

PENNSYLVANIA

# Rural Health

SUMMER 2011

Rx

MEDICAL CENTER

HEALTH CARE  
REFORM AND RURAL  
GOOD, BAD, OR  
TOO SOON TO TELL?

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## ALSO INSIDE:

- 'Grandfamilies'
- 2010 Rural Health Awards
- Hospital Construction News

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## MESSAGE FROM THE DIRECTOR

Greetings,

In January 2011, a Minneapolis astronomy instructor announced that the Earth's alignment had changed and, as a result, the zodiac calendar had been altered. "Because of this change of tilt, the Earth is really over here in effect and the Sun is in a different constellation than it was 3,000 years ago," noted the astronomer. This movement on the Earth's axis has added a rarely used 13th zodiac sign, Ophiuchus, which is Greek for "serpent bearer" and is depicted by a man grasping a serpent.

One might say that the shift in the Zodiac calendar is mirrored in the changes that are occurring in health care. About 18 months ago, the Patient Protection and Affordable Care Act was signed into law and the reaction, both in the positive and negative, has been swift. Almost immediately, states filed lawsuits in federal courts to opt out of the state-based mandates and the courts have been battling to have part of, or the entire, health care reform bill repealed and defunded. Physician practices and hospitals are scrambling to understand and implement health information technology and achieve "meaningful use" adoption of electronic medical records. Physicians and health care systems are trying to focus their lenses on the moving target of impending changes in Medicare reimbursements. The Roadmap for America's Future (aka the Ryan Plan) may completely restructure the Medicare program and Accountable Care Organizations may be the new way in which health care is structured. Quality has become the term on which the future of health care hinges. It is a dizzying arena of buzzwords, acronyms, political alignments, and more.



The world was predicted to end, time zone by rolling time zone, on May 21, 2011 (a date that has been moved to October 21) and the Mayan calendar predicts that the world will end on December 21, 2012. One might argue that it does seem as if we are living in a world gone mad. Wars are occurring in Iraq, Afghanistan, and other parts of the world. Revolutions are taking place in Egypt and Libya. Earthquakes and tsunamis have hit in Japan. Tornadoes have torn across in the southern U.S. Our national debt tops \$12 trillion.

As for me, I'm betting that the Earth will continue its orbit around the Sun long after these dates have come and gone and long after we will have confronted other tragedies and worries. But several things are certain. The number of uninsured, now estimated to be at 50 million or one in every six persons, will increase between now and 2014. As of January 1, 2011, 10,000 people will turn 65 *every day* for the next 19 years and the number of persons eligible for Medicare will nearly double from 46 million to 80 million by the time all of the baby boomers reach 65. The cost of their care will grow from \$500 billion a year today to a staggering \$929 billion by 2020, and the number of workers supporting each senior will fall. Technology will continue to revolutionize the way in which we will work, live, and receive health care, and the cost of that technology will continue to challenge the way in which we will pay for the care that we receive. And the delivery of health care services will change in ways that we have not even yet predicted. All of this for a system that has, at best, a modest impact on the lifestyle and behavioral factors that drive much of the demand for health care services, namely, obesity, smoking, alcohol use, and inadequate physical activity. As has been said by many, the world in which we live is changing forever and will never look the same.

Another certainty is the rural health care landscape is populated by very smart and well-informed policy analysts, health care providers, and advocates who stay current with the trends and provide thoughtful commentary for possible action. The Pennsylvania Office of Rural Health is ready to help sort it out. Let us know how we can help you and be sure to stay in touch.

*Lisa Davis*

Lisa Davis  
Director

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# Health Care Reform and Rural: Good, Bad, or Too Soon to Tell?

By S. William Hessert, Jr.

On March 23, 2010, President Barack Obama signed the Patient Protection and Affordable Care Act (PPACA) into law. That law, along with the Health Care and Education Reconciliation Act that President Obama signed a week later, brought about the most sweeping changes to the U.S. health care system that Americans have seen since the creation of the Medicare and Medicaid programs 45 years earlier.

PPACA also has sparked some of the fiercest debates and created some of the deepest divisions this country has seen in decades. The debates among family members, neighbors, co-workers, and total strangers could be heard from living rooms, across picket fences, at town hall meetings, or anywhere else for that matter, as people “discussed”—and continue discussing—the perceived merits and shortcomings of health care reform.

Those differences of opinion seem to have no geographic boundaries, either. “Our membership is as divided as everyone else in the United States on health reform,” says Maggie Elehwany, vice president of government affairs and policy for the National Rural Health Association (NRHA). “That’s one of the reasons why NRHA didn’t take a stand for or against the proposed legislation. We chose to focus instead on making sure that ‘rural’ was well represented within the legislation.”

Despite the differing opinions over the legislation itself, there has been something that nearly everyone seems to agree on—the need to do something. “People may not agree on what kind of form [health care] reform takes, but I think you would be hard pressed to find someone who wouldn’t agree we need some kind of reform,” says Cheri Rinehart, president and CEO of the Pennsylvania Association of Community Health Centers.

Love it or hate it, PPACA will be the blueprint used to guide those changes over the next several years (or so it appears—more on that later). But what does this mean for rural America and rural Pennsylvania? What impact, either positive or negative, will PPACA have on improving access to, and the delivery of, health care in rural communities?

## Good News

Although there are no “rural-specific” components within PPACA, several provisions within the law promise to have a positive, long-lasting impact in rural communities. “[PPACA] contains many critically important building blocks that will significantly improve the health of rural America,” Elehwany says.

Probably the most recognizable and significant benefit of health care reform will be improving access to health insurance and reducing the number of uninsured Americans. According to estimates provided by the Congressional Budget Office (CBO), PPACA will eventually result in approximately 94 percent of all Americans having some type of health insurance (either government or commercial). Without any policy changes, the CBO estimated that by 2019, approximately 54 million “non-elderly” Americans—or 19.2 percent of the population—would be uninsured. Because of PPACA, the number of uninsured is expected to drop below 20 million people.

“Any reform that gives more than 30 million additional people access to some sort of affordable, basic health insurance is a good thing,” says Bill Finerfrock, the legislative liaison for the National Organization of State Offices of Rural Health.



“Ultimately, the goal was to see that people have health care—something had to be done to a system where 50 million people can’t afford health care,” adds Ted Mowatt, a senior associate with Harrisburg-based Wanner Associates. “We’re never going to get to zero, but we should have a system that allows people who want to have health care coverage to get it.”

The news is as good for rural America as it is in urban parts of the country. According to a December 2009 study by Timothy McBride, a professor at Washington University in St. Louis and a faculty research associate for the Rural Policy Research Institute’s (RUPRI’s) Center for Rural Health Policy Analysis, “The approach for covering the uninsured as presented in the PPACA... would reduce the number of uninsured to 2.9 million persons in rural areas, leading to a coverage rate of 94.1 percent.” The news is even better for rural Pennsylvania. The rate of coverage after reform is expected to increase to 96 percent.<sup>1</sup>

Tax incentives making it more beneficial for small businesses to offer health insurance and other health care reform provisions promise to have a disproportionate positive impact on rural areas relative to urban areas because of higher uninsured rates and lower incomes of rural persons, according to a September 2010 RUPRI study. The expansion of coverage through Medicaid may have a positive rural impact as well although it may not be as beneficial for Critical Access Hospitals (CAHs), notes Pennsylvania Office of Rural Health CAH Coordinator Larry Baronner. For example, businesses with twenty-five employees or fewer that provide health benefits to their employees are now eligible to receive a tax credit on the health insurance premiums they pay. Beginning in 2014, individuals and small businesses (100 employees or less) will be able to begin purchasing insurance through state-based Health Benefit Exchanges. States will be able to extend participation to businesses with more than 100 employees beginning in 2017.

“The rural economy is based so largely on self-employment and self-reliance,” Rinehart says. “The ability to provide more affordable options and the opportunity to expand Medicaid will have a huge impact on people living in our rural communities.”

While improving access to health insurance may be the most visible benefit of health reform, other PPACA provisions promise to have a significant rural impact as well. Adjustments in Medicare fee schedules and billing methods; additional payments to hospitals in counties with the lowest Medicare spending; the extension of important rural Medicare

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## Health Care Reform

“ULTIMATELY, THE GOAL  
WAS TO SEE THAT PEOPLE  
HAVE HEALTH CARE”

— TED MOWATT

protections; increased investments in Community Health Centers; and the expansion of the 340B Drug Pricing Program to certain facilities will help strengthen the rural health care safety net and improve the delivery and quality of care to rural patients. Vastly improved funding for the National Health Service Corps (NHSC); increased investments in Area Health Education Centers and other health profession training programs; grants to help medical schools develop special rural training programs; and increases in medical residency slots for rural areas, meanwhile, will certainly help strengthen the rural health workforce.

“Access to care is the overriding problem in rural America,” Elehwany says. “It doesn’t matter if you have access to insurance if you don’t have access to a provider.”

## Room for Improvement

Without a doubt, rural Americans and rural Pennsylvanians will benefit significantly from many aspects of health care reform, but there do

### Additional Resources:

**Government Information on Health Care Reform:** [www.healthcare.gov](http://www.healthcare.gov)

**Kaiser Family Foundation’s Health Reform Source:** [healthreform.kff.org](http://healthreform.kff.org)

**Rural Assistance Center Information Guide on Health Reform:**  
[www.raconline.org/info\\_guides/hot\\_topics/health\\_reform](http://www.raconline.org/info_guides/hot_topics/health_reform)

seem to be areas where PPACA falls short in addressing many of the rural health care disparities that still exist. For example, PPACA does very little to address the financial challenges that CAHs face in trying to invest in electronic health record systems and other health information technology (HIT) infrastructure.

This lack of attention runs counter to other efforts at the federal level to bridge the rural digital divide. “Additional investments in HIT and broadband are extremely important in eliminating the divide between rural and non-rural providers,” Rinehart says. “It won’t matter how good an electronic health records system is if it’s too slow, because people won’t use it.”

Giving states the ability to waive the 35-mile requirement and deem a hospital as a “necessary provider” based on conditions unique to that region, eliminating the 35-mile requirement so that emergency medical services provided by CAHs can be reimbursed appropriately, ensuring that CAHs are properly reimbursed for their anesthesiology services, and allowing CAHs more flexibility in their bed counts are other improvements NRHA would like to see for small rural hospitals, Elehwany says.

Implementing an occupational safety program for agricultural workers, ensuring fair payment rates for rural pharmacies, and guaranteeing rural interests a seat at the table on the new committees and commissions that have been or will be established as the result of health care reform are additional improvements rural health stakeholders would welcome. Rural Health Clinics, meanwhile, would benefit from being eligible to participate in the 340B Discount Drug Program and by updating a Medicare payment structure that is decades old.

## The Elephant in the Room

It’s been more than a year since PPACA was signed into law, and some of its provisions already have started to be implemented. But divisions still remain, and many who have opposed the legislation from day one have vowed to make it go away before it can be fully implemented.

In Washington, one of the first actions earlier this year of the recently elected U.S. House of Representatives was to vote to repeal PPACA. Although the Democrat-controlled Senate voted against—and President Obama promised to veto—the repeal, the Republican-controlled House has promised to explore other avenues, such as “de-funding” the law and/or holding hearings that effectively delay its implementation. For example, drastic cuts in funding for Community Health Centers and the NHSC were among the \$60 billion in cuts to the 2011 budget proposed by the House, programs slated to receive significantly more funding under PPACA.

At the state level, attorneys general from several states—including then-Pennsylvania Attorney General and now-Governor Tom Corbett—filed a lawsuit questioning the constitutionality of the health care reform law. That lawsuit is expected to eventually wind up before the U.S. Supreme Court. Several governors also are considering not implementing health exchanges in their states when they come into existence beginning in 2014.

All of this posturing only adds to the curiosity about what the ultimate impact of health reform will be in the short- and long-term.

“Regardless of how you feel about health reform, it’s tough right now to tell how things will turn out,” Mowatt says.

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<sup>1</sup> McBride, T. (2009) Impact of the Patient Protection and Affordable Care Act on Covered Persons. Columbia, MO: Rural Policy Research Institute. Available online at: [www.rupri.org/Forms/McBride\\_Insurance\\_Amended\\_Dec09.pdf](http://www.rupri.org/Forms/McBride_Insurance_Amended_Dec09.pdf).

<sup>2</sup> Coburn, A., Lundblad, J., MacKinney A.C., McBride, T., and Mueller K. (2010). The Patient Protection and Affordable Care Act of 2010: Impacts on Rural People, Places, and Providers: A First Look. Columbia, MO: Rural Policy Research Institute. Available online at: [www.rupri.org/Forms/Health\\_PPACAImpacts\\_Sept2010.pdf](http://www.rupri.org/Forms/Health_PPACAImpacts_Sept2010.pdf).





# Critical Access Hospital Happenings: Two CAH Replacement Projects

Two Critical Access Hospital replacement projects in northern Pennsylvania promise to enhance the quality of health care provided to local residents and to stimulate the economies of communities located on opposite ends of the Commonwealth.

*By S. William Hessert, Jr.*

## Corry Memorial Hospital

Site preparation has already started on the new Corry Memorial Hospital in Erie County. The single-floor, 73,256-square-foot facility, slated for completion in August 2012, will enhance physician recruitment to the area and significantly increase patient access to seamless, state-of-the-art specialized care.

According to Barbara Nichols, RN, Corry Memorial Hospital president and CEO, the decision to build a new hospital rather than renovate the existing hospital (built in 1949) was the result of a ten-year strategic planning process. "The existing facility is aging and becoming less energy and human resource efficient to operate," Nichols says. "Most inpatient and outpatient services are intermingled and limited by location, size, and technology and the location of departments and services has little relevance to patient care treatments. Patient privacy also is difficult to maintain because of these structure constraints and the co-mingling of inpatients and outpatients."

The new facility will be a full-service Critical Access Hospital with 20 inpatient "wellness" rooms designed with the patients' comfort, safety, and privacy in mind. The incorporation of state-of-the-art technology and medical equipment into the design plans "ensures access to quality health care for the people of this service area for the next 50 years," Nichols adds. And because the new hospital facility will sit on 42 acres of land—a gift to the Corry Memorial Hospi-

tal Association—there is plenty of room to expand in the future or build additional health- and wellness-related facilities.

Once completed, the new hospital will employ approximately 230 people and provide another 80-100 jobs for those working in independent physician offices, home health care and hospice agencies, and employers providing laboratory and ambulance services. "It also provides an economic boost during construction since the general contractor is from the immediate area," Nichols says.



This is an artist's rendition of the new Corry Memorial Hospital, which is slated for completion in August 2012.

## Endless Mountains Health System

Future construction planned for the Endless Mountains Health System in Susquehanna County soon will replace a cluster of outdated buildings with a modern hospital offering a greater array of services.

According to CEO Rex Catlin, the new two-story hospital—located on a 15-acre site nearby the current location—will double the functional space from 48,000 to 96,000 square feet. It will enable Endless Mountains to expand its emergency department to seven bays and allow the hospital to provide MRIs, mammograms, and other services on site that patients currently must travel elsewhere to obtain. The new hospital also will boast twenty-five single patient rooms, twenty-seven examination rooms, outpatient rehabilitation facilities, and ample parking.

**The new two-story hospital—  
located on a 15-acre site just two miles  
from the existing location—doubles  
the functional space.**

The hospital will have a significant economic impact on the community as well. In fact, Endless Mountains anticipates hiring thirty additional employees to support the anticipated growth in patients served. "Improved facilities and new services will allow our organization to enhance the outstanding care we provide and will aid in the recruitment and retention of additional qualified health professionals to the region," Catlin says.

Catlin also notes that the estimated \$45-million project is approximately 85 percent funded as of March 2011, thanks largely to an ongoing—and robust—capital campaign and a \$25 million loan from the U.S. Department of Agriculture's Community Facilities Direct Loan Program.



# Pennsylvania Office of Rural Health Renames Internship in Memory of Former Student

The Pennsylvania Office of Rural Health (PORH) has renamed its internship program in memory of Jennifer Cwynar, a 2008 graduate of Penn State's undergraduate program in health policy and administration, who served as a PORH intern in the summer of 2008.

Cwynar died on January 6, 2010, as the result of injuries sustained in a traffic accident near her home in Turtle Creek, Pennsylvania.

The Jennifer S. Cwynar Rural Health Undergraduate Internship Program exposes Penn State undergraduate students to the unique health care access, affordability, and quality issues facing rural Pennsylvanians. The internship gives students the opportunity to research rural health policy and legislation; assist with the planning of statewide continuing education events; and participate in meetings with key state, regional, and national rural health policy-makers and stakeholders.



Jennifer Cwynar '08

During her internship, Cwynar completed an analytical compilation of health insurance issues at the state level and assessed their impact on Pennsylvania's rural communities.

"Jen was a bright and engaging young woman who had plans for a meaningful career in public health. We feel very fortunate that we were able to help guide her in that direction and are very pleased to be able to honor her time in our office by naming the internship program in her memory," reflected Lisa Davis, PORH director.

"Jen was a wonderful student and on her way to a great career helping others. I was not surprised to see that she was already volunteering her time as a mentor for Penn State students," said Dennis Shea, professor and head of Penn State's Department of Health Policy and Administration. "Keeping her memory and inspiration alive for other students in this way is a perfect tribute to her by the Pennsylvania Office of Rural Health."

Students interested in learning more about internship opportunities should contact PORH at 814-863-8214.

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"Jen was a bright and engaging young woman who had plans for a meaningful career in public health."

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# Penn State Extension Programs Help Strengthen 'Grandfamilies'

By Matt Kaplan, Ph.D. and Janice Hassen

**It is no secret that the make-up of the American family has been changing; as divorce rates climb, for example, single parent homes have become commonplace.**

Another growing trend has been the number of families in which grandparents now serve as the primary caregiver for their grandchildren. According to a 2007 report sponsored by the AARP Foundation, the Brookdale Foundation Group, Casey Family Programs, the Child Welfare League of America, the Children's Defense Fund, and Generations United, 164,000 children in Pennsylvania—or 5.6 percent of those living in the Commonwealth—live in grandparent-headed households. Another 37,500, or 1.3 percent, live in households headed by other relatives. More than 80,000 Pennsylvania grandparents are now responsible for meeting the needs of their grandchildren. Data gleaned from the American Community Survey indicate that nearly five million children in the United States are now being raised by their grandparents in the United States.

As the number of “relative caregiver families” or “grandfamilies” continues to grow, the challenges facing these families also have become more visible. Relative caregivers face a host of emotional, legal, and other challenges as they unexpectedly find themselves in the position of raising a second family. Many of these families also are resource challenged and unaware of the range of support services, benefits, and policies available to help them fulfill their caregiving role. A 2010 report released by the University of Maine's Center on Aging and The Brookdale Foundation, titled “Developing Rural Relatives as Parents Programming: Promising Practices,” suggests that relative caregiver families in rural areas—approximately one-fourth of all grandfamilies—tend to have even greater difficulty than their urban counterparts in maintaining adequate housing and finding transportation, child care, and health care.

Because of the uncertainty and tension that often exist in relative caregiver families as the result of changing family circumstances, communication is critical in helping family members become more aware of each other's changing needs and in determining how to provide and receive support from one another. Communication also helps family members learn how they can function better as part of an integrated family.

Penn State Extension's Relatives as Parents Program offers weekend retreats that help relative caregiver families overcome these communication and relationship issues. Workshops offered during the retreats address resiliency, conflict management, anger management, open

communication, health and nutrition, physical fitness, self-esteem for children and teens, and using humor to deal with daily challenges.

Those who participate in the weekend retreats tend to become better communicators. For example, based on her retreat experience one grandmother, when asked what changes she would make raising her grandson, said, “I will first ask myself how a 9-year-old would solve problems.” Another commented on how the retreats helped them build a sense of family unity, saying “We have just become a complete family.”

Retreat participants also learn that they are not alone. As they meet and develop a sense of camaraderie with other families, they feel less “different” or “judged.” As one grandparent noted, “It's been a weekend where we're all the same; we're all normal.”

The Relatives as Parents Program also offers seminars to professionals seeking to better understand the challenges faced by relative caregiver families; workshops for kinship family members to strengthen their childrearing and family communication skills; support groups that give relative caregivers the opportunities to share stories and receive validation for their feelings; and a website ([intergenerational.cas.psu.edu/GRG](http://intergenerational.cas.psu.edu/GRG), hosted with the Kinship Institute) that connects relative caregiver families to a wealth of services and resources.

The Relatives as Parents Program provides a safe environment in which relative caregiver families can discuss the issues they face and establish practical strategies for addressing them. The multifaceted program also helps keep families intact and reduces the number of children in the foster care system, which, in turn, can provide significant economic benefits to the Commonwealth. If just one-third of the 80,000 children being raised by a non-parent relative were placed in foster care instead, it would cost taxpayers more than \$13.6 million per year.

Penn State Extension also offers “Grandparents Raising Grandchildren: Doubly Stressed, Quickly Stressed,” an online multimedia program that introduces social service professionals and others to the pressing issues grandparents and other relatives face when raising children.

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Dr. Matt Kaplan is professor of intergenerational programs and aging at Penn State; Janice Hassen is director of Penn State Extension in Lawrence County. To learn more about the Relatives as Parents Program, contact Dr. Kaplan at 814-863-7871 or [mks15@psu.edu](mailto:mks15@psu.edu); to learn more about the Grandparents Raising Grandchildren program, visit [www.extension.org/pages/Grandparents\\_Raising\\_Grandchildren\\_-\\_Doubly\\_Stressed\\_Tripily\\_Blessed](http://www.extension.org/pages/Grandparents_Raising_Grandchildren_-_Doubly_Stressed_Tripily_Blessed).



A close-up photograph of a child's hand reaching into a wooden kitchen cabinet. The hand is holding a small, clear plastic bottle with a bright green liquid inside. The cabinet shelves are cluttered with various household items, including a red spray bottle and other cleaning products. The lighting is warm, highlighting the textures of the wood and the plastic.

# TAKING A CHILD'S EYE VIEW ON PREVENTING HOUSEHOLD POISONINGS

By Amber Gray, Michelle Niedermeier, and Lyn Garling, Pennsylvania Integrated Pest Management Program

*You go into the other room while Ashley plays with her toys on the kitchen floor. You're only gone for a few minutes, but when you return you discover that Ashley has gotten into the cabinet under the sink—the same place where you store the cleaning products. Ashley is holding a bottle with bright green liquid inside. She puts her mouth on the bottle and...*

A child is accidentally poisoned every 30 seconds in the United States. Most of these poisonings happen to children under the age of 5, and 93 percent of them occur at home. Of the nearly 2.5 million emergency calls made every year to the American Association of Poison Control Centers, accidental exposure to household cleaners is the second most frequent emergency; common pesticide exposure ranks eighth.

Children easily can be exposed to numerous common household products containing hazardous chemicals. What can you do to minimize your family's exposure and keep your children safe? For starters, ask yourself "Do I really need this product?" before purchasing any cleaning product or pesticide. Can a safer and, likely, cheaper product such as baking soda or vinegar get the job done instead? Are there non-chemical approaches available to help manage the problem?

When dealing with indoor pests such as insects or mice, you may want to consider trying an Integrated Pest Management (IPM) approach. IPM is a safer, more effective approach that emphasizes pest prevention rather than interventions with chemical pesticides. Simply removing a pest's access to food, water, and shelter often stops the problem. Making sure that screens are intact and sealing cracks, gaps, or spaces where pests can enter the home

with copper mesh and silicone caulk also can significantly reduce entry points for insects. A good vacuuming typically rids the house of nuisance pests; if that doesn't work, then traps and enclosed baits are usually effective options before resorting to sprays.

If you do have to purchase a spray or other chemical product, don't just grab one and go. Take these precautions before you make the purchase:

- **Look at the container**—Does the container resemble the container of a non-hazardous product a child may recognize (a ketchup bottle, for example)? If so, you may want to avoid purchasing it. Also steer clear of any containers that aren't childproof.
- **Read the label thoroughly...front AND back!**—Does the label have the word CAUTION, WARNING, or DANGER on the front? CAUTION indicates that the product is considered to be slightly hazardous; WARNING is even more hazardous; and DANGER indicates that the product is extremely hazardous.

What are the "active ingredients" listed on the product? Do some research to learn more about these ingredients and their known health effects. To learn more about ingredients used in pesticides and household products, visit the U.S. Department of Health and Human Services' user-friendly database at [hpd.nlm.nih.gov](http://hpd.nlm.nih.gov).

Also pay close attention to the label to learn more about how the product should be used and disposed of properly or any other safety precautions that need to be taken. Remember that not all cleaners and pesticides are created



Chemical containers and food containers often look alike. Would your child be able to tell the difference?

equal, so all label instructions and precautions should be followed precisely. Visit [www.reduce.org](http://www.reduce.org) for more information on how to reduce toxins in your home.

Of course, knowing how and where to store a product once you purchase it also can dramatically decrease your child's risk of exposure. Start by taking a "child's-eye view" of your home. Children explore the world by touching and putting things in their mouths. They eat, drink, and breathe more pound-

for-pound than adults. Their world is also much lower to the ground, which also happens to be where chemical products settle. That's why cleaners, pesticides, and other hazardous chemicals should be stored in a locked cabinet at least five feet from the ground.

All chemical products also should be stored in their original containers with the labels attached. They should never be stored in unmarked containers, especially containers that typically hold food or beverages such as soda bottles.

When it comes to disposal, never pour any cleaners, pesticides, or other chemicals down the drain since they can contaminate the ground water or drinking-water supply; instead, contact your local solid waste authority, which offers safe and effective ways to dispose of chemicals. You also can visit the Pennsylvania Department of Environmental Protection's website for a schedule of Household Hazardous Waste Collections throughout the Commonwealth.

Despite taking all of these precautions, accidents still happen. For that reason, make sure to have the Poison Control Center's phone number (800-222-1222) posted near your telephone and entered into all of your family's cell phones. For more information on responding to poisonings in the home, download Purdue University's publication, *Children and Poisoning: Seconds Matter*, at [www.btny.purdue.edu/Pubs/PPP/PPP-53.pdf](http://www.btny.purdue.edu/Pubs/PPP/PPP-53.pdf)

Visit the Pennsylvania Integrated Pest Management Program's website at [extension.psu.edu/ipm](http://extension.psu.edu/ipm) for more information on household products and pest management techniques. You can also contact Lyn Garling, Pennsylvania IPM program manager, at 814-863-8884, or [lbg5@psu.edu](mailto:lbg5@psu.edu).

# 2010 Annual Rural Health Awards

An extension educator, a Critical Access Hospital administrator, a “nurse with a mission,” and an upstart community dental clinic were the recipients of the 2010 Pennsylvania Rural Health Awards presented annually by the Pennsylvania Office of Rural Health.

## 2010 Community Rural Health Leader of the Year Award

**Laurie Weinreb-Welch**, a children, youth, and family educator for Penn State Extension in Clinton County, received the 2010 Community Rural Health Leader of the Year Award. The award recognizes an outstanding leader who has organized, led, developed, or expanded an exemplary multi-dimensional rural community health program or initiative.

Weinreb-Welch was honored for her dedication and leadership in establishing the Clinton County Community Dental Clinic. She went above and beyond her normal job duties to make the clinic a reality by identifying a need; formulating an operating plan; writing grants and garnering community support; finding office space; and finding local dentists, dental assistants, and other volunteers to staff the clinic.

## 2010 Community Rural Health Program of the Year Award

Because of the large service gap filled by its creation, the **Clinton County Community Dental Clinic** also was honored as the 2010 Rural Health Program of the Year. Opened in October 2009, the clinic had an immediate and profound impact on

medically underserved residents of Clinton County. The clinic treated more than 1,200 patients in its first five months of operation and quickly grew from a two-day operation to a five-day operation with some Saturday hours.

## 2010 State Rural Health Leader of the Year Award

**Mary Libengood**, president of Meyersdale Medical Center in Somerset County, received the 2010 State Rural Health Leader of the Year Award. The award recognizes an outstanding leader who has organized, led, developed, or expanded an exemplary multi-dimensional state rural health program or initiative that benefits rural Pennsylvanians.

For 40 years, Libengood has devoted her career to ensuring that residents of her hometown have access to quality health care. It

was through her leadership that Meyersdale Medical Center became affiliated with Memorial Medical Center in Johnstown in 1994 to create the Conemaugh Health System. It was also through her leadership that Meyersdale was able to attain Critical Access Hospital status in 2000. Libengood's quote, “I'm tired of being told I'm statistically insignificant,” is now being used by a number of rural health researchers when describing the relationship between rural hospitals and the larger health systems with which they are affiliated.

## 2010 Rural Health Hero of the Year Award

**Sue McDowell**, RN, BSN, director of in-service and education at Titusville Area Hospital (Crawford County), received the 2010 Rural Health Hero of the Year Award. The award recognizes an outstanding rural health leader who demonstrates a personal and professional commitment to the rural health needs of his or her community, who works with other relevant community organizations/leaders, and who goes above and beyond the call of duty to address those needs.

McDowell was described by her nominators as a “nurse with a mission” throughout her 20-year career. She shows a commitment to “go wherever the vulnerable patients may be—taking blood pressures and coordinating blood/health screenings in outlying rural communities and at county fairs and other community festivals to be accessible to those who may not have insurance or access to a doctor or health care provider,” the nominators said.



## PORH Establishes Award in Memory of Hospital Administrator

The Pennsylvania Office of Rural Health's (PORH's) newest award has been named in memory of a longtime hospital administrator whose innovative leadership skills personified the traits the award seeks to honor.

Beginning in 2011, PORH will present the Louis A. Ditzel Jr. Award for Quality Improvement in Rural Health to an individual whose contributions and visionary leadership significantly improved the health of rural Pennsylvanians and strengthened the quality of the health care systems that serve them. The award is named in memory of Louis A. Ditzel, Jr., who retired as president and chief executive officer of Jersey Shore Hospital (JSH) in 2007. Ditzel, who passed away in June 2010, also worked at Shamokin Area Community Hospital in Pennsylvania and Irvington General Hospital and Muhlenberg Hospital in New Jersey during his career.

During his 13-year tenure at JSH, Ditzel played a key role in forming the Susquehanna Valley Rural Health Partnership, a unique alliance involving JSH, Bucktail Medical Center, Muncy Valley Hospital, and Williamsport Hospital that allowed the partners to share information technology and identify health care priorities in the region. Since its creation in 2002, the rural health network—the first in Pennsylvania to include three Critical Access Hospitals and a referral hospital—has served as a national model for diffusing

health information technology to rural hospitals.

Ditzel also spearheaded the implementation of an online Rural Performance Management (RPM) system among twelve of Pennsylvania's thirteen Critical Access Hospitals. The RPM system—recognized widely as one of the leading rural hospital performance measurement tools—allows hospitals to manage individual hospital strategy, monitor performance, compare their performance among peers, and share best practices.



Louis A. Ditzel, Jr.

"Lou Ditzel recognized that, in order for health care to improve in north-central Pennsylvania, health care providers in the region needed to work together and use information technology as a means to improve the quality of care being provided to residents of the area," says Larry Baronner, PORH's critical access hospital coordinator.

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## Nominations Sought for the 2011 Annual Pennsylvania Rural Health Awards

PORH is accepting nominations for the following 2011 Annual Pennsylvania Rural Health Awards:

- State Rural Health Leader of the Year
- Community Rural Health Leader of the Year
- Rural Health Program of the Year
- Legislator of the Year
- Rural Health Hero of the Year

Each award will be presented in the awardee's local community. Please find the award descriptions and 2011 nomination form at: [www.porh.psu.edu](http://www.porh.psu.edu). All nomination forms must be submitted to and received by PORH by 5:00pm EDT on **Friday, September 30, 2011**.

For more information, please contact Terri Klinefelter, PORH's outreach coordinator, at 814-863-8214 or [tjc136@psu.edu](mailto:tjc136@psu.edu).



## Quick Picks



### Farmworker Protection Safety Training DVDs Available

PORH has produced several training DVDs designed to help mushroom, orchard, greenhouse, and Christmas-tree growers/farmworkers comply with the Environmental Protection Agency's Worker Protection Standard. The DVDs can be ordered by contacting Jim Harvey, PORH's Pennsylvania rural health farm worker protection safety specialist..



### Looming Intergenerational Conflict: Dollars or Sense?

Hear Chris Calkins, director of Outreach Health Initiatives at Penn State, discuss how today's economic climate is leading to a "showdown," pitting the health care needs of an aging population against the educational needs of America's children—and what each person can do to avoid that showdown—at [www.youtube.com/watch?v=vp8ML8AcRwE](http://www.youtube.com/watch?v=vp8ML8AcRwE).



### State Launches Tobacco Cessation/Control Website

The Pennsylvania Department of Health recently launched [DeterminedToQuit.com](http://DeterminedToQuit.com) as another tool in its fight to reduce tobacco use among Pennsylvanians. In addition to offering a wealth of information on quitting and staying tobacco-free, the website features a "Quit Companion" tool that enables people to track their progress and receive words of encouragement from friends and family while trying to kick the habit. [DeterminedToQuit.com](http://DeterminedToQuit.com) also allows individuals to upload "video diaries" of their challenges and successes while trying to quit and share them with others in similar circumstances.