

SPRING 2023

PENNSYLVANIA RURAL HEALTH

MATERNAL HEALTH IN RURAL COMMUNITIES

2022 RURAL HEALTH AWARDS | ALZHEIMER'S ASSOCIATION SUPPORTS PENNSYLVANIANS

message *from the* director



Welcome to the fall issue of *Pennsylvania Rural Health!* Although the state didn't see a winter filled with cold, snow, and ice, I think that all of us are buoyed by warmer days.

I'm very happy to report that in 2022, significant advocacy for rural health took place across the country and in the nation's capital and legislators heard us! Late in December, Congress passed the FY 2023 omnibus bill which included

several victories for rural health, such as level or increased funding for important rural health programs and support for new rural health initiatives.

In an enormous victory for rural public health, \$5 million was allocated to establish an Office of Rural Health in the Centers for Disease Control and Prevention (CDC). This office will be charged with enhancing the implementation of CDC's rural health portfolio, coordinating efforts across CDC programs, and developing a strategic plan for rural health that maps the way forward both administratively and programmatically.

Support for rural hospitals saw either level funding or increases in support. USDA's Rural Development Rural Community Facilities Program was funded at \$3.45 billion for the Rural Hospital Technical Assistance Program. The Medicare Rural Hospital Flexibility Grants Program, which supports the nation's 1,360+ Critical Access Hospitals (CAH), saw an increase of more than \$2 million for a total of \$64.3 million in support, which includes \$21 million for the Small Rural Hospital Improvement Grant Program and \$5 million to continue funding for the Rural Emergency Hospital (REH) technical assistance program.

Rural health workforce also saw additional boosts. The Rural Residency Development Program was funded at \$12.5 million (a \$2 million increase) and the National Health Service Corps (NHSC) saw a \$3 million increase in funding.

The Federal Office of Rural Health Policy (FORHP) in the Health Resources and Services Administration (HRSA) was funded at \$366 million to promote health care services in rural America and fund core rural health care programs. The State Office of Rural Health Program was reauthorized for five years and was level funded at \$12.5 million. The Rural Maternity and Obstetrics Management Strategies (RMOMS) Program was funded at \$8 million, an increase of \$2 million, and the Rural Communities Opioids Response Program (RCORP) was funded at \$145 million, a \$20 million increase.

In FY 2023, FORHP plans to make 107 RCORP awards focused on specific vulnerable groups, medication assisted treatment (MAT), Centers of Excellence, and evaluation. More than seventy grants are anticipated for the Rural Health Network Development Planning, Rural Health Network Development, and Rural Health Coordination programs. Rural health policy and research also will be supported, as well as additional opportunities for rural hospitals and Rural Health Clinics (RHC). All in all, a great year for rural health and a testament to the hard work of advocates all across the country.

As these and other programs are announced, our office will let you know. In the meantime, as always, please let us know how we can of assistance to you!

Lisa Davis

Lisa Davis
Director



Cover Story: Maternal Health in Rural Communities



2022 Rural Health Awards



Alzheimer's Association Supports Pennsylvanians

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Pennsylvania Rural Health
Lisa Davis, Director

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 **PENNSYLVANIA OFFICE OF
RURAL HEALTH**

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Maternal Health

IN RURAL COMMUNITIES

By Andy Shelden

Every pregnancy, birth, and postpartum experience is unique. When a pregnant person is welcomed into an environment that is carefully designed and staffed by experts who promote health, confidence, and respect, pregnancy can be emotionally fulfilling and personally empowering, culminating in the joyful birth of a healthy newborn. However, not all persons in the U.S. have equal access to those resources and finding high quality, cost-effective perinatal care can be challenging. Where does a person go to receive quality care before, during, and after their pregnancy? What options does the health care system provide to new parents and their infants across the social and economic spectrum? And how do we seek to ensure best-case scenarios for healthy pregnancies and early childhood experiences for birthing persons and infants?

In 2019, the Centers for Medicare & Medicaid Services (CMS) published an issue brief, *Maternal Health Care in Rural Communities*, that defined a positive health care experience for a pregnant person:

“Ideally, maternal health care is: risk-appropriate, delivered by a skilled workforce, coordinated or integrated with behavioral, economic and social supports; affordable for mothers and families; and equitable.”

Health care providers may struggle to provide pregnant patients with these ideal conditions, particularly in America’s rural communities. Hospital and obstetric (OB) department closures have had a significant impact on America’s rural communities and the maternal health workforce is often diminished and overburdened. Keeping costs affordable and coordinating specialist or tertiary care options for high-risk pregnancies can be especially difficult for health care providers. Pregnant persons, mothers, and infants often lack the types of economic and social supports—including consistent family leave policies, universal child care benefits, costs of care, and culturally-sensitive care for persons of color—that can lead to diminished health outcomes.

“There’s a whole ecosystem that women and families live in,” says Jennifer Whittaker, PhD, a research scientist at Children’s Hospital of Philadelphia, who studies the role of place in health, with a focus on rural communities. “Fixing the health care system is only one part of that ecosystem. To be successful, what we have to do is think more broadly about what makes larger, healthy communities.”

The Issues: Access to Care, Social Factors, and Costs

The greatest challenge facing rural pregnant persons is accessing skilled and experienced OB-GYN practitioners. OB departments in rural hospitals are being shuttered due to high costs, low demand, and lack of personnel; often, those same constraints lead to hospital closure. In short, OB services are scarce and shrinking in rural communities.

“Access to care is an issue everywhere across the country,” says Lannette Fetzer, MS, MSN, CRNP, FNP-BC, CHC, quality improvement coordinator at the Pennsylvania Office of Rural Health, who oversees the quality metrics for Pennsylvania’s sixteen critical access hospitals. That’s certainly true in Pennsylvania’s rural counties where the statistics reveal a glaring lack of resources.

There are currently nineteen counties in Pennsylvania that are “maternity care deserts” according to the March of Dimes Foundation. In those counties, there are either zero or one hospital offering OB services and fewer than sixty OB providers (OB-GYNs, family practitioners, and certified nurse midwives) per 10,000. Of those nineteen counties, six have no OB-GYNs in practice. The physician population in these areas is also aging, so the statistics are likely to get worse.

Fetzer says we’re not likely to see access grow anytime soon, barring significant changes in the funding streams available to hospitals. “Hospitals are going to cut the programs that aren’t generating revenue,” she says.

Kim Amsley-Camp, a certified nurse-midwife practicing in rural Chambersburg, Pennsylvania, agrees: “Closing those [obstetric] services may make sense economically and institutionally for hospitals, but it doesn’t make sense for women on the global level. Financial outcomes and health quality outcomes are two different animals.”

What happens to maternal care in rural communities when OB departments consolidate or disappear? Persons seeking perinatal services have to go elsewhere and in a rural community that means traveling perhaps an hour or more to find care.

According to the Center for Rural Pennsylvania, a legislative agency of the Pennsylvania General Assembly, only 51 percent of Pennsylvania’s rural population lives within ten miles of a hospital with OB care available, compared to 90 percent of urban residents. For high-risk pregnancies where a Neonatal Intensive Care Unit (NICU) or Pediatric Neonatal Intensive Care Unit (PICU) is necessary after delivery, the numbers are even more stark: only 29 percent of rural residents live near such a hospital, whereas 85 percent of urban residents do.

“Distance is a barrier here,” says Emily Bunnell, director of nursing at UPMC Cole Hospital in rural Potter County, Pennsylvania. “Moms might have to take a half-day off work to get their treatment or care.”

Amsley-Camp, who works at Keystone Health, the only Federally Qualified Health Center (FQHC) in rural Franklin County, Pennsylvania, sounded the same note. “Many of our surrounding counties have closed their obstetrical services, so our service area is probably close to a seventy-mile radius. Some of these women have to travel over several mountains to get here.”

Janie Hilfiger, president of UPMC Cole and UPMC Wellsboro (in rural Tioga County, Pennsylvania), often notes the distance and obstacles she faces when traveling the forty miles between the two hospitals. “It’s all two-lane roads here, some are paved and some are not, and I often go thirty minutes without cell phone service. Imagine how scary it would be if you were in labor, getting ready to deliver, under those conditions—never mind what the weather might be—and you have to drive that much further to get OB services. It just underscores how critical it is that those OB services are close by.”

Rural residents can be burdened by the social and economic realities that may contribute to late-onset prenatal care. These factors include lower overall income levels, higher poverty rates, lower educational attainment, higher rates of un- or under-insurance, and housing instability. When a pregnant person delays their prenatal care, say for financial or insurance reasons, that leads to more pre-term deliveries, more low-birthweight deliveries, and higher maternal morbidity rates.

Amsley-Camp illustrates a common example of these social factors at play in her hospital. “If a woman is uninsured and finds out that they’re pregnant, and if they are eligible for Medical Assistance (the state’s Medicaid program), it’s going to be ninety days before they get their insurance card. But while they need access to care during those ninety days, they have to pay their costs out of pocket. That’s the policy; in reality, we try to be flexible. Still, that you have to pay up front is a barrier. And anecdotally, my patients will tell me, ‘I didn’t want to come in [for my prenatal check-ups] until I got my insurance



coverage.’ So instead, they wait and they get their care through the emergency room (ER).”

“When we have them right here,” she adds. “We do everything in our power to get them what they need. But there are barriers and there are administrative processes that need to be tailored to get them in the door sooner.”

Medicaid pays for 43 percent of all births in the U.S. and in rural communities, that number is higher, estimated at somewhere between 50-60 percent. The financial barriers that patients face to receive care, i.e., paying costs out of pocket, completing paperwork, and waiting for reimbursements, are more the norm than the exception. Costs for prenatal care, labor and delivery, and postpartum care are rising, for both the patient and the provider. In some cases, Medicaid payments have not kept pace with those increases, and as a result, maternal care is getting more expensive.

What Assets Do Rural Communities Have?

Despite these barriers, there are benefits to maternal care in Pennsylvania’s rural communities.

“There are advantages to delivering a baby in a rural community hospital,” says Bunnell, the director of nursing at UPMC Cole. “People often equate a bigger hospital with a higher quality of care, but that’s not always the case. Because we do have that lower census [approximately 200 deliveries per year], we can spend more direct time at the bedside with the patient. Our patients have often already established a relationship with their provider and their nurses during the prenatal period. Most likely, we’re already familiar with that patient and that medical history when they come in to deliver their baby.”

Marlene Parsell, RN, director of nursing at UPMC Wellsboro, echoed that sentiment. “With the number of deliveries we do, we might have only one person giving birth that day, so we’re able to give that patient that individualized care.”

Hilfiger, president of both hospitals, added, “The community here takes pride in that continuity of care from the nurses. Some of the nurses here have delivered babies that years later come back as pregnant women and they deliver the grandbabies as well. Those little things are what make it special.”

Jennifer Scheible, the director of quality of management at UPMC Cole, reports that their hospital rates well in its labor and delivery statistics when compared to larger hospitals that handle higher volumes of births. “When we check our cesarean sections (C-section) rates and patient safety events—postpartum hemorrhages, episiotomies, third- and fourth-degree lacerations—our numbers are low for those events and we do well.” UPMC Cole and UPMC Wellsboro are the only two critical access hospitals in Pennsylvania that staff an obstetric practice, providing pregnant persons in their community with a trusted facility for quality OB care not available in other rural communities in Pennsylvania.

A number of social programs are available nationwide and in Pennsylvania to boost maternal health outcomes for socially and

economically disadvantaged individuals and families. Healthy Beginnings is a state program that expands the number of services that can be reimbursed by Medicaid to include psychosocial needs, so that pregnant persons in need can get help with mental and behavioral health issues during and after pregnancy, particularly during the postpartum period. The federal Health Resources and Services Administration (HRSA) sponsors the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program which brings social workers and child development specialists to the homes of participating families to provide them with resources and support for navigating perinatal care and early childhood development. The Pennsylvania Special Supplemental Nutrition Program for Women, Infants and Children (WIC) program has helped improve the nutrition and health of income-qualified families for several generations by providing nutrition services, breastfeeding support, health care and social service referrals, and healthy foods.

Beyond tangible economic benefits, pregnant persons often need the social and emotional support of their community. Because of the close-knit nature of many rural communities—look no further than the same nurses giving birth to multiple generations of the same family—women in rural Pennsylvania may find nurturing support in their communities.

“Many of the families I’ve spoken to are really excited to talk about the things they love about their community, why living in a rural community was important to them,” says Whittaker from Children’s Hospital of Philadelphia. “As researchers, we tend to focus on the inequities and disparities, and sometimes we end up overlooking the joy and the excitement people have about being part of a smaller community.”

What Do We Need to Improve Maternal Health?

State and federal initiatives address some of those inequities and disparities in maternal care. One such effort is the recent expansion of postpartum Medicaid coverage. Previously, Medicaid covered only sixty days of postpartum care for new mothers—to reiterate, Medicaid covers nearly half of all births in the U.S. and even more in rural communities—and the American Rescue Plan Act of 2021 extended Medicaid funding to participating states to provide new mothers with a full year of postpartum medical coverage. Pennsylvania received approval to do so in October of 2022 and is one of twenty-seven states so far to have extended coverage.

“It’s wonderful that Pennsylvanians insured by Medicaid now have coverage for one full year postpartum,” says Heidi Loomis, DM, CRNP, CNM, a certified nurse-midwife, who is on the clinical faculty at Frontier Nursing University in Hyden, Kentucky. “That expansion is really going to improve outcomes. We know that at least one-third of preventable maternal deaths are likely to occur in the twelve months following birth. We also know that a lack of health care coverage during that year disproportionately affects women who identify as Black, Hispanic or Indigenous. When birthing persons do have health care coverage, they are much more likely to seek support for mental health concerns such as depression, chronic medical conditions, birth control, and other basic health concerns that then help to keep them and their families healthy.”

“Some of the nurses here have delivered babies that years later come back as pregnant women and they deliver the grandbabies as well. Those little things are what make it special.”



Loomis supports the work of the Pennsylvania Affiliate of the American College of Nurse-Midwives that advocates for modernizing legislation in the Commonwealth regarding the profession of midwifery. Midwives are licensed, independent health care providers who have completed graduate school degree programs and passed national certification examinations. They provide health care during pregnancy, childbirth, postpartum, as well as primary care over a lifetime, including sexual and reproductive care, family planning, gynecologic care, and newborn care. According to the issue brief from CMS, studies have shown that incorporating midwives into maternal care improves infant and maternal health outcomes. And while midwives attend only 10 percent of births nationwide, they attend over 30 percent in rural areas, where they can (and do) provide services that are both cost-effective for hospitals and improves patient outcomes. Yet, Pennsylvania has been slow to modernize its laws that govern midwifery practice.

“The more integrated midwives are into their communities and health care systems,” Loomis reports, citing various studies, “the lower the rate of neonatal death, the lower the rate of preterm birth, there are fewer C-sections, more spontaneous vaginal births, and higher rates of breastfeeding.” Amsley-Camp reinforces this assertion. “Every woman [giving birth] deserves a midwife. We have a proven track record. Expanding access to midwifery care changes health outcomes for women.”

“The legislature has restricted the practice of midwifery in Pennsylvania for decades,” Loomis added. “Pennsylvania was the second-to-last state in the nation to allow midwives to prescribe medications, for instance. A majority of states now allow midwives to practice to the full extent of their licensure, education, and certification, but in Pennsylvania, unlike a majority of states, we may not practice midwifery without a signed agreement with a physician.” Modernizing current midwifery regulations would bring Pennsylvania midwifery into the 21st century by updating systems of collaboration,

for example, and would allow for increased access to high quality services for Pennsylvania residents.

Updating midwifery laws in the state has the potential to improve access to maternal care for women in rural communities. In addition, state and federal sources could provide more funding and support for birth centers, which are typically privately owned or not-for-profit health centers staffed by midwives and available to birthing people who are screened and are likely to have low-risk labor and delivery experiences. Birth centers are home-like environments that are designed around a wellness orientation to pregnancy and childbirth and provide family-centered care before, during, and after birth.

“Birthing centers offer excellent birth experiences and have better outcomes compared to hospital births for lower risk pregnancies and births,” Loomis says. “Overall, there are lower rates of preterm birth, low birth weight, and primary cesarean sections. Postpartum care and newborn care are also provided. Care at birth centers often results in longer visits, so there is more time available for education and for building strong relationships between patients and their midwives. When women receive this kind of continuity of care, their experiences tend to be richer and more satisfying. Also, according to a recent study, racial and ethnic disparities in health outcomes may be reduced when patients receive midwifery-led models of care at birth centers, especially when that care is provided in culturally-centered ways.”

In Pennsylvania, there are currently only five freestanding birth centers, three of which serve rural communities. Investments in birth centers could be a boon to the overall maternal health landscape in rural areas, in part, because recruiting and retaining qualified OB-GYNs, midwives, and family practice physicians to practice in these remote geographic locations is a struggle for all hospitals. Those staffing issues, combined with rising costs, make it unlikely that the trend of hospital closures and obstetric department closures will change.

“Our services have been stable, but it’s certainly been a challenge,” says Bunnell, the director of nursing at UPMC Cole. “Nationally, we see many hospitals being forced to close and/or to limit their services, due to both the staffing and the financial burdens. The recruitment of nurses, physicians, and midwives, all of whom are required to staff an OB department, is a challenge. We only do about 200 deliveries a year, and staffing a 24/7 department with a full complement of nurses—obviously, that can be quite costly. We do have to get creative with our staffing models sometimes, staffing our nursing complement with midwives to make that work, and that’s pretty unique. We’re continuing to recruit to fill our vacancies,” she adds. “We’re trying to think of different ways to recruit and to entice nurses, and we’ve started recruiting from graduating nursing classes earlier than ever before.”

“Staffing is a very hard thing to do on a small unit,” says Khara Martin, director of OB services at UPMC Wellsboro. “We’re thankful we can partner with our UPMC network hospitals in Pittsburgh, Pennsylvania and Williamsport, Pennsylvania, where we can send some of our staff for additional training and experience. Our staff here is very dedicated to our patients and our community. We’re like a small family, and we are able to cover shifts and make things work that way.”

Telehealth services are another tool that smaller OB departments, like those at UPMC Cole and Wellsboro, can use to help their staff offer better maternal health care. Telemedicine is also critical at other rural hospitals that don’t have OB departments and are relying on family medicine doctors, midwives, nurse practitioners or other physicians to cover perinatal services.

“We’re able to do telemedicine consultations with UPMC Children’s Hospital of Pittsburgh,” says Bunnell, “and there’s more opportunity to grow that ability since that’s a newer service. The specialist in Pittsburgh can visually see the baby, assess the baby, they can listen through our stethoscope, and they can give our physician direction as needed.”

Telehealth services have increased in hospital settings since the onset of the COVID-19 pandemic in 2020, with legislation changing to allow insurance to better reimburse providers for those visits. That expansion is helpful for health care providers who have reliable broadband access in their facilities. For rural patients, however, who might need to access that care from their homes, their options can be limited. In many cases, the lack of reliable broadband infrastructure remains a barrier to care.

To improve maternal health outcomes in rural communities, it’s also important to think beyond the health care system. America’s rural communities often have higher rates of unemployment, poverty, and substance use disorder. Those constraints, together with reduced educational attainment, civic infrastructure, and public transportation could be addressed by state and federal policies.

“We’re quick to point to failures in the health care system, and they’re easy to point to because they’re real—we are losing obstetric units, we are losing access, those problems are so real—but what I think is also driving maternal mortality and morbidity rates are economic and



social factors that we can prevent,” says Whittaker. “If we approach maternal and child health through the lens of building full and healthy communities that support families, if we think through what it means to have living wage jobs, paid family leave policies, active public spaces, access to mental and behavioral health specialists, we can work toward preventing poor outcomes. Our approach to maternal health has to be more than at the individual level; it has to be at the community level.”

Resources

Center for Medicare & Medicaid Services (CMS) Issue Brief—Improving Access to Maternal Care in Rural Communities
cms.gov/About-CMS/Agency-Information/OMH/equity-initiatives/rural-health/09032019-Maternal-Health-Care-in-Rural-Communities.pdf

Center for Rural Pennsylvania - Access to Maternity and Obstetric Care in Rural Pennsylvania
rural.pa.gov/download.cfm?file=Resources/reports/assets/145/Maternity%20and%20Obstetrics%202022.pdf

Midwifery Modernization Bill
sites.google.com/view/pamidwiferymodernizationbill/

Rural Health Information Hub: Barriers to Improving Maternal Rural Health
ruralhealthinfo.org/toolkits/maternal-health/1/barriers

State Ranking of Midwifery Integration Scores
birthplacelab.org/how-does-your-state-rank/

Pennsylvania. Department of Human Services, Perinatal and Parenting Support
dhs.pa.gov/Services/Assistance/Pages/Perinatal-and-Parenting-Support.aspx

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 year, she will chronicle her medical education, her experience serving rural communities, and her progress toward earning her medical degree.



Maddie Snyder

Hello, again! My focus during my third year is on completing the first board examination, United States Medical Licensing Examination (USMLE) Step 1. My colleagues and I have entered a period of independent study to prepare for taking the self-scheduled examination. Studying for me is a bit different than my prior two years of medical school as my husband and I welcomed a baby boy in October! The focus of this spring issue, maternal health, is very meaningful to me and quite timely!

Becoming a mother has drastically changed the way in which I look at my career in medicine, and medicine as a whole. When I first learned I was expecting, I couldn't help but worry about how I would navigate medical school while pregnant. Transparently, I also worried that I wouldn't be taken seriously as a pregnant medical student. I was concerned about whether others would think I wasn't solely focused on learning or I couldn't keep up—physically or mentally. I had male colleagues and mentors who had children when they were in training while most of my female physician mentors had waited until after medical school and residency to start their families. I had worked really hard to get into medical school and now I worried my commitment would be questioned by others.

Over time, I shared my news with a few very trusted physician mentors within the Penn State College of Medicine. My worry quickly resolved as I was met with nothing but excitement and encouragement. At the campus I attend in State College, Pennsylvania, they had never had a pregnant student—I was the first—and I was told that the primary focus would be on a healthy pregnancy, baby, and postpartum period, with school coming second. At the time, I didn't realize how important that would be.

The second I met my beautiful son my career aspirations were put into perspective. What a transformation I felt. I realized that my new purpose in life as a mother would allow me to be a much better physician. Experience is our best teacher, and the best way I found to help my patients, was to become one myself. The comfort my OB-GYN provider afforded me in my times of anxiety and uncertainty was most appreciated. The attention my husband and I paid to every instruction from our pediatrician and pediatric nurses contributed to our confidence as new parents. I felt, firsthand, the importance of our health care providers. Becoming a mother has humanized medicine to me. The vantage point from which I listen to my own patients has changed as I can better empathize with their concerns and situations. The way I now approach my studies has changed because I want to provide the best care to my patients, just like I want the best care for my child. And above all, I can better appreciate the importance of our physical and mental health, and how closely they are intertwined.

Since becoming a mother, maternal mental health has become very important to me. I struggled with anxiety during pregnancy and in my postpartum period. In conversations with other moms, I recognized that I was not alone. I see a need for more easily accessible information and tools to help mothers during the transition from pregnancy to motherhood. In my experience, it could be as simple as acknowledging it occurs and is experienced by others. I also can see the value in providing helpful at-home tools to mitigate anxieties during the times between provider appointments. I have a new-found appreciation for the strength it takes to become a mother. I want to improve access to maternal health services, especially in areas with limited resources. I aim to be part of the solution as I move forward in my career.

2022 Rural Health Awards

Continuing the annual Rural Health Week in Pennsylvania tradition, the Pennsylvania Office of Rural Health (PORH) presented six Rural Health Awards to individuals and organizations who took leadership roles and made a significant impact on rural

health in Pennsylvania. The 2022 Rural Health Week in Pennsylvania, proclaimed by Pennsylvania Governor Tom Wolf for November 14-18, was an excellent opportunity to present to and honor these award winners. Rural Health Week in Pennsylvania encompassed and celebrated National Rural Health Day, held on November 17.



Left to right: Margo DelliCarpini, Penn State Abington Chancellor, Glenn Sterner, PhD Lisa Davis, and Nicole Stokes, Division Head, Social Sciences at Penn State Abington

Rural Health Hero of the Year Award: Glenn Sterner, PhD

The Rural Health Hero of the Year Award was presented to Glenn Sterner, PhD, of Penn State Abington. The award recognizes an outstanding leader who demonstrates a personal and professional commitment to the rural health needs of a community, works with relevant organizations to develop or expand a program that addresses an identified need, and goes above and beyond the call of duty. Sterner was lauded for his leadership and coordination between organizations across the state. In addition to being a champion and advocate for rural communities, his work on substance use, human trafficking, and various health conditions have had meaningful impacts on rural residents of Pennsylvania. He uses an innovative approach to address multiple issues, secure funding, and has worked in partnership with state and local law enforcement agencies to deploy resources. Sterner is an influential advocate in multiple areas and consistently demonstrates his recognition of rural health issues across the state. He is evaluating the impact of opioid settlement funding in Pennsylvania, with an emphasis on long-term stakeholder engagement for maximizing the impact of opioid settlement funding in Pennsylvania's communities. He also serves on an interdisciplinary team to increase access to prevention programming in rural counties through the Penn State **PRO**moting School-community-university **P**artnerships to **E**nhance **R**esilience (PROSPER) program, emphasizing connections between prevention and supply reduction initiatives in communities. Sterner developed the Story Powered Initiative to address stigma in communities for conditions that are discriminated against, including substance use, human trafficking, hepatitis C, and HIV/AIDS and also founded the non-profit organization "Regional Interdisciplinary Collaborative Working to Address Human Trafficking."



Left to right: Lisa Davis, Denny Hutchison, Nila Cogan, and Mark Critz

State Rural Health Leader of the Year Award: Denny Hutchison

Denny Hutchison, membership chair and past president of the Somerset County Farm Bureau, and member of the Pennsylvania Farm Bureau (PFB) Agricultural Promotion Committee, from Somerset County, PA, received the Rural Health Leader of the Year Award. The award distinguishes an outstanding leader who organized, led, developed or expanded an exemplary multi-dimensional state rural health program or initiative that benefits rural Pennsylvania. Hutchison was credited for his superb community outreach and statewide call for support of mental health needs in local agricultural communities. Hutchison was lauded for his assistance in developing a crisis line and underwriting training that focuses on learning about the stressors in the agricultural community, recognizing and helping someone in crisis, and developing mechanisms to mitigate the stress. During COVID-19, Hutchison raised awareness in the farming community in Somerset County, discussing rural stress and the mental burden on farmers and their families. He reached out to veterinarians, feed and equipment dealers, and others who interact with farmers to alert them to warning signs of stress and depression. He is currently working with the PFB to raise awareness and **make treatment** more accessible for Pennsylvania's farmers. Hutchison also serves as treasurer and executive board member of the Somerset County Chamber of Commerce, board member of the United Way of Laurel Highlands, and is a member of the Paint Township Planning Committee.



Left to right: Mark Critz, Senator Elder Vogel, Jr., Lisa Davis and Secretary of Agriculture Russell E. Redding

Rural Health Legislator of the Year Award: Senator Elder Vogel, Jr.

The Rural Health Legislator of the Year Award was presented to Senator Elder Vogel, Jr., who serves the 47th District of Beaver, Butler, and Lawrence counties. This award recognizes 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. Senator Vogel was honored for recognizing and addressing the mental health needs of the agricultural community and bringing statewide and community attention to this important issue. As a fourth-generation farmer, Vogel is abundantly aware of the significance of this issue and the missed cries for help. He continues to discuss, share helpful resources, and advocate for the farming community. Vogel also is a compelling advocate of telemedicine for agricultural and rural communities. He sponsored legislation that defined telemedicine and provided opportunities for rural areas to receive specialized care, including mental health services, without traveling outside the community.



Lisa Davis presents the award to representatives of the East Lycoming Ambulance Association

Rural Health Program of the Year Award: East Lycoming Ambulance Association

East Lycoming Ambulance Association (ELAA) was one of the recipients of the Rural Health Program of the Year Award. This award recognizes an exemplary health program that addresses an identified need in a rural community utilizing unique, creative, and innovative approaches. ELAA was honored for the cooperative effort between four volunteer fire departments that have been operating for over twenty years. The fire companies staff a Basic Life Support ambulance seven days a week with paid Emergency Medical Technicians (EMT) and is responsible for covering 911 emergency medical calls and vehicle accidents for ten municipalities in rural Pennsylvania. Throughout the COVID-19 pandemic, this organization has provided significant services for the area as the number of calls has greatly increased. Without these companies providing the services, many of those call would go unanswered. The ELAA is comprised of Hughesville Volunteer Fire Company, Muncy Area Volunteer Fire Company, Picture Rocks Volunteer Fire Company, and Muncy Township Volunteer Fire Company. The association is completely funded by the four fire companies which underwrite the EMT wages and provide the equipment and building to provide a necessary service to rural Pennsylvania.



Representatives from the Family Health Council of Central Pennsylvania and the organization's Women, Infant, and Children (WIC) Tapestry of Health SUN Smiles program receive the Rural Health Program of the Year Award from Lisa Davis

Rural Health Program of the Year Award: Family Health Council of Central Pennsylvania (FHCCP) and the Women, Infant, and Children (WIC) Tapestry of Health SUN Smiles Program

Family Health Council of Central Pennsylvania (FHCCP) and the organization's Women, Infant, and Children (WIC) Tapestry of Health SUN Smiles program also received the 2022 Rural Health Program of the Year Award. SUN Smiles was lauded for developing a comprehensive program that formed partnerships between FHCCP, Central Susquehanna Opportunities, Snyder-Union Community Action Agency, and the Susquehanna River Valley Dental Health Clinic. The program was created to improve oral health outcomes for economically marginalized clients of the Special Supplemental Nutrition Program (SNAP) for WIC clients in Snyder, Union, and Northumberland counties. All pregnant and postpartum women and children who are clients of WIC are routinely screened for dental needs and referred to Community Health Workers (CHW) as needed, for assistance with Medicaid enrollment, appointment scheduling, transportation, payment for services, and more. In the first eleven months of the program, SUN Smiles screened 2,028 WIC clients and referred 700 clients to CHWs and 400 clients to dental care; 154 program clients received dental services at FHCCP's partner dental provider site. In addition to care navigation, oral health education and fluoride varnish days at WIC offices are key elements of the program.





Left to right: Lisa Davis, Norma Nocilla, and Kyle Davis

Community Rural Health Leader of the Year Award: Norma Nocilla

Norma Nocilla, director of clinical operations and quality at Wayne Memorial Community Health Centers (WMCHC) in Honesdale, Pennsylvania, received the Community Rural Health Leader of the Year Award. The award honors an outstanding leader 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. Nocilla was recognized for her extensive background in health care leadership, quality, and performance improvement. Nocilla has held various roles that provided her not only with insight into the needs of her community, but state and national issues as well. Nocilla maintained oversight of the clinical integration of four large practice groups across eight sites and seventeen providers, earning primary care medical home certification of all sites, which places patients at the center of care and builds meaningful relationships between patients and clinical care teams. She shows concern and recognition for her colleagues and acknowledges the influential role they play in helping WMCHC provide exceptional services to the counties and organizations served by the health center.

Congratulations to all the rural health programs and individuals who received a 2022 Pennsylvania Rural Health Award!





Amanda Vaglia, DO with a young patient

COMMUNITY CHAMPION RECOGNIZED AS 2022 Rural Health Community Star

Amanda Vaglia, DO, a primary care physician and the program director at Indiana Regional Medical Center's (IRMC) Rural Family Medicine Residency Program in Indiana, Pennsylvania was selected as Pennsylvania's 2022 Community Star. This designation was established by the National Organization of State Offices of Rural Health (NOSORH) to recognize those who serve the vital needs of the estimated fifty-seven million people living in rural America.

The nomination, submitted by Lisa Davis, from the Pennsylvania Office of Rural Health, lauded Vaglia's advocacy for developing the Rural Physician Residency Program at IIRMC, ensuring access to high quality health care, and training the next cohort of talented rural primary physicians. Davis noted, "Dr. Vaglia has deep roots in rural Pennsylvania and has spent her academic and professional career on providing high quality primary care to generations of families, from birth to geriatrics."

Vaglia has been a true rural health community champion and star. She has recognized the need to recruit and retain physicians in her community, cultivate rural leadership and practice in medical residents, and address rural population health. Vaglia's focus on education, collaboration, and communication led the efforts to fulfill the vision of establishing a family medicine residency program at IRMC, which serves as the rural sole community hospital in Indiana County. The Rural Residency Program has

at its core, the mission of providing excellent, comprehensive, family medicine training so that graduates might fill health care disparities in rural Pennsylvania communities.

Vaglia also serves on the statewide Pennsylvania Rural Physician Pathway Planning Committee, a collaboration between the Area Health Education Center program, rural clinical training programs across the state, the Pennsylvania Primary Care Career Center, the Pennsylvania Academy of Family Physicians, and the Pennsylvania Office of Rural Health, to envision an innovative clinical pipeline for recruitment, training, and retention in rural communities.

The National Organization of State Offices of Rural Health's (NOSORH) annual Community Star recognition program is one of the most popular features of National Rural Health Day. Each person, coalition, and organization nominated to be their state's Community Star represents the faces and grassroots initiatives that are working to address the social determinants of health and improve the lives of those who call rural their home. The 2022 Community Stars book can be accessed at powerofrural.org.



Alzheimer's Association

SUPPORTS PENNSYLVANIANS IMPACTED BY ALZHEIMER'S DISEASE

The Alzheimer's Association is the leading voluntary health organization in Alzheimer's care, support, and research. In the United States alone, more than six million individuals have Alzheimer's, and over eleven million informal caregivers are providing unpaid care. Right here in Pennsylvania—which is served by the Delaware Valley and Greater Pennsylvania Chapters of the Alzheimer's Association—more than 280,000 people aged 65 and older are living with Alzheimer's. They are cared for by more than 401,000 unpaid caregivers, many of whom are family, friends or loved ones of those living with the disease.

The national association addresses this growing public health crisis by providing education and support to the millions worldwide who face dementia and advances critical research toward methods of treatment, prevention and, ultimately, a cure.

The Alzheimer's Association is also the largest Alzheimer's advocacy organization in the world. The association, working with and through the Alzheimer's Impact Movement, advocates at the federal and state levels to improve the lives of all those affected by Alzheimer's and dementia. In doing so, they have cultivated a nationwide network of advocates to ensure that their message about care, support, and research is heard at every level of government.

One such resource provided to those impacted by the disease and their caregivers and loved ones, is the Alzheimer's Association 24/7 Helpline, reached at 800-272-3900. Available around the clock, 365 days a year, this free service connects callers to specialists and master's-level clinicians for confidential support and information to people living with dementia, caregivers, families, and the public.

“The resources and programs offered across the state—both in person and virtually—allow those impacted by Alzheimer's and other dementias to access educational information, day and night. In all of our work, the Association is committed to engaging directly with organizations, leaders, and individuals in the community to build partnerships and establish an open dialogue, allowing us to better support and serve those within all communities across the commonwealth,” said Sara Murphy, vice president of programs and services, Alzheimer's Association Greater Pennsylvania Chapter. “Our teams also work statewide with volunteers to help advocate for dementia-related public policy, and our fundraising events unite those in our communities in the fight to end Alzheimer's. All of this is occurring in an effort to fight the disease, educate, and support people navigating the journey, and ultimately, find a cure.”

The association is dedicated to serving and supporting those across Pennsylvania, and nationwide, who are dealing with dementia. They know that living with and/or caring for someone with Alzheimer's disease is extremely difficult, which is why they are here to help.

ALZHEIMER'S  ASSOCIATION®

For more information, contact the Alzheimer's Association's 24/7 Helpline at 800-272-3900, or go online at alz.org, to learn more, access resources, and get the real-time support needed for those living with, and caring for, individuals with Alzheimer's.

2023 Rural Community and Public Health Conference

Pennsylvania Public Health Matters! People, Strategies, and Policies to Advance Healthy Communities

JUNE 13, 2023

The Penn Stater Hotel and Conference Center | State College, PA

2023 Human Trafficking Summit

Targeting Human Trafficking Through Awareness, Prevention, Protection and Advocacy

OCTOBER 2023



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.

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

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**Information, Opportunities, and
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The Rural Health Information Hub (RHI Hub) is funded by the Federal Office of Rural Health Policy (FORHP) to be the national clearinghouse on rural health issues. The RHIhub is committed to supporting health care and population health in rural communities and is your guide to improving health for rural residents by providing access to current and reliable resources and tools to address rural health needs. Access the RHIhub at ruralhealthinfo.org.