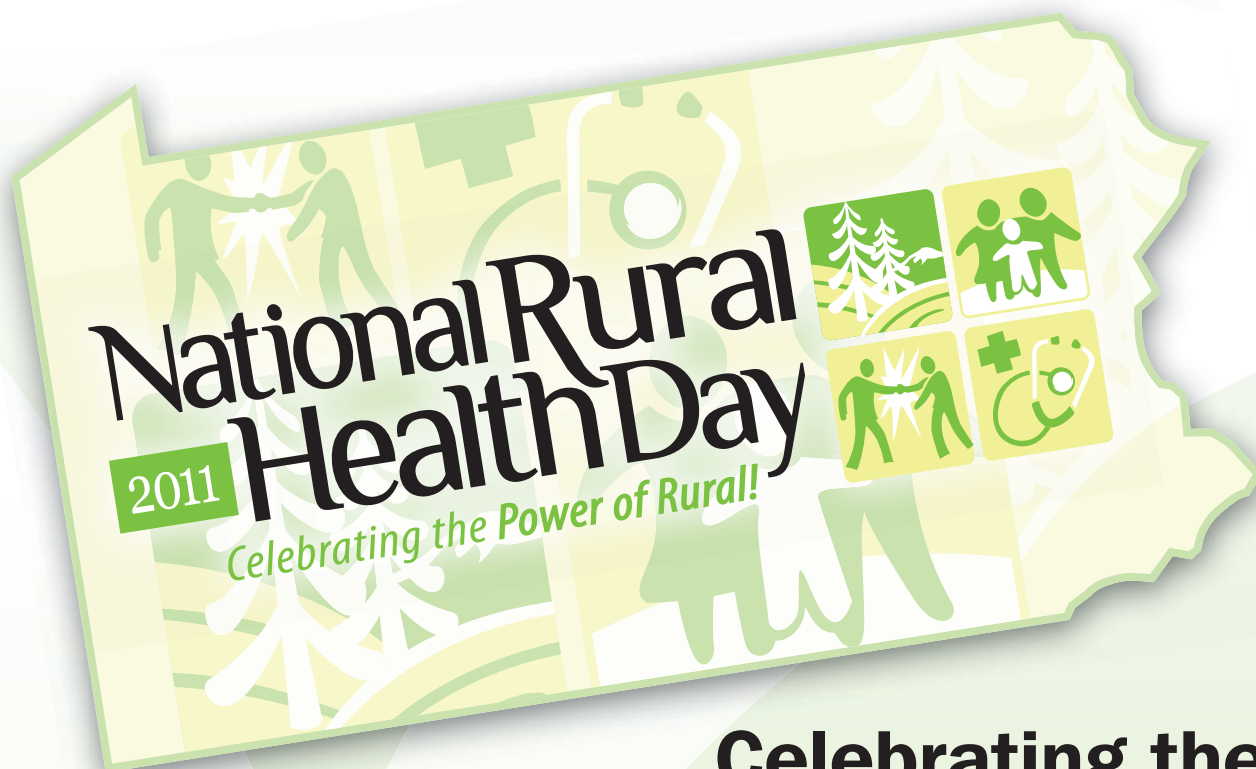


SPRING 2012

PENNSYLVANIA RURAL HEALTH



PENNSTATE



 PENNSYLVANIA OFFICE OF
RURAL HEALTH

Celebrating the Power of Rural

National Rural Health Day provides perfect opportunity to showcase rural health “successes” throughout the Commonwealth

PENNSYLVANIA RURAL HEALTH ASSOCIATION

Providing a collective
voice for rural
stakeholders

RURAL HEALTH ROUNDTABLE

HHS Secretary Sebelius
visits group, discusses
rural health issues

2011 RURAL HEALTH AWARDS

Meet the honorees

message *from the* director

Welcome to the Spring 2012 issue of *Pennsylvania Rural Health*. By the time this issue of the magazine hits mailboxes, we will have moved through the first quarter of this year and will be looking to what the rest of 2012 has to offer for the delivery of health care services in rural areas. As always, a view to the future requires a look to the past. And what a past couple of months we have had!

The last half of 2011 was dominated at the federal level by the work of the Joint Select Committee on Deficit Reduction (aka the Super Committee). Penn-



sylvania Senator Pat Toomey's role on the committee put the Keystone State front and center in the discussions. Programs supported by Medicare were especially vulnerable and included discussions about eliminating or significantly reducing the Medicare Rural Hospital Flexibility Program which lends support to the nation's 1,300 Critical Access Hospitals and to other programs that bolster health care delivery in rural areas. Rural

health advocates from across the country made their voice known and those cuts were bypassed.

PORH staff attended the National Rural Health Association's 2012 Policy Institute where we heard unanimous consensus from federal legislators who pledged that rural America matters to Washington and that health care in rural areas is important. The difference is how that support is organized and funded. While we were there, the House of Representatives' Commerce Committee voted to repeal the CLASS (Community Living Assistance Services and Supports) portion of the Patient Protection and Affordability Care Act, paving the way for repeal of more portions of the Act. During that week, the Senate formally proposed the Craig Thomas Rural Hospital and Provider Equity (R-HoPE) Act of 2011 which includes a number of provisions that are important to rural health, notably payments to rural hospitals, health care providers, rural health clinics, and other components of the rural health delivery system; incentives for telehealth services, and the reauthorization of the State Office of Rural Health Program.

In looking ahead a bit, the Supreme Court is scheduled to consider the repeal of the Affordable Care Act in March. And by the time you read this magazine, Pennsylvania Governor Tom Corbett will have released his proposed budget for 2012-2013 which will be leaner than the current budget.

The work for the rural health community remains. During the week of January 30, the Congressional Budget Office (CBO) released a report predicting that government spending for Medicare, Medicaid, and other health care programs will more than double over the next decade to \$1.8 trillion. Even under its most conservative projections, the CBO estimates that health care spending will rise by 8 percent a year from 2012 to 2022, mainly as a result of an aging population and rising treatment costs and will continue to be a key driver of the national budget deficit. This means that programs that support rural health and the safety net system will continue to be under scrutiny; the focus on quality of care will continue to be emphasized; and health information technology implementation will be a driver of accessibility, quality, and cost of care.

However the discussions go at the federal and state levels, rural health care advocates and providers continue to do their good work. Some of those excellent efforts were highlighted on November 17, 2011 when PORH joined the National Organization of State Offices of Rural Health and other state offices of rural health across the U.S. in celebrating the first "Power of Rural" Day. And what a celebration it was! See pages 2-5 of the magazine for a recap of the day and for news on the honorees who received the 2011 Rural Health Awards.

PORH is celebrating its 20th anniversary (see pages 6-7) this year and is honored to have been a part of the rural health community in the state and nationally for two decades. We are here to help you with what the future will hold. Be sure to stay in touch!

Lisa Davis

Lisa Davis
Director



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PA Annual Rural Health Awards

Pennsylvania Rural Health

Lisa Davis, *Director*

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PORH Celebrates Milestone

**PENNSYLVANIA OFFICE OF
RURAL HEALTH**

State Conference Attendees Take Part in National Rural Health Day Festivities

Celebrating the Po

Rural communities are wonderful places to live and work, which is why nearly 62 million people – including 3.5 million Pennsylvanians – call them home. These small towns, villages, and farming communities are places where neighbors know each other, listen to each other, respect each other, and work together to benefit the greater good.

However, these communities also face a host of unique health care challenges. Today more than ever, rural communities must address accessibility issues, a lack of health care providers, the needs of an aging population, and larger percentages of un- and underinsured residents. Rural health care providers and delivery systems, meanwhile, face declining reimbursement rates and disproportionate funding levels that make it challenging to meet the needs of their residents.

To bring light to these challenges – and to honor the selfless, community-minded “can do” spirit that prevails in rural America – the National Organization of State Offices of Rural Health (NOSORH) created and coordinated the first-ever National Rural Health Day celebration on November 17, 2011. Events held that day across the United States showcased the efforts of rural health care providers; State Offices of Rural Health; and community, state, and national rural health advocates in addressing those challenges.

By Hannah Patrice Grow

In Pennsylvania, rural stakeholders gathered at The Penn Stater Conference Center Hotel in State College on November 17 for a conference titled The Power of Rural: Celebrating Rural Health in Pennsylvania. In addition to highlighting Pennsylvania’s rural health “successes,” the conference was a forum to share strategies for addressing rural health care needs; discuss the impact of state and national health policies on rural Pennsylvanians; and create partnerships that help them address rural health concerns collectively. The day-long event was coordinated by the Pennsylvania Office of Rural Health (PORH) and sponsored by The Hospital and Healthsystem Association of Pennsylvania.

PORH Director Lisa Davis welcomed attendees and stressed that the purpose of the conference was to promote the significant rural health achievements being made throughout the Commonwealth. “Look around and realize that you are the true leaders of rural health,” she said. “We should make the pledge to move forward, show the quality of care we provide and highlight our positive efforts.”



Pennsylvania Secretary of Health Eli N. Avila, M.D., discussed the Department of Health’s role in improving the health status of rural Pennsylvanians. Avila noted that the Commonwealth is trying to utilize new strategies and strengthen partnerships with academic institutions in an effort to attract and retain more health care

Power of Rural

providers. He expressed his excitement for the continuing expansion of Pennsylvania's telecommunications infrastructure and its potential impact on rural providers. "While the groundwork has been laid, we have a long way to go," Avila said. "I'm excited to hear the success stories of stakeholders at the event today."

Kristina Sparks, president of the National Rural Health Association



(NRHA) and director of the Washington State Office of Rural Health, delivered the

conference's keynote address. Sparks noted that the term "rural" is often presented in a negative light. "Often rural is defined by what it is not – urban," she explained, adding that such perceptions adversely affect rural health policy. The reality, however, is quite different. "Rural areas provide a strong sense of community responsibility and have a propensity toward collaboration," Sparks said.

Sparks also discussed how attention in Washington, DC has shifted from health reform to reducing the budget deficit – a shift that has prompted NRHA to place a greater emphasis on highlighting rural health "successes" to convince Congress to support rural initiatives. Sparks said that NHRA is focusing on touting the economic benefits that rural health care providers contribute to communities in addition to the high-quality of care they offer.

Sparks' keynote address was followed by a panel discussion focused on *Quality in the Community: Rural Health Care Delivery*

Systems. Cheri Rinehart, president and chief executive officer for the Pennsylvania Association of Community Health Centers,

outlined the role that Federally Qualified Health Centers (FQHCs) play in providing "affordable, culturally com-



petent, holistic, and high-quality care to all patients" regardless of their ability to pay. She emphasized that FQHCs often serve as patients' "provider of choice," and that FQHCs are well-prepared to make the transition to the Patient-centered Medical Home Model included in the Patient Protection and Affordable Care Act.

Despite these benefits, Rinehart noted that FQHCs face marketing, outreach, advocacy, and recruitment challenges. "We cannot take pride in being the 'best kept secret' – we must make people aware of the work FQHCs do and what they represent," she said.

Paul Moore, senior health policy advisor for the Federal Office of Rural



Health Policy, discussed the importance of becoming "rural storytellers." "If we don't take ownership of our own story, others will tell it for us with their

own interpretations attached," Moore said, citing a recent article in the Journal of the American Medical Association as a prime example. The article, *Quality of Care and Patient Outcomes in Critical Access Rural Hospitals*, misrepresented Critical Access Hospitals (CAHs) and neglected to bring

to light the quality of care they provide.

Moore also encouraged attendees and providers to participate in ORHP's Medicare Beneficiary Quality Improvement Project (MBQIP), which provides funding and technical assistance to CAHs seeking to implement quality improvement initiatives and promote best practices.

Juliet Geiger, executive director of the Pennsylvania Trauma Systems Foundation,

gave an overview of the role that trauma centers play in delivering health care services in rural communities, where 20 percent of the nation's population lives but



nearly 60 percent of all trauma deaths occur. "Trauma care in the Commonwealth is unique because Pennsylvania is the only state in the nation that gives authority to a nonprofit foundation to accredit trauma centers," Geiger said. "This allows Pennsylvania to implement change faster and create a vision that is developed by the health care providers who are impacted."

The panel discussion was followed by lunch and the presentation of the 2011 Pennsylvania Rural Health Awards (see page 5). During lunch, Joanne Corte Grossi, MIPP, director of the Region III office of the U.S. Department of Health and Human Services, discussed the Pa-



tient Protection and Affordable Care Act (PPACA) and the legislation's focus on



increasing access to affordable, quality health care services. Grossi stressed that the PPACA includes provisions that address geographic and other disparities.

The afternoon sessions kicked off with presentations showcasing three of Pennsylvania's highly successful community-based programs.

- **Deborah Sawyer, executive director of the North-central Pennsylvania Area Health Education Center**, shared her experience establishing Tioga Dental Services, a low income dental clinic in Tioga County. While coordinating logistics and developing resources was challenging at times, Sawyer said seeing positive, sustainable results made all of the work well worth it. "Don't worry about all the paperwork or money – you can do it," Sawyer said.



- **Amy Leffard, a registered nurse and certified diabetes educator at Mount Nittany Medical Center** in State College, discussed the hospital's Diabetes Education Program. Leffard and other certified diabetes educators from the hospital travel to rural communities in Centre County to provide quality diabetes education to patients and physicians alike. The educators create individualized treatment plans and establish realistic, personal goals with patients. As a result, patients have reported increased satisfaction with the program and a desire for it to continue.

- **Elizabeth George, MD, a family physician** living in Mercersburg, Franklin County, discussed the creation of the Mercersburg Area Council for Wellness (MACWell) – a civic organization dedicated to improving the health and well-being of the community. Thanks to MACWell's efforts, Mercersburg now has a farmer's market, a fitness trail, and community cooking classes; a series of wellness articles also has appeared in the local newspaper. "It takes a community to create an environment that inspires a population to live well," George said. "When it comes to improving public health, anything is possible."

The conference concluded with the plenary address by **Barry Denk, director of the Center for Rural Pennsylvania**, titled *Celebrating the Future of Rural*. Denk provided a glimpse of the health, economic, and educational issues facing rural communities and emphasized the importance of enhancing the diversity of rural communities. "Rural stakeholders should represent a variety of ages and come from different backgrounds," Denk said. "Future National Rural Health Day celebrations should reflect this message."



NOSORH has announced plans for National Rural Health Day to be an annual event with the next one taking place on November 15, 2012. Stay tuned for details regarding Pennsylvania's 2012 celebration – and be sure to tout your rural health "successes" throughout the year. Celebrating success shouldn't be limited to just one day!

Pennsylvania Office of Rural Health Presents 2011 State Rural Health Awards

The Pennsylvania Office of Rural Health (PORH) presented 2011 Pennsylvania Rural Health Awards to four deserving individuals and one noteworthy organization during The Power of Rural: Celebrating Rural Health in Pennsylvania conference on November 17, 2011.

Rural Health Program of the Year

The **PAgricultural Rescue Training Program** (Penn State Department of Agricultural and Biological Engineering) received the **2011 Rural Health Program of the Year Award** (*given to an exemplary health program that addresses an identified need in a rural community*). PAgricultural Rescue, developed by Penn State Senior Extension Associate Davis Hill, provides training for more than 500 Pennsylvania firefighters and emergency personnel each year to lessen the extent of injuries sustained in farm accidents. The program teaches trauma care and rescue procedures for unique circumstances such as accidents involving heavy farm machinery or entrapments in confined spaces. The program has been credited six times in the past two years for providing significantly positive outcomes in farming accidents.



State Rural Health Leader of the Year

Joanne Cochran, president and CEO of the Chambersburg-based Keystone Health Community Health Center (Franklin County), received the **2011 State Rural Health Leader of the Year Award** (*given to an outstanding leader who has organized, led, developed or expanded an exemplary multi-dimensional state rural health program or initiative benefiting rural Pennsylvanians*). Cochran co-founded Keystone Health in 1986 to provide health care to migrant farm workers. The community health center has grown exponentially since then and now offers quality medical, dental, and behavioral health services to nearly 40,000 patients throughout the Commonwealth.



Rural Health Hero of the Year

Russell Miller, MD, a family physician practicing in Patton (Cambria County), received the **2011 Rural Health Hero of the Year Award** (*given to an outstanding leader who demonstrates a personal and professional commitment to the rural health needs of his or her community; works with other relevant community organizations/leaders; and goes above and beyond the call of duty to address those needs*). In addition to running a busy practice, Miller makes regular house calls to elderly and hospice patients living in the small rural community. Miller hosts a community-based training site for medical students and encourages students to practice in rural communities. He also serves as clinical director of the Southcentral Pennsylvania Area Health Education Center and is a board member for the DiSepio Institute for Rural Health and Wellness at Saint Francis University.



Community Rural Health Leader of the Year

John Pagana, MD, a family physician practicing in Sunbury (Northumberland County), received the **2011 Community Rural Health Leader of the Year Award** (*given to an outstanding leader who has organized, led, developed or expanded an exemplary multi-dimensional rural community health program or initiative*). Pagana, affectionately known as "Dr. John," has provided quality care to uninsured, low-income residents for years – first through his practice, and then by working tirelessly to establish and serving as volunteer medical director for A Quality Community Clinic, Inc. The clinic now provides health care in a four-county region to individuals with no other health care options.



Louis A. Ditzel Jr. Award for Quality Improvement

Staci Covey, RN, MS, NE-BC, president of Troy Community Hospital (Bradford County), received the **2011 Louis A. Ditzel Jr. Award for Quality Improvement in Rural Health** (*given to an individual whose contributions and visionary leadership significantly improved the health of rural Pennsylvanians and strengthened the quality of the health care systems that serve them*). Covey was recognized for her long term, consistent commitment to quality improvement at Troy Community Hospital. Through the years, Covey has established herself as one of Pennsylvania's Critical Access Hospital leaders by supporting and participating in the statewide Performance Improvement Consortium. She has made significant national rural health contributions through her leadership roles in various rural health and quality improvement organizations.



Nominations Sought for 2012 Awards

It's not too early to begin thinking about the 2012 Pennsylvania Rural Health Awards, which will be presented in conjunction with PORH's National Rural Health Day celebration on November 15, 2012. PORH will begin accepting award nominations on August 1.

For more information, contact PORH Outreach Coordinator Terri Klinefelter at 814-863-8214 or tjc136@psu.edu. Award descriptions can be found at www.porh.psu.edu.

Happy Birthday! *Pennsylvania Office of Rural Health Reaches 20-year Milestone*

By S. William Hessert, Jr.

Back in 1992, the Pennsylvania Office of Rural Health (PORH) was the “new kid on the block” – a fledgling program trying to get a seat at the table with the more established organizations and government agencies already addressing the health care needs of rural Pennsylvanians.

What a difference 20 years makes. Two decades later, PORH has established itself as the “one-stop shop” for rural health information and technical assistance in the Commonwealth. Rather than looking for a seat at the table, PORH has grown to become the organization most relied upon for bringing key stakeholders together to discuss and tackle Pennsylvania’s rural health concerns.

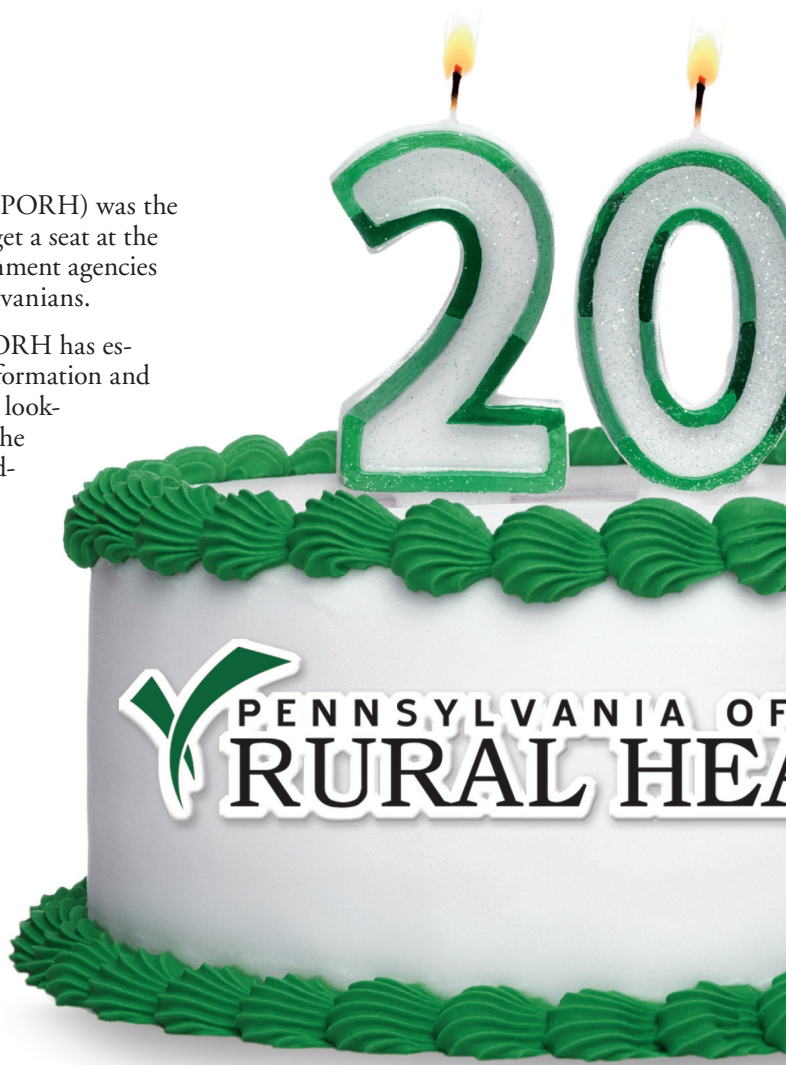
“The Pennsylvania Office of Rural Health has been very influential in pulling rural health leaders together and keeping them together,” says Robert Richardson, acting director of the Bureau of Health Planning in the Pennsylvania Department of Health. “We look to the Office to be the expert on rural health issues, needs, and strengths.”

According to current Director, Lisa Davis, PORH has been able to position itself as a leader by remaining true to its mission – improving the health of rural Pennsylvania communities, and their residents by:

- Compiling, analyzing, and disseminating information to policy makers, health care providers, health educators, and health administrators;
- Strengthening the existing network of rural providers, planners, and advocates by encouraging partnerships and identifying opportunities for collaboration and cooperation;
- Increasing interest in rural health needs, opportunities, and policy issues; and
- Acting as a liaison between academia, state government, professional associations, and the public.

Of these, “being a source of information, assistance, and networking is the most important thing we do,” Davis says. “What makes the biggest difference in rural communities isn’t the work we do – it’s the groups of people that come together in these communities to effect change. By establishing ourselves as the one-stop shop, we give them the resources they need to address their needs.”

Jerry Coopey, former director of strategic planning in the Federal Office of Rural Health Policy and one of the creators of the federal State Office of Rural Health (SORH) grant program, says creating central locations for addressing rural health issues in each state was his primary reason for developing the program. “Nobody cared about rural health back then,” Coopey recalls. “There were a few states that had it as a small focal point, but we wanted to create an infra-



structure that could implement programs and be strong advocates for rural health in all 50 states. We saw [the SORH program] as a way to go national and get rural health issues on the map.”

Those efforts have paid off. All 50 states have a State Office of Rural Health, and there is a national organization – the National Organization of State Offices of Rural Health – dedicated to strengthening the capacity of SORHs to improve health care in rural America through leadership development, advocacy, education, and partnerships. NOSORH and all 50 SORHs celebrated the first-ever National Rural Health Day on November 17, 2011 to recognize these efforts and to raise awareness of rural health issues (see page 2 for an overview of Pennsylvania’s National Rural Health Day celebration).

“State Offices of Rural Health have become the backbone of the rural health movement,” Coopey says. “In the beginning, they may have struggled to get a seat at the table; but, without question, the rural health movement would have been anemic and short lived if not for State Offices of Rural Health.”

PORH is one of ten SORHs nationwide to be located within a college or university. Thirty-seven are located administratively in a government agency, and three operate as freestanding 501(c)(3) nonprofit organizations.

Dr. Ken Martin – current chair and associate director of programs for Ohio State University Extension who served as PORH’s associate director from 1992-1994 and director from 1994-1999 – played a key role in Penn State becoming PORH’s administrative home in the state. “I saw the initial [request for proposal] for the State Office of Rural Health program and it seemed to be a perfect fit for Penn State Cooperative Extension,” he recalls. “I worked with Charlie Crawford [PORH’s first director] and Larry Gamm [one of its first associate directors] on the proposal. We also worked with the Pennsylvania Department of Health to make sure we developed a strong partnership.”

PORH strived to “address the health needs of rural residents” from the outset, Martin says. “We wanted to be a source of data and information that helped from a policy perspective, and we wanted to hold meaningful conversations at all levels.”

Since then, perhaps the biggest change has been PORH’s location – the office is now located within the Penn State Department of Health Policy and Administration and is affiliated with Penn State Outreach and Penn State Extension. PORH has taken on some significant additional responsibilities over the past two decades as well. For example, PORH provides funding, programs, partnership development, and other technical assistance to rural health care providers and communities; coordinates and hosts grant-writing workshops and other rural health-related continuing education events; shares state and federal funding opportunities; offers community assessment assistance and public swimming pool certification; publishes this magazine, *Pennsylvania Rural Health*, and uses social media to communicate other items of importance; and provides technical assistance to agricultural providers on the safe use of pesticides through its Rural Health Farm Worker Safety Protection Program. In collaboration with the Pennsylvania Department of Health, PORH also implements Pennsylvania’s federally-funded Medicare Rural Hospital Flexibility (FLEX) grant, which helps support the Commonwealth’s 13 Critical Access Hospitals and other programs that support small, rural hospitals.

What hasn’t changed, however, are PORH’s goals – and the challenges it faces in accomplishing the goals. “Those are the same today that they’ve always been,” Davis says. “We continue to fight the good fight and make sure that rural health is treated equitably and fairly in policy and legislation. The sky is the limit – we’re limited only by our resources, our imagination, and our creativity.”

Given PORH’s role in addressing Pennsylvania’s rural health concerns over the past two decades, many find it difficult to imagine what life in rural communities would be like if the office didn’t exist. “We really value our relationship with the Pennsylvania Office of Rural Health,” Richardson says. “The office has been very influential in pulling rural health leaders together and keeping them together. If there was no [Pennsylvania] Office of Rural Health, it’s very possible that the needs of the smaller communities would be overlooked – there would no longer be that voice of advocacy for the people living in rural areas or for the health care system.”

A NEW LOGO!

The Pennsylvania Office of Rural Health has a new logo, designed to express enthusiasm, vitality, and a positive outlook! Beginning in 2011-2012, look for it on all future PORH publications.



Better Kid Care Program Fills Critical Training Need for Childcare Professionals

By S. William Hessert, Jr.



Did you know that more than 14 million young children – many of whom are under the age of two – currently spend all or most of their day in some type of childcare setting? That number is expected to continue growing – which is why it should come as no surprise that the need for high-quality early childhood care and education programs continues to grow as well.

Research indicates that quality learning experiences prepare children for success in school and put them in a better position to become contributing members of their communities. Studies also have shown that the quality of childhood care and education provided is linked directly to the quality of training that childcare professionals receive. “We know that high quality childcare is directly linked to better developmental outcomes – socially, emotionally, and academically – for our children,” notes Dr. Claudia Mincemoyer, professor and director of Penn State Extension’s Better Kid Care Program. “Trained and caring professionals are the cornerstone of that high quality care.”

Better Kid Care provides a host of workshops, conferences and professional development opportunities for early childhood care and education practitioners in all 67 Pennsylvania counties. Research-based topics addressed during the conferences and workshops (e.g., nutrition and physical activity, social-emotional development, quality indoor environments for children, supervision of children, starting a child care business in your home) are chosen annually based on local needs.

For those who cannot attend in-person meetings or do not have easy access to professional development opportunities, the program created On Demand Better Kid Care – an online distance education program that offers more than 70 one- or two-hour professional development training sessions. Childcare practitioners complete an average of 2,500 lessons each month using On Demand Better Kid Care, which indicates the program has filled a critical training gap in the Commonwealth.

“Attending professional development sessions can be especially difficult for childcare amany can’t find substitute caregivers or would have to travel long distances to attend educational programs,” Mincemoyer says. “On Demand Better Kid Care allows childcare professionals to receive research-based information and receive interactive professional development training in their homes or the centers where they work.”

In collaboration with the University of Nebraska-Lincoln, Better Kid Care also offers the Child Care and Youth Training and Technical Assistance Program – a program that provides information, resources, and professional development opportunities for professional caregivers serving children from military families.

All lessons offered via Better Kid Care have been approved for Pennsylvania Department of Public Welfare professional development hours, Act 48 and Continuing Education Units, and as Child Development Associate Credential coursework. Other resources include the Better Kid Care website (www.betterkidcare.psu.edu), which provides a host of information and activities for parents, caregivers, and caregiving instructors; a monthly e-newsletter that is distributed monthly to more than 13,000 childcare providers; and a mentoring telephone line.

Visit the Better Kid Care website or contact Dr. Claudia Mincemoyer (814-863-7851; cxm324@psu.edu) to learn more.



U.S. Secretary of Health and Human Services Attends Pennsylvania Rural Health Roundtable

U.S. Secretary of Health and Human Services (HHS) Kathleen Sebelius joined leaders from the Pennsylvania Office of Rural Health, six of Pennsylvania's Critical Access Hospitals and several other state rural and/or health organizations for a rural health roundtable on October 12, 2011. The event was sponsored by the HHS Region III office and hosted by The Hospital & Healthsystem Association of Pennsylvania (HAP) in Harrisburg.

Following an introduction by HAP President and CEO Carolyn Scanlan, Secretary Sebelius engaged participants in a discussion of the most pressing issues affecting the delivery of health care in rural areas of the state; what state or federal initiatives and actions would help to address those issues; concerns related to health information technology infrastructure; and recommendations for the recruitment and retention of the health care workforce.

Those in attendance identified adequate and stable funding, regulatory flexibility, and physician supply as keys to their survival. "This forum could not be more timely as rural hospitals strive to ensure affordable quality care," Scanlan noted in remarks during the roundtable. "We thank Secretary Sebelius for setting aside time to listen to the concerns of some of our most vulnerable hospitals."

Ed Pitchford, president and chief executive officer of Charles Cole Memorial Hospital (Coudersport), said following the roundtable that Sebelius' rural roots – she is a native of Kansas – give her a helpful perspective when it comes to rural health concerns. "It was an honor to have such a personal discussion with Secretary Sebelius who I believe was truly interested in understanding today's challenges of rural health care," Pitchford said. "I was left with the impression that she understands the need to continue the various rural health programs that are currently in jeopardy."

Barry Denk, director of The Center for Rural Pennsylvania, was impressed by the level of engagement displayed by all of the participants. "The health care professionals who participated in the roundtable were ready to have a substantive discussion," he said. "So was Secretary Sebelius – she sought input, asked follow-up and clarifying questions, and was fully engaged. I think the insights and suggestions coming from the Pennsylvania roundtable can serve as a keystone in the Administration's rural health care priorities and policies."

The October meeting with Secretary Sebelius was a follow-up to a White House Rural Health Roundtable Discussion held August 24, 2011, also at the HAP offices. That meeting was coordinated by Joanne Grossi, director of the Region III HHS office, as part of the White House focus on rural issues during the month of August.

Hospital & Healthsystem Association of Pennsylvania (HAP) Hosts HHS Secretary Sebelius for a Rural Health Roundtable.



Pennsylvania Bureau of Family Health Services to Improve Health of Women, Infants & Young Children

By S. William Hessert, Jr.

Maintaining and improving the health and well-being of women, infants, children and families is the mission of the Pennsylvania Department of Health's Bureau of Family Health. In partnership with faith and community based organizations; hospital and health care facilities; county and municipal health departments; and other Commonwealth agencies, the Bureau offers an array of programs that are utilized by more than 500,000 Pennsylvanians each year.

"Healthy women, infants, and children – especially children with special health care needs – are extremely important for the long-term health of all of Pennsylvania," says Melia Belonus, director of the Bureau of Family Health. "Programs and services provided by the Bureau are critical in ensuring that these citizens are and remain healthy."

"We especially recognize the need for such services in rural Pennsylvania, where accessing health care is often more challenging. By supporting programs and services in rural areas, providing connections to other human services program and utilizing technology to offer information and assistance, the Bureau can overcome some of the geographic barriers that often hinder the health and well-being of those in rural areas."

The following are just a few examples of programs offered by the Bureau of Family Health.

Women, Infants and Children (WIC) Program

The Women, Infants and Children (WIC) Program (www.pawic.com), one of the Bureau's longest-running programs, has provided nutrition education and counseling, nutritious foods, breastfeeding information, and program referrals to women, infants, and children under the age of five since 1974. WIC offers services at 112 primary clinic sites in all 67 Pennsylvania counties. "We also provide services at 189 satellite clinics that enable us to reach deeper into rural communities," says Public Health Program Administrator Bonnie Mellott.

For WIC's non-English-speaking applicants and participants, Language Line Services provides over-the phone interpretation services at all of WIC's clinic sites 24 hours a day, seven days a week in over 140 languages. The program also publishes a community service pamphlet (in English and Spanish) highlighting services and programs not offered through WIC that are available through referral organizations.

WIC also offers services to Pennsylvania's migrant and immigrant population and is a regular participant at the Pennsylvania Office of Rural Health's Annual

Migrant and Immigrant Health in Rural Pennsylvania Conference as well as the Pennsylvania Rural Health Conference. "Our participation in these conferences has enhanced our opportunity to provide WIC materials and educate and partner with community-based providers, center directors, and clinicians who respond to the health care needs of rural and migrant residents," Mellott says.

Health and Human Services Call Center

To help individuals and families "connect" with information to facilitate healthier lifestyles, avoid injury and disease, and share concerns about health services, the Bureau has partnered with the state departments of Aging, Health, Insurance, and Public Welfare to operate the Pennsylvania Health and Human Services Call Center. The center operates an array of toll-free helplines that provide various health, insurance, and human services information for family members of all ages.

"People tell us in community forums that the work of this Bureau is one of our best-kept secrets," notes Information and Referral Services Program Administrator Michele Ritchie-Harris. "Another 'secret' is that someone can make one call to find information or referrals for their entire household. Too often, individuals and their families struggle financially and emotionally without any

resources to deal with a chronic health care condition; to return to work or school after a brain injury; to ensure prenatal care; or to maintain a healthy home. Many resources are available for these and other needs simply by calling a toll-free number."

Call 877-986-4550 to request a copy of the flyer titled PA Resources for Your Family's Health and to learn more about the Department's resources. Individuals also can visit www.HelpinPa.state.pa.us to view the Call Center's toll-free helpline numbers and order flyers and other publications anytime, or chat with a helpline representative Monday through Friday from 7:00 a.m. to 7:00 p.m. For Spanish orders or for permission to post the PA Resources flyer on a website, email Peggy Forte at pforte@pa.gov.

Pennsylvania Medical Home Program

Another program, the Pennsylvania Medical Home Program (www.pamedicalhome.org), works with primary care providers to integrate medical home principles into their practices. A medical home is not a building; rather, it is an approach that emphasizes the partnership between pediatric clinicians and families in providing accessible, family-centered, comprehensive, continuous, coordinated, compassionate, community-based, culturally competent, and mutually responsible care for children.

Medical homes are especially important in rural communities where primary care physicians are the critical link in providing care. For example, Dr. Barry Clark is the only pediatrician practicing in Tioga County; he and the rest of his team at Wellsboro Pediatric Healthcare Associates see approximately 5,000 children each year. By participating in the Pennsylvania Medical Home Program, Clark and his team help families coordinate all aspects of their children's care, including ensuring the child has adequate insurance coverage; linking the family to community resources and support; arranging for transportation to specialty visits; partnering with the family to create a comprehensive care plan; and helping youth make the transition to adult health care providers.

Clark's involvement in the program also has increased his opportunities to network with other physicians and health care professionals providing similar care, thereby enhancing the levels of care Clark provides to his patients.

Newborn Hearing Screening Program

Nearly 3,900 babies a year are born outside of a hospital in Pennsylvania; many of them occur on farms or in homes in rural communities. Pennsylvania's Out of Hospital Newborn Hearing Screening Program (www.paearlyhearing.org) works with free-standing birthing centers and midwives across the Commonwealth to make sure they have the equipment, supplies and training they need to test babies born in these settings for hearing loss.

According to Arthur Florio, administrator of Pennsylvania's Early Hearing Detection and Intervention Program, hearing loss can affect a child's ability to develop speech, language, and social skills. The earlier a child who is deaf or hard-of-hearing starts getting services, the more likely the child's speech, language, and social skills will reach their full potential.

"Our goal is to ensure that all newborns and infants with hearing loss are identified as early as possible and provided

with timely and appropriate audiological, educational, and medical intervention," Florio says.

Parents with questions about their child's development may contact the CONNECT Helpline at 800-692-7288. In addition to providing a host of childhood development resources and information, CONNECT can link parents with county and local early intervention programs.

Special Kids Network System of Care

The Special Kids Network System of Care program (www.gotoskn.state.pa.us) seeks to overcome the barriers and challenges some families experience when trying to obtain services for children and youth with special health care needs, or when just trying to help their children lead full, productive, and healthy lives. This "system of care" approach utilizes an array of public and private entities to coordinate a range of services for these children and youth, their families, their communities, and the providers who serve them.

Family Health Nursing Services Consultants located throughout Pennsylvania provide support for activities associated with the program. For example, program staff may bring service providers together with parents to discuss parent concerns about the services they receive; or, they may create a program that helps students moving from high school into work or additional schooling connect more with their communities.

The Special Kids Network responds to the needs of rural Pennsylvanians through its Special Kids Network Helpline (800-986-4550); through statewide initiatives (especially those addressing transportation and transition needs) and outreach activities; through community mapping activities that identify and inventory community resources and unmet needs; and through parent/youth professional forums that help the program develop family focused, community based, comprehensive, and culturally/linguistically competent services.

Text4baby

The Bureau also has embraced the use of technology to promote health and wellness. An example of this is Text4baby, a free mobile text messaging service that gives pregnant women and new moms health information for taking care of themselves and giving their babies the best possible start in life. The service, an educational offering from the national Healthy Mothers, Healthy Babies Coalition, is available nationwide.

Text4baby and other mobile health messaging services are especially beneficial for women in rural and remote areas with more limited access to health care professionals. These services provide another vehicle for women to receive up-to-date, personalized information that supplements and encourages appropriate prenatal care.

Women can sign up for the service by texting BABY to 511411 (or BEBE for Spanish). They will then receive three free text messages weekly that focus on various maternal/child health topics and are timed to their due date or baby's date of birth. Text4baby also will connect women to prenatal/infant care services and other resources.

Text4baby is free – even for those without a text messaging plan – and does not count against monthly message totals. Participants also can forward messages for free to friends and family.



Please visit the Pennsylvania Department of Health website (www.health.state.pa.us) to learn more about programs offered by the Bureau of Family Health.

Opportunities for Behavioral Health in Rural Areas

by Sue Stokes and James Schuster, MD



#4

Mental Health, Mental Disorders – 4th Highest Rural Health Concern

~ Rural Health People 2010 survey

Improving access to services, expanding services that support consumers' recovery from their illnesses and supporting services that concurrently address common physical health issues such as smoking cessation and weight management are three specific concerns that need to be addressed when providing behavioral health services in rural areas.

Mental health and mental disorders were identified as the fourth-highest rural health concern out of the 28 functional areas identified in the Rural Healthy People 2010 survey. Despite this finding, many rural counties still lack an adequate number of psychiatrists, and access to care for rural residents is further complicated by stigma, periodic barriers to natural supports, and other cultural issues unique to rural environments.

Pennsylvania has made significant strides in improving access to, and the quality of, behavioral health care for rural Pennsylvanians. For example, the Commonwealth supports three Centers for Public Psychiatry that offer training programs for psychiatrists interested in practicing public/community psychiatry. Pennsylvania's HealthChoices program also supports various psychosocial rehabilitation, trained peer support, and other intensive community-based behavioral health programs and services that improve rural access to behavioral health practitioners and support consumer recovery. The Pennsylvania Department of Public Welfare has worked with HealthChoices managed care organizations and Pennsylvania health care providers to improve the coordinated delivery of physical and behavioral health care services.

Community Care Behavioral Health Organization is the largest behavioral health managed care organization in the Pennsylvania HealthChoices program. Community Care, part of the University of Pittsburgh Medical Center, manages the mental health and substance abuse services of nearly 1.2 million Pennsylvania members – many of whom live in rural areas. The nonprofit, recovery-focused organization seeks to improve the health and well-being of all its members through the delivery of effective, accessible behavioral health services.

Community Care has worked with behavioral health providers and members to create person-centered education, training, mentoring, and technology/information services that support consumer recovery. For example, the organization has developed telepsychiatry programs that have improved access to psychiatric services, including child psychiatry, in several rural Pennsylvania counties. It also has enrolled providers in rural settings that have the capability of providing mobile behavioral health services to children and adults and has developed an innovative model that helps individuals with behavioral health challenges address wellness and physical health needs. Community Care strives to make sure all of its customers' physical health care needs are being addressed, since the maintenance and improvement of physical health is a key part of all recovery-focused initiatives.

In 2009, Community Care launched the Recovery Learning Collaborative (RLC) – a network of 50 mental health agencies spanning 35 counties that are committed to changing and transforming services toward recovery-oriented practice. The agencies participate in monthly webinars to share their experiences, progress, and solutions in implementing new practices.

Much has been done to meet the behavioral health needs of rural Pennsylvanians; however, much needs to be done to address the barriers that still exist. As noted by The President's New Freedom Commission in 2002:

"We envision a future when everyone with a mental illness will recover, a future when mental illnesses can be prevented or cured, a future when mental illnesses are detected early, and a future when everyone with a mental illness at any stage of life has access to effective treatment and supports — essentials for living, working, learning, and participating fully in the community."

To contact Sue Stokes or James Schuster – or to learn more about Community Care Behavioral Health Organization and the HealthChoices services it provides – call Community Care at 866-225-8044. Additional information is also available at www.ccbh.com.

Pennsylvania Rural Health Association: A Collective Voice for Rural Health Issues

The American health care system is in a tumultuous state. While significant steps have been taken to reform that system, a significant question remains: will this create a system that delivers quality care to those who need it the most?

Yes, if the Pennsylvania Rural Health Association (PRHA) has anything to do with it! PRHA offers a wealth of rural health information and resources and provides stakeholders and citizens with a collective voice for addressing Pennsylvania's rural health issues. PRHA focuses its efforts and resources in four specific areas:



Access to Health Care Services – Making sure there are enough practitioners to meet the primary and secondary health care needs of Pennsylvania's rural citizens is paramount. PRHA believes that the Commonwealth's EMS, hospital, and primary care systems must be supported and sustained. Education and prevention systems should be as well, including those providing preventive dental and behavioral health services and those that help rural Pennsylvanians manage their chronic illnesses most effectively.



Rural Health Care Workforce – Health care professional shortages are crippling our delivery systems – even more so in rural communities, since most educational programs and clinical training sites are based primarily in urban areas. PRHA seeks the creation of additional educational and training opportunities that strengthen the rural health care workforce and increase the supply of educators who are knowledgeable about rural health. It also supports the creation of workforce policies, regulations, and legislation that address the health care needs of rural Pennsylvanians.



Rural Health Care Infrastructure – Maintaining a strong health care industry also has significant economic ramifications for rural communities. That is why PRHA seeks to ensure that rural providers have access to, and can take advantage of, opportunities that help them to start or expand their businesses and keep pace with growing demand. This includes making certain that rural providers receive appropriate and adequate reimbursement from public and private health insurers for the full continuum of health care services they provide, guaranteeing that rural providers have access to health information technologies that strengthen integration and quality of care, and supporting efforts to fund capital expenditures. PRHA also makes it a priority to educate communities and community leaders about the economics benefit of community health care systems.



Health Insurance in Rural Areas – Ensuring access to strong, reliable sources of health insurance is critical for improving the health status and outcomes of rural Pennsylvanians – which is why PRHA advocates for legislation that gives consumers access to more affordable, high-quality insurance options. PRHA also supports increased funding for programs that provide health insurance for the Commonwealth's uninsured working adult population; and increased provider payment rates that ensure a strong, stable provider network for Medical Assistance and CHIP recipients. And, PRHA strives to ensure that every rural Pennsylvania county has at least one public health clinic available to meet the needs of its residents.

Please contact PRHA President Mary Libengood (mlibeng@conemaugh.org, 814-634-5911) to learn more about the Pennsylvania Rural Health Association and opportunities to get involved with the organization.



Using Technology to “REACH” Patients and Their Families

Students Design Award-Winning Customer Satisfaction Tool

A QR-code system designed by students and an alumna of the Penn State Master of Health Administration (MHA) program that tracks and addresses patients’ care experience in real-time has won AcademyHealth’s Relevant Evidence to Advance Care and Health (REACH) Challenge.

The REACH Challenge recognizes innovative applications that improve patient care by giving patients, caregivers, and/or clinicians access to relevant, evidence-based information that improves engagement and real-time decision-making. Winners receive a cash award and the opportunity to showcase their ideas during AcademyHealth’s 2012 Annual Research Meeting in Orlando, Florida.

Current MHA students Ashley Kimmel, Tejal Raichura, Latoya Tatum, and Shantanu Dholakia (pictured in the back row, left to right) and 2009 graduate Dominique LaRochelle designed a QR-code system that allows hospitals and health care organizations to receive and respond to patient and family concerns in real time. According to Dr. Deirdre McCaughey (pictured in the front row) – Penn State assistant professor of health policy and administration, the students’ advisor, and project co-creator – the application “allows hospitals to say to patients and their family members, ‘We care about you; we are listening to you; and we are willing to talk to you about your concerns right now.’”

McCaughey said the team envisions hospital waiting rooms with stoplight-style placards that read, “How are we treating you today?” People will be able to walk up to the placard, use the QR-code applications on their phones to scan the appropriate area (green for good, red for bad, and yellow for in between), and be directed to one of three Web pages on which they can note their concerns and comments. Hospitals could then promptly dispatch an employee to address any concerns patients or families might have.

The award-winning project grew out of research the four current students conducted exploring the use of social media and “Web 2.0” technologies as marketing and branding tools in health care. They presented their findings at the Pennsylvania Public Health Association’s 2011 Annual Conference in Philadelphia on September 27, 2011.

