



# OHIO RURAL HEALTH UPDATE

Fall/Winter 2011-  
2012

*Newsletter of the State Office of Rural Health*

The Ohio State Office of Rural Health (SORH) is co-located with the Primary Care Office within the Ohio Department of Health (ODH). The goal of the Ohio SORH is to help rural communities build strong healthcare networks by providing information and technical assistance, by helping to build state and local partnerships, and by encouraging recruitment and retention of providers in rural areas. The Ohio Black Lung Clinics Program, Rural Hospital Flexibility Program (Flex), and Small Rural Hospital Improvement Program (SHIP) are administered through the Ohio SORH.

## From the Ohio SORH:

### 2011 Rural Health Conference

Approximately 150 participants attended a combined Rural Health Conference and Health Educators' Institute October 18, 19, and 20 at Mohican State Park Lodge and Conference Center. The partnership between the SORH and **Ohio Society for Public Health Education** was created to allow health educators and rural health professionals to expand their professional networks and gain knowledge about pertinent health issues facing Ohioans.

The planning committee was honored to host 11 exhibitors and 51 speakers/presenters. During the conference, opening keynote speaker Elizabeth Carger's fascinating overview *Framing Health Messages to Effectively Communicate with Policy Makers* provided a summary of the Democratic and Republican linguistic and psychological frames used to re-design the communication strategy of the Robert Wood Johnson Foundation in **A New Way to Talk About the Social Determinants of Health**. A dinner presentation by Dr. Melissa Thomas, Ohio Health, and Linda Nisley, Project Hoffnung, on *Delivering Effective Health Education Programs Among Ohio's Amish and Mennonite Communities* provided historical background into Amish and Mennonite beliefs. Various other speakers also presented on topics of interest to the rural health and health educator communities.

Current plans are for the 2012 conference to be held during October. Continuing education hours for health educators were offered for the 2011 conference; nursing credit hours will also be offered for the 2012 conference, if the combined conference format is repeated in the future. Evaluations of the conference indicated 98 percent either strongly agreed or agreed that the quality of the conference was excellent. Thank you to all of the presenters and everyone who attended the conference!

### Critical Access Hospitals - Community Health Needs Assessment Project

The Patient Protection and Affordable Care Act requires that all non-profit hospitals conduct a community health needs assessment every three years and adopt an implementation strategy for addressing identified needs. To assist **Critical Access Hospitals** with this requirement, the Ohio Department of Health (ODH) Flex Program selected Ohio University's Voinovich School of Leadership and Public Affairs earlier this year, along with their project partner, the University of Toledo Area Health Education Center (AHEC) program office, to

conduct a regional community needs assessment in each of four regions across the state.

Four regional committees have been developed to identify and prioritize regional health care needs and to develop strategies for addressing needs. The first round of regional committee meetings was held during November and additional meetings are being held within each region over the next few months. An economic impact report will also be developed for each participating Critical Access Hospital. For more information, please contact Lucrecia Johnson, the Flex Program Coordinator, at [lucrecia.johnson@odh.ohio.gov](mailto:lucrecia.johnson@odh.ohio.gov).

### National Rural Health Day

The first annual **National Rural Health Day** was held on November 17 as a way to showcase rural America, increase awareness of rural health-related issues and promote efforts to address these issues. Plans call for Rural Health Day to become an annual celebration on the third Thursday of November.

Tina Turner, the Rural Health Administrator, was interviewed on rural health, the Ohio SORH and National Rural Health Day as part of the Medicare Moment radio show that aired during November on Cincinnati public radio station WMKV 89.3 FM.

The National Organization of State Offices of Rural Health held webinars throughout the day on November 17 on various topics, including: Delivering Occupational Health Care to Farm Families across the Nation, Caring for Rural Veterans, and the Quality of Care in Rural America/Partnership for Patients. **Webinar recordings and slides** are available on the National Rural Health Day Web site. The **Partnership for Patients** is a public-private partnership funded by the U.S. Department of Health and Human Services to help improve the quality, safety, and affordability of health care for all Americans by bringing together leaders from major hospitals, employers, physicians, nurses, and patient advocates, along with state and federal governments.

### The Black Lung Clinics Program and the Ohio Mineral Industry

The **Ohio Black Lung Clinics Program** provides treatment and rehabilitation for individuals exposed to coal dust through current or former employment in the mining industry. Funds are distributed each year from ODH to clinics that serve these individuals regardless of their ability to pay.

According to a recently released **report** on the 2010 Ohio Mineral Industries from the Ohio Department of Natural Resources, nearly 3,000 people statewide were employed in coal mining during 2010, including more than 2,000 direct production workers, and coal was produced by 79 mines in 17 Ohio counties. Among the 50 states, Ohio ranked 10th in coal production during 2010.

## **Across Ohio:**

### U.S. Top 100 Critical Access Hospitals Named: List Includes Five Hospitals in Ohio

The National Rural Health Association announced the names of the Top 100 **Critical Access Hospitals** in America during its September 2011 Critical Access Hospital conference. The top 100 scored highest on the iVantage Hospital Strength Index in this first-ever comprehensive rating of Critical Access Hospitals.

The Hospital Strength Index incorporates 56 measures to identify top performing hospitals. Ohio Critical Access Hospitals named to the list include Allen Community Hospital in Oberlin, Barnesville Hospital

Association in Barnesville, Bluffton Hospital in Bluffton, Fostoria Community Hospital in Fostoria and Mercy Hospital of Willard in Willard. Congratulations to these Critical Access Hospitals for being named to this top 100 ranking.

### Ohio to Build on Patient-Centered Primary Care Initiative

Statewide implementation of the Patient-Centered Medical Home (PCMH) model of care is underway in Ohio to control costs, ensure affordable care, improve health outcomes and enhance the patient experience. ODH, in partnership with the Governor's Office of Health Transformation (OHT), announced in mid-January that Ohio will invest \$1 million to assist 50 primary care practices around the state in transitioning to a PCMH model of care.

The PCMH model of care facilitates partnerships between patients and their primary healthcare providers to coordinate care and improve health outcomes. Patient care is coordinated and managed using tools such as electronic health records and health information exchange to ensure appropriate, high quality care.

Substitute House Bill 198 of the 128<sup>th</sup> General Assembly paved the way for the Ohio PCMH Education Pilot Project to be developed in 44 primary care practices throughout the state. The legislation was designed around national standards for PCMHs and provides training for healthcare providers in the enhanced model of primary care. The \$1 million in funding announced by ODH and OHT will implement the PCMH program envisioned in HB 198 and also expand the total to 50 physician and nurse-led practices in Ohio.

The recent establishment of the **Ohio Patient-Centered Primary Care Collaborative (OPCPCC)** is another step in implementing the model. The OPCPCC is a coalition of primary care providers, insurers, employers, consumer advocates, government officials and public health professionals who are joining forces to create a more effective and efficient model of healthcare delivery in Ohio. Learn more about PCMH and the OPCPCC by visiting the **ODH PCMH Web page**.

### Health Information Technology (HIT) and PCMH Series Features Dr. Ted Wymyslo

The monthly **CliniSync** newsletter from the Ohio Health Information Partnership recently included a three part series of articles and videos featuring Dr. Ted Wymyslo, the Director of ODH. In the series, Dr. Wymyslo shares his vision and views on the future of Ohio's health care. Part 1 of the series focuses on PCMH, Part 2 on electronic health records, and Part 3 on health information exchanges. These videos and stories are available at **www.CliniSync.org** by clicking on the Outreach tab, then clicking on Success Stories.

The **Ohio Health Information Partnership** is a non-profit entity overseeing **Regional Extension Center (REC)** technical assistance services for implementation and adoption of electronic health records (EHR) to 6,000 Ohio physicians and other providers. RECs work with providers to prepare for the adoption of an EHR, assess practice workflow, assist with selecting an EHR and help achieve meaningful use for accessing federal incentive money.

### More Than 5,700 Ohio Primary Care Providers Commit to Adopting Electronic Health Records

The Ohio Health Information Partnership announced during late November 2011 that more than 5,700 physicians and healthcare professionals have committed to using EHRs in their practices, clinics and hospitals, the largest number of any state in the nation. New Jersey was second in the nation, with about 5,100 physicians signed up.

### Making the connection: A progress report on the history and status of statewide HIT and HIE implementation in Ohio

This health policy primer from the Health Policy Institute of Ohio describes how Ohio has become a national leader in the adoption of HIT during the past few years, with more primary care physicians and other providers signed up to adopt electronic medical records systems than any other state.

### Alzheimer's Association - Resources for Local Communities

The Alzheimer's Association works to enhance care and support for those affected by Alzheimer's disease and related dementias, and provides services within local communities.

The **Greater Cincinnati Chapter** serves a 13-county area in southwestern Ohio, as well as parts of Kentucky and Indiana. Staff of the Alzheimer's Association of Greater Cincinnati is available for presentations to local organizations and community groups. Various topics can be presented, including an overview of Alzheimer's disease and related dementias, warning signs and diagnosis of the illness, managing communication and behavioral symptoms, family caregiver issues, community resources and the programs and services of the Alzheimer's Association. To schedule a presentation for the greater Cincinnati area, call the Greater Cincinnati Chapter office at 513-721-4284 or 1-800-272-3900.

More information on the Alzheimer's Association is available at <http://www.alz.org/>, including a tool to **locate services in your area**.

### Oral Health Isn't Optional: A Report on the Oral Health of Ohioans and Their Access to Dental Care, 2011

The ODH Oral Health Section recently released a report on the oral health of Ohioans and their access to dental care. The report provides information on the oral health of Ohio's children and adults, including findings from a 2009-2010 oral health survey of Ohio's schoolchildren; resources for providing dental care to Ohioans; information on how community-based prevention programs improve the oral health of Ohioans; and strategies that can help increase access to dental care. According to the report, 51 percent of Ohio's children have experienced tooth decay by third grade and 37 percent of seniors with incomes less than \$15,000 per year have had all their teeth removed. A report that focuses on the Appalachian region of the state will follow in 2012.

## **National News:**

### Rural Family Incomes Drop 2007-2010

This article from the "Daily Yonder" describes how rural incomes have declined in seven out of 10 counties nationwide between 2007 and 2010, according to an analysis of figures released by the U.S. Census Bureau. The national median family income in 2010 was \$50,046, though only 120 rural counties out of over 2000 total rural counties were found to have median family incomes higher than the national median. Incomes remain highest within metropolitan areas.

### Return on Investment in Public Health: A Summary of Groundbreaking Research Studies

This Policy Highlight Brief from the Robert Wood Johnson Foundation outlines how the Patient Protection and Affordable Care Act included the creation of the Prevention and Public Health Fund to support programs, medical screenings, and research related to public health and prevention. Justification for this fund is based

on reports and research indicating that strategic investments in proven, community-based prevention programs could result in significant U.S. healthcare cost savings.

#### [List of Designated Health Professional Shortage Areas \(HPSAs\) updated](#)

The Health Resources and Services Administration (HRSA) published an updated list of federally designated Health Professional Shortage Areas (HPSAs) as of Sept. 1, 2011 during November. Information regarding this updated list of federally designated HPSAs is available in the [Federal Register Notice](#). The main impact of this publication was to withdraw those HPSAs placed in either "proposed for withdrawal" or "no data provided" status since the last updated list of HPSAs was published in the Federal Register during 2002. A list of [HPSAs withdrawn](#) within Ohio is available, along with [FAQs](#). A listing of all designated HPSAs can be found on the [HRSA website](#).

#### [Rural Counties More Dependent on Social Security](#)

This recent article from the "Daily Yonder" describes how cuts to Social Security are likely to disproportionately affect rural America. Within rural counties, 9.3 percent of total personal income came from Social Security payments in 2009, according to an analysis of data from the Social Security Administration and federal Bureau of Economic Analysis. This is almost twice the rate found in urban counties. Social Security payments are particularly important to rural counties because the money is largely spent in the community, helping to generate revenue for local businesses. According to the article, if cuts in Social Security reduce demands for local businesses, the viability of some rural businesses could be at risk.

## **Resources:**

#### [National Rural Health Day Webinar Presentations](#)

For those who couldn't participate – or for those who joined and would like to share the information with others – the National Organization of State Offices of Rural Health is pleased to offer slides and recordings from various [National Rural Health Day](#) webinars.

#### [Rural Resources for Medical Students – Train Rural Web Site](#)

The Train Rural Web site was recently developed with information on rural residency training for medical students. The site provides information on rural residency programs, including "1-2" Rural Training Tracks, an educational method generally characterized by one year of medical residency training in an urban environment, followed by two years of residency in a rural environment. The site also features the [Train Rural Handbook](#) and information on financial support and other resources.

#### [Supporting Sustainable Rural Communities: Partnership for Sustainable Communities Report](#)

The Partnership for Sustainable Communities, in collaboration with the U.S. Department of Agriculture (USDA), recently released a report outlining a framework for future work with rural communities. The Partnership for Sustainable Communities was created in 2009, bringing together the U.S. Department of Transportation (DOT), U.S. Department of Housing and Urban Development (HUD), and U.S. Environmental Protection Agency (EPA), in an effort to break down silos and work together to support urban, suburban and rural communities' efforts to strengthen economies, expand housing and transportation, protect air and water and provide positive development. A Rural Work Group was established by the Partnership and USDA to

ensure that the four agencies support rural communities in efforts to be environmentally sustainable and economically vibrant.

This recently released report includes information regarding: the livability principles that guide the Partnership and how these principles provide a useful framework for supporting rural communities; various federal programs that work in rural communities; performance measures for success; next steps for Partnership agencies; and examples of how federal agencies are supporting rural communities.

#### [The Health and Well-Being of Children in Rural Areas: A Portrait of the Nation - Chartbook](#)

The HRSA Maternal and Child Health Chartbook is based on data from the 2007 National Survey of Children's Health. Published during September 2011, this chartbook includes indicators on the health and well-being of children in rural areas on a national level.

The report describes a greater prevalence of certain emotional, behavioral and developmental conditions in rural areas. Findings include that children living in rural areas are more likely to have public insurance, such as Medicaid, while urban children are more likely to be privately insured. In addition, the percentage of children with chronic conditions such as obesity, asthma and diabetes is highest among teenagers residing in small rural areas.

#### [Rural America at a Glance, 2011 Edition](#)

The USDA Economic Research Service has released the 2011 edition of "Rural America at a Glance," a report that highlights the most recent indicators of social and economic conditions in rural areas for use in developing policies and programs to assist rural areas. The 2011 edition focuses on the U.S. rural economy, including trends in employment, poverty, education and population.

#### [Economic Impact Analysis Tool: How does your grant-funded project impact the local community?](#)

The Rural Assistance Center Economic Impact Analysis tool demonstrates how a project's spending on staff, supplies, equipment and other expenses benefits the local community. This tool uses formulas to estimate the economic impact of grant program investments on local economies based on information entered about a project's spending over several categories. **Examples** of economic impact scenarios are available, along with a **User Guide** and additional information **about the tool**.

#### [American Community Survey: The New Era for Detailed Data - Webinar Recording Available](#)

The Rural Assistance Center webinar "The Affordable Care Act: An update from the National Advisory Committee on Rural Health and Human Services" presented during December 2011 is available for playback, along with presentation slides. The **National Advisory Committee on Rural Health and Human Services** devoted its work during 2011 to the effects of the Affordable Care Act on rural areas and published five associated white papers. Topics covered include: the Rural Implications of Key Primary Care Provisions; the Maternal, Infant and Early Childhood Home Visitation Program; and Rural Policy Implications for Health Insurance Exchanges. During the webinar, Committee Chair Ronnie Musgrove and members discussed committee recommendations to the Secretary of the U.S. Department of Health and Human Services.

#### [Community Health Workers Online Toolkit](#)

This resource from the Rural Assistance Center is designed to help evaluate opportunities for developing a community health worker program and provide resources and best practices developed by successful

programs. The toolkit includes several modules that concentrate on different aspects of community health worker programs. Modules also include resources for developing a program for your area.

## **Policy and Research in Brief:**

### [Patient-Centered Medical Home Services in 29 Rural Primary Care Practices: A Work in Progress](#)

This Rural Policy Brief from the Rural Policy Research Institute (RUPRI) Center for Rural Health Policy describes results from a survey of 29 rural physician practices nationwide asking about their use of policies and procedures within five domains of PCMH certification criteria. These five domains are used to certify PCMHs and include: access to care, population-based, quality, care management and clinical information management. Rural physician practices in the study provided an average of less than one-third of PCMH services and processes, with a range of between 18 and 40 percent of practices delivering optimal care within each of the domains.

### [Will the Patient-Centered Medical Home Transform the Delivery of Health Care?](#)

This policy primer by authors from the Urban Institute with funding from the Robert Wood Johnson Foundation describes the PCMH model, providing an update on the status of medical homes and information for policy-makers.

### [New Evidence-based Briefing Paper on Falls Prevention in Critical Access Hospitals](#)

The Flex Monitoring Team has released a new 35-page **Policy Brief** on falls prevention, as part of a series of policy briefs identifying and assessing evidence-based patient safety and quality improvement interventions for **Critical Access Hospitals**. Because falls are among the significant adverse events experienced in hospitals, falls prevention is a critical component of any patient safety strategy. The **Partnership for Patients** includes injuries from falls and immobility as one of nine areas of focus and estimates that 25 percent of fall injuries are preventable. The goal for hospitals by 2013 is to reduce the number of preventable fall injuries by half while maintaining or increasing patients' mobility. This Brief by the Flex Monitoring Team aligns with the goal of Partnership for Patients, and describes strategies applicable to Critical Access Hospitals and State Flex Programs.

### [New Evidence-Based Briefing Paper and Policy Brief on Regional Systems of Care – Rural EMS and Critical Access Hospitals](#)

The Flex Monitoring Team has released a 44-page **Briefing Paper** and associated four-page **Policy Brief** discussing the development of regional systems of care for patients presenting with ST-segment elevation myocardial infarction (STEMI). These systems of care include both a quality improvement and systems development focus. This brief discusses the important role that rural EMS agencies and **Critical Access Hospitals** can play in regional systems of STEMI care and highlights the related work of four State Flex Programs.

### [Trends in Skilled Nursing Facility and Swing Bed Use in Rural America](#)

The North Carolina Rural Health Research and Policy Analysis Center has released a **Final Report** on trends in skilled nursing facility and swing bed use in rural America following the Medicare Modernization Act of 2003. Hospitals' and skilled nursing facilities' Medicare Cost Reports were linked with county demographic information to answer the following questions: has the availability of post-acute skilled care stabilized following Medicare payment changes in 2003, and how and where is care being provided today? The Center

found that the number of **Critical Access Hospitals** has increased, but the percent that offer swing bed care has not.

#### [Will Bundling Work in Rural America? Analysis of the Feasibility and Consequences of Bundled Payments for Rural Health Providers and Patients](#)

This **Policy Brief** from the Upper Midwest Rural Health Research Center examines the feasibility and policy implications, including the potential unintended consequences, of implementing bundled payments for providers and patients in rural areas.

#### [Rural Hospital Charges Due to Ambulatory Care Sensitive Conditions in the U.S., by Insurance Type, 2000 to 2004](#)

This recent Rural Policy Brief from the RUPRI Center for Rural Health Policy Analysis describes estimated rural hospital charges due to ambulatory care sensitive conditions (ACSCs) in the U.S. by insurance type between 2000 and 2004. ACSCs are health conditions that should not require hospitalization and can be managed in an ambulatory setting.

#### [Patterns of Food Insecurity, Food Availability, and Health Outcomes among Rural and Urban Counties](#)

Rural counties are disproportionately associated with high food insecurity risk relative to urban counties. When healthy food is not available or readily accessible, greater health problems including obesity, diabetes, cardiovascular disease and other chronic diseases may be expected. This six-page **Policy Brief** and associated **Final Report** from the West Virginia Rural Health Research Center describe food insecurity risk among rural and urban counties nationwide and suggest that initiatives for school and community-based nutrition education programs and policies may help improve food access for rural populations, including expanding existing campaigns such as “Let’s Move” and certain Farm Bill provisions.

## **Upcoming Events:**

Jan. 20, 2012

#### [HRSA Webinar: Tips for Engaging Safety Net Patients Using HIT](#)

A free webinar focusing on tips for engaging safety net patients using HIT will be held by HRSA on Friday, Jan. 20 at 2 p.m. EST as part of the ongoing webinar series on HIT and Quality. Webinars are designed to provide information to HRSA grantees and safety net providers using or planning to use HIT.

Jan. 24, 2012

#### [AgriSafe Network Webinar: Respiratory Selection for Farm Families](#)

The AgriSafe Network will present a free webinar on respiratory selection for farm families on Tuesday, Jan. 24 at 2 p.m. EST. The presenter will be Carolyn Sheridan, RN, BSN, AgriSafe Network Clinical Director. The course objectives are to present an overview of agricultural respiratory exposures, to present the Agricultural Respiratory Selection Guide resource, to inform attendees about the AgriSafe Network, and to discuss types of respirators and respiratory protection for specific hazards. Space is limited and pre-registration is required.

Jan. 25, 2012

[Partnerships to Assist Agricultural Workers and Other Rural Residents with Disabilities Teleconference](#)

The Centers for Independent Living Network is presenting a national teleconference on Wednesday, January 25 from 3-4:30 p.m. EST on the history, mission and structure of AgrAbility, resource materials for serving rural audiences, the Centers for Independent Living (CIL) connection and the impact farm visits can have on the home and environment. To participate, call 218-339-2699 and use pin code 922899. This call will be open to all interested parties, and there is no registration fee to participate.

Jan. 26, 2012

[Critical Access Hospital Flex Quality Improvement Network Webinar](#)

The Quality Improvement Network kick-off webinar will be Thursday, January 26 from 10 a.m. to 11:30 a.m. All **Critical Access Hospitals** are welcomed to join this webinar to hear this year's goals. During 2012, iVantage Health Analytics, Inc. will again be partnering with the ODH Flex Program for the Quality, Financial, and Operational Improvement Project. Additional webinars will also be held on Thursday, April 12 and on Thursday, August 16.

Feb. 1, 2012

[Eight-Week Online Grant Writing Certification Program](#)

The next online eight-week grant writing certification program offered by Fort Hays State University (FHSU) begins Feb. 1, 2012. This distance-learning course utilizes a 100-page training manual, videos and the online classroom system Blackboard. The instructor, Dr. Keith Campbell, has been teaching sociology at FHSU for over 32 years, writing grant proposals for nearly 30 years and teaching grant writing for over 20 years. Ten CEUs and a grant writing certificate are offered upon completion of the course; a fee is associated with registration. For more information, a detailed description of the course is available on the [FHSU Web site](#).

Feb. 2, 2012

[Caring for Vulnerable Populations Web Seminar](#)

A Web seminar on Caring for Vulnerable Populations will be held by the American Hospital Association (AHA) on Tuesday, February 7 at 3 p.m. EST. Each year the AHA Committee on Research takes an in-depth look at a single topic to provide the hospital field with relevant recommendations for advancing health care. In 2011, the committee examined emerging hospital-centered practices in effective care coordination for vulnerable populations, focusing on the "dual eligible" population that is eligible for both Medicare and Medicaid. The committee recently released the comprehensive report Caring for Vulnerable Populations. This associated webinar will highlight essential elements within care coordination strategies for the dual eligible populations and lessons learned from two leading health systems. For more information, visit the [AHA Web site](#).

Mar. 15, 2012

[Critical Access Hospital Flex Quality Improvement Network Meeting](#)

The first **Critical Access Hospital** Flex Quality Improvement Network Meeting for 2012 will be held in Columbus on Thursday, March 15. An additional meeting has been scheduled for Thursday, June 28. For more information, please contact Flex Program Coordinator Lucrecia Johnson at 614-728-0519 or [lucrecia.johnson@odh.ohio.gov](mailto:lucrecia.johnson@odh.ohio.gov).

## Send Us Your Suggestions:

We would love to hear about local events, news and story ideas for the quarterly rural health newsletter. If **you have a suggestion** you would like considered, please send it to [jennifer.jones@odh.ohio.gov](mailto:jennifer.jones@odh.ohio.gov).

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