FALL 2020

PENNSYLVANIA RURAL HEALTH

RESHAPING HEALTH CARE IN RURAL PENNSYLVANIA

DURING A GLOBAL PANDEMIC

WHAT IS NATIONAL RURAL HEALTH DAY?

Pennsylvania Office of Rural Health Presents **UNDERGRADUATE STUDENT ACHIEVEMENT AWARD**

UPMC Cole Receives Champion Award; **RURAL HEALTH CARE SYSTEMS RECOGNIZED**

PENNSYLVANIA OFFICE OF RURAL HEALTH

PennState

message *from the* director

Welcome to the fall issue of *Pennsylvania Rural Health*. Many of us thought that life would have returned to normal by now: businesses open, people working in their offices, kids in school every day. COVID-19 had other plans.

Many adjectives have been used to describe the pandemic. Unprecedented. Challenging. New normal. Certain verbs have become part of our everyday language. Social distance. Masking. Quarantine. Isolation.

These words connote the negative impact of the pandemic. When I think of the rural health care response to the virus, other, more positive words come to mind. Resilience. Creativity. Strength. Commitment.

In this issue of the magazine, we highlight how COVID-19 has affected rural health care systems and the obstacles health care leaders and providers have faced. Empty hospitals, significant decreases in revenue, and the inability to find supplies or get test results were just some of the hurdles they needed to overcome. The input from the hospitals and clinics have been consistent. Keeping patients and staff safe has been the number one priority. Keeping the facility open and reopening clinics or practices have been other top priorities.

Frustrations with limited access to supplies, long delays for test results, and staying up-to-date with the steady stream of guidance from state and federal agencies has been overwhelming at times. The federal and state stimulus and COVID-19 funding have been essential to rural hospital viability, but the rules for tracking, reporting, and documenting expenditures are complicated and confusing.

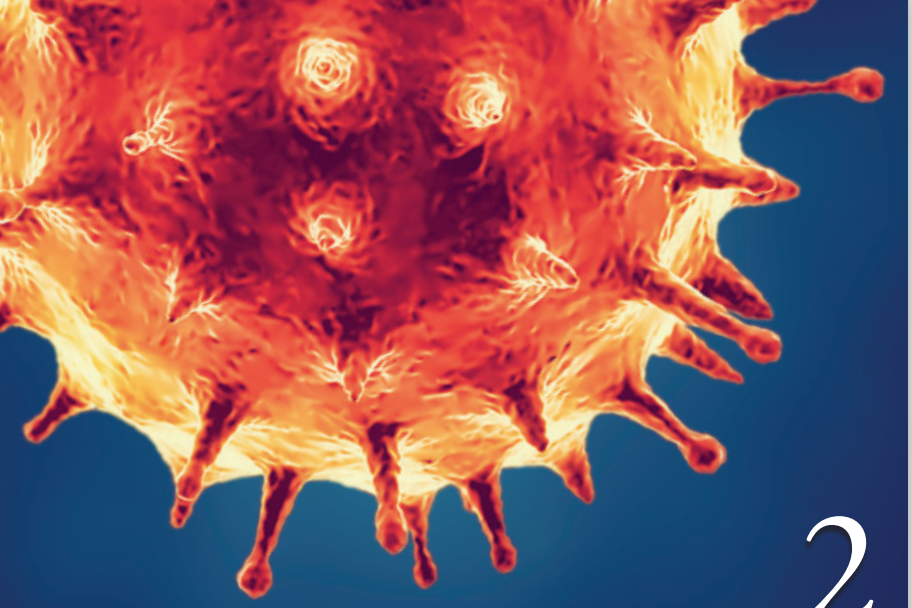
Despite these challenges, serving the needs of communities has been the overarching imperative for rural providers, hospitals, and health systems.

Health care leaders have looked to their colleagues for support and advice and have continued to benefit from the partnerships developed over the years.

I am sure that each of you has contributed in meaningful ways to ensure that your patients, family, friends, and communities have stayed safe. Thank you for all that you do and please let us know how your state office of rural health can help you through this time of uncertainty.

Lisa Davis

Lisa Davis
Director



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Pennsylvania Rural Health

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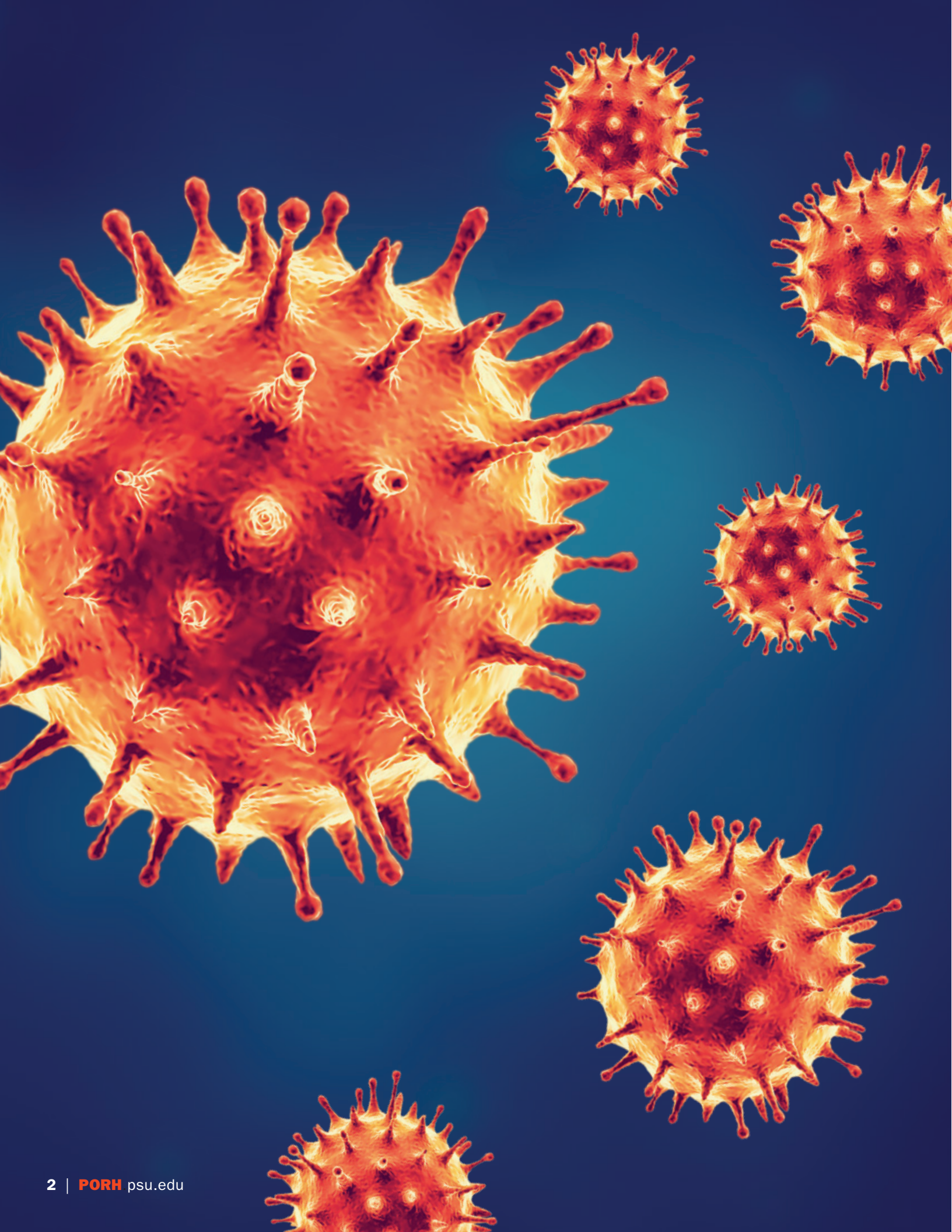
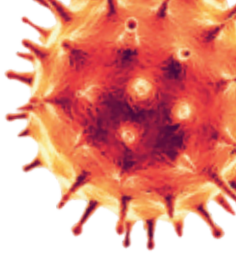




RESHAPING HEALTH CARE IN RURAL PENNSYLVANIA

During a Global Pandemic

By Andrew Shelden

Since the first cases of COVID-19 were confirmed in Pennsylvania in early March 2020, the virus has reshaped every aspect of life in the state, from the personal to the social to the political, in a way that no other health crisis has in our lifetimes. In urban and rural areas alike, the virus has had a dramatic and lasting impact on the way we live, the way we work, and the ways in which we interact with those around us. The health care community has experienced these changes firsthand, as hospitals and clinics across the state have done heroic work to keep our communities safe and healthy while adapting to new regulations, changing economic conditions, and a virus that has proven difficult to control nationwide.

"It has been a remarkable change," commented Karen Murphy, Ph.D., former Pennsylvania Secretary of Health and current chief innovation officer of Geisinger. "I have never experienced anything like this in my career. It has been impactful on all levels, for so many people."

The initial outbreak in Pennsylvania was severe. The first cases were reported on March 6, 2020 and a little over a month later, on April 8, a record 2,058 new positive cases were recorded, according to data from the Pennsylvania Department of Health Coronavirus Dashboard. Much of that outbreak was centered in Philadelphia and surrounding suburban counties, while rural counties, at first, largely avoided the spread of the virus. Pennsylvania Governor Tom Wolf issued the first in a series of stay-at-home orders on March 23, targeting seven large urban and suburban counties. That order was expanded statewide on April 1, when all non-essential businesses were ordered to close.

The Pennsylvania health care community had, for several months, been focused on this unprecedented public health situation, instituting a wide range of changes across all levels of clinical operations and patient care, and quickly altering those policies as more cases were diagnosed and more information about the virus became available. "We brought the entire health care system to a halt to pivot to managing the pandemic," Murphy said.

The First Wave

As the virus spread rapidly in March, hospitals and clinics were required to significantly reduce the number of people visiting their facilities to reduce the transmissibility of the virus. The state required medical providers to close entry points at their facilities and institute tight controls on who could enter and exit their buildings. Visitors and staff were required to undergo daily temperature checks and all non-emergency procedures were canceled. Staff who could work from home was ordered to do so. Dental services throughout the state were halted. Overnight, the basic operations of hospitals and clinics looked completely different. Everyone entering a medical facility was required to wear a mask.

"There were so many unknowns and the guidance [from federal and state officials] was changing as quickly as you could open the next e-mail," said Dave Passetti, executive vice president of Barnes Kasson County Hospital in Susquehanna, Pennsylvania. By April 1, the national crisis was on the doorstep of many local health systems across the state.

In Lancaster, Pennsylvania, dealing with the spread of COVID-19 required "a sustained emergent response," commented Michael Ripchinski, MD, chief clinical officer at UPenn Medicine Lancaster General Health system, unlike anything he'd ever experienced in his career.

"We've had other incident command events before—hurricanes or snow emergencies—but those [events] last a few days and then we move on. To have our incident command structure essentially be present during an extended emergency like this is a once-in-a-lifetime event."

In Lancaster, the test positivity rate peaked at 23 percent in mid-April, revealing a community, like many others around the state, where the virus had spread so quickly that it threatened to overwhelm the capacity of the local health care system. Health leaders there moved quickly to implement a strong testing and tracing program that was essential to bringing that positivity rate down and reducing the number of cases to a manageable level. That, in turn, reduced the burden on the health care system.

The executive director of community health for UPenn Medicine Lancaster General Health, Alice Yoder, explained how their testing program helped identify and mitigate the spread of the virus after that initial surge.

"We set up a testing tent that had the ability to test up to 1,500 people a day, anticipating a surge early on. It took about a week and a half to get it up and running. Our infectious diseases department was on site on a regular basis for the first two weeks or more to give us guidance and direction on proper Personal Protective Equipment (PPE) on all levels and getting everybody trained to administer the tests. It was very efficient."

The impact of the virus across Geisinger's health system, which serves more than three million residents in Pennsylvania, "mirrored what transpired across the country," Murphy reported, "where more densely populated areas like the Northeast had our highest case counts. But for the most part, the rural communities did not see it as much."

Case counts remained high statewide throughout April and into May, routinely topping 1,000 new cases a day, but that divide between urban and rural areas persisted. Heather Smith, CEO of Conemaugh Meyersdale Medical Center in Meyersdale, Pennsylvania, reported that while they tested many patients in rural Meyersdale in March and April for respiratory issues, they admitted only one COVID-positive patient. By the end of July, their hospital had seen fewer than fifty positive cases.

Even though the virus was not necessarily present in many rural communities during that first wave, the impact on the medical community was still profound. The patient population and the care they could receive changed substantially.

"We're often the only place our patients can turn to for their health care," said Cheryl White, director of Centre Volunteers in Medicine (CVIM), a State College, Pennsylvania-based free clinic serving Centre County. "We knew we had to find a way to stay open that also protected our patients, our volunteers, and our staff."

"Early on there was a fair amount of fear" among the patients they were seeing, Passetti remarked, even when the virus had barely infiltrated the community. That unfamiliarity and anxiety was not limited to patients. "I never imagined in a million years that I'd actually be dealing with a pandemic response," Yoder said, reflecting back on her nursing training and education. "That this would be something we would be experiencing and living through? It's unbelievable."

PPE Challenges

A common refrain among hospital administrators, providers, and health care advocates—both urban or rural, big or small—was that PPE for clinicians and staff to safely treat patients was a major challenge during the initial surge of the virus. That challenge continued even after the spread of the virus had slowed.

"We had a disaster preparedness supply available in our warehouse," Ripchinski said about their situation in Lancaster, "and we were thoughtful about that supply. But one of the challenges we faced was living in a 'just-in-time' inventory world and not necessarily turning over those supplies in a pandemic. In some cases, we found that masks we had in storage were unusable."

In Meyersdale, the situation was worse. "Initially, access to the PPE was difficult," Smith said. "We had not utilized N95

[masks] before. With the supply shortage early on, they were like gold. We had a very difficult time obtaining those. I put in a requisition through emergency management here in Pennsylvania for the N95s and we did eventually get them, but it was several weeks later."

"We were going through PPE at a volume that was frankly unimaginable before all this happened," Passetti said about the situation in Susquehanna after an outbreak of the virus occurred in a nursing facility. Their usage rate was 150 gowns per day at its peak, and accessing additional stockpiles, he said, "was almost impossible."

Even in areas of the health care system where the virus was not the primary condition being treated, PPE was, and continues to be, a major consideration. Dental practices were shut down entirely during the initial surge, but once they began reopening, their chief concern was having enough PPE on hand to keep their providers safe.

Helen Hawkey, executive director of the PA Coalition for Oral Health, noted, "Dentistry has been marked by the Occupational Safety and Health Administration (OSHA) as a top threat for COVID transmission. Changes to PPE costs have hit dentists really hard. The companies that are selling PPE can really charge whatever they want. A box of masks goes from $6 to $50. And that cost is being transmitted to the patient, as a patient responsibility."

"Availability of PPE is still an issue too," she continued. "It's being prioritized to hospitals and nursing homes, so dentists who need to use it for routine care are burning it up faster, and those who are open only for emergency care may not be able to get it." Passetti's comments on access to PPE reinforced the issue of cost. "The costs per item are astronomical still. The horror stories are consistent across the board."

"We did a PPE fundraiser right out of the gate," White said, referring to the free clinic she runs. "We need it too, it's not just the hospitals. And in the beginning everyone wanted to help, but now people may want to hang onto that money." Ripchinski added, "The community donations have been valuable for us. We saw a remarkable dedication from our community to help us source our PPE early on."

When case rates started to decline, health care administrators were better able to anticipate their PPE needs. As a result, many health systems have a better supply on hand now than when the virus first appeared. "We continue to buy our full allocation now despite our low positivity rates," Ripchinski

"We're often the only place our patients can turn to for their health care."

—Cheryl White
Director of Centre Volunteers in Medicine (CVIM)

noted. They also have been able to outsource the cleaning and decontamination of N95 masks and certain other PPE equipment for reuse. "That, in combination with the lower positivity rates, has enabled us to better protect our employees and keep them safe."

Flattening the Curve and Transitioning to Telehealth

In mid-June, there were several days where the state recorded fewer than 100 new positive cases a day from more than 10,000 tests conducted. Testing programs continued to expand and by mid-July, the state was conducting more than 20,000 tests a day. Governor Wolf relaxed and then rescinded stay-at-home orders on a county-by-county basis, depending on case counts and other community factors. Non-essential businesses began to re-open. Gradually, day-to-day hospital and clinic activities approached some sense of normalcy, with important safeguards in place.

"If we didn't have a screener up front [checking temperatures and sanitizing hands] and if everyone weren't wearing masks, you wouldn't really notice much of a change here," said Smith, the Meyersdale hospital CEO. Passetti echoed that sentiment. "We've been phasing things back in and almost every service is offered now. The main thing is we have to keep patient density low."

One of the notable impacts of the COVID-19 pandemic has been the expansion of telehealth services across the industry. Patients have been able to visit their health care providers using technology and by not needing to visit a hospital or clinician in person, patients have reduced their risk of exposure to the virus.

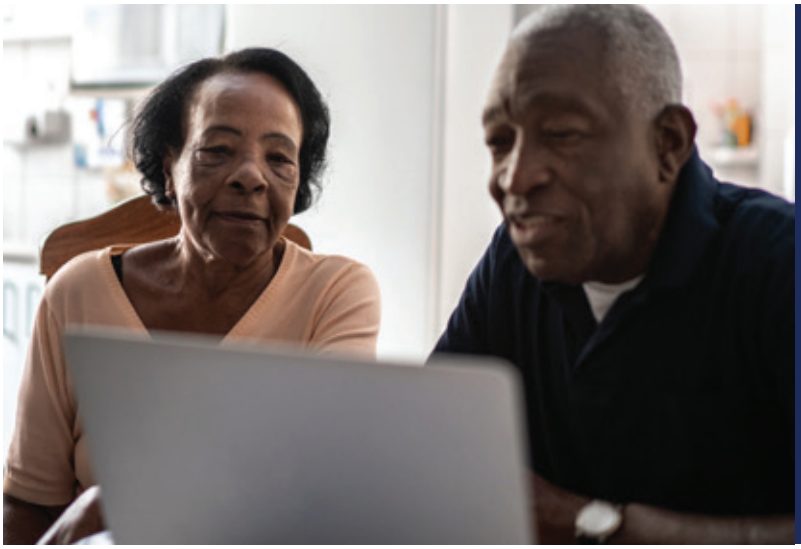
"There have been silver linings," Murphy said. "What we found is that telehealth was efficient, it was safe, and the patients had a very high degree of satisfaction with the experience."

Kathy Hsu Wibberly, Ph.D., is the director of the Mid-Atlantic Telehealth Resource Center (MATRC), which provides resources and training programs for hospital systems to expand their telehealth programs. MATRC experienced an 800 percent increase in technical assistance requests during the spring as health care providers across all fields utilized telemedicine services to an exponentially greater degree than before. "There was a sense of panic and urgency that we've never had to deal with before," she said. She had providers tell her, "if I can't get this to work, my practice will fold."

The shift in hospitals' ability to provide telehealth services was the result of a combination of necessity and policy. Previously, insurance plans did not reimburse telehealth visits at the same rate as in-person care, but those policies changed in response to the threat of COVID, to protect providers and patients alike. Likewise, prior to the pandemic, rural health care providers could receive incentives to implement telehealth services and extend patient care options in outlying communities. Those geographic limitations were relaxed as well.

"Any type of provider can provide telehealth services and get reimbursed by Medicare, the patient can be at home, and there are no geographic restrictions," Wibberly said. "It's really opened up a whole area [of telehealth services] that was never available before."

Yet rural/urban telemedicine disparities continue to exist, both in terms of how health care providers utilize the technology and how patients access those expanded services. Many rural areas still lack access to affordable, high-speed broadband services. That technological gap is something that Steve Brame, vice president of public affairs at the Pennsylvania Rural Electric Association and a board member of the Center for Rural Pennsylvania, has been working to change long before the pandemic. According to Brame, with providers and patients taking advantage of telehealth services more than ever, policymakers in Harrisburg, Pennsylvania, and Washington, DC are trying to prioritize getting broadband to rural pockets of the state.



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Director of the Mid-Atlantic Telehealth Resource Center (MATRC)

"The sky's the limit on telemedicine..."

—Steve Brame
Vice president of public affairs at the Pennsylvania Rural Electric Association and a board member of the Center for Rural Pennsylvania

"The sky's the limit on telemedicine and the ability to use that as a resource for medical practice, but the asterisk is, we have to be willing to push the issue [politically] and get broadband infrastructure to unserved and underserved populations," noted Brame. "We just don't have the infrastructure that enables that to be a consistent part of health care in our rural communities right now."

Brame expressed optimism about the technology-focused political conversations, in part because of COVID's impact on health care, and also because of its impact on virtual education. "For certain, the sense of urgency has increased since March of 2020," he noted. "There's a concern level in the [Pennsylvania] general assembly now that, should we face something along these lines again, we need to be better prepared to handle those challenges."

Psychological Stresses and Economic Impact

As summer progressed, the number of new daily positive cases in Pennsylvania increased, not nearly at the rate experienced in the spring, but enough to concern leaders across the state. By August, testing rates had plateaued and federal and state leaders began to question the efficacy of some tests, which can take a week or more to yield results. The number of deaths attributed to COVID-19 continued to grow steadily and concerns turned to the fall with the opening of schools and the projected impact of the annual influenza season.

The daily rigors of approaching, adapting to, and treating this virus have taken a toll on the health care community. Those occupational stresses have been compounded by personal and social challenges. Many have found that they can no longer see or interact with family and friends in ways that have been taken for granted. That's especially true for health care workers who are more at risk of exposure to COVID-19 than the general population.

Ripchinski said, "We think a lot about both the psychological and moral distress [of this situation] on our staff. We worry about our team members who are caring for patients who have COVID-19, and who sometimes feel like they don't have anything to offer patients when they're decompensating quickly, when the reality is we do have a lot to offer them."


Coronavirus
COVID-19

White commented that the morale among CVIM's staff varied from day-to-day. "Our work is very rewarding because our patients are so appreciative of the work we do, but we're tired. We're a very small staff, so we can't all work from home. All of our volunteers haven't come back, and one of the reasons we're tired is that we're doing their jobs too."

"Many of our staff are ready for COVID to be over," Smith said about her hospital in Meyersdale. "But we know it's not going away anytime soon. This is what we need to do; we need to be safe. So as we're talking to our staff, we're trying to listen to their concerns and encourage them as much as we can."

COVID-19 has had a significant economic impact on health services in urban and rural communities around the state, and that impact is only going to deepen over time. Hawkey emphasized the economic impact already felt by rural dental practices across the state. "We've got so many private practices, which you don't see in other health fields anymore, with single provider practices. The federal Paycheck Protection Payment (PPP) loan was helpful for them. Somewhere around 50 percent applied for that and were able to pay their staff for a few months, but I don't think that's going to make up all the revenue lost. I think we're going to see some of these offices be affected long-term."

"We're on the way back to normal," Passetti said about Barnes Kasson County Hospital in Susquehanna, "but we're purposely keeping patient density down. So revenue is going to be lower than normal."

"I'm really saddened to see how many small hospitals—and medium-sized hospitals—across the country have already closed and haven't been able to make it through this COVID crisis," Smith said. "My heart breaks for those communities that may now have to travel for their health care. We're very fortunate [in Meyersdale] that we've been able to get through this first wave, we're positioned to continue, and we don't have those fears of not having our hospital here in our community in the future."

Looking Ahead

"We still don't know exactly what we're going to be faced with in the fall," Murphy said. "COVID is still very much in our communities. However, we feel like we're preparing for a potential second wave—or more of a surge—and we are making preparations now based on the lessons we've learned from March to this point. We have to prepare for the worst and hope for the best."

The virus has highlighted inequalities in our society and its impact has landed disproportionately on vulnerable populations: the elderly, people living paycheck-to-paycheck, the uninsured, those with poor health histories, people of color, and others.

Yoder has spent much of her career as a community health advocate addressing inequities and the pandemic has made that task more difficult. "On a regular basis, we focus on the disparities in our community and improving access to care

for vulnerable populations, with a goal to close those gaps and provide care for everyone. In normal times, we find that challenging. In the COVID situation, to find ways to still meet the needs of that population, it really did seem overwhelming."

"But," Yoder continued, "we were in better shape than other communities because of the relationships we have built with social services organizations, schools, and faith-based communities over the years. Those years spent building trust and collaborating really came to matter during the pandemic and we were able to pull our resources together and quickly have an impact.

"There are a lot of people out there who need help," White said. "It's not just with health care, it's housing and food." She urged people to continue to think philanthropically and give as they are able. "Those people in need are still here and that need is growing."

"I feel very hopeful that we'll be able to get through this," Yoder said. "There is so much out of our control, but we're focused on identifying and filling those gaps that are within our control. From there, we can develop strategies and implement them in our community."

Murphy echoed that message. "We can control the virus if we do the things that we know make a difference—if we mask, if we limit our social contacts, if we socially distance continually, and we follow good hand hygiene. But, we have to abide by the public health recommendations and listen to our public health experts. If we do that, I think we'll be ok."

What is National Rural Health Day?

November 19, 2020 #powerofrural

National Rural Health Day™

Celebrating the Power of Rural!

IT'S NOT JUST A DAY, IT'S A MOVEMENT.

The National Organization of State Offices of Rural Health sets aside the third Thursday of every November to celebrate National Rural Health Day. National Rural Health Day is an opportunity to "Celebrate the Power of Rural" by honoring the selfless, community-minded, "can do" spirit that prevails in rural America, gives us a chance to bring to light the unique health care challenges that rural citizens face, and showcase the efforts of rural health care providers, State Offices of Rural Health and other rural stakeholders to address those challenges.

POWER OF RURAL
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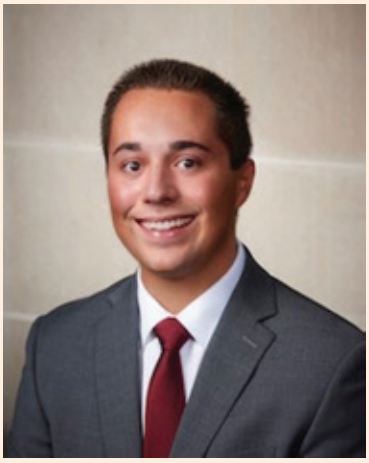
PLEDGE

PENNSYLVANIA OFFICE OF RURAL HEALTH PRESENTS

Undergraduate Student Achievement Award



Nicholas Corona received the 2020 Jennifer S. Cwynar Community Achievement Award

Nicholas Corona, a 2020 graduate of the integrated undergraduate/Master of Health Administration program in the Penn State Department of Health Policy and Administration (HPA), received the 2020 Jennifer S. Cwynar Community Achievement Award in April 2020. Corona, of Pittsburgh, Pennsylvania, also pursued a minor in Rehabilitation and Human Services and Labor and Employment Relations.

The award recognizes community achievement by a senior majoring in Health Policy and Administration 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 PORH. The award is issued to a senior majoring in Health Policy and Administration who has advanced a commitment to public health and community.

Corona served as the vice-president of the American College of Healthcare Administrators (ACHCA) Club and was president and founder of the Lift the Mask Club. Corona collaborated with the Quell Foundation to reduce the stigma of mental health illnesses and coordinated events to promote positive mental health awareness, such as yoga and dog-petting activities. He served on the executive team for Ohana, a special interest Penn State Dance Marathon (THON) organization and was the donor and alumni relations chair. Corona's position was responsible for $83,000 of the $131,000 in donations that were raised to support pediatric cancer research.

He was nominated by Diane Spokus, Ph.D., M.Ed., MCHES®, associate director of professional development in HPA. Spokus lauded Corona for his commitment to community service, advocacy for underserved and rural populations, and his focus on public health. She noted that Corona was a results-driven student who continually sought professional development opportunities and service to others. She also highlighted his passion, enthusiasm, and strong work ethic.

"We are very pleased to present this award to Nick Corona and to honor the legacy of Jennifer Cwynar, who was an exceptional student and intern with our office," said Lisa Davis, director of PORH and outreach associate professor of HPA. "This is one way in which we can encourage excellence in those who will become leaders in advocating for the health of vulnerable populations.

To learn more about the Jennifer S. Cwynar Community Achievement Award and the Pennsylvania Office of Rural Health, visit porh.psu.edu.

Rural Health Care Systems Recognized

UPMC Cole in Coudersport, Pennsylvania received the 2020 Community Champions Achievement Award from the Hospital and Healthsystem Association of Pennsylvania (HAP) for their project, "Building and Strengthening Better Oral Care for the Communities We Serve."

Based on results from a collaborative community health needs assessment, hospital leadership and their partners built and strengthened oral care for the communities they serve through a network focused on coordinated, patient-centered physical and oral health care.

The network conducted a gap analysis for oral health services, designed an operational framework for patient-centered physical and oral health, assessed needs for education in the school systems and higher risk populations in their service delivery area, and developed a network plan for system sustainability. The results were impressive. The number of patients seen in the emergency department for dental issues decreased by 68 percent from 2015-2019 and the rate of missed appointments dropped for each of the system's dental offices from 2018-2019.

HAP also presented Washington Health System in Washington, Pennsylvania with the annual Optimal Operations Award for their "Caring for Our Caregivers" campaign and St. Luke's University Health Network's Monroe Campus in Stroudsburg, Pennsylvania with the In Safe Hands Award for their "I've fallen and I can't get up…" initiative to prevent inpatient falls.

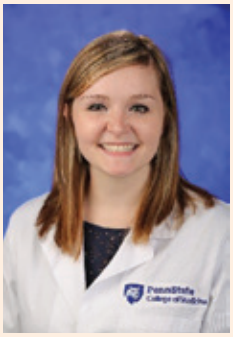
For more information on the UPMC Cole oral health program, contact Lori Gross, regional rural health services for UPMC, at 814-274-9300 or to grossla@upmc.edu.

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). They will be chronicling their medical education, their experiences serving rural communities, and their progress toward earning their medical degrees.

Jason Spicher



Morgan Decker

If you would have told us a year ago that our medical school education would be put on hold, we would have been very confused. As rising fourth year medical students, we knew that our lives would be disrupted by a busy schedule but not by a global pandemic. While we should have been in clinical rotations during the months of March, April, and May, instead, we sat behind our computers taking online courses and wondering, "How can we help?" It took a few weeks but, with the collaboration of a few medical students, the Penn State College of Medicine developed a COVID Task Force that addressed many needs of the local community. We would love to share our independent experiences with you!

Jason

After finishing my Step 1 exam in February, I traveled to Arizona to spend time with family and friends before starting school again. When I returned to Pennsylvania, the state was already closed down in response to the pandemic and I was eager to see how I could help. I reached out to a group of students in the Penn State College of Medicine who had organized a student-lead contact tracing effort. With some experience in contact tracing, gained while working at a public health department in Colorado before medical school, I was happy to join their task force and help as I could. I called people who had been in contact with someone who was diagnosed with COVID-19. I asked questions about their ability to self-isolate and get supplies or medicine. For the next fourteen days after the first contact, follow up was provided and testing offered if they became symptomatic. My experience with contact tracing paralleled an online health equities class I was taking at the time. It quickly became clear that the ability to self-isolate and stay home from work was a privilege and solidified the fact that social determinants of health truly drive health care outcomes.

Morgan

Interestingly, my COVID Response Team position came to me. Before I had the chance to seek something out, I received a phone call from our class leaders asking if I would be a University Park Liaison for the Evidence Curation and Consultation Team. I had no idea what that would entail, but I agreed. My assignment was to review articles related to COVID, specifically the "Supply Chain" division and summarize and submit them for publication in our triweekly bulletin. This bulletin was used by providers working on the frontlines so they could focus on caring for patients and remain current on daily COVID changes. While I had no prior experience in supply chain management, this was a great opportunity to expand my knowledge and skills. I had many insights, the most prominent of which was recognizing the importance of the global and national supply chain. I spent hours combing through all types of articles, familiarizing myself with the personal protective equipment (PPE), food, and pharmaceutical supply chains. I read hundreds of articles on how supply chains work, what happens if they are disrupted, and how COVID was "probably" going to cause ripples for years to come. Before this experience, I would have never thought about where the mask on my face came from or how much groceries would cost week after week. While this may have felt like a small contribution to the community initially, it turned into a much larger learning opportunity for me.

While our fourth year has been significantly disrupted, we are very thankful to have had the opportunity to simultaneously serve the community and learn how to live through a global pandemic. Even though we are going to feel the ripple effects from this for quite some time, it is an experience that we will never forget.

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IF YOU'RE LOOKING FOR

Information, Opportunities, and Resources on Rural Health,

YOU'VE COME TO THE RIGHT PLACE

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