

FALL 2021

# PENNSYLVANIA RURAL HEALTH

**THE IMPACT OF THE 2020 CENSUS:  
CHANGING DEMOGRAPHICS & CHANGING  
REPRESENTATION IN PENNSYLVANIA**

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**RESOURCE PROVIDES VIRTUAL  
SUPPORT TO RURAL AND REMOTE  
HEALTH CARE PROVIDERS**

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**SIMPLE STEPS CAN PREVENT  
SEASONAL ILLNESS**

# message *from the* director



“The only thing that is constant is change.” Heraclitus of Ephesus, an Ancient Greek, pre-Socratic, Ionian philosopher, wrote this sometime before his death in 475 BC. Centuries later, his words continue to resonate.

Change is all around us. Many welcomed the beginning of 2021, with the hope that this year would bring global relief as COVID-19 vaccinations were

launched, businesses started to open, and life began to return to pre-pandemic normalcy. As I write this, the Delta variant is exploding across the U.S. and the world. Computer models predict that the variant will steadily accelerate through the summer and fall, peaking in mid-October, with daily deaths more than triple what they are in August. That could result in 60,000 cases and 850 deaths each day this fall.

There has been a flurry of activity in our nation’s capital on legislation focusing on health equity, telehealth, dental and vision coverage for young adults, infrastructure support, prescription drug caps, the physician fee schedule, aid in dying, coverage for undocumented adults and children, and much more. Included in these activities is significant funding for critical access, other small rural hospitals, and rural health clinics to expand COVID-19 testing and vaccination. The Pennsylvania Office of Rural Health (PORH) has been hard at work getting those funds to the facilities in the state, a shift from thinking that 2021 would be a time for us to move our lens from the pandemic to other technical assistance and support.

Other major changes coming to Pennsylvania and the nation are the impacts of the 2020 U.S. Census. The final data were released in August and will have far-reaching and long-lasting effects. The influence on Pennsylvania, with an emphasis on our

representation in Washington, D.C., is highlighted in our cover story. Public health advocates know that the Census figures will, for the next decade, determine federal and other funding for programs that serve vulnerable populations.

Much closer to home, PORH also is experiencing changes. Many of our partners have worked closely with Terri Klinefelter, our former outreach coordinator. Terri found a wonderful opportunity at Penn State and left our office at the end of July. Her knowledge of rural health and our partners, skills in organizing outstanding continuing education programs, and her upbeat personality brought calm and order to many frantic moments in the eighteen years she was with us. We wish her well! PORH also brought on two new staff to guide the development and implementation of a Centers for Disease Control and Prevention COVID-19 rural disparities program. Rachel Foster, the program manager and Erika Fuller, the program outreach coordinator, are working in rural communities to increase COVID-19 education, outreach, and vaccinations. You will enjoy working with them!

John F. Kennedy once said “Change is the law of life. And those who look only to the past or present are certain to miss the future.” At your state office of rural health, we welcome the future and the opportunities it will bring to continue our service to rural Pennsylvania.

Thank you for reading the fall issue of *Pennsylvania Rural Health*. Be well!

A handwritten signature in dark ink that reads "Lisa Davis".

Lisa Davis  
Director



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#### ***Pennsylvania Rural Health***

Lisa Davis, *Director*

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## THE IMPACT OF THE 2020 CENSUS: CHANGING DEMOGRAPHICS & CHANGING

# Representation in Pennsylvania

*By Andrew Shelden*

**T**he initial findings of the 2020 U.S. Census were announced in April 2020. These results will have a significant impact on how Pennsylvanians are represented at the state and federal levels, and how critical federal dollars are distributed to communities across the state. Continuing a long-term trend, the pace of population growth in Pennsylvania lagged behind the rest of the country. Pennsylvania's population increased by only 2.4 percent between 2010 and 2020, whereas the United States' total population grew by 7.4 percent.

The U.S. Census Bureau conducts a count every ten years to accurately record where people reside in the United States. That count is then used to apportion representation in Congress, among other important decisions at the federal and state levels. Because Pennsylvania continues to grow its population at a slower pace than many other parts of the country, and in part because it has a large population to begin with, Pennsylvania will lose one seat in the U.S. House of Representatives as a result of the 2020 Census. That's an identical outcome for Pennsylvania from the 2010 Census. In fact, the state has lost at least one representative with each new congressional re-apportionment since 1920.

Jonathan Johnson, senior policy analyst at the Center for Rural Pennsylvania (the Center), spoke about these long-term population trends in the state. "In rural Pennsylvania, you can go back to the 1990s or even the 1980s to see the big shift in depopulation in these areas. In some ways, the 2020 Census is a case of, 'nothing new to see here.' In the bigger picture, Pennsylvania is not alone."

The lag in Pennsylvania's population growth is due entirely to stagnant or declining population in rural communities across the state. While the counties in and around Philadelphia are growing at a pace consistent with broader national trends,

population decline and lower birthrates in all other reaches of the Commonwealth account for the tepid overall growth.

Kyle Kopko, director of the Center, expounded on these trends. "In these areas where there is population decline, you have an overall aging population and then younger people have opportunities elsewhere in the state, or in other states. There aren't the same kinds of job opportunities [in rural areas] as in the past, so many people are moving to other locations. And even though the southeastern part of the state is growing, [the new population there] is often coming from other parts of the state, resulting in population shifts internally within the Commonwealth."

According to data compiled by the Center, 65 percent of those who moved out of the state's rural counties settled in a county less than 100 miles away. That suggests that population trends in the Commonwealth are heavily tied to the ongoing urban/rural divide, and Pennsylvania is another case study in a broader national trend.

### **The Accuracy of the Count**

The Census Bureau conducted the 2020 count amid difficult conditions, during the height of the COVID-19 pandemic. While the Census is mailed to every known residence in the U.S. and many persons filled out their Census forms online for the first time in 2020, an integral part of the census collection includes Census-takers going door-to-door in communities to record and verify information. That part of the Census was particularly challenging during the pandemic. Further, the administration under former President Trump advocated for adding a citizenship question to the Census in 2018—over the objection of the Census Bureau. While that effort was ultimately disallowed by the Supreme Court in 2019, many state and federal officials worried that the publicity surrounding those efforts would impede the accuracy of the count,

particularly in communities with sizable immigrant populations that are historically undercounted by the Census.

Brock Slabach, senior vice president of member services at the National Rural Health Association, underscored these broad concerns about the count. “We were very concerned—and still are—about the accuracy of the count,” he said. “I’m fairly certain that there is undercounting, particularly in rural communities around the United States, where there wasn’t an emphasis on getting people counted. There are generally undercounts nationwide though, in both rural and urban areas. When the legislatures start doing the apportionment work, I hope they take some of that into account.”

“Any count is going to have some mistakes in it,” Kopko stressed. “No count is perfect. And with the pandemic, this was probably the hardest count in 100 years.”

When the Census Bureau announced the apportionment data in April 2021, U.S. Secretary of Commerce Gina Raimondo released a statement that addressed these concerns. “Despite many challenges, our nation completed a census for the 24<sup>th</sup> time. This act is fundamental to our democracy and a declaration of our growth and resilience. I also want to thank the team at the U.S. Census Bureau, who overcame unprecedented challenges to collect and produce high-quality data that will inform decision-making for years to come.” According to a press release from April 2021, Census Bureau Director Ron Jarmin stated, “We are confident that today’s 2020 Census results meet our high data quality standards.”

The impact of an inaccurate count could be substantial. While it’s unlikely that congressional seats at the federal level will be misrepresented, state-level redistricting could be affected. Most critically, the availability and distribution of federal dollars depends on accurate municipal-level data and the urban/rural designations that are derived from those numbers. Those municipal-level numbers are the hardest to ascertain correctly, and here in Pennsylvania, the consequences will be far-reaching.

## Representation in Pennsylvania & Elsewhere

As a result of the reapportionment data, the congressional delegation from Pennsylvania will drop one seat, from eighteen

to seventeen seats in the U.S. House of Representatives. That’s down yet another seat from the 2010 Census, and continues a steady erosion of political capital from the Keystone State over the last 100 years. It also means that Pennsylvania will have one less elector in the next two presidential elections.

Ted Mowatt, vice president and lobbyist at Wanner Associates in Harrisburg, Pennsylvania, spoke about these losses in representation and political capital. “We’re down to just seventeen votes out of 435 in Congress, plus we have one of our U.S. senators retiring. We’re losing a lot of clout here at the federal level, and we have to figure out how to make that up.”

Since 2010, each congressional district in the country averaged just over 700,000 people. That number will increase by about 50,000 people per district, reflecting the 7 percent growth across the country. For Pennsylvania, that equates to more residents receiving less representation at the federal level.

“Folks who are in these rural areas are going to be part of these larger geographic areas going forward,” Kopko said. “They might have to travel further to visit a district office. Whoever is representing them might have to cover more area than they did in the past.”

Sheilah Borne, associate vice president for government health relations at Penn State, also spoke about what the loss in representation might mean for the state’s rural interests going forward. “It’s going to be more important than ever for advocacy and special interest groups who are representing the interests of rural Pennsylvanians to be mobilized and to be heard by their state and federal elected officials,” she said. “It’s also going to be important for those of us who are rural advocates to make sure that our congressional representatives and those in the state house and state senate continue to ask to serve on pertinent committees of jurisdiction that advance rural interests, and that we keep them on task.”

Both urban and rural districts will change, but it’s the rural districts in particular that will see the shape and scope of their districts change the most because they’re so spread out to begin with. A committee in the Pennsylvania legislature will redraw the congressional boundaries and those boundaries will need to be approved by the legislature, the governor, and potentially, the state supreme court.

The drawing of the congressional district map is “almost certain to be challenged, no matter what they do,” Mowatt said, just like after the last decennial census. “This last cycle was impacted by the state supreme court, mid-cycle, changing the seats around. There’s an effort by Republican-controlled general assemblies to skew things a little closer to their liking and to try to fix some of the things the state supreme court might have done, but ultimately the seats will need to be done by legislation [i.e., approved by the state assembly], which the governor will have to sign. It’s always been a political process,” Mowatt added, “and it’s never been totally transparent.”



*“Any count is going to have some mistakes in it. No count is perfect. And with the pandemic, this was probably the hardest count in 100 years.”*

—Kyle Kopko  
Director of the Center for Rural Pennsylvania



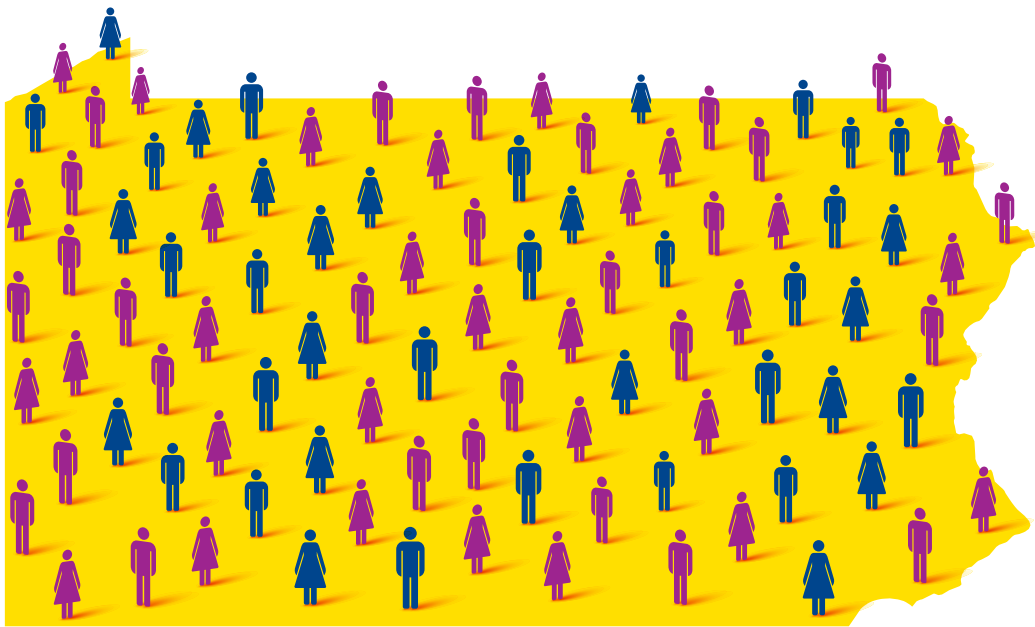
Right now, the Pennsylvania congressional delegation is divided evenly between Republican and Democratic legislators, but one less seat will certainly change that mix and redrawing the districts could skew it even further. Examining those potential consequences from a national perspective, Slabach said that Pennsylvania’s lost congressional seat is “going to the southern and western states, which are typically red, deeply red parts of the country. So, there’s every realistic thought that as a result of the census redistricting—and based on gerrymandering, to the extent that exists around the country—that Democrats could lose the [U.S.] House in 2022. It’s just the reality of those two factors.”

### **Census Demographics & Their Impact on Rural Health Policy**

Beyond the political implications, the 2020 Census results reinforce long-term demographic trends. Rural areas are lagging

in population growth or, in many cases, still actively losing population. Rural residents are typically older, poorer, and less ethnically diverse. Relatedly, rural counties have fewer high-paying jobs, often have underperforming schools, lack reliable broadband internet access, and accessible and affordable health care options can be difficult to find. While the equity gap between urban and rural areas has existed for generations and, in many cases, only continues to widen, the COVID-19 pandemic has allowed lawmakers to view it from a new perspective. With emergency funding available from the federal government, there is optimism that some of these inequities can be addressed more effectively in the near future.

“There’s a lot of opportunity now with the influx of the 2020 American Rescue Plan Act (ARP) money,” Kopko said. “Some of these rural municipalities or counties are going to be getting half a year’s worth of funding or more. This is a once-in-a-



lifetime type of investment opportunity.” Money alone won’t fix the problems though if legislators struggle to prioritize the issues facing rural communities.

“The politics have been very polarized between the parties and between the rural and urban divides [in Pennsylvania], but there have been some attempts from both sides to try to reach across those divides,” Mowatt said. “For example, access to broadband in the remote areas [of the state] is something rural legislators have worked on for years and then we learned during the process of bringing that legislation out—and it’s something we encountered during COVID too—that people in inner-city Philly don’t have it either. I’m hopeful that the trend [of working across the divide] will spill over into other areas, particularly into health care,” he added.

Slabach spoke optimistically about the way both political parties are approaching rural health policy on the national level right now. “There’s been a sea change in the reception of rural health in both Congress and the executive branch. Rural issues have become much more pronounced [at the federal level] and it’s essentially due to the influence of the rural vote that elected Trump in 2016 and gave a lot of momentum to rural issues,” he said. “Even as we’ve transitioned to the Biden administration, there’s been a continued emphasis on rural issues.”

A critical issue in rural health policy is the availability of telehealth services for patients and the expansion of telemedicine reimbursement policies for providers. One way for legislators and rural health advocates to make up for the lack of primary care providers or specialists in rural areas is to allow those providers to meet with their patients in a virtual setting. It’s also a policy issue that could unite both rural and urban health advocates.

“It became more evident than ever during the pandemic how important they are,” Borne said about Penn State Health’s virtual health offerings, “but it was certainly something we were cognizant of and growing towards well before that. Even our

non-rural constituencies have come to enjoy the conveniences of virtual health.”

Borne emphasized that Penn State Health has been “pushing for meaningful telehealth reimbursement legislation for three or four legislative sessions, unsuccessfully so far, though not through the fault of the providers who’ve wanted to get it done.”

Slabach cautioned that any legislation that brings about changes to payment processes, which telehealth reimbursement reform would be, should be approached carefully. He wants to see potential policies given what he calls a “rural-proofing” before they are implemented, to ensure that policies don’t unintentionally disadvantage rural health interests.

“There’s been an urban-centric focus to all payment policy regarding providers in this country,” he said. “I’m not saying that’s a bad thing, I’m saying that’s just the reality. Over time, systemically, without any intention to treat rural providers inequitably, there were these built-in inequities that permeated every part of the system of health care.”

A successful permanent expansion of telehealth and telemedicine policies is critical to the ongoing effort to close the equity gap in rural health care settings, and it will require buy-in from providers, patient advocates, and practitioners in both rural and urban settings.

### What’s Ahead?

The next step in the 2020 Census process is the release of the redistricting data which occurred in August 2021. The redistricting data include counts of population by race, ethnicity (Hispanic or Latino origin), voting age, housing occupancy status, and group quarters population, all at the census block level. From there, the Pennsylvania legislature will use those data to finalize plans to redraw district boundaries at the federal and state levels in what is sure to be a contentious and heavily scrutinized process.



## NATIONAL CLINICIAN CONSULTATION CENTER: A FREE AND CONFIDENTIAL Resource for Clinicians

The nationally funded National Clinician Consultation Center (NCCC) offers free, confidential point-of-care tele-consultation to any U.S. based clinician seeking guidance on substance use evaluation and management, hepatitis C, and HIV/AIDS prevention and management. For thirty years, the NCCC has established itself nationally as a consultation and educational resource that helps clinicians of all experience levels and practice settings.

Through its six tele-consultation lines, the NCCC is an easily accessible “one-stop shop” in supporting the delivery of care that is evidence-informed, person-centered, and promotes health equity through these resources.

- The **Substance Use Warmline (855-300-3595)** offers guidance on substance use evaluation, management, overdose prevention strategies, and treatment of co-morbid conditions, including chronic pain and co-occurring psychiatric disorders.
- The **HIV/AIDS Warmline (800-933-3413)** provides decision support on questions about HIV antiretroviral medications, drug resistance, testing, and HIV/HCV co-infection.
- The **Perinatal HIV/AIDS Hotline (888-448-8765)** addresses topics regarding the care of HIV-positive pregnant people and their infants.
- The **Hepatitis C Warmline (844-437-4636)** offers advice on screening, staging, monitoring, and treatment for hepatitis C.
- The **PrEPline (855-448-7737)** provides guidance on the initiation and management of pre-exposure prophylaxis as an HIV prevention option.

- The **PEPline (888-448-4911)** offers advice on bloodborne pathogen exposure evaluation and management, including occupational and non-occupational exposures to HIV and hepatitis B and C.

All lines are staffed by a multidisciplinary team of expert primary care and specialist-trained physicians, advanced practice nurses, and specialty clinical pharmacists with over 500 years of collective professional experience. The NCCC receives consultation requests from clinicians of varied backgrounds and experience levels, including nurses, physician assistants, pharmacists, and primary care and specialty physicians in rural and urban locations across the U.S. Callers rate NCCC consultations very highly on usefulness and quality, and note the NCCC’s value and role in helping to achieve positive patient outcomes. NCCC consultants are available Monday through Friday, 9:00 am to 8:00 pm Eastern Time, with the exception of the Perinatal HIV Hotline which is available 24/7.

*To learn more or to submit a question securely through the National Clinician Consultation Center website, please visit [nccc.ucsf.edu](http://nccc.ucsf.edu).*

*This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number U10HA30039 (AIDS Education and Training Centers National Clinician Consultation Center) in partnership with the HRSA HIV/AIDS Bureau (HAB) and the Bureau of Primary Health Care (BPHC) awarded to the University of California, San Francisco.*



# Health Education and Outreach: Network of the National Library of Medicine A Resource in Pennsylvania, Nation

The Network of the National Library of Medicine (NNLM) is the outreach and education arm of the National Library of Medicine, the world's largest biomedical library. Operating through a network of seven Regional Medical Libraries (RMLs) across the country, the NNLM supports a highly trained workforce for biomedical and health information resources and data to improve health literacy and advance health equity through information.

RMLs coordinate continuing education programs and collaborate with libraries, hospitals, public and rural health organizations, community-based agencies, and others to support projects that promote the use of the NNLM information resources and address the health information needs of underrepresented populations. Pennsylvania is located in Region 1 and is served by the Health Sciences and Human Services Library at the University of Maryland, Baltimore.

## Get Involved with the NNLM!

Become a member. Membership is free to libraries and other organizations providing health information.

**Attend a webinar.** In 2020, the NNLM hosted more than 150 free webinars from expert presenters on topics such as anti-racism, transgender health, and multilingual services, to name a few.

**Take an online class.** The NNLM facilitates free multi-week asynchronous online courses that encourage discussion and sharing among colleagues. Most classes range from three to six weeks in length with one to two hours of effort per week.

**Propose a project.** The NNLM supports community health outreach partners through the regional project awards program in targeted categories:

- Health Information Outreach: Projects that improve health information literacy.
- Technology Improvement: Projects that develop the technology infrastructure to improve access to online health information.
- Data Science and Services: Projects to encourage data-ready workforce development.
- Professional Development: Support to attend virtual and in-person professional development events that enhance professional knowledge in support of the NNLM goals.

In recent years, the NNLM awarded grants in multiple states to utilize a kitchen cart and trained staff to offer food literacy programs for children in rural public libraries, provide patient information materials at Remote Area Medical clinics, and create a suite of

digital literacy training programs and provide substance misuse and HIV/AIDS education.

**Request a presentation.** The NNLM maintains a suite of presentations on health information topics and NNLM products.

**Share your expertise.** Share your practices, projects, research, and accomplishments with colleagues by contributing a blog post or proposing a topic for a webinar.

Find out how NNLM can support your health information outreach goals!

*Contact the Region 1 Regional Medical Library at [nnlm@hshsl.umaryland.edu](mailto:nnlm@hshsl.umaryland.edu) to discuss your project. Visit [nnlm.gov](http://nnlm.gov) to subscribe to your region's newsletter and learn more about funding opportunities and upcoming events.*

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NOVEMBER 18, 2021

# Celebrate the Power of Rural!

The National Organization of State Offices of Rural Health (NOSORH) sets aside the third Thursday of every November to celebrate National Rural Health Day (NRHD). National Rural Health Day is an opportunity to “Celebrate the Power of Rural” by honoring the selfless, community-minded spirit that prevails in rural America. NRHD showcases the efforts of rural health care providers, State Offices of Rural Health, and other rural stakeholders to address the unique health care challenges that rural citizens face today and into the future.

For more information and to add your pledge to the **Power of Rural**, see [powerofrural.org](http://powerofrural.org)!



The Pennsylvania Rural Health Association (PRHA) welcomes new members! Membership includes a wide range of organizations, agencies, students, and individuals focused on increasing access to health care in rural communities. Becoming a member supports rural communities and gives rural advocates a powerful voice.

## BENEFITS OF MEMBERSHIP

- **Advocacy** – Add your voice and your organizational message to PRHA on health policy that affects rural Pennsylvanians. Our press releases, position papers, legislative meetings and formal publications, such as Status Check, have people listening.
- **Leadership** – Participate in leadership skill development. PRHA grows rural leaders!
- **Professional and Community Networking** – Form liaisons with government officials, health care professionals, leaders of health organizations and community agencies to further the mission of your organization.
- **Technical Assistance** – Learn about funding resources to support projects and partnerships and for information on grant writing assistance.
- **Information** – Access facts and resources on a variety of rural health issues and data, experts, networks, and ideas!
- **Publications** – Receive Pennsylvania Rural Health, updates from the National Rural Health Association, state legislative information, and more.
- **Conference** – Enjoy reduced registration costs for the annual Pennsylvania Community and Public Health Conference.

Visit [www.paruralhealth.org](http://www.paruralhealth.org) and click “Membership” to apply now!





# Resource Provides Virtual Support to Rural and Remote Health Care Providers

The Rural Telementoring Training Center (RTTC) supports the delivery of effective, high-quality telementoring programs that expand access to care, build cultural proficiency, and improve the quality of health care in rural America. Telementoring, or technology-enabled mentoring, is the use of telecommunication technology to deliver training, education, and support that builds health care capacity.

The RTTC helps rural and remote health care providers deliver compassionate, evidence-based care. The RTTC offers free training and technical assistance to organizations for designing, delivering, and evaluating telementoring programs in any of six modalities: Project ECHO, online modules and curricula, webinars, community health clubs, individual consultation, and podcasts.

Rural and remote providers connect with educational resources and a network of mentors and partners helps to grow skills and deliver a new level of care; receive ongoing, interactive learning;

network with other professionals; collaborate across disciplines and professions; reduce isolation; and improve patient access to health services.

The RTTC helps build the rural health care infrastructure thereby ensuring access to high quality care and is part of the movement that is transforming rural health through telementoring.

*For more information, visit [ruraltelementoring.org](http://ruraltelementoring.org).*

*This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number U5ARH39480 and title Rural Telementoring Training Center. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.*





# Road Safety in Rural Pennsylvania

*By Andrew Shelden*

It's time to get out and enjoy a drive through the countryside and take advantage of some of the most scenic roads in the eastern United States. But, because rural roads pose a greater risk of vehicle accidents, collisions, and fatalities than urban roadways, per mile traveled, caution is recommended. Knowing the particular risks that rural roads pose will increase safe driving and reduce the potential for accidents.

Pennsylvania's natural ridge-and-valley terrain can create narrow, winding rural roads with frequent elevation changes, which can impair a driver's field of vision. Drivers need to be alert to changing speed limits, road conditions, sharp turns, and steep grades. Although more than 23 percent of the nation's residents live in rural areas, only 11 percent of road maintenance funding is directed to maintain rural roadways. As a result, rural roads may be poorly maintained or unpaved. Particularly in the winter months, these poorly maintained roads make driving conditions difficult. As in urban environments, lane closures from road construction can make driving more hazardous, but in rural settings, those construction areas can be even more narrow and may require extra caution.

Slow-moving vehicles (SMVs) like farm equipment or horse-and-buggies travel on rural roads. Tractors and other farm vehicles displaying a rear-facing SMV emblem (a reflective orange triangle) cannot exceed twenty-five miles per hour. SMVs may share the road with cars going twice that speed or more, creating a higher likelihood of collision when drivers aren't prepared to brake quickly. The same is true of horse-and-buggies traveling along roads in Pennsylvania's Amish

communities. Pedestrians and cyclists commonly share the road with vehicles because rural roads often lack sidewalks, paved shoulders, and designated bike lanes.

Travelers also need to be alert for wild animals. Each year, serious accidents and fatalities result from vehicles colliding with deer and elk on rural roads. Other natural conditions to be aware of include trees lining sharp curves, fallen limbs and branches in roadways, and falling rocks in some areas. Once snow and icy conditions arrive in winter, rural travel becomes even more hazardous.

Characteristics of life in rural communities can compound these risks. Rural communities typically lack public transportation services common in urban areas, leading to more unlicensed or uninsured drivers on the road and more drivers operating vehicles that don't meet current safety standards. Research has shown that the lack of public transportation leads to higher incidences of drunken or impaired driving. The rate of fatalities per vehicle mile traveled on rural roads is twice that of urban fatalities, and 70 percent of seatbelt-related fatalities occur in rural areas. When these accidents occur, it can take emergency vehicles longer to arrive and the distance to a hospital with a trauma center is statistically much further.

Enjoy the beauty and nature that Pennsylvania has to offer and be safe out there!

*For more information on rural road safety, access the National Center for Rural Road Safety at [ruralsafetycenter.org](http://ruralsafetycenter.org) and the Rural Health Information Hub at [ruralhealthinfo.org/](http://ruralhealthinfo.org/).*



# Simple Steps Can Prevent Seasonal Illness

*By Lannette Fetzer, MS, MSN, CRNP, FNP-BC, CHC  
Quality Improvement Coordinator, Pennsylvania Office of Rural Health*

Autumn brings vibrant colors of red, yellow, orange, and bronze to rural Pennsylvania's trees and signal the beginning of a new season. They also are a sign that the start of influenza (flu) season will be arriving, when a handful of serious illnesses spike and spread. Rural Pennsylvanians can take steps to prevent and combat the spread of flu, pneumonia, and COVID-19. Actions using evidence-based strategies and following health care provider recommendations can reduce the spread of these infectious diseases.

Research shows that the most effective way to prevent any infection is frequent hand washing, a cost-effective way to reduce the spread of infection. According to the Centers for Disease Control and Prevention (CDC), "Keeping hands clean is one of the most important steps we can take to avoid getting sick and spreading germs to others. Many diseases and conditions are spread by not washing hands with soap and clean, running water." The CDC recommends frequent hand washing with soap and warm water for at least twenty seconds. Other cost-effective prevention measures include living a healthy lifestyle and practicing infection prevention daily. The CDC's comprehensive website explains what infection is, how infection is transmitted, and prevention strategies.

The CDC strongly recommends age-specific vaccinations which play a pivotal role in preventing disease and infections and in promoting good health. The National Foundation for Preventing Disease notes that "...vaccine-preventable infections are dangerous. Every year, approximately 50,000 U.S. adults die from vaccine-preventable diseases." The CDC's age-appropriate recommended vaccines for the flu, pneumonia, COVID-19, and other vaccines can be found on their website.

The United States Preventive Services Task Force (USPSTF) notes that an annual physical examination provides health care providers with an excellent opportunity to counsel their patients about preventive care and, when necessary, such as during illness, refer them for recommended treatment. These yearly assessments include screening, evaluation, counseling, and immunizations, but any assessment will vary based on a patient's age and risk factors. Provider recommendations serve as a framework for care that is administered by a single provider or a team of health care professionals. Beyond the physical examination, understanding a patient's family history is fundamental to a person's health, so meeting regularly with a provider and sharing family traits is important to maintaining overall

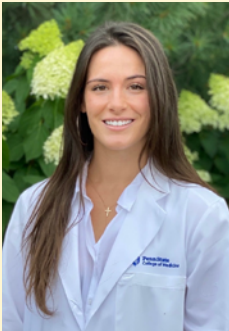
health, as well as talking to family members about risk factors. The USPSTF website provides a comprehensive list of age-appropriate screenings.

Every season in Pennsylvania is a time to enjoy family, friends, and indoor and outdoor activities. Taking precautions to reduce the spread of illness can ensure that everyone stays healthy.

- Infection Control, Centers for Disease Control and Prevention: [cdc.gov/infectioncontrol/index.html](https://cdc.gov/infectioncontrol/index.html)
- Seasonal Influenza (Flu), Centers for Disease Control and Prevention: [cdc.gov/flu/index.htm](https://cdc.gov/flu/index.htm)
- Pneumococcal Disease, Centers for Disease Control and Prevention: [cdc.gov/pneumococcal/index.html](https://cdc.gov/pneumococcal/index.html)
- About COVID-19, Centers for Disease Control and Prevention: [cdc.gov/coronavirus/2019-ncov/your-health/about-covid-19.html](https://cdc.gov/coronavirus/2019-ncov/your-health/about-covid-19.html)
- United States Preventive Services Task Force: [uspreventiveservicestaskforce.org/BrowseRec/Index](https://uspreventiveservicestaskforce.org/BrowseRec/Index)

# RURAL COMMUNITY HEALTH CARE: Perspective from a Medical Student

*Madeline (Maddie) Snyder is a second-year medical student at the Penn State College of Medicine-University Park Campus (PSCOM-UP). During the next three years, she will chronicle her medical education, her experience serving rural communities, and her progress toward earning her medical degree.*



Maddie Snyder

I was born and raised in Frederick, Maryland in the smaller town of New Market. I received my undergraduate degree in biology from Syracuse University where I also played on the women's soccer team. Before matriculating into medical school, I moved to Philadelphia to work at Penn Medicine's Center for Healthcare Innovation with projects focusing on emergency medicine and opioid use disorder. My time in Philadelphia opened my eyes to the impact of social determinants to overall health and health outcomes. Growing up in a more rural area, I couldn't help but think about the great need for community-based programs and physician advocacy in rural settings, similar to those I was part of in the city. While the world of medicine is vast and plentiful, and I have yet to see it all, these experiences served as strong teachers in utilizing my practice of medicine as a career of service in a rural setting.

My family is blessed to call Central Pennsylvania home as my husband is also able to chase his dreams here training with the Nittany Lion Wrestling Club. As I move forward in my career of medicine, community and service is my central focus.

Beginning medical school in the height of a pandemic was filled with uncertainty. I am fortunate to attend the University Park Regional Campus of the Penn State College of Medicine where each class size is comprised of twelve students. Our small class size allowed for student-led, small group learning in the classroom and immersion into the family medicine clinics during our first year.

This past year allowed for opportunities outside of the standard medical school experience in the community. I volunteered at vaccine clinics held in the surrounding State College area by Centre Volunteers in Medicine and Penn State Health. While sharpening valuable skills integral to being a health care professional, taking a thorough medical history and administering a vaccine, I more importantly was able to connect with my fellow community members. In talking with so many who entered my 'vaccination station', I learned so much about their work, how far they have traveled, and what receiving the COVID-19 vaccine meant to them.

The first year of medical school is a year of transition and often time that is not spent studying can seem of little value. My time volunteering at the vaccination clinic, which is also the foundation of the University Park Campus, showed that experience is our best teacher. This past year reminded me in a new way that I study medicine because of what it can do for those in my community.

This upcoming year I will be entering my "Clerkship Year" where I will be completely immersed in patient care across many different specialties every day. As I enter the Longitudinal Integrated Clerkship (LIC), rotating through specialties simultaneously, I will take with me that the people who allow me to participate in their care are my greatest teacher. I choose a career in medicine to be able to provide relief to my fellow community members no matter how big or small.

Pennsylvania Office of Rural Health  
The Pennsylvania State University  
118 Keller Building  
University Park, PA 16802

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