emergency Services Caucus. He also served as Speaker *Pro Tempore* of the House when the Speaker could not preside over the House and on the Board of Governors of the State System of Higher Education (PASSHE). As a legislator, he was able to shepherd many pieces of legislation into law which he deemed of importance to the citizens of Pennsylvania.

Most of all, Matt enjoyed representing the people of his hometown and surrounding communities in rural, upstate Pennsylvania. He took great satisfaction in helping his neighbors and constituents resolve issues and navigate the sometimes confusing machinations of state government. But when the opportunity presented itself to accept a Presidential appointment to serve his country as Regional Director of the Office of Intergovernmental and External Affairs of the U.S. Department of Health and Human Services (HHS), he didn't hesitate.

"I was fully planning to run for re-election, but when a once-in-a-lifetime opportunity like this comes along, to serve my country and my President, how could I turn it down?" he said.

He is now one of ten HHS regional directors across the country overseeing five states, including Pennsylvania, Virginia, West Virginia, Maryland, Delaware, and the District of Columbia. As a key representative of the Secretary of HHS, Matt's responsibility is to help amplify the Secretary's priorities in the Region. Those priorities include some of the most pressing health-related issues facing the country. HHS Secretary Alex Azar has identified those priorities to be:

**The Opioid Crisis:**

Ending the crisis of opioid addiction and overdose in America; **Health Insurance Reform:** Working to improve the availability and affordability of health insurance, especially in the individual market;

**Drug Pricing:** Lowering the costs of prescription drugs for all Americans without discouraging innovation; and **Value-Based Care:** Transforming our health care system to one that pays for value rather than procedures.

Although all the priorities are important, Matt says he is deeply committed to helping rural communities cope with the devastating impact of the opioid crisis. The prevalence of drug overdose deaths and opioid prescription abuse has risen unevenly across the country, with rural areas more heavily affected. Yet treatment options there can be especially sparse. "The Administration and HHS have shown they recognize the toll opioids have taken on rural areas and have taken positive steps to address it. I want to do all I can to help those efforts succeed," he said.

Matt said he is honored by the huge responsibility he has been given. Though he said it was sad to leave the position he has held for many years, serving the people of the 68<sup>th</sup> Legislative District, he "had been given an even greater opportunity to not only serve Pennsylvania but many other states and DC."

"My time with the state House had been incredibly rewarding, and I am using the knowledge I have gained in the legislature and as Chairman of the House Health Committee in my new capacity," he added. Matt stressed that the opportunity to serve "at the will of the Secretary of HHS and the President is a great honor and privilege."



*Matt Baker, Regional Director, Region III, U.S. Department of Health and Human Services*

# PENNSYLVANIA OFFICE OF RURAL HEALTH HONORS RURAL HEALTH CHAMPIONS WITH THE

# 2018 Rural Health Awards

**E**ach year, the Pennsylvania Office of Rural Health (PORH) presents awards to recognize rural health programs and individuals who have made substantial contributions to rural health in Pennsylvania. The awards were presented during 2018 Rural Health Week in Pennsylvania, proclaimed by Pennsylvania Governor Tom Wolf for November 12-16.

The awards were presented at community events by Lisa Davis, director of PORH and outreach associate professor of health policy and administration at Penn State, and Terri Klinefelter, PORH outreach coordinator. Rural Health Week in Pennsylvania encompassed November 15, 2018 National Rural Health Day, established in 2011 by the National Organization of State Offices of Rural Health.



*The Lycoming County Youth Development Task Force and the Lycoming County Commissioners celebrate receiving the 2018 Rural Health Program of the Year Award and the 2018 Community Rural Health Leaders of the Year Award, respectively.*

*Congratulations to all the rural health programs and individuals recognized with a 2018 Rural Health Award!*

## **Rural Health Program of the Year Award: Youth Development Task Force of Lycoming County Health Improvement Coalition**

At a ceremony at the Lycoming County Courthouse in Williamsport, Pennsylvania, leadership of the Youth Development Task Force (YDTF) of the Lycoming County Health Improvement Coalition (LCHIC) received the 2018 Rural Health Program of the Year Award which recognizes an exemplary health program that addresses an identified need in a rural community.

The YDTF was lauded as being a remarkable example of the power of teamwork to identify and respond to youth risk and protective factors, specifically substance abuse and mental health issues in Lycoming County. This group of engaged youth, representing eight school districts and the parochial school system, has enjoyed remarkable involvement and support from students, school counselors, and administrators; health and human service agencies and organizations; law enforcement; and the business community. Including these key stakeholders has ensured a comprehensive approach in planning and evaluating community health improvement for this target population for the past twenty years.

*Please visit  
www.porh.psu.edu  
to submit nominations  
for 2019!*

## **Community Rural Health Leaders of the Year Award: Lycoming County Leaders and Partners**

At the same ceremony, the Lycoming County Commissioners were presented with the 2018 Community Rural Health Leaders of the Year Award. This award distinguishes an outstanding leader(s) who organized, led, developed or expanded an exemplary multi-dimensional rural community health program or initiative and who has demonstrated leadership to a rural community health program. The Commissioners and their partners were recognized for their leadership in reducing the number of inmates with mental illness through the creation of partnerships and the sharing of resources and volunteers. Historically, the Lycoming County Commissioners have demonstrated bipartisan collaboration on behalf of their constituents, while maintaining their individual beliefs, morals, and values. The commissioners have recognized that government must solve problems and have held sacred the democratic process to benefit the health and welfare of their constituents.



*Stacy Huber (right), director of child and adolescent and adult partial hospitalization programs at the Community Guidance Center, accepts the 2018 Rural Health Hero of the Year Award from Lisa Davis, PORH director.*

## **Rural Health Hero of the Year Award: Stacy Huber**

The 2018 Rural Health Hero of the Year Award, which recognizes an outstanding leader in the area of rural health who demonstrates a personal and professional commitment to the rural health needs of a community, was presented to Stacie Huber, director of child and adolescent and adult partial hospitalization programs at the Community Guidance Center at a ceremony at the Center in Indiana, Pennsylvania.

Huber was recognized for her lifelong commitment to providing mental health services to families and children in the most desperate and trying times of their lives, including sixteen years providing mental health treatment services and more than twelve years as a supervisor of mental health programs in Indiana and surrounding counties. In her current role, Huber works with school districts to identify and provide treatment to students who have been diagnosed with mental illness and removed from their home schools. Through appropriate mental health treatment, students successfully return to their home school. Huber has expanded mental health services to school districts outside of the Indiana community as well, to ensure that all students have the opportunity to receive appropriate treatment. She transformed the structure of services provided which separates students into appropriate age groups and classroom sizes, resembling a traditional school setting. Huber also introduced new and innovative forms of mental health therapy into practice, including drum therapy, sensory therapy, wellness, holistic health, and mindfulness into child, adolescent, and adult services.



*Rep. Donna Oberlander (R-63rd District) (center), receives the Rural Health Legislator of the Year from Lisa Davis, PORH director, together with Clarion County Treasurer Tom McConnell who submitted the nomination.*

## **Rural Health Legislator of the Year Award: Representative Donna Oberlander**

Representative Donna Oberlander (R-63rd District) received the Rural Health Legislator of the Year Award. The award honors an outstanding legislator from Pennsylvania for their work and support of rural health initiatives that address an identified need in their district or across the state. Oberlander was recognized for her leadership in creating the Opioid Treatment Specialist Certificate at Clarion University. This program, the first of its kind, assists professionals in fighting this statewide epidemic. She also was lauded for her work on drafting bipartisan legislation to bring all human milk banks in the state in compliance with federal standards which will create a healthy environment for infants in Neonatal Intensive Care Units and will shield new mothers from being targeted by out-of-state companies.

# Critical Access Hospitals:

## PERSPECTIVES FROM THREE RETIRED CEOS

By Susan J. Burlingame

A string of rural hospital closures in the 1980s and 1990s led Congress to pass Public Law 105-33 through the Balanced Budget Act of 1997. The act designated hospitals meeting specific criteria—25 or fewer inpatient beds, 35 miles from the nearest hospital, and other criteria—as “Critical Access Hospitals (CAH),” to reduce their financial vulnerability and improve access to health care for people in rural communities.

Since then, rural hospitals in Pennsylvania have thrived as well as faced challenges. Retired chief executives at three of those hospitals took the time to share their insights on the benefits, challenges, and future of CAHs.

Rex Catlin served as CEO for Endless Mountains Health System. He said he didn’t originally envision himself in the health care field when he took a job in the Endless Mountains business office more than forty-four years ago. He went from business to finance to cost reporting to budgets, and then was named CEO in 1987, years before Endless Mountains was designated as a CAH. Catlin stepped down from his CEO position in 2015 but remained active in other capacities until recently.

“There is tremendous satisfaction in knowing we are serving the community at large,” he said. “I came to realize that we, and other rural hospitals, are often the only health care provider for people in the area, so you are serving an essential health role as well as an important economic role.”

“You can see the contribution you make to the public immediately,” added Ed Pitchford, who started in the health care field in 1979 as a certified public accountant. His first client was Cole Memorial Hospital (now UPMC Cole)—the same facility from which he retired as CEO in January 2019. Pitchford describes his work as mission-driven. “Small and rural community hospitals play a vital role. While we don’t have the breadth and depth of medical talent present in larger hospitals or urban areas, we have to rise to the occasion and save lives.”

Staci Covey, RN MSN, worked as a nurse in different clinical capacities before taking an administrative position for home care services, which led to her role as president at Troy (now Guthrie Troy) Community Hospital. “When I started at Troy in 2003, it had just become a CAH,” said Covey. “It was a good time to start out, to learn what you need.”

Covey said she always valued the hospital personnel and worked



Rex Catlin



Ed Pitchford



Staci Covey, RN MSN

hard to keep employees engaged and satisfied with their work, especially since funding has always been a challenge for rural hospitals. CAHs receive the majority of their funding (60 to 70 percent, according to these CEOs) through the Medicare and Medicaid reimbursement programs, with a much smaller percentage coming from commercially-insured patients.

“We’ve gone from a time when hospital budgets were all built around inpatient stays, to where now insurance companies want to discourage them,” she added.

“Appropriate funding is our number one challenge, and all other challenges tend to drive off of that,” echoed Catlin. “The way we are reimbursed has changed through the years, which means we have trouble making ends meet. This impacts our ability to recruit and retain physicians, nurses, and other professional staff.”

All three CEOs lament their ability to attract qualified health care providers and support staff to rural areas, yet all touted the commitment and caliber of employees in their hospitals. The future of the CAH program, they agree, lies in creating mergers with larger hospital systems.

“Not everybody can be good at everything, especially in rural hospitals,” said Covey. “I believe we’re going to see more systems come together but unfortunately see more closures of inpatient facilities.”

Catlin predicts the trend to create systems could extend nationally. “I think at some point in time, the whole country will be split up into major systems,” he said. “In Pennsylvania, you have Geisinger, UPMC, and the Guthrie System, but I’m not sure any of them are large enough to wave off some of the even larger systems. I’m not saying that’s bad or good, it just seems to be the way things are moving. Still, there are many pluses to becoming part of a system.”

Pitchford concurred, adding that telemedicine, tele-behavioral

# UPMC Susquehanna Muncy Receives National Recognition for Telehealth

UPMC Susquehanna Muncy, in Muncy, Pennsylvania, received the Critical Access Hospital Recognition Certificate from the National Rural Health Resource Center (The Center) in recognition of their innovative telehealth initiatives to improve population health and for keeping pace with health care transformation which are imperative to sustaining access to health services for rural communities. The award was presented at a ceremony at the hospital on February 26, 2019 by the Pennsylvania Office of Rural Health which submitted the nomination.

The Critical Access Hospital Recognition Certificate was established by The Center and the Federal Office of Rural Health Policy (FORHP) to recognize the excellent work in critical access hospitals (CAHs) and other rural safety net providers throughout the country. The recognition promotes excellence and innovation and honors the achievements and results of rural safety net providers while publicizing successful strategies.



*Matt McLaughlin, president of UPMC Susquehanna Muncy, fourth from left, accepts the Critical Access Hospital Recognition Certificate.*

During this round of nominations, three states were chosen for recognition, including Pennsylvania. “The achievement in telehealth initiatives by CAHs is impressive,” stated Sally Buck, chief executive officer at The Center. “It reflects the innovation required to address unique population health needs in Pennsylvania’s rural communities through expansion of technology. Providing services locally benefit the patient, the overall community, and enhance CAH performance outcomes.”

“We’re proud to receive this certificate in recognition of our efforts to provide affordable, high

quality health care to residents of eastern Lycoming County,” said Matt McLaughlin, president, UPMC Susquehanna Muncy. “We currently provide several types of telehealth services at Muncy, including telestroke, infectious disease, endocrinology, podiatry, wound care, pharmacy, and neurology, with several additional specialties in process for future patient needs.”

*For more information about services provided at UPMC Susquehanna Muncy, visit [UPMCSusquehanna.org/Muncy](http://UPMCSusquehanna.org/Muncy).*

medicine, and virtual health programs that are part of the larger systems will help provide services in innovative ways for rural patients. “I agree with many futurists that hospital systems must evolve into real health systems. Our industry has continually evolved over my forty years and will continue to do so as new science and technology become available and public policy changes as to health is paid for.”

Despite challenges related to funding and recruiting talented medical and other employees, two of the CEOs—Covey at Guthrie Troy and Catlin at Endless Mountains—were able to garner community support and build better, larger hospitals during their tenures. All three CEOs said they are counting on and encouraged by the next generation.

“A lot of lives have been saved because Cole was here,” said Pitchford. “I have had the pleasure of mentoring several young professionals who have succeeded in their health care careers. They are the future of the industry. Their success gives me a great sense of accomplishment.”

Said Covey: “I would never discourage anyone from getting into health care because there are so many opportunities. Today’s young are the ones who will make the changes and be the innovators.”

If she, Pitchford, and Catlin are correct, rural health care and CAHs, while they will continue to evolve and face challenges, are in good hands.

# What Care Can Community Pharmacists Provide?

By Susan J. Burlingame

**C**ommunity pharmacists are convenient, knowledgeable health care professionals who provide a variety of services to help with health concerns. They are highly trained medication experts who answer prescription and non-prescription medication questions. What else can community pharmacists do? Read on to find out!

## Provide a medication checkup and up-to-date medication list

It is critical that the pharmacist and all prescribers, such as physicians, allied health professionals, and others, know what medications and over-the-counter products a consumer is taking. Medications can interact or have harmful effects and informing all health care providers of a current medication list lowers that risk. Pharmacists can assist consumers in updating his or her list to take to each appointment with their primary care provider or specialist.

## Advise on the cost of medications

Medications will not work if they cannot afford to be taken. If the cost of a medication is too high for a consumer to manage, pharmacists can inform them about other options that may be more affordable and talk directly to the prescriber if a change is needed.

## Over-the-counter product recommendations

Most pharmacies carry a variety of non-prescription items which can help with the common cold, upset stomach, and other illnesses. Before selecting one of these items, it is important to talk with the pharmacist to see if it may interact with any medications or be harmful in certain health conditions. The pharmacist also can provide guidance on the safe use of the product. Not all illnesses can be treated with an over-the-counter product and the pharmacist can help guide consumers on when they need to see a physician or other health care professional.

## Vaccines to prevent disease

Most pharmacies offer vaccine services. Pharmacists can help consumers identify which vaccines they need to prevent diseases such as the 'flu and shingles and give many of those vaccinations right there in the pharmacy.

## Other enhanced pharmacy services

Some consumers may have trouble remembering to take their medications daily or to pick them up from the pharmacy when they are ready. Many pharmacies offer other services to help consumers take their medications, such as home delivery, and packaging medications in weekly or monthly pill boxes. Reminder phone calls, text messages or e-mails when prescriptions are ready may be available from the pharmacy as well. It is common for consumers to need more than one medication to help manage multiple health conditions, which can mean multiple trips to the pharmacy for prescriptions. Most pharmacies can work with consumers and their insurance plans to fill their medications at the same time each month or on a convenient schedule.

The Pennsylvania Pharmacists Care Network (PPCN) is a professional network of pharmacists collaborating to optimize appropriate medication use to promote positive patient health outcomes. Affiliated pharmacists, located throughout Pennsylvania at neighborhood community pharmacies, are highly trained, motivated, and committed to delivering high quality patient care through expert comprehensive medication management. They help consumers navigate the sometimes complex and confusing aspects of prescription and over-the-counter medications, through collaboration with other members of the health care team.

Pharmacists are an excellent health care resource in the community who want to help people manage their health. During the next visit to the pharmacy, talk with the pharmacist to see what services the pharmacy offers!

*For more information, contact Stephanie McGrath, PharmD, executive manager, Pennsylvania Pharmacists Care Network, at 412-383-0521 or to [smcgrath@papharmacists.com](mailto:smcgrath@papharmacists.com). To locate a PPCN Pharmacy, visit [papharmacists.com/locate](http://papharmacists.com/locate).*



# Four Pennsylvanians Recognized as National Community Stars



In 2015, the National Organization of State Offices of Rural Health (NOSORH) began collecting inspiring stories across the United States about individuals and organizations that make a difference in their rural communities. On National Rural Health Day, celebrated each November, “Community Stars” are chosen from these stories and recognized for their efforts to promote health and wellness in rural communities.

Two leaders and two organizations in Pennsylvania were recognized and showcased as *2018 National Rural Health Day Community Stars*, available on the Power of Rural website, the official hub for National Rural Health Day and the Power of Rural movement.

Kevin Strauss, MD, serves as the medical director of the Clinic for Special Children in Strasburg, Pennsylvania. The Clinic, founded in 1989, provides local, affordable services to Amish and Mennonite populations that suffer from rare genetic diseases and integrates advanced laboratory techniques into everyday primary pediatric care. Strauss’ early passion for science and biological discovery matured into a love of pediatrics, a discipline where he believes the best tools of science can be effectively directed toward the goal of prevention. While training in an academic medical center, he also came to know and appreciate Amish and Mennonite culture and understand their unique medical needs that stem from a distinct genetic ancestry and cultural evolution. As medical director, he also is responsible for the Clinic’s clinical and research programs.

Kelly Braun, RDH, MSDH, dental delivery systems coordinator at the Pennsylvania Office of Rural Health, was lauded for helping rural communities in Pennsylvania smile more brightly, literally! She works across Pennsylvania’s most rural counties

to increase awareness of how oral health impacts overall health and developing solutions that bring innovative oral health services to an underserved population. Braun is the lead collaborator working closely with the DentaQuest Partnership through the Medical Oral Expanded Care (MORE) Collaborative initiative which focuses efforts to champion and provide resources that pave the way to integrating oral health and the primary and secondary prevention of dental disease, into primary care practice, specifically in Rural Health Clinics (RHCs). Braun also offers RHCs with a wide-range of operational and administrative technical assistance so that they can continue to be successful.

“Healing should be about getting better, not getting there.” These incredibly simple, yet powerful words are the motto of Angel Flight East (AFE), a non-profit organization dedicated to serving communities, many of them located in rural areas, by facilitating free air transportation for children and adults with medical conditions requiring treatment far from home. AFE’s network covers a fourteen-state territory and includes 400 pilots, of which 250 fly active missions. AFE provides more than 800 flights to families who utilize over thirty different medical facilities, including top research hospitals in Boston, Cincinnati, Philadelphia, and New York. AFE pilots volunteer their time and donate the associated expenses so that they may help safely deliver passengers to the care facilities most appropriate for their needs. Different than the type of life-flight services staffed by trained medical professionals and coordinated with rural hospitals to transfer patients to higher levels of care, AFE serves those who are medically stable and able to board an aircraft and fly in a small, non-pressurized aircraft. As far as AFE is concerned, the sky is the limit. If they can find a pilot with an aircraft that meets their highest standards, they’ll make it happen!

Don’t tell the staff of three and board of eight at the Pennsylvania Coalition for Oral Health (PCOH) that they’ve bitten off more than they can chew. Just stand

back and watch all the things they are doing to improve oral health for the state with the third highest rural population in the nation. One in every five counties in Pennsylvania does not have a single practicing dentist accepting Medicaid, which means thousands of people in need of dental care must travel many miles, some of them crossing three counties for service or forgo treatment. This shortage of dental care is a rural health crisis and the reason that PCOH is doing everything it can to create long-term solutions for an issue that frankly, must be addressed once and for all. Loosely organized in 2013, and formally incorporated in 2016, PCOH brings together a diverse group of oral health advocates and professionals to share the best and most innovative approaches to expanding access to dental care and has emerged as a dynamic leading voice to improve oral health across Pennsylvania. Their overarching mission, “to improve oral health for all Pennsylvanians by uniting stakeholders to advance advocacy, policy, education, and innovative approaches,” is demonstrated in many ways, large and small. The Power of Rural is in the smiles of those at PCOH who see positive change because of their collective commitment and efforts.

“The office of rural health is so proud that these community heroes, and their organizations, call Pennsylvania home,” said Lisa Davis, director of PORH and outreach associate professor of health policy and administration at Penn State. “They are a testament to the dedication we so appreciate to address rural health needs in the state.”

*For more information on the Community Stars recognition, contact Ashley Muninger, communications and development coordinator at the National Organization of State Offices of Rural Health, at [ashleym@nosorh.org](mailto:ashleym@nosorh.org). For information on the Power of Rural and to access the 2018 Community Stars publication, see [powerofrural.org](http://powerofrural.org).*

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