

P E N N S Y L V A N I A

Rural Health

WINTER 2010

PENNSTATE



MESSAGE FROM THE DIRECTOR

Greetings,

Welcome to the cold weather issue of *Pennsylvania Rural Health*. As I write this column, I am well aware that the hot and humid weather of late August will be a fond memory. Perhaps you had a chance to attend a health care reform town hall meeting held by an elected official during their August recess or have been keeping up-to-date on the reform discussions and changes. What has become very clear is that health care reform has sparked spirited discussions throughout the nation, perhaps like no other issue in recent memory. By the time this issue of the magazine is published, we'll know more about the future of health care delivery and funding in the United States.

One of the major topics of discussion among rural health advocates has been that of access to broadband technology in rural areas and the implementation of health information technology in health care facilities and its impact on the quality, safety, and efficiency of the health care delivery system.

Health information technology (HIT) is the application of information processing involving both computer hardware and software that deals with the storage, retrieval, sharing, and use of health care information, data, and knowledge for communication and decision making. Access to HIT highlights the disparities between rural and urban areas of the nation.

A survey of ten of Pennsylvania's thirteen Critical Access Hospitals (CAHs) conducted in 2006 by the Rural Health Resource Center's Technical Assistance and Services Center indicated that, at the time of the survey, 90 percent of these small hospitals had high-speed Internet access. However, 10 percent still continued to access the Internet through dial-up service.

The good news is that 60 percent of the hospitals surveyed have a formal information technology plan and 80 percent have funding included in their budgets for purchasing information technology. However, while the majority of hospitals use technology for clinical purposes, registration and admission, billing and claims services, and medication tracking, only 20 percent of hospitals surveyed use electronic medical records.

And while some of the hospitals use teleradiology technology to transmit images electronically, a low percentage use telemedicine to consult with clinicians at other sites and transmit EKG tracings electronically to clinicians at other sites. Most facilities do not share clinical data with other departments within the hospital, have physician offices or clinics connected electronically to the hospital's information system, or share clinical data electronically with other hospitals.

The Obama administration has made HIT a central theme in health care reform. In the American Recovery and Reinvestment Act of 2009, \$19 billion was allocated for health information technology incentives to hospitals in order to "jumpstart efforts to computerize health records to cut costs and reduce medical errors" and to "prevent medical mistakes, provide better care to patients and introduce cost-saving efficiencies." President Obama has continually stated that he will invest \$10 billion a year over the next five years to help the U.S. health care system adopt HIT as a standard.

But not all health care facilities are winners in this effort. The original House of Representatives bill had no incentives for CAHs while the original Senate bill included \$1.5 million per eligible CAH. The final bill may only provide, at best, a bit more than \$480,000 in incentives per eligible CAH. And the actual amount of funding per CAH depends on the level of "meaningful use" adoption of a "certified" electronic health record in the period of 2011-2019. The Congressional Budget Office estimates that only half of the nation's CAHs will be "meaningful users" of HIT by 2019.

Rural health advocates, including the PORH staff, have been vocal about the need for equity and parity in funding for HIT and will continue to do so until that parity is achieved. Feel free to contact us if you have any questions about this or any other rural health issues—we'll be glad to help. And please be sure to keep in touch.



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The 2010 Migrant and Immigrant Health in Rural Pennsylvania Conference

March 23–24, 2010

The Inn at Reading, Reading, PA

Promoting Safe Work Environments

The Migrant and Immigrant Health in Rural Pennsylvania Conference is the only conference in the state devoted exclusively to migrant and immigrant farmworker health. It brings together the agricultural production and health care communities to discuss the health care issues of the migrant and immigrant farmworker population and identify strategies to help this population achieve optimal health.

To register online, visit www.porh.psu.edu. For additional information, call 814-863-8214.



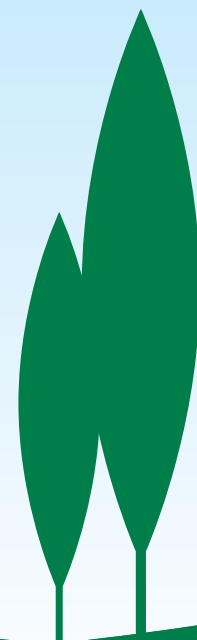


Rural Health Conference Attendees Reminded that Great Change Also Provides Great Opportunity

S. William Hessert, Jr.

Without a doubt, the current economic downturn has made it even more challenging for people to maintain health insurance or obtain the health care services they so desperately need—especially in rural communities, where fewer health care providers and higher rates of poverty, mortality, unemployment, and lack of insurance already have led to greater health disparities. Yet, despite the fact that businesses and governments have been cutting jobs, benefits, and services—and individuals have been forced to tighten their belts or simply do without—the recession and recent changes in Washington have increased the likelihood that significant health reform will soon occur.

Developing a greater understanding of, and preparing for, recent and potential future health policy changes was the focus of the 17th Annual Pennsylvania Rural Health Conference, held June 2 and 3 at The Penn Stater Conference Center Hotel in State College, Pennsylvania. “Policy to Practice: Mission Possible” also gave attendees the opportunity to network, share best practices, and develop strategies and partnerships for responding to the ever-changing health care needs of rural citizens. Sponsors for this year’s conference included the Pennsylvania Department of Health, the Pennsylvania Rural Health Association, Penn State’s College of Health and Human Development, and Penn State Outreach and Cooperative Extension.





In an effort to be mindful of the budgetary restraints facing some attendees, most of this year's conference activities occurred on Wednesday, June 3. Those arriving June 2 had the opportunity to attend a pre-conference grant-writing workshop led by Walt Whitmer, extension associate for Penn State Cooperative Extension and associate director for the Northeast Regional Center for Rural Development. His presentation, "Show Me the Money—Getting the Most of Your Grantwriting Efforts," helped participants develop a greater understanding of grant writing and funding sources, provided guidelines and techniques for preparing effective proposals, and demonstrated how participants could make the most of their funding searches.

Following Whitmer's presentation, experienced grant reviewers were available to provide participants with feedback on draft grant applications and projects. The day concluded with the Pennsylvania Rural Health Association's annual membership meeting followed by a networking reception, during which time attendees could also visit with any of the conference's nearly two dozen exhibitors.

The conference officially kicked off Wednesday morning with a welcome and remarks by Lisa Davis, director of the Pennsylvania Office of Rural Health. Davis highlighted some of the significant changes that had occurred since last year's conference: the recession, the American Recovery and Reinvestment Act of 2009 (ARRA), Barack Obama's election as the forty-fourth president of the United States, U.S. Senator Arlen Specter switching political parties, the selection of long-time rural health advocate Mary Wakefield as administrator of the U.S. Health Resources and Services Administration (HRSA), Pennsylvania's budget deficit and subsequent budget cuts, and growing efforts for meaningful health reform.

Davis noted that rural health-friendly funding in ARRA, Wakefield's appointment as HRSA administrator, and reaching out to rural health leaders

to discuss health reform showed that Washington has a greater appreciation for rural health issues. "The new administration has recognized that 'rural' is an important part of the health care conversation and that rural health is different than urban health," she said.

Davis also recognized the winner of the 2009 Graduate Student Research Poster Competition, which honors students for their research contributions to community-focused rural health issues. Grant Martsolf, a doctoral candidate in Health Policy and Administration at Penn State, received this year's award for his poster, "Estimating the Welfare of Medicare Advantage Plans in Urban and Rural Counties after the Medicare Modernization Act."

Davis' remarks were followed by Tom Morris, HRSA associate administrator for rural health policy. Morris provided a "federal perspective" of rural health during his keynote address; in particular, he highlighted the work of the federal Office of Rural Health Policy, "[whose] charge is to look out for the interests of rural communities." Morris noted that the Office of Rural Health Policy is unique in that it is one of the few federal governmental offices to be responsible for both policy and programming. "You don't always get that opportunity to wear that white hat" in federal government, he explained.

Morris discussed ongoing efforts to increase rural health-specific research and make it more accessible. "You can't really do policy work unless you have research to back it up," he said. He also discussed the rural health-specific resources and technical assistance currently available at the federal level as well as the potential rural implications of health care reform. "There's going to be change and it could be dramatic," he said, noting that "anything we can do to increase pay for family physicians and rural surgeons would be beneficial." He encouraged those in attendance to "be engaged and stay up-to-date on what is being discussed."





Conference participants had the opportunity to attend one of two concurrent sessions following Morris' keynote address:

- Carrie Cochran, HRSA deputy associate administrator, Office of Rural Health Policy, discussed rural-specific implications of ARRA and provided an update on other expiring, recently enacted, and proposed federal health care legislation and regulations.
- Susan Browning, executive director of the Susquehanna Valley Rural Health Partnership; Ed Pitchford, chief executive officer of Charles Cole Memorial Hospital; and Gary Sauers, chief executive officer of Broad Top Area Medical Center, provided examples and advice on leveraging federal dollars in order to meet the health care needs of rural communities most effectively.

The morning sessions were followed by lunch and remarks by Pennsylvania Department of Health Deputy Secretary for Health Planning and Assessment Michael Huff, RN, who emphasized that "addressing the health needs of rural Pennsylvanians has been, and continues to be, a top priority" of Governor Ed Rendell and his administration.

Huff also stressed the importance of establishing sound, effective policies to steer the creation of programs targeting public health concerns. "Programs without policy is like 'chasing dollars,'" he said. "We cannot rely on programs alone to substantiate change. It's imperative that policy drive programming, not the other way around."

Huff also assisted Davis with the presentation of the annual Pennsylvania Rural Health Awards. (See page 12 for a description of this year's award recipients).

Conference participants had the opportunity to attend one of two additional concurrent sessions following lunch and the awards ceremony:

- Cindi Christ, chief operating officer of the Pennsylvania Association for Community Health Centers, provided an overview of services provided by Pennsylvania's community health centers and steps that can be taken to improve their impact.
- Gregory Bonk, president of HMS Associates, and Jack Dennis, community development manager for Wayne Memorial Hospital, discussed the rationale behind undertaking, and the development and subsequent results of, a health and human services needs assessment of Wayne and Pike counties.

The conference concluded with a presentation by Dr. Chris Calkins, director of strategic health initiatives for Penn State Outreach, titled "The Value of Lived Experience: How What We Know Prepares Us for What We Don't." Calkins touted the importance that a health care provider's knowledge and previous insights have in shaping his or her delivery of health care. "Often when we're chasing the new, we lose sight of the fact that one of our greatest assets is our experience," he explained.

Calkins then provided a snapshot of health care in Pennsylvania and the United States before ending with a town hall discussion that gave attendees an opportunity to discuss critical health care challenges facing their communities and innovative approaches (either proposed or in place) for addressing those challenges.

Planning has already started for the 18th Annual Pennsylvania Rural Health Conference, which is scheduled to be held June 8-9, 2010, at The Penn State Conference Center Hotel. ■



Family Farm Survives Owners' Health Scares through AgrAbility

Brother and sister farm partners Bob Guidice and Carol Davis know all about overcoming long-term physical challenges. One thing that has helped them is their desire to farm. And then there's AgrAbility for Pennsylvanians, a United States Department of Agriculture grant program that provides assistance to farmers and farm family members who are struggling to farm while challenged with a long-term injury or illness. Davis and Guidice think it's a shame that more people aren't aware of AgrAbility, since it made such a huge difference in their lives.

Guidice and Davis farm their family's combined herd of Holstein and Brown Swiss dairy cows in New Brighton, Pennsylvania (Beaver County). Guidice has been managing the business since 1996, about the same time that Davis, who had been working in a book-

keeping position, moved back to the farm. But it was long before 1996 that their physical challenges began.

"It was December of 1989, and as I stepped across a silo unloader, my shoelace got caught in the auger," recalls Guidice. "My foot was pulled in, severing all my arteries and mangling the muscles, tendons, and bones. At Allegheny General Hospital, all the toes on my right foot were fused and a muscle flap transplant was completed using a strip from my shoulder. Unfortunately, that transplant didn't take because they didn't realize that I had a blood clotting condition."

A second transplant was successful, despite being more invasive because doctors used a strip of stomach muscle for the transplant. Guidice spent more than two years on crutches, and today has significant long-term mobility issues and limited sensation to pressure, temperature, and touch. His condition was further complicated in 2008 when a kick from a cow led to cellulitis in the previously injured leg and foot.

Davis faces her own physical challenges in the form of muscular dystrophy (MD), carpal tunnel syndrome, hypertension, and Raynaud's disease. MD makes it difficult to bend, walk on uneven surfaces, and carry heavy objects. Raynaud's primarily impacts Davis' hands—her circulation is so affected that she finds it necessary to wear gloves if the temperature dips below sixty degrees; otherwise, her hands turn purple from the cold. Any single one of these issues might have stopped another individual, but Davis loves working with the cows and calves and enjoys farming as a family business.

"We've been determined to find creative ways to lessen the physical impact of farm life," says Guidice. "That's why, when we read about another area farmer who had gotten help from AgrAbility, we decided to call and see if the program could help us."

Guidice initially spoke with David Troutman, AgrAbility case manager, who soon visited the farm to perform an on-site assessment of the kinds of jobs the brother-sister team needed to do and what equipment was or was not available to help them do it.

"The farm featured a traditional seventy-stall bank barn," explains Troutman. "Since both siblings are responsible for milking chores,



Carol Davis holds on to a milker as it glides along the track milking system with automatic take-off that was put in place to make milking chores more manageable.



we decided that a track milking system with automatic take-offs on the milkers should be at the top of the list of modifications that would make work easier.”

Other suggested changes included a mechanical feed cart, an electrical upgrade to facilitate the use of a total mixed ration (TMR) mixer, gutter grates, speed hitches, and a round bale unroller. The final item discussed was a video surveillance system that could be used to keep an eye on freshening and sick animals from their homes while reducing the number of trips to the barn between feedings and milkings.

All of the items suggested were important to the future success of these two farmers, but they were not sure how to pay for the changes with milk prices at their lowest in many years. That’s when Troutman connected Guidice and Davis with the Office of Vocational Rehabilitation (OVR). The program is funded through the Pennsylvania Department of Labor and Industry, and helps workers with a documented medical condition make necessary changes in the workplace.

“Our OVR counselor, Ken Langford, has been so helpful. He’s really conscientious; he calls and checks on our progress regularly. And he’s been willing to learn about farming, our disabilities, and what we need to keep going. He has really worked hard to get the equipment we needed,” says Davis. “We are so grateful for everything [he has] done.”

Not only have the modifications helped these farmers physically, but the new milking system, for example, has also made a real difference on the farm’s bottom line.

Guidice explains, “The track system and automatic take-off milkers have eliminated so much of the carrying and bending involved in this process. In addition, it’s helped to reduce somatic cell counts significantly. We didn’t realize how much we were over-milking the cows, and therefore increasing the incidence of bacteria in the udder and in our milk.”

“We are pleased with the support we’ve been able to provide to these farmers,” says Troutman. “They both have reported that their fatigue and pain levels have decreased, and that they feel more confident and capable of handling their many chores. Ultimately, that’s what AgrAbility is all about.”



Bob Guidice feeds cows using a mechanical feed cart that replaced the wheelbarrows previously used for this chore.



AgrAbility for Pennsylvanians helps individuals who are coping with many different kinds of physical challenges, including arthritis, stroke, knee and back problems, amputations, vision and hearing disabilities, and many others. The project is funded by the United States Department of Agriculture and is a partnership of Penn State Cooperative Extension, Easter Seals Central Pennsylvania, and the Pennsylvania Assistive Technology Foundation. For more information about the project, call 800-416-6061 (toll free in Pennsylvania) or visit the AgrAbility Web site at AgExtEd.cas.psu.edu/agrab/. ■

New Secretary of Health Implements Disease-Prevention Programs

Everette James, after working in his new position in the state government for only one year, has already implemented a number of helpful, health-focused programs. He was appointed Secretary of Health for The Commonwealth of Pennsylvania by Governor Edward G. Rendell on September 26, 2008, and he takes the role very seriously.

"For more than 100 years, the Pennsylvania Department of Health [DOH] has been working to improve and protect the health of the citizens of Pennsylvania," said James. "Today in 2009, our department continues to provide high-quality programs and services that benefit the health, safety, and well-being of all Pennsylvanians."

As Pennsylvania's top health regulator, James oversees nearly 2,000 employees and is responsible for carrying out the department's mission to promote healthy lifestyles, prevent injury and disease, and assure the safe delivery of high-quality health care for all Pennsylvania citizens.

Some of the department's responsibilities include licensing and regulating health care facilities such as hospitals and nursing homes; operating the state's sixty health centers, which provide health care services for those who are uninsured or underinsured; and planning for public health emergencies such as the pandemic novel A/H1N1 virus.

Since his term began, two of the Secretary's top priorities have been disease prevention and access to health care. "Research shows if people lack access to primary care, they often forgo preventive care such as annual physicals, certain vaccinations, and age-appropriate health screenings," said James. "Preventive care is key to keeping people from getting sick and to early detection of illnesses and much improved health outcomes."

James has spearheaded two projects specifically aimed at preventing disease, Active Schools and For the Well of It.

Secretary James has spent his career working in various parts of the health care field. He began as general counsel of the health care project management and training services company United Medical International. He was involved in establishing some of the first telemedical networks in the world, connecting U.S. hospitals with rural patients in Asia and Latin America. Secretary James was also a partner in the Washington, D.C., office of LeBoeuf, Lamb, Greene and MacRae. His practice focused on health care and insurance regulatory and compliance issues.

The public service side of his career began in 1996 when James worked as a senior adviser and deputy assistant secretary in the Commerce Department for the Clinton admin-

istration. During his federal service, James managed the Office of Service Industries, the Office of Finance, and the Office of Export Trading Company Affairs, and he served on many national and international boards, advisory committees, and task forces.

In 2007, James brought his expertise to Harrisburg to serve as a senior adviser to Governor Rendell. He served as the governor's senior staff liaison to the departments of Health, Welfare, Insurance, and Aging. James also served as a trustee of the Pennsylvania Employee Benefits Trust Fund (PEBTF) and was the governor's designee to the boards of the Ben Franklin Technology Development Authority and the Pennsylvania Public School Employees' Retirement System (PSERS) before taking over as Secretary of Health.

James received a bachelor's degree from the University of North Carolina at Chapel Hill and his law degree and master's degree in business administration from the Illinois Institute of Technology in Chicago. He lives in West Chester with his wife, Gretchen, and their two daughters.

Active Schools

Childhood obesity has increased significantly over the past decade both in Pennsylvania and across the United States. Based on recent data, more than one-third of school-age children are overweight or obese in Pennsylvania and only about 38 percent of students get the recommended amount of daily physical activity.

The Active Schools program is a new initiative aimed at increasing physical activity for middle school students. Under the Active Schools Grant program, the Department of Health has awarded \$5,000 grants to forty of the state's middle schools to implement evidence-based physical activity programs that meet the federal guidelines of at least thirty minutes of moderate to vigorous daily physical activity. In addition, a number of statewide foundations have pro-

vided a two-to-one match to the federal grant funds, allowing schools to receive a total of \$15,000. Students in participating schools will complete fitness and cardiovascular assessments at the beginning of the school year and then again at the end of the year to measure progress.

"The time has come to start taking additional concrete steps to address childhood obesity in Pennsylvania. Obesity disproportionately affects the children in rural settings, making it an important rural health issue," said James.

Worksite Wellness – "For the Well of It"

Under James' leadership, the Department of Health has implemented a worksite wellness program for all department employees, called For the Well of It. It is the first of its kind within Pennsylvania's state government. Because the Department of Health has a mission to promote healthy lifestyles and prevent disease, James believes that the department has to "walk the walk" in promoting wellness.

"Since most people spend about half of their waking hours at work, employers have a great opportunity to impact the health of their workforce," James noted. "The department has now joined many other organizations making the health and wellness of our employees a top priority by offering a structured program for employees to track their physical activities and earn incentives and recognition."

Within the first month of the wellness program, nearly 50 percent of department employees registered and committed to the program for at least one year. Employees receive points for activities such as having an annual physical, exercising, and losing weight. When an employee receives fifty points in one month, his or her name is entered for a drawing to win prizes. Some of the prizes include baseball tickets, free parking, and, eventually, a paid day off for employees who stick with the wellness program for an entire year. ■



Secretary James attends an immunization event in August.

Telemedicine Keeps Patients Close to Home

Scott Tubbs didn't realize the impact of telemedicine until he really needed it. Tubbs was trying to rid his Coudersport, Pennsylvania property of some ground bees in September when he suffered major burns. He went to nearby Charles Cole Memorial Hospital (CCMH), and from there he was transferred to the University of Pittsburgh Medical Center (UPMC) Mercy, a Level I trauma and burn center in Pittsburgh. After being discharged from the burn center and sent home to Coudersport, he faced the reality of several return trips to UPMC Mercy for follow-up visits with his burn specialist—a four-hour drive from his home.

In order to make it to his follow-up visits, Tubbs would have had to miss a considerable amount of work. Tubbs was not alone in his predicament. Access to medical specialists is often a challenge for patients who live in rural areas. Distance and access to transportation are the most common barriers, especially for the elderly and poor. But thanks to the evolution of telecommunication capabilities, a high-quality and affordable solution is rapidly becoming more accessible. That solution is known as telemedicine.

Telemedicine allows patients to interact with physicians at other hospitals via live, interactive videoconferencing with specially designed medical

devices. Combining technology (such as a large, high-definition screen) with clinical accessories (including a stethoscope and video camera), clinicians can make real-time assessments. A telemedicine evaluation is similar to a regular office visit, except that the specialists are out of the area, and patients can remain in the comfort of their hometown. The off-site provider is able to discuss a patient's clinical history and presenting health issues as well as see and hear everything that is happening in the patient's room, which, in the case of Tubbs, was located in Coudersport.

In early 2009, CCMH collaborated with Hamot Medical Center in Erie, Pennsylvania, to establish the use of telemedicine—initially with Hamot stroke specialist Dr. James DeMatteis. Through this collaboration, health care professionals at CCMH assist the patient and the consulting physician during the evaluation and act as advocates for the patient, said Val Jackson, telemedicine program director and regional director of the Hamot Heart Institute. Telemedicine can accomplish the same high-level, high-quality care with significantly reduced travel, financial investment, time commitment, and reliance on friends and family, Jackson said.

After Dr. Andrew Watson, medical director of UPMC's telemedicine program, learned of CCMH's telemedicine capabilities, he agreed to see Tubbs using the telemedicine technology.

That convenience meant a lot to Tubbs' family. Being able to see a UPMC doctor in Coudersport via telemedicine was much more cost effective, Tubbs said. But in addition to the convenience, he

said using the technology did not sacrifice quality. In fact, he said using telemedicine was better because he not only saw Dr. Watson but also had CCMH's Dr. Frank Horn in the exam room, giving him the opportunity to consult with two physicians. Tubbs said he would definitely recommend telemedicine to others.

"The tele-burn consult represents one of the most sophisticated forms of telemedicine. A patient can save eight hours of travel time, weather permitting, and still receive excellent specialist care. The tremendous resources at CCMH were utilized as skilled surgeons were able to perform specialty burn surgical care under the supervision of a specialized burn team four hours away in Pittsburgh," Dr. Watson said.

"Telemedicine fundamentally changes the way we take care of patients; it uncouples the traditional belief that patients and providers have to be side by side. Health care today is focused on cost, quality and access and telemedicine is one of the prominent ways we can achieve success in these areas," Dr. Watson said. "Telemedicine represents a new way for independent and rural hospitals to preserve their identity with increased access to specialty and tertiary centers."

"Telemedicine allows us access to the best care, not second-rate care," said Netra Baker, director of staff development and professional enrichment at CCMH. "The possibilities are practically endless with this technology. If we can connect a patient with a physician in a more specialized health system, we are providing the very best patient-centered care." ■



Patient Scott Tubbs consults with Dr. Andrew Watson at UPMC using telemedicine at Charles Cole Memorial Hospital. Also pictured, from left, are Dr. Frank Horn and Netra Baker, RN, who uses a handheld camera to capture close-up images for Watson.

Families Learn Finances and Nutrition through Outreach Programs

The economic downturn has put many rural families in a bind, affecting not only their finances but their eating habits and family life, too. A number of programs are reaching out to families in rural Pennsylvania with strategies, tips, and other assistance to help them get through the rough economic times.

Sangrey's Solution to Food and Fuel Troubles

Helen Sangrey is neither an economist nor a politician, but she says she couldn't miss the signs. As a nutrition educator for the Expanded Food and Nutrition Education Program (EFNEP) in Juniata County, she knew long before anything official had been announced that a recession was here.

In the building across the street from the county courthouse in downtown Mifflintown, Pennsylvania, Sangrey offers weekly, ninety-minute hands-on training sessions that teach low-income families cooking, food safety, meal planning, shopping tips, and good nutrition. Working in partnership with the Juniata County Food Pantry, her goal is to help people be more self-sufficient. Lately, she's seen the evidence piling up that people increasingly need what she and other nutrition educators have to offer.

After clients request food two times, the pantry director looks to recruit them for Sangrey's program, so class enrollments can be a reliable, if unscientific, bellwether for the economic winds of the region. And Sangrey has seen the county's occasional breezes build to stiff, prevailing gusts.

"We're seeing a lot of unemployment and underemployment in the county," she says. "Among food pantry clients, requests for fuel assistance more than doubled from thirty to sixty-nine households in 2008. Last March, EFNEP programs had thirty-six enrollees, and this year we had fifty-six, so things are definitely on the rise."

A new sign is troubling to Juniata County's rural nature. Skyrocketing gas prices have combined with sudden job losses to create hungry families with no way of picking up food. "They call and say they need food but don't have gas money to get here," Sangrey says. "We're trying to set up pantries in churches at both ends of the county, so participants don't have to drive as far. We could be there on Saturday morning so that

people could get food and attend our classes in the same trip. We've never taken food from the pantry to a church before, but it's heartbreaking for someone to have to wait another week before they can drive to get food."

The Pennsylvania Hunger Action Center reports that since 1998, the number of households receiving food stamps is up 49 percent in Delaware County, 54 percent in Bucks County, 75 percent in Chester County, and an incredible 82 percent in Montgomery County. The center's statewide study found that the number of people receiving food stamps has risen 40 percent, to nearly 1.2 million, since March 1999.

Finding Tasty Alternatives with Penn State Nutrition Links

"When you're working with people who are down on their luck, you really need to be there, close enough to walk in the other person's shoes," says Elise Gurgevich, state coordinator for Penn State Nutrition Links, which is administered through Penn State Cooperative Extension. Extension's statewide network of county educators allows it to be close enough to understand and positively affect specific local conditions, says Marilyn Corbin, program leader for children, youth, and Families for Penn State Cooperative Extension.

"Part of extension's underlying philosophy is to help people be more independent in society versus dependent on social services," says Corbin. "We know that by empowering people with knowledge at teachable moments, we're helping them to improve their quality of life."

Nutrition Links is the Penn State College of Agricultural Sciences' flagship nutrition program that includes EFNEP and the Pennsylvania Nutrition Education TRACKS. Both programs employ nutrition educators to help people at or near the poverty level. Gurgevich says the Nutrition Links curricula focus on the time- and money-saving advantages of eating meals at home.

"Our programs are accessible to the public and we hold meetings at a variety of locations, so people can find us if riding the bus or coming right after school. Whether it's nutrition, family finances, consumer information, quality parenting, or child development, we provide a variety of educational programs to help a family improve the overall quality of life.

"The emphasis is always on helping people with limited resources to eat healthy on the money they have," Gurgevich says. "But now we also need to suggest strategies for eating out on a limited budget—something we've not stressed before."

Nutrition Links education specialist Julie Haines says that, for families trying to stretch limited food dollars and who have limited cooking skills, occasionally going out to dinner can be a food cost-cutting measure.

"For example, if you have a big family and go to a buffet at a family-friendly restaurant where children eat for free, you'll eat at a price that you can't match at home," she says. "So what's economical can really vary, and we really have to think about how to advise people. Our programs help people make healthier choices, period, whether they are cooking or eating out. Poverty is complicated; you have to be savvy to survive on a limited income. Sometimes it involves combining benefits or assistance from several programs.

"Low-income folks have been using these strategies forever but the rising cost of food will cause



everyone to use them,” Haines adds. “For people right on the edge, it’ll all be new to them. They have no previous generation to say, ‘Here are the tricks I’ve learned.’ Other Penn State Cooperative Extension educators who have taught nutrition education for higher-income audiences are now using our materials, and that’s happened because of rising food prices.”

Haines explains that the rising costs of living have been devastating for many families that once were just getting by. Their income is no longer enough to cover all expenses, but they’re ineligible for income-based assistance programs. “Now there’s a new group of people using food stamps that never did before,” she says. “This set of people does not have enough money to buy food and they may not have the skills to best utilize all the help that is available to them, either”—which makes this group perfect candidates for Nutrition Links.

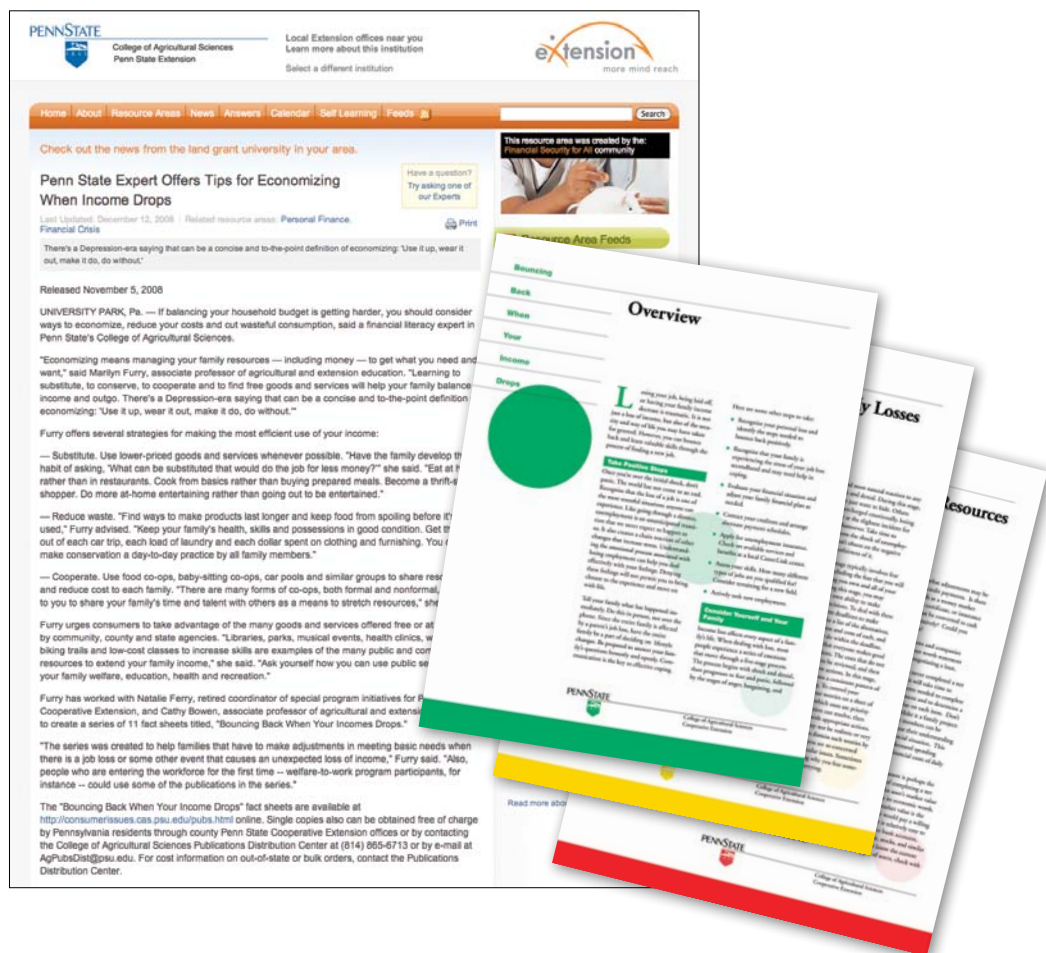
“People are always looking for good ideas on managing finances more effectively, and we can help them to consider strategies to save money and be more resourceful,” says Corbin.

Furry’s Tips on Bouncing Back from a Lower Income

Dr. Marilyn Furry remembers several up-and-down economic cycles in the United States. “In the 1970s, Pennsylvania had high unemployment and 18 percent interest rates,” she says. “Going back to the 1980s, there was 10 or 11 percent unemployment when Clearfield lost three plants.”

In response to such economic downturns, Furry, an associate professor of financial literacy and education at Penn State, and others developed an eleven-part series of booklets through Penn State Cooperative Extension, titled *Bouncing Back When Your Income Drops*, to provide practical strategies for families and remind them that it’s not the end of the world when they suddenly are making less money.

“Even high-income families have lots of events during their lives,” Furry says. “Prolonged illness, a family member going to war overseas, the death of a spouse, divorce—these external factors will touch every family. When families face tight times and have less money to buy goods and services, they have to come to an agreement to reduce spending and decide what is important to the family, what they want to accomplish. And a family that involves young people in discussions of financial matters will



Families looking for advice and tips on nutrition and managing money can benefit from a number of local programs, such as the *Bouncing Back* series, pictured above.

do a much better job of managing money. Young people get most of their financial information from their family—not from schools.”

Cathy Bowen, a co-author of the *Bouncing Back* series, notes that the series reinforces sound principles for managing finances. Sound principles, she says, are much more important than quick fixes.

“Hiding from a problem will not make it go away,” Bowen says. “You need to tackle it, and you need credible experts that will help you avoid more financial stress. When you’re having difficulty, solutions that look too good to be true can be tempting because you want to fix the problem quickly. Sometimes you just need time and hard work.”

Along with the *Bouncing Back* series, Penn State Cooperative Extension offers dozens of free

publications dedicated to financial and consumer literacy, including cutting credit costs and budgeting. The publications can be used as stand-alone materials or as the basis for extension classes. Since most people don’t learn about personal finances in high school or college, the publications and classes are often a new experience, says Bowen.

“No one is teaching about basic financial literacy—spending, record keeping, credit, savings, life insurance,” she says. “When we offer a class, enrollees often say they wish they’d had it in high school, because it would have saved them a lot of headaches. To be financially secure, families must be able to save, spend based on goals, and manage debt responsibly. Through tight financial times and booming economic expansion, our aim is to provide the skills and information that help people get the most from what they have.” ■

2009 State Rural Health Awards

A “retired” physician, a community dental program, a state senator, a long-time rural health advocate, a devoted rural hospital administrator, and a nurse practitioner responsible for creating two rural health clinics are the recipients of the 2009 Pennsylvania Rural Health Awards.

The Pennsylvania Rural Health Awards are presented each year to select individuals and/or organizations that significantly en-

hance the health and well-being of rural Pennsylvanians. This year’s awards were presented June 3 by Lisa Davis, director of the Pennsylvania Office of Rural Health, at the 17th Annual Pennsylvania Rural Health Conference. Pennsylvania Department of Health Deputy Secretary for Health Planning and Assessment Michael Huff, RN, assisted with this year’s ceremony at The Penn State Conference Center Hotel in State College, Pennsylvania.



2009 State Rural Health Leader of the Year

Ed Pitchford, chief executive officer of Charles Cole Memorial Hospital (Potter County), was named 2009 State Rural Health Leader of the Year. In the short time that he has been affiliated with the Pennsylvania Critical Access Hospital (CAH) Consortium, Pitchford has assumed a real leadership role among the CEOs of the thirteen Pennsylvania CAHs comprising the consortium. He has been influential in legislative efforts at both the state and national levels and he played a key role in efforts that led to the CAHs receiving Medicaid cost-based reimbursements this year.



2009 Legislator of the Year Award

Patricia Vance, Pennsylvania state senator (R-District 31), received the 2009 Legislator of the Year Award. Vance has worked closely with the Pennsylvania Dental Hygienists’ Association to improve access to rural health care. Her leadership, knowledge, integrity, and experience have helped improve access to health care across the Commonwealth and protect those most vulnerable. Her introduction of Senate bill 455 (now Act 51 of 2007) created the public health dental hygiene practitioner position, which allows registered dental hygienists to provide direct dental hygiene services in public health settings without the supervision of a dentist. Joe Marsicano, constituent outreach, Senator Vance’s Office, accepted the award on Senator Vance’s behalf.



2009 Community Rural Health Leader of the Year Award

Karen Smith, vice president of patient services at St. Luke’s Miners Memorial Hospital (Schuylkill and Carbon counties), received one of two Community Rural Health Leader of the Year awards. In addition to her duties at St. Luke’s and being a single mother of five, Smith led efforts in 2008 to establish two rural health clinics that provided high-quality primary care to 5,000 patients in their first year. Without Smith’s leadership and genuine concern, thousands of people—some with health insurance, many with limited insurance, and many more with no insurance—still would not have access to primary care.



2009 Community Rural Health Leader of the Year Award

Ellen Krajewski, executive director of the Northcentral Pennsylvania Area Health Education Center (AHEC) in Wellsboro (Tioga County), also received a 2009 Community Rural Health Leader of the Year award. Krajewski has demonstrated unparalleled commitment to rural health by helping communities in the AHEC's ten-county region meet their primary health care needs. She has facilitated the recruitment, retention, education, and training of providers in primary care settings. She has also worked collaboratively with community organizations and is a valued resource who freely offers support regarding Health Professional Shortage Area/Medically Underserved Areas designations, grant preparation, needs assessments, and other areas. Krajewski is a "boots on the ground" leader in rural health whose passion for eliminating health disparities is inspiring to all who know and work with her.



2009 Rural Health Hero of the Year Award

Dr. James Gallagher, a "retired" physician who still practices in Mifflinville (Columbia County), received the 2009 Rural Health Hero of the Year award. When the Columbia County Volunteers in Medicine clinic initially opened its doors, providing free medical services to the uninsured, Gallagher—affectionately known as "Dr. G."—offered to volunteer but soon found himself serving as the clinic's medical director. As a retired physician, Gallagher could be spending his days relaxing or going on vacation; instead, he chooses to schedule his life around the operations of the clinic while embracing the Volunteers in Medicine mission and model. His guidance to the clinic has been invaluable, and his experience as an oncologist has been helpful with cancer diagnoses.



2009 Rural Health Program of the Year

SOS – Saving Our Smiles, a training program created by the ACTION Health Dental Task Force in Danville (Montour County), was honored as the 2009 Rural Health Program of the Year. The program, created by the ACTION task force in 2008, consisted of a workshop and a training manual that provide early childhood educators, health and human service employees, and others working in human services valuable skills to teach good dental habits to children age 6 or younger. The comprehensive program is the first of its kind in Pennsylvania.

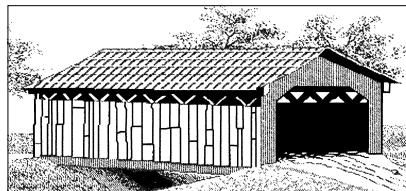
The 2010 Rural Health Conference planning committee has announced it will be accepting nominations for the following awards:

- 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

These awards will be presented at the 2010 annual Pennsylvania Rural Health Conference, slated for June 8-9, to individuals who have made substantial contributions to rural health in Pennsylvania. Nomination forms can be obtained at www.porh.psu.edu or by calling the Pennsylvania Office of Rural Health at 814-863-8214.

Pennsylvania Office of Rural Health
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Working to Enhance the Health Status of Rural Pennsylvanians

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CALENDAR OF UPCOMING EVENTS

February 8-9, 2010

2010 National Health Policy Conference

AcademyHealth
JW Marriott, Washington, D.C.
For more information, contact Patrick Burbine at 202-292-6738
or patrick.burbine@academyhealth.org

March 1-3, 2010

Washington Policy Conference

National Association of Development Organizations (NADO)
Marriott Crystal Gateway, Washington, D.C.
For more information, contact NADO at 202-624-7806 or INFO@NADO.org

March 23-24, 2010

Migrant and Immigrant Health in Rural Pennsylvania Conference

The Inn at Reading, Reading, PA
For more information, contact Terri Klinefelter at 814-863-8214 or tjc136@psu.edu

March 24-26, 2010

National Association of Rural Health Clinics (NARHC) 2010 Spring Institute

Hyatt Regency, San Antonio, TX
For more information, contact NARHC at 866-306-1961

June 8-9, 2010

18th Annual Pennsylvania Rural Health Conference

Penn Stater Conference Center Hotel, State College, PA
For more information, contact Terri Klinefelter at 814-863-8214 or tjc136@psu.edu