

FALL 2018

PENNSYLVANIA RURAL HEALTH

Getting From Here To There:

TRANSPORTATION
ISSUES FOR RURAL
PENNSYLVANIA RESIDENTS

PILOT PROGRAM TO BUILD NURSE CONFIDENCE

help victims of sexual assault

ADVOCATING FOR OLDER ADULTS

and Medicare Fraud Prevention

PENNSYLVANIA CRITICAL ACCESS HOSPITAL PROGRAM

and Rural Health Leader
Receive National Recognition

message *from the* director



Welcome to the Fall 2018 issue of *Pennsylvania Rural Health*. Over the last few weeks, I've been giving a lot of thought to the content of this column and my mind continues to focus on the topic of trends. I looked up the definition of "trends," using an actual dictionary, not searching online, bucking the 21st century trend. I must confess that I had to use a magnifying glass to see the words but,

in general, Merriam Webster defines "trend" as a turning of a current style or preference, and the general movement in the course of time of a statistically detectable change. This century is seeing a great deal of these trends.

Trends affect everything: politics, housing, food, clothing, business, manufacturing, technology. All of us can think of trends that were important once but now are considered to be old-fashioned and outdated. I still cringe at the trends of my generation, in the 1970s and '80s. Harvest gold kitchen appliances, shag carpeting, big hair (think Bon Jovi, Mötley Crüe, Debbie Gibson), and all AMC vehicles such as the Matador and the Pacer, which thankfully have disappeared from our roadways.

Those of us working in health care have seen dramatic trends in the last few decades. According to a 2014 report from the Institute of Medicine, significant changes have occurred in this century alone. The report states, "...think of some of the changes we have had since the year 2000: The first iPhone was released seven years ago, and more than 160 million were sold just in the last 12 months. Almost 1 billion more people live on Earth. Facebook was created and now has more than 1 billion active monthly users. And health care has made incredible, rapid progress along the

Institute of Medicine's six aims—safe, effective, patient-centered, timely, efficient, and equitable care. The six IOM aims are still the foundation for health care quality."

Data are playing an essential role in health care: data collection, data analytics, big data, micro data, financial data, quality data, population health data, to name a few. Proficiency in determining data needs, developing or refining efficient data collection systems, analyzing data, and using data to implement policies and programs is essential. *There is just so much data out there.* The trick is having the skills to sift through the good data, ignore the questionable, and act on the results, especially as health care continues its march from volume to value.

One consistent trend in health care isn't a trend at all, and that is the issue of access to health care. Those of us working to address the needs of vulnerable groups know that, despite all of the great programs and strategies that have been put in place in the last thirty years or so, the Five Principles of Access remain: *availability, adequacy, accessibility, affordability* and *appropriateness*. In this issue, we focus on one of these principles, accessibility, in the form of transportation, and the implications that adequate or inadequate transportation can have on access to high quality and affordable health care and what that access means for health outcomes.

We are always interested in hearing your stories about trends you are experiencing and strategies you are putting in place to create the best possible outcome for those you serve. Let us know, and as always, be sure to keep in touch.

A handwritten signature in black ink that reads "Lisa Davis". The signature is written in a cursive, slightly slanted style.

Lisa Davis
Director



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Pennsylvania Rural Health

Lisa Davis, *Director*

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Getting from here to there: TRANSPORTATION ISSUES FOR RURAL PENNSYLVANIA RESIDENTS

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

“Access” has become somewhat of a buzzword in health care, largely because it is the root of many acute and chronic health issues. A lack of rural physicians and specialists has made it difficult for patients to find the services they need. What’s more, health concerns cannot be addressed if patients in rural areas lack the means to get to appointments.

“**B**oth patients and the health care system are at a disadvantage because of transportation issues,” said Lisa Davis, director of the Pennsylvania Office of Rural Health and outreach associate professor of health policy and administration. “No-shows due to transportation issues means an open appointment that could have been filled by another patient won’t be, resulting in loss of the revenue the appointment would have generated and loss of the opportunity to serve another patient. Patients who don’t make it to appointments because of transportation issues miss out on the important, sometimes critical, care they need. It’s a vicious cycle.”

An article published in the *International Journal of Environmental Research and Public Health* in 2017 estimated there are 3.6 million U.S. adults who don’t receive health care services due to transportation issues. Unlike people in urban areas, rural residents have limited public transportation services, if any at all. Without a personal car, a trusted driver or public transportation—even if a patient has insurance or the ability to pay—patients can be neither diagnosed nor treated if they can’t get to the appointment.

Christine Valania, MSW, LCSW, social worker and patient navigator for the Geisinger Cancer Institute, said there is a continuing trend toward people not coming to their appointments, a particularly critical issue for cancer patients.

“Our facilities are in very rural communities,” said Valania. “When we ask patients why they missed their appointments, a lot of times they say they don’t have a ride.” Valania estimates

that 25 to 50 percent of the patient population she serves identifies transportation as a significant issue. “You would think it would be an easy fix, but the truth is, if you’ve got to drive thirty minutes or more to get to an appointment, and you’re relatively poor or an older person with limited resources, driving your car or even having a car is often not an option. And if you can’t get to your appointment, you can’t be diagnosed, so you’re diagnosed later, you have more advanced cancer, and treatment becomes more difficult.”

There are ride programs in all counties in Pennsylvania funded by the Pennsylvania Department of Transportation and local, federal, and state public funding sources including the Pennsylvania Lottery, but Valania said they are not always as easy to access as one might think. The barriers include hard-to-understand paperwork for Medicaid patients, programs that won’t cross county lines—even for people who are over 65 or disabled—and physical discomfort associated with riding in a bus or van for lengthy periods of time, especially for patients with chronic illnesses or disabilities.

Barriers include difficult paperwork for Medicaid patients, programs that won’t cross county lines and physical discomfort associated with riding in a bus or van for lengthy periods of time.



CATA is creating a new program with the Meadville Medical Center Foundation and Titusville Area Hospital to connect the Titusville community with the Meadville community. “Lifeline Routes” will provide low-cost public transportation service.

Several potential solutions have been proposed or implemented, though each carries its own challenges. The Medical Assistance Transportation Program (MATP), a federal program the Pennsylvania Department of Human Services oversees, offers transportation services to low-income Medicaid beneficiaries, as well as mileage reimbursement. However, MATP does not cover transportation to all medical services, plus it operates on a fixed, inflexible schedule.

In addition, some rural areas offer transportation services to veterans through the Veteran’s Administration (VA), but it can be challenging for veterans to use these services due to the distance to VA providers and because of physical and mental disability issues that need to be accommodated when transporting non-emergency patients.

“We have first-class medical facilities in Lycoming County, which is the largest county in the commonwealth,” said Mark Murawski, transportation supervisor for the Lycoming County Planning Commission. “Our fixed-route bus system doesn’t serve the far reaches of the county; our cab system isn’t set up to reach rural communities; and our other program, STEP, went from 24/7 to only five days a week from 6 a.m. to 6 p.m. People in rural communities are really left in the lurch.”

Murawski cited several studies, including a multi-county study to be completed in mid- to late-2019, which have demonstrated a clear need for better access to transportation for rural Pennsylvanians. “Because of a 2010 study, we got transportation services extended to Clinton County, so we’re

breaking down county boundaries. The fixed route system is getting to more areas than it did before, but there is still a need to do more.”

Murawski said the demographics for Lycoming County—17 percent with disabilities, 14 percent living below the poverty line, 25 percent seniors, and 20 percent of people who live outside the public transportation service area—are similar to those in other rural counties across the state. “The loss in revenue to our county’s health care system due to transportation issues was estimated at \$2.5 million a year. We have to keep working to do more.”

Timothy Geibel, chairman of the Pennsylvania Public Transportation Association and general manager of the Crawford Area Transportation Authority (CATA), which serves Crawford and Venango counties, said “it’s important to know that Pennsylvania has a very robust and coordinated network and funds public transportation very well for fixed route services and for door-to-door services for people with disabilities. You don’t see this in other states.”

There are many challenges, however, Geibel said. “As seniors and lower income individuals continue to live independently in rural areas, access to health care and even to socialization becomes critical. It’s a difficult operation because there are such sparse populations in the rural areas, but these people deserve to have the same access as those in more urban areas. The cost of that service is substantially more because you have to spend more resources to make fewer trips.”



To address these challenges, CATA is creating partnerships, including a new program with the Meadville Medical Center Foundation and the Titusville Area Hospital to connect the Titusville community with the Meadville community—identified as a critical transportation connection for people in these areas. “Lifeline Routes” will provide low-cost public transportation service. CATA is also launching a route to connect the Conneaut Lake community to Meadville. “Ultimately, we want to focus our efforts to ensure that residents of our counties have access to services, whether that’s getting to a doctor’s appointment, their job, the grocery store, a senior center or whatever they need.”

Bette Grey, founder of the Columbia County Volunteers in Medicine Clinic and a private patient advocate for transportation issues, said Columbia County has similar issues. “We don’t have Uber. We don’t have Lyft. We don’t have a robust network of volunteers to help people with cancer or other chronic conditions to get patients to their appointments.”

Grey worked with other organizations to form a new committee called Central Pennsylvania Access to Wellness, which received \$12,000 in grant funds to help rural residents get to their medical appointments. The committee also connected Geisinger management to Rabbit Transit, a regional transportation authority serving five counties in central Pennsylvania.

“Geisinger contributed a half million dollars to help Rabbit connect providers and ride programs in the Scranton area as well as in Columbia County,” Grey said. “They will even

coordinate with companies like Uber and Lyft to find alternate ways of helping people.”

The Schuylkill County Transit Authority runs several programs funded by federal, state, and/or local governments. They include fixed route, ADA Paratransit, senior shared-ride, medical assistance, Persons With Disabilities (known as PWD, a state-funded program) and a contract program with the county Office of Senior Services. “All of these programs are governed by strict regulations and grant compliance,” said David Bekisz, executive director, adding that each program has its limitations, but all vehicles for all programs are handicap accessible.

“In an ideal world, I wish that the programs and funding would be available to enable public transit to transport anyone who needs transportation to wherever and whenever they need it,” Bekisz noted. “It’s a complicated task to accomplish for a multitude of reasons. Pennsylvania has one of the best public transportation systems in the country today, but understanding what is available and how to access the available programs is important.”

“I love when a transportation provider comes to the table and says we want to help,” concluded Christine Valania. “It’s not good enough yet, though. We need a centralized, commonwealth-wide system and on-demand door-to-door services. We need all of the organizations—officials in Harrisburg, county officials, health care, transportation authorities, organizations like Uber and Lyft, and others—to come to the table and decide to put money in the right place to make major changes for the benefit of rural Pennsylvanians.”

Pilot program to build nurse confidence, HELP VICTIMS OF SEXUAL ASSAULT

By Susan J. Burlingame

“People mistakenly think the examination is traumatic and painful, but if you have a competent nurse taking care of you, it may be the first step in your healing process.”

—SHERIDAN MIYAMOTO, PH.D., FNP, RN

Sheridan Miyamoto, Ph.D., FNP, RN, assistant professor in the Penn State College of Nursing, is principal investigator for an innovative project designed to use telehealth to ensure positive, timely, and thorough forensic examinations for victims of sexual assault in rural communities. The Sexual Assault Forensic Examination and Telehealth (SAFE-T) Center, supported by a \$4.1 million grant from the U.S. Department of Justice, partners with rural communities to provide mentoring, education, and support for nurses who provide examinations to victims of sexual assault.

“Nurses in rural communities usually find themselves introduced to forensic examinations in the emergency room,” explained Miyamoto. “Though sexual assault rates tend to be higher in rural areas, there is not necessarily enough volume, which means there are not enough opportunities for nurses to attain proficiency at conducting these technically challenging examinations. This can cause anxiety for both the victim and the attending nurse.”

Forensic examinations are conducted to thoroughly evaluate an individual who has experienced trauma by assessing, documenting, and treating injuries; addressing infection prevention and reproductive health; providing resources for mental health needs; and collecting evidence that can be used in court to aid prosecution. “Through a high-definition camera and videoconferencing technology, experienced Sexual Assault Nurse Examiners (SANE) can attend the examination to guide and support the nurse in the room,” Miyamoto said. “The Penn State consultant nurse team, made up of SANE-trained nurses across the state, will be available 24/7. In the meantime, the program is helping nurses in rural communities enhance and develop their skills so they can become the local experts.”

Miyamoto and her SAFE-T Center team recruited a multidisciplinary advisory board, which includes members of law enforcement, victim service organizations, hospital administrators, and state health and policy leaders. They also identified and engaged four Pennsylvania rural hospitals as pilot sites: JC Blair Memorial Hospital in Huntingdon, Geisinger Lewistown Hospital, Penn Highlands Dubois, and Soldiers + Sailors Memorial Hospital in Wellsboro. Each pilot site will receive training, equipment, and live telehealth consultations.

Matthew Romania, director of nursing at Soldiers + Sailors, said his hospital sees less than ten victims of sexual assault per year. “We should be seeing a whole lot more than that,” he said, explaining that many victims choose not to come forward. “The SAFE-T Center will help us provide a level of expertise for nurses but more importantly for the victims. With this program in place, we can affect positive outcomes, not only changing the way we practice but also providing evidence to law enforcement that can be used to bring people to justice.”

“Because it makes use of an expert remote nurse in addition to the nurse conducting the exam, this program can help nurses in rural areas develop the confidence to testify during a court case,” said Lindsay Vaughn, a former prosecutor for special victims and a member of the SAFE-T advisory board. Now the policy manager for the Pennsylvania Commission on Crime and Delinquency, Vaughn said the SAFE-T Center supports victims by helping them feel believed and accepted. “In addition, I believe the program can expand opportunities for collaboration between law enforcement and the medical community.”

“Our mission is to provide compassionate, high quality forensic exams for all victims, whether or not they pursue legal outcomes,” said Cynthia Bittner, RN, BS, SAFE-T Center



“In addition, I believe the program can expand opportunities for collaboration between law enforcement and the medical community.”

LINDSAY VAUGHN, A FORMER PROSECUTOR FOR SPECIAL VICTIMS
AND A MEMBER OF THE SAFE-T ADVISORY BOARD

project director, explaining that while the program is beginning in rural communities, it has the potential to work statewide and beyond. Through Penn State’s educational outreach, all of the nurses in the pilot program will receive training in working with the adolescent population, medical history/physical examination, forensic photography, and the court process. After a Fall 2018 launch, the program will be evaluated to assess program satisfaction by local nurses, Penn State consultant

nurses, and patients. The impact of the program on quality of care provided and the cost-benefit of this model of care delivery also will be evaluated.

“We’ll evaluate the telehealth consult from the perspectives of both the telehealth nurse and the local nurse conducting the exam, and we’ll talk with law enforcement about whether or not the forensic photography and other factors were improved. We also will gauge whether the patient felt supported and well cared for during the telehealth consultation,” Bittner said. “Ultimately, we’re hoping the program will encourage more victims to come forward.”

For more information on the Sexual Assault Forensic Examination and Telehealth (SAFE-T) Center, contact, Cynthia Bittner, SAFE-T project director at 814-865-4430 or to cxt160@psu.edu or visit safetcenter.psu.edu.

RURAL COMMUNITY HEALTH CARE: Perspectives from Medical Students

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



Jason Spicher

Jason – I grew up in Lancaster County, Pennsylvania. After graduating with a degree in Biology from Eastern Mennonite University in Virginia, I moved to Alamosa, a small town in frontier southern Colorado, to spend a year volunteering in their county public health department and also learn about some of the challenges that face rural health care. I returned to Pennsylvania to begin medical school and am interested in broad spectrum primary care and integrating nutritional education into medical school curricula. I enjoy all that Pennsylvania has to offer outdoors including biking, trail running, camping, and gardening.



Morgan Decker

Morgan – A native of Centre County, Pennsylvania, I was born and raised in Central Pennsylvania. After graduating from Tyrone Area High School in the rural part of Blair County, Pennsylvania, I pursued a degree in Biology from Juniata College, in Huntingdon, Pennsylvania.

Given my experiences thus far, both personally and professionally, I am interested in rural emergency medicine. With my training, I hope to serve both in the hospital and in the field. When I'm not focusing on medical school, I enjoy volunteering as an Emergency Medical Technician, gardening, reading, and taking care of my leopard gecko, Jack.

We participated in a unique experience before entering medical school. During our application process, we were offered an option to defer our enrollment in order to design and pilot an innovative curriculum in State College, Pennsylvania. While a two-year clinical campus had existed in the town since 2012, this was an opportunity to design a parallel four-year curricular track that focused on early clinical exposure and student-led, small group learning. We were hired, along with three others, as Medical Student Design Partners (MSDPs). After completing that first year, we joined the initial incoming medical school class in the fall of 2017.

Our cohort of five MSDPs was immersed in a range of experiences throughout the State College area. By connecting with community members at supermarkets, fairs, festivals, and church functions, we developed a comprehensive understanding of the region and its health care needs. We also devoted considerable effort to learning about and understanding the economic, social, and community issues and needs of the county's rural and more urban areas. The information we learned, and the knowledge we gained about communities, along with a foundation in education and health systems sciences, helped us craft an innovative curriculum that will prepare the physicians of tomorrow to provide comprehensive health care to the broader community.

This innovative medical school curriculum was the first of its kind in the nation to use students as partners in the design process. We learned to practice medicine in a rapidly changing health care environment where thinking critically, using the best available evidence, and collaborating in teams will be required skills. The program was an integral component in the Penn State College of Medicine's preparation for offering a full medical school curriculum at its University Park Regional Campus beginning in the fall of 2017.

The MSDP experience has significantly impacted our experience as students. While it had many implications, we believe that our ability to offer a unique perspective and socialize the curriculum with community clinicians were the most important. With our experience as MSDPs, we had the ability to view our medical education simultaneously from the role of a curriculum designer as well as a student experiencing the curriculum. This allowed us to address curricular changes and evaluate the efficiency and practicality of those changes. In addition, the ability to spend time normalizing the first-year medical student clinical role was crucial. Normally, medical students enter these roles in their third year. At PSCOM-UP, we entered in our first year. Given the program's unique nature, local health care providers questioned the expectations of the first year. As MSDPs, we took the opportunity to work with them to provide clarity and comfort.

Our first year went by so quickly. We are excited to continue moving forward on this journey and to share our experiences with the rural health community!

ADVOCATING FOR OLDER ADULTS AND MEDICARE FRAUD PREVENTION

CARIE's Pennsylvania Senior Medicare Patrol Says Protect, Detect & Report

The Center for Advocacy for the Rights and Interests of the Elderly (CARIE), is a private, non-profit advocacy organization that serves older adults. Multifaceted and dynamic, CARIE provides free and confidential services. Its programs include the CARIE LINE, a consumer telephone assistance program; national and state policy initiatives focused on aging; a Long-Term Care Ombudsman Program for consumers in Philadelphia County; a victims' assistance program for Philadelphia County residents (PAVE); and the statewide Pennsylvania Senior Medicare Patrol (PA-SMP), which this article discusses in detail.

The Senior Medicare Patrol (SMP) is a national program administered and funded by the Administration for Community Living, within the U.S. Department of Health and Human Services. The SMP program is focused on prevention, with a mission of empowering and assisting Medicare beneficiaries, their families, and caregivers to prevent, detect, and report health care fraud, errors, and abuse through outreach, counseling, and education.

"It is within this scope that the PA-SMP operates," says Rebecca Nurick, manager of the program at CARIE. "The PA-SMP's goal is to facilitate educational outreach to older adults, primarily Medicare beneficiaries, with a focus on the message of 'Protect, Detect & Report.'" The PA-SMP has a

team of volunteers who are Medicare beneficiaries that educate other beneficiaries through peer-to-peer presentations and discussions. They teach how to protect personal information, detect billing errors by reading bills and statements, and report suspected health care fraud or abuse. While there are multiple avenues for beneficiaries to report suspected fraud, such as the Office of Inspector General (OIG) or the Centers for Medicare and Medicaid Services (CMS), many beneficiaries call CARIE's PA-SMP to report such matters. Trained PA-SMP staff respond to questions, research issues, and work to resolve problems. The PA-SMP will refer suspected cases of health care fraud to authorities, as necessary.

CARIE's PA-SMP also receives calls from consumers about suspected scamming of older adults. It's important to remind Medicare beneficiaries to be alert to potential scams. For example, earlier this year when CMS began issuing new Medicare cards, scammers seized the opportunity to prey on vulnerable Medicare beneficiaries by calling and requesting their personal information or claiming a need to "register" them for the new card. Another scammer claimed that he was calling from Medicare. Beneficiaries who suspect they've been contacted by a scammer can call CARIE's PA-SMP to report the information. The PA-SMP shares appropriate information with the national SMP program.

CARIE's PA-SMP is a valuable resource for older adults and help is needed to spread its message of Protect, Detect & Report across rural Pennsylvania. The organization is seeking Medicare beneficiaries to volunteer with the PA-SMP program as educators or in a new volunteer role of "distributor," someone who can take the SMP's consumer education materials into their community.



For more information, contact the Pennsylvania Senior Medicare Patrol at CARIE at 1-800-356-3606 or visit carie.org. To learn more about the national SMP program, please visit smpresource.org.

Expanded Food Nutrition Education

MAKES A DIFFERENCE FOR PENNSYLVANIA'S MOST VULNERABLE



By Susan J. Burlingame

In 2019, the federally-funded Expanded Food and Nutrition Education Program (EFNEP) will celebrate its 50th anniversary of providing nutrition education to low-income families across the United States. For much of that time, Penn State Extension has been offering the program to families throughout Pennsylvania and making a difference in food availability and nutrition for the state's most vulnerable residents.

Under the umbrella of Nutrition Links, EFNEP is one of two federal programs facilitated in the state by Penn State Extension. The Supplemental Nutrition Assistance Program Education (SNAP-Ed) is the other program.

The primary focus of EFNEP is to work with low-income adults who have children under the age of nineteen or directly with low-income youth. Extension is the only EFNEP provider in the state and consequently, runs programs in fifty-seven to fifty-nine counties in Pennsylvania. The SNAP-Ed program is for eligible people of any age (with our without children). Penn State is one of several organizations providing SNAP Ed programs.

"Through these two programs, we can work with infants through seniors," said extension's Elise Gurgevich, Ph.D., acting assistant director of programs for food, families, and health, adding that the 50th anniversary of EFNEP is an important milestone.

"We have seen several generations of people coming to the program," said Gurgevich. "When the program celebrated forty years, we reached out to past participants and found that the program is making a difference in their lives. They are eating better, missing fewer days of school and work, and seeing a long-range-impact. Family members are sharing what they learned with the younger generation. In fifty years, we have helped people make significant changes."

A typical class, run by extensively trained nutrition education advisers (NEAs), includes nutrition education, an activity to reinforce the lesson, an opportunity to prepare and taste food together, and a physical activity. All classes are free of charge to eligible participants and focus on bringing research-based nutrition education through a series of classes. The program reaches approximately 5,000 adults per year. Penn State Extension's SNAP-Ed program reaches approximately 2,000.

Penn State Extension Nutrition Links employs over 60 NEAs across the state. Janice Blair, an NEA in Lawrence County, joined the program in 2015. She works with five or six groups, including a group of women at a halfway house and three different high schools, where she meets with pregnant teens and teen mothers. She also partners with food banks that provide an educational component and with the Lawrence County truancy court.

"We've had some real success working with parents through the truancy court," said Blair, explaining that truancy is an issue for kindergarten through high school students. A coworker works with parents of truant children on parenting issues; Blair works with the parents to help them understand the importance of nutrition for their children. "It's amazing to me, but so many parents really don't know what good nutrition is. We teach them about healthy breakfasts, about avoiding sugary drinks, and so much more."

"Seeing parents have that 'aha' moment or hearing that they are using what they learned is the most satisfying part of the job," Blair added. "Seeing improvements in people's lives makes me love the job, but there are challenges, especially when I can tell I'm not getting through to someone or when people don't show up for the class."

A thirty-year veteran of the EFNEP program, NEA Cheryl Chiplaskey works in Fayette County. Like Blair, she works with pregnant teens and local youth. She also works with a men's and a women's halfway house, grandparents who are raising their grandchildren, and others. The groups range from ten to twenty-five individuals.

"We team up with a lot of community organizations and collaborate with them to strengthen our assets. If we're helping people with their nutrition and food resource problems and other organizations are too, it confirms what we're trying to do and shows we're all in this together."

Chiplaskey describes the program as one that makes a real difference for vulnerable populations. "We're trying to improve nutritional health by teaching our clients skills on food buying, making healthy choices, food safety, and food security. We help them know where they can go if they need food boxes or are eligible for the SNAP program."

Clients receive a folder full of information about diet quality, physical activity, food safety, and more. They also receive a certificate when they complete the program, Chiolaskey explained. “When clients get that certificate, they are really proud of themselves. They feel like they’ve accomplished something,” said Chiolaskey, recalling a woman who approached her recently at a county fair.

“I know you,” the woman said. While Chiolaskey didn’t recognize the woman at first, she learned that she had participated in EFNEP seven years before. “She told me she still has her certificate hanging on her refrigerator.”

“Through pre- and post-program survey data, we have found that approximately 96-98 percent of participants have made at least one small change,” Gurgevich concluded, adding that online programs to reinforce the face-to-face programs are being pilot tested. “EFNEP, SNAP-Ed, and our other nutrition programs are helping us fulfill our Extension mission. We are offering practical solutions to everyday challenges and helping people develop healthier habits.”

For more information on the Expanded Food and Nutrition Education Program, visit extension.psu.edu/nutrition-links. Information on the Supplemental Nutrition Assistance Program Education can be found at sites.psu.edu/pasnaped.

Road Safety Important on Rural Roads to Protect Anabaptist Populations

According to the Pennsylvania Department of Transportation (PennDOT), between January 2008 and December 2017, 624 crashes occurred involving horse and buggies. The American Trauma Society, Pennsylvania Division (ATSPA) is on a mission to reduce the number of traumatic injuries and deaths often seen in rural communities, including horse and buggy traffic crashes, injuries seen in children “backed over” by farm equipment, and tourniquet/bleeding control education.

The ATSPA believes these 624 crashes could be prevented with an increase of knowledge. ATSPA CEO Krista Brands stated, “Here at the ATSPA, we believe that knowledge is power. We don’t believe as many folks do, that ‘accidents just happen’. We believe that ‘accidents’ and related injuries are predictable based on one’s behavior and choices. We also believe that if something is predictable, it is also preventable.” The goal of the ATSPA is to educate all Pennsylvanians on traumatic injury prevention topics including concussions, playground safety, water and farm safety, bicycle and traffic safety, and many more.

Through a grant provided by the Psalm 103 Foundation, the ATSPA has continued to provide individuals with the knowledge needed to prevent these traumatic injuries and deaths. An informational rack card

was developed to educate rural residents on safe driving practices while sharing the road with members of the Anabaptist (Amish and Mennonite) community to avoid traffic mishaps and injuries. This rack card also includes ‘fun facts’ on horse and buggies and will be distributed to all areas of rural Pennsylvania, particularly in high tourist areas.

Skid loaders, forklifts, and telehandlers (similar to a forklift with a boom) are the top three causes of ‘back over’ injuries. Part two of the ATSPA Rural Community Safety Initiative includes educating individuals on ‘back over’ injuries with farm equipment and how to prevent them. This includes providing approximately 100 rearview back-up monitoring systems for farm equipment in order to alert the equipment driver to a person in its path in order to avoid a ‘back over’ mishap. Back-up monitor systems also will be provided and installed on skid loaders and telehandlers, while forklifts will be provided with rear-view mirrors.

ATSPA is providing tourniquet education and materials to laypersons in rural communities so they are better prepared to control bleeding should an injury occur. Brands added, “This education is crucial to those who may live in communities with limited emergency medical system response.” A total of 675 tourniquet kits, that included a C-A-T™ tourniquet,



compressed gauze, rubber gloves, an educational rack card, and mini Sharpie, were provided throughout Pennsylvania. In addition, sixty-seven rolls of reflective tape were distributed for individuals to make their horse and buggy more visible.

Brands concluded, “The Rural Community Safety Initiative is just one of the many ways the ATSPA is committed to preventing traumatic injuries and deaths throughout Pennsylvania.”

The American Trauma Society, Pennsylvania Division (ATSPA) is a non-profit organization committed to reducing traumatic injury and death through education and is located in Mechanicsburg, Pennsylvania.

For more information on the rural community safety initiative, contact the American Trauma Society, Pennsylvania Division (ATSPA), at 717-766-1616 or to atspa@atspa.org.

Rural Health Clinics Receive National Award

St. Luke's Miner's Rural Health Clinics (RHCs) in Tamaqua and Nesquehoning, Pennsylvania received the National Rural Health Association's (NRHA) 2018 Outstanding Rural Health Organization Award. The award, which recognizes St. Luke's commitment to expanding and improving access to health care in Carbon and Schuylkill counties, was presented on May 10, 2018 at the NRHA's Annual Rural Health Conference and Rural Hospital Innovation Summit in New Orleans, Louisiana. On hand to accept the award on behalf of St. Luke's was Nicole Geary, office coordinator for St. Luke's RHC in Nesquehoning.

St. Luke's Rural Health Clinics provide over 12,000 patient visits annually, delivering high-quality primary care and community outreach programs to underserved populations in the two-county region. Among the innovative programs implemented by the clinics has been the Flinders Chronic Condition Management Program, an interventional initiative that focuses on improving the health of patients with diabetes and decreasing emergency department utilization among patients with unusually high rates of emergency department usage.

The Flinders Program emphasizes patient-centered assessments and behavioral modification through patient and provider interaction. The St. Luke's University Health Network, which includes the St. Luke's Miners Hospital and RHCs, studied the impact of the Flinders Program and found that patients who received the Flinders intervention had significantly lower HgA1C levels, higher primary care provider utilization, lower emergency department utilization, and higher rates of patient satisfaction. These results demonstrated a dramatic impact on the quality and efficiency of care and on lower cost-of-care for chronic disease management. The results were published in the May 2017 issue of the *International Journal of Academic Medicine*. The St. Luke's Miners RHCs received the 2016 Rural Health Program of the Year Award from the Pennsylvania Office of Rural Health for implementing the Flinders Program.

In 2017, the St. Luke's Miners RHCs joined the Medical Oral Expanded Care (MORE Care) Collaborative in Pennsylvania. The clinics integrate oral health risk assessments, oral health education, patient self-management goals, and fluoride varnish into their pediatric visits. Teams established at the RHCs coordinate dental referrals and interprofessional collaboration with local dental offices and coordinate on-going dental treatment and follow-up care.

The RHCs provide outreach to the community with "Adopt-A-School" programs funded through a Rural Health Care Services



Nicole Geary, office coordinator for St. Luke's Rural Health Clinic in Nesquehoning, accepts the 2018 Outstanding Rural Health Organization Award from National Rural Health Association CEO Alan Morgan.

Outreach grant from the Federal Office of Rural Health Policy in the Health Resources and Service Administration (HRSA). Through this program, St. Luke's Miners school-based coordinators work with students and families to connect them to the health care system. The St. Luke's Mobile Youth Health Center van conducts visits twice each month to schools where RHC staff provide well-visits, behavioral health, and vision services. The coordinator assists students and families in connecting to dental services, diabetes education, and tobacco cessation education and assists with district-wide programs at targeted grade levels on substance abuse education, healthy relationship education, depression awareness, and nutrition education.

St. Luke's Miners RHCs engage the community through activities such as Walk with a Doc, by providing health education at local health fairs and farmer's markets, and with a community-supported agricultural program that provides fresh produce to residents. St. Luke's Miners Hospital partnered with the local transportation system to establish a fixed bus route with regularly scheduled stops at the hospital. Patients from surrounding communities now can coordinate appointments using this free transportation service.

St. Luke's Miners RHCs provide care not only for the whole person, but for the entire community, engaging in efforts to enhance the health of the entire region. "I am proud that our team was selected for the amazing work they do every day," said Micah Gursky, administrator, St. Luke's RHCs. "In addition to providing top-quality and innovative clinical care, every one of our team members does truly care about our patients."

For more information, contact Micah Gursky, rural health clinic administrator at the St. Luke's Miners Campus at 570-645-8118 or to Micah.Gursky@slubn.org.

Pennsylvania Critical Access Hospital Program and Rural Health Leader Receive National Recognition for Quality Improvement and National Quality Spirit Award

In July 2018, the Federal Office of Rural Health Policy (FORHP) recognized eleven states for outstanding quality performance of their critical access hospitals (CAHs) in achieving the highest reporting rates and levels of improvement across the nation over the past year. FORHP recognized the top eleven ranked states for this achievement, including Pennsylvania, Maine, Michigan, Wisconsin, Indiana and Nebraska (tied), Illinois, Utah, Tennessee, Alabama, and West Virginia. In addition to this recognition, the CAH program in Pennsylvania achieved the third highest quality ranking in the nation, and joined the states of Maine and Michigan for this honor. In 2017, Pennsylvania was number five in the nation.

FORHP also presented the Medicare Beneficiary Quality Improvement Project (MBQIP) Spirit Award to Larry Baronner, former rural health

systems manager and deputy director at the Pennsylvania Office of Rural Health (PORH). Baronner was recognized for being a leading rural health care advocate since 2001, applying his diverse and extensive background in rural health to serve as an invaluable resource for health care transformation in Pennsylvania and across the nation. When MBQIP was launched nationally, Baronner embraced the project's framework and concepts, recognizing that the collection and reporting of a full complement of reliable data were necessary to increase the quality of care provided by the state's CAHs. Using the first set of data as a benchmark, Baronner identified areas of strength and need in the CAH program overall and with individual hospitals to drive quality improvement activities across the state. These data have been one of the hallmarks of the Pennsylvania CAH program. Congratulations!



Lannette Johnston (right), quality improvement coordinator at the Pennsylvania Office of Rural Health, accepts the State Quality Improvement Award at a ceremony in Bethesda, Maryland in July.

Office of Rural Health Welcomes New Rural Manager and Deputy Director



In August 2018, Jennifer Edwards joined the Pennsylvania Office of Rural Health (PORH) as the office's rural health systems manager and deputy director, a role held by Larry Baronner who retired and now serves as a consultant to PORH. Jen Edwards served as a Lt. Colonel in the Air Force where she spent thirteen years as a medical service corps officer in health care administration. She has worked in clinics and medical centers in a variety of roles ranging from practice management, to medical logistics, emergency management, and aeromedical evacuation and completed tours in South America, providing

health care in very remote areas. In her last assignment, she served as the Department of Defense's regional liaison to the Veterans Administration for the Gulf Coast region in Mississippi, Alabama, and Louisiana. She is originally from Pottstown, Pennsylvania and is very excited to be home. Jen Edwards will continue PORH's service and technical support to the state's critical access hospitals, other rural hospitals and health systems, and will be an integral part of the office's role in increasing access to health care in rural areas. Jen Edwards can be reached at 814-863-8214 or to jle312@psu.edu.

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