

SPRING 2015

PENNSYLVANIA RURAL HEALTH

PENNSTATE



Raising Awareness about Oral Health: Crucial for Rural Communities



2014 STATE RURAL HEALTH AWARDS

Individuals and Programs
Recognized for Contributions

WORKER PROTECTION STANDARD PROGRAM

Helping Growers Keep
Workers Safe

BUILDING STRONGER RURAL COMMUNITIES IN PA

Resources for Non-profit Health
Care Providers

message *from a* special guest



Chris Calkins, Ph.D., MPA, is outreach assistant professor and executive director of the Penn State World Campus Master's of Health Administration program and Pennsylvania Office of Rural Health faculty associate.

The world of work is changing rapidly. As it always has, technology is accelerating the pace of change, increasing the amount of information available to decision-makers, and also the speed at which that information is available in real-time. For health care organizations and professionals, the speed of change is only outstripped by the scale of change. The entire U.S. health care system is undergoing a transformation larger than the change brought about by the implementation of Medicare and Medicaid.

There are several factors that are driving this unprecedented change. First, the Patient Protection and Affordable Care Act has expanded the number of people who have health insurance coverage. Estimates range from 7.3 to 17.2 million newly insured through health exchanges and Medicaid expansion. Second, the baby boom generation is aging into Medicare at the rate of 10,000 people a day. Third, there are significant shortages in health care professionals, such as primary care physicians, nurses, dentists, health care technicians and other professional roles. This demand/supply imbalance increases the necessity for health care organizations to be highly efficient in patient care and in business operations. Efficiency requires workers who are knowledgeable, adaptable, and effective problem-solvers, all characteristics that require fluency in the unique language of health care.

Rural communities face unique challenges in maintaining access to health care services. The proportion of physicians in rural practice has fallen steadily over the past 30 years and fewer than 4 percent of recent U.S. medical school graduates plan to practice in small towns. In the meantime, specialization in the medical workforce has increased while fewer specialists choose to practice in rural areas.

One key factor in the successful recruitment and retention of health care providers of all kinds in rural areas is familiarity. One approach that has been effective is for rural health care organizations and school districts to partner in an effort to provide interested students with clinical observation, shadowing, and internship opportunities. These experiences help students understand how different health care workplaces function and enables them to refine their career path options based on direct exposure. This type of experience is both rare and valuable to students who are committing to health professions careers that can require twelve or more years of expensive training after high school. Preparing students early through focused course work and practical experiences raises their profile in the competitive college and health professions selection process. The demands of study in nursing, pre-med and medicine, dentistry, physical therapy, allied health technician, and health care administration programs are high. They all require fluency in health care terminology and the business language of health care. They also require an appreciation for the unique workplace settings and care delivered in those settings.

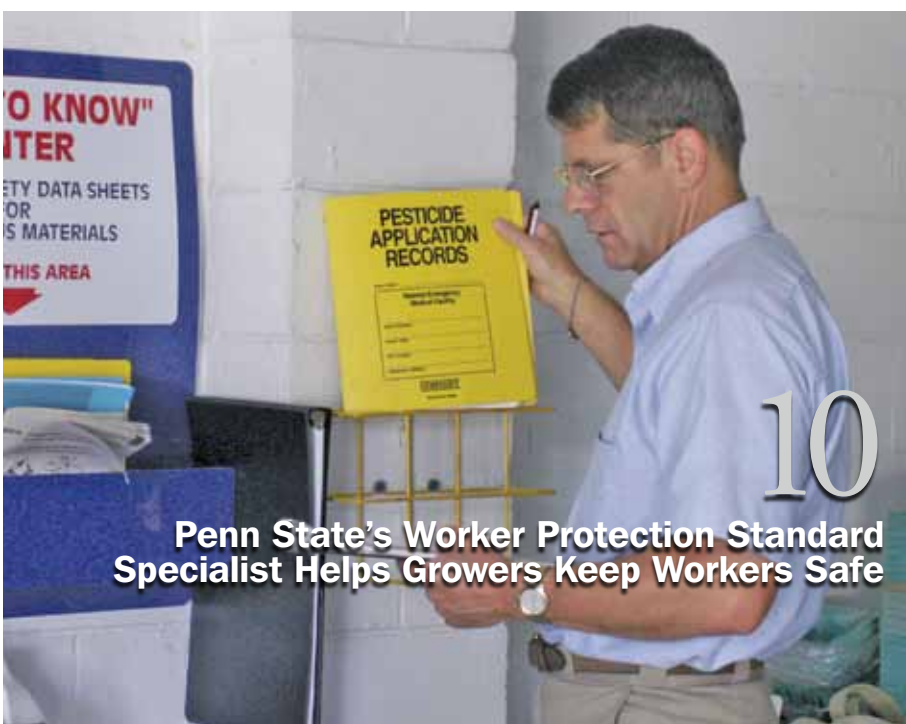
The technology that is driving change also creates opportunities for responding to change. Telemedicine has expanded access to specialty consultations, monitoring of chronic conditions, and direct care for mental health services. Advocating for insurance changes that reimburse services delivered or facilitated through technology is an important step for sustaining access to these services. Technology in the form of electronic medical records and other sources of data about the quality and efficiency of clinical and business practices provides opportunity for improving the efficiency of our practice and the related outcomes of care. Supporting STEM (science, technology, engineering, and math) education results in students and employees who have the basic foundational literacy necessary to lead change from multiple perspectives. That may be the final piece for thriving in a dynamic and rapidly changing environment; adding diversity or perspective from systems engineering to social media; and engaging staff at every level of the organization to support change in partnership with patients, their families, and the community. That may well be the most effective way to leverage the collective strength of rural communities and providers.



Cover Story: Raising Awareness about Oral Health



Pennsylvania Office of Rural Health Presents 2014 State Rural Health Awards



Penn State's Worker Protection Standard Specialist Helps Growers Keep Workers Safe

Raising Awareness about Rural Health 2

Pennsylvania Department of Health Strives to Decrease Obesity, Diabetes, Heart Disease, and Associated Chronic Conditions 6

PORH Director Receives National Award 6

A Medical Student's Perspective 7

Pennsylvania Office of Rural Health Presents 2014 State Rural Health Awards 8

Penn State's Worker Protection Standard Specialist Helps Growers Keep Workers Safe 10

Building Stronger Rural Communities in Pennsylvania: Resources for Non-profit Health Care Providers 12

Penn State Extension-Health Care Partnerships Lead to Positive Outcomes for Rural Pennsylvanians 13

Pennsylvania Rural Health

Lisa Davis, *Director*

The Pennsylvania Office of Rural Health (PORH) receives support from the Federal Office of Rural Health Policy (FORHP) in the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS), the Pennsylvania Department of Health, other state agencies, and The Pennsylvania State University. PORH is located at the Penn State University Park campus.

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 PENNSYLVANIA OFFICE OF
RURAL HEALTH

Raising Awareness about Oral Health: Crucial for Rural Communities

By Susan J. Burlingame

Tooth decay is a disease, a chronic, contagious disease.

Tooth decay, in fact, is the number one chronic disease among children in the United States. Overall health is directly related to oral health, and, as reported in the United States Surgeon General's 2000 report, "Oral Health in America," poor oral health can contribute to life-threatening diseases and increased mortality.

Poor oral health also can have social and economic implications — bad teeth can prevent a person from interacting or smiling or feeling confident in a job interview. Educational ramifications — a child in pain cannot concentrate. Nutrition implications — chewing and swallowing issues can lead to poor food choices.

Why, then, is oral health not paramount in people's minds? Why does regular dental care take a back seat despite the fact that it is critical to people's well being?

Factor in age, economic status, location, and insurance issues, and one finds that even those who seek regular dental care may not be able to access it. Residents of rural communities in Pennsylvania and across the country face additional challenges related to geographic isolation, lack of transportation, lack of fluoridated water, and a decreasing number of providers.

"If we really want to make systemic change in oral health in the commonwealth, we need to look at the whole system," explained Lisa Schildhorn, executive director of the Pennsylvania Coalition for Oral Health (PCOH), established in 2009. PCOH brings together oral health professionals, physicians, educators, insurance providers, not-for-profit organizations, and state and federal entities to find solutions.

"We are bringing together all of the stakeholders of the system and breaking down the silos so that we are all working together," Schildhorn said. "We need policy change, funding, community, and education because all of those things working together can move oral health forward. The coalition is there to identify problems and find ways to promote and maximize the resources that are already out there so everyone in the state, especially vulnerable populations, will know what is available to them."

"Economics is the largest determinant of where dentistry is practiced because so little of dentistry is covered by public money, which means dentists tend to locate in places where people can

afford their services," explained Robert Weyant, DMD, DrPH, professor and chair of the University of Pittsburgh's Department of Dental Public Health. The program views oral health from a population standpoint, identifying areas and populations that have difficulty accessing care and then targeting those areas for intervention and programs.

"Most clinical dental education models don't look at populations, yet we have scores of areas in the state that are classified as Dental Health Professional Shortage Areas (DHPSAs)," Weyant continued. "Ideally, we need dentists who will go out and practice in rural Pennsylvania, which means we need fundamental reform in the way health care is funded. We also need the people who make decisions about health care programs in rural areas to consider the need for oral health services in those areas."

The Pennsylvania Department of Health's Bureau of Health Planning is responsible for assessing HPSAs in Pennsylvania — for dental as well as other professionals — to determine where critical shortages are.

"We use federal criteria such as population density, number of providers in a given service area, and number of providers who serve low income populations," explained Robert Richardson, bureau director. "Our latest data show that 15.4 percent, which translates to nearly two million Pennsylvanians, live in HPSAs. And while we do not offer direct services, we look at how we can assist in providing resources to increase services and providers. Once an area is designated as a HPSA, there are federal and state programs available to providers as well as clinics."

Among some of the programs the Bureau of Health Planning administers are two loan repayment programs — one state and one federal (with the National Health Service Corps) — given to primary care dentists or hygienists employed at an approved site that accepts patients without regard for their ability to pay.

"We also administer a community-based health care grant program that provides funding to community-based primary care health centers such as rural health clinics, hospital-based clinics, Federally Qualified Health Centers (FQHCs), and free clinics—all of which must be located in underserved areas," Richardson said. "The grants allow them to extend their services to include dental services or to expand the oral health services they already provide."

In collaboration with the Pennsylvania Department of State, the

Bureau of Health Planning also conducts a survey of licensed dentists and hygienists to get a clear picture of the distribution of dentists across the state, their racial and ethnic backgrounds, their job satisfaction, and much more. “We use the survey data for planning purposes and policy development,” Richardson said.

Ellen Krajewski is president and chief executive officer of Lycoming County’s Susquehanna Community Health and Dental Center, an FQHC that receives federal funding to serve low income and underserved residents. The center offers dental health services as well as traditional medical services, though only about 1,200 of the center’s 12,000 patients take advantage of both.

“Like other FQHCs, our center is a safety net for people who would not otherwise have access to quality oral health services,” Krajewski said, adding that theirs is the only center in the region accepting Medicare and Medicaid payments while also offering a sliding scale based on patients’ ability to pay.

“There is a tremendous need for dental care in rural areas of Pennsylvania, and we have a state-of-the-art facility that is working hard to extend access and integrate medical and dental services. We are trying to create a health ‘home’ for children and families,” Krajewski said. The center is in the process of adding seven additional dental operatories and connecting the dental and medical facilities for ease of access.

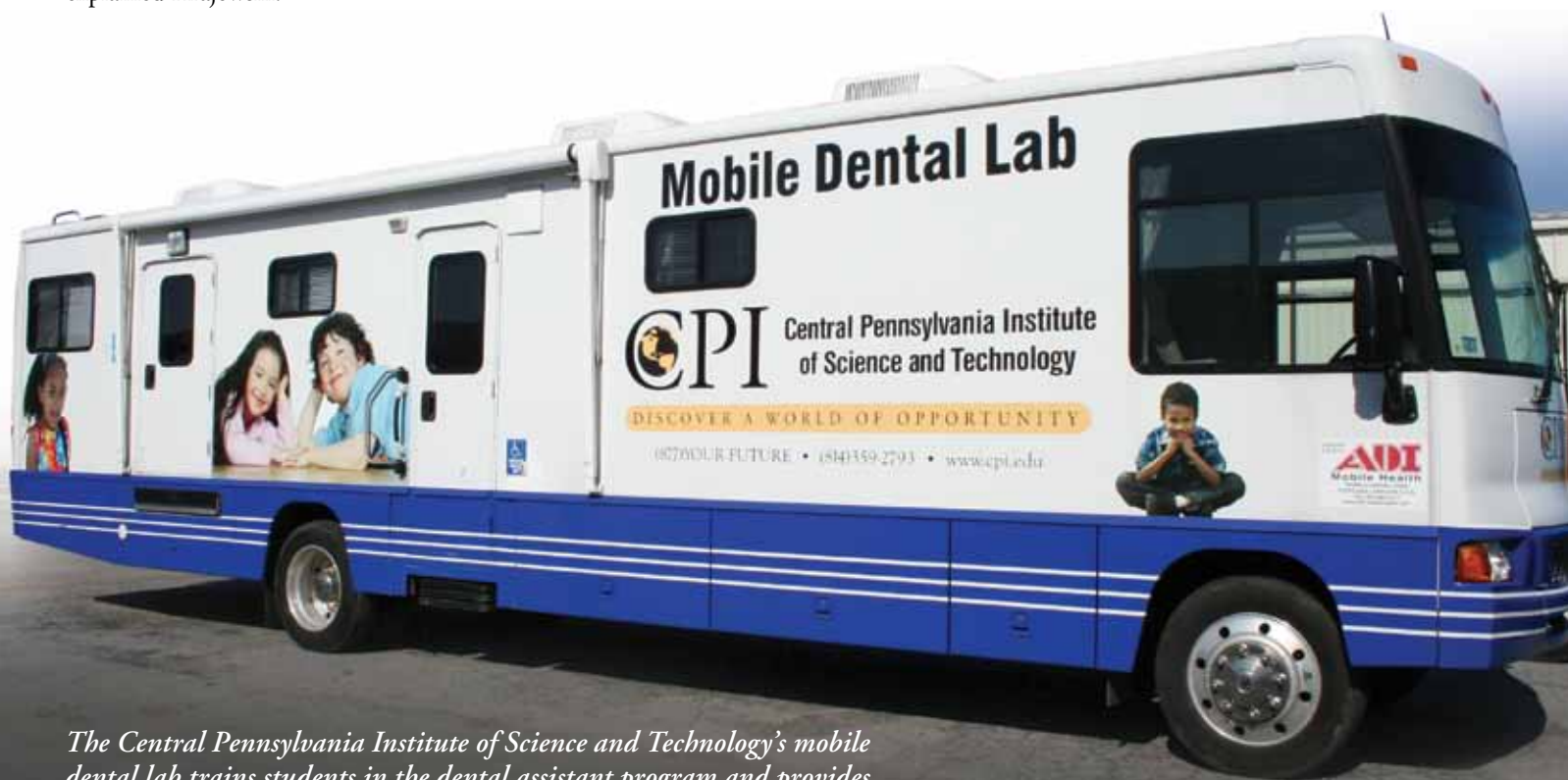
A community health grant from the Pennsylvania Department of Health also allows the center to employ a full-time outreach dental hygienist who brings a mobile dental unit to schools — a valuable service in terms of education and preventive services, explained Krajewski.

Senior dental hygienist/community dental health coordinator Lori Wood, a public health dental hygiene practitioner (PHDHP) affiliated with an FQHC in Wayne County, agrees. “As a public health dental hygiene practitioner, I am licensed to go off site to do preventive services without a dentist present. I can provide cleaning, x-rays, fluoride, sealants, and other preventive services and can call a dentist for a prescription if necessary,” she said. For fillings or other dental procedures, patients are seen by a dentist in one of the two dental clinics in the three-county area served by the Wayne Memorial Community Health Centers.

“The good news is our CEO and the medical directors in the area really believe in this program,” stated Wood. “There is a huge need for oral health in the community I live in. I want to reach everyone I possibly can and make them comfortable so they will enjoy their experience with me. I know there are different reasons why people don’t go to the dentist, but if I can see them in a neutral setting and even make it fun, it really helps.”

When Wood is not on the road with her mobile equipment, she is working in one of the clinics, attending health fairs, speaking at schools, and providing education about the importance of oral health in a variety of ways.

“Hygienists and specifically the PHDHPs have one of the most important roles in terms of promoting oral health in rural populations,” shared oral health educator Helen Hawkey, government relations council chair of the Pennsylvania Dental Hygienists’ Association (PDHA).



The Central Pennsylvania Institute of Science and Technology’s mobile dental lab trains students in the dental assistant program and provides services in and around Centre County.

“PDHA serves as the authority for anything related to dental hygiene—educating the public and hygienists about what hygienists can do, distributing information, and reaching areas that need help. PDHA also helps FQHCs wanting to implement oral health care programs in their centers,” noted Hawkey.

“PHDHPs are willing to go out into the areas where people need care, and since areas with smaller patient populations tend not to have enough dentists, we really depend on the PHDHPs,” Hawkey said. “In addition to offering preventive services, they educate people about making oral health a priority.”

Between 70 and 80 percent of the commonwealth’s more than 500 licensed PHDHPs volunteer their time, Hawkey explained, a fact that limits the number of people in rural locales who receive oral health services.

“We have this workforce that really wants to get out there and provide this care because they see the need, but most are not paid for their time,” Hawkey said. “Right now, we are working with the state managed care subcommittee and talking with the Pennsylvania Department of Human Services (DHS) to have PHDHPs recognized as licensed insurance providers, which would make a tremendous difference in the number of people we can help.”

“DHS considers oral health to be a critical part of overall health,” explained Paul Westerberg, DDS, MBA, chief dental officer. “We work to assist Medical Assistance (or MA, the state’s Medicaid program) recipients, both adults and children, in accessing the quality oral health services they require.”

Approximately 2,000 of the 8,000 licensed dentists in Pennsylvania participate in the MA program, a number many hope will increase as participant licensure becomes easier and as more people increase their oral health awareness through education, earlier intervention programs, and collaborations like those promoted by PCOH.

“We pay for services being delivered to approximately 20 percent of the population, but the 80 percent of the population that does not fall under the Medical Assistance umbrella has oral health issues as well,” added Westerberg. “DHS has specific goals related to increasing the number of children aged 1-20 receiving preventive dental services and increasing the number of sealants in children ages 6-9.”

DHS is part of the network of stakeholders involved in raising the “oral health IQ” of citizens of Pennsylvania, said Westerberg. “For example, we are now paying pediatricians to evaluate cavity risk and apply topical fluoride varnish during well-child visits and to encourage parents to make their child’s first dental appointment as soon as the first tooth erupts, or no later than the child’s first birthday. Programs like these are making a difference.”

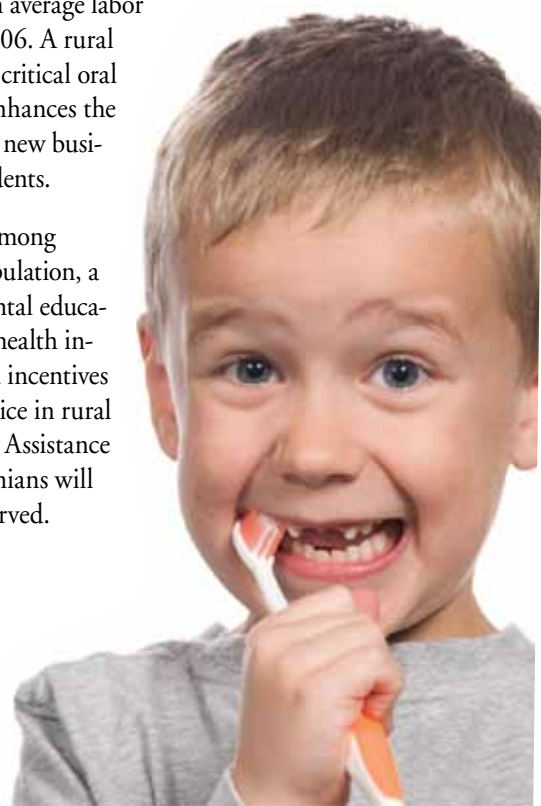
“When you care for the poor and underserved, you see so much disease and pain. There are so many people who need our help, and there need to be more of us taking care of them,” said Alicia Risner-Bauman, DDS, FADPD, chair of the Access to Oral Health Advisory Group of the Pennsylvania Dental Association (PDA). The high overhead costs associated with providing dentistry services, the difficulties associated with becoming licensed Medicaid providers, and patient compliance with appointments and recommendations are among many of the things that stand in the way, Risner-Bauman explained.

“Educating the general public about early treatment and intervention, keeping appointments, and following recommendations to assure a healthy result is so important, but it’s also important to educate the dentists about how bad access and dental disease are in the rural communities,” Risner-Bauman stressed.

Among its many activities related to serving the public and promoting dentistry, the PDA is working on an initiative called “Take 5” that encourages dentists to take five Medicaid patients into their practice with the ultimate goal of having more Medicaid providers to serve those in need. The effort is being coordinated with several state organizations to address many different concerns from the dentist, patient, and the insurer standpoint. Due to the new Healthy PA insurance changes occurring in the state insurance programs, the project itself will be reorganized to accommodate the new requirements and coverage.

In addition to the positive impact more providers and programs will have on the health and well-being of rural Pennsylvanians, rural dental practices also can boost an area’s economy. A June 2014 study conducted in several counties in Pennsylvania by the National Center for Rural Health Works concluded that the average rural dentist generates six direct and three indirect job opportunities with an average labor income impact of \$336,906. A rural dentist not only provides critical oral health services but also enhances the county’s ability to attract new businesses and even new residents.

With greater awareness among members of the rural population, a public health focus in dental education programs, new oral health intervention programs, and incentives for more dentists to practice in rural areas and accept Medical Assistance patients, rural Pennsylvanians will be healthier and better served.



Pennsylvania

37.7 dentists

for every 100,000 people

55 counties

with a shortage of dental professionals

#40 ranking

in water fluoridation nationally

Nationally...

900,000 emergency department visits and nearly 13,000 hospital inpatient stays

were related to dental conditions in 2009

More than 40% of children

have dental cavities by the time they reach kindergarten

Data from the National Center for Health Statistics, the Centers for Disease Control and Prevention, the American Academy of Pediatric Dentistry, and Sanders, B. (2012) Dental Crisis in America: The Need to Expand Access.

Though many challenges remain, good ideas and meaningful programs are taking place throughout the commonwealth.

- **Rural Clinton County is home to a dental clinic that emerged due to a grass roots effort championed by Penn State Extension Educator Laurie Welch.** With a \$250,000 grant from the Pennsylvania Department of Health, a self-sustaining — and rapidly growing — program was made possible. Since its opening in 2009, the clinic has seen more than 5,200 unduplicated patients.
- **A federal grant helped the Central Pennsylvania Institute of Science and Technology (CPI) purchase a mobile dental lab with two fully-functioning operatories to train students in its dental assistant program while also serving the underserved in and around Centre County.** The now self-sustaining mobile dental unit — and its dentists and students — serve approximately 50 patients per month. “Many of the dental assistant students go on to become hygienists,” said Todd Taylor, CPI’s director of adult and post-secondary education.
- **The School of Dental Medicine at the University of Pittsburgh currently requires fourth year dentistry students to complete two weeks of their clinical rotations at one of approximately 20 FQHC-affiliated community sites in central and western Pennsylvania and Ohio.** The Student Community Outreach Program and Education (SCOPE) program, administered by Richard Rubin, DDS, MPH, assistant professor in the Department of Dental Public Health, exposes students to working with underserved and at-risk populations found in rural, inner city, and special needs communities.

“Students find that the health centers are of high quality with top-notch clinicians,” said Rubin. “The experience helps

them develop cultural competency, empathy, and knowledge about what it takes to run a successful clinic — qualities we want them to have in addition to their clinical skills. They are surprised to learn that they can be hired right out of dental school at one of these rural health centers, where they can gain valuable experience, earn a decent living, and even apply for loan repayment because they are practicing at an FQHC in a designated health professional shortage area. These experiences are important in helping close the access gap that exists in our most vulnerable populations.”

- **The Pennsylvania Expanding Access to Oral Health Collaborative Project funded through the federal Health Resources and Health Services Administration (HRSA) aims to provide oral health treatment and services for 1,200 expectant mothers and children under age 13 living in DHPSAs.** Over the three-year span, the project will address leadership (including the hiring of a state public dental health director), infrastructure (establishing dental hubs at two additional FQHCs, expansion of services), and workforce development.

“Prevention and education are key to improving oral health across the commonwealth,” said Brian Wyant, director, Division of Health Risk Reduction at the Pennsylvania Department of Health, the state agency that will administer the grant. “The HRSA grant is just one of the ways we are moving the needle forward.”

“There are so many passionate people out there,” concluded PCOH Executive Director Lisa Schildhorn. “There are positive shifts related to access, education, and more, but there is much more that can be done. Cultural change is possible when we all come together to make a difference.”

Pennsylvania Department of Health Strives to Decrease Obesity, Diabetes, Heart Disease, and Associated Chronic Conditions

According to the Centers for Disease Control and Prevention (CDC), “as a nation, we spend 86 percent of our health care dollars on the treatment of chronic diseases.” The Pennsylvania Department of Health (DOH) reports that chronic diseases such as diabetes and heart disease are a major cause of disability and death in Pennsylvania. To support the commonwealth’s efforts to implement cross-cutting approaches to promoting health as well as preventing and controlling chronic diseases and their risk factors, the CDC awarded a grant to the DOH Bureau of Health Promotion and Risk Reduction in June 2013.

The funding, “State Public Health Actions to Prevent and Control Diabetes, Heart Disease, Obesity and Associated Risk Factors and Promote School Health,” will allow DOH to collect data to better understand health risk behaviors, promote healthy environments, monitor the progress of prevention efforts, reinforce healthy choices and behaviors, and encourage communities and clinics to support and refer patients to programs that improve the way they manage chronic conditions.

The grant provides funding through June 2018, and DOH is working with partners to implement strategies and programs.

New policies and practices in school districts and early care and education settings, for example, will focus on creating healthier nutrition environments and implementing policies to support physical activity.

New community-based programs will expand access to healthy foods in urban corner stores and increase opportunities for physical activity through strategies, such as updated pedestrian and transportation plans.

Pennsylvania employers will be encouraged to use the CDC Worksite Health Score Card to support increased physical activity among their employees. As part of worksite wellness, DOH also will ensure that worksites are in compliance with the breastfeeding accommodation law.

A health system quality improvement process will increase the use of electronic health records and health information technology to promote multi-disciplinary team-based care, self-monitoring of blood pressure, screening for prediabetes, referral to appropriate community-based programs, and reporting of blood pressure and A1C measures. Patients diagnosed with high blood pressure will receive education on using personal blood pressure measurement devices and will be encouraged to report findings through an established patient portal. Clinical support strategies will include one-on-one counseling, motivational interviewing, and educational programs, depending on health system and community needs.

Issues related to diabetes and prediabetes will be addressed by increasing the number of community pharmacists who assist with medication and chronic disease self-management and by increasing access to educational and prevention programs.

Ultimately, the DOH is striving to achieve a decrease in obesity, hypertension, diabetes, heart disease, and other chronic conditions. The strategies and programs implemented with the help of the CDC grant will be carefully evaluated; outcomes and lessons learned will be shared annually.

For more information about these strategies, contact Tiffany Bransteitter, MSW, chief, obesity prevention and wellness section, in the Bureau of Health Promotion and Risk Reduction in the Pennsylvania Department of Health, at tistrickle@pa.gov or 717-787-5876.

PORH Director Receives National Award

Lisa Davis, director of the Pennsylvania Office of Rural Health and outreach associate professor of Health Policy and Administration at Penn State, received the 2014 James D. Bernstein Mentoring Award from the National Organization of State Offices of Rural Health (NOSORH). Davis received the award at the organization’s annual conference in Omaha, Nebraska, in October 2014.

The organization presents its James D. Bernstein Mentoring Award each year to honor an experienced, long-time rural health leader who has gone “above and beyond the call of duty” to mentor and help develop other emerging rural health leaders. The award is named in memory of Bernstein, who during his 35-year career, formed the first state offices of rural health in the United States and served as president of the National Rural Health Association. Bernstein was a model mentor who advised and inspired hundreds of emerging rural health professionals.

The nomination recognized Davis as a mentor to staff at other state offices of rural health by offering tools, information, and technical assistance in meaningful and thoughtful ways and recognized the Pennsylvania Office of Rural Health as a model for others by continually innovating in the development of new ideas and programs.



A Medical Student's Perspective

By Ashley Baronner

This column chronicles Ashley Baronner's experiences as a medical student in the Physician Shortage Area Program at the Sidney Kimmel Medical College in Philadelphia, formerly Jefferson Medical College. Ashley is the daughter of Larry Baronner, PORH's rural health systems manager and deputy director.



My first year of medical school presented the obvious challenges associated with acclimating to a new learning environment. I had to work with new people, absorb enormous amounts of material, learn to maximize my time, and approach exams confidently without letting my nervousness overshadow my ability to perform.

Over the course of the year, the anxieties of medical school became more manageable. Although each block of material presented its own unique difficulties, my classmates and I worried less about our ability to succeed and began to develop a deeper appreciation for our professors and the material. Our introduction to clinical medicine class, grand rounds sessions with patients, and clinical shadowing opportunities have helped us see how we can apply what we learn to serve future patients.

Having just completed the first half of my second year of medical school, I am now faced with a completely new set of challenges. Overall, however, the material is far more interesting, and I am grateful for the many clinicians who deliver our lectures. The year started off with a three-week foundations of pharmacology and pathology course. Next, we jumped into a more rigorous and detail-oriented course on immunology and infectious disease. Though fascinating, the course also made my classmates and me slightly paranoid about everything we ate and touched. We then began our year-long physical diagnosis class with a week of lectures and clinical skill sessions with physicians and standardized patients. We are now in our foundations of clinical medicine class and have completed the cardiology portion.

The second year is in full swing, and not a single day goes by during which the United States Medical Licensing Examination (USMLE) Step 1, or "the boards," is not mentioned by a professor or classmate. The major stressors this year stem from my desire to excel in the courses, simultaneously prepare to take Step 1 in June, and develop the skills necessary to become a competent third-year medical student and adept physician.

With the quick approach of Step 1, not only do I have a heightened urge to receive high scores on examinations, I also have been forced to learn how to better manage anxiety and the stress associated with these monumental tasks. Most of my classmates have at least one outlet outside of medicine that helps them to de-stress. Some enjoy drawing and painting. Others are talented singers and musicians. For many, some form of physical activity counters the hours upon hours spent sitting and studying.

I find great enjoyment in distance running and take time almost every day to exercise. I have found that running is one of the best ways for me to clear my head, rethink my priorities, and focus on what is most important in my life. Running also provides me with the physical and mental energy to tackle long days of studying for exams. Although I am usually focused on my physical endurance while running, I feel that the numerous miles I have logged have increased my mental tenacity in school-related endeavors.

While I usually prefer to run alone, I sometimes enjoy running with friends and classmates. Recently, I ran the Philadelphia Half Marathon through the Alzheimer's Association to raise money for the Delaware Valley Chapter of the organization. The camaraderie of running with a team to raise money for such a worthwhile cause was especially rewarding.

I have come to realize the importance of having a balanced mindset in order to be effective in medical school and all other spheres of my life. Running has been important in helping me manage both the stress and the competitiveness that medical school can often generate. Running also contributes to my goal of maintaining a healthy lifestyle, which I hope will enable me to motivate my patients to understand the importance of lifestyle choices in preventing chronic disease and maintaining mental well being. Running allows me to take a step back from the day-to-day rigors of medical school and to think about how my time spent learning will impact my future patients.

Pennsylvania Office of Rural Health Pre

An emergency room physician, a CEO from a rural hospital, an executive director of a community health partnership, a rural health partnership program, and a Critical Access Hospital were the recipients of the Pennsylvania Office of Rural Health's (PORH) 2014 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 ceremonies held in their local communities during Rural Health Week in Pennsylvania, November 17-21. The week coincided with November 20, the fourth annual National Rural Health Day, established by the National Organization of State Offices of Rural Health. The awards were presented by Lisa Davis, director of the Pennsylvania Office of Rural Health (PORH) and outreach associate professor of health policy and administration at Penn State.



Donna Balewick, MD from Indiana Medical Center, accepts the Rural Health Hero of the Year Award from PORH Director Lisa Davis.

Rural Health Hero of the Year

Donna Balewick, MD, received the 2014 Rural Health Hero of the Year Award. Balewick, assistant director of emergency services at Indiana Regional Medical Center in Indiana, Pennsylvania, was honored for the countless hours she puts into providing top medical care for the people, and especially children, of their rural community. In addition to her patient care efforts, Balewick also sits on the Children's Advocacy Board at the CARE Center of Indiana County's Children's Advocacy Center. This award was an opportunity to acknowledge her selfless acts of giving to all children going through the forensic interview process.



Dan Blough (center), CEO of Punxsutawney Area Hospital, poses with PORH Director Lisa Davis, and Clark Simpson, MD, medical staff president.

State Rural Health Leader of the Year

Daniel Blough, chief executive officer of Punxsutawney Area Hospital in Punxsutawney, Pennsylvania, received the 2014 State Rural Health Leader of the Year Award which recognized his 28-year dedication to the health and well-being of the community members of rural Pennsylvania. Blough was a founding member and president of the Pennsylvania Mountains Healthcare Alliance, a collaborative of eighteen rural hospitals. Under his leadership, the hospitals combined their interests to establish a larger critical mass, strengthen services, and impact clinical outcomes for rural residents across the region. He also helped create CHART, a statewide patient safety organization and malpractice insurance corporation to help rural physicians overcome challenges to obtaining malpractice insurance. Blough has dedicated his career to rural health leadership, and, as a result, many rural health centers and the patients they serve have experienced the benefits of his service.

Honor Rural Health in Pennsylvania!

PORH will accept nominations for the 2015 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 porh.psu.edu.

sents 2014 State Rural Health Awards



Kathy Gaskin (center), executive director of Healthy Adams County, accepts the Community Rural Health Leader of the Year Award from Lisa Davis, PORH director (with Linda Thompson, president of the Healthy Adams County Board of Directors).



Dickinson Center, Inc. staff, including Chief Executive Officer Jack Goga, (bottom row, second from left), pose with the Community Rural Health Program of the Year Award. The staff is joined by state Sen. Joe Scarnati (R-25), seated next to Mr. Goga.



Ronald Reynolds (far right), president, and C. Cynthia Whipple (second from right), director of nursing at Muncy Valley Hospital, accept the 2015 Louis A. Ditzel Award for Quality Improvement in Rural Health.

Community Rural Health Leader of the Year

Kathy Gaskin, executive director for Healthy Adams County in Gettysburg, Pennsylvania, received the 2014 Community Rural Health Leader of the Year Award to recognize her dedication to improving the physical, mental, and social well-being of Adams County residents. Gaskin manages more than 600 volunteers dispersed over twenty task forces, all of which address health and human service needs. Beyond her professional duties, Gaskin volunteers at a multitude of community service organizations, including Family First Health, where her efforts have helped those previously unable to obtain medical and dental services the opportunity to do so. Her tireless efforts strive to make a difference in the quality of life for all in the Adams County community.

Community Rural Health Program of the Year

The Total HEALTH Program at the Dickinson Center, Inc. in St. Marys, Pennsylvania, received the 2014 Rural Health Program of the Year Award in recognition of its tireless efforts and extensive work in Elk, Cameron, and McKean counties to improve and enhance coordination efforts across the continuum of care. The program is a collaboration between Penn Highlands-Elk, Dickinson Center, Inc., and an independent physician in Elk County, working together to provide primary and behavioral health care services to individuals with physical and psychological conditions. The organizations meet on a weekly basis to assess patient progress, ensuring they are up-to-date on all aspects of care so they may continually work together to help patients achieve their goals and healthy outcomes.

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

Muncy Valley Hospital, in Muncy, Pennsylvania, was presented with the Louis Ditzel Jr. Award for Quality Improvement in Rural Health. Muncy Valley has consistently achieved high scores on the CMS Core Measures that evaluate hospital performance and HCAHPS measures that measure patient satisfaction. iVantage Analytics, a firm that compiles and compares data used to measure hospital performance, has identified Muncy Valley as one of the top Critical Access Hospitals in Pennsylvania and nationwide in achieving top quartile performance status. For the fiscal year ending June 30, 2014, Muncy Valley's "Value Index" percentile, which assesses cost, charge, quality, outcomes, and patient perspective, was an outstanding 99.4 percent.

Penn State's Worker Protection Standard Specialist Helps Growers Keep Workers Safe



By Susan J. Burlingame

It's 6:00 a.m. on a chilly October morning and Rural Health Farm Worker Protection Safety Specialist Jim Harvey is already on the road, headed to the home of a Pennsylvania greenhouse operator in Blair County. The grower, a Mennonite man with a wife and three boys, invites Harvey into his home for what will be a friendly exchange of information about the grower's compliance with the requirements of the federal Worker Protection Standard (WPS) Act.

The WPS was enacted by the federal Environmental Protection Agency (EPA) in 1992 to protect growers, pesticide handlers, and other agriculture employees from injury or sickness related to potential pesticide exposure. The standards apply to operations that produce agriculture crops and have employees outside of the immediate family, although some parts of the WPS pertain to family members working on those operations. Examples include, but are not limited to, mushroom operations, orchards, nurseries, greenhouses, and farms. The regulation covers everything from the frequency of pesticide safety training to the type of personal protective equipment required. Harvey, an employee of the Pennsylvania Office of Rural Health (PORH), is funded through a state grant from the Pennsylvania Department of Agriculture (PDA), Bureau of Plant Industry, to help Pennsylvania agricultural producers with WPS compliance.

Though the grower's three sons will be boarding a bus to school in just a few minutes (their mother keeps urging them to put on their coats and wait on the front porch), they cannot seem to resist looking on while Harvey and their father review a checklist covering what he needs to know about WPS so that their greenhouse operations are in compliance in order to protect their employees and in the event of an inspection by PDA.

The visit lasts about an hour, during which the grower shows Harvey his pesticide log, asks questions, and tells Jim about his operation. Harvey suggests a better and easier record-keeping system, provides safety posters for specific areas in the greenhouse, fills in the information on the poster regarding contact information for the nearest medical facility, and makes notes about other ways he can assist the grower.

Following this visit, which was scheduled in advance, Jim drops in unexpectedly on several other growers in the area to say hello and find out if they need anything (posters, information) or have any questions. Jim makes hundreds of such visits every year; the entire commonwealth is his territory.

"I think word gets around in the community that I'm there to help," said Harvey. "There isn't a comprehensive list of growers, and there are thousands of small operations in the state, so I often

come upon places I've never been and usually get a friendly reception."

"Jim is beating the bushes looking for people who may need help with compliance," explained David Scott, chief of the Division of Health and Safety for the PDA Bureau of Plant Industry. Among other things, Scott manages PDA's pesticide programs, in addition to the farm safety, botany, and the integrated pest management programs.

"Jim is part of a partnership between Penn State Extension, PORH, and PDA," Scott continued. "They [Penn State and PORH] have a unique relationship with the grower population and the ability to provide compliance assistance without the perception that they are an enforcement organization. People are more receptive to having someone like Jim come to their farm to do a compliance visit rather than having an inspector show up."

Inspectors, Scott explained, carry both state (PDA) and federal (EPA) credentials. The EPA provides grant monies to states for WPS compliance programs.

"Jim builds an open dialog where questions can be answered and issues resolved before enforcement is necessary, which frees up our inspectors to do inspections. We have tried very hard to keep the roles of Penn State Extension, the Office of Rural Health, and PDA separate so that Jim's meetings with growers are not

adversarial but a welcome help. It's a big state, and it's been a good fit. Now, when we do complete a compliance inspection and find issues, we even include a brochure suggesting they contact Jim in the future to help them resolve those issues," Scott explained.

"The regulation was issued to promote and ensure safety for the agricultural workforce," Scott added. "The best way to ensure compliance with the law, and the best way to protect workers in the commonwealth, is through education."

Kerry Richards, Ph.D., director of the Penn State Pesticide Education Program, agrees. "WPS is a federal mandate that comes from the EPA to protect not only those who handle and apply pesticides but those who work in areas that have been treated with pesticides to help minimize the potential for exposure. Our program has worked with PORH to develop a series of educational, relevant videos and help create the information workers and handlers need not only to be in compliance with the law but to be safe."

An expert not only in the implications of pesticide use for humans but also for the food supply, wildlife, and the environment, Richards said her role in the WPS program has been to "look at it from the

grower perspective, at the 30,000 foot level. I know, for example, what Christmas tree growers do and the chemicals they use, which means I can help create relevant educational materials that make it practical for them to comply with the regulations."

"In the not-to-distant future, nine billion people in the world will depend on agriculture to produce the food they eat," Richards added. "Both traditional and organic growers need to have every option available to them to keep their crops and the food supply safe, affordable, and growing. Although they are limited to those products that are approved by the Organic Materials Review Institute as acceptable for organic production, even organic growers occasionally use pesticide products. If growers don't manage pest problems, they can lose a dramatic amount of the sale value of their crop. Growers depend on their crops to make a living, and keeping their employees safe plays an important role in the production of that crop. Pesticides can be very beneficial, but they must be used in a way that keeps people safe, which is why WPS is so important."

Richards also is responsible for understanding the intent of the law and com-

municating changes, some of which are scheduled to be implemented in mid-2015.

"WPS has been under review for nearly fifteen years," Richards said. "They have looked at the regulation to find ways to make it work better—to reach EPA's ultimate goal of protecting workers and handlers on sites. Because the WPS standards are written broadly enough no matter what new chemicals come out, the regulation changes involve things like shortening the time between when a worker starts working in areas treated with pesticides and when he or she must be trained and shortening the time between retraining from five years to one."

Richards said she believes Pennsylvania growers are much more aware of WPS than growers in other states, both because of the compliance assistance program and the quality of the educational materials, and the fact that they have been made culturally sensitive to Anabaptist and Hispanic workers. "We have shared our materials with other states, and we get constant requests. Once the new regulations are finalized, we will easily be able to adapt our materials because we have been in the forefront in terms of making proactive recommendations for our growers."



Left: Jim Harvey, rural health farm worker protection safety specialist, checks pesticide records during a compliance assistance visit at an orchard. Right: The "Safety in the Field" series of training videos target specific sectors of the agricultural industry including fruit, vegetable, mushroom, and Christmas tree growers and greenhouse and vineyard owners.

In addition to discussing WPS with Pennsylvania growers, Harvey often serves as an ambassador for PORH, sharing information on other issues or programs when he sees the need, as he did on that October morning by offering a pamphlet about Lyme disease, a growing concern across Pennsylvania. The grower had recently been treated for the disease and was happy to learn more about protecting himself, his family, and his workers.

Harvey might bring a sample of a new piece of equipment and provide information on how and where to purchase it. He might tell a story about a grower in a similar situation or speak at a local agricultural meeting. He has referred farmers with injuries or disabilities to AgrAbility for Pennsylvanians, a pro-

gram also administered through Penn State Extension. Most of all, Harvey has been a relationship-builder, earning the trust of both conventional growers and those in the Anabaptist community (Mennonites and Amish) and ultimately educating them on how to be safe and healthy.

“Jim is uniquely qualified to go out and deliver education in a professional manner that is accepted by the rural farming community,” Scott concluded. “Greenhouses, nurseries, orchards — small businesses across the commonwealth — are benefitting from our partnership, and we continue to see a low number of compliance issues. I don’t have specific data pointing to Jim’s influence, but I know that inspectors appreciate what he does as much as the growers do.”

Jim Harvey returns to his car, back seat and trunk filled to the brim with papers and items to distribute and share, GPS set to guide him to the next location (though he knows nearly all the back roads in Pennsylvania). He is sure there’s a farm just around the corner he has never visited. Time to drop in and say “hello.”

For more information on the Pennsylvania Rural Health Farm Worker Protection Safety Program and on the federal Worker Protection Standard, contact Jim Harvey, rural health farm worker protection safety specialist at 814-863-8656 or to jdh18@psu.edu or visit porh.psu.edu/farm-worker-protection-safety-program.

Building Stronger Rural Communities in Pennsylvania: Resources for Non-profit Health Care Providers

Times are tough for small rural non-profit health care providers. Restrictive credit environments, changes in the economy, health care laws, and the health care industry as a whole can make it difficult to secure competitive financing at reasonable rates and terms to update, modernize, expand, and build new facilities. To help overcome these challenges, the USDA Rural Development Community Facilities program is often the best financing option for rural health care facilities. With a current interest rate of 4 percent and a forty-year term on community facility loans, USDA loans are a practical alternative.

Community Facilities loans help provide financial assistance for quality health care services—a vital building block for stable rural communities. For example, Endless Mountains Health Systems, in rural Susquehanna County, had a tiny, two-bay emergency room serving thousands of residents. The 50 year-old hospital was outdated with no room for expansion. With a \$27 million USDA Community Facility direct loan, the hospital constructed a new facility combining all clinics and services under one roof. A new six-bay emergency room with an airborne infection isolation room, cardiac/trauma room, and a helipad replaced the outdated emergency room, while an expanded operating room and additional exam rooms provided new, state-of-the art medical services to encourage area growth.

In addition to Community Facilities loans, USDA Distance Learning and Telemedicine grants can support the cost of

equipment for video conferencing, telemedicine, and distance learning equipment. USDA’s Community Connect program provides grants to build broadband Internet infrastructure and establish community centers to offer free public access in rural areas where broadband service is least likely to be available.

Despite the challenges faced by rural health care providers, USDA Rural Development can help with the financing needed to continue to improve, expand, and grow services. This, in turn, builds stronger communities so that rural Pennsylvania remains a great place to live, work, and raise a family.

Community Facilities Loans for non-profit health care and mental health care institutions:

- **Low-interest loans to small rural non-profit organizations for equipment needs, acquisition/ construction of new facilities or restoration of existing facilities**
- **Maximum term: 40 years; current interest rate of 4 percent**

USDA is an equal opportunity employer and provider. For more information on USDA Rural Development Community Facilities Programs and for contacts for regional USDA Rural Development staff in Pennsylvania, visit rurdev.usda.gov/pa or contact Tonya St. Clair at 610-791-9810, ext. 112.

Penn State Extension-Health Care Partnerships Lead to Positive Outcomes for Rural Pennsylvanians

By Susan J. Burlingame

“Health is a complex subject, whether we’re talking about the individual, the family or the community,” said Marilyn Corbin, Ph.D., extension program leader for Penn State Extension. Corbin oversees programs that bring together Extension educators and health care partners to help all three audiences — individuals, families, and communities — meet health-related goals.

Extension is a trusted source of educational information, especially in rural areas of the commonwealth, Corbin explained. “Our goal is to deliver prevention education programs in the community so people can be healthier and improve their own and their family’s quality of health and quality of life.”

Dozens of Extension-health care partnership programs are reaching rural communities and having a positive impact. **The StrongWomen Program**, for example, is available in thirty-five counties, many of which have significant rural populations. A research-based program started at Tufts University, StrongWomen addresses issues related to bone and muscle mass loss as women age. The strength training and nutrition program teaches upper and lower body exercises to increase strength, flexibility, balance, and stability, as well as the importance of fruits, vegetables, and calcium in the diet.

Clearfield County-based Penn State Senior Extension Educator Robin Kuleck, R.N., manages seventeen StrongWomen program sites across five counties. Affiliate hospital partners provide space, advertising, and resources to make the program successful; about 220 women ranging in age from 40-90 were enrolled last fall.

“Women can see how they’ve progressed over the course of twelve weeks and also how they compare to national standards,” Kuleck said, explaining that participants are pre-tested based on National Institute on Aging standards and tested again at the end of the program. An added weekly health and nutrition fact sheet and subsequent discussions round out the program, and women are encouraged to get bone density tests from their health care providers.

“We’re helping women improve physically, mentally, and behaviorally,” Kuleck said.

Dining with Diabetes, another Extension-health care partnership program serving citizens in rural communities, combines diabetes education with hands-on food preparation to help people with Type 2 diabetes manage their diabetes through proper nutrition.



According to District Extension Director Janice Stoudnour, who oversees programs in Bedford, Somerset, and Cambria counties, participants join the program voluntarily and receive valuable feedback to share with physicians. The first of four two-hour weekly sessions begins with measuring hemoglobin A1C and blood pressure. Participants learn about portion control and healthy food choices while preparing and sampling several different recipes. Hemoglobin A1C and blood pressure are rechecked at a fifth session held three months later, helping participants understand their numbers and assess their progress after applying the lessons they learned.

“We have seen significant, positive changes in a lot of people,” Stoudnour said.

“Finding ways to give access to health improvement programs for people in rural Pennsylvania is an important part of what Extension does,” concluded Corbin. “When Extension works with health care partners, we build working relationships, exchange ideas, share important information, and ultimately help their patients improve their lives through disease and injury prevention, nutrition, and other measures. Together with our health care partners, Penn State Extension is improving health knowledge so people across the commonwealth can realize better outcomes.”

For more information on the StrongWomen Program, Dining with Diabetes, and other Penn State Extension programs that promote health at the community level, visit extension.psu.edu.

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Upcoming Events

April 8, 2015

Funding for Health Information Technology Workshop

Hospital and Healthsystem Association of Pennsylvania, Harrisburg, PA
Coordinated by USDA Rural Development-Pennsylvania, the
Hospital and Healthsystem Association of Pennsylvania, the
Pennsylvania Department of Health, the Pennsylvania Office
of Rural Health, and other partners.

For more information, visit pareacheast.org/Pages/Rural-HIT-Funding-Workshop.aspx or call 814-863-8214.

May 5, 2015

2015 Community Health Worker Summit

Penn Stater Conference Center Hotel, State College, PA
Coordinated by the Eastcentral Pennsylvania Area Health Education
Center, the Pennsylvania Office of Rural Health, and other partners.

For more information, visit porh.psu.edu or call 814-863-8214.

April 14-17, 2015

38th Annual National Rural Health Conference

Marriott Philadelphia Downtown, Philadelphia, PA
Sponsored by the National Rural Health Association

For more information, visit ruralhealthweb.org/go/events/37th-annual-rural-health-conference or call 816-756-3140.

May 5-6, 2015

National Rural EMS Conference: Building Collaboration and Leadership for the Future

Little American Hotel, Cheyenne, WY
Sponsored by the Joint Committee on Rural Emergency Care

For more information, visit nosorb.org/calendar-events/national-rural-ems-conference/ or call 208-375-0407.