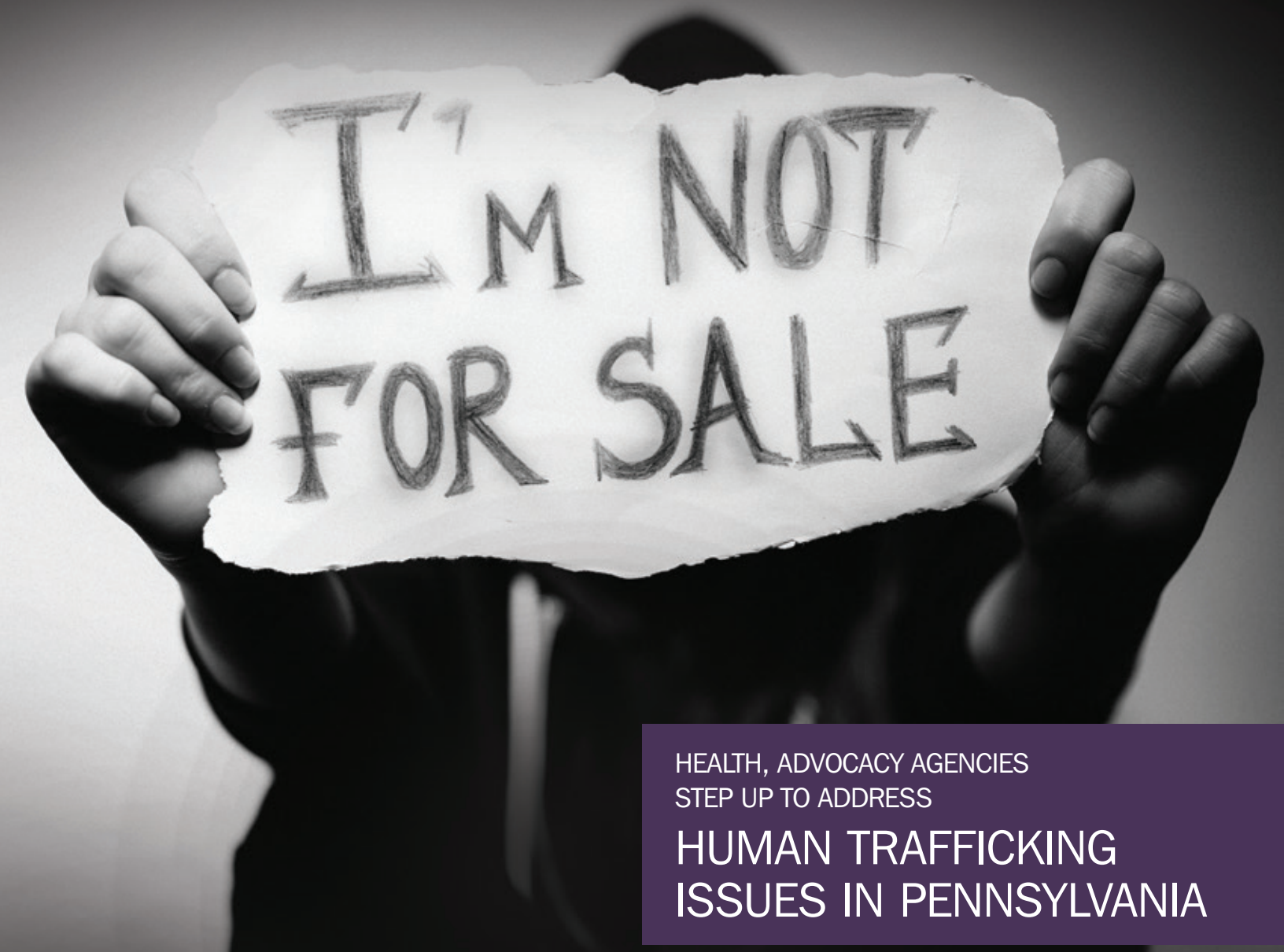
FALL 2019

# PENNSYLVANIA RURAL HEALTH




HEALTH, ADVOCACY AGENCIES
STEP UP TO ADDRESS

## HUMAN TRAFFICKING ISSUES IN PENNSYLVANIA

**INTEGRATED HEALTH CARE:**
A Proven Strategy for Removing Barriers to Behavioral and Oral Health Service

**RESPONDING TO AGRICULTURAL EMERGENCIES**
through Training and Hands-on Practice

**FEEDING A NATION,**
Struggling With Stress

PENNSYLVANIA OFFICE OF RURAL HEALTH

PennState

# message *from the* director

Welcome to the Fall 2019 issue of *Pennsylvania Rural Health*. In this issue, we conclude our two-part series on human trafficking and by the time this is published, we will have held the first Pennsylvania Rural Human Trafficking Summit. Our goal is to educate everyone who can target—and stop—human trafficking.

Human trafficking is defined as "modern-day slavery that involves the use of force, fraud or coercion to obtain some type of labor or commercial sex act." Victims can be found in sweatshops, massage parlors, agriculture, restaurants, hotels, and domestic service, essentially just about anywhere in the service or production industries.

Trafficked victims are often women and girls, but not exclusively. Minors, especially runaways or homeless youth, American Indian, Alaskan Natives, and temporary foreign-born visa holders are particularly vulnerable to trafficking. Other risk factors for human trafficking include prior physical/sexual abuse or neglect, drug dependencies or prior debt or economic challenges.

Human trafficking often is considered to be an urban crime where high risk activities such as gambling or drug use are common. In reality, human trafficking occurs in every state, every city, every town, and in almost every industry. Rural areas can be particularly vulnerable to trafficking and a haven for traffickers. Fewer options for economic and educational opportunities can lead to financial vulnerability. Fewer services and limited resources make it more difficult for victims to seek help or for industries exploiting victims to be investigated. Geographic isolation can make it easier to hide trafficked victims. Stigma contributes to human trafficking since rural areas are populated by small, close-knit communities where people can either be afraid or unwilling to come forward due to the lack of anonymity and negative stigma attached.

There is action rural communities can take to prevent human trafficking and help victims get the support they need.

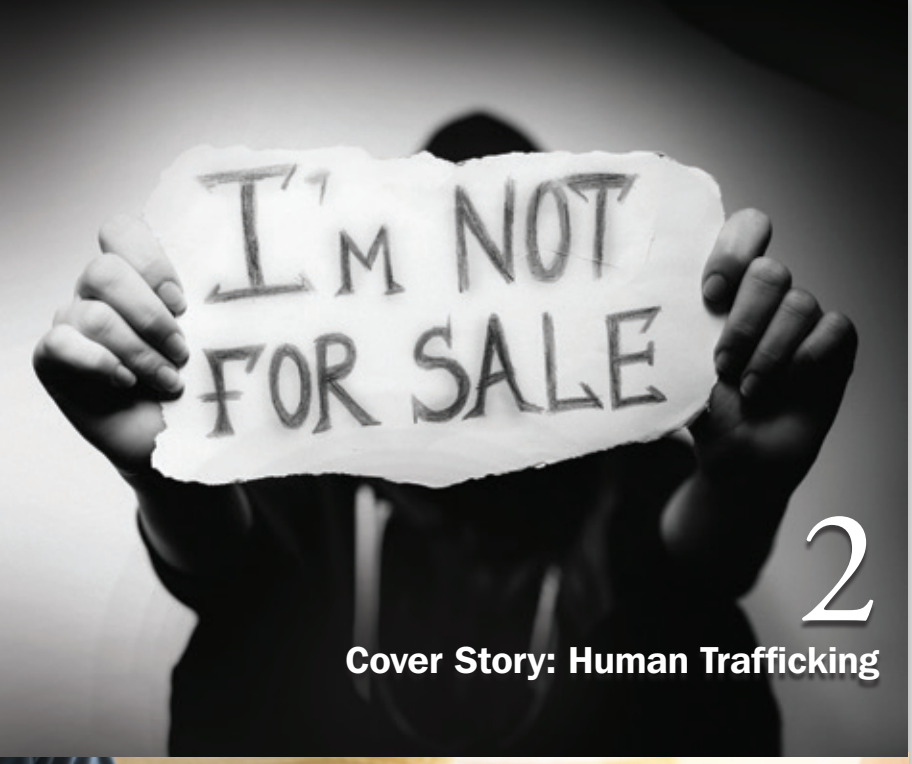
Victims of human trafficking may seek medical care at a hospital, clinic, or community agency. Those treating potential victims need to have the skills to recognize the signs of trafficking so that victims are not passed through the system and sent back out without receiving essential services. One of the first steps the health care and human service community can implement is educate frontline staff on the signs of human trafficking and actions they should take to protect and care for victims. Frontline staff are the first personnel a patient meets at the point of entry into the health care system, and thus serve a critical role in addressing victims' needs.

Health care providers should set as a priority training programs in their facilities, identifying a Human Trafficking (HT) Point Person, a frontline staff member or health care provider, trained specifically about all aspects of human trafficking including how to make referrals for treatment and support with law enforcement and provide information about much-needed services. An HT Point Person can make appropriate decisions about the movement of a potentially trafficked person through the health care system and can serve as a lifeline for those who need it most.

Human trafficking is a critical issue in Pennsylvania and across the nation. Through education and training, health care staff can be an important part of the system that targets—and ends—human trafficking.

Lisa Davis

***Lisa Davis***
***Director***

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***Pennsylvania Rural Health***

Lisa Davis, *Director*

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

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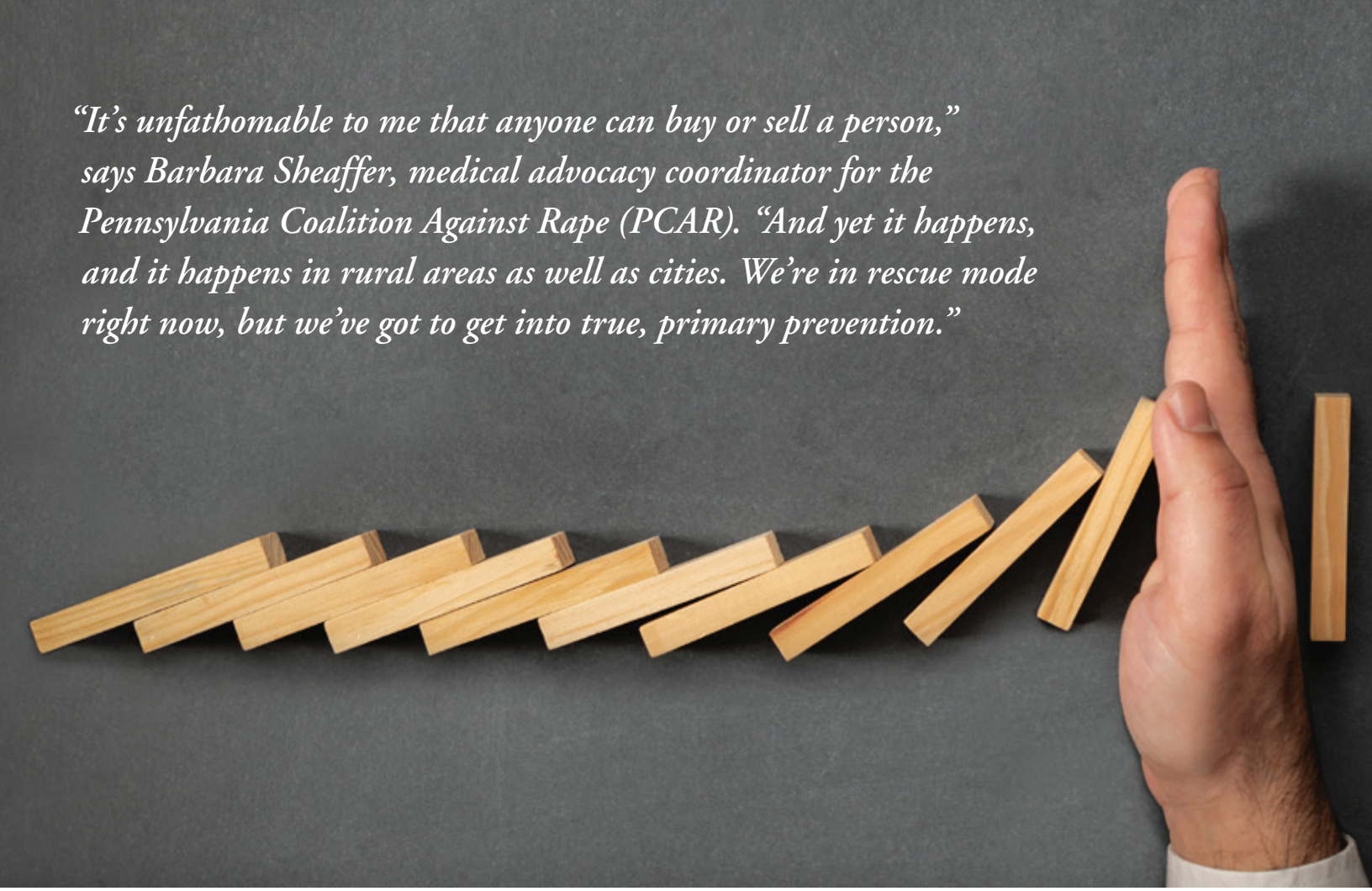


*"It's unfathomable to me that anyone can buy or sell a person," says Barbara Sheaffer, medical advocacy coordinator for the Pennsylvania Coalition Against Rape (PCAR). "And yet it happens, and it happens in rural areas as well as cities. We're in rescue mode right now, but we've got to get into true, primary prevention."*

## HEALTH, ADVOCACY AGENCIES STEP UP TO ADDRESS

# Human Trafficking Issues in Pennsylvania

*By Susan J. Burlingame*

*This is the second in a two-part series about human trafficking in rural Pennsylvania and focuses on community-based solutions to address this pervasive issue.*

For Sheaffer and her colleagues at PCAR, and for personnel at many Pennsylvania health care facilities, advocacy centers, and other organizations, the fact that human trafficking exists in rural Pennsylvania came as a surprise. Due to the efforts of law enforcement, legislators, organizations like PCAR, and other champions of human trafficking, awareness about the issue has increased over the last few years. Today, many organizations across the state are partnering and stepping up their efforts to identify and support victims, provide education and training, conduct public awareness campaigns, enact stricter legislation, and ultimately, develop strategies to prevent human trafficking.

PCAR, for example, has developed brochures and other resources designed to "inform people about trafficking, the prevalence of it, and how to deal with it if you encounter it," says Sheaffer, adding that PCAR also creates and facilitates trainings for law enforcement and other organizations. While PCAR does not offer direct services, they can connect victims to the help they need.

Pennsylvania organizations offering direct services such as counseling, employment, housing assistance, referral to health care or drug treatment programs, and more include Transitions of Pennsylvania, the YWCA of Greater Harrisburg, and the organizations making up the Pennsylvania Coalition Against Domestic Violence (PCADV), a network of 60 local domestic violence programs serving all sixty-seven counties of the state. The YWCA, Transitions, and PCADV strive to meet victims' needs, educate the public, and find ways to prevent human trafficking through legislation, training programs, and other avenues.

Pennsylvania Act 105, written into law in 2014, is the result of some of those efforts. Transitions of Pennsylvania, PCADV, and PCAR were part of a thirty-member coalition that established the Pennsylvania Alliance Against Trafficking in Humans (PAATH) and advocated for the passage of Act 105, which makes it easier to defend victims of sex trafficking and to prosecute sex buyers in Pennsylvania. The law outlines definitions of sex trafficking and gives law enforcement tools to investigate and hold sex buyers accountable for their crimes. Ultimately, Act 105 calls on state officials to take action to prevent human trafficking from happening in the first place.

While Act 105 and many organizations' primary focus relates to sex trafficking, human trafficking also encompasses victims who are manipulated into forced labor.

The legislation as well as the efforts of many people and organizations now addressing human trafficking are starting to make a difference, asserts Susan Mathias, chief executive officer of Transitions of Pennsylvania, in Lewisburg, PA, while cautioning that there is much more to do. "Over the last four and a half years, Transitions has served thirty victims of human trafficking in our three rural counties (Union, Snyder, and Northumberland) alone. This speaks to the fact that people are being trafficked in rural areas and not just the cities. We should keep in mind that many people being trafficked often do not reach out for help."

"It's important that we all work together," adds Michelle Cooper, health education specialist for PCADV, noting that survivors

*"Over the last four and a half years, Transitions has served thirty victims of human trafficking in our three rural counties (Union, Snyder, and Northumberland) alone. This speaks to the fact that people are being trafficked in rural areas and not just the cities. We should keep in mind that many people being trafficked often do not reach out for help."*

can be part of the equation. "Survivors can do a lot to help other victims, and I would like to see more funding to help improve survivor leadership and to help survivors meet their life goals through scholarship programs and other means."

What is particularly unsettling, says Steven Donahue, registered nurse in the emergency department of Paoli Hospital, part of Main Line Health System outside of Philadelphia, is the number of victims who seek medical treatment for various reasons but fail to be identified by health care providers as human trafficking victims.

"Research shows that a high percentage of human trafficking victims have sought treatment at health care facilities while in captivity, but hospital personnel are significantly unprepared to identify and treat them," he says. A survey conducted by Donahue and others at Main Line Health showed that more than 85 percent of employees had no human trafficking training. In response, Main Line Health created a training program focused on how to identify victims—the majority of whom come through the emergency room—and on what to do when one suspects that someone is a human trafficking victim. The program resulted in a dramatic increase in awareness of human trafficking and in knowledge of what to do when victims are identified. Main Line Health also embarked on an outreach campaign and began offering their training modules to other organizations.

"The more people we can reach through outreach and training, the more victims can be identified and get the help they need," he says.

Kendra Aucker, president and chief executive officer of Evangelical Community Hospital in Lewistown, PA, found a similar lack of knowledge in her hospital—and in herself. "I was astounded," she admits. "How could I be the head of a hospital and not know, when such a large percentage of people who are trafficked seek health care?" In response, Aucker attended a workshop and, using evidence-based methodologies, instituted a mandatory training program for all hospital employees. Aucker says the hospital also began educating the workforce of nearby health care facilities.

According to Rhonda Hendrickson, vice president of the Division of Violence Intervention and Prevention of the YWCA of Greater Harrisburg, there has been "an increase in victims coming through the door and more people calling to ask for help. While this news is encouraging, and more people are getting the help they need, there is still a lack of resources to respond to the growing issue."

The YWCA offers shelter and housing, case management, counseling, and more to victims of human trafficking and has received several grants to develop education and training programs. It also spearheaded PAATH15, a human trafficking initiative covering twelve Pennsylvania counties along the Route

15 corridor, six of which are rural. Elyse Szurgot, who directs the YWCA's Violence Intervention and Prevention Program, says that in spite of the growth of programs and education, there continues to be a lack of awareness about the issue.

"We still see people who understand that human trafficking exists in Pennsylvania, but they don't believe it happens in their backyard," she explains, adding that human trafficking is an urban and rural issue. The YWCA conducts educational programs to change that paradigm. "We'll go anywhere we can get into, including churches, hotels, businesses, medical facilities, drug and alcohol centers, and police stations," adds Szurgot. "Wherever we go, we are well received."

Recent events in the news—the "me too" movement, the Jeffrey Epstein case, the Superbowl trafficking scandal, and others—have served to raise awareness about the issue, says Sister Teresita Hinnegan, director of the Center for the Empowerment of Women in Philadelphia. "It's great that awareness is increasing, but we need to do so much more," she says. "For instance, you can't really talk about human trafficking without talking about the vulnerable populations who are exploited—prostitutes, homeless people, runaways, and drug addicts. People who have no voice."

The Center for the Empowerment of Women focuses on raising awareness, supporting victims by helping them obtain basic opportunities, encouraging the development of self-sufficiency skills, and referring victims to available services. Hinnegan also is the founder of Dawn's Place, a Philadelphia-area program that works to improve the lives of women trapped by, or at risk for, commercial sexual exploitation. Dawn's place provides housing, trauma recovery services, vocational training, and other services.

Like leaders and employees of dozens of other agencies, organizations, and health care facilities, Hinnegan says there is much more to be done, but she extends the mandate to individuals, suggesting that people everywhere need to be more introspective about the role they play in enabling human trafficking in the first place. "It's time we looked at ourselves more closely to see how we are actually contributing to the human trafficking culture as employers, teachers, and health care personnel. Are we part of the problem? Why is there such a demand for it and what are we allowing to happen?"

Hinnegan hopes champions fighting human trafficking in Pennsylvania, who span the state geographically and offer myriad training, awareness, law enforcement, technical assistance, and victim services programs, will ask themselves these questions and continue to improve services and fight "to recognize the value in these beautiful people and help them become self-supporting members of our global society."

"This is a social issue in our communities," concluded Kendra Aucker. "As human beings, we have a responsibility to treat human trafficking as the crisis it is and to do our part to tell the story and make a difference."

Human Trafficking
Target it. Stop it.

## *Human Trafficking Defined*

Human trafficking is a form of modern slavery. It occurs when a trafficker exploits an individual with force, fraud or coercion to make them perform commercial sex or work.

There are two types of trafficking:

- **Labor Trafficking**—Individuals are compelled to work or provide services by force, fraud or coercion.
- **Sex Trafficking**—Adults are compelled to engage in commercial sex by force, fraud or coercion. Minors are compelled to perform a commercial sex act regardless of the presence of force, fraud or coercion.

The legal definition of human trafficking describes three facets of the crime: an action, a means, and a purpose. For example, if an individual is recruited by fraudulent means for the purpose of forced labor, that individual has experienced trafficking.

*Source: Office on Trafficking in Persons, an office of the Administration for Children and Families in the U.S. Department of Health and Human Services*

*If you are a victim of human trafficking or for more information related to training, technical assistance or help for victims of human trafficking, contact one of the following organizations:*

**National Human Trafficking Hotline at 1-888-373-7888**

The National Domestic Violence Hotline: 1–800–799–7233

The Pennsylvania Coalition Against Rape: 1-800-692-7445

The Pennsylvania Coalition Against Domestic Violence: 1-717-545-6400

Transitions of Pennsylvania: 1-800-850-7948

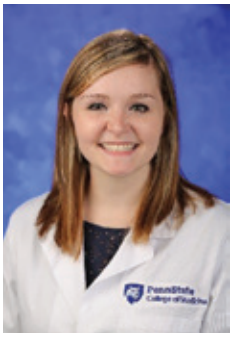
YWCA of Greater Harrisburg, Violence Intervention and Prevention Program: 1-800-654-1211

## 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. In this column, they chronicle their medical education, their experiences serving rural communities, and their progress toward earning their medical degrees.*

*Jason Spicher*



*Morgan Decker*

While most medical students spend their third year of school in the "Clerkship Year," gaining exposure to various specialties in the hospital and outpatient clinics, the curriculum at the Penn State College of Medicine-University Park Regional Campus requires us to do this in the second year. Not only do our students complete this requirement a year earlier, but they complete it in an entirely different manner.

Traditionally, medical education has organized the clerkship year into multi-week blocks for each specialty. However, at our campus, we follow a Longitudinal Integrated Clerkship (LIC) which consists of rotating in all of the specialties simultaneously. For example, students may be in Neurology and Psychiatry on Monday, OB/GYN and Pediatrics on Tuesday, etc. with "free time" built in for studying and patient continuity. There are an abundance of benefits and drawbacks to this method.

Our LIC provided the unique opportunity to spend time in a variety of specialties, sometimes with the same patient. Jason Spicher reflects on his experiences and those of his fellow students.

"This year, I spent every Wednesday morning in Family Medicine. One male patient presented with a new abdominal lump. We thought it looked like a hernia and after ruling out any urgent problems, he was referred to a general surgeon. After the appointment, I asked if I could join him at his other appointments. Clearly excited, he agreed. Due to the LIC, I had free space in my calendar so I attended his surgery consult and provided answers to several questions. On the day of the surgery, I spoke with my patient prior to the operation and then assisted on his case. I was able to block out time to see him at the surgeon's office for his follow-up visit.

Being able to experience the entire course of this patient's illness not only helped to solidify the learning in my mind, but also provided the patient with an advocate and health system navigator. This would not have been possible if not for the LIC."

Most of the year was a positive experience but there were some drawbacks in implementing the LIC.

Most of all, the students struggled with the logistics of having twelve students rotating in seven specialties simultaneously. Often, our schedules would change shortly before we were to arrive to clinic. This meant constant checking of schedules and last-minute planning for whichever clinic we had the following day. This created stress for the students, as we had to alter our plans or attend clinic and risk being unprepared due to last-minute changes. In a traditional clerkship model, students have their yearly schedule organized when they begin and their schedules rarely change. When comparing the two models, the LIC requires more logistical energy to ensure a quality experience.

While the LIC does have some drawbacks, it also has many advantages that contributed to making our year as clerkship students quite enjoyable. The amount of learning we gained, the wide range of patient interactions, and the skill of "going with the flow" made it worth the blood, sweat, and tears that are required to pilot this new program.

# Integrated Health Care:

## A PROVEN STRATEGY FOR REMOVING BARRIERS TO BEHAVIORAL AND ORAL HEALTH SERVICES

*By Kelly Braun, RDH, MSDH and Kalyn Bilger, Pennsylvania Office of Rural Health*

The impact of behavioral health and oral health on whole-person wellness has been widely documented. Behavioral health and oral health are important components of primary care, yet the health care system tends to fragment each service. The World Health Organization (WHO) defines interprofessional practice as "multiple health workers from different professional backgrounds working together with patients, families, and communities to deliver the highest quality of care."

There are several ways in which interprofessional practice can be achieved. Care may be coordinated between providers in different disciplines (direct referrals), care may be integrated into primary care practice (whereby primary care providers screen patients and offer guidance on patients' self-defined health and wellness goals) or care may be co-located (i.e., specialty services are available in the primary care office), allowing for integrated and coordinated care to occur simultaneously.

A perceived stigma about behavioral health services may deter patients from seeking care and there may be a perceived lack of privacy in rural areas due to the close-knit nature of rural communities. Integrating behavioral health services into primary care practice can be an effective strategy to reduce these concerns and increase anonymity. As substance abuse and the opioid epidemic are a focus in many rural communities, integrated behavioral health care can be a viable option to increase access to care, close to home. Behavioral health services also can be provided via telemedicine. The federally-funded Rural Health Information Hub has developed a toolkit on the integration of behavioral health services into primary care which includes resources to assist practices interested in integrating behavioral health services.

Interprofessional practice also has been an effective bridge between siloed health care services such as oral health and primary care. Medical providers often overlook the health of the oral cavity and begin their exam with the tonsils while dental providers often only address the patient's oral cavity. It is estimated that over 100 million Americans who seek the care of a physician do not seek the care of a dentist. In Pennsylvania, thirteen Rural Health Clinics (RHCs) have integrated oral health care into their practice through a program known as the Medical Oral Expanded Care (MORE Care) Collaborative.

In this model, medical staff complete oral health risk assessments with patients and use this information to set oral health self-management goals. Fluoride varnish is offered as a preventive service. If patients do not already have an established dental home, the medical team works to refer patients to a dental provider in the community. Federally Qualified Health Centers (FQHCs) often co-locate medical and dental services. Several of Pennsylvania's RHCs also have implemented this model of care so that patients can receive both medical and dental services in one location, sometimes on the same day.

Interprofessional practice involves teamwork across disciplines. Integration and coordination of behavioral and oral health services into primary care increases patient-centered, high quality health care, leading to greater community health and wellness.

*For more information on the Medical Oral Expanded Care Collaborative and interprofessional practice, contact Kelly Braun, RDH, MSDH, dental delivery services coordinator at the Pennsylvania Office of Rural Health, at 814-863-8214 or to kub277@psu.edu. The Rural Health Information Hub can be accessed at ruralhealthinfo.org.*

# Responding to Agricultural Emergencies

## THROUGH TRAINING AND HANDS-ON PRACTICE

In the United States, agriculture ranks as one of the most dangerous occupations. According to a 2016 report from the Centers for Disease Control and Prevention (CDC), 417 farmers and employees died that year from a work-related incident, resulting in a national fatality rate of 21.4 deaths per 100,000 workers. Approximately 100 agricultural workers per day suffered a lost-time injury.

Responding to agricultural emergencies presents unique challenges since lower numbers of first responders are familiar with both agricultural and emergency response. Penn State Extension has been providing training on proper management and response to agricultural emergencies since the late 1970s. In 2016, the training program, the Penn State Agricultural Rescue Training Program (Ag Rescue Program), was revised to address emerging issues and provide updated information to the community.

The successful management of an agricultural emergency requires specialized training because the outcomes could be potentially life changing, affecting not just the farm family but also the community. The Ag Rescue Program bridges the gap between the farming communities and first responder organizations to provide safe and efficient outcomes for agricultural emergencies. The trainings are typically day-long or weekend programs that include a combination of classroom style learning with hands-on practical application activities. The program includes eight training modules, focused on an Introduction to Farm Emergencies, Managing Tractor Overturns, Managing Machinery Entanglements, Large Animal Rescue Training, Silo Fire Awareness and Operations, and Grain Bin Rescue Awareness and Operations.

The Ag Rescue Program, based out of Penn State Extension at the Penn State University Park campus, uses instructors across the state to coordinate and deliver the training. The program also collaborates with other organizations including the Pennsylvania Farm Bureau, localized regional taskforces, and training programs such as Rescue Techs.

Since 2002, the program has trained nearly 5,500 first responders nationwide and in 2018 offered technical advice on sixteen agricultural emergency incidents. In May 2018, a Pennsylvania farmer was trapped in a grain bin and successfully rescued by first responders who received training through the Ag Rescue Program. One of the fire chiefs at the scene stated that the techniques learned during the training were an essential part of the successful rescue. In 2019, the program was awarded the 2017-2018 Penn State Extension Director's Excellence Award for Outstanding Program Impact.

*For more information on the Penn State Agricultural Rescue Training Program, contact Stephen Brown, Penn State extension associate and program director, at 814-865-7158 or to shb5060@psu.edu. For more information on Penn State's Agricultural Safety and Health programs, contact Penn State extension associate Linda Fetzer at 814-865-4582 or to lmf8@psu.edu.*

*Pictured from left are Janie Hilfiger, president of UPMC Susquehanna Soldiers + Sailors and UPMC Cole; Jennifer Edwards, deputy director and rural health systems manager at the Pennsylvania Office of Rural Health; and members of the continuing care team at UPMC Susquehanna Soldiers + Sailors.*

## UPMC Susquehanna Soldiers + Sailors Awarded for Impact on Rural Health

On June 3, 2019, members of the continuing care team at UPMC Susquehanna Soldiers + Sailors in Wellsboro, PA, received the Baronner Rural Innovation and Transformation (BRIT) Award from the Pennsylvania Office of Rural Health (PORH). The award, named in honor of Larry Baronner, PORH's first deputy director and rural health systems manager, recognizes rural hospitals and health systems that have implemented a robust and sustainable initiative to significantly impact the health status of the communities they serve. The continuing care team developed new processes and support materials to reduce complications following discharge which historically led to readmission. The team's project adopts a multi-specialty, holistic approach, helping patients and caregivers with coordinating follow-up care, prescriptions, social services support, and additional services such as long-term or specialty care.


*Lannette Fetzer, quality improvement coordinator, Pennsylvania Office of Rural Health, accepts the National Quality Spirit Award from Tom Morris, associate administrator and director, Federal Office of Rural Health Policy.*

## Pennsylvania Rural Hospital Leader Receives National Quality Spirit Award

Lannette Fetzer, quality improvement coordinator at the Pennsylvania Office of Rural Health (PORH), received the Medicare Beneficiary Quality Improvement Project (MBQIP) Spirit Award on July 11, 2019 at a national meeting in Bethesda, MD, convened by the Federal Office of Rural Health Policy (FORHP).

In 2011, FORHP created MBQIP to promote high quality care at rural hospitals with twenty-five beds or fewer that have been designated at the federal level as Critical Access Hospitals (CAHs). Low-volume hospitals participating in the project voluntarily report on a set of quality measures relevant to the care they provide, share data, and implement quality improvement initiatives. Currently, 98 percent of the 1,346 CAHs in the United States are reporting rural-relevant quality measures.

The nomination, submitted by Jennifer Edwards, rural health systems manager and deputy director at PORH, recognized Fetzer for being a rural health care leader and advocate since 1995 and for utilizing her extensive clinical experience to provide technical assistance in Pennsylvania and across the nation.

Edwards noted that Fetzer has worked to ensure that the CAHs in Pennsylvania have the support they need to increase their quality metrics and expand quality improvement initiatives. Her efforts have yielded tremendous success as evident by Pennsylvania's CAHs reporting rate of 100 percent for inpatient and outpatient MBQIP reporting measures. Since Fetzer joined PORH in 2016, Pennsylvania's national ranking in the annual national recognition of state MBQIP programs has increased from fifth in 2017, to third in 2018 and now first in the nation for 2019.

"Lannette is passionate about rural health care," said Edwards. "She has successfully partnered with the CAH quality improvement directors to improve patient outcomes across the state. We are extremely proud of all her achievements."

"This is an incredible honor for Lannette" noted Lisa Davis, director of PORH and outreach associate professor of health policy and administration at Penn State. "She is quickly emerging as a leader in the state and nationally for quality reporting and improvement in rural hospitals and health systems. Our office is proud to have Lannette as a member of our staff."

Pennsylvania has fifteen CAHs which serve the most rural communities in the state. Pennsylvania was one of the very first states to achieve 100 percent reporting by CAHs to MBQIP and is one of the few programs in the nation to have a staff member dedicated to quality improvement.


*Jennifer Edwards (left), rural health systems manager and deputy director and Lannette Fetzer (center), quality improvement coordinator, Pennsylvania Office of Rural Health, accept the State Quality Improvement Award from Tom Morris, associate administrator and director, Federal Office of Rural Health Policy.*

# Pennsylvania's Critical Access Hospital Program Ranked Number One in the Nation for Quality Improvement

On July 11, 2019, at a national meeting in Bethesda, MD, the Federal Office of Rural Health Policy (FORHP) presented ten states with the 2019 Medicare Beneficiary Quality Improvement Project (MBQIP) Quality Performance Awards. These awards recognized states that achieved the highest reporting rates and levels of improvement in Critical Access Hospitals (CAHs) over the past year.

This year's ten top performing states were Pennsylvania, Massachusetts, Michigan, Utah, Alabama, Nebraska, Illinois, Maine, Minnesota, and Wisconsin. These states built on their previous successes by investing funding from FORHP into quality improvement projects and developing technical assistance resources that improve high quality care in their communities. States also work collaboratively with every CAH and their respective partners to share best practices and utilize data to drive quality improvement in their hospitals.

Pennsylvania was ranked as the number one MBQIP program in the nation. The state has fifteen CAHs which serve the most rural communities. The federally-funded program in Pennsylvania that provides technical assistance to the CAHs and supports their quality improvement efforts is administered by the Pennsylvania Office of Rural Health (PORH). Pennsylvania was one of the very first states to achieve 100 percent reporting by CAHs to MBQIP and is one of the few programs in the nation to have a staff member dedicated to quality improvement.

HRSA created MBQIP to promote high quality care at rural hospitals with twenty-five or fewer beds. Hospitals that participate in MBQIP voluntarily report quality measures relevant to the care they provide, share data, and implement quality improvement initiatives. Of those engaging in improvement initiatives, 72 percent have improved outcomes on the reported measures.

"MBQIP is part of a broader portfolio of activities within HRSA to preserve hospitals and help rural communities to continue their access to quality health care. Ensuring rural hospital viability is an important component of HRSA's strategic efforts on high quality and value-based care," said former HRSA Administrator, Dr. George Sigounas.

"We're happy to work with the states on this effort," said Tom Morris, FORHP associate administrator. "They've done a great job showing that CAHs can be national leaders in quality improvement and that results in better care in rural communities."

"We are privileged to work with outstanding rural health care leaders who make quality care a top priority in their CAHs," said Jennifer Edwards, PORH's rural health systems manager and deputy director. "Receiving this recognition once again demonstrates their continued commitment to quality improvement."

Lannette Fetzer, quality improvement coordinator at PORH, added, "This award is evidence of the hard work and dedication that the Pennsylvania CAH quality improvement directors, staff, and leadership provide every day to enhance the health of the communities they serve."

# Feeding a Nation, Struggling With Stress

*Kalyn Bilger, Undergraduate Research Assistant, Pennsylvania Office of Rural Health*

Farmers feed the nation and are an essential part of the U.S. economy and the communities in which they live. Farming is a business that is highly contingent on conditions beyond the farmer's control such as weather, pests, disease, commodity prices, and more. For farmers, the passion and history of their work is a source of pride, and when obstacles interfere, they struggle with the potential to lose their land, their family farm, and their livelihood. Since 2013, agricultural producers have faced a 50 percent decrease in net farm income, with more than half of U.S. farm households reporting lost revenue. Net income is not expected to rise soon, but production expenses and interest rates continue to increase.

Mental health and stress in the farming community are receiving attention across the nation, due, in part, to a rise in farming-related suicide. An article published in 2018 in *The Guardian Weekly*, provided estimates from the Centers for Disease Control and Prevention (CDC) indicating that the suicide rate for farmers is more than double that of veterans. Cost, social stigma, and embarrassment present barriers to seeking help or treatment for mental health conditions. According to a 2019 poll conducted by the American Farm Bureau Federation, 91 percent of farmers and farmworkers surveyed said financial issues impacted farmers' mental health. Other stressors, including farm or business problems and fear of losing the farm were indicated, at 88 percent, and 87 percent, respectively. Other factors included stress, weather, the economy, isolation, and social stigma. These stressors can affect physical and emotional health and cognitive function. Physical and behavioral signs of stress include body fatigue, chest pain, anger, irritability, forgetfulness, increased use of alcohol, smoking, and difficulty relaxing. Job performance and occupational safety also can be affected.

Seeking help for mental health issues in the farming community can be challenging, due to reduced access to health insurance that supports mental health services and a lack of mental and behavioral health providers. Rural areas are more likely to be federally designated as Mental Health Professional Shortage Areas. Ninety million people live in these areas where the mental health patient-to-provider ratio is greater than 30,000 to one. Farmers tend to be independent, prioritize their work over their health, and may be less likely to ask for help. These characteristics can serve as additional barriers to accessing mental health services and treatments. It is essential for farmers to prioritize their mental health and to recognize the signs of stress. Identifying these signs can lead farmers to seek help in managing occupational-related stressors.

*A number of resources are available to support farmers and their loved ones. If you or someone you know is experiencing stress, depression, anxiety or thoughts of suicide, reach out to the Farm Aid Hotline, available from 9:00 a.m. to 5:00 p.m. ET at 1-800-327-6243 and to the National Suicide Prevention Lifeline, available 24 hours a day, seven days a week, at 1-800-784-2433. Guides and toolkits for managing farm stress also can be found through Michigan State University Extension at canr.msu.edu/managing_farm_stress/.*

# Rural Health Research Information Source Provides Data, Information

The Rural Health Research Gateway provides easy and timely access to research conducted by the Rural Health Research Centers, funded by the Federal Office of Rural Health Policy. The Gateway efficiently puts new findings and information in the hands of subscribers, including policymakers, educators, public health employees, hospital staff, and more. Access the Gateway at ruralhealthresearch.org/ and sign up today at ruralhealthresearch.org/alerts#subscribe to receive the latest updates from the nation's rural health research centers.

Rural Health Research Gateway

*Hannah Ross (center) accepts the 2019 Jennifer S. Cwynar Community Achievement Award, joined by Chris Hollenbeak, Ph.D., Health Policy and Administration department head; Sue and Don Cwynar, parents of Jennifer Cwynar; and Lisa Davis, PORH director.*

# Pennsylvania Office of Rural Health Presents Undergraduate Student Achievement Award

Hannah Ross, a student in the integrated undergraduate/Master of Health Administration program in the Penn State Department of Health Policy and Administration (HPA), received the 2019 Jennifer S. Cwynar Community Achievement Award on April 8, during the Annual Stanley P. Mayers Endowed Lecture at Penn State University Park.

The Jennifer S. Cwynar Community Achievement Award recognizes community achievement by an HPA senior undergraduate student who has demonstrated service and commitment to a community or an underserved population, preferably, but not exclusively, in a rural area of Pennsylvania.

The award was established in memory of Jennifer S. Cwynar, a 2008 graduate of HPA and a 2008 undergraduate intern at the Pennsylvania Office of Rural Health (PORH). The award is given in recognition of Cwynar's commitment to community service, advocacy for underserved and rural populations, and focus on public health. The award is issued to a senior undergraduate HPA student who has advanced those commitments and is intended to encourage and foster personal and professional development. Ross served as PORH's undergraduate student intern in the summer of 2018.

Pennsylvania Office of Rural Health
The Pennsylvania State University
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