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PENNSYLVANIA RURAL HEALTH

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message *from the* director

Welcome to the Fall issue of *Pennsylvania Rural Health*. As I'm sure you know, this year has been a time of intense activity in Washington, D.C. and in our state capital, especially in the debates about how health care is structured and funded. Advocacy has played a pivotal role in these discussions.

According to the Merriam Webster dictionary, advocacy (noun, ad·vo·ca·cy \'ad-və-kə-sē\) is the act or process of supporting a cause or proposal: the act or process of advocating. Health [care] advocacy is defined as direct service to the individual or family as well as activities that promote health and access to health care in communities and the larger public.

In doing some basic research on the process and outcomes of advocacy, I found a framework established by the England-based National Development Team for Inclusion. In their 2016 publication, Advocacy Outcomes Framework: Measuring the impact of independent advocacy, they define advocacy as:

> …taking action to help people say what they want, secure their rights, represent their interests, and obtain services they need. Advocates and advocacy providers work in partnership with the people they support and take their side. Advocacy promotes social inclusion, equality, and social justice.
>
> Advocates work in partnership with the people who access the service. They endeavour to be instructed or directed by the person at all times and to enable the person to 'self-advocate' as far as possible–it's an empowering relationship.

The authors outline four outcomes for advocacy: changes for the individual, changes to the health and social care sector, changes in the advocacy organization, and changes to the wider community.

The late Minnesota Senator Paul Wellstone identified three critical ingredients to democratic renewal and progressive change in America: good public policy, grassroots organizing, and electoral politics. These concepts have been fundamental to the federal efforts to repeal, replace or refine the Affordable Care Act (ACA) and have been critical to the debate on health care reform.

Since January of this year, health care policy advocacy has been alive and well across the United States. As debate on health care has continued, there is no doubt that the rights of individuals and groups have been the cornerstone of those discussions. There are as many opinions on what could or should change as there are those having those discussions. What has been consistent, however, is the message that has resonated: all Americans need, and deserve, high quality health care. That care needs to prevent disease, address chronic conditions, and ensure services for the most vulnerable among us such as children, the disabled, and the elderly. That care needs to be accessible and affordable, regardless of geographic location or economic means.

Thank you for whatever role you or your organization has had in the advocacy process, whether it has been on the front lines of direct education of legislators, keeping your members updated on trends and activities or staying tuned to the latest news from Washington and your state capital. Know that your Office of Rural Health is ready to assist you with translating the latest legislation and regulation on the delivery of health care in rural Pennsylvania. Best wishes for the holidays that will soon be here and be sure to stay in touch.

Lisa Davis

Lisa Davis
Director

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 (DOH), other state agencies, and The Pennsylvania State University. PORH is located at the Penn State University Park campus.

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PENNSYLVANIA OFFICE OF RURAL HEALTH

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ACCIDENTS, INJURIES, AND HEALTH CRISES:

The Challenges Rural EMS Providers Face

By Susan J. Burlingame

"Today, when I see the girl there on the blacktop, all that seasoned veteran hoo-hah will go right out the window, because she is delicate, and frightened, and conscious, and most of all, she is one of us. When we gather around her, we are firefighters, and first responders, and EMTs, but we are also neighbors, classmates, family."

Michael Perry, excerpted from *Population: 485 – Meeting Your Neighbors One Siren at a Time*, Perry's personal account as a rural first responder

While those who live in rural communities enjoy the many advantages of rural living—a close knit community, fresh air, peaceful evenings, minimal traffic—they also face challenges. Access to health care, for example, can be difficult when physicians, dentists, and other health care providers are far away. Law enforcement officers and fire fighters may have wide areas to cover and be unable to respond quickly to an emergency situation.

Nowhere are challenges related to rural living more keenly felt than by ambulance or emergency medical service (EMS) personnel who serve rural communities. These individuals sacrifice time with family and friends to volunteer. They are on call for underfunded EMS companies that by law must maintain their vehicles, equipment, medications, and training. They respond to calls urban EMS services never see, such as farm equipment and other agriculture-related accidents. Rural EMS responders must learn to put emotions aside when they are saving the life of or treating someone they know.

"When you're on that call, you summon all your professionalism to handle the worst case scenario," said Andrew Tom, paramedic manager for Soldiers and Sailors Memorial Hospital in Tioga County, Pennsylvania. Tom has been a paramedic since 1991. "But you're also a human and sometimes after a tough call, you just break down. After a tough pediatric call, you go home and hug your kids."

Regardless of where they live, when people dial 911, they fully expect an ambulance to arrive quickly to offer medical assistance and transport their loved ones to the hospital.

What if the ambulance on call is helping another patient—on the other side of the county? What if the hospital is 45 minutes away? What if that hospital doesn't have a trauma center? What if the responder doesn't have the necessary equipment in the ambulance? What if you call after midnight and, due to a shortage of emergency medical technicians (EMTs) or paramedics, the local ambulance service has cut its night shift?

Rural emergency services face all of these challenges due to declining volunteerism and rising costs for education, equipment, and vehicles. The cost of running an ambulance service can be covered in a number of ways, from state or community surtaxes to per-call patient charges to hospital reimbursement to fundraisers. Rarely are these enough to sustain rural EMS providers, however.

"The challenges for rural EMS over the last 20 years haven't changed. They are about recruitment, retention, and reimbursement," said Gary Wingrove, president of The Paramedic Foundation, a Minnesota-based non-profit organization dedicated to providing resources and programs to impact the growth of paramedicine. "The ambulance world is different than volunteering for anything else in life. There tend to be ten times more ambulance runs than fire runs, yet fire service rosters are pretty full and there's always a crew ready. For the ambulance, there aren't enough volunteers, yet people have to know that when they dial 911, two people are ready to go all of the time. It means EMS providers have to sign up for shifts and be ready to go on a moment's notice. You have to give up your freedom."

Rural emergency services face challenges due to declining volunteerism and rising costs for education, equipment, and vehicles.

"At some point," Wingrove continued, "we have to recognize this problem and deal with it by hiring people. Communities need to start making decisions that place value on life and make being an EMT or a paramedic a job that's equally important as the guy who mows the lawn in the city park."

"Pennsylvania, as well as other states, is in the same struggle, stemming from financial concerns to staffing concerns," echoed Janette Swade, executive director of the Pennsylvania Emergency Health Services Council (PEHSC). "When we talk about rural EMS, we are usually talking about volunteers, but they still need funding to meet their needs. Add on the societal changes related to declining volunteerism and requirements for maintaining a standard of care for patients—one requiring more education and skills—you have added pressure. All ambulances, whether they are urban or suburban or rural, need to follow the same statewide protocol, carry the same drugs, have the same equipment. You can't cut back on your clinical care because you work in a rural community."

Don Wood, MD, retired director of the Office of Primary Care and Rural Health for the Utah Department of Health, led the national state offices of rural health rural EMS efforts. He also sees a need for communities to place greater value on the role of emergency providers and services. "EMS must be recognized as the intersection between public safety and public health," Wood remarked. "Across the country, most states have a mandate for law enforcement, fire safety, and public health but no mandate for EMS. Rural communities suffer most from this."

EMT training takes between 150-200 hours at first, followed by continuing education every few years. The certification process for a paramedic requires 1,100 hours of class, clinical, and field experience, explained Mark Trueman, director of Paramedic Technology Programs in the School of Health Sciences at Penn College of Technology. "In rural areas, there's not necessarily enough call volume to substantiate a paid ambulance service, plus the cost to individuals just to get the necessary education and training can be prohibitive, especially if the EMS service or hospital provides no subsidy. When you're not going to be paid for the work, it can be hard to justify paying for the training and certification."

In addition to the need for funding and volunteers, rural EMS providers have patient worries to consider. "Time to discovery can be a big factor, as can the type of accident," said retired Penn State senior extension agent Davis Hill, who developed an agricultural injury program for first responders. "When a car accident occurs in an urban area, someone calls 911. But when a farmer is injured, he might be all alone in the field for hours before someone finds him. Few urban EMTs have ever had to deal with an equipment entanglement injury, someone who is pinned under a tractor or someone who has inhaled silo gas."

Hill said his passion has been to train firefighters, ambulance services, and other emergency service providers to be better prepared to manage agricultural emergencies. "We need people who can handle the different kinds of injuries associated with farm accidents. Since hospitals are often some distance from where a farm accident occurs, we need people who can stabilize patients while they are transported to hospitals."

Leslie Purcell, who lives in a rural community in Centre County, Pennsylvania, experienced first-hand the fear of not receiving help in time. Her eight-year-old son, Liam, has a peanut allergy. Recognizing that Liam was having an anaphylactic attack—stomach ache, tightening of the throat, hives—Purcell asked her husband to call 911 while she chased down her son (who is terrified of needles) to inject him with an EpiPen®.

"By the time we called 911 to the time the EMS arrived at our house, it was about 35 minutes," Purcell said. "I was wondering why it was taking so long and I found out that my community doesn't have evening EMS coverage, so an ambulance had to

In addition to the need for funding and volunteers, rural EMS providers have patient worries to consider. "Time to discovery can be a big factor, as can the type of accident," said retired Penn State senior extension agent Davis Hill, who developed an agricultural injury program for first responders.

be dispatched from another town." While everything turned out fine, Purcell found herself envisioning a different scenario. "If that EpiPen® would not have dispensed properly and the ambulance couldn't get to us quickly enough because we live in a rural area, what would I have done?"

Tom Winkler runs the EMS for Children Program at PEHSC. He too is concerned by the decrease in the number of EMS volunteers in the state and cited a 2005 study commissioned by Pennsylvania legislators, which found that roughly 8,000 volunteers are leaving the EMS profession in Pennsylvania each year.

"A lot of the issues facing rural EMS are the same whether you're dealing with adults or children," Winkler said. "When it comes to children, though, only about six to eight percent of the call volume involves a child, so I think there's a lot of concern and even nervousness when it comes to the pediatric patient."

Add to this the fact that there are only a few pediatric trauma centers in the state. Though not all injuries require a pediatric center, Winkler said a helicopter is often the only way to transport a child to the right facility.

"We're trying to encourage critical access hospitals (CAHs) to be better prepared to deal with pediatrics when possible. In addition, PEHSC has developed a pediatric volunteer recognition program to encourage EMS companies to go above and beyond in being prepared for pediatric emergencies.

Juliet Altenburg, RN, MSN, is executive director of the Pennsylvania Trauma Systems Foundation (PTSF), which focuses on the trauma center side of emergency medical services. There are four levels of trauma centers in Pennsylvania ranging from a fully functioning center with every medical specialty, trauma research, operation room capabilities, and more (Level One) to the Level Four center, the standards for which were developed by PTSF to address gaps in the number of trauma centers in rural Pennsylvania.

"There are 160 acute care hospitals, thirty-eight of which are accredited trauma centers," Altenburg said, adding that twelve hospitals are pursing Level 4 accreditation, eight of which are located in rural areas. Still, the availability of a rurally-based trauma center does not alleviate the need for a robust emergency medical response team to transport patients.

Kevin McGinnis of the National Association of State EMS Officials advocates for communities to utilize what he calls "self-informed determination," which essentially asks community members ultimately to levy a tax or find other ways to financially support their EMS needs. "The idea is for people in communities to decide what type of EMS service they want and what they are willing to pay for it," McGinnis said. "They should go through a process of evaluating their current EMS system, understanding their options, and determining a way to financially support their community need."

Some states have moved to a paid system, McGinnis said, but too many rely solely on volunteers. "In some ways, we're our own worst enemy," he said. "In fact, there are still some ambulance services that don't charge patients at all. The ambulance service has gone from being a horizontal taxicab to being a sophisticated medical response program. The cost of just one stretcher is about $30,000. An ambulance vehicle can cost $120,000 to $180,000 or more. EMS is a medical health care business and the public actually *wants* to be charged a reasonable rate for a reasonable medical service."

"I do not wish that I was paid, though I do wish there was better reimbursement to offset the cost of equipment, ambulances, and other necessities," said Stacey Girven, an EMT and mother who works full-time by day and volunteers for the ambulance service by night. Girven also helps coordinate the EMT program at Penn College. "This profession is a passion for people. I started in 1992 as a volunteer and there is just something about going on a call and making a difference in one person's life that is payment enough."

American Lung Association in Pennsylvania Offers Lung Health Programs Tailored to Rural Populations

For more than 110 years, the American Lung Association has been working to save lives by improving lung health and preventing lung disease through education, advocacy, and research. The Lung Association was founded as the nation's first voluntary health organization and today, dedicated volunteers are still at the core of the association's work toward a world free of lung disease.

One of the important programs offered by the Lung Association is the Better Breathers Clubs, welcoming support groups for individuals with COPD, pulmonary fibrosis, and lung cancer and their caregivers. Members learn best ways to cope with lung disease while getting the support from others in similar situations. Led by a trained facilitator, these in-person adult support groups provide tools needed to live the best quality of life.

To help smokers quit for good, Freedom From Smoking® Plus is an interactive, online quit-smoking experience for the 19.4 million tobacco users who make a quit attempt every year. Launched in September of 2016, Freedom From Smoking® Plus helps smokers through a new, highly engaging platform that includes activities, videos, quizzes, and more. Over the course of nine sessions, users create a personalized quit plan, learn about medications to help them quit, get through the rough patches, and transition to a smokefree lifestyle.

To prevent youth from using tobacco, the Tobacco Resistance Unit or TRU, is a movement throughout Pennsylvania to help school-aged children between the ages of twelve and eighteen stay tobacco- and nicotine-free. The program is managed by the Pennsylvania Alliance to Control Tobacco (PACT) and the American Lung Association in Pennsylvania.

Open Airways for Schools® strives to make all schools asthma friendly. Open Airways For Schools® educates and empowers children through a fun and interactive approach to asthma self-management. The program teaches children with asthma ages eight to eleven how to detect the warning signs of asthma, avoid their triggers, and make decisions about their health.

The Lung Association also offers The Lung Cancer Screening Tool, an interactive tool to help identify if a patient is eligible for low-dose CT screening. The tool provides questions and answers on Medicare coverage, age, and smoking status and calculates pack years to determine criteria for screening.

The Living with Lung Disease online support community connects patients, families, friends, and caregivers for support and inspiration to those living with lung disease. Community members share personal stories, resources, helpful information, and experiences.

Finally, the Lung Helpline is available 24/7. Staffed by registered nurses, respiratory therapists, certified tobacco treatment specialists, and counselors, assistance is available on lung health questions. Detailed and accurate information about lung cancer, asthma, COPD, quitting tobacco, and multiple other lung health topics is available.

AMERICAN LUNG ASSOCIATION. IN PENNSYLVANIA

For more information about any of these American Lung Association signature programs and more, contact 1-800-LUNGUSA (1-800-548-8252) or visit lung.org.

CENTERS FOR MEDICARE AND MEDICAID SERVICES TO PROVIDE

Start-Up Funding for the Pennsylvania Rural Health Model

In January 2017, the Centers for Medicare & Medicaid Services (CMS) and the Commonwealth of Pennsylvania jointly announced the availability of funding to implement the Pennsylvania Rural Health Model (the Model). Under leadership from the Pennsylvania Department of Health, the initiative will test an alternative payment model, known as the global budget model, designed to improve health and health care in rural Pennsylvania. According to CMS, states can be critical partners in facilitating the design, implementation, and evaluation of community-centered health systems that improve cost, quality, and population health performance results for state residents.

The Model seeks to increase rural Pennsylvanians' access to high-quality care and improve their health while also reducing the growth of hospital expenditures, including Medicare fee-for-service. Once implemented, the Model is designed to increase the financial viability of the state's rural hospitals to ensure continued access to inpatient and outpatient services. The Model will test whether the delivery transformation in participating rural hospitals, in conjunction with population-based payments to those hospitals, improves health outcomes and quality of care for Pennsylvania's rural residents.

As part of the Model, the commonwealth commits to achieving population health goals, access and quality targets, positive financial indicators, and payer and rural hospital participation scale targets. Through legislation, Pennsylvania plans to authorize and establish a Rural Health Redesign Center (RHRC) to operate certain aspects of the Model.

The CMS funding opportunity offers up to a total of $25 million ($10 million initially and $15 million in follow-up funds) to the commonwealth over a four-year period, with an initial award to the Pennsylvania Department of Health and a second award to the RHRC. The initial $10 million will allow the Pennsylvania Department of Health to begin the Model's implementation activities (Model operations, global budget administration, data analytics, technical assistance, and quality assurance) and to establish the RHRC. The RHRC (or the Pennsylvania Department of Health, if the RHRC is not established) may apply for an additional $15 million to continue implementation activities.

While payers and rural hospitals can choose whether or not to participate in the Model, CMS and the state will work closely together to achieve sufficient hospital and payer participation scale targets. Ultimately, CMS and the commonwealth will aim to deliver meaningful improvements in the health of the state's rural population by transforming the relationships between and among care delivery and public health systems across Pennsylvania.

For more information about the Pennsylvania Rural Health Model, visit innovation.cms.gov/initiatives/pa-rural-health-model/.

Pennsylvania Office of Rural Health Presents Undergraduate Student Achievement Award

Amelia Browning, a student in the Penn State Department of Health Policy and Administration, received the 2017 Jennifer S. Cwynar Community Achievement Award

In 2008, Jennifer Cwynar earned her undergraduate degree in health policy and administration (HPA) at Penn State. Deeply committed to community service, advocacy for underserved and rural populations, and public health, Cwynar served as an intern in the Pennsylvania Office of Rural Health (PORH) during her final year at Penn State.

After Cwynar passed away unexpectedly in 2010, PORH established an internship to honor her legacy. The Jennifer S. Cwynar Rural Health Undergraduate Internship Program was established in 2016 to recognize community achievement by an HPA senior undergraduate student who has demonstrated service and commitment to a community or an underserved population, preferably, but not exclusively, in a rural area of Pennsylvania. The award honors a student who has advanced those commitments to foster the recipient's personal and professional development.

The 2017 Jennifer S. Cwynar Community Achievement Award was presented to Amelia Browning, of Woodbine, Maryland, a Penn State Schreyer Honors College student who earned her bachelor's degree in HPA in May. Lisa Davis, director of PORH, presented the award to Browning on April 12, 2017 during the Annual Stanley P. Mayers Endowed Lecture at Penn State University Park.

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

Browning was nominated for the award by Diane Spokus, Ph.D., M.C.H.E.S., associate director of professional development in HPA, who praised Browning for being a conscientious, dependable, detail-oriented, motivated, and enthusiastic student. Spokus lauded Browning for her achievements during her undergraduate internship at Johns Hopkins Hospital's Department of Hospital Epidemiology and Infection Control. Throughout the internship, Browning generated data on care provider compliance with personal protection equipment on intensive care units and contributed to a collaborative nurse education project with the Armstrong Institute and the Centers for Disease Control and Prevention (CDC).

Browning's dedication to several leadership roles also was noted in her nomination. Browning participated in the Penn State College of Health and Human Development's Women's Leadership Initiative and a diverse array of community service activities. She taught a two-week creative arts camp in Sri Lanka, served as the director of programming for the Penn State chapter of Empower Orphans (an international organization dedicated to elevating the well-being of orphaned children and empowering them to succeed), and was president of the Penn State chapter of the Foundation for International Medical Relief of Children. Browning also was a member of the Penn State College of Health and Human Development Honor Society and a Peer Writing Tutor group.

In a letter accompanying her nomination, Browning said helping others discover their passion for service is what brings her the most happiness. "Prior to 2016, Empower Orphans was not a student organization at Penn State, but my friend and role-model, International Children's Nobel Peace Prize laureate, Neha Gupta, had a dream to bring Empower Orphans to Penn State," she said. "During each Empower Orphans event I organized in Centre County, I saw my peers and my friends experience wonderful moments serving the community."

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

DentaQuest Institute White Paper

FOCUSES ON INTERPROFESSIONAL COLLABORATION TO ADDRESS RURAL ORAL HEALTH DISPARITIES

The DentaQuest Institute, a national nonprofit organization dedicated to promoting optimal oral health through efficient, effective, and high-quality care, issued a white paper in the spring of 2017 titled "MORE Care: Narrowing the Rural Interprofessional Oral Health Care Gap." The paper outlines key information and learnings from the multi-year Medical Oral Expanded Care (MORE Care) Initiative.

The MORE Care Initiative establishes interprofessional oral health networks (IPOHNs) to integrate and coordinate person-centered oral health care in rural communities. Through cross-collaboration and coordination between primary care and dental teams, MORE Care addresses the oral and overall health disparities and challenges rural residents face in accessing needed health care.

"Not only are there fewer dentists in rural communities, but both children and adults often disproportionately experience poor dental health or unmet needs in these regions," said Sean Boynes. DMD, MS, co-author and director of interprofessional practice at the DentaQuest Institute. "By sharing this learning collaborative's best practices, challenges, and innovative ideas, we hope to show other rural health clinics, state offices of rural health, and rural health care systems that they can effectively bring together previously-siloed sectors of care."

Through the MORE Care Initiative, primary care teams learn strategies and skills to integrate oral health services—such as evaluations, risk screenings, pediatric fluoride applications, and self-management goal development— into their practices, as well as to implement quality improvement efforts and measure impact. At the same time, the initiative develops relationships and formalizes referral networks with dental care providers. To bolster ongoing, effective partnerships, primary and dental care teams also perform cooperative tasks, such as implementing a bi-directional referral system for managing systemic diseases, improving communication, and identifying areas of clinical and operational overlap.

Currently, MORE Care includes partnerships with the South Carolina Office of Rural Health, the Colorado Rural Health Center, and the Pennsylvania Office of Rural Health. Across three states, twenty-one primary care team sites and fifteen dental care partners participate in the initiative. The DentaQuest white paper includes an overview of oral health's connection and impact on systemic well-being; details on the MORE Care project; key factors, challenges, and opportunities for rural oral health interprofessional care as identified by MORE Care participants; and innovative ideas from each state, among other topics.

"With oral and overall health intrinsically linked, truly improving a person's and community's well-being requires us to structure health care delivery to promote preventive care, improve disease management, and connect providers so patients are at the center," said Teryl Eisinger, M.A., executive director of the National Organization of State Offices of Rural Health and MORE Care advisory council member. "Rural health organizations, providers, and stakeholders have the chance to lead in creating viable interprofessional oral health networks, and the information in the MORE Care white paper is a critical step in that direction."

To access the white paper and learn more about the MORE Care Initiative, visit dentaquestinstitute.org.

PENNSYLVANIA CRITICAL ACCESS HOSPITAL PROGRAM

Receives National Recognition

On July 19, 2017, during an annual continuing education event in Bethesda, Maryland, the Health Resources and Services Administration (HRSA) recognized ten states for outstanding quality performance of their Critical Access Hospitals (CAHs) in achieving the highest reporting rates and levels of improvement over the past year. The ten top-performing states–Wisconsin, Maine, Utah, Minnesota, Illinois and Pennsylvania (tied), Michigan, Nebraska, Indiana, and Massachusetts–built on their previous successes by investing Federal Office of Rural Health Policy (FORHP) funds into quality improvement projects and developing technical assistance resources that improve high-quality care in their communities. States also work collaboratively with every CAH and their respective partners to share best practices and utilize data to drive quality improvement in their hospitals.

"Rural hospitals are key safety-net providers in their communities and it is important that we make every effort to provide the highest quality of care to individuals living in rural communities," said Dr. George Sigounas, HRSA Administrator. "Critical Access Hospitals may be limited in resources, but they have strong connections to their community and a commitment to quality care for every patient that is reflected in their effort to meet higher standards."

In 2011, FORHP, located within HRSA, created a program to promote high quality of care at rural hospitals with twenty-five beds or fewer. Low-volume hospitals participating in the Medicare Beneficiary Quality Improvement Project (MBQIP) voluntarily report on a set of quality measures relevant to the care they provide, share data, and take on quality improvement initiatives. Currently, 96 percent of the 1,340 CAHs in the United States are reporting rural-relevant quality measures.

Pennsylvania has fifteen Critical Access Hospitals, which serve the most rural communities in the state. The federal initiative is administered in the state by the Pennsylvania Office of Rural Health (PORH).

"The Pennsylvania Critical Access Hospitals and their quality improvement staff are to be commended for their dedication to providing outstanding health care in their rural communities," said Larry Baronner, PORH's rural health systems manager and deputy director. "Receiving this recognition once again demonstrates a continued commitment to quality improvement." Lannette Johnston, quality improvement coordinator at PORH, added, "It is truly an honor to work with a talented group of clinicians and leaders at the Critical Access Hospitals in Pennsylvania. They ensure that patients receive the best quality care. Receiving this award is just one of the many ways in which these leaders enhance high-quality rural health."

Rural Health Research Information Source Provides Data, Information

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

RURAL HEALTH CARE QUALITY LEADER

Wins National Rural Leadership Award

Larry Baronner, rural health systems manager and deputy director at the Pennsylvania Office of Rural Health (PORH), was awarded the 2017 Calico Leadership Award at the State Flex Program Reverse Site Visit held July 19-20, 2017 in Bethesda, Maryland. The Calico Leadership Award is presented annually by the Technical Assistance and Services Center (TASC), a program of the National Rural Health Resource Center, as well as TASC's national advisory committee, to an outstanding rural health leader. The Calico Award was created in honor of long-time rural health leader, Dr. Forest Calico, for his life-long commitment to improving the quality of rural health. The award was presented to Baronner for his outstanding leadership, guidance, and dedication toward improving the quality of health care in rural America.

Lisa Davis, PORH director and outreach associate professor of health policy and administration at Penn State said, "When Larry started at the Pennsylvania Office of Rural Health in 2001 as the flex coordinator, the state was one of the last to implement the Medicare Rural Hospital Flexibility (Flex) Grant Program. Since then, Larry has established our office as a leader in the Flex Program and with critical access hospitals (CAHs) through a well-rounded and balanced approach to hospital leadership, quality improvement, and population health. He is a recognized expert in rural hospital administration and rural community development and has provided quiet, but powerful, leadership in organizational change and rural advocacy."

Larry Baronner, rural health systems manager and deputy director at the Pennsylvania Office of Rural Health, poses with his wife, Cindy, after receiving the 2017 Calico Leadership Award.

Baronner has coordinated the Flex and Small Rural Hospital Improvement (SHIP) Programs within Pennsylvania for the past sixteen years. Under his leadership, the Pennsylvania Critical Access Hospital Consortium has adopted a performance management system using a Balanced Scorecard framework. Through projects with Penn State's College of Engineering and Penn State Continuing Education, the state's CAHs have been introduced to Lean concepts. Recently, Baronner has been working on the Pennsylvania Rural Global Budget Approach for CAHs. Pennsylvania has fifteen CAHs, which serve the most rural communities in the state.

"Larry Baronner's leadership and innovation in the Pennsylvania Medicare Flex Program has helped to improve the performance of rural hospitals and contributed to the health and well-being of rural citizens in the state," said Terry Hill, senior adviser for rural health leadership and policy of the National Rural Health Resource Center, in presenting the award.

Penn State Extension Programs Focus on Nutrition, Healthy Lifestyles

By Susan J. Burlingame

It doesn't matter where you live or what your economic status is. It doesn't matter how old you are or what your gender is. Nutrition matters.

Good nutrition is one of the keys to a healthy lifestyle. For children, good eating habits can prevent childhood obesity, tooth decay, and other conditions leading to an unhealthy future. In adults, good nutrition can play a major role in preventing or diminishing the chance of suffering from heart disease, hypertension, cancer, diabetes, and more.

For decades, Penn State Extension has developed evidence-based programs and curricula to educate people about good nutrition. Three such programs—*Totally Veggies*, *Seniors Eating Well,* and *Dining With Diabetes*—offer lessons that empower people to take charge of their health and well-being.

Totally Veggies is a four-lesson curriculum focusing on the importance of eating more vegetables, choosing a wider variety of vegetables for optimum health, preparing vegetables, and encouraging communication in the family about vegetable consumption. According to Luzerne County-based Penn State Extension Educator Mary Ehret, who chairs the *Totally Veggies* team, research shows there is slight difference between the vegetable consumption habits of people in high versus low income brackets."We know that nobody is eating enough vegetables," she asserted, citing research conducted by the Centers for Disease Control and Prevention (CDC), which reported in a 2013 study that 75 percent of Pennsylvanians consumed at least one vegetable per day, and 25 percent consumed less than one per day.

"Eating more vegetables helps people control weight and improve health," Ehret continued. "When parents gain acceptance about the importance of consuming vegetables, their children develop habits that can impact their health going forward. We teach people that all forms of vegetables count, whether they are canned, frozen or fresh. Our master plan is to make increased vegetable consumption pervasive in every group in society."

Inspired by a research-based curriculum developed at Penn State by J. Lynne Brown, Ph.D., professor emeritus of food science, *Totally Veggies* aims to connect with different sectors of the population through different channels, explained Ehret. "We want to attract school lunch personnel, day care providers, and others who can make a difference," she said, adding that the curriculum can be presented through face-to-face training, online or as a printed resource guide available for download.

Nutrition, Food Safety, and Health Senior Educator and Registered Dietitian Lynn James authored *Seniors Eating Well*, a nine-lesson evidenced-based curriculum designed to reach middle-older and older adults at places where they congregate—senior centers, community centers, work sites, churches, and other organizations. Usually taught by para-professionals who are trained by nutrition professionals about senior nutrition needs, *Seniors Eating Well* lessons are grouped into four categories: Meal Planning and Decision Making; Food Preparation; Social Relationships and Fitness; and Diet, Health, and Chronic Disease Prevention. Nurses, staff members at senior centers, family consumer science and nutrition educators, and other volunteers also have been trained to use the lessons.

"As we age, certain things are happening to our body," said James. "We have to be really careful about what we eat because our caloric needs go down, but many of our nutrient needs go up in our senior years, including calcium and vitamins D and B12. In a fun, often game-based way, *Seniors Eating Well* focuses on helping people get the most out of what they eat, emphasizing healthy fats and snacks, using herbs and spicing instead of salt, and fruits

Celebration Marks Twenty-five Years of the Pennsylvania Office of Rural Health

On June 6, 2017, the Pennsylvania Office of Rural Health (PORH) hosted an anniversary celebration, commemorating twenty-five years of accomplishments of this state office of rural health. The event began with an address from PORH Director, Lisa Davis, MHA, who highlighted PORH's achievements during the last twenty-five years and shared her pride in the office and the work that it does. Keynote speakers included Tom Morris, MPA, Director of the Federal Office of Rural Health Policy and Lauren Hughes, MD, MPH, MSc, FAAFP, Deputy Secretary for Innovation at the Pennsylvania Department of Health. Morris and Hughes discussed the importance

of rural health and the imperative to keep rural health a priority in Pennsylvania and across the country. They applauded PORH staff on their pivotal role in increasing access to high quality health care, improving health outcomes for rural Pennsylvanians, and championing rural health in the state and nationally.

and vegetables in easy-to-prepare recipes. "Good nutrition plays a big part in relieving or preventing chronic disease and even helping with general health and cognition," James added. "It can sometimes even help seniors reduce or get off medications. Ultimately, healthy habits and good nutrition can reduce the cost of health care."

Follow-up surveys given to participants of *Seniors Eating Well* have shown the program is achieving its goals. "We have received a lot of positive feedback and the impact of the program is statistically significant," said James. "People who have participated in the classes are reporting they are eating more fruit and reducing salt intake, for example."

Those diagnosed with pre-diabetes or Type 2 diabetes, as well as those at risk for developing Type 2 diabetes, are learning to manage their health through another Penn State Extension program, *Dining With Diabetes*, coordinated by Debra Griffie, Ed.D, CHES, health and wellness program team leader for Penn State Extension's Food, Families and Health. Begun by West Virginia University Extension and adopted in 2007 by Penn State, *Dining With Diabetes* is about modifying one's lifestyle to address and manage disease. "We begin by measuring participants' A1C levels (blood sugar) and blood pressure," said Griffie. "They take a lifestyle questionnaire, attend a weekly class for four weeks, and return three months later to have their A1C tested again."

Each of the four classes offers food demonstrations and tasting, physical activity and ideas to take home, and discussions regarding important information for managing diabetes. "The classes are very well attended," said Griffie, "though we struggle somewhat in rural areas due to transportation, cost of the program, and other issues. Our goal is to get more people into the program and have more success. We would like to work more closely with medical facilities as partners and to reach people where they are, such as firehouses, senior centers, and libraries."

Penn State's *Dining With Diabetes* program is the first Extension diabetes program in the country to be accredited by the American Association of Diabetes Educators. "This allows us more visibility with doctors, hospitals, and clinics, making them more apt to recommend our program," remarked Griffie. Since the program began, approximately 3,600 people in fifty-three Pennsylvania counties have taken the class, which has seen much success. "The median age of participants is sixty-eight and 74 percent are female," Griffie said. "More than half of the participants dropped their blood pressure and A1C levels and 41 percent reported an increase in physical activity."

"*Dining With Diabetes* is fulfilling Penn State Extension's mission because we are presenting research in a practical way and bringing it to where people need it," Griffie continued. "If we can teach more people how to better manage their disease and lead healthier lifestyles, it's not only going to help people save money on diabetes care (up to $13,000 per year), it's going to help all of us by reducing health care costs and insurance premiums. "Ultimately, people will have a better quality of life and stave off some of the complications associated with diabetes, such as heart complications, loss of limbs, vision problems, and kidney problems."

For more information on Totally Veggies, visit extension.psu.edu/health/courses/totally-veggies. For Seniors Eating Well, visit extension.psu.edu/health/courses/seniors-eating-well. For Dining With Diabetes, visit extension.psu.edu/health/diabetes. To learn about other food and health programs offered by Penn State Extension, visit extension.psu.edu/food.

Pennsylvania Office of Rural Health
The Pennsylvania State University
310 Nursing Sciences Building
University Park, PA 16802-2315

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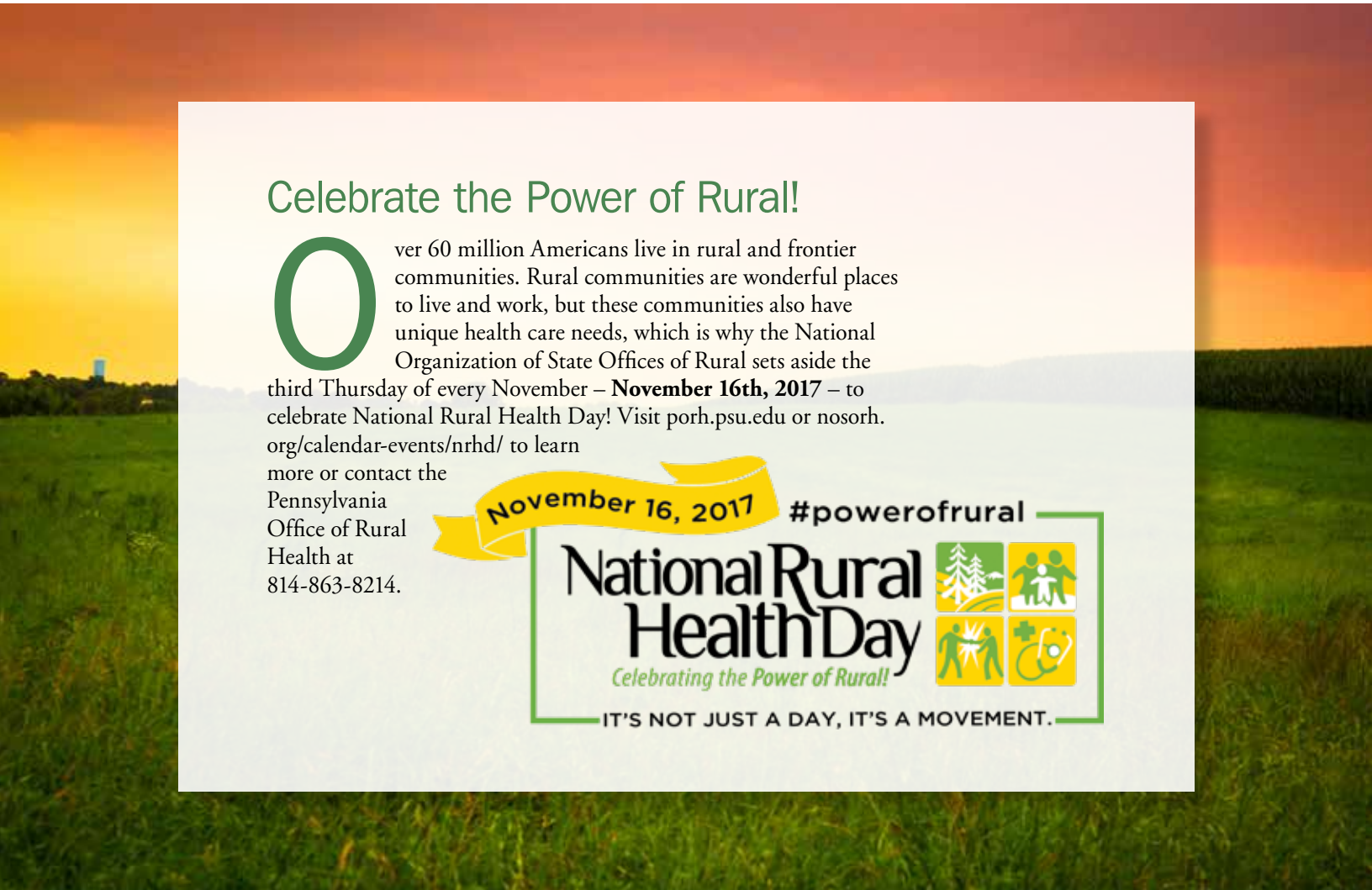

Celebrate the Power of Rural!

Over 60 million Americans live in rural and frontier communities. Rural communities are wonderful places to live and work, but these communities also have unique health care needs, which is why the National Organization of State Offices of Rural sets aside the third Thursday of every November – **November 16th, 2017** – to celebrate National Rural Health Day! Visit porh.psu.edu or nosorh.org/calendar-events/nrhd/ to learn more or contact the Pennsylvania Office of Rural Health at 814-863-8214.

November 16, 2017 #powerofrural

National Rural Health Day

Celebrating the Power of Rural!

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