

FALL 2022

# PENNSYLVANIA RURAL HEALTH

*emotions*  
*suicidality*  
*withdrawal*  
*funding*  
*support*  
*health providers*

**2022 COMMUNITY AND PUBLIC  
HEALTH CONFERENCE**

**LION MOBILE CLINIC: CARING  
FOR RURAL CENTRAL PA**

**MENTAL AND BEHAVIORAL HEALTH  
IN RURAL COMMUNITIES:  
WHO'S AT RISK,  
WHERE TO TURN FOR HELP**

*stress*  
*disorder*  
*depression*  
*anxiety*  
*resources*  
*telehealth*  
*solutions*  
*well being*



# message *from the* director



Welcome to the fall issue of *Pennsylvania Rural Health*!

When you receive this, we will be very close to November 8, 2022, General Election Day in Pennsylvania. According to media outlets such as the Associated Press and National Public Radio, to name a few, the outcome of the elections in our state is pivotal. *The New York Times* has asserted that the Keystone State is at the “Center of the Political Universe” since the

gubernatorial and senate races have the potential to determine the composition of Congress and set the stage for the outcome of the 2024 presidential race.

In addition to the governor and senate races, Pennsylvania has forty-two open seats in the state’s House of Representatives. All 203 seats in the House and the even-numbered seats in the Senate are up for re-election. In the nation’s capital, seventeen of Pennsylvania’s Congressional seats are up again for election as a result of the redistricting that occurred in 2021 when Pennsylvania lost one seat in Congress. It’s a lot of responsibility for the 13 million of us who call Pennsylvania home.

Pennsylvania is one of the most rural states in the nation, with 3.4 million or 26 percent of our population living in the state’s forty-eight rural counties. Those of you who work in, or on behalf of, rural residents in the state know the importance of telling the story of “rural”: who lives there, what their issues are, what makes their communities special, and why they deserve targeted attention.

Now is the time to tell that story to your elected officials. As a rural leader, you have the knowledge and experience that public officials want and need to make decisions that directly impact people’s lives. You can provide perspective by sharing a combination of facts, research, and your personal story.

A quick search in your Internet browser will bring up a significant number of toolkits on planning and conducting legislative advocacy. Groups such as the National Rural Health Association, the American Hospital Association, and others have sets of documents on their websites that can be adapted for your use. Toolkits will focus on these specific steps:

1. Identify the topic(s) of concern.
2. Summarize issues using verifiable data. Add community examples to reinforce the message(s).
3. Review the websites of the legislator to identify their areas of focus.
4. Create a brief summary of your concerns to leave with the legislator and their staff.
5. Request a meeting.
6. Dress appropriately.
7. Discuss your issues and request(s) and ask what you can do for the legislator and their office.
8. Send a letter of thanks that also reiterates your concerns and requests.
9. Follow up on any information, data, etc. that you agreed to provide.

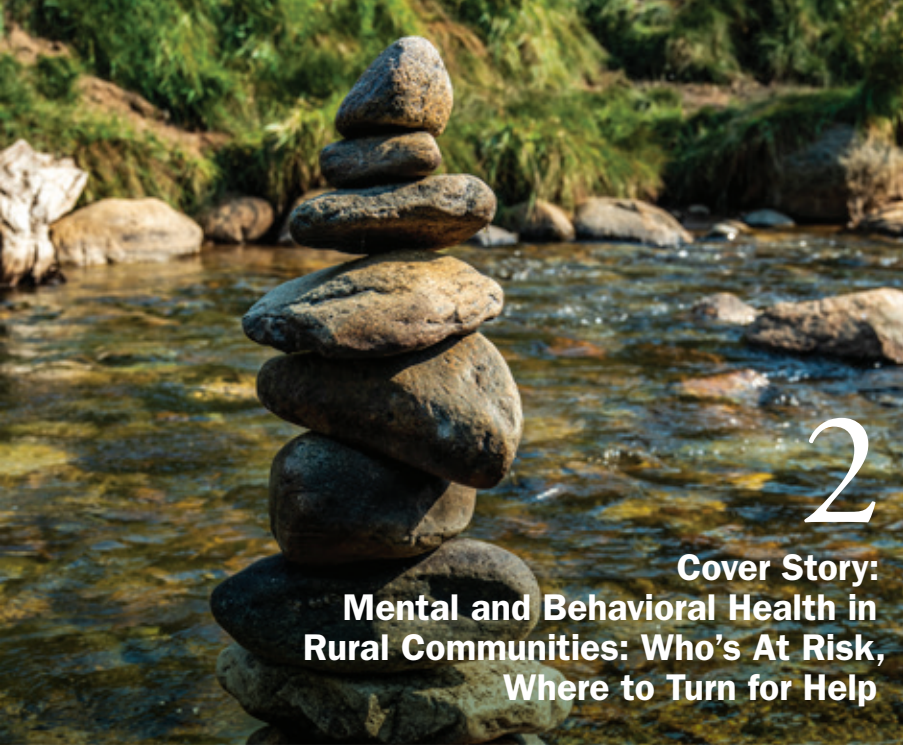
Not sure who represents your community or how to contact them? See [congress.gov](https://www.congress.gov) for information on members of the U.S. Congress and [legis.state.pa.us](https://www.legis.state.pa.us) for Pennsylvania General Assembly members.

Please remember that you are the expert on your community and the needs of those you serve. Make your voice heard and please let our office know if we can be of assistance as you work to ensure access to high-quality health care in rural areas.

Best wishes for the upcoming holiday season.

A handwritten signature in blue ink that reads "Lisa Davis". The signature is written in a cursive, flowing style.

Lisa Davis  
Director



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### *Pennsylvania Rural Health*

Lisa Davis, *Director*

The Pennsylvania Office of Rural Health (PORH) receives support from the Federal Office of Rural Health Policy (FORHP) in the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS), the Pennsylvania Department of Health, other state agencies, and The Pennsylvania State University. PORH is located at the Penn State University Park campus.

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 **PENNSYLVANIA OFFICE OF  
RURAL HEALTH**

Funded, in part, by the Pennsylvania Department of Health

MENTAL AND BEHAVIORAL HEALTH  
IN RURAL COMMUNITIES:



Who's  
At  
Risk,  
Where's  
to  
Turn  
for  
Help



Prior to the onset of the COVID-19 pandemic in early 2020, people across the United States were suffering from poor mental health at some of the highest rates ever recorded. Nearly one in five adults in the U.S. were living with some form of mental illness. Nearly five percent were diagnosed with a severe mental illness such as bipolar disorder or schizophrenia. Suicidal ideation increased every year between 2011 and 2019. Children, teens, and young adults were reporting mental health issues at record high rates and schools across the country were pleading with their local and federal legislators for more resources. The number of military veterans committing suicide each year prompted the U.S. Department of Defense (DoD) to declare themselves in a mental health crisis.

That was the state of mental health in America before the most disruptive social and economic event of our lifetimes. When the COVID-19 pandemic took off in the late winter of 2020, the everyday function of our lives was upended and the repercussions were significant. Many of us were forced into social isolation, put under increased emotional and economic stress, and asked to adapt to a constantly evolving set of stressors in our homes, our work, and our communities. The country and Pennsylvania, including residents of our rural areas, are still feeling the effects of that disruption.

“People around the country are operating at a higher baseline of stress and anxiety than they did pre-pandemic,” says Sam Faulkner, PhD, a pediatric psychologist with Geisinger Medical Center in Danville, Pennsylvania. “And then you layer on the massive changes in lifestyle and the natural social withdrawal that had to occur for such a long period of time, it is a recipe for difficulties. The data have shown that a lot of psychological issues have increased in adults [and kids] during the pandemic.”

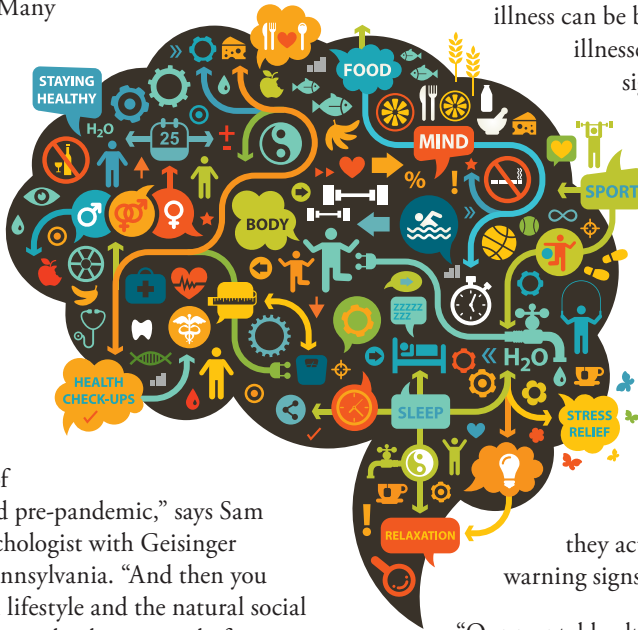
## What is Mental Health? Who Suffers From Mental Illness?

Mental health includes our emotional, psychological, and social well-being. A person's mental health affects how they go about living in

the world, how they think, act, and feel about the experiences they encounter every day.

"If you're psychologically well, you can handle the ups and downs of life in a positive way," says Ray Feroz, PhD, retired professor and former chairperson of the Department of Human Services, Rehabilitation, Health & Sport Sciences at Clarion University in Clarion, Pennsylvania. "Poor mental health is essentially when you have difficulty managing life. Some people seem to be overwhelmed by those ups and downs, which we all have, and ultimately, they can become despairing, down on themselves, and suicidal in the extreme case."

Mental illness is one of the most common health issues in the United States. While mental illness crosses all demographics in significant numbers, women suffer from mental health conditions at a higher rate than men, while young adults (aged 18-25) are especially vulnerable, with rates nearly double that of persons aged 50 and above. Mental illness can be both a short- and long-term issue. Some mental illnesses are brought on suddenly by acute stress or significant life events, like the death of a loved one or a serious trauma, while others develop over time and are a response to a variety of factors like family history and individual brain chemistry. If a person has a mental health issue, statistics show that there's a fifty percent chance that they will develop a substance abuse issue too. That is in no small part what makes mental health illness so challenging. However, no one person's mental illness is identical to another's, and programs for treatment can vary widely. Plus, there are millions of people each year who continue to suffer from untreated mental illness, whether they actively refuse to seek care or don't recognize the warning signs.



“Our mental health works just like our physical health,” says Marisa Vicere, president of the Jana Marie Foundation, a non-profit based in Centre County, Pennsylvania, that helps young people develop strategies for recognizing and dealing with mental health problems. “We can do things each and every day to take care of our mental health, but even with that, there are things that can happen in our lives that can make us shift to not feeling as well, and it’s important during those times to reach out and get connected to those resources that are available.”



## The State of Behavioral Health Services in 2022

The consensus among health care providers and behavioral health stakeholders is that we are doing a better job of talking about our mental health than ever before. Yet, studies continue to show an increasing amount of diagnosable mental illness in the population, with more people than ever being prescribed medication to treat mental health disorders like anxiety and depression. We're getting better at talking about mental health, but we may also be getting worse at staying mentally healthy. What is the cause of that discrepancy?

The answer, particularly in rural communities, may be due to a lack of resources, staffing, and funding for mental and behavioral health services. The County Commissioners Association of Pennsylvania, whose members manage the county-based Mental Health and Development Services (MH/DS) program offices throughout the state, have identified funding for mental health services as their top legislative priority; they seek to address what they've called "the crumbling mental health system" in the commonwealth. That health system has been taxed even more in the wake of the COVID-19 pandemic by an increase in the number of people seeking care.

"We have certainly seen an increase in diagnosable illnesses in the last two years, with the impact of social isolation on individuals and an increase of anxiety and depression and suicidality," says Sally Walker, CEO of the Behavioral Health Alliance of Rural PA (BHARP), a non-profit organization that supports the implementation of Pennsylvania's Behavioral Health HealthChoices Medicaid Managed Care Program in twenty-four rural counties in central Pennsylvania. There may be shortcomings in services and funding, but Walker stresses that managing these systems is difficult and helping people in recovery means different things to different people.

"We're working to help identify what recovery means for each individual, and being able to provide an array of community-based services that meet those individuals where they're at," she says. "So, we have service availability where they can access them, we have delivery modalities that are convenient for all people—telehealth, in office, in community, etc. Pennsylvania has a rich continuum of behavioral health services and—especially in comparison to other states—there have been great strides made in the implementation of managed care and increased access to quality care."

"Telehealth has really expanded dramatically in the last couple of years, in part because regulations were relaxed," says James Schuster, MD, a psychiatrist and the Chief Medical Officer (CMO) of the UPMC Health Plan Insurance Services Division. "The use of telehealth is greatest in behavioral health services where it can be effective in helping patients with traditional outpatient therapy." Schuster's division administers the Community Care Behavioral Health Organization, a behavioral health Managed Care Organization (MCO) that supports the Behavioral Health HealthChoices program for forty-three Pennsylvania counties.

Walker adds that BHARP is, "always trying to be in tune, based on the feedback of our members, with questions like, where do we need the services, how will the services be utilized, is that sustainable, and if not, how do we combine things to make it more sustainable?"

No matter how thoughtful the approach, though, mental and behavioral health services often run up against shortages of funding and staffing. "There's more demand now than ever for these services," Feroz says, "but unfortunately there's less supply of psychiatrists, psychiatric social workers, psychologists, and other members of the treatment team. And it's especially difficult to recruit into these rural areas."

"There's a shortage of providers essentially everywhere," Schuster says. "There are not enough providers in Pittsburgh, [Pennsylvania], for example, but it's far worse in rural counties. One of the things we have tried to do to address that problem is create systems where both physical and behavioral health providers have support to engage their patients around all their issues at a single point of care."

He adds, "The publicly-funded behavioral health system that we have in Pennsylvania, which is county-centric, has allowed for significant service development and changes to meet the needs of local communities. There's a fair amount of variation in services from Centre County to Tioga County, and from Allegheny County to Erie County, for instance, and that's really a strength of the system. There's always a need for more funding and more services—there are continued challenges—but the structure of our system allows us to use those resources effectively."

## Growing Concern About Youth Mental Health

For all the concern about the rates of mental illness in the general population, the statistics for children and adolescents are alarming and getting worse. Today, more than a third of adolescents aged 12-17 report having experienced persistent feelings of sadness or hopelessness sometime in the last year, while fifteen percent report a major depressive episode. Nearly one in five adolescents has contemplated suicide in the past year, and suicide is either the second- or third-leading cause of death among all kids and young adults between the ages of ten and twenty-five. Attention-deficit/hyperactivity disorder (ADHD), anxiety, and behavior disorders are very common across all youth age-levels, while anxiety and depression rates typically accelerate as kids grow into adolescence and young adulthood.

“COVID has expedited what I would call a national, pediatric behavioral health crisis,” says Faulkner from Geisinger. “The biggest impact for us has been in the crisis area. In 2020, there were significant increases in emergency department visits for kids and adolescents. We’ve just seen a lot more kids in crisis during this time.”

every kid has a teacher mentor and they check in and help get them to talk. But the bottom line is that it’s always tough to get kids to reach out. This year we’re promoting more peer group activity, so that kids can go to other kids and talk to them about what they’re feeling.”

Vicere, who works with school-aged kids all the time in her program at the Jana Marie Foundation, also stresses the importance of talking more openly about these issues, whether to a teacher, peer, counselor or an interested community member. “As a society, we don’t talk a lot about our feelings and emotions,” she says. “Sometimes that can add hesitation or fear when someone’s reaching out for the first time. The more we can talk about mental health, the more we can normalize it, and the more we can do to break down those barriers.”

With schools, the variety of mental health services available is still not where proponents would like it to be, nor is the level of funding. “We’re looking into any and all community partnerships,” says Morecraft. “We just don’t have the resources that some bigger school districts have.”

Kyle mentioned the same shortcomings in his district: they’re short on staff and resources, but they’re doing the best they can with what



Drew Kyle, superintendent of the Coudersport Area School District in rural Potter County, Pennsylvania, has seen these trends play out in his district. “Anxiety and depression were noticeable in our students pre-COVID, especially our teenagers, but we’re definitely seeing it more intense and more prevalent post-COVID. And it’s happening younger and younger too. Young students are talking about some of the things they’re anxious or down about. We’re really seeing a ton of kids at the elementary school level struggle with anxiety and depression and it seems to multiply and get a little worse as they get older.”

Parents are often the first line of defense when mental health issues arise in their kids, but the onus often falls on teachers to identify a young person struggling with mental health issues and get them on a path to receiving care.

“Our teachers have been great,” says Fred Morecraft, superintendent of the Carmichaels Area School District in Greene County in rural southwestern Pennsylvania. “We started a mentor program where

they have. “We have one on-site mental health professional who we use through a grant with one of our local mental health agencies,” he said. “Two-thirds of the way through the last school year, we were told that her caseload was maxed out for the rest of the year. In Potter County, we have very limited access to mental health services. We’re supplementing in-person counseling with telehealth services, but that’s not the most ideal way to address these issues for this age group.”

Despite mounting diagnoses, poor rates of mental health, and limited resources, these educational professionals still sounded an optimistic note about being able to help their students during the low periods that are so typical of childhood and late adolescence. “We try to let every kid who walks through our doors know that there are adults here who care about them, their successes, and their future,” Kyle said. “We want them to know: we care about you as more than a grade or a test score; we care about you as a person.”

Morecraft echoed that sentiment. “You have to make genuine connections between faculty and students,” he said, “that’s the only





way you're going to know what's going on with a kid. Are we perfect at it? No, but we're really trying to make sure every kid has an adult they can talk to if they have a problem."

"People are more aware now than they've ever been about pediatric behavioral health issues," Faulkner says. "Is there still lingering stigma [about people seeking treatment for mental health issues]? Yes, but there's been a shift in something. And as that awareness and that energy toward finding solutions for these issues increases, that stigma goes down. And now it's a question of 'how do we help,' rather than pretending these issues don't exist."

## Mental Health and Veterans

Active duty military and veterans are another area of acute concern to the mental and behavioral health community. The rate of diagnosed mental health issues in veterans is higher than the general population, with about one in four veterans experiencing mental illness today. Worse, only about half of the veterans who are struggling with a mental illness go on to seek treatment. Unlike much of the general population though, there are unique aspects to deployment or serving in combat that can

lead to mental illness in general and severe mental illness in particular.

"The military is a cross-section of society," says retired Col. Eugene McFeely, senior director of Penn State University's Veteran Affairs and Services program, "so the people that enter the service have just as many [mental health] manifestations as the general population, but the uniqueness of our missions and where we're placed, the separation from family, and the constant stressors—they all put strains on the individual that they can have difficulty coping with."

Renee Thornton-Roop, senior director in the Penn State Office of Veterans Programs, adds, "The intense responsibility we put on these young people in the military, putting them in life-or-death situations, when they may already be struggling to cope in general [with the transition from adolescence to adulthood]—it's a recipe for disaster."

Indeed, the number of veterans who die each year by suicide is about double the rate of the general population. That's over 6,000 veterans each year dying by suicide. Post-Traumatic Stress Disorder (PTSD) also is much higher among those who are serving or have served in combat duty and it is

the severe mental illness most commonly associated with military service.

"It's kind of an impossible situation," Thornton-Roop says. "The military has their hands full trying to maintain that balance of having combat-capable personnel, people that can go into a war and do what they need to do to win—whatever that means or whatever that requires—and then on the other side of that, trying to massage the mental health piece. Those two things contradict each other quite a bit."

Ashley Whitesel is a service member in the Pennsylvania Army National Guard and a counselor with the Office of Veterans program at Penn State. She has seen that contradiction first-hand in the way that basic training is run. "I feel like sometimes we're hindering kids by saying to them 'we'll help you, it's ok,' when it comes to their mental health, but then sending them off to these war zones for combat. We're trying to engage on these issues, we have trainings for mental health where these ideas are discussed among leaders and among peers, but we're still kind of missing the mark on determining what's actually a mental health issue. A lot of the attempts out there may be preventing mental health, because we're still learning how to



talk about it. You can't ignore twenty-two soldiers a day committing suicide. You can't ignore it, but it's also hard to learn how to get ahead of it."

In recent years, the DoD has worked to change the culture at all levels of the armed services so that veterans can discuss mental health issues more openly and without stigma or fear of professional consequences, but it's still a process.

"When I was serving twenty-seven years ago, if you had a mental health issue, your clearance was revoked and you were gone," McFeely says. "They were looking at ways to separate you from the service. It's not quite like that now. The DoD is creating policy to destigmatize the mental health piece now, to encourage people to come forward with mental health issues. But from the services' perspective, it is a hard balance to find; because do you really want someone with a mental health issue sitting on a key for a nuclear weapon, for instance?"

For that reason and others, Whitesel says, "I still see a lot of soldiers today being silent about these issues. When mental health does come up, they don't want to say anything because they don't want to lose their position, to lose what they've earned or what they've gained from being in the military. That silence is still prevalent."

The relationship between that silence and potential self-harm is significant. Like many others, the first step veterans often face in confronting their mental health issues is giving them a name or speaking out about them. However, the culture of the armed forces makes that particularly challenging. "The military cultivates a culture of not asking for help," Thornton-Roop says. "You're taught to be self-sufficient. You never want to be viewed by your fellow service members as weak. So, by admitting to a mental health issue, you're not only risking your career, you're risking the respect of your fellow service members. What we tell the military and veteran students we serve here [at Penn State] is that stating your needs is not weakness, it's necessary self-advocacy and just healthy communication overall. But it's really tough to rein in that self-sufficient mentality."

## Signs of Mental and Behavioral Health Issues

While some behavioral health issues can be brought on by acute trauma, other mental health issues develop slowly over time and are not easy to recognize at first, to either the individual or to someone who might be in a position to help. How then do we look out for these changes in mental health in those we care about?

"Any time we notice a change in someone's thoughts, feelings, actions or appearances," Vicere says, "we want to start a conversation. There could be some simple explanation [for that change], but it's good to start talking. Beyond that, if you notice a person withdrawing from friends, activities or family, or notice pessimistic thinking or hopelessness in those thoughts or perhaps someone experiencing loss in their lives—those are all of our bigger warning signs, that we need to have a conversation and make sure that someone is connected to resources if they do need assistance."

Once a person is diagnosed with a mental health condition, that's only the beginning of a process for treatment that will almost certainly take time, patience, and flexibility, for both the patient and the provider.

"When people come to me in the emergency room for a pediatric behavioral health issue," Faulkner says, "it's because they're in crisis. The behavior's not new, but it is acute at that time. We always want to make sure we map the level of care they need with the appropriate level of support. Ultimately, these issues are longitudinal in addition to being acute, and in the grand scheme of things, the support that's needed is longitudinal. So, when I'm with a patient, I'm more concerned with the direction of change than the speed."



## Resources:

9-8-8: The National Suicide Prevention lifeline, available via call or text.

Crisis Text Line: Text SIGNS to 741741 for 24/7, anonymous, free crisis counseling

Jana Marie Foundation Virtual Calming Room:  
[janamariefoundation.org/virtual-calming-room/](http://janamariefoundation.org/virtual-calming-room/)

The CDC has resources for a variety of mental health issues, including those affected by domestic violence issues, LGBTQ+ issues, and opioid abuse, among others. Find them here:  
[cdc.gov/mentalhealth/tools-resources/individuals/index.htm](https://cdc.gov/mentalhealth/tools-resources/individuals/index.htm)

Suicide Prevention Resource Center: [sprc.org](http://sprc.org)

Society for the Prevention of Teen Suicide: [sptsusa.org/teens/](http://sptsusa.org/teens/)

National Center for the Prevention of Youth Suicide: [preventyouthsuicide.org/](http://preventyouthsuicide.org/)

The Trevor Project: [thetrevorproject.org/](http://thetrevorproject.org/)

# RURAL COMMUNITY HEALTH CARE: Perspective from a Medical Student

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



Maddie Snyder

I have officially started my third year of medical school. How fast the time goes! This year, my colleagues and I return to the classroom in preparation for the United States Medical Licensing Examination (USMLE) Step 1, which assesses whether students can apply important concepts of foundational sciences fundamental to the practice of medicine.

One of the areas of focus this fall, substance use, is a topic that I hold close to my heart as I continue through my career in medicine. Prior to beginning medical school at Penn State, I worked at Penn Medicine's Center for Health Care Innovation in Philadelphia, Pennsylvania in the Center for Opioid Recovery and Engagement. This program aimed to alleviate barriers to opioid use disorder treatment through direct patient navigation for patients suffering from substance use disorder. My interaction with patients was in the emergency department and directly on the streets of Philadelphia.

Prior to this experience, my understanding and exposure to substance use was very limited and because of that, I am certain I carried misconceptions and preconceived notions about substance use disorder. My work at the Center for Opioid Recovery and Engagement changed my perspective, and my heart, regarding a stigmatized disease that affects so many in our communities. When I started medical school, I wanted to continue to focus on this issue, especially because of the transition from an urban resource-heavy environment to a rural setting.

When I began at the University Park campus, I joined the Family Medicine Interest Group where the students, with guidance from the American Academy of Family Physicians' Primary Care Leadership

Collaborative, created and implemented an opioid use disorder curriculum for first-year medical students. This curriculum utilized lectures from experts in the field, engagement with community organizations, and small group discussions. Our first goal was to provide a comprehensive education on opioid use disorder and treatment options, something medical education has historically failed to offer. Our second goal is to create informed and compassionate future physicians equipped to provide care to patients suffering from opioid use disorder, regardless of the specialty they ultimately elect to practice.

Our project has had numerous components of success. Notably, first-year medical students continuously highlight how they find our discussions on stigma regarding opioid use disorder helpful in highlighting their own biases—an important barrier to alleviate for future physicians. In looking to future areas of growth, we will expand this education to involve our local community by developing and providing naloxone training and education for Central Pennsylvania residents. (Naloxone is a medicine that rapidly reverses an opioid overdose if administered quickly.) We plan to implement this training through our free student-run clinic, our new free mobile health care unit, and local community events.

We are seeking input on how we as medical students can better serve our local community with opioid use disorder services and the needs we can address. If you have input, please e-mail me at [msnyder22@pennstatehealth.psu.edu](mailto:msnyder22@pennstatehealth.psu.edu). I hope to hear from you!





*Poster presenters engaged with attendees on the details about their research and outreach efforts.*

## 2022 COMMUNITY AND PUBLIC HEALTH CONFERENCE: So Good to be Back in Person!

The 2022 Community and Public Health Conference was held on June 9, moving from the original date in March due to potential pandemic complications. Spring in central Pennsylvania is a beautiful time of year and the weather, combined with holding the annual event in person after a three-year hiatus, contributed to the overall enthusiasm of the day.

The Community and Public Health Conference is a forum to bring together educators, researchers, and community-based leaders to discuss current and emerging community and public health topics and initiatives for diverse and underserved populations. The event included 330 attendees, two keynote speakers, thirty-seven oral presentations, sixty individual oral presenters, nineteen poster presentations, and nineteen exhibitors focused on community, rural, and public health in Pennsylvania.

The conference was sponsored by the Pennsylvania Public Health Association, the Pennsylvania Office of Rural Health, the Penn State College of Medicine's Public Health Program, the Society for



*The conference registration team welcomed 330 conference attendees.*

Public Health Education–Pennsylvania Chapter, and the Northeast Pennsylvania Area Health Education Center. Concurrently, the Pennsylvania Nutrition Education Network (PA NEN) held its annual conference, Healing through Food and Movement, to meet the needs and educational requirements for nutrition education professionals. This event, supported by USDA's Supplemental Nutrition Assistance Program through the Pennsylvania Department of Human Services, will be integrated into the annual community and public conferences.

The 2022 conference also was sponsored by platinum sponsor UPMC Health Plan and silver sponsors, the Pennsylvania Action Coalition and the National Nurse-led Care Consortium.

The 2023 conference will be a two-day event and will be held on June 14-15, 2023, in State College, Pennsylvania. Make your plans now to attend! For more information, contact the Pennsylvania Office of Rural Health at [porh@psu.edu](mailto:porh@psu.edu).



*Carol LaRegina and Michelle LaClair represent the Penn State College of Medicine.*



THANK YOU TO THE 2022 COMMUNITY AND PUBLIC HEALTH SPONSORS!



## **Partners in great health care**

UPMC Health Plan is proud to support the Pennsylvania Office of Rural Health and the Sustaining Public Health in Pennsylvania conference.

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THANK YOU TO THE 2022 COMMUNITY AND PUBLIC HEALTH SPONSORS!



## Celebrate the Power of Rural

**National Rural Health Day  
November 17, 2022**

The National Organization of State Offices of Rural Health will celebrate National Rural Health Day on November 17, 2022!

National Rural Health Day is 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.

Pledge to support the Power of Rural at [powerofrural.org](http://powerofrural.org)!



*The LION Mobile Clinic is on the move to provide care to rural Pennsylvania residents!*

# LION Mobile Clinic: Caring for Rural Central Pennsylvania

The Penn State LION Mobile Clinic is a student-led free clinic, focused on increasing access to health care for under-resourced communities in central Pennsylvania with a mission to improve the vitality of these communities through innovative and sustainable partnerships.

Launched in 2022, the LION Mobile Clinic provides access to care for residents of Pennsylvania's Centre County region who lack adequate health insurance and access to health services. The mobile van, operated by Evangelical Community Hospital in Lewisburg, Pennsylvania, transports the clinic to communities. Under the leadership of Medical Director Michael McShane, MD, clinic services and outreach are directed by Penn State students where medical students from the College of Medicine collaborate with students from other disciplines, such as nursing, health policy, and public health, to organize each event. The initial focus of the clinic has been



## Impact Data



on preventive services such as blood pressure screening, tobacco cessation, and medication safety in the Centre County communities of Snow Shoe, Philipsburg, and State College, Pennsylvania.

Clinic partners include the Penn State colleges of Medicine, Agriculture Sciences, Health and Human Development, Nese College of Nursing, and Smeal College of Business; the Penn State Department of Health Policy and Administration; and Penn State Extension. Local community leaders, elected officials, the Pennsylvania Department of Health, and the Pennsylvania Office of Rural Health also serve as trusted partners. Another key collaborator is the YMCA Travelin' Table, a mobile feeding bus that serves children experiencing reduced access to nutritious meals and other important resources needed for healthy physical and mental growth. The concurrent presence of the LION Mobile Clinic and

the YMCA Travelin' Table at community events tackles the dual challenges of health and food insecurity by providing on-site, one-stop services for those seeking essential supports.

The clinic plans to extend services to other under-resourced communities in Central Pennsylvania and, as partnerships grow, the clinic will integrate additional students from the Penn State community. Other services, such as immunizations and point of care testing, will meet the overall mission of Caring for our Commonwealth: From Pennsylvania, For Pennsylvanians.

*For more information, contact Michael McShane, MD, LION Mobile Clinic medical director at [mmcshane@pennstatehealth.psu.edu](mailto:mmcshane@pennstatehealth.psu.edu)*

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 more.

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