FALL 2024

PENNSYLVANIA RURAL HEALTH

Decoding Health Professional Shortage Area Designations:

What They Mean and Why They Matter

NATURAL DISASTERS: THE PERFECT STORM FOR HUMAN TRAFFICKING

WINTER SAFETY PRECAUTIONS FOR RURAL RESIDENTS

PENNSYLVANIA OFFICE OF RURAL HEALTH

PennState

message *from the* director

Welcome to the Fall issue of *Pennsylvania Rural Health*. By the time you read this, Pennsylvania will be in standard time, the days will be crisp, and the nights will come early. We will be past election day and will have a sense of which candidates will be sworn into office in January 2025. I hope that you had the chance to vote for your candidates of choice.

The election is likely to have a significant impact on rural health, influenced by the policies and programs under debate. Key areas include health care access, workforce shortages, reimbursement for services, and the role of telemedicine.

Policies such as initiatives that focus on strengthening rural health care by investing in broadband infrastructure, telehealth services, mental health programs, and workforce development. For instance, the 2024 budget proposal allocates millions of dollars for expanding medical residency slots in rural areas and supporting health care facilities at risk of closure. These initiatives are particularly critical as rural areas face high rates of mental health challenges and provider shortages.

Another major focus is addressing public health infrastructure and disparities in care. The Centers for Disease Control and Prevention's new *Rural Public Health Strategic Plan* aims to tackle long-standing health inequities by coordinating federal and state efforts to improve health outcomes in rural communities. This includes expanding access to behavioral health services and reinforcing public health efforts at the local level.

Potential policy changes could challenge rural health. For instance, a rollback of the Affordable Care Act (ACA) or changes to reproductive health laws following the Dobbs decision could further strain already limited health care services in rural regions, particularly for maternal care.

Unlike our state's famous groundhog, Punxsutawney Phil, I am not a great prognosticator. However, it is probable that the 2024 election will be pivotal in shaping rural health care and the specific policies that will be enacted by the next administration. Rural health advocates will continue to engage at every level to assure access to high quality health care in rural areas. I'm glad you will join us.

Take good care and stay in touch.

Lisa Davis
Director

OUR COVER ARTICLE in this issue focuses on health provider shortage area designations. The data used to determine designators are only as accurate as the data provided. The Pennsylvania Department of Health urges physicians (and dentists) to maintain accurate provider data. Be sure to provide thorough and accurate responses to surveys at the time of your license renewal and keep your information current by updating your practice details in the National Provider Identifier system to reflect changes in address and specialty. Thank you.

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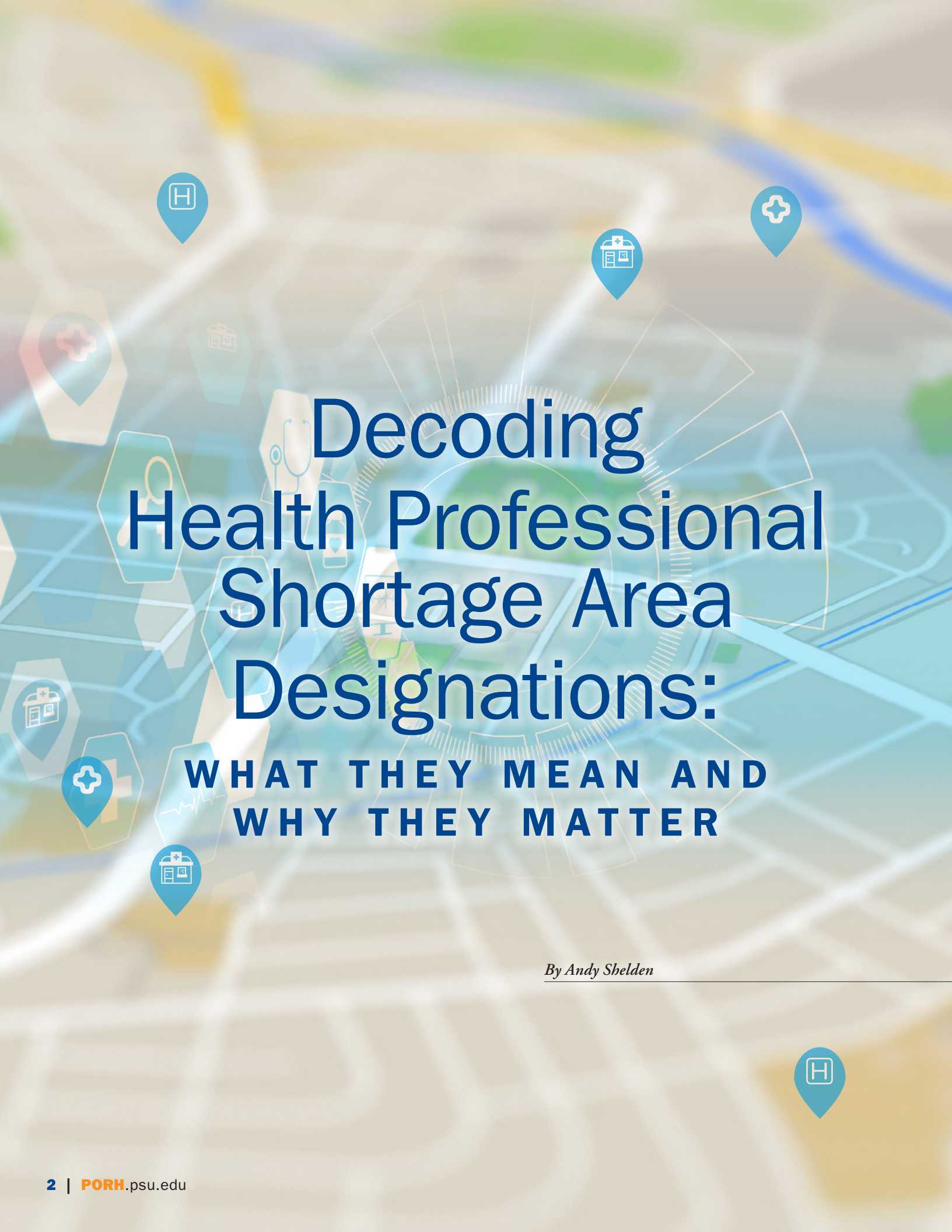

Decoding Health Professional Shortage Area Designations:

WHAT THEY MEAN AND WHY THEY MATTER

By Andy Shelden

Health care access in rural communities varies widely from place to place, but in general, rural communities face challenges in offering their residents quality, affordable health services. The number of hospitals and clinics in rural communities is in decline, the time and distance a patient needs to travel to see a doctor is increasing, and the health care workforce in these communities is shrinking. By some measures, the COVID-19 pandemic has accelerated these trends, but none of them are new. In fact, they reflect longstanding demographic problems that governments and health care stakeholders have been working to address for years.

For more than forty years, the federal Health Resources & Services Administration (HRSA) has focused on programs to remedy workforce shortages in areas of medical underservice, especially rural areas. These areas are determined by analyzing a variety of demographic factors—including geography, population, and socioeconomic data—and then, creating areas of designation to boost health care provider resources through scholarships and loan repayment programs to attract health care providers at qualified health care facilities. HRSA refers to those shortage areas as health professional shortage areas or HPSAs.

What are Health Professional Shortage Areas?

A HPSA designation applies to specific types of health care professionals, primary care, dental care, and mental health services; maternal care designated areas (MCDAs) are also a recognized subset of primary care services. A HPSA designation is designed to help medically underserved communities incentivize providers—physicians, dentists, physician assistants, and nurse practitioners—to work in these locations.

Certain health care facilities, considered to be "safety net" providers, are automatically eligible for designation, known as Auto-HPSAs. These include Federally Qualified Health Centers (FQHCs) and FQHC Look-Alikes (LALs), Rural Health Clinics (RHCs), State and Federal Correctional Facilities, and Indian Health Service and Tribal-run hospitals.

For other areas to qualify for a HPSA designation, they must meet certain criteria: 1) a limited availability of medical providers, determined by a population-to-provider ratio, 2) time and distance to care outside the HPSA area, and 3) percent of the population below the federal poverty level (FPL).

Population-to-provider ratios must adhere to the guidelines as outlined in Table 1.

Table 1: Population to Provider HPSA Designation Thresholds

HPSA Discipline	*Population to Provider Ratio*
Primary Care	> 3,500: 1 population to provider
Dental Care	> 5,000: 1 population to provider
Mental Health	• > 9,000: 1 population to provider • > 30,000: 1 population to psychiatrist • Combination of: > 6,000: 1 population to provider + > 20,000: 1 population to psychiatrist

As of June 30, 2024, the Pennsylvania Department of Health (PA DOH) reported that there are 397 HPSA designations across the state, with 59 updated or newly designated in the last twelve months. The state's Primary Care Office (PCO), a bureau in the PA DOH, works with local communities to ensure they have the most accurate and up-to-date data on file. HRSA uses state-updated provider information in combination with other demographic and statistical data submitted by the Centers for Disease Control and Prevention (CDC) and the

federal census, to review and approve or reject shortage designation applications developed and submitted by the states. Designations are given scores that correspond with relative need and priority.

Most HPSAs in Pennsylvania in 2024 are Auto-HPSAs, meaning they are automatically scored from existing data. Of the 130 Primary Care HPSAs in Pennsylvania, for example, 102 of them are Auto-HPSAs (78 percent). The PCO has submitted successful applications for twenty-eight Primary Care HPSAs; twenty-four are based on low-income thresholds, while the remaining four are geography-based. Geography-based does not necessarily mean rural, however. Seventy-one of the 130 Primary Care HPSAs in Pennsylvania are classified as being in rural or partially rural areas (55 percent), a slight majority, but many urban or metropolitan areas in the U.S. are designated as well.

Table 2: Primary Care HPSAs in Pennsylvania (as of June 30, 2024)

Designation Type	*Total*	*Rural or Partially Rural*	*Non-Rural*
Facility / Auto-HPSA	102	50	52
Geographic Area	4	2	2
Low Income Population	24	19	5

Multiple HPSA designations can exist within the same general geographic area. As an example, Centre County, PA, home of Penn State University, has twelve HPSA designated areas. Centre County has five Primary Care HPSAs, four Dental Health HPSAs, and three Mental Health HPSAs. Because of its size and geographic diversity, Centre County has HPSAs that cover all three geographic statuses: rural, partially rural, and non-rural. It has ten Auto-HPSA areas covering various correctional facilities (four) and Rural Health Clinics (six), but also has two other low-income qualifying areas; one is a Primary Care HPSA in Philipsburg, on the western edge of the county, while the other is a Dental Care HPSA covering the entire county.

The possibility of overlapping and diverging HPSAs exists in many counties in Pennsylvania, and across all fifty states. Whether a community or a subset of the population in a community receives a HPSA designation can be critically important to ensuring that workforce demands are recognized and that resources can be channeled to those communities in need.

Why Do Health Professional Shortage Area Designations Matter?

HPSA designations are important because they offer federal assistance to health care providers and facilities in communities struggling to recruit and retain health care services for vulnerable populations. This is especially true in rural communities across Pennsylvania and the nation. However, HPSAs can be limited in their effectiveness for two primary reasons. One, they are fundamentally designed to address health care issues created by broader socioeconomic and demographic trends; and two, for a variety of reasons, their impact changes over time and is felt disproportionately from place to place.

Rural areas are losing their health care workforce at a higher rate than urban areas. During the last full decade, for example, the workforce of primary care physicians decreased in more than half of rural counties in the U.S. and, as the average age of rural physicians continues to increase, the shortage in rural areas is expected to increase. By design, HPSAs are meant to address the workforce shortage and bring the workforce to a sufficient level, but on their own, they do not address the roots of that problem.

Caitlin Wilkinson is the new director of the Pennsylvania Primary Care Career Center, which connects primary care professionals to positions in the primary health care field in Pennsylvania. She recognizes that HPSAs are not an answer on their own to the demographic challenges facing the rural health care workforce challenges.

"We do need to work with the populations that are coming from these underserved communities on a pipeline to come back to the health care field in their communities. Those people will get their degree and then are more likely to practice in their communities because that will be meaningful and fulfilling for them. Creating additional pathways into the health care workforce for people in rural and underserved communities is really important because the primary care workforce shortage is only going to get worse."

Judd Mellinger-Blouch, the former director of the Career Center, adds to that sentiment. "We should try to locate more medical

training programs in rural areas, so people do not have to leave home to get their training. The data are very clear: people who come from a rural area are much more likely to practice in a rural area. Whereas people who are from an urban area and do a rotation, or do some training in a rural area, are much less likely to stay. There are people working on that issue, but more resources from the government and private entities would really help."

Lisa Davis, the director of the Pennsylvania Office of Rural Health and outreach associate professor of health policy and administration at Penn State, has been working with rural communities to address the roots of these shortage issues for years, and she says: "We always talk about pushing people into rural practice and I think we need to flip that narrative and talk instead about *pulling* people into rural communities. We should focus on community and economic development, to make rural places a place of choice, rather than a place of temporary assignment. Health care has always focused on health care, and it has not focused on community and economic development, which is really what we need."

HPSAs are not designed to address those points, but rather, to channel the workforce to these shortage areas while they have designation status and incentives for health care providers to have special incentives to practice there. Retaining that workforce in shortage areas after those incentives or that designated status expires depends more on the broader demographic and quality of life factors that make any community an appealing, vibrant place to build a life and a career.

A second significant factor that limits the effectiveness of HPSAs is the reliance on data analysis—both demographic and geographic—and the quality and accuracy of those data vary widely from place-to-place.

The PA DOH emphasizes the importance of accurate data in meeting the needs of underserved communities. They report that: "Having accurate and up-to-date data is critical because health care providers and facilities in designated shortage areas are eligible for additional federal funding through several different initiatives, including scholarship and loan repayment programs. [The] PA DOH has full-time staff focused on collecting and updating provider data throughout the year to improve accuracy of the data considered when a request for a shortage designation is submitted by health care providers or local health care organizations."

Accurate and up-to-date information is certainly crucial, but fulfilling both of those conditions is challenging for providers and communities.

"The process of collecting data is not straight-forward," Davis said. "Recently, an application for an area in McKean County, PA required information on the mountainous terrain there, to demonstrate that the southern part of the county does not have easy access to the northern part of the county in order to meet the distance-to-care standard. I found a topographical map that the health department could use in the verification process. That is just one example of the complications associated with submitting applications for a HPSA designation."

HRSA has been undertaking the Shortage Designation Modernization Project for the last decade, which has refined their data collection practice from the states while bringing more automatic scoring to the process, in an effort to relieve the burden on state PCOs and health care providers.

"Rather than having the PCOs doing all the verification now, they're using a standardized system to make the determination," Davis says. "That's led to more withdrawals [of HPSA designation]. A number of those withdrawals have been accurate according to the data, but what it doesn't take into account is some of the nuances of the individual communities that are affected and what that means for access in those places."

"One flaw is that the system is not applied equally in every state," Mellinger-Blouch pointed out. "Every state does their [data] survey differently. It's not that Pennsylvania is any better or worse than anywhere else, it's just different. You have this HPSA score calculated

with the same criteria across the country, but the data going into that criteria are not the same from state-to-state. And different states apply different resources to it. So, in that way, it's just not equal."

What's Next for Health Professional Shortage Areas?

It is fair to say that no system is going to meet the needs of every community, and both state and federal officials are working to address these issues. To submit applications to HRSA for automatic scoring, the PA DOH uses data from the Pennsylvania health care practitioner survey, a biannual process that health care providers complete to renew their licenses. The PA DOH says that they are working to "streamline the workforce survey to reduce the time required to complete it while improving, and in most cases increasing, the specific data being collected to aid in the designation process." Like the federal government, the DOH is also looking to make their data collection more automated, so that communities and providers are freed from the responsibility of making requests or verifying data. The DOH is in the process of "developing a statewide plan to analyze areas where a request for a health care shortage area designation has not been requested, but where data indicate a shortage designation is warranted."

Automation may be a solution to some of the administrative burden that it places on health care providers in these shortage areas, but it also may pose problems of its own.

"What often ends up happening with HPSAs is that they can serve as a Catch-22," Davis said. "An area qualifies as a HPSA, they can participate in recruitment activities, they successfully hire providers, and then they get re-scored and they no longer qualify as a HPSA. That yo-yo effect is really challenging."

"HPSA scores are important on the quantitative side, but there's an emotional side to them too," Mellinger-Blouch said. "To some degree, it's an indication of how much the federal government cares about people delivering care in underserved areas. If you give an area a lower HPSA score, it is probably because they did a good job and increased access there. But it also means that [the federal government] stops caring about that area as much. Because that lower score makes it harder to recruit. And it's not going to be long before that area's HPSA score will start going back up again."

These critiques highlight issues that exist within the current HPSA scoring system, but changes could be made to the way HPSA scores are calculated from the ground up. Provider ratios, geography, and poverty rates may not effectively capture all the needs of a workforce shortage area. The National Rural Health Association (NHRA), for instance, has petitioned HRSA to include rurality as a separate factor in HPSA scoring, in order to highlight the particular health care needs of rural communities. NHRA has also requested that HPSA scoring should include other types of easily obtainable data that address patients' health status and health disparities in communities; measuring health care effectiveness by the number of providers available does not necessarily guarantee better health outcomes. The National Health Policy Forum, a nonpartisan research and public policy organization at George Washington University, has argued that "HPSA designation relies almost solely on provider availability and makes only modest attempts to factor need into designation determinations."

"What would happen if we removed the entire designation process," Lisa Davis asked, "and we opened up any of these programs for anyone to participate? Because urban areas have similar [workforce shortage] challenges too. What would happen if we opened up opportunities for placement in underserved communities outside of this formal, bureaucratic HPSA process that is, in some ways, outdated?"

Because the process of data collection has proven to be cumbersome, it's worth considering if the current HPSA designation process, which has been in place for decades, is effective at addressing these shortages or whether alternative approaches could ultimately lead to more robust health care workforces in these communities, and better health outcomes for their patients.

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RURAL COMMUNITY HEALTH CARE:

Perspectives in Medical Training

Madeline (Maddie) Snyder is a fourth-year medical student at the Penn State College of Medicine-University Park Campus (PSCOM-UP). During the next year, she will chronicle her medical education, her experience serving rural communities, and her progress toward earning her medical degree.

Maddie Snyder

Hi, there! It's a pleasure to be writing to you again as I continue on the path to obtaining my medical degree.

When I think of rural health care provider recruitment and retention, I think of my journey to State College as my husband pursued his dream to be part of the Penn State "Wrestling Club." Very fortunately, the University Park Region Campus of Penn State's College of Medicine is in State College too and I have pursued my goal of a career as a physician. A conversation with a medical school colleague reinforced how rare it can be to find one location that supports the careers of both spouses or partners. Families like mine have unique career needs and our good fortune to pursue both in one location may put us in the minority of couples, especially for those choosing to serve as a physician.

A physician's career is one that holds a good deal of uncertainty. The application process to medical school is competitive with most students choosing a school based on where they have been accepted. After four years of training, we move to residency in our chosen specialty; those options are limited by location and the rigorous selection process known as "The Match." Newly minted physicians have little control over where they will train.

I share those details about the long road of training to be a physician because I think it is an important consideration when we talk about rural recruitment and retention. From the first day of medical school to graduating residency, the fastest track takes seven years and over that time, career goals can shift. Those long-term goals can be impacted by restrictions on medical residency. This highlights a system that has its limitations when discussing physician training and practice.

When I consider solutions, I can only reflect candidly on my experience. A key solution would be identifying aspiring physicians who have roots in rural areas. They have a desire to be in the community and serve that community well, which is invaluable. It's a process that begins in recruiting the right students into medical school and continuing to foster a rural health career path throughout training.

An important aspect in improving overall rural health care is continued health care innovation in rural communities. One exciting development in our community is utilizing is a mobile health care unit, Penn State's LION mobile clinic, which brings physicians and medical students to provide health care services to surrounding communities in central Pennsylvania.

As a student physician, this opportunity is one that excites me. As someone who strongly desires to practice in central Pennsylvania, having an innovative approach to health care delivery is great, especially considering the increase in the number of patients who can receive care.

Rural physician recruitment and retention is complex. Anecdotally, I think one of the biggest factors that can aid in improving this is, early in medical school, identifying and fostering career development in students who have family and community ties to rural areas. That strategy, combined with continuing to commit time and resources to innovating rural health care delivery, can enthuse prospective providers!

Winter Safety Precautions

FOR RURAL RESIDENTS

By Andy Shelden

Winter is coming and Pennsylvanians in rural communities may need to take precautions to stay safe and healthy. Weather events like snow and ice storms can lead to emergency health situations, both at home and out on the roads, but prolonged cold temperatures and daily winter activities can also exacerbate a person's preexisting health conditions or create new health problems.

"A majority of our calls in winter months are not responding to accidents," says Jack Bonsell, captain of Port Matilda, PA's Emergency Medical Services (EMS), located in a rural corner of Centre County. "More often, we're responding to calls about breathing difficulties and chest pains. Wintry weather creates constriction in the blood vessels, and people who are not in good shape, or those who have cardiac problems, can have cardiac episodes. Many people who experience cardiac arrest or a heart attack in the winter are out shoveling snow; they are often going from a less demanding position to taxing their heart muscle in a way they have not in a while."

The Pennsylvania Department of Health (PA DOH) recommends that adults get at least 150 minutes of moderate-intensity physical activity each week—30 minutes a day, five days a week—to stay in good physical shape. Finding the time and space necessary to get exercise can be difficult during the winter months, and as a result, individual health status can decline during these months. The American Academy of Cardiologists recommends that individuals collaborate with their primary care provider to obtain an individualized exercise program, as every person moves at various levels of fitness. "If you're already having trouble with breathing, or chest pains or walking around, you may worsen your condition during the winter months."

"Make sure you know your limitations," Bonsell says. "If you are going to be active, check with your physician to ensure your heart health can support vigorous activities.

"With the breathing issues," Bonsell says, "if you have a history of COPD (chronic obstructive pulmonary disease) or congestive heart failure, you can exacerbate during the winter, viruses like cold, flu, pneumonia, COVID, and RSV (Respiratory Syncytial Virus) are more common. If you are on medication for COPD or heart failure, take

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The Rural Health Research Gateway offers easy and timely access to research completed by the Rural Health Research Centers, funded by the Federal Office of Rural Health Policy. The Gateway provides policy briefs, chart books, fact sheets, journal articles, infographics, and more for use by policymakers, educators, public health employees, hospital staff, and others.

Rural Health Research Gateway

To learn more, access the Rural Health Research Gateway at **ruralhealthresearch.org**.

National Rural Health Day
Celebrating the Power of Rural!®
THURSDAY, NOVEMBER 21, 2024

National Rural Health Day: Celebrating the Power of Rural!

Powered by the National Organization of State Offices of Rural Health, the rural community has celebrated National Rural Health Day for eleven years. **We hope that you celebrated on November 21, 2024!**

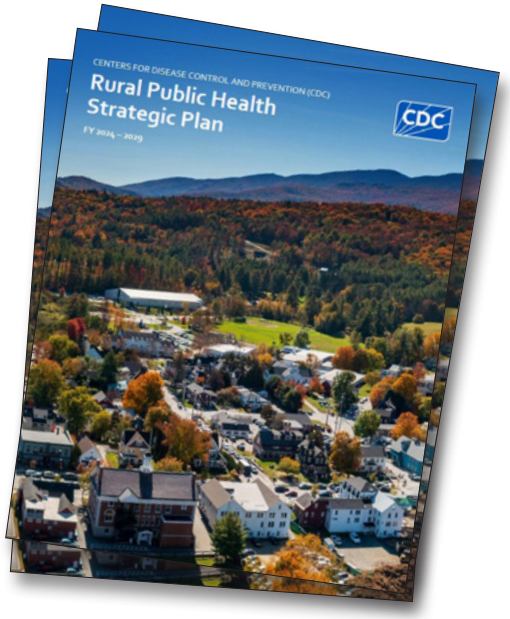
National Rural Health Day was an opportunity to "Celebrate the Power of Rural" by honoring the selfless, community-minded spirit that prevails in rural America. It is a day to showcase the efforts of rural health care providers, State Offices of Rural Health, and other rural stakeholders to address the unique health care challenges that rural citizens face today and into the future. A full day of virtual events and in-person events were held to honor rural America.

POWER OF RURAL NOSORH PLEDGE

Join the Pennsylvania Office of Rural Health as we continue to celebrate National Rural Health Day and Rural Health Week in Pennsylvania. And pledge to support the Power of Rural!

Find out more at **powerofrural.org.**

CDC OFFICE OF RURAL HEALTH
Releases Inaugural Rural Health Plan



In September 2024, the Centers for Disease Control and Prevention's (CDC) Office of Rural Health released its inaugural *Rural Public Health Strategic Plan* to protect and improve the health of America's rural communities.

This plan outlines key priorities that provide a blueprint for CDC's rural public health work for the next five years. The Office of Rural Health invites rural advocates to view the plan and share it with colleagues who work in rural public health and related areas.

Access the Rural Public Health Strategic Plan on the Centers Disease Control and Prevention's Office of Rural Heath's site at **cdc.gov/rural-health/.**

PENNSYLVANIA RURAL HEALTH PROGRAM

Receives Award for Quality Excellence

PORH staff, Lannette Fetzer (center), quality improvement coordinator and Sandee Kyler (right), rural health systems manager and deputy director, accept the 2024 Medicare Beneficiary Quality Improvement Project Certificate of Excellence Award from Michael Fallahkhair, deputy associate administrator for rural health policy at the Federal Office of Rural Health Policy

The Pennsylvania Medicare Rural Hospital Flexibility Program received the 2024 Medicare Beneficiary Quality Improvement Project (MBQIP) Certificate of Excellence Award in recognition of outstanding critical access hospital state quality reporting and performance. The Pennsylvania program was ranked #1 nationally.

The award was presented on July 18 at the annual Medicare Rural Hospital Flexibility Program reverse site visit in Washington, D.C. and was given by the Federal Office of Rural Health Policy in the U.S. Department of Health and Human Services' Health Resources and Services Administration. Lannette Fetzer, quality improvement coordinator, and Sandee Kyler, rural health systems manager and deputy director, of the Pennsylvania Office of Rural Health (PORH), accepted the award on behalf of the state's critical access hospitals.

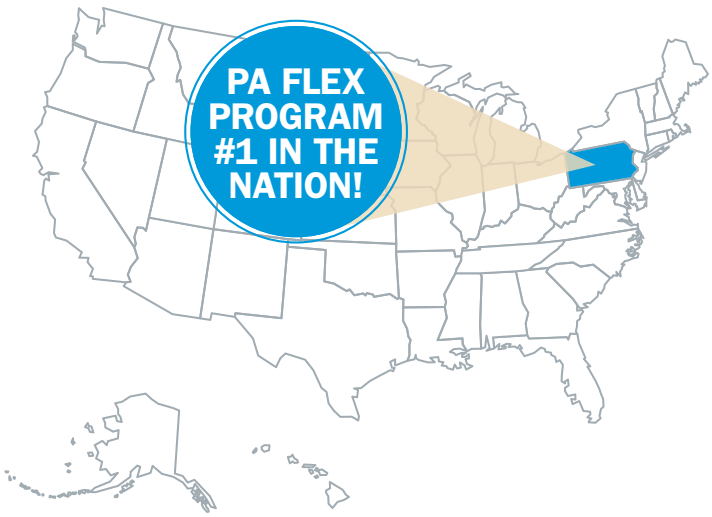
MBQIP is a quality improvement activity under the Flex grant program of the Federal Office of Rural Health Policy. The goal of MBQIP is to improve the quality of care provided in critical access hospitals by increasing quality data reporting and driving quality improvement activities based on the data. MBQIP is a voluntary reporting system that includes quality and satisfaction measures from the Centers for Medicare and Medicaid Services Hospital Compare plus a critical access hospital-specific emergency department transfer communication measure set. Pennsylvania was one of the first four states to have 100 percent critical access hospital participation in MBQIP.

The Flex Program improves access to preventive and emergency health care services for rural populations. Providing federal grant funding to eligible states, the program requires states to address rural health network development and directs significant effort into designating critical access hospitals—small hospitals (twenty-five beds or less) in rural counties that serve high Medicare, low income and uninsured populations. Pennsylvania has sixteen critical access hospitals.

"Pennsylvania's critical access hospitals work vigorously to ensure their hospital provides exceptional patient care, serving as a testament to superior quality service. It is a pleasure to work with them," noted Fetzer on the achievement.

During the meeting, Fetzer was asked, for the second year, to serve as one of three panelists during a session on the Intersections of Flex: Working Across Program Areas for Greatest Impact, where she discussed how quality affects the hospital's bottom line and the importance of quality reporting.

"Successful quality improvement is not a one-time occurrence; it is a continuous and ongoing effort to improve outcomes in health care," Kyler said. "Our critical access hospitals care about the people and communities they serve. This recognition demonstrates their commitment to high-quality health care in these rural communities. They are commended for their continuing efforts and focus on high-quality health care."



Penn State Health Policy and Administration Student

RECEIVES PORH'S JENNIFER S. CWYNAR COMMUNITY ACHIEVEMENT AWARD

Don and Sue Cwynar, stand with Lisa Davis (left), PORH director, and Amanda Adams (second from right), recipient of the 2024 Jennifer S. Cwynar Community Achievement Award

Amanda Adams, a student in the Integrated B.S. in Health Policy and Administration/ Master of Health Administration program within the Penn State Department of Health Policy and Administration, received the 2024 Jennifer S. Cwynar Community Achievement Award. The award was presented as part of an awards ceremony during the 26th Annual Stanley P. Mayers Endowed Lecture on April 2 at the Penn State University Park campus. Adams graduated from Penn State in May 2024.

The award, from the Pennsylvania Office of Rural Health (PORH), recognizes community achievement by a Penn State student majoring in Health Policy and Administration (HPA) who has demonstrated service and commitment to a community or an underserved population, preferably, but not exclusively, in a rural area of Pennsylvania. The award was established in memory of Jennifer S. Cwynar, a 2008 HPA graduate and a 2008 undergraduate intern at PORH.

Adams was nominated by Penn State faculty members Diane Spokus, teaching professor of health policy and administration and associate director of undergraduate professional development, and Chris Calkins, teaching professor of health policy and administration and professor-in-charge of the Master of Health Administration programs.

Adams was recognized for the tremendous commitment to rural health care and rural communities demonstrated during her undergraduate and graduate career. She currently serves as a graduate research assistant at PORH, and is continuing her projects at Penn Highlands Tyrone, where she completed her residency. She is also assisting the organization with opening a new micro-hospital in State College, PA.

"We are delighted to present this award to Amanda Adams and to honor the legacy of Jennifer Cwynar, who was an exceptional student and intern with our office," said Lisa Davis, director of PORH and outreach associate professor of health policy and administration. "This is one way in which we can encourage excellence in those who will become leaders in advocating for the health of vulnerable populations."

To learn more about the Jennifer S. Cwynar Community Achievement Award or the Pennsylvania Office of Rural Health, visit **porh.psu.edu**. *For additional information, please contact Lisa Davis, Director, Pennsylvania Office of Rural Health, at* **814-863-8214** *or* **lad3@psu.edu**.

Natural Disasters: The Perfect Storm for Human Trafficking

By Andy Shelden

The public sees the images of national and global natural disasters: towns washed away by floods and hurricanes, communities obliterated by tornadoes, lives lost to mudslides, entire regions swept away by tsunamis. We see rescue workers searching for survivors, governments directing aid to help with recovery. What we don't see are the opportunities for human traffickers to exploit those impacted by such tremendous loss.

Human trafficking affects individuals, families, and communities across the United States, including those in rural areas, and the world. By definition, human trafficking occurs when a person is made to perform labor or services by force, fraud, or coercion. Often, victims of human trafficking are not aware of the fraud or coercion being perpetrated and will not seek help from law enforcement officials or medical personnel. Trafficking can happen to anyone, but traffickers often identify and leverage their victims' vulnerabilities in order to create dependency. As a result, at-risk populations like undocumented immigrants, people with histories of physical or sexual abuse, children in the foster care system or anyone with addiction issues are especially vulnerable to being targeted. Victims typically have little or no financial safety net, few social connections, and limited resources for seeking help when they are being exploited. They are tied to their traffickers by promises of safety, employment or stable housing; they may have language barriers or lack of legal rights; and they are frequently threatened with violence or retribution.

Recent research suggests that there is a link between human trafficking and natural disasters. Data indicate that traffickers target vulnerable people in the aftermath of natural disasters, like hurricanes, floods or wildfires. These climate events force people from their homes, close schools and businesses, disrupt employment status, and stress government and community resources, often for prolonged periods of time. When people are struggling with unemployment, homelessness or food insecurity, they often turn to churches, shelters, social workers, and community health clinics. But these community resources can be overwhelmed and under-staffed in the face of a natural disaster. The confluence of these conditions makes human trafficking targets even more vulnerable—physically, socially, and economically—in communities recovering from these disasters.

To target—and stop—sex and labor trafficking, the public needs to be aware of this crime, when and where it is likely to happen, and its underlying causes. According to the Human Trafficking Hotline, someone may be experiencing labor trafficking or exploitation if they:

- Feel pressured to stay in a job they want to leave;
- Owe money to an employer or recruiter or are not being paid what they were promised or owed;
- Do not have control of their passport or identity documents;
- Are living and working in isolated conditions, cut off from interactions with other people and support systems;
- Appear to be monitored by someone when talking or interacting;
- Are working in dangerous conditions without proper safety precautions;
- Are living in dangerous, overcrowded or inhumane conditions.

Industries that are particularly vulnerable to human trafficking include commercial sex work, hospitality, agriculture, janitorial services, construction, landscaping, restaurants, factories, care for persons with disabilities, salon services, and domestic work, among others.

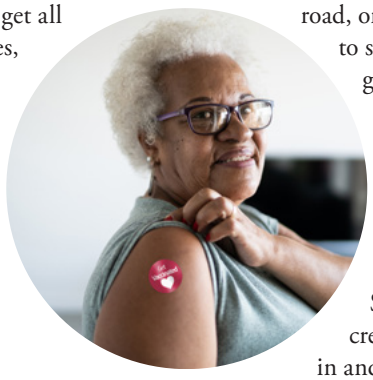
Those working in a school, a hospital, medical facility or substance abuse center, are in a prime position to recognize potential victims. Up to 88 percent of trafficking victims interact with a health or medical professional during their subjugated labor. While public safety officers, school officials, and health professionals may be the public's best line of defense, anyone can help deter human trafficking by being aware of the warning signs, knowing whom to contact, and being an ally for human trafficking survivors.

Human Trafficking Resources

- The National Human Trafficking Hotline (**1-888-373-7888**) provides "assistance to victims in crisis through safety planning, emotional support, and connections to local resources." The hotline reports longer wait times right now in the wake of recent natural disasters such hurricanes Helene and Milton in the southeastern U.S.
- National Human Trafficking Resource Center: **traffickingresourcecenter.org**
- Office on Trafficking in Persons: **acf.hhs.gov/endtrafficking**
- Polaris Project: **polarisproject.org**

them exactly how the provider prescribed. People must stay on top of their medications to avoid emergencies."

Beyond medications, vaccination is a crucial line of defense against common illnesses in the winter months. The PA DOH recommends that residents get all their recommended vaccines, specifically the flu and pneumonia vaccines, by the end of October to help prevent the spread of influenza during the late fall and early winter months. The Centers for Disease Control and Prevention (CDC) has approved a newly updated COVID vaccine to help boost immunity against the virus. As the season changes, respiratory illnesses are prevalent and not entirely avoidable, so every fall one should plan accordingly and practice strict infection control, such as hand hygiene and staying away from others who may be ill.



Major winter events like snow and ice can impact travel. Roadways become much more dangerous during the winter months, whether motorists drive at higher speeds on highways or at lower speeds on local roads. It is better to be prepared and plan for any significant storms with medications, groceries, and necessities. When the weather is bad, stay inside. The wintry weather also exacerbates health conditions like asthma, arthritis or diabetes. Those with a health condition, should be prepared by having prescribed medications readily available. "We do see quite a few accidents in our coverage area," Bonsell says, "Drivers drive off the road, or the weather causes vehicles to slip and slide. Ironically, we get a lot more severe accidents on the secondary roads in the winter than on the interstate. The best safety tip is to stay off all roads during inclement weather."

Snow and ice storms also create hazardous conditions in and around people's homes. Slip and fall accidents on icy steps or driveways are quite common and may be harmful at any age. Severe winter storms can make roads impassable and can also disrupt power grids; homes may lack heat for lengthy periods of time in frigid conditions, until power companies can safely restore service. Residents must be ready for these contingencies by preparing their vehicles with extra blankets, snacks, boots, gloves, winter coats, and water. Have a stocked pantry with bottled water, and non-perishable goods. It may be of benefit to speak with your electric company about additional heat sources. When it comes to gas-powered generators and heaters, residents should be aware those devices can create carbon monoxide hazards if misused. To be safe, people should familiarize themselves with their operation before deploying them in a winter weather emergency. When winter weather does knock out power or make travel difficult, remember those conditions affect emergency responders as well.

"Our response times in the winter are diminished," Bonsell says, referring to any coordinated emergency response. "We advise our crews to be very careful responding to emergency calls in poor conditions. Let's say, for example, that we have a potentially fatal accident that we are responding to, but we go too fast trying to get there, and then we have put ourselves in danger while the outcome is going to be the same. So, we always must get there as safely as possible to help the best we can."

Everyone can be at risk for adverse health events no matter the time of year. If people live alone, one must be especially careful in the winter months. "A large majority of our calls are from older adults," Bonsell says.

Bonsell adds one final takeaway: "The key is: know your limitations, know your health abilities, and don't expect them to get better come wintertime—they're only going to get more aggressive on you as the weather gets colder."

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