

SPRING 2018

# PENNSYLVANIA RURAL HEALTH

## The Road to Recovery:

NAVIGATING THE JOURNEY OF  
MENTAL HEALTH SERVICES  
IN RURAL PENNSYLVANIA

### **NATIONAL CANCER RECOVERY ORGANIZATION**

Offers Resources, Support to  
Cancer Patients and Families

### **TAPPING CHURCH COMMUNITIES**

to Promote Wellness  
in Rural Areas

### **THE AMERICAN HEART ASSOCIATION**

Building Healthier Lives in  
the Heart of Pennsylvania

# message *from the* director



If you are a rural champion, you know this: rural communities are wonderful places to live and work. That's why over 60 million people—nearly one in five Americans—call them home. These small towns are places where neighbors know each other, listen to each other, respect each other, and work together. They are also some of the best places to start a business and test an “entrepreneurial spirit.” These

communities provide a wealth of services and commodities to the nation and they are the economic engine that has helped the United States become the world economic power it is today.

Pennsylvania is considered to be one of the most “rural” states in the nation, with almost 3.5 million residents, about 23 percent of the population, living in areas that are federally designated as rural. The economic, cultural, social, geographic, and demographic characteristics of rural communities are sufficiently different from urban communities to require special consideration. These areas are characterized by sparse populations and geographic barriers, and by populations that are generally older, sicker, and poorer than their urban counterparts. The demographic, geographic, economic, and quality of life issues unique to rural areas can have a significant impact on the health status of rural Pennsylvanians.

In January 2018, the F. Marie Hall Institute for Rural and Community Health at Texas Tech University Health Science Center released their *2017 Rural Health Report Card*. This report ranks each state's rural health care compared to the 47 states that have rural counties, giving a grade of A to F and is a useful tool that provides a comparison with other states and a baseline for benchmarking.

The report ranks Pennsylvania 25th in the nation for rural health out of the 47 states in the nation with rural

counties (the states of Connecticut, Delaware, and Rhode Island are excluded).

The report assesses eleven indicators across the domains of Mortality, Quality of Life, and Access to Care. Based on these indicators, health care in rural Pennsylvania was one of three states receiving an overall grade of “C.” The average grade for Mortality was a “C-,” for Quality of Life a “C+,” and Access to Care a “B.” Heart disease is listed as the leading cause of death in the state among rural residents, followed by cancer mortality, and death from accidents. Overall, Pennsylvania ranked in the second quintile of states for measures of daily health and quality of life in rural counties, in the second quintile for health care access in rural counties, and in the third quintile of states for its rates of rural mortality.

While these results may sound discouraging, those of us working in rural Pennsylvania know a bit of a different truth. We know that there are vibrant health care facilities with dedicated staff who provide high quality care in their communities. In this issue of *Pennsylvania Rural Health*, we showcase the winners of the 2017 Rural Health Awards and the Community Stars who were recognized on National Rural Health Day, November 16, 2017. We applaud them, and all of the rural health care providers and advocates across the state. Thank you for all that you do, every day, to ensure that your patients and clients get the health care they deserve. Show your support for rural health and take the Pledge to Partner today ([powerofrural.org/what-is-the-pledge/](http://powerofrural.org/what-is-the-pledge/))!



Best wishes for the spring and summer and be sure to stay in touch.

*Lisa Davis*

*Lisa Davis*  
Director



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

Lisa Davis, *Director*

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# The Road to Recovery:

## NAVIGATING THE JOURNEY OF MENTAL HEALTH SERVICES IN RURAL PENNSYLVANIA

*By Susan J. Burlingame*

**A**s with primary care, acute care, oral care, and emergency medical services, access to mental and behavioral health services can be challenging for those who live in rural areas.

Rachel B. knows this all too well. A rural Pennsylvania resident, she was concerned about her young daughter's behavior and knew she needed help.


"By the time Lisa was four years old, I knew something was wrong," Rachel said. "Beginning around age two, she played differently than other children her age. She had impulse issues and was defiant. And though she was clearly very smart, she had absolutely no concern for safety—she would touch a hot stove or jump off something clearly too high."

Though Rachel's friends chalked it up to an extended version of the "terrible twos," Rachel knew Lisa's behaviors were definitely out of the norm. She decided to take Lisa to see a child psychiatrist, a decision that began Lisa's now 18-year journey with bi-polar disorder—a journey that has included counseling, medication, drug abuse, arrests, and more than thirty stints in rehabilitation facilities.

Rachel remembers having to wait several months to get an appointment with a pediatric psychiatrist more than sixteen years ago. The wait would likely be as long today.

"Workforce shortage is a major issue," said David Dinich, administrator for the Pennsylvania Psychiatric Leadership Council (PPLC), which, with initial funding from the Pennsylvania Department of Human Services (DHS), works to establish Centers of Excellence in medical schools throughout the state to train psychiatrists to work with people with psychiatric challenges who receive publicly-funded services. "There is a critical shortage of psychiatrists in Pennsylvania, in both rural and underserved urban areas. If fact, there is a shortage of well-trained behavioral health professionals across the board."

Dinich said medical schools have not done a good job training medical students to become psychiatrists who will work in rural areas. "For a state that has some of the best medical schools in the world, Pennsylvania has never had any sort of systematic policy to address the issue," he said. To address the shortage of psychiatrists, PPLC established three psychiatry fellowships through two academic medical centers—two at the University of Pittsburgh Medical Center (UPMC) and one at the University of Pennsylvania—as well as a center for excellence



in public service psychology. One of the fellowship programs through UPMC focuses specifically on rural areas.

Penny Chapman, M.D., a community psychiatrist, serves as director of the UPMC rural psychiatry fellowship program. “The program works by partnering with a community mental health agency that employs the fellow for a year,” Chapman explained. “In most cases, the fellow has just graduated from a psychiatry residency and wants to do the fellowship to have a broader experience and develop leadership skills before committing to a career path. We have found that if we place our fellows in a rural area and provide them with mentoring and positive experiences, they become more familiar with the locale, with the clients, and with the community, and they are more likely to stay. We’ve graduated six fellows, three of whom have stayed in rural communities.”

“Knowing that even with the fellowship program we’re not going to be able to substantially increase the number of psychiatrists, we’re also looking at ways of increasing services through other professionals such as psychiatric nurses, psychiatric physician assistants, and others,” Dinich added. “Mental illness is treatable, and it’s not always true that the best person to see is a doctor.”

According to Dinich, regulatory issues often stand in the way of helping rural agencies and providers better serve consumers, but he is optimistic. “The barrier is not a willingness by agencies or providers but rather the handcuffs put on by the government,” he said. “There does seem to be a growing understanding by DHS that things need to change. Radical changes in terms of patient care are possible.”

Sally Walker, director of the administrative unit at the Behavioral Health Alliance of Rural PA (BHARP) is optimistic as well. By meeting with providers and individuals receiving services, working with an advisory board, and developing programs, BHARP provides input into the management of a behavioral health contract for twenty-three rural Pennsylvania counties.

“Despite the barriers for rural consumers, which include transportation, a workforce shortage, and a limit to how much Medicare pays, people are finding ways to access services and lead healthy, fulfilling lives in their communities,” Walker said. “There is persistence in the people being served, persistence in the people providing the services, and persistence in the counties.”

“The good news is that there’s been a huge jump in the number of people utilizing mental health services,” said James Schuster, M.D., chief medical officer for Medicaid and behavioral services for the UPMC insurance division, which includes





the Community Care Behavioral Health Organization. “In fact, the percentage of individuals who receive behavioral health services in the Medicaid program in our North Central contract (twenty-three rural counties) increased from 22 percent in 2008 to 26 percent in 2015.”

Schuster said his organization is dedicated to improving the system overall. “We have worked in partnership with DHS and counties to increase rates paid to providers, and we are working with providers to help them design better service models. We’re also promoting the use of telepsychiatry because we know that everyone struggles with recruiting and retaining a workforce. The most acute problem is there are not enough psychiatrists—anywhere, even in Pittsburgh. Part of the challenge in many rural areas is there is not a critical mass of people who *need* the services, so it’s hard for a psychiatrist to decide to set up a practice when he or she might only see a small number of patients in a large geographic region. That’s why telepsychiatry is such a good idea.”

Telepsychiatry uses technology to bring psychiatrists from remote locations to consumers via a computer screen, usually located in their rural community mental health clinic or facility.

According to Jack Cahalane, Ph.D., MPH, chief of adult services and director of telepsychiatry at Western Psychiatric Institute & Clinic, part of the UPMC Health System, primary care does a very good job with the more straight-forward conditions such as depression, adding that the majority

of psychiatric medications are prescribed by primary care physicians. “But when people don’t respond to medications or if they have any level of complexity, such as a significant anxiety disorder, obsessive compulsive disorder, bipolar disorder or schizophrenia, it really warrants treatment in a mental health setting. The trouble is that many of those settings don’t have a psychiatrist on site, and even fewer have a child psychologist.”

To address the issue, Western Psychiatric Institute implemented a telepsychiatry program about ten years ago. “We have recruited an excellent team of psychiatrists who are located in Pittsburgh and even in other states to provide services via telepsychiatry, and each year, we have increased the number of patients. We now provide over 12,000 services per year to patients in rural community mental health centers.”

Telepsychiatry is provided through informed consent, Cahalane explained further, meaning that consumers are given a choice. “The vast majority of patients approached with this option agree to it, not just because it’s a way to receive services, but also because there seems to be a level of comfort in knowing the psychiatrists are from an academic setting and are recognized as experts. There’s a substantial body of evidence that supports the comparable effectiveness of telepsychiatry to face-to-face services. They show high patient satisfaction as well as high satisfaction among the psychiatrists providing these services.” Cahalane said the next step is to bring telepsychiatry into people’s homes so they don’t have to travel to the clinic.

*“There’s a substantial body of evidence that supports the comparable effectiveness of telepsychiatry to face-to-face services. They show high patient satisfaction as well as high satisfaction among the psychiatrists providing these services.”*

*Jack Cahalane, Ph.D., MPH*

Other telehealth options include counseling services via computer screen and computer or smart phone applications that people will be able to download. In addition to programs that make use of technology, many organizations are finding other ways to help people who need mental health services.

The National Alliance on Mental Illness (NAMI), has launched *Ending the Silence*, a suicide prevention program. A national organization with state affiliates, NAMI provides support, education, and advocacy for those struggling with mental illness and their families. Christine Michaels, chief executive officer for NAMI Keystone Pennsylvania says that, in addition to providing training programs across the state and advocating for change in Harrisburg, the organization and its affiliates have reached 12,069 middle and high school students with *Ending the Silence* presentations. They also administer a program called *Family to Family*, an intensive twelve-week program that results in an understanding of mental illness as well as coping skills for family members.

The Mental Health Association in Pennsylvania (MHAPA), an advocacy organization providing individual and systems advocacy, conducts an anti-stigma campaign, *I’m the Evidence*. “The campaign was developed by consumers to help people understand that recovery is possible,” said Sue Walther, executive director, adding that the organization has ambassadors who take the message to as many places as possible. Through other programs, MHAPA advocates for the rights of individuals and helps consumers connect to services in their areas.

The Clinic for Special Children, a health clinic serving children in the Amish and Mennonite communities in Lancaster and Mifflin counties, has unique circumstances related to stigma, transportation, and the ability to pay for services. According to Adam Heaps, executive director, mental health services are very important for this population. “We have tried to tackle the problem by building partnerships with places that will bring these services to us.” A pediatric psychiatrist comes out once a

month from Wellspan Phillhaven (a non-profit behavioral health care organization in central Pennsylvania), and a pediatric psychologist comes twice a month. “Having specialists like the psychiatrist and psychologist helps us to be a comprehensive medical home for the families we serve. We are grateful that some of the area health care systems have worked with us to accommodate the needs of the plain communities and to provide access to mental health services at an affordable price.”

For Rachel and her daughter, who is in a long-term treatment facility to address her many issues, the journey to recovery continues. Still, Rachel said she has taken advantage of many of the support services for families of people with mental illness, and she has been impressed with the majority of psychiatrists, counselors, and others who have worked with her daughter.

While challenges related to transportation, an inadequate number of psychiatrists, payment programs, and policies still exist, there are many who are working to change the system and make life better for those seeking mental health services.

“In the last ten years or so, there has been a movement in the mental health world in Pennsylvania that has focused on recovery,” concluded Sally Walker of BHARP. “The recovery philosophy is about encouraging individuals to become self-advocates, giving them a say in what services they need and how they want services delivered—all of which is making a difference for consumers. Recovery doesn’t mean you no longer have schizophrenia or some other condition. It’s about what your life looks like when you’re at your best with your diagnosis. Having a mental illness doesn’t mean you can’t be a productive member of your community or have a job or get an education. Along with all of the mental health service providers, we have added people to the system who have their own lived experiences with mental illness and recovery. They are serving as peers, supporting those who are in the beginning of their own recovery journey. The needle is moving.”

# National Cancer Recovery Organization Offers Resources, SUPPORT TO CANCER PATIENTS AND FAMILIES



*Conquering cancer through hope and healing*

Cancer Recovery Foundation International (CRFI) is a national

organization that focuses on equipping patients to survive cancer, by directing cancer research, advocacy, education, and support to those diagnosed with, and being treated, for all forms of cancers. The foundation's national headquarters are located in central Pennsylvania.

CRFI was founded by Greg Anderson, a survivor of metastatic lung cancer. Told in 1984 that he had a month to live, Anderson refused to accept that diagnosis and instead, began to interview thousands of cancer survivors. Through those interviews, Anderson and his wife, Linda, found an interesting pattern:

The majority of survivors believed they recovered not by chance, but by intimately participating in the management of their cancer treatment. These survivors did not credit their medical team alone—or even primarily—for their good health, as they believed they personally earned health and well-being. Instead of treating their illness, they began creating wellness.

Those findings led to the creation of CRFI and its Cancer Recovery Wellness Pyramid, which features six areas of life—medical, nutrition, exercise, attitude, support, and spiritual. These concepts are what CRFI considers to be vital components to cancer survival and wellness and comprise the foundation of the organization's mission.



One of CRFI's core programs is the Women's

Cancer Fund. When a woman has cancer, her family also is affected. With the extra expenses that can

accompany a diagnosis of, and treatment for, cancer, the basic needs of daily living can go unmet and can add additional stress and anxiety to a woman and her family. This fund helps women pay for the myriad of non-medical expenses associated with cancer, such as utilities and rent, and allows her to focus on her healing. The Women's Cancer Fund works with social work departments at over 200 hospitals and cancer treatment center partners across the nation, including several in Pennsylvania.

Through CRFI's experience and research, the majority of cancer survivors have made major shifts in their dietary and nutritional practices, which

has played a vital role in helping them heal. As a result, CRFI is developing a new pilot program, Nutrition as Medicine, which provides cancer patients and their families with valuable information about the role nutrition plays in cancer healing and recovery. Nutrition as Medicine will include a booklet that provides specific nutritional guidance, along with sample menus and a grocery shopping list.

CRFI has additional resources to help cancer patients and their families, available on their website, which include books on wellness and cancer recovery and additional information and links from partner organizations. All services are free of charge.



*For more information, contact Cancer Recovery Foundation International at 717-545-7600, via email to [info@cancerrecovery.org](mailto:info@cancerrecovery.org) or visit [cancerrecovery.org](http://cancerrecovery.org). For information on the Women's Cancer Fund, visit [womenscancerfund.org](http://womenscancerfund.org).*



# A Medical Student's Perspective

By Ashley Baronner, M.D.

*This column chronicles Ashley Baronner's experiences as a medical student in the Physician Shortage Area Program at the Sidney Kimmel Medical College in Philadelphia, formerly Jefferson Medical College. Ashley is the daughter of Larry Baronner, PORH's rural health systems manager and deputy director. Ashley was conferred her Doctor of Medicine degree in May 2017. We wish her much success and thank her for sharing her reflections on training to be a primary care physician.*



In my previous two columns, I discussed the various “rites of passage” that a medical student must encounter. I also provided a perspective on the fourth year of medical school, which focused on continuing to learn, applying my medical knowledge, and taking the next step of becoming a physician—matching into a residency program through the National Resident Matching Program (NRMP).

On May 23, 2017, I achieved the final ‘rite of passage’ of medical school—graduation and being conferred the degree of Doctor of Medicine with all the rights and privileges of the degree. It is, however, only the beginning of a long journey to develop into a full-fledged physician. Graduation is certainly a celebratory time and having my family share in this celebration was especially rewarding. I could not imagine making this journey without their support.

Graduation, while celebratory, did have one sad aspect. Going through the rigors of medical school leads to making very strong friendships. Sharing long study hours, anatomy labs, and the challenges of clinical rotations enabled my fellow students and me to develop a sense of comradery. But we all knew we would be going our separate ways. On March 17, 2017 we received our letters revealing where we would be completing the culminating years of medical training. I found the residency interview process enjoyable and enlightening. Having interviewed at twelve programs exposed me to a great variety of settings and program dimensions. Ranking these programs was challenging, but I was able to find programs that suited my academic interests as well as hobbies beyond the hospital.

Staying at Jefferson University Hospital was an attractive option. The mentorship I received in the physician Shortage Area Program from the faculty leaders, Howard Rabinowitz, M.D. and Frederick Markham, M.D., was outstanding. I had a wonderful experience in my internal medicine clerkships with strong mentorship and clinical exposure. I looked for residency

programs with broad clinical exposure, strong program leadership, and residents who worked well together. In weighing all my options, I listed the Internal Medicine Residency Program at Dartmouth Hitchcock Medical Center (DHMC), in Lebanon, New Hampshire, as number one on my list.

While graduation day was a celebration, Match Day was nerve-racking for all of my classmates. Knowing you must go wherever your letter states is akin to being drafted by a sports team—you have to go there for a minimum of three years.

When the time came for me to open my letter, there was a rush of both excitement and anxiety. Opening the letter revealed I was going to my first choice—Dartmouth Hitchcock Medical Center! The anxiety of leaving my friends was made easier by their placements to Texas, North Carolina, California, and Pennsylvania.

DHMC has proved to be an excellent fit for the next step in my training. The medical staff is impressive in both their knowledge and teaching ability. The catchment area of DHMC is just over two million people, which makes for an incredibly diverse case mix ideal for learning as a resident. There are a large number of transfers from the surrounding rural hospitals. I have received excellent training in managing very sick patients with multiple comorbidities and advanced chronic diseases. The opportunity to teach medical students has been rewarding as has been rotating to the White River Junction Veterans Hospital in White River Junction, Vermont. I also am fortunate to have a great group of co-residents who immediately bonded to form a tight knit and loyal group. Now that I am on the other side of the interview process, I think we convey a great comradery to potential new residents.

This section of New Hampshire, the Upper Valley, also fits my lifestyle. I love the hiking, running routes, and cross country skiing activities the area affords. Despite the demands of my first year as an intern, I already have climbed eight of the state's forty-eight 4,000-foot mountains. The only downside to living here? It was -23 degrees the morning I wrote this!

## PENNSYLVANIA OFFICE OF RURAL HEALTH HONORS

# 2017 Rural Health Champions

Each year, the Pennsylvania Office of Rural Health (PORH) presents awards to recognize rural health programs and individuals who have made substantial contributions to rural health in Pennsylvania. The awards were presented during Rural Health Week in Pennsylvania, proclaimed by Pennsylvania Governor Tom Wolf for November 13-17.

The awards were presented at community events by Lisa Davis, director of PORH and outreach associate professor of health policy and administration at Penn State, and Larry Baronner, rural health systems manager and deputy director at PORH. The week encompassed November 16, National Rural Health Day, established in 2011 by the National Organization of State Offices of Rural Health.



*Community health liaison, Rosemarie Lister, accepts the Rural Health Hero of the Year Award from Lisa Davis, PORH director.*

### Rural Health Hero of the Year

Rosemarie Lister, community health liaison at St. Luke's University Health Network's Miners Hospital, in Coaldale, Pennsylvania, received the 2017 Rural Health Hero of the Year Award, which recognizes an outstanding leader in the area of rural health who demonstrates a personal and professional commitment to the rural health needs of a community. Lister, an advocate and leader for community health, was recognized for her efforts to ensure that patients at rural St. Luke's campuses receive the services they need and that the health system has adequate resources and sustainable programming. Notably, Lister has managed a \$600,000 federal Rural Health Care Services Outreach grant, a \$12,000 grant from the University of Pittsburgh, and a \$100,000 federal dental planning grant.

### Community Health Leader of the Year

Coleen Heim, director of the Healthy Blair County Coalition (HBCC), received the 2017 Community Rural Health Leader of the Year Award, which recognizes an outstanding leader who has organized, led, developed or expanded an exemplary multi-dimensional rural community health program or initiative and who has demonstrated leadership to a rural community health program. Heim was recognized for her leadership of HBCC and for forging cooperation between three hospitals in Blair County to conduct a Community Health Needs Assessment. Her efforts also have been instrumental in substantially improving the Robert Wood Johnson's (RWJ) County Health Ranking for Blair County from 63rd (out of sixty-seven counties) to 47th.



*Coleen Heim, director of the Healthy Blair County Coalition (HBCC) was presented the 2017 Community Rural Health Leader of the Year Award by Larry Barronner, rural health systems manager and deputy director at PORH.*

## Rural Health Program of the Year Awards

The Bradbury-Sullivan LGBT Community Center in Allentown, Pennsylvania, received one of two 2017 Rural Health Program of the Year Awards. Lisa Davis presented the award to Adrian Shanker, founder and executive director at the Bradbury-Sullivan LGBT Community Center. Shanker was recognized for conducting the first LGBT Health and Wellness Needs Assessment, which was critical in determining significant health disparities that members of the LGBT community face in the Greater Lehigh Valley. The assessment provided important data on cancer, diabetes, and HIV for the community center's strategic plan to reduce disparities for these chronic health conditions. The Bradbury-Sullivan LGBT Community Center has shown dedication to improving health outcomes and reducing disparities in this historically-marginalized and underserved population.



*Adrian Shanker, founder and executive director at the Bradbury-Sullivan LGBT Community Center, along with Atticus Ranck, accept the Rural Health Program of the Year award from Lisa Davis, director of PORH. The Center was recognized for conducting the first LGBT Health and Wellness Needs Assessment.*



*Lisa Davis, director of the state Office of Rural Health, first row, second from the left, presented Shelly Rivello, LCSW, director of integrated care at JC Blair Memorial Hospital, front row, second from the right, with the 2017 Rural Health Program of the Year Award for the HOPE project during the hospital's annual community meeting. Others on hand for the presentation were, front row, from the left, Janice Sharp, Jessica Querry; back row, state Rep. Rich Irvin, Richard Lawler, and Adam Dimm.*

The second 2017 Rural Health Program of the Year Award went to JC Blair Memorial Hospital, in Huntingdon, Pennsylvania, for implementing the Health Outcomes Physically and Emotionally (HOPE) Project through the JC Blair integrated behavioral health program. HOPE is a nationwide project of integrated care which focuses on improving patients' experience of care, increasing the health of populations, reducing the costs of health care, and improving health care provider satisfaction. Improvements in mental and physical health, patient engagement, and provider satisfaction, as well as lower levels of depression, anxiety, and drug and alcohol abuse, have been recorded.



*In February 2018, Lisa Davis, PORH director, finally presented Pennsylvania Senator Bob Casey with the 2016 Rural Legislator of the Year Award at his Washington, DC office. The award recognized Casey for his leadership in advancing rural health legislation at the national level.*

*For more information on the 2017 Pennsylvania rural health awards and for the announcement of nominations for 2018, contact Terri Klinefelter, outreach coordinator at the Pennsylvania Office of Rural Health, at 814-863-8214 or to [tjc136@psu.edu](mailto:tjc136@psu.edu).*



# Tapping Church Communities

## TO PROMOTE WELLNESS IN RURAL AREAS

By Susan J. Burlingame

Churches are often the center of activity in rural communities. Scout meetings, soup kitchens, community events, and church services are where members of a rural community—whether or not they are members of the congregation—often gather. What better place then, to create an outreach program to promote wellness for members of the community?

This concept was the impetus behind *Walk by Faith*, part of a study funded by a National Cancer Institute (NCI) grant to promote weight loss and reduce obesity in communities in Appalachia, a geopolitically defined region extending from Mississippi to Southern New York and encompassing fifty-two of Pennsylvania's sixty-seven counties. Together with four other universities that have ties to Appalachia, Penn State developed a two-armed study involving twenty-eight churches and 660 individuals.

The first arm, called *Walk by Faith*, included activity, education, and nutrition programs. The second, *Ribbons of Faith*, included cancer education and awareness programs. Ultimately, said Gene Lengerich, VMD, MS, professor of public health sciences and associate director for health disparities and engagement for the Penn State Cancer Institute, those who were part of the *Walk by Faith* arm of the study had the more positive results. Participants reported losing more weight, eating more fruits and vegetables, and increasing activity.

"We provided people with pedometers, individual nutrition plans and program books, educational plans, and local incentives," Lengerich explained. "We worked with churches to adopt policies around church meals or to initiate walking clubs through the church, for example. We set up a website and also trained a church navigator to coordinate these activities." The results of the study led to a tool kit and a training program for Penn State Extension educators, who launched a *Walk by Faith* pilot program in several rural counties of Pennsylvania in the summer and fall of 2017.

Wyoming County extension educator Karen Bracey said Penn State Extension was invited in the spring of 2017 to see how the program might work in an extension model. "It seemed like a natural fit with the other wellness programs we run," Bracey explained.



Once a church agreed to be part of the program, the extension educator conducted a kick-off session, followed by four sessions on topics such as incorporating more fruits and vegetables, promoting physical activity, healthy eating, and weight management. Each participant received a pedometer, a calorie counting book, and other resources.

"Each church was encouraged to create walking groups and to schedule times for walking," said Bracey, who worked with two different churches. "I had lower participation in my churches than in some of the other areas, partially due to the size of the congregation and the age of the members. The people who did participate were so excited about all of the information and materials. One of the two churches will continue the wellness program and I think a few from the other church will continue as well."

Stacy Reed, a Lancaster County extension educator, launched her program at a Methodist church, whose board, she said, was happy to be part of the project both to help members of the congregation and to use it as an outreach tool to the rest of the community. Twenty-four participants ranging in age from college-aged to approximately seventy—a few of whom were not members of the church—attended the kickoff meeting. Topic sessions were held monthly and the program ended with a celebration in November of 2017.

"We structured our monthly sessions based on what the group was interested in hearing about," Reed said, touting the flexibility of the program. "We did walking activities, a cooking challenge, and even had healthy potluck meals at every meeting because we met over lunch time."

## County-based Planners Design a Healthier Pennsylvania

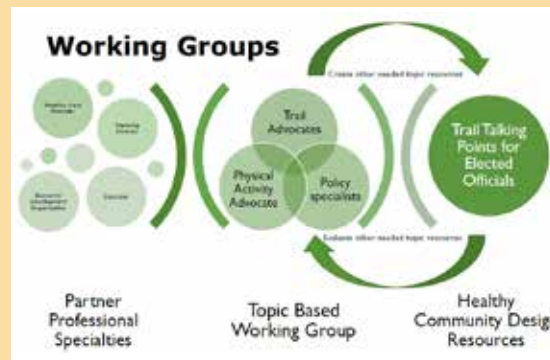
When it comes to health, there is no downside to improvement! Whether it's eating healthier food, being more physically active or cutting back on unhealthy habits, there is always a way to be healthier. Although the decision to make healthier choices is ultimately up to each individual, there are ways to make the healthy choice the easy choice. County planning and health professionals are working together more than ever before to encourage healthy community design!

Through funding from the Centers for Disease Control and Prevention's (CDC) Partnerships in Community Health initiative and the national American Planning Association (APA), the Healthy Communities in PA Task Force was created. The task force envisions that every Pennsylvanian will live in a community designed for healthy living, where the healthy choice is the easy choice. This vision is achieved through volunteer efforts by planning and health advocates creating tools and resources to assist partners in promoting healthy community design. The American Planning Association, Pennsylvania Chapter (APA PA) is committed to sharing these resources and facilitating discussion on healthy community design in Pennsylvania. Through their website,

they provide resources to encourage healthy community design and highlight upcoming webinars, trainings, funding, and in-person meetings across the state.

The Healthy Communities in PA Task Force has created working groups to address priority issues related to healthy community design in Pennsylvania. Working groups are designed to be adaptable to member needs while calling on the resources of the full Healthy Communities in PA Task Force for additional input. The current working groups, Healthy Aging, Active Transportation, and Healthy Food Access, want to ensure that the voices of rural Pennsylvanians are heard!

The Healthy Community in PA Task Force coordinates with Pennsylvania agencies and departments to further healthy community design. The task force will be assisting the Pennsylvania Department of Health in populating



its Live Healthy PA database with healthy community design-related projects and programs.

### Become involved!

The Healthy Communities in PA website provides resources on how to make communities in Pennsylvania healthier by design. The resources provided on website can be used to integrate healthy design concepts in projects, give a presentation or training at a local level or join or start a working group on a topic of interest. See how to become involved in creating healthy rural communities ... by design!

*For more information on the Healthy Communities in PA Task Force and to get involved, visit [planningpa.org/advocacy/healthy-communities-in-pa/](http://planningpa.org/advocacy/healthy-communities-in-pa/) or contact Justin Dula, county and regional manager, Delaware County Planning Department, at 610-891-5219 or to [chair@apapase.org](mailto:chair@apapase.org).*

Laurie Welch, an extension educator who covers both Lycoming and Clinton counties, managed two pilot sites, both of which met for topic sessions once a month. For each session, approximately fifteen people attended. Welch held cooking demonstrations at each class and shared healthy recipes. "I think the biggest outcome I've seen is people increasing their walking," said Welch. "In one of the churches, people started scheduling walking groups beyond our meeting times."

Participants in all the pilot churches were encouraged to keep track of their walking, nutritional changes, and weight loss and the extension educators will report overall findings, with the hope that *Walk By Faith* can become one of the many programs

Penn State Extension runs to promote health and wellness in rural communities.

Ultimately, concluded Lengerich, "through *Walk by Faith*, we wanted a community-based, low-cost way to introduce activity and good nutrition into peoples' everyday lives. Everyone should look for easy, low-tech ways to become more physically active and faith-based communities in rural settings are great places to promote it."

*For more information on Walk by Faith, contact your county Penn State Extension office by accessing [extension.psu.edu/](http://extension.psu.edu/) county-offices.*

# THE AMERICAN HEART ASSOCIATION

## Building Healthier Lives in the Heart of Pennsylvania

**T**he American Heart Association (AHA) is the nation's oldest and largest voluntary organization dedicated to fighting heart disease and stroke. Together, with the help of volunteers, survivors, advocates, doctors, health care professionals, and researchers, the association is making an impact—healthier adults, more active children, and more survivors. More people are surviving heart disease and stroke than ever before.

To save more lives, the AHA considers all factors that influence community health and impact health equity, including access to health care, affordable housing, healthy foods, and environments that encourage physical activity. The association engages with community partners to better understand these social determinants of health and focus efforts where they are most needed to achieve the greatest impact on local health. This collective impact approach informs how resources are invested, while continuing to provide educational programs and science-based guidelines.

Early intervention can save lives. For example, high blood pressure accounts for the second largest number of preventable heart disease and stroke deaths. In 2017, the AHA and the American College of Cardiology released the first updated high blood pressure guidelines in more than a decade and lowered the definition of high blood pressure from 140/90 mmHg

to 130/80. This revised guideline, combined with recommended earlier intervention, provides a greater opportunity to treat patients with lifestyle changes to prevent further increase in blood pressure and the complications of hypertension.



The AHA offers programs to help patients track and manage their blood pressure. Two of these programs, *Target: BP* and *Check. Change. Control*, focus on lowering blood pressure. *Target: BP*, a national collaboration with the American Medical Association, urges medical practices, health service organizations, and patients to prioritize blood pressure control. *Check. Change. Control* is implemented at the community level via a four-month evidence-based hypertension management program. This free program is volunteer-driven and utilizes blood pressure self-monitoring to empower participants to take ownership of their cardiovascular health through hypertension management, physical activity, and weight reduction.

Survivors and caregivers who have been affected by hypertension, heart disease, and stroke can connect through the AHA's Support Network, an online community to share experiences, advice, and comfort.

The AHA will continue to work in communities across the country, and right here in Pennsylvania, just as they have for more than ninety years, making healthier, longer lives possible for everyone. Why do they do what they do? It's simple. **Life is why.**

*To find out how to become engaged with the American Heart Association, visit [heart.org](http://heart.org) or call 1-800-AHA-USA-1. For more information, including instructions on how to register for the Target: BP program, visit [targetbp.org](http://targetbp.org). The Support Network can be accessed at [heart.org/supportnetwork](http://heart.org/supportnetwork).*

### Blood Pressure Categories

BLOOD PRESSURE CATEGORY	SYSTOLIC mm Hg (upper number)		DIASTOLIC mm Hg (lower number)
NORMAL	LESS THAN 120	and	LESS THAN 80
ELEVATED	120 – 129	and	LESS THAN 80
HIGH BLOOD PRESSURE (HYPERTENSION) STAGE 1	130 – 139	or	80 – 89
HIGH BLOOD PRESSURE (HYPERTENSION) STAGE 2	140 OR HIGHER	or	90 OR HIGHER
HYPERTENSIVE CRISIS (consult your doctor immediately)	HIGHER THAN 180	and/or	HIGHER THAN 120





# FOUR PENNSYLVANIANS RECOGNIZED AS National Community Stars

*In 2015, the National Organization of State Offices of Rural Health (NOSORH) began collecting inspiring stories across the United States about individuals and organizations that make a difference in their rural communities. On National Rural Health Day, celebrated each November, "Community Stars" are chosen from these stories and recognized for their efforts to promote health and wellness in rural communities.*

Several Pennsylvania community stars were recognized on November 16, National Rural Health Day for 2017 from nominations submitted by staff at the Pennsylvania Office of Rural Health (PORH).

Micah Gursky, rural health clinical administrator and director of business development and physician relations for St. Luke's Miners Rural Health Clinics in Schuylkill County, was recognized for the role he plays in managing the operations of health clinics serving some 12,000 people. Gursky fosters a culture that makes each patient feel confident in the knowledge that he or she is being cared for by a team committed to treating the whole person. He feels strongly that members of the team have opportunities to participate in outreach activities—believing that service is as much a gift to the giver as to the receiver.

Meredith "Dee" Hall, director of volunteer programs for the Centre County Women's Resource Center in State College, Pennsylvania, was recognized as a community star for the strength and breadth of her commitment. She conducts all training for volunteers, runs educational programs in the community, and

serves as a liaison between all systems (law enforcement, medical centers, and educational and community organizations) to ensure the best possible outcomes for their shared clients. She is a champion for the causes of domestic and sexual abuse, and manages a team of fifty volunteers who staff a hotline, emergency shelter, counseling services, transitional housing, and much more.

Timothy Reeves, chief executive officer for Bucktail Medical Center in Renovo, Pennsylvania, is a community star for his work to revive and save Bucktail Medical Center, the smallest rural hospital in Pennsylvania and arguably the most vulnerable of the state's fifteen critical access hospitals. Through a carefully restructured financial plan and by growing, modernizing, upgrading necessary technologies, and more, Reeves, along with the leadership team, medical center board, and department directors, ensured that an institution area residents have relied on since 1910 would continue to thrive.

Finally, Benny Yoder, a member of the Old Order Amish community in Somerset County, was recognized for his tireless work to serve as a bridge between his Amish community and many mainstream resources available to promote the health and safety of its people. Yoder sits on the boards of health-related committees and is a board member of the Clinic for Special Children, based in Lancaster and Mifflin counties, a diagnostic, research, and treatment center for members of the "plain" community such as the Amish and Mennonites. He has run farm safety events and helped growers in the community understand their responsibilities related to the Food Modernization Safety Act as well as Pennsylvania pesticide certification. A lifelong champion for his community, Yoder works with county leaders as well as faculty and staff at Penn State and the Pennsylvania Department of Agriculture.

*For more information on the Community Stars recognition, contact Ashley Muninger, communications and development coordinator at the National Organization of State Offices of Rural Health, at [ashleym@nosorh.org](mailto:ashleym@nosorh.org).*

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The Rural Health Information Hub, formerly the Rural Assistance Center, is funded by the Federal Office of Rural Health Policy (FORHP) to be a national clearinghouse on rural health issues. The RHIhub is committed to supporting health care and

population health in rural communities and is your guide to improving health for rural residents by providing access to current and reliable resources and tools to address rural health needs. Access the RHIhub at [ruralhealthinfo.org](http://ruralhealthinfo.org).