

SPRING 2021

PENNSYLVANIA RURAL HEALTH



**ADDRESSING HEALTH
EQUITY IN RURAL
PENNSYLVANIA**

**STOPPING THE SPREAD OF
THE SPOTTED LANTERNFLY**

**TRANSFORMING
RURAL HEALTH CARE
IN PENNSYLVANIA**



ADDRESSING HEALTH EQUITY

Through Medicaid

Pennsylvania Health Access Network

While geographic isolation, shortages of health care providers, inadequate transportation, increased financial hardship, and few resources to holistically address health challenges exist in rural Pennsylvania, the solution to these barriers already exists within rural Pennsylvania. In fact, the solution is further investment in the public health program that unites people from different communities and races across the Commonwealth, and is the largest provider of health coverage to people with disabilities, children, seniors, rural communities, and other vulnerable populations: Medicaid.

According to the Kaiser Family Foundation, people in rural areas are less likely to have private coverage compared to those in urban areas. In Pennsylvania, specifically, both pre-pandemic and during the public health emergency, Medicaid enrollment in rural counties as a percentage of the population is within a fraction of a percent of that in our urban areas. Too often, people think of Medicaid as a program that primarily benefits urban communities. Medicaid is used equally in both urban and rural communities across Pennsylvania.

The economic impact of Medicaid is more strongly felt in rural communities. A 2021 analysis in *Health Affairs* tells us that non-urban, smaller, safety net hospitals have seen the largest gains in financial stability due to Medicaid expansion. Pennsylvania expanded Medicaid in 2015. This is critical because Pennsylvania closely aligns with national trends that show more rural hospitals are operating in the red or have closed. When a hospital closes, not only does it impact access to hospital-based care, but often most other medical services vanish. Medicaid keeps care in our rural communities.

While it is common that rural communities, including those in Pennsylvania, have a higher uninsured rate than their urban counterparts, many of those uninsured individuals are eligible but not enrolled in Medicaid. In talking with families and individuals in rural Pennsylvania, there is a lack of awareness that comprehensive, free coverage exists, coupled by a hesitancy to enroll in a government program. Funding community-based outreach, education, and enrollment overcomes this distrust and gets people connected to coverage.

In response to the seismic shifts caused by the COVID-19 pandemic, Medicaid became our most valuable public health tool. Pre-pandemic, one in five Pennsylvanians was enrolled in Medicaid. As of December 2020, that number increased in urban and rural communities alike, to one in four. In unforeseen challenges, Medicaid automatically responds in a way that few other tools can.

Medicaid covers a large number of people in rural communities, responds quickly to tough economic conditions, and provides critical long-term stability to health care in rural communities in Pennsylvania. The Pennsylvania Health Access Network's (PHAN) efforts in rural communities across the state reveal a need for adequate provider networks, improved training, support and reimbursement for health care providers and other health care staff, expanded medical-related transportation, and benefits that help people respond to aging or serious health challenges with dignity in their communities. Doing so will address disparities across Pennsylvania.



**Pennsylvania Health
Access Network**

Stronger Voices for Better Health

For more information, contact Patrick Keenan, Pennsylvania Health Access Network, at 717-322-5332 or patrick@pahealthaccess.org and learn more at pahealthaccess.org. The views expressed here do not necessarily reflect the views of the Pennsylvania Office of Rural Health or the agencies providing support for this publication.



Cover Story: Addressing Health Equity



Stopping the Spread of the Spotted Lanternfly



Transforming Rural Health Care in Pennsylvania

COVER STORY: Addressing Health Equity in Rural Pennsylvania..... 2

Pennsylvania Office of Rural Health Honors 2020 Rural Health Leaders 6

Community Champion Recognized as 2020 Rural Health Community Star 8

Pennsylvania Rural Health Clinics Receive National Award 8

Titusville Area Hospital Receives National Recognition 8

UPMC Cole Recognized for Innovative Post-Acute and End-of-Life Care 8

Rural Health in Pennsylvania Continues to Transform, Expand 9

Stopping the Spread of the Spotted Lanternfly 10

Transforming Rural Health Care in Pennsylvania 11

Partnerships, Summits, Address Rural Human Trafficking 12

Perspectives from Medical Students 13

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.

Pennsylvania Rural Health is published twice a year by PORH. This publication is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$230,000 with 0 percentage funded by HRSA/HHS and \$1,885 and 100 percentage funded by non-government source(s). The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA/HHS, or the U.S. Government.

U.Ed. HHD 20-063 MPC S158240



Funded, in part, by the Pennsylvania Department of Health



ADDRESSING HEALTH EQUITY in Rural Pennsylvania

By Andrew Shelden

Pennsylvania's rural counties are home to more than three million people, more than a quarter of the state's population, and residents there deserve to live safe, healthy, and productive lives. However, many of Pennsylvania's rural communities have characteristics that contribute

to significant health disparities in their local population, from lower socioeconomic or environmental conditions, to limited access to health services and providers, to poor and underdeveloped infrastructure. Through the combination of those characteristics, many rural Pennsylvanians suffer from disparities in health equity.

Pennsylvania's rural counties are home to more than three million people, more than a quarter of the state's population.

"Everyone should have the same opportunities to live the healthiest life possible," says David Saunders, director of the Pennsylvania Department of Health's Office of Health Equity. "And yet in many of our rural communities—and in urban communities too—it's unequal. The burden on those communities, also, tends to be unequal. And those two things are connected."

How do we begin to address these burdens and inequities? Policy makers, community leaders, and academic researchers who are invested in improving health outcomes typically measure progress by assessing a broad range of factors known as the social determinants of health (SDOH). These are "the conditions in the places where people live, learn, work, and play that affect a wide range of health and quality-of-life risks and outcomes." *Healthy People 2030*, a Centers for Disease Control and Prevention (CDC) initiative, classifies the five key areas of SDOH as:

- Health care access and quality;
- Economic stability;
- Education access and quality;
- Social and community context; and
- Neighborhood and built environment.

Statistically speaking, rural communities tend to do poorly across these measures. The common narrative—here in Pennsylvania and across the country—is that rural communities have less access to quality, affordable health care, that well-paying, stable employment is harder to find, and that educational attainment tends to be lower. Rural communities also typically have deteriorating infrastructures and big gaps in affordable, high-speed internet access. These are critical social and civic deficiencies that lead to health inequities in a population.

While the statistics tell one story, some rural communities are bucking these trends. A 2020 Gallup survey revealed that the number of people around the country who would prefer to live in a rural community is growing.

"To attract new residents [in rural counties] we need healthy, thriving communities," Kyle Kopko, director of the Center for Rural Pennsylvania, notes. "We need to understand what types of communities will be sustainable. And we need to make these communities a destination to live and work."

Health Care Access & Affordability

Pennsylvania took a critical step in addressing health inequity when Governor Tom Wolf signed the Medicaid expansion bill in 2015. By early 2017, that bill had helped reduce the uninsured rate among Pennsylvanians from ten to six percent, although that number has crept up again in 2020. Still, when uninsured rates decline, health outcomes tend to improve; people are more likely to schedule preventive care appointments

and seek urgent care when they know that costs will be covered or offset by their insurance.

One area where rural counties continue to lag is in providing access to health care providers. Urban counties in the state have nearly twice as many physicians per resident and nearly twice as many dentists. There are 23 percent more hospital beds available per capita in urban areas. Seven rural counties in Pennsylvania are without a hospital. Rural residents typically have to wait longer to schedule an appointment with a health care provider and travel much longer distances to receive care.

Rural health providers are aware of these deficiencies and some are taking steps to expand their services. At St. Luke's Hospital Miners Campus in rural Coaldale, Pennsylvania, hospital president Wendy Lazo says that, "we've expanded services exponentially in the past twenty years. We invest in our outlying communities so that we can provide appropriate, high quality care to our patients." St. Luke's has added both primary care and specialist facilities to their network in recent years, recognizing how important it is to reduce the distance rural residents need to travel for their health care services. "Our philosophy is: we're going to come to you," Lazo says.

Like many other rural health providers, the administrators at the Miners Campus recognize the challenges they face being a small, rural hospital. It can be more difficult for them, for instance, to find and retain quality doctors, nurses, and staff. "The hardest thing for us to find is nurses," Lazo says. "We need more people in that field, absolutely."



St. Luke's Miners Campus has tried to close that personnel gap by promoting community engagement and developing a pipeline of interested students from the local public school system to their professional nursing school. They employ nurses in their hospital who were born and raised in Coaldale. "We go to the community, we don't wait for them to come to us," says Micah Gursky, their chief development officer. "And in a smaller community, you can really get personal with these things."

At Miners Campus, they have also established a rural training track for their family medicine residency. "Some of our rural family doctors wanted to be a part of an academic setting, and this program allows them to do both," Gursky says, which he believes helps the hospital with recruiting and retention among physicians.

The sort of innovation and community-focused approach at St. Luke's Miners Campus is a model for what rural health systems may need to do to be successful in reversing the health equity trends in rural communities.

Promoting Health Beyond Health Care

"There is so much more to one's health than the health care setting," Saunders says. "That tends to account for only 10-20 percent of one's life expectancy. It's more so the other 80 percent that's important." Kyle Kopko of the Center for Rural Pennsylvania agrees. "We can't just talk about health care when we're talking about health equity."

Whether in a rural or urban setting, populations most at risk for inequities in health are women and ethnic minorities. Closing gaps in health equity means identifying the particular problems and biases that exist in our society that lead to poor health outcomes in these groups.

"Moms and children can really give you a good indication of how healthy a population is," Saunders says, as an example. "Transportation and access to care affect women. Their employment status is often low wage or essential work. They're not only the breadwinners but they're also the caregivers [to their children]. It can be a double whammy. Some may be unemployed and unable to put nutritious food on the table."

Women, Black, Latinx, and LGBTQ populations—several other vulnerable classes—aren't just disproportionately affected by economic inequities, they also are more likely to receive lower quality care in hospital settings, due in part to language barriers and cultural insensitivities. These populations also are at greater risk of being victimized by sexually violent crimes, which can lead to long-lasting physical and mental health challenges.

"The more marginalized an individual is by their identity, the more likely or susceptible they are to be victimized by sexual harassment, abuse or assault," says Tatiana Piper, community advocacy coordinator at the Pennsylvania Coalition Against Rape (PCAR).

Inequity can compound quickly in these vulnerable populations. Consider that white women still make less than eighty cents on the dollar compared to their white male counterparts nationwide, while black women and other women of color make even less. Then, add the fact that the average household income in rural Pennsylvania is more than 25 percent lower than in urban areas. That lower per capita income in rural areas produces lower tax revenue, which leads to lower levels of state and federal funding. Limited government spending in rural areas leads to reduced social services. Statewide agencies like PCAR provide free access to their critical services in rural and urban areas alike, but there are typically fewer physical services available in more sparsely populated areas. Community awareness and promotion of those services tends to be less too.

Rural residents in Pennsylvania are 50 percent less likely to have attained a bachelor's degree or higher. The lack of educational attainment in these communities "has ripple effects," Kopko notes. "It often determines who can get a job and how good that job might be in the future."

Saunders echoes that assessment. "In the last ten to fifteen years, the economic outlook has changed in rural Pennsylvania. Industrial jobs are not as prevalent. That impacts the school system. That impacts the opportunities for individuals to have the types of jobs that give them good medical coverage, sick leave, those types of things. A lot of these issues are clearly interrelated."

COVID-19 Impact

Pennsylvania was making progress on some of these equity issues in recent years, from the drop in the uninsured rate, to reduced unemployment figures, to higher wage growth. But those trends came to a halt in 2020 with the devastating economic and social impact of the COVID-19 pandemic. Unemployment rose sharply, and when people lose their jobs they often lose their health insurance coverage. The health care industry had to adapt and evolve under trying circumstances. Primary care services, specialists, and dental care were all sidelined for months to prioritize the pandemic response, which may lead to adverse health outcomes now and in the future.

Most importantly, those who proved most vulnerable to the virus were the same populations facing significant gaps in health equity already: low wage earners, the under-insured, elderly persons, and ethnic minorities with underlying health conditions. COVID-19 has, in effect, laid bare where health inequities exist in Pennsylvania and who suffers most acutely from them. "What we have now," Saunders says, about trying to address health equity issues in light of the COVID-19 outbreak, "is we have more people coming to the table to try to help. Long-term goals may have come more into focus."

Saunders sees reason to be optimistic that political and community leaders who have rallied to manage the COVID crisis will continue to stay engaged on health equity issues going

“All these things together add up, and [addressing health equity] is all about marginal change. It’s never going to be one single solution.”

—Kyle Kopko
Director of the Center for Rural Pennsylvania

forward, in order to address what he refers to as “the ongoing pandemic of health disparities.”

Kopko is also looking for bright spots in an otherwise dark year. Referencing the Gallup survey, which indicated that more people around the country are interested in living in rural communities, he says, “Maybe the pandemic will change people’s minds about living in rural areas. “[But] what’s it going to take for them to stay there? That’s why we have to make rural communities a destination to live and work.”

What’s Next?

Policy advocates and health care professionals remark on the interrelated nature of these social problems. Addressing health equity disparities is far more complex than simply reducing uninsured rates or recruiting more health care professionals to rural hospitals. Rural communities, by in large, have characteristics that lead to statistically poor health outcomes, but urban communities around the commonwealth have sizable gaps in health equity too. “Frankly, the disparities between urban and rural settings are often overstated,” says Micah Gursky.

Income inequality is perhaps the greatest driver of health disparities across the population, and that’s true whether you live in a big city or a small town. The Office of Health Equity likes to point out that “a person’s ZIP code remains a more accurate determinant of his or her health than their genetic code,” which means that income, education, employment, housing, and the immediate environment combine to influence

health status to a greater extent than genetics or family health history.

Kopko stresses this point as well. “All these things together add up, and [addressing health equity] is all about marginal change. It’s never going to be one single solution.”

Because health equity disparities disproportionately affect black and brown communities, the legacies of discriminatory public policies that continue to promote these gaps must be considered, as well as how implicit biases in our social structures and attitudes exacerbate these inequities.

Saunders believes that the most important action political and community leaders can take to confront health equity disparities is to “address racism more generally. Racism undergirds so much of what we’re trying to address with inequities.”

“People who have oppressed identities are really taking the brunt of the burden in our society,” says Piper of PCAR. “But if we can provide services for the most marginalized person in our society, then ideally all services will be able to reach and help everyone.”

In conjunction with the federally guided *Healthy People 2030* campaign, the Pennsylvania Office of Health Equity has set a goal of eliminating health disparities in the Commonwealth by 2030. It’s an ambitious aim that will require a dedicated partnership of state and local governments, as well as community outreach organizations. That goal comes with data targets across these social determinants that Pennsylvania will have to meet, county-by-county. Are we up for the challenge?

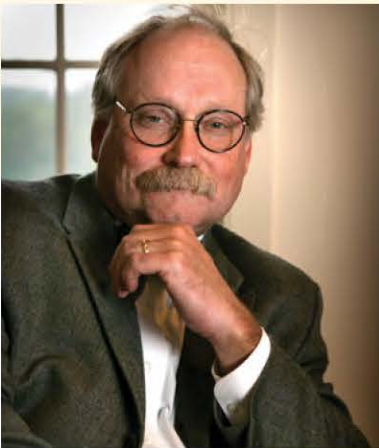
“We’re going to continue to use the data to show that there are these great disparities in the state and to work with our partners to address those disparities,” Saunders says. “We’re always hopeful, and once you focus in on where those disparities lie, the numbers can improve if you really put the effort where the need is greatest.”



2020 Rural Health Awards

Continuing the annual Rural Health Week in Pennsylvania tradition, the Pennsylvania Office of Rural Health (PORH) presented the 2020 Rural Health Awards to individuals and organizations who took leadership roles and made a significant impact on rural

health in Pennsylvania. The 2020 Rural Health Week in Pennsylvania, proclaimed by Pennsylvania Governor Tom Wolf for November 16-20, was an excellent opportunity to present to and honor these award winners. Rural Health Week in Pennsylvania encompassed and celebrated National Rural Health Day, which was held on November 19.



D. Holmes Morton, M.D., Central Pennsylvania Clinic – A Medical Home for Special Children and Adults

Rural Health Hero of the Year Award: Holmes Morton

The Rural Health Hero of the Year Award was presented to Holmes Morton, M.D., founder, pediatrician, and medical director of the Central Pennsylvania Clinic – A Medical Home for Special Children and Adults in Belleville, Pennsylvania. The award recognizes an outstanding leader in the area of rural health who demonstrates a personal and professional commitment to the rural health needs of a community. Morton was lauded for the compassionate, specialized care he provides to his patients, especially those in the Plain (Amish and Mennonite) Community, and for his tireless work in the pursuit of finding and providing the best treatments for his community. During the COVID-19 pandemic, Morton has served as the laboratory directory at a local testing site and developed outreach and education on the virus for the Plain Community.



Joanne Calabrese, D.O., St. Luke's University Health System

Community Rural Health Leader of the Year Award: Joanne Calabrese

Joanne Calabrese, D.O., an internal medicine and primary care physician with St. Luke's University Health System in Tamaqua, Pennsylvania, received the Community Rural Health Leader of the Year Award. This award honors an outstanding leader(s) 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. Calabrese was recognized for her commitment and dedication to her patients and community members and for improving health outcomes in the community she serves. Calabrese consistently expands her community outreach through creative initiatives such as the local rural Walk with a Doc and Tail on the Trail Community Walking, through which she has improved cancer screenings and prevention efforts. She also educates local schools on topics such as literacy and substance use prevention, treatment, and recovery.

Congratulations to all the rural health programs and individuals recognized with a 2020 Rural Health Award!



*Congressman Glenn "GT" Thompson,
U.S. House of Representatives*

Rural Health Legislator of the Year Award: Representative Glenn Thompson

The Rural Health Legislator of the Year Award was presented to Rep. Glenn Thompson (R-15th District). The 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. Thompson represents Pennsylvania's geographically largest congressional district and has been the number one speaker on the U.S. House of Representatives' floor for the past five years. In the 115th Congress, Thompson introduced the Career and Technical Education for the 21st Century Act that passed the House and Senate unanimously and was signed into law by President Donald Trump. Thompson has been a champion for rural telemedicine services and the Coronavirus Aid, Relief, and Economic Security Act (CARES Act). He is a life-long resident of Centre County, Pennsylvania and, prior to his time in Congress, served for twenty-eight years as a therapist, rehabilitation services manager, and licensed nursing home administrator.



*Helen Hawkey, Executive Director,
PA Coalition for Oral Health*

State Rural Health Program of the Year Award: PA Coalition of Oral Health

The PA Coalition for Oral Health (PCOH) was the recipient of the State 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. PCOH was honored for improving oral health for all Pennsylvanians by increasing access to oral health services and fluoridated water and expanding the number of practicing dental providers in targeted areas. Highlights of their activities include outreach to over 500 dental and dental hygiene students with a significant percentage indicating an increase in their plans to practice in rural areas. PCOH also supports three Rural Health Clinics that serve more than 600 additional rural residents.



*James H. Yoxtheimer, President and CEO,
River Valley Health and Dental*

Community Rural Health Program of the Year Award: River Valley Health and Dental Center

In recognition of the outstanding care provided to vulnerable populations in Lycoming County, Pennsylvania, River Valley Health and Dental Center in Williamsport, Pennsylvania received the Community Rural Health Program of the Year Award. The center was lauded for applying creativity and innovation to best serve the community and provide a wide range of affordable and accessible services, including health education, mobile care, and dental services for three county school districts. The center also been a critical part of the COVID-19 pandemic response team in the county.



Kerri Quick, St. Luke's University Health Network's Department of Community Health and Preventive Medicine

Community Champion Recognized as 2020 Rural Health Community Star

As the COVID-19 pandemic has reinforced, schools serve a greater purpose than a place to educate young minds. Kerri Quick, school and community coordinator with the rural Schuylkill County, Pennsylvania-based St. Luke's University Health Network's Department of Community Health and Preventive Medicine, understands that her service to children and families makes a difference. Whether it's helping provide food, find clothing or make sure community members have a safe way to dispose unused prescriptions, Quick is determined to fill needs and do so with kindness.

The nomination was submitted by Rosemarie Lister, director of community-based and rural health at St. Luke's. Lister noted that "Kerri is from the rural community and plays a vital role in connecting families, organizations, patients, and community members to care." Lister praised Quick's commitment to ensuring the success of the health system's medical van program and vision shuttle which removes barriers that prevent students from accessing vision exams and corrective wear. Quick not only coordinates the program; she rides along with students, which reinforces her commitment to health equity and its relationship to learning.

Quick has taken the lead during the pandemic on connecting families in need with the St. Luke's Community Supported Agriculture (CSA) program, which purchases healthy food from local farmers and distributes it through its various network sites. Quick explained, "Typically, we set up tables at community events to distribute the shares we receive. That wasn't going to work, so we started contacting teachers to see if they could identify food-insecure students and families." Through those contacts, Quick noted that "we reached families that we may not have been able to identify before."

Quick says that to her, the Power of Rural means taking something small and making it "ginormous."

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 2020 Community Stars book can be accessed at en.calameo.com/read/004572339e4c510626025.

Pennsylvania Rural Health Clinics Receive National Award

Three of Pennsylvania's Rural Health Clinics (RHC) were recognized as top rural primary care practices in the United States according to the 2021 Lilypad Awards, the only ranking program for the nation's nearly 4,600 RHCs. The Lilypad Awards recognize RHCs that outperform their rural primary care practice peers in efficiency and operational excellence. Pennsylvania's RHCs receiving the 2021 Lilypad Award are Family Health Clinic of Barnes-Kasson, in Susquehanna, Pennsylvania; New Bethlehem Health Care, in New Bethlehem, Pennsylvania; and Moshannon Valley Rural Health Center located in Philipsburg, Pennsylvania. Congratulations!

For more information on the Lilypad Awards, visit lilypad207.com.



Titusville Area Hospital leadership includes Holli Wolfe, associate vice president of operations; Jill Neely, CFO; Brenda Burnett, vice president of patient services; and Lee Clinton, CEO.

Titusville Area Hospital Receives National Recognition

Titusville Area Hospital (TAH), in Titusville, Pennsylvania was named the first runner up for the American Hospital Association 2020 Rural Hospital Leadership Award. This national award recognizes rural hospital leaders who guide their hospital and community through transformational change. These leaders display outstanding leadership, responsiveness to their community's health needs, and demonstrate a collaborative community process that has led to measurable outcomes. TAH is a critical access hospital located in northwestern Pennsylvania that serves a rural and largely low-income population in several counties.

For more information, contact Holli Wolfe, a associate vice president of operations, at 814-827-8717 or Hwolfe2@mmchs.org.

UPMC Cole Recognized for Innovative Post-Acute and End-of-Life Care

The National Rural Health Resource Center and the Federal Office of Rural Health Policy (FORHP) presented UPMC Cole with the 2020 Critical Access Hospital Award. The hospital, located in Coudersport, Pennsylvania, was recognized for their data-informed approach to post-acute and palliative care and for developing a robust and innovative set of services that has transformed care.

For more information on UPMC Cole, visit UPMCSusquehanna.org.

RURAL HEALTH IN PENNSYLVANIA

Continues to Transform, Expand

Many rural hospitals in Pennsylvania operate with negative margins and are at risk of closure. In 2017, the federal Center for Medicare and Medicaid Innovation (CMMI) funded the state to launch the Pennsylvania Rural Health Model (PARHM) to ensure that rural hospitals stay open and continue to provide sustainable access to health care in rural communities. Sixty-seven rural hospitals were eligible for participation in the model, using the definition of rural developed by the Center for Rural Pennsylvania. In March 2019, the Pennsylvania Department of Health (DOH) announced the first five hospitals participating in the model and in December 2019, announced eight more. In 2021, 28 percent of eligible hospitals will be participating in the program.

In November 2019, the Pennsylvania General Assembly passed Act 108 to establish the Pennsylvania Rural Health Redesign Center Authority (RHRCA) and the Pennsylvania Rural Health Redesign Center Fund to protect and promote rural hospitals and health care centers that face special challenges, including inconsistencies in billing and reimbursements. The RHRCA was launched in May 2020 with a dual focus—to lead continued development of the PARHM, working in partnership with the CMMI and DOH and build solutions for rural hospitals and communities to promote financial sustainability and improve the health of rural populations. The RHRCA builds on lessons learned in combining transformation in health care payment and delivery to develop a sustainable model for community-based care, in Pennsylvania and across the country.

To complement the RHRCA, the Rural Health Redesign Center (RHRC) was established in June 2020. The center's activities build solutions for rural hospitals and communities across the country to drive financial sustainability, improve population health, and bring scalable, cost-effective solutions to rural communities throughout the nation. The RHRCA will support the PARHM to achieve the financial and health-related goals of the program.

“With eighteen hospitals and six payers now in the program, the PARHM is projected to serve more than one million



Pennsylvanians in rural communities and will have approximately \$750 million in net patient revenue in the program's global budget model,” Gary Zegiestowsky, executive director of the RHRCA said. “The scale that Pennsylvania has achieved with this model provides a solid base to drive transformative change for rural health care and we are excited about the opportunity to grow the model further over the next year. This program is truly about coming together to serve rural Pennsylvania.”

Zegiestowsky noted that participation in the RHRCA is a credit to the desire of hospitals to provide transformative care in their area. It also means there is still much work to be done to bring sustainability to rural hospitals in Pennsylvania. Eligible rural hospitals are encouraged to participate in the PARHM to improve population health, access and financial stability.

For more information on the Rural Health Redesign Center and the Pennsylvania Rural Health Model, visit rhrco.org.



SPOTTED LANTERNFLY



Adult with orange spots can be found July-December



Nymph with orange spots can be found Jan-April-July



Egg mass (cracks) can be found October-December



Adult with orange spots can be found July-December



Nymph with orange spots can be found Jan-April-July



Egg mass (cracks) can be found January-June

Stopping the Spread of the Spotted Lanternfly

The Spotted Lanternfly is an invasive species that can destroy trees, fruit crops, and other plants. This planthopper is native to Asia and has been causing devastation to Pennsylvania agriculture and horticulture since 2014. With special preferences for grapevines, maples, black walnut, birch, and willow, the Spotted Lanternfly feeds on and weakens plants important to the Pennsylvania economy. A recent economic study estimates an

annual impact of \$324 million and more than 2,800 jobs lost if the insect is uncontrolled.

In addition to this massive economic impact, the feeding habits of the Spotted Lanternfly attract wasps and other insects by excreting a sugary waste that accumulates on decks, patio furniture, and vehicles, growth which later turns into sooty

mold. These impacts damage property and can keep nature lovers indoors.

Agencies including the U.S. Department of Agriculture, the Pennsylvania Department of Agriculture, and Penn State Extension have devoted extensive resources to control and contain the Spotted Lanternfly, while mitigating its effects. These agencies are leading research efforts, treating areas with known populations, and issuing quarantines to limit movement of the insect.

By knowing the life stages of the invasive pest, inspecting vehicles or other belongings moving throughout the state, staying informed of the latest news, and reporting insect sightings, everyone in the state can contribute to ridding Pennsylvania of the Spotted Lanternfly.

STOP THE SPREAD!

- Learn the life stages of the insect to know what to look for.
- Don't panic! While invasive, the Spotted Lanternfly does not bite or sting.
- "Look Before You Leave"
 - Use a checklist to examine vehicles and other belongings before traveling in or out of quarantined areas.
- Manage the Spotted Lanternfly:
 - Scrape egg masses.
 - Use tree traps to catch nymphs
 - Remove host plants
 - Apply insecticides
- Report sightings

For more information on the Spotted Lanternfly and to access quarantine maps and checklists, see agriculture.pa.gov/Plants_Land_Water/PlantIndustry/Entomology/spotted_lanternfly/Pages/default.aspx.



Transforming Rural Health Care in Pennsylvania

Health care delivery is experiencing immense change, which emphasizes implementing new approaches to improve health outcomes, control costs, and improve population health. While new approaches have been adopted in large, urban-based delivery systems, less is known about the potential of these approaches in rural settings. Transitioning from volume- to value-based care ensures that rural health systems focus on the issues that impact the local communities they serve.

The Hospital and Healthsystem Association of Pennsylvania and the Pennsylvania Office of Rural Health launched the first annual Rural Health Care Transformation Summit in October 2019 with the second to follow in the fall of 2020. Engaging and interactive presentations on primary care and community engagement, health services integration, population health, telehealth, and more for leadership from Critical Access Hospitals (CAHs), small rural hospitals, and Rural Health Clinics (RHCs), focus on the future of health care in Pennsylvania. Details on the 2021 Rural Health Care Transformation Summit will be available soon.

For more information, contact Jennifer Edwards, rural health systems manager and deputy director or Kelly Braun, dental health systems coordinator at the Pennsylvania Office of Rural Health at 814-863-8214 or jle312@psu.edu or kub277@psu.edu, respectively.



Partnerships, Summits, Address Rural Human Trafficking

Human trafficking, a form of modern-day slavery, uses force, fraud or coercion to obtain labor or commercial sex. Close-knit, rural communities have been considered immune to human trafficking. Yet researchers, advocates, law enforcement, and health care professionals have found that the characteristics common to rural areas—geographic isolation, fewer jobs, and under-resourced support services—may make rural areas prime targets for trafficking.

A partnership between the U.S. Department of Health and Human Services, regional and statewide agencies and organizations, and the Pennsylvania Office of Rural Health, has launched the Rural Human Trafficking Summit, held to

date in 2019 and 2020, which emphasizes the rural health care, community, social service, and legal supports to target—and stop—rural sex and labor trafficking. Stay tuned for additional resources and for information about the next summit to be held in the fall of 2021.

For more information, contact Terri Klinefelter, outreach coordinator at the Pennsylvania Office of Rural Health, at 814-863-8214 or tjc136@psu.edu and visit porh.psu.edu/human-trafficking-and-the-rural-health-system-response.

RURAL COMMUNITY HEALTH CARE: Perspectives from Medical Students

Jason Spicher and Morgan Decker are fourth-year medical students at the Penn State College of Medicine-University Park Campus (PSCOM-UP). Over the last three years, they have chronicled their medical education, their experiences serving rural communities, and their progress toward earning their medical degrees. They will graduate in May 2021 and this will be their last column. Thank you and congratulations!



Jason Spicher

As we near our fourth and final year of medical school, we, like most of our colleagues across the country, are spending the majority of our time determining where we will spend the next three plus years of our lives. We are trading our physician scrubs for business clothes, logging onto our computers, and sitting in front of our web cameras trying to find the best “fit”: the residency that will launch our careers as physicians. Traditionally, a portion of the fourth year of medical school is spent traveling and interviewing for residency placement, but due to the COVID-19 pandemic, all of our interviews are virtual. Join us as we take some time to reflect on this process and our medical school journey, as well as look forward to what is on the horizon.

Jason Spicher

During the last week of 2020, I took a bicycle ride in Rothrock State Forest, just outside of State College, Pennsylvania. It was a route I’d pedaled many times during the years I’ve spent in State College. I sat at a vista overlooking the town and Beaver Stadium, remembering football games I’d attended and great meals eaten in local restaurants, activities that seem far away from our current reality. I’m grateful to have had the opportunity to spend time in State College and learn from wonderful teachers and mentors as I pursue a career in Family Medicine. I gained valuable exposure to rural health care in clinics in Centre County. I also learned from countless patients about their lives and how their experiences impact their health and wellbeing. I’ll submit my preferences for a residency

training hospital in early March; shortly thereafter, a computer will match me (and every other fourth-year medical student!) to a program where I’ll begin the next chapter of my training. After finishing residency, I plan to adapt to the needs of my community as a family physician and continue to learn from patients.

Morgan Decker

As someone who was born and raised in Centre County, Pennsylvania, it is hard to believe that I will be leaving after twenty-five plus years of growing and learning in this area. I was fortunate to attend both undergraduate and medical school in Central Pennsylvania, allowing me to stay close to my family and learn from my community. As I finish my residency interviews, I am thankful for the exquisite learning and opportunities that Penn State College of Medicine-University Park has afforded me. It was with great courage that I decided to help build and attend this “new” campus but, after almost five years, I will proudly graduate from our extremely unique and innovative program. Looking ahead, I will be a resident in pediatrics. As someone who has loved every minute of medical school, and who has changed her mind about specialty choice several times, I am happy to know that I will be spending my career serving our tiniest humans. I also will be pursuing a career in medical education, an interest I developed while in medical school. Regardless of where I do my residency training, I will always be thankful for and proud of my Central Pennsylvania upbringing. Who knows? Maybe I will return to my roots someday!



Morgan Decker

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