

SPRING 2016

PENNSYLVANIA RURAL HEALTH

INSURANCE

**Navigating
the Insurance
Marketplace
and Enrolling
in Medicaid**

REDUCING FOOD WASTE

to Save Money, Natural
Resources, and Lives

PENNSYLVANIA OFFICE OF RURAL HEALTH

Honors 2015 Rural Health
Champions

PORH ADDRESSES RURAL HEALTH POPULATION

Through Web-based Portal



PennState

message *from the* director

Welcome to the spring issue of *Pennsylvania Rural Health*. As I write this column, we are two weeks past Punxsutawney Phil's prediction of an early spring. I hope that by the time you are reading this, his prediction has come true and we are out of the cold weather and are looking to the signs that warmer air is coming our way.



I've been giving a great deal of thought lately to health care transformation and population health. The article on page twelve of this issue of the magazine highlights one of the initiatives that we have undertaken to help rural communities and the health care facilities that serve those areas address current and emerging issues though the use of

the Healthy Communities web-based tool. That has brought significant benefit to the ten counties included in the project and to the counties that will be added this year. Stay tuned!

The Pennsylvania Office of Rural Health also has been part of the Health Innovation Plan development taking place under the direction of the Pennsylvania Department of Health, a plan that will be submitted to the Centers for Medicare and Medicaid Services' (CMS) Center for Medicare and Medicaid Innovation (CMMI). Planning for health transformation in Pennsylvania now is important for the health of the commonwealth, especially for residents of rural counties.

Based on reports from the Center for Rural Pennsylvania, Pennsylvania has the seventh highest drug overdose mortality rate in the country and heroin and opiate use is increasingly becoming a health issue in rural Pennsylvania. The Pennsylvania Health Care Cost Containment Council reported that between 2000 and 2014, hospitalizations for overdose of pain medication in rural Pennsylvania increased by 285 percent. Hospitalizations for heroin overdose increased by 315 percent during that same time period. Across the state, there are 18.7 deaths from drug overdose per 100,000 people, compared to

only 13.5 deaths per 100,000 nationally, according to the United Health Foundation's *2015 America's Health Rankings Annual Report*.

Other concerns for rural residents include higher rates of obesity, diabetes, and cancer.

Data compiled by the Center for Rural Pennsylvania indicate that approximately 32 percent of adults in rural Pennsylvania are considered to be obese, compared to 28 percent in urban Pennsylvania and 26 percent nationally. Not surprisingly, this puts rural Pennsylvania adults at greater risk of illness and conditions more commonly linked to obesity. For example, adults in rural Pennsylvania demonstrate a greater prevalence of diabetes diagnoses (11.1 percent) than do their urban counterparts (9.9 percent) and the U.S. overall (9.6 percent). The death rate from all cancers between 2010 and 2012 among rural Pennsylvanians was 239 per 100,000 people, compared to 220 per 100,000 people in urban Pennsylvania.

According to the Robert Wood Johnson Foundation's *2015 County Health Rankings* for Pennsylvania, seventeen of the state's sixty-seven counties rank lowest for health outcomes and sixteen rank next to lowest. Many of these same counties also rank second lowest or lowest for health factors such as health behaviors, clinical care, social and economic factors, and the physical environment.

While much needs to be done, communities are engaged in helping residents achieve better health. The 2015 rural health award winners, highlighted in this issue, are proof of that, as are several successful programs highlighted in this, and previous issues, of *Pennsylvania Rural Health*. It takes more than a village to address these concerns and rural health care providers are poised to do just that. Please let us know how your state office of rural health can help and as always, continue to be in touch.

A handwritten signature in blue ink that reads "Lisa Davis".

Lisa Davis
Director



Cover Story: Navigating the Insurance Marketplace and Enrolling in Medicaid



Reducing Food Waste to Save Money, Natural Resources, and Lives



Pennsylvania Office of Rural Health Honors 2015 Rural Health Champions

Cover Story: Navigating the Insurance Marketplace and Enrolling in Medicaid 2

Reducing Food Waste to Save Money, Natural Resources, and Lives 6

Pennsylvania Office of Rural Health Honors 2015 Rural Health Champions 8

A Medical Student's Perspective 11

PORH Addresses Rural Population Health Through Web-based Portal 12

National Rural Assistance Center Changes Name, Adds Resources 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.

Pennsylvania Rural Health is published twice a year by PORH. The cost of the publication is supported, in part, by funding from HRSA, HHS under Pennsylvania's grant number H95RH000125, State Offices of Rural Health (SORH) program, for \$171,598. The total cost of the current issue of the magazine was \$6,013; 100% of that cost was financed with non-Federal sources.

This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.

U.Ed. HHD 16-102



Funded, in part, by the Pennsylvania Department of Health

Navigating the Insurance Marketplace and Enrolling in Medicaid:

New Opportunities and Challenges for Rural Pennsylvanians

The Patient Protection and Affordable Care Act (ACA), which became federal law in March 2010, was designed to provide Americans with “better health security by putting in place comprehensive health insurance reforms.” The reforms included expanding coverage, holding insurance companies accountable, lowering health care costs, guaranteeing more choice, and enhancing the quality of care for all Americans.

In 2014, the Health Insurance Marketplace (healthcare.gov) opened, a web-based program created under the ACA where consumers enroll in insurance plans during “open enrollment periods.” The third annual enrollment period ended on January 31, 2016. The ACA also provided states with funding to expand eligibility requirements and enrollment in Medicaid, an option Pennsylvania took advantage of when Tom Wolf was sworn in as the commonwealth’s new governor in January 2015. Individuals can apply for Medicaid (known as Medical Assistance or MA in Pennsylvania) at any time during the year, which many do if and when their circumstances change.

The ACA operates on a “Coverage to Care” philosophy that encourages consumers to seek health care when they are sick and when they are healthy—consumers who, before obtaining insurance, might only have accessed medical services in emergencies or supplanted their own needs for those of other family members. Because of the ACA, which requires all Americans aged eighteen and over to have health insurance (younger Americans are covered on their parents’ plans or through the Children’s Health Insurance Plan, known as CHIP), newly insured consumers can seek and receive not only primary care when they are sick or injured but also preventive care. Coverage to Care also reminds individuals to lead healthier lifestyles, fill and take prescriptions, and attend follow-up health care appointments.

“When we deliver care inefficiently for high cost in a disparate way, we are all paying for that,” said Douglas Spotts, MD, immediate past president and board chair of the Pennsylvania Academy of Family Physicians and a trustee on the American Academy of Family Physicians Foundation. “When people don’t have access to care or choose not to access care due to lack of insurance, they end up in the emergency room—not doing preventive care but doing ‘patch-it’ care. Then, it’s too late.” Spotts practices family medicine and also serves as the chief medical information officer at Evangelical Community Hospital in rural Lewisburg, Pennsylvania.

“Rural areas in Pennsylvania have consistently had more uninsured individuals than urban areas,” said Jonathan Johnson, senior policy analyst for the Center for Rural Pennsylvania, while sharing statistics about the numbers of uninsured. “The number of rural uninsured in Pennsylvania dropped from 12.8 percent in 2010 to 11.9 percent in 2013 (the latest data available), representing approximately 31,000 newly insured.” Johnson noted that while this particular drop cannot be directly tied to the passage of ACA, “it’s a good start.”

According to Johnson, the data show that rural Pennsylvanians tend to be a little unhealthier overall than urbanites. “It’s too early to tell, but perhaps as people get insured, their health behaviors will begin to change.”

Patrick Keenan, director of consumer protections and policy for the Pennsylvania Health Access Network (PHAN), has witnessed first-hand the impact of the commonwealth’s decision to expand Medicaid on consumer health behavior. PHAN is a statewide coalition of more than sixty organizations working to protect high-quality health insurance coverage for individuals and businesses and to expand coverage to the uninsured. Among its other roles—outreach, education, and policy recommendations—PHAN employs navigators (individuals who are

INSURANCE



By Susan J. Burlingame

trained to walk consumers through the healthcare.gov website and help them find the right insurance coverage for their situation) and certified application counselors to help uninsured and underinsured Pennsylvanians apply for and enroll in appropriate insurance plans.

“Sometimes, the hardest working people among us are the ones who are just one accident or hardship away from being without income,” Keenan said. “Bus drivers, home care givers, and so many others who couldn’t afford insurance before are now Medicaid-eligible. They can sleep at night knowing they are covered if that crisis comes.”

Keenan shared the story of a bus driver in rural Pennsylvania who hadn’t been seen by a health care provider in more than a decade because he lacked insurance. “When he became Medicaid-eligible, he went to a doctor and was told he was probably three weeks away from having a massive heart attack.” Another consumer thought his aches and pains were normal signs of aging. “When he enrolled in Medicaid and went to a physician, he found out he was suffering from Lyme disease. Both individuals were able to be treated for their conditions.”

“The biggest challenges we are finding related to the insurance marketplace is that people don’t have a complete picture of what it offers or what they are required to do,” Keenan added. “Organizations like PHAN and the Pennsylvania Association of Community Health Centers (PACHC) are working hard to help people understand so they can make informed decisions.”

PACHC is a not-for-profit, statewide primary care organization that supports a network of health centers (including community health centers, federally qualified health centers, and others)

in their mission to improve access to affordable, quality primary care. Their providers serve more than 700,000 people at more than 200 sites in underserved rural and urban areas throughout Pennsylvania.

Tia Whitaker, PACHC’s statewide director of outreach and enrollment, said there are now more options available to rural Pennsylvanians, but “while the process for obtaining insurance is now much easier, our challenge is making people aware of their options and getting them to enroll. There are still approximately an estimated one million people without coverage in Pennsylvania, and there’s a penalty associated with not having health care coverage, so we need to get the word out. People don’t realize how affordable health care can be because of tax credits, subsidies, and cost-sharing. I have personally enrolled people who only pay \$3 per month.”

To respond to the passage of the ACA, PACHC placed navigators in locations throughout the commonwealth. “We set up computer stations with navigators or certified application counselors in lobbies of health centers and pharmacies, we hold outreach events wherever we can, and we distribute information in banks and stores and other public places,” she said. “We cast a broad net by distributing information wherever we can—county fairs, health fairs, and even parades.”

Armed with the information that 13.3 percent of Fulton County residents were uninsured in 2013, the Fulton County Medical Center (FCMC) in rural McConnellsburg, Pennsylvania, took a proactive role in helping consumers sign up for insurance during the first ACA open enrollment period. They hired a certified application counselor to work in the lobby of the hospital three to four days per week and they set up an

insurance information kiosk and placed two free-standing computer stations for consumers to use.

“We realized a lot of the folks would be concerned, so we decided to be proactive,” explained Misty Hershey, director of community relations and benefits for FCMC. “Especially in a rural county like ours, people find it hard to understand or they don’t know how to navigate the online website, so we tried to make it easy for them.”

Hershey said their efforts were so successful that they had consumers from neighboring health centers take advantage of the help provided by the certified application counselor, and they have seen a marked drop in the number of emergency room visits—from 9,723 in 2013 to 9,153 in 2015—as well as increases in appointments with their other services.

“Now that people have more insurance, they seem to be willing to use our other services,” Hershey added. For the most recent open enrollment period, FCMC employed three certified enrollment counselors, one of whom helps individuals apply for Medicaid based on the expanded eligibility requirements.

“All insurance plans under the ACA must supply the ten essential health benefits (including hospitalization, prescription drugs, maternity and newborn care, and others),” explained Ron Ruman, press secretary for the Pennsylvania Insurance Department, which evaluates, approves, and oversees insurance plans in Pennsylvania that are available through the Insurance Marketplace. “Each plan can offer additional services, different premiums, and different deductibles, so we encourage everyone to look carefully at the different plans before choosing one.”

“Especially for rural Pennsylvanians, it is extremely important to look at cost, services, and providers,” Ruman added. “People should look at plans that have doctors and hospitals they have used in the past—providers that are located close-by.” Ruman noted that distance to health care providers is one of the greatest challenges for rural Pennsylvanians. “The right health care provider needs to be accessible to the consumer.”

When Pennsylvania began its Medicaid expansion efforts, the governor estimated there were approximately 600,000 people who were newly eligible for Medicaid, explained Kait Gillis, spokesperson for the Pennsylvania Department of Human Services (DHS), which is responsible for the commonwealth’s managed care programs including Medicare, Medicaid, and CHIP. Like non-governmental organizations such as PHAN and PACHC, Gillis said, “we need to find the uninsured and newly Medicaid-eligible people in pockets of rural Pennsylvania.”

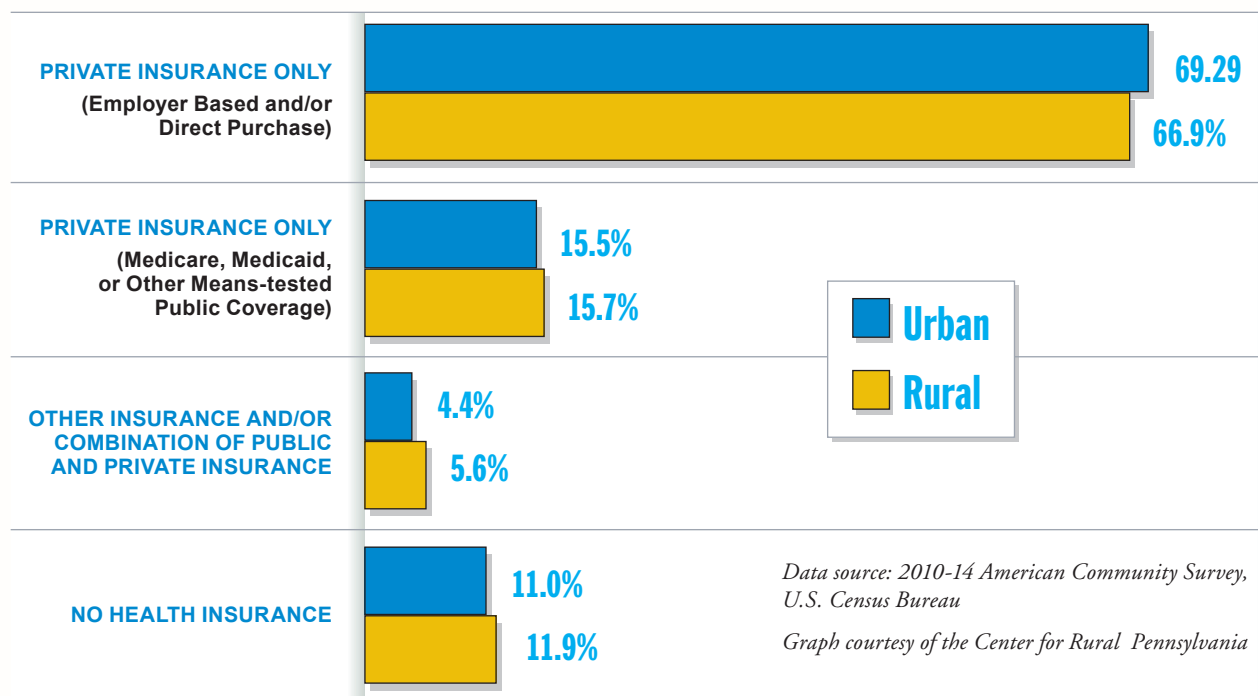
To do so, DHS targeted lower-income grocery stores and other places frequented by consumers who may be uninsured. “We put enrollment fliers in grocery bags, we host enrollment events across the state, and we have set up tables at Community Aid events,” Gillis said.

As of December 31, 2015, there were 518,000 new Medicaid enrollees, prompting a celebration in Harrisburg by Governor Tom Wolf. “Our outreach efforts have been extremely effective,” Gillis said, “but there’s still much more to be done.”

DHS will soon be kicking off a faith-based outreach strategy in an effort to reach “every person out there who qualifies,”



TYPE OF HEALTH INSURANCE FOR RURAL AND URBAN PENNSYLVANIANS FOR PERSONS UNDER 65 YEARS OLD, 2010-14



Gillis added. “We find that information coming from people you trust—such as pastors or faith leaders—provides a comfort level for people and they are more apt to take action.”

DHS also is responsible for managing CHIP. “Because of our success in enrolling more Pennsylvanians in the Medicaid program, we now know where there are pockets of uninsured children, so we can make sure they are enrolled in CHIP and are able to access the care they need,” Gillis said. “We are relying on the data we’ve gathered while enrolling people in Medicaid. When we started looking at the numbers by percentage of population rather than raw numbers, we found many pockets of underserved children in rural Pennsylvania. We’ll be ramping up our outreach efforts for CHIP as well.”

“Beyond debating every aspect of the ACA—does it need to go further, does it need to do more—I think if you talk to most family doctors, they would agree it would be chaotic for it to go away,” said Spotts, who cited the need to add more primary care physicians to accommodate all of the new patients. Spotts also is working with others to propose legislation to create primary care medical homes, a team-based model for patient care. “The Affordable Care Act gets this country and this state going in the right direction. The fact is, we all want access to care for everybody.”

“Having access to health care, and having access to affordable health care, are in some ways two sides of a larger dilemma for rural Pennsylvanians,” concluded Johnson of the Center for Rural Pennsylvania. “Affordability is slowly being addressed by the ACA and other programs, but it takes time and you can’t wave a magic wand to solve the larger problem of supplying enough providers to people in rural Pennsylvania. I think there will be a big push in the future to address the issue.”

For more information, visit the Pennsylvania Insurance Department website at insurance.pa.gov or the Pennsylvania Department of Human Services’ website at dhs.pa.gov. The Pennsylvania Health Access Network offers a free helpline at 877-570-3642. Other resources can be found on the websites for the Center for Rural Pennsylvania (rural.palegislature.us) and the Pennsylvania Association of Community Health Centers (pachc.com). The Federal Health Insurance Marketplace website is healthcare.gov.

Reducing Food Waste to Save Money, Natural Resources, and Lives

By Susan J. Burlingame

According to the U. S. Department of Agriculture (USDA), “food loss and waste in the United States accounts for approximately 31 percent—or 133 billion pounds—of the overall food supply.” Calling it the “single largest component of disposed U.S. municipal solid waste,” and noting that decomposing food produces methane, a potent greenhouse gas, USDA experts have projected that reducing food waste by just 15 percent would not only feed more than twenty-five million Americans each year, it would also save money and resources such as fertilizer, cropland, fresh water, and energy.

To address this critical issue, the USDA and the U.S. Environmental Protection Agency (EPA) announced the nation’s first-ever food waste reduction goal in September 2015, calling for a 50-percent reduction by 2030. The goal comes on the heels of a 2013 national food waste challenge, which created a platform for sharing best practices on ways to reduce, recover, and recycle food. The challenge attracted more than 4,000 participants in its first year.

“The USDA and EPA are working with schools, universities, dietitians, and other organizations on how to accomplish their 50 percent goal,” said registered dietitian Dori Campbell, a nutrition, health, and food safety educator for Penn State Extension in Westmoreland County. “Since our responsibility as Extension educators is to disseminate research-based information, we are thinking about developing a program to involve Pennsylvania families, farmers, food processors, and others in the fight against food waste and loss. Right now, there are seven billion people on the planet, but that number is expected to be nine billion by 2050. How are we going to have the resources to feed so many people if we continue to waste food?”

Campbell discussed the many ways food is wasted. “Think about a cafeteria that throws away half a pan of uneaten lasagna. Think about the food that goes bad in consumer refrigerators or the produce at the grocery stores that goes unpurchased.”

While there are some good systems in place for reducing food waste such as using imperfect-looking fruit and vegetables for baby food, animal feed, and more, Campbell says, much more needs to be done. “One role of Extension, should we develop a formal program, would be to get the systems in Pennsylvania to be part of the national challenge.”

Campbell suggested simple ideas such as eating more locally grown foods, putting half of a restaurant meal in a to-go bag before eating it so it stays untainted, planning meals based on the most sensitive ingredients in the refrigerator or pantry, or using overripe fruit in a smoothie rather than throwing it away.

“Developing habits to save more of the food we already have will put less strain on the resources associated with producing and buying food and aid in reducing the creation of greenhouse gas emissions,” concluded Campbell. “We can help ourselves as well as our communities and all of society by taking an active role in reducing food waste and making sustainable, healthy choices.”

For more information on reducing food waste, visit usda.gov/ocelfoodwaste.

For more information on initiatives through Penn State Extension to reduce food waste, contact Dori Campbell at dld156@psu.edu or 724-837-1402.





14 Ways Consumers Can Reduce Food Waste

Adapted from the University of Nebraska-Lincoln Extension

1. Shop the refrigerator before going to the store. Use food at home before buying more. Designate one meal weekly as a "use-it-up" meal.
2. Move older food products to the front of the refrigerator, cupboard, and freezer and just-purchased items to the back. This makes it more likely that foods will be consumed before they go bad.
3. Keep the temperature of the refrigerator at 40°F or below to prolong the life of foods. Foods frozen at 0°F or lower will remain safe indefinitely but the quality will go down over time.
4. Freeze or can surplus fresh produce using safe, up-to-date food preservation methods. Visit the National Center for Home Food Preservation website (nchfp.uga.edu) for freezing and canning instructions.
5. Take restaurant leftovers home and refrigerate within two hours of being served. Eat within three to four days or freeze. Ask for a take-home container at the beginning of the meal if portions look especially large. Remove take home food at the beginning of the meal so leftovers are as appetizing as the original meal, rather than the picked-over remains.
6. Dish up reasonable amounts of food at a buffet and go back for more if still hungry.
7. Compost food scraps for use in the garden.
8. Check product dates on foods.
 - A "Sell-By" date tells the store how long to display the product for sale. It should be purchased before the date expires.
 - A "Best if Used By" date is recommended for best flavor or quality. It is not a purchase or safety date.
 - A "Use-By" date is the last date recommended for the use of the product while at peak quality. The date has been determined by the manufacturer of the product.
9. Look for recipes that use ingredients you already have at home.
10. Buy misshapen fruits and vegetables at farmers' markets and elsewhere. They taste just as good and are just as nutritious as those with a "perfect" shape but are more likely to get thrown away.
11. Rather than buy food for use in only one recipe, check if there might be a suitable substitute already at home. The Cook's Thesaurus website (foodsubs.com) gives thousands of ingredient substitutions.
12. Check the garbage can. If the same foods are constantly being tossed, eat them sooner, buy less of them, incorporate them into more recipes or freeze them.
13. Donate safe, nutritious food to food banks or food pantries.
14. If there are several foods that might go to waste at the same time, try adding them to such adaptable recipes as salads, soups, pasta, and casseroles.

Pennsylvania Office of Rural Health H

Each year, the Pennsylvania Office of Rural Health (PORH) presents awards to recognize programs and individuals who have made substantial contributions to rural health in Pennsylvania. The six 2015 awardees included two state senators, the Pennsylvania Secretary of Drug and Alcohol Programs, Lycoming County's Project Bald Eagle, a Perry County Commissioner, and two cardiologists. Efforts to address the growing opioid addiction and overdose crisis in rural Pennsylvania were undertaken by several of the awardees; others addressed rural concerns related to heart health and access to care for rural populations. The awards were presented at events across the state during October and November 2015 by Lisa Davis, director of PORH and outreach associate professor of health policy and administration at Penn State.



Saad Tabbara, MD (left) and Ramzi Khalil, MD (right) accept the Rural Health Hero of the Year Awards from Lisa Davis, PORH director, joined by leadership from Armstrong County Memorial Hospital, Kittanning, Pennsylvania.

Rural Health Hero of the Year

Ramzi Khalil, MD and Saad Tabbara, MD, cardiologists at Cardiology Associates in Kittanning, Pennsylvania, each received the 2015 Rural Health Hero of the Year Award for volunteering their time to offer free care to heart failure patients at a Kittanning-based clinic. The clinic, under the direction of the cardiology department at Allegheny General Hospital in Pittsburgh, Pennsylvania, provides cardiology services to patients in Armstrong County one day per week.



Gary Tennis, Pennsylvania Secretary of Drug and Alcohol Programs, receives the Rural Health Leader of the Year Award from PORH director Lisa Davis (left), with nominator Michele Denk, director of the Pennsylvania Association of County Drug and Alcohol Administrators.

State Rural Health Leader of the Year

Pennsylvania Secretary of Drug and Alcohol Programs Gary Tennis received the Rural Health Leader of the Year Award for spearheading efforts to address drug overdose and death in Pennsylvania. Tennis convened leaders from all areas of state government, law enforcement, the medical community, human service providers, and local government to formulate a comprehensive, community-based strategy to address the drug overdose crisis in the state. He worked with rural communities to develop mobile treatment approaches with county jails to make treatment available the same day an individual is released from incarceration. Tennis also supported state efforts to increase the availability of the drug Naloxone, an antidote that reverses the effects of a drug overdose, to police, first responders, and residents of the state.

honors 2015 Rural Health Champions

Honor Rural Health in Pennsylvania!

PORH will accept nominations for the 2016 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.



Senator Gene Yaw (R-23th District) is presented with the Rural Health Legislator of the Year Award by Lisa Davis, PORH director.

Rural Health Legislator of the Year

State Senator Gene Yaw (R-23rd District) received the Rural Health Legislator of the Year Award. In his role as the chairman of the Center for Rural Pennsylvania, Yaw hosted a series of public hearings on the heroin epidemic facing Pennsylvania. The increased use of heroin, which often has roots in the abuse of prescription pain killers like Vicodin and OxyContin, has catapulted Pennsylvania to seventh in the nation for drug-related overdose deaths. The public hearings resulted in a report titled *Heroin: Combating this Growing Epidemic in Pennsylvania*, which has been credited with generating greater awareness and support for two pieces of legislation, SB 1180 (Prescription Drug Monitoring) and SB 1164 (Naloxone and Immunity from Prosecution), which have been deemed as critical to addressing heroin and opioid abuse that has claimed the lives of more than 3,000 Pennsylvanians in the last five years.



Perry County Commissioner Brenda Benner accepts the Community Rural Health Leader of the Year Award from Lisa Davis, PORH director (left) with Patti McLaughlin (right), commercial loan officer at Bank of Landisburg, in Blain, Pennsylvania, who made the award nomination.

Community Rural Health Leader of the Year Award

Perry County Commissioner Brenda Benner received the Community Rural Health Leader of the Year Award for her leadership with the Perry County Health Coalition, where she has worked tirelessly to improve health outcomes for all Perry County residents, especially the most vulnerable. The coalition was formed two years ago in response to growing concerns about the health of community residents. Chaired by Commissioner Benner, the coalition brings together representatives from county government, the Perry Family Partnership Board, local and regional health care providers, funders, and area schools to improve health and well-being. In her role as chairperson, Benner was recognized for her personal and professional dedication to improving the health of Perry County residents.



Members of Project Bald Eagle pose with the Rural Health Leader of the Year Award (photo courtesy of the Williamsport Sun-Gazette).

Rural Health Program of the Year Award

Accepting the Rural Health Program of the Year Award on behalf of Lycoming County's Project Bald Eagle (PBE) was its executive director, Beth McMahon, Ph.D., who nominated PBE for the award. With sixty opioid- and heroin-related community deaths since 2010 in Lycoming County, the county's Heroin Task Force established PBE to engage public and private stakeholders to respond to this public health epidemic. PBE is built upon North Carolina's evidence-based Project Lazarus model, where opioid overdose deaths have decreased by 20 percent in the past decade. PBE expanded this model to increase an emphasis on prevention and early intervention and encourage and facilitate partnerships. Over one hundred key stakeholders and multiple community members contribute to this community-owned project.



Lisa Davis, PORH director, presents Senator Joseph Scarnati (R-25th District) with the Rural Health Recognition Award, along with nominator Ed Pitchford, president and CEO of Cole Memorial Hospital in Coudersport, Pennsylvania.

Rural Health Recognition Award

State Senator Joseph Scarnati (R-25th District) was recognized for his efforts to advance rural health issues in Pennsylvania, specifically by supporting the state's fourteen Critical Access Hospitals (CAHs). CAHs are very small rural hospitals that serve large Medicare and Medicaid populations. In his nomination, Ed Pitchford, president and CEO of Cole Memorial Hospital in Coudersport, Pennsylvania lauded Scarnati for his understanding of the challenges faced by CAHs related to Medicaid funding and for negotiating to make sure the state budget included—and continues to include—funding to support Medicaid payments to CAHs.

NEW RESOURCE

Federal Office Releases New Grantee Resource Guide

The Federal Office of Rural Health Policy in the U.S. Department of Health and Human Services has released a Resource Guide for new applicants and grantees. The Guide is a compendium of relevant resources, tools, and services, organized by topic area, that will assist with the development and sustainability of rural health projects, organizations, and networks.

The guide can be accessed at hrsa.gov/ruralhealth/resources.

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.



Although it is hard to believe, I am currently more than half-way through my third year of medical school. This year has greatly enhanced my knowledge base in a much more applicable and dynamic fashion. I have experienced the challenges of working on the inpatient psychiatric unit at Jefferson Hospital in Center City, Philadelphia. I have helped

deliver babies, assisted in caesarian sections (C-sections), and counseled patients on obstetric and gynecological health. My twelve weeks of internal medicine flew by with diverse exposure to the fields of hematology-oncology, cardiology, neurology, and general internal medicine. I took a break from the city and worked in a community-based family medicine practice in Latrobe, Pennsylvania. With each exceedingly unique experience, I have had the privilege of being integrated into teams of residents and attending physicians who have inspired me to work diligently on every rotation. However, the privilege of working directly with patients has been the most rewarding and educational.

I jumped right into my clinical experience when I was presented with a key to the locked inpatient psychiatric unit at Jefferson Hospital. Despite my education on the pathogenesis, diagnosis, and treatment of psychiatric disorders such as schizophrenia, bipolar disorder, and depression, nothing impacted me as much as learning from my patients who suffer from these conditions. One of my patients was a young man in his early twenties experiencing a psychotic break likely indicating the development of schizophrenia. I was able to explain this prognosis to the patient and his family members, develop a treatment plan, and discuss coping strategies for returning home. Other patients had even less touch with reality, including a bipolar man who declared that he was king and controlled the president of the United States. It was gratifying to select a medication and observe his rapid improvement.

I welcomed the transition to obstetrics and gynecology following my six weeks of psychiatry. While these patients were mostly healthy and upbeat females, the hormonal changes associated with pregnancy provided plenty of emotion and excitement. Within my first day on the labor and delivery unit, I was granted the privilege of gowning up and "catching" babies. Assisting with C-sections in the operating room was a phenomenal introduction to surgery and helped me to develop my skills and surgical intuition. I also was exposed to high-risk deliveries in patients without prenatal care or experiencing serious medical complications of pregnancy. I participated in the preterm delivery of a 2.2 lb. infant and was showered with amniotic fluid in the process.

During my internal medicine rotation, I was assigned several patients and was responsible for following the acute fluctuations in their medical conditions, developing a treatment plan, consulting appropriate specialists, and communicating the patients' needs to the primary medical team. This taught me how to build strong and open relationships with my patients and to take ownership for their medical care. I had one patient on the hematology-oncology service who strongly influenced my determination to serve as an advocate for every patient. "Mr. T" had been in the hospital for three months following complications associated with his chemotherapy regimen. I learned just how important it is to be a good listener, not to rush patient encounters, and to be sensitive to the emotional turmoil associated with living with a chronic disease. My relationship with Mr. T lasted throughout my twelve weeks of internal medicine, and I continue to recall the lessons he taught me. Evidence-based guidelines are a critical part of medicine but listening to a patient's personal and medical needs is not a skill set that follows a specific algorithm or checklist.

I realize the importance of establishing a solid fund of knowledge, strong diagnostic skills, and learning the evidence-based guidelines that shape our protocols and treatment plans. I am confident that with more training, a good work ethic, and lessons learned from patients, these skills will develop over time.

PORH Addresses Rural Population Health Through Web-based Portal

In an effort to extend population health initiatives in rural areas in Pennsylvania, and to provide rural health care providers and community-based organizations with data and tools, the Pennsylvania Office of Rural Health (PORH) has contracted with the Health Communities Institute (HCI) for ten, largely rural, counties in Pennsylvania.

Formed in 2008 by the University of California at Berkeley and the Healthy Cities Initiative, and now part of Midas+ (a Xerox company), HCI continuously accesses and analyzes multiple federal, state, and local data sources to identify dynamic community health problems and priorities and to determine effective courses of action to improve or sustain health status.

HCI uses web-based platforms that include community dashboards, disparities dashboards, and demographic dashboards—each with related data sets. The community dashboards have more than 100 key health determinant indicators, GIS mapping and other data visualization tools, and data trends. The disparities dashboards examine inequities by age, gender, and race. Demographic dashboards support the understanding of health needs and the patterns and pathways of disease and health in each specific community.

Other HCI features include data mining tools, including the SocioNeeds Index—a composite of socioeconomic indicators correlated with poor health outcomes—and Data Scoring Reports, which examine and score many different views of data to identify intervention opportunities. Through Promising Practices, users can explore a library of more than 2,100 best practice programs and policies to identify evidence-based practices and innovative ideas for creating rapid change. Unlimited Trackers provide tools for setting goals and measuring performance compared to other standards.

A resource library provides a database of local resources available, including grants and funding opportunities. HCI's Community Health Needs Assessment (CHNA) Guide is an interactive online tool that walks non-profit hospitals through the steps and relevant content within their platform to help achieve regulatory compliance around needs assessments. The CHNA Guide helps health planners in hospitals, health departments, and community collaboratives identify and assess the at-risk populations they serve.

“Through the portal on the PORH website, health care providers and others in ten rural counties can easily access information to address health issues in the populations they serve,” said Larry

Baronner, rural health systems manager and deputy director at PORH. “We look forward to expanding the counties engaged in the project in the next year”

The PORH HCI portal can be found at porh.psu.edu/porh/population-health. To learn more about HCI, visit healthycommunitiesinstitute.com/.



Through its new portal, PORH, in partnership with HCI, offers population health data to health centers in the following counties:

Blair	Elk	Jefferson
Cameron	Forest	Lycoming
Clearfield	Fulton	
Clinton	Indiana	

National Rural Assistance Center Changes Name, Adds Resources

The Rural Assistance Center has changed its name to the Rural Health Information Hub (RHIhub). The announcement was made on National Rural Health Day on November 19, 2015, and became official on December 31, 2015.

Launched in December 2002 by the Federal Office of Rural Health Policy (FORHP), the Rural Assistance Center was charged with serving as a national clearinghouse on rural health issues and to help “rural communities navigate the multitude of opportunities and information available that could help them provide better health care to their residents.”

Through the years, the organization’s focus expanded to include building an evidence base for rural health. Its updated website, added resources, and new name reflect its evolving mission. RHIhub is a collaboration of the University of North Dakota Center for Rural Health—its lead partner and operational base—the Rural Policy Research Institute, and the Walsh Center for Rural Health Analysis, which is part of the National Opinion Research Center of the University of Chicago.

RHIhub team members work collaboratively with FORHP, its funding source, to ensure the program meets the information needs of rural health care facilities and other audiences. Part of the Health Resources and Services Administration (HRSA)

in the U.S. Department of Health and Human Services (DHHS), FORHP was established in 1987 to work with federal, state, and local government and the private sector to seek address to rural health care issues.

The free resources available through the RHIhub website—ruralhealthinfo.org—include toolkits and program models for planning effective community health programs; information to build, maintain, and improve health services in rural communities; and an online library with easy access to federal, state, and foundation funding opportunities. Daily updates on the latest rural health news, reports, opportunities, and regulations are available through the website, social media outlets, and e-mail updates. RHIhub helps individuals and organizations find and connect with state and local experts as well as similar organizations. Information specialists are available by contacting 800-270-1898 or info@raconline.org.



Upcoming Events

June 9-11, 2016

Continuity and Change: 50 Years of Amish Society, Elizabeth College, Elizabethtown, PA

Sponsored by the Young Center for Anabaptist and Pietist Studies

etown.edu/centers/young-center/amish-conference2016.aspx

June 28-29, 2016

2016 Pennsylvania Chronic Disease Conference

Sponsored by the Pennsylvania Department of Health, Bureau of Health Promotion and Risk Reduction

pactonline.org/chronic-disease-conference-registration/,
717-541-5864, ext. 137

Pennsylvania Office of Rural Health
The Pennsylvania State University
310 Nursing Sciences Building
University Park, PA 16802-2315

NONPROFIT ORG
U.S. POSTAGE
PAID
STATE COLLEGE, PA
PERMIT NO. 1



PennState

Upcoming Events, con't.

August 28-30, 2016

NACHC Community Health Institute (CHI), Hyatt Regency Chicago, Chicago, IL

Sponsored by the Pennsylvania Action Coalition

paactioncoalition.org, paaction@nncc.us

October 13-14, 2016

**PACHC 2016 Annual Conference & Clinical Summit:
The Strength of People, The Power of Community**

Sponsored by the Pennsylvania Association of Community Health Centers

pachc.com, 717-761-6443

October 16, 2016

Pennsylvania Healthcare Mosaic: Building A Culture of Health Equity, Robert Morris University, Moon, PA

Sponsored by the Pennsylvania Action Coalition

paactioncoalition.org, paaction@nncc.us

November 15-16, 2016

Pennsylvania Oral Health Workforce Planning Summit Meeting, Harrisburg, PA

Sponsored by the Pennsylvania Coalition for Oral Health

pennsylvaniaoralhealth.org, 610-247-3360