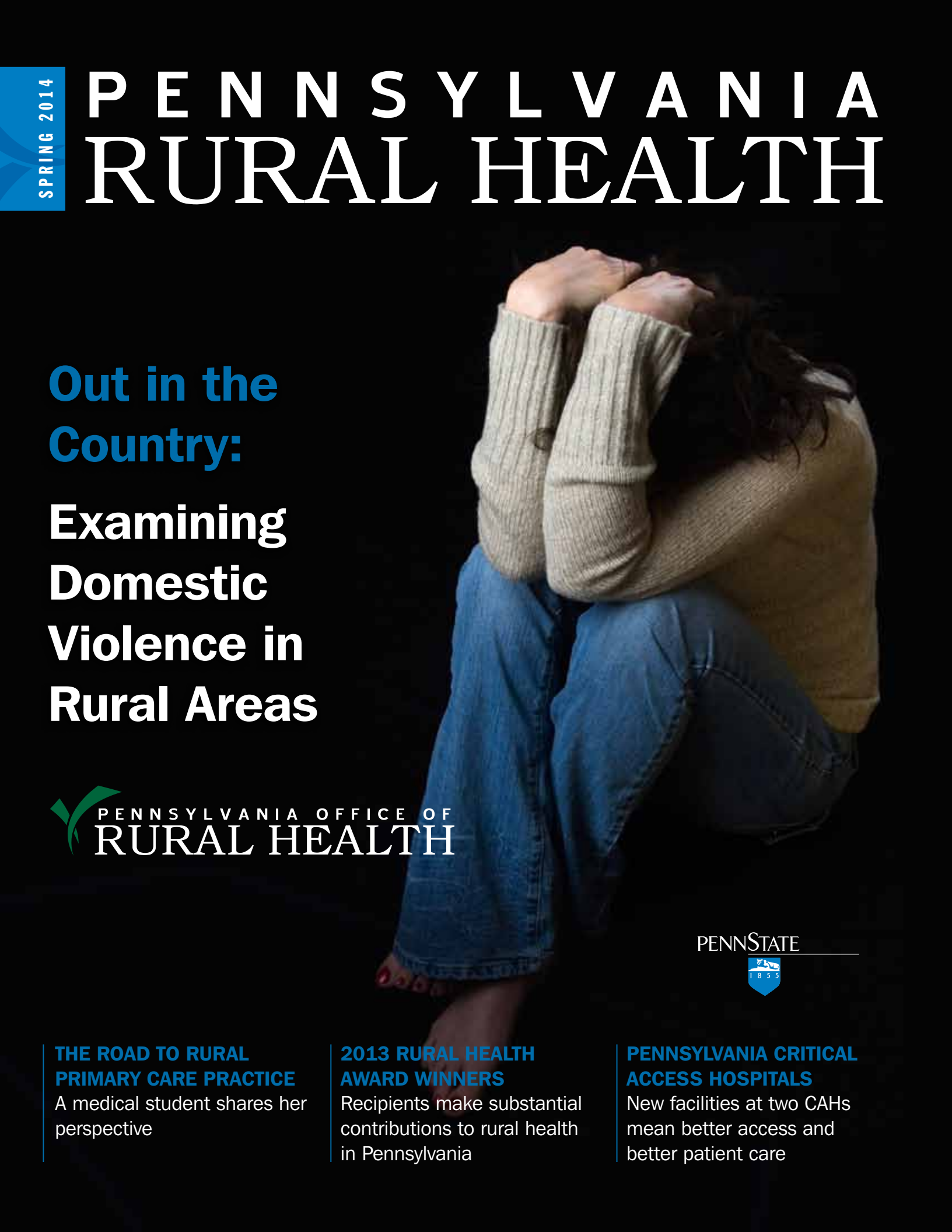
SPRING 2014

PENNSYLVANIA RURAL HEALTH



Out in the Country:

Examining Domestic Violence in Rural Areas

PENNSYLVANIA OFFICE OF RURAL HEALTH

PENNSTATE

THE ROAD TO RURAL PRIMARY CARE PRACTICE
A medical student shares her perspective

2013 RURAL HEALTH AWARD WINNERS
Recipients make substantial contributions to rural health in Pennsylvania

PENNSYLVANIA CRITICAL ACCESS HOSPITALS
New facilities at two CAHs mean better access and better patient care

message *from the* director

Welcome to the spring 2014 issue of *Pennsylvania Rural Health*. Very soon, we will see the cold and snow of winter leave us to be replaced by warm weather and the promise of summer.

In November of 2013, I had the very good fortune to travel throughout the state presenting the annual rural health awards to deserving individuals and organizations. I was reminded, as I so often am when I am out in communities, of the ways in which so many in rural Pennsylvania devote their efforts to advance the health of their neighbors. That led me to ponder why humans want to do good deeds and I discovered that there is research on that very subject, led by The Institute for Research on Unlimited Love at Case Western Reserve University School of Medicine.

A quick summary of that research shows that first, there is an innate need in humans to do good. When we are on the receiving end of love, we reap a benefit. When individuals give and receive generosity and compassion, there is a positive effect on their health and well-being. Second, kindness and health are linked. Two large studies found that those who volunteered their time and talents reaped benefits to their health and well-being, including living longer. Third, there is a science to altruism. When we engage in good deeds, we reduce our own stress, including the physiological changes that occur when we're stressed. There is also compassion in the brain, called the compassion-altruism axis, located in the care-and-connection part of the brain. Utilizing functional MRI scans, scientists have identified specific regions of the brain that are very active when we experience deeply empathetic and compassionate emotions.

Over the course of human existence, there has been an evolution of kindness that has allowed us to become caring and helpful to those around us, largely to ensure our survival. Finally, the effects of genetics and environment impact our need to do good, especially if we have had exposure to kindness in our early years.

Many of the programs that are developed to serve our state's most vulnerable populations are in response to federal or state funding opportunities and are a result of seeing a need and finding a way to fill that void. Others occur because an opportunity presents itself. A rural hospital collaborates with a rural school district to build a walking path as a way to address obesity. A group comes together to establish a volunteer dental clinic because so many in the community are uninsured and suffer the effects of poor oral health. A mobile van is purchased so that rural residents lacking reliable transportation services can access the care they need. These are just a few of the many, many examples of creative efforts that occur all across the state when individuals, either on their own or through their organizations, work to make a difference for their neighbors.

I've volunteered for almost two decades with a local breast cancer coalition that raises funds to support mammograms for the un- and underinsured in my county. When I talk with those who call for services, I am humbled at the stories they tell: jobs lost, spouses who passed away, health care needs that can't be met. I am thankful that I can make a small difference in their lives.

Thank you for the good work that you do, and please share your stories with us. And, as always, let us know how your state office of rural health can help you continue to serve your community. Best wishes,

Lisa Davis

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Director

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PENNSYLVANIA OFFICE OF RURAL HEALTH

By Susan J. Burlingame

Out in the Country:
Examining Domestic Violence in Rural Areas

Domestic violence pervades all of society. Victims and perpetrators come from every race, every religion, every socioeconomic status, every educational level, every geographic region. Although most victims are women (approximately 90 percent), men and members of the LGBT (lesbian, gay, bisexual, transgender) community also can be victims. And although domestic violence rates are similar for urban and rural areas, victims in rural areas face unique challenges related to where they live.

Freda Fultz, executive director of A Way Out, a domestic violence crisis center in Potter County, a rural county in north central Pennsylvania, knows these challenges first-hand. Physically abused by her (ex)husband more than 20 years ago, Fultz recalls a time when the situation got "out of hand," and she needed to get out of the house. "We lived out in the country, and I didn't know where to go."

Fultz took her three young children and went to the hospital emergency room. After making sure Fultz did not require treatment for any injuries, the nurses directed Fultz to a shelter where she and her children would spend the night.

And then she went back home.

It would take several more incidents, several more years—and a belief that her husband would eventually kill her and the children—to motivate Fultz to leave her husband forever. (On average, victims leave their abusers seven times before leaving for good.) "Leaving is a journey," Fultz said.

The fact that Fultz lived out in the country made it not only easier for her husband to hurt her, it made it more difficult to get out. Isolation is common in rural areas where homes are often far apart, where relatives of the abuser often live and work nearby, and where "everybody knows everybody," which can make it more difficult to talk about one's situation or seek help. "I'm an educated woman with a good job, and still I found myself in this situation," Fultz said. "Domestic violence can really happen to anyone. My experience as a victim and my experience with the Potter County domestic violence crisis center motivated me to want to help other victims."

The isolation factor in rural areas can provide additional challenges, explained Denise Scotland, technical assistance specialist for the Harrisburg-based Pennsylvania Coalition Against Domestic Violence (PCADV). For example, police in rural areas tend to cover a much larger geographic region, often making response times long and availability low.

"It can take up to 45 minutes or longer for an officer on duty to drive from one end of the county to the other, and police departments often do not have the resources to ensure that all of their officers have the proper training to deal with domestic violence incidents," Scotland said, adding that no landline, limited cell phone service, and/or no Internet access can leave victims without a means to call for help.

Scotland explained that rural areas create a scenario in which the abuser can easily exact psychological or emotional abuse simply by taking the car keys or the only vehicle, making sure the victim can't be seen by others until her bruises heal. He can intimidate his victim by threatening to harm the pets or livestock or by displaying his hunting rifles prominently.

Economic turmoil also can factor in, Scotland said. "There is a lack of living wage jobs in many rural counties, as well as a lack of affordable housing. Often, there are fewer resources to help a victim get back on her feet. A victim can feel trapped by these circumstances."

PCADV distributes state and federal funds, sets standards, and monitors 60 domestic violence programs across the commonwealth, 42 of which provide services in rural areas. These services can include providing shelter as well as offering legal services, counseling, educational services, and more.

Domestic violence programs and shelters depend on federal and state subsidies along with private contributions to pay employee salaries, maintain shelters, and provide funding for critical projects and initiatives. All too often, the programs and advocacy centers are drastically underfunded, which limits what the shelters and centers are able to offer victims and survivors.

"We have learned to do more with less," said Michele Minor Wolf, executive director of the Victims Intervention Program in Wayne County, a very large and very rural county in the northeastern region of the state. "With only three in-house counselors, we provide crisis intervention, crisis counseling, individual and group counseling, and a 24-hour hotline. We also have a medical advocacy project, a legal advocacy project (helping victims get protection from abuse orders — PFAs — and offering legal assistance), and a very active community education program."

Minor Wolf's program serves adult and child victims of domestic violence, sexual abuse, and harassment (bullying), as well as victims of other crimes not necessarily related to domestic abuse.

"Budget cuts have had a disproportionate impact on rural programs," added Denise Scotland. "Many centers have had to cut programs, close satellite shelters or reduce the number of staff members."

Despite smaller staffs and shrinking budgets, several programs are making a difference for rural domestic violence victims. The Lethality Assessment Program (LAP), for example, was introduced several years ago in Maryland and is now being implemented in a growing number of Pennsylvania counties. LAP is a partnership between victim advocacy centers and police. When police respond to a domestic violence call, they use a short questionnaire to assess the probability of a victim being killed by the perpetrator.

According to PCADV, rural counties in Pennsylvania logged 31 abuse-related fatalities in 2012, 32 in 2011, and 44 the year before. The numbers can fluctuate widely from year to year, said Scotland, adding that there has been no consistent downward or upward trend since PCADV started documenting fatalities in 1998. "The hope, of course, is that programs like LAP will play a role in reducing the number of fatalities," Scotland added.

"Only four percent of domestic violence victims who are killed by their partners have had any contact with a domestic violence program," explained Minor Wolf, who instituted the LAP at the Wayne County Victims Intervention Program in January 2013. "The program helps victims connect to support systems and has been shown to dramatically reduce their chances of being domestic homicide victims."

Minor Wolf cited statistics indicating that in the last three years, domestic homicides have gone down 41 percent in Maryland. "The possibilities are endless with this program because we are connecting with victims before it's too late. If a police officer goes to a scene and suspects that a victim is at a high risk for lethality, the officer uses a one-sheet questionnaire. If the victim answers 'yes' to any of the questions, the police will call us immediately and put the victim on the phone with us. Even if it saves one life, we will be better than we were last year, but I really believe this program can make a much bigger difference."

Bruce Harlan, executive director of Crawford County's Women's Services, Inc. in northwest Pennsylvania, says he plans to implement the Lethality Assessment Program in his county as well. Women's Services, Inc. has an 18-bed shelter and runs more than 1,000 community education programs throughout the county.

"I'm excited about the efforts coming out of the Centers for Disease Control and Prevention (CDC) looking at primary prevention. If you employ certain practices and build skills and promote awareness, you can actually begin to see changes," Harlan explained, pointing to an active bystander program he runs at nearby Allegheny College.

"We educate college students that everyone has a role to play and that we all have the power to stop dangerous behavior before it happens simply by being active bystanders." Harlan recalled the story of a student who had participated in the active bystander program and intervened at a fraternity party. By diverting the attention of a man who was hoping to take advantage of an intoxicated young woman, the student was able to remove the woman from harm's way.

"We actually have a tool that can work, and we want to take that to the larger community to teach people how to intervene," Harlan said. Harlan has also had success in making awareness programs part of the curriculum in local schools. "We are reaching 7,000-8,000 students from head start through high school."

Programs related to intervention, advocacy, and prevention are infiltrating virtually every corner of society, explained Scotland. "Some of the things we're doing on a statewide level are really starting to trickle down to the program level," she said, citing better training to help survivors reach safety and programs to reduce lethality statistics.

"We're pushing hard for trauma-informed training for community advocates, law enforcement, health and mental health care professionals, and many others … that validate the survivor experience and shift people's thinking. Instead of asking 'what is wrong with you or why didn't you just leave,' we want people to understand the woman's response to trauma and ask instead 'what happened to you and how can we help you move forward?'"

"We're also focusing on primary prevention, in stopping the violence before it starts," Scotland added. "We are developing new programs and resources for youth and adult influencers, which include parents, administrators, coaches, and people running clubs, to educate them about adolescent relationship abuse. We educate about what the signs and symptoms are, and we provide skills for bystander intervention. In particular, we are engaging men and boys and promoting partnerships between domestic violence programs and school nurses."

All of these efforts may make a difference for rural victims of domestic violence, who have the added complicators of isolation, economic barriers, and lack of anonymity to contend with, Scotland concluded. "All domestic violence victims, no matter where they live, need to know that it is not their fault and that there are programs and people who can help."

Seeking Help

The PCADV defines domestic violence as "a pattern of abusive behaviors used by an adult or adolescent against a current or former intimate partner to establish or maintain power and control in the relationship. It includes a range of tactics that may be physical, sexual, psychological, or economic in nature."

If you are a victim of domestic violence:

- Know that ***it is not your fault.***
- Know that ***we believe you.***
- Help is ***free and confidential***—and available in all ***67 Pennsylvania counties. (http://www.pcadv.org/Find-Help/)***
- Services are available ***whether or not you choose to leave the abusive relationship.***
- Help is about ***meeting you where you are and fulfilling your needs. Safety planning. Legal advocacy. Woman-centered advocacy. Shelter.***
- ***Domestic violence is not restricted to heterosexual women.*** Men and members of the LGBT community can be victims, and services are available to them through all of the programs in Pennsylvania.
- ***National Domestic Abuse Hotline: 1-800-799-7233 or 1-800-787-3204 (TTY)***

PORH Prepares to Launch Rural Health "Brand"

The health care systems that serve rural populations are unique organizations that implement creative strategies to offer high quality health care services close to home. To promote the outstanding work that these facilities provide, PORH will be launching a rural health "branding" campaign in the spring of 2014.

To find out how you can be involved, contact PORH's director, Lisa Davis, at 814-863-8214 or via e-mail to lad3@psu.edu. Join the movement!

Rural Health Care
Community • Access • Quality

The Road to Rural Primary Care Physician:

A Medical Student's Perspective

By Ashley Baronner

Ashley Baronner, the daughter of PORH's rural health systems manager and deputy director, Larry Baronner, entered medical school in the fall of 2013 in the Physician Shortage Area Program at Jefferson Medical College in Philadelphia. This column will chronicle her time in medical school and capture her experiences as she moves from being a medical student to practicing medicine in a rural community.

On August 2, 2013, I entered the world of physicians, scholars, and healers during Jefferson Medical College's annual "White Coat Ceremony." During the ceremony, my classmates and I recited the Hippocratic Oath and listened to speakers share their stories about the difficulties and rewards of being a physician. After pledging to uphold the ideals of the medical profession, we had the opportunity to have a family member or loved one "coat" us. My father, both a mentor and source of support throughout my journey to medical school, helped "coat" me at the end of the ceremony. This marked a momentous transition in my life and was designed to prepare me for the realities of the next four years and a career dedicated to caring for others.

The Monday following the white coat ceremony was the most eye-opening day of my medical school journey. We received a 350-page syllabus for the next three weeks of Human Anatomy, a schedule packed with lectures and labs, as well as, our assigned lab group and human cadaver. Human anatomy is traditionally the first course encountered by medical students and is among the most rigorous and fast-paced courses in medical school. For many students, the experience of encountering a human cadaver can be emotionally challenging. At Jefferson, our faculty members were keenly aware of this and dedicated time to address the spiritual component of learning from a human cadaver. We were instructed to view our cadaver as our human gift and our teacher for the next 78 days. This was initially difficult to conceptualize, but over time I came to realize that nearly everything I learned in anatomy was cemented into my memory not from a lecture slide, but from my teacher. When I hear an anatomical term like "recurrent laryngeal nerve," I don't think about a picture in Grant's Atlas or words in Moore's Clinically Oriented Anatomy. My experience in the lab with my group members, hovering over our very own teacher, was the ultimate learning experience.

Following our comprehensive anatomy final at the end of the 78-day course, Jefferson held a remembrance ceremony for the families of our cadavers. This was a beautiful means of expressing our gratitude to those who provided these gifts to our class of first-year medical students. Some students chose to express their appreciation through music, art or poetry. Our faculty members placed a single rose on each body at the termination of our dissection period. I chose to write a letter to the family of my cadaver, thanking them for their donation and vowing to use the knowledge gained from this experience to help my future patients.

Now that anatomy is finished, our curriculum has shifted to the detail-oriented "Molecular and Cellular Basis of Medicine" course. In addition, all first- and second-year medical students take a course called "Introduction to Clinical Medicine." The early introduction to the clinical side of medicine was one of the reasons I chose to attend Jefferson. This aspect of our curriculum has served as a reminder of why I study countless hours every day and has also reaffirmed my desire to become a primary care physician. Having the opportunity to interview patients in a primary care setting has been a highlight of my first year. Nevertheless, learning the foundational medical knowledge for future practice is the foremost responsibility of the first-year medical student. I am grateful to be at a medical school that places so much emphasis on becoming an exceptional clinician in addition to developing a strong foundation of medical information.

Pennsylvania Office of Rural Health Pre

A community health educator, a rural health partnership, a psychologist, a statewide women's health program, and a critical access hospital were the recipients of the Pennsylvania Office of Rural Health's (PORH) 2013 Pennsylvania Rural Health Awards. PORH presents the awards each year to recognize rural health programs and individuals who have made substantial contributions to rural health in Pennsylvania. This year's award winners were honored at individual ceremonies held in their local communities during Rural Health Week in Pennsylvania, November 18-22. The week coincided with November 21, 2013, the third annual National Rural Health Day, established by the National Organization of State Offices of Rural Health.

*Lisa Davis, PORH director, presents the **Community Rural Health Program of the Year** Award to Becca Raley, executive director of the Partnership for Better Health, members of the partnerships' staff and Board of Directors, and community-based grantees.*

Community Rural Health Program of the Year

The **Partnership for Better Health**, located in Carlisle, Pennsylvania, received the 2013 Community Rural Health Program of the Year Award in recognition of its tireless efforts and extensive work in Perry County to address health disparities, create a community-based coalition to meet the needs of the medically underserved in the county, and support clinical staff and programs.

Community Rural Health Leader of the Year

Kay L. Moyer, educator at the Lancaster County Extension Office, received the 2013 Community Rural Health Leader of the Year Award to recognize her dedication to the health and safety of the Anabaptist populations in Lancaster, Clinton, and Perry counties. Moyer has targeted much of her safety education to Anabaptist children through the development of farm and pesticide safety training materials and interactive educational programs. She developed fluorescent vests that are worn by Anabaptist children so that they can be seen by motorists. She also is using funding from Lancaster General Hospital to reduce traumatic injury among the Anabaptist population.

*Ralph May, Psy.D., from the Community Guidance Center, accepts the **Rural Health Hero of the Year** Award from Lisa Davis, PORH director (with Christina Martz, director of administration, Community Guidance Center).*

Rural Health Hero of the Year

Ralph May, Psy.D., received the 2013 Rural Health Hero of the Year Award. May, a psychologist practicing at the Community Guidance Center in DuBois, Pennsylvania, was honored for his commitment to serving as an advocate for the mentally ill population. He strives to enhance and lengthen the life span of the individuals he serves and continues to raise public awareness of the need for the identification and treatment for those battling mental illness.

sents 2013 State Rural Health Awards

*Marilyn Corbin, Ph.D., statewide program leader for children, youth, and families in Penn State Extension, accepts the **Rural Health Statewide Program of the Year** Award from PORH director, Lisa Davis, with family and consumer science educators who implement the program in counties across the state.*

Rural Health Statewide Program of the Year

The Penn State Extension **StrongWomen** Program received the 2013 Rural Health Statewide Program of the Year Award. The StrongWomen program is recognized for increasing physical activity among women so they gain muscle strength and flexibility, boosting women's abilities to do other physical activities on their own, and for decreasing women's health risks. The program is offered throughout Pennsylvania by county extension offices. As an evidenced-based community exercise and nutrition program, StrongWomen has been delivered by site leaders who were trained by specific criteria established by Tufts University and Penn State.

*Tyrone Hospital leadership and staff, including Board of Director Chair Kelly Wike (front row, left) and Chuck Banas, vice president of the Board of Directors (front row, right), pose with the **Louis A. Ditzel, Jr. Award for Quality Improvement in Rural Health** and Lisa Davis, PORH director.*

Louis A. Ditzel Jr. Award for Quality Improvement in Rural Health

Tyrone Hospital in Tyrone, Pennsylvania, received the Louis A. Ditzel, Jr. Award for Quality Improvement in Rural Health in recognition of achieving high scores that evaluate hospital performance and compare performance between hospitals. The hospital is one of 13 hospitals in Pennsylvania to achieve top quartile performance status. Tyrone Hospital achieved excellence in quality of patient care and efficiency.

Nominations Sought for 2014 Awards

PORH will accept nominations for the 2014 Pennsylvania Rural Health Awards on or before September 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.

Health Insurance and You

Website Guides Consumers to Resources for Selecting Health Insurance

The date of October 1, 2013, may be etched in the memory of 75,000 Pennsylvanians and other uninsured United States residents. Why? Because that day ushered in their access to health insurance. Health insurance is a product that could mean the difference between financial stability and financial ruin.

Access to health insurance seems like a simple idea, but understanding the insurance requirements of the Patient Protection and Affordable Care Act (ACA) can be confusing. Also, understanding insurance terms, how insurance really works, and how to choose a policy best suited for you and/or your family may be a hurdle for first-time buyers. Notes Cathy Faulcon Bowen, Ph.D., CFCS, professor of consumer issues in Penn State's College of Agricultural Sciences, "If consumers don't understand how to buy and use health insurance, they don't need to be shy about asking for help. They need to take advantage of the resources available to learn and understand and to ask questions until they feel comfortable and confident that they are making the best decisions."

Bowen, together with colleagues in Penn State Extension and the Pennsylvania Office of Rural Health, designed a website, Health Insurance and You (http://extension.psu.edu/health/insurance), with new users of health insurance in mind. Health Insurance and You provides short descriptions and links to community-based individuals who provide information and help consumers buy insurance on healthcare.gov, the health insurance marketplace created by the ACA. Other resources on the website include calculators to estimate the value of premium tax credits (subsidies), videos that explain the health insurance industry and features of the ACA, frequently asked questions, applications to apply for insurance on healthcare.gov, and resources specific to small business owners.

Buying health insurance is a major consumer decision, and buying it on the healthcare.gov website may be compared to buying crop insurance. Crop insurance has been available to farmers since 1938, when the Federal Crop Insurance Program was established. Farmers protect their risk of income loss due to extreme natural disasters by purchasing crop insurance. Crop insurance is subsidized by federal tax dollars whereby farmers receive federal assistance to pay for this insurance. Some consumers who buy health insurance on the health insurance marketplace will get a premium tax credit or a subsidy to help pay their monthly premiums. In both instances, buyers (farmers and consumers) assume some of the risks of unexpected events by paying premiums, deductibles, and other costs outlined in their policy. If a catastrophe, such as a major illness or extreme weather event occurs, insurance provides a safety net that could make the difference between financial survival and financial ruin.

To learn more about health insurance through the ACA, visit Health Insurance and You at http://extension.psu.edu/health/insurance.

PORH Names Deputy Director

Larry Baronner, a long-time staff member at the Pennsylvania Office of Rural Health (PORH), was recently named PORH's rural health systems manager and deputy director. Larry joined the office in February 2001. As the critical access hospital (CAH) coordinator, Larry implemented the Medicare Rural Hospital Flexibility and the Small Rural Hospital Improvement programs in the state and led the implementation of the balanced scorecard framework for small rural hospitals and financial and quality improvement initiatives on emergency medical services, Level IV trauma certification for CAHs, and health information technology. Under his leadership, the state's 13 CAHs formed the Pennsylvania Critical Access Hospital Consortium, through which the CAHs benefit from technical assistance on a wide range of financial, operational, and leadership issues and from shared learning. "Larry has grown a number of very successful programs in Pennsylvania and has helped us become a strong state office of rural health; he is a great source of entrepreneurial thinking," noted PORH director Lisa Davis. "And his background in human relations is an enormous asset to the office as well."

Prior to coming to PORH, Larry was chief operating officer of a hospital-owned medical practice and also served as director of physician services and assistant director of personnel within the hospital. Larry was named "State Rural Health Leader of the Year" in 2006. He holds an undergraduate and graduate degree from Saint Francis University in Loretto, Pennsylvania, and a graduate degree from Penn State.

When making a decision about which health insurance policy to purchase, the following questions can help consumers sort through their options.

What do I need or want from a health insurance policy?

To answer this question, reflect on your health issues that occurred during the past year. Did you only go to the doctor for a regular check-up or other prevention services? Did you seek assistance from any specialists? Do you have access to electronic medical advice or support that may prevent (or replace) a visit to a doctor's office? What steps do you take to prevent or reduce the risk of an illness? What is the status of your health?

How much can I afford to pay from my resources?

How much did you spend last year on health care? Are you anticipating any major expenses during the coming year? Considering your current income and expenses, how much can you spend on health insurance if no changes occur in the coming year?

How much will it cost me during the coverage period?

Add up the total amount of your out-of-pocket costs for the year, such as monthly premiums, co-pays for each expected office visit, deductibles, and prescriptions. How much did you spend on these items last year? Did you keep detailed records of expenses from last year? If not, ask your health care providers for a total. This will give you some facts to help estimate your cost during the coming year.

What services are actually provided by the coverage?

All insurance policies available on the health insurance marketplace (healthcare.gov) must include 10 essential benefits:

1. outpatient care;
2. emergency room care;
3. treatment in the hospital for inpatient care;
4. care before and after your baby is born;
5. mental health and substance use disorders services;
6. prescription drugs;
7. rehabilitation services;
8. lab tests;
9. preventive services to keep you healthy and to care for chronic diseases; and
10. pediatric services.

Will anyone covered by your policy need services beyond those included in these 10 essential benefits?

Bowen reinforces: "Access to health insurance can prevent a small issue from growing into a costly catastrophe and provides a safety net if a catastrophe occurs." Buying insurance for health care provides a safety net that allows some peace of mind from the unexpected events that can occur in life. Responsible consumers will do what they can to control costs and reduce the risk of events that can result in financial hardship.

PORH Releases 2014-2016 Strategic Plan

In December 2013, the Pennsylvania Office of Rural Health (PORH) released its 2014-2016 Strategic Plan. This plan continues PORH's emphasis on being the preeminent rural health organization in the state and streamlines the office's goals to focus on supporting rural health care delivery systems, advancing healthy rural Pennsylvanians, advocating for rural health in the state and nationally, and strengthening organizational capacity. The 2014-2016 Strategic Plan is located on the PORH website at www.porh.psu.edu.

PENNSYLVANIA OFFICE OF RURAL HEALTH

Look for information coming soon on the 2014 rural community and public health conference, to be held in September in Philadelphia.

Critical Access Hospitals

New Facilities Mean Better Access, Better Patient Care for Two Pennsylvania Critical Access Hospitals

By Susan J. Burlingame

In Pennsylvania, as in other states, critical access hospitals (CAHs) play an important role in providing affordable, accessible medical care to residents of rural communities. Of the more than 60 rural hospitals in the state, 13 are designated as CAHs because they meet certain criteria. Among other requirements, they must be located more than 35 miles from the nearest hospital (or more than 15 miles in areas with mountainous terrain or secondary roads). They must maintain no more than 25 inpatient beds (acute and swing bed), limit the length of patient stays to 96 hours or less, and provide 24/7 emergency care services.

Most of Pennsylvania's CAHs were built in the 1960s, and many require improvements due to the age of the facilities as well as shifts from inpatient to outpatient services. According to Larry Baronner, rural health systems manager and deputy director of the Pennsylvania Office of Rural Health (PORH), the number of outpatient visits at CAHs continues to grow along with new technologies, necessitating the decision to renovate, expand, and/or construct new facilities.

"Guthrie Troy Community Hospital and Endless Mountains Health Systems are the latest to build brand new facilities," said Baronner. "They are the fourth and fifth out of Pennsylvania's 13 CAHs to do so."

Guthrie Troy Community Hospital, in Troy, PA (Bradford County), opened a new $30.8 million, 55,000 square foot facility in October 2012, followed by a $5.9 million, 17,500 square foot primary care and specialty care physician office facility on the same campus in November 2013.

The hospital features 25 private inpatient rooms; expanded outpatient service areas; a larger emergency department; a larger operating room suite; new observation bed areas for same-day surgery and emergency department patients; an on-site helipad; and a technology infrastructure equipped to support electronic health records, teleconferencing, and telemedicine.

The front entrance of the new Endless Mountains Health System in Susquehanna County, Pennsylvania

"The opening of the new Guthrie Troy Community Hospital marks the dawning of a new era in quality, integrated health care delivery for each and every patient that we will serve in this facility," commented hospital President Staci Covey.

"Troy Community Hospital and its corresponding physician office facility were made possible because the Guthrie Health System endorsed and contributed to the projects, as did members of the community," remarked Baronner, explaining that CAHs are not always backed by a health system.

"Community support is critical when raising funds for these types of projects," added Baronner. "In fact, Endless Mountains Health System's new medical office building became a reality in part because of Cabot Oil & Gas, which made a $1 million outright gift and then contributed another $1.2 million in matching funds that were generated from the community, the Weinberg Foundation, and industry. The hospital facility was funded largely through the USDA Rural Development Program."

Opened in 2013, Endless Mountains' new hospital is an 87,000-square-foot, 25-bed, state-of-the-art facility located in Bridgewater Township, Susquehanna County. In addition to bringing into one facility the hospital's current services, the $48 million project allowed for a six-bay emergency department with an airborne infection isolation room and a cardiac/trauma room, as well as a convenient ambulance entry. Several new services are planned, including nuclear imaging, in-house mammography, and a helipad.

"The new EMHS facility opens a new chapter for health services in Susquehanna County," said Rex Catlin, CEO of EMHS. "This project is multi-generational and will serve to improve the health status of the community and help stabilize the economic base of the area for many, many years to come. The Critical Access Hospital Program has been key in making this dream a reality."

"Critical access hospitals serve as the primary health care providers for their communities, so they are extremely important from the access perspective for people in rural areas," Baronner concluded. "It's great to see these hospitals expand and grow. The fact that they are able to build new facilities and to run high-quality hospitals while still remaining financially viable is extremely important."

For more information, contact Larry Baronner, PORH rural health systems manager and deputy director, at 814-863-8214 or to ldb10@psu.edu.

A view of the new Guthrie Troy Community Hospital in Troy, Pennsylvania

Tyrone Hospital Recognized for Quality

Another of Pennsylvania's critical access hospitals was recently lauded by the Pennsylvania Office of Rural Health (PORH). Tyrone Hospital is the 2013 recipient of the Louis A. Ditzel Jr. Award for Quality Improvement in Rural Health. PORH grants the annual award to an individual or organization whose contributions and visionary leadership significantly improved the health of rural Pennsylvanians and strengthened the quality of the health care systems that serve them.

TYRONE HOSPITAL
YOUR HEALTH.OUR CARE.

Tyrone Hospital was selected for the award because of its outstanding quality of care measures in both the Centers for Medicare and Medicaid Services' (CMS) Hospital Compare Program and Highmark's Quality Blue Program. Tyrone Hospital has consistently achieved high scores on various measures that evaluate hospital performance and compare hospitals to each other. The hospital has consistently maintained high patient satisfaction ratings and a low infection rate for surgical care and in the hospital overall. Currently, Tyrone Hospital's infection rate is at 0 percent.

The hospital also received national recognition from the National Rural Health Resource Center for demonstrating excellence and innovation in community engagement; initiatives to improve population health and communication with patients, partners, and the community; collection and use of patient satisfaction data; and partnerships with other organizations.

Members of the Tyrone Hospital family were presented with the Ditzel Award at a special ceremony held November 20, 2013.

New Food Safety Regulations Promote Growing a Safer Food Supply

By Laura Coyne Steel

Foodborne illness continues to be a topic in the news. And even though American consumers enjoy one of the safest supplies of produce in the world, agricultural producers must continue to be vigilant. **According to estimates from the Centers for Disease Control and Prevention (CDC), each year, about 48 million Americans — 1 in 6 — get sick, 128,000 are hospitalized, and 3,000 die from foodborne diseases.**

In an effort to address foodborne illnesses, President Obama signed into law in January 2011 the U.S. Food and Drug Administration (FDA) Food Safety Modernization Act (FSMA), the most sweeping reform of food safety laws in more than 70 years. This law charges the FDA to better protect the public by helping to ensure the safety and security of the food supply. A primary goal of the FSMA is to prevent foodborne illness rather than react to problems after they occur.

In January 2013, the FDA released a draft "Produce Safety Rule" as required under the FSMA. This proposed regulation would establish mandatory practices that farmers must take to prevent microbial contamination of fresh produce. Farmers and the public have had the opportunity to submit comments on the proposed rules.

Both domestic and imported produce are to blame for foodborne illness. Outbreaks have been associated with approximately 20 different fresh produce commodities. Some of these include:

- sprouts;
- leafy greens — lettuce and spinach;
- tomatoes;
- melons — cantaloupe and honeydew;
- green onions;
- berries — raspberries, blueberries, blackberries and strawberries;
- fresh herbs — basil and parsley; and
- fresh-cut fruits and vegetables.

The USDA offers voluntary independent audits of produce suppliers throughout the production and supply chain using Good Agricultural Practices (GAP) and Good Handling Practices (GHP) that focus on best agricultural practices to verify that fruits and vegetables are produced, packed, handled, and stored in the safest manner possible. There are several sets of farm food safety standards which share similarities; the decision as to which standard to use is made by the buyer as a condition of sale. Organizations establishing standards often, but not always, offer fee-based auditing services to verify compliance. Primus Labs, Global GAP, and Safe Quality Food (SQF) are big players. The United Fresh Produce Association (UFPA) set up Harmonized GAP standards in an attempt to provide one set of standards that is acceptable to all buyers and farmers. The USDA has created an audit based on this set of standards and the Pennsylvania Department of Agriculture currently offers a fee-based, voluntary inspection service that farmers can use to verify compliance with farm food safety standards.

Luke LaBorde, Ph.D., associate professor of food science at Penn State, and his colleagues in Penn State Extension, offer several food safety courses to help agricultural producers implement food safety best practices. One course is a basic five-hour certification curriculum on keeping fresh produce safe in accordance with the Harmonized GAP standards. "For instance, one retail grocery store might require a different GAP standard than another grocery store," he says. Penn State then developed another course, Developing a Farm Food Safety Plan. The Penn State GAP team teaches the Harmonized protocol developed by the UFPA and provides checklists and guidelines for writing a plan.

Mock audits also are being planned. In the near future, LaBorde and his team will work with the Pennsylvania Department of Agriculture to review GAP processes used in agricultural production and give input into procedures. "Our goal is to help ag producers tackle these new food safety challenges," he says. The impact on agricultural producers may increase production costs due to expenses associated with increased paperwork, soil and water testing, fencing, and other required activities to comply with GAP certification.

Look for updates on the rulemaking process and upcoming course and training opportunities and visit the Penn State Farm Food Safety website at http://extension.psu.edu/food-safety/farm, or contact Luke LaBorde at 814-863-2298 or to lfl@psu.edu.

The proposed Produce Safety Rule includes the following provisions:

- The focus of the new regulation is on fruits, vegetable, nuts, herbs, mushrooms, and sprouts that typically are eaten raw, not commodities that are generally cooked or further processed. For example, potatoes, eggplant, winter squash, beets, and beans that are used for drying are exempt.
- Not all farms that grow fresh produce are required to comply with the rule. For instance, farms with gross food sales under $25,000 are exempt.
- If a crop is mostly sold through wholesale outlets, such as through distributors, warehouses or fresh-cut processors, the farm is not exempt and is covered under the rule.
- The proposed rule covers only fresh produce that is sold commercially and doesn't apply to produce used for personal consumption, such as harvests from home gardens.
- Exemptions can be cancelled on an individual basis if the FDA determines that a farm may be a source of contaminated produce.
- Many factors can cause microbial contamination of fresh produce. These include worker health, personal hygiene, and hand-washing practices; the quality of agricultural water used for irrigation and cooling/washing; the use of animal manure, and other products of animal origin, such as fertilizer; the presence of wild or domestic animals in or near fields or packing areas; production practices at growing and harvesting operations; and the cleanliness of equipment/tools and practices in building sanitation.
- The FDA continues to focus on prevention. For instance, where and when in the production chain does the contamination occur? Is it during growing, harvesting, manufacturing, processing, packing, storing or transportation? These are questions and challenges farmers and the food industry will continue to face.

For more information on the Food Safety Modernization Act and the proposed Produce Safety Rule, see http://www.fda.gov/Food/guidanceregulation/FSMA/ucm334114.htm.

Summer Food Program Brings Good Nutrition to Rural School-age Children; Looks for Community Sponsors

When summer comes, hunger doesn't take a vacation. For those students who receive nutritious meals at school during the academic year, the end of school can mean the end of access to healthy food, at least until the school year begins again. The Summer Food Service Program (SFSP) provides free meals to children from low-income families so they can receive the same high-quality nutrition during school vacations that they get in cafeterias during the school year. Administered in Pennsylvania by the Department of Education, the SFSP is a federally funded program operated nationally by the U.S. Department of Agriculture. Nonprofit organizations may sponsor the program and receive reimbursement for qualifying meals served to eligible children. The SFSP program in Pennsylvania is especially interested in identifying sponsoring organizations in rural areas of the state. For more information on the Summer Food Service Program, visit http://www.education.state.pa.us/portal/server.pt/community/pa_food_and_nutrition_programs/18762/summer_food_service_program/1170556 and view their video, "Hunger Doesn't Take A Vacation."

For information on how to participate, contact Mary Ringenberg, education administration specialist at the Pennsylvania Department of Education, at 1-800-331-0129 or via e-mail to mringenber@pa.gov.

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Recommended Read

Pennsylvania Department of Health Releases 2012 Health Disparaties Report

On December 9, 2013, the Pennsylvania Department of Health (PA DOH)'s Office of Health Equity (OHE) released the state's *2012 Health Disparities Report*. The report was created to show a snapshot of health inequities in Pennsylvania and is intended to create awareness and address the fundamental factors that create and sustain health inequities. The PA DOH and the OHE will use this report to enhance the development of programs and improve collaboration with public and private partners, diverse stakeholders, and community-based organizations to reduce and/or eliminate health disparities in the commonwealth. For more information, contact the Bureau of Health Equity at 717-547-3481 or view the report on the OHE website at ***http://www.portal.state.pa.us/portal/portal/server.pt/community/health_equity/18862.***