



OHIO RURAL HEALTH UPDATE

Fall/Winter

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, the Rural Hospital Flexibility Program (Flex) and the Small Rural Hospital Improvement Program (SHIP) are administered through the Ohio SORH.

From the Ohio SORH:

[SORH Program Coordinator Retires](#)

The Ohio SORH would like to express our appreciation to Pam Hunt and wish her all of the best in the future. Pam is retiring from the Ohio SORH on December 31, where she has served as SORH program coordinator since May 2000. Following retirement, Pam plans to work part-time as a registered dietitian. We will miss you, Pam. Congratulations!

[Ohio Rural Health Listserv Survey](#)

The Ohio SORH would like to ask a few questions to help improve our work in 2013. Please consider taking five minutes to complete a brief survey related to our Rural Health Newsletter, rural health listserv communications and next statewide rural health conference. To take the survey, please follow this link: <http://www.surveymonkey.com/s/RuralHealthListserv>. Please provide feedback by Monday, January 21. Your input is appreciated, and responses to the survey will be anonymous unless you wish to share your contact information.

[Highlights from the 2012 Rural Health Conference](#)

The Statewide Rural Health Conference and Flex Annual Meeting held at Deer Creek State Park on October 17 and 18 was attended by rural stakeholders from across Ohio. Conference attendees had the opportunity to share successes, develop knowledge and skills, and advance dialogue to help improve rural health in Ohio. Information was presented on a variety of important topics of relevance to rural health, with a few of these outlined below. This newsletter also features additional information on many of these areas.

Ohio Rural Health Association - One focus of the conference was building the Ohio Rural Health Association, with Brock Slobach from the National Rural Health Association providing an overview on rural policy and rural health associations across the nation. From Ohio University, Jane Hamel-Lambert and Crescent Gallagher were on hand for an interactive discussion on the development of the Ohio Rural Health Association. During November, an Ohio Rural Health Day celebration was hosted by Ohio University, and additional information on this celebration is featured in this edition.

Community Health Needs Assessment Project - Sara Boyd and Laura Milazzo from Ohio University presented on the [Community Health Needs Assessment Project](#) for Critical Access Hospitals (CAHs).

Ohio University was selected to conduct this project by the Ohio Medicare Rural Hospital Flexibility (Flex) Program. More information and materials from this project are now available online, with additional information featured later in this edition.

Federal Office of Rural Health Policy funding opportunities - Kathryn Umali from the Office of Rural Health Policy presented a policy overview and information on ORHP grant opportunities for rural communities. Two of these opportunities, the [FY 2013 Small Health Care Provider Quality Improvement \(Rural Quality\) Grant Program](#) (due Jan. 30, 2013) and the [FY 2013 Telehealth Network Grant Program](#) (due Feb. 13, 2013) were recently released. More information on these opportunities is also available in the *National News* section later in this edition.

Oral Health in Rural and Appalachian Ohio - The ODH Oral Health Section presented on the [challenge of improving oral health in rural and Appalachian Ohio](#), including on the oral health status of Ohioans compared to residents of rural and Appalachian areas, barriers to accessing dental care, the dental safety net, and school-based dental sealant programs. The Oral Health Section recently released a [report on oral health in Appalachian Ohio](#). More information on that report is also included under *Across Ohio* below.

Patient-Centered Medical Homes (PCMH) - ODH Bureau of Community Health Services and Patient-Centered Primary Care Chief Heather Reed provided an update on [PCMH](#) transformation in Ohio, including [Ohio's PCMH Education Pilot Project](#) and the Center for Medicare and Medicaid Innovation's [Comprehensive Primary Care Initiative](#).

The SORH would like to thank everyone who attended this year's conference, as well as those who presented during the conference. Attendance has been growing, and the SORH is looking forward to continuing the annual conference.

[Regional Community Health Needs Assessment Project Materials Available Online](#)

Materials from regional community health needs assessments conducted in [four regions](#) across Ohio between November 2011 and May 2012 are available on the ODH website. These regions were organized based on the location of Ohio's 34 CAHs. The ODH Flex Program selected Ohio University's Voinovich School of Leadership and Public Affairs, along with their project partner, the University of Toledo Area Health Education Center (AHEC) program office, to conduct the need assessments.

Regions identified and prioritized health needs and developed a regional strategic plan to address some of the significant unmet needs. CAHs received county level and secondary data on identified health indicators, a summary of proud moments from CAHs across Ohio, as well as an individual hospital economic impact analysis and statewide CAH economic impact report. The various regional reports, summary of proud moments from CAHs, statewide economic impact report, and community benefit resource list can all be accessed online through the [Regional Community Health Needs Assessment Project Web page](#).

[Ohio Celebrates Rural Health Day](#)

During the month of November, Ohio joined other states in celebrating the second annual National Rural Health Day. In honor of National Rural Health Day, Governor John R. Kasich proclaimed Thursday, November 15 as Ohio Rural Health Day. A Rural Health Day celebration was held at Ohio University on Friday, November 16, with speakers from the statewide Rural Health Association and Ohio University,

the State Office of Rural Health, Primary Care Progress and the Governor's Office. Key note speaker Dr. Andrew Morris-Singer from Primary Care Progress shared information on patient-centered medical homes for the delivery of advanced primary care. National Rural Health Day was created as a way to showcase rural America, increase awareness of rural health-related issues and promote efforts to address these issues.

[Ohio SORH Participates in Voices for Primary Care](#)

In honor of National Primary Care Week from October 8-12, the Ohio SORH participated in the [Voices for Primary Care](#) photo campaign held by Primary Care Progress. Check out our picture [here](#), which was chosen as a favorite by the Primary Care Progress team. Many from ODH participated, including the [Primary Care Office \(PCO\)](#), the [Oral Health Section](#), [School and Adolescent Health Services](#), the [PCMH Team](#), and retired [PCO alum Geri Rousculp](#).

Across Ohio:

[House Bill 284 will provide Physician Assistants with Schedule II Prescriptive Authority](#)

Governor John R. Kasich signed [House Bill 284](#) into law on Dec. 20, 2012, and the law will become effective 90 days after signature. The bill will allow Physician Assistants (PAs) to make pronouncements of death, give PAs schedule II prescriptive authority, exempt PAs licensed out-of-state from the prescriptive provisional period if they provide affidavit of prescriptive authority from another jurisdiction (45 hours of continuing medical education are still required for the certificate to prescribe), and provide veterans with the ability to practice when those veterans have training and experience equivalent to a master's level training program, among other provisions. PAs may not prescribe schedule II drugs immediately, as additional steps will need to be taken related to the change in prescriptive authority.

[Ohio Physician Loan Repayment Program Application Cycle Open](#)

The application cycle for the Ohio Physician Loan Repayment Program (OPLRP) is now open, and the original deadline of Jan. 15, 2013 has been extended. Applications will now be accepted if postmarked by **Feb. 1, 2013**. OPLRP is administered by the Ohio Primary Care Office and is designed to recruit or retain primary care physicians for underserved areas. In exchange for loan repayment assistance, physicians commit to a minimum of two years of practice at an eligible site in a Health Professional Shortage Area or Health Resource Shortage Area, accept Medicare and Medicaid, and otherwise see patients regardless of ability to pay. For more information, please visit the [OPLRP Web page](#).

[ODH releases report on The Challenges of Improving Oral Health in Appalachian Ohio 2012](#)

The ODH Oral Health Section has released a new report titled *Hills and Valleys: The Challenge of Improving Oral Health in Appalachian Ohio 2012*. According to the report, many people living in Ohio's 32 Appalachian counties experience poor oral health and significant barriers to accessing dental care. These problems are worse in the Appalachian region than in other areas of Ohio.

Dental care is the single most common unmet health care need among children in the region. Children in Appalachian Ohio suffer from tooth decay at nearly a 59 percent higher rate than children in other areas of Ohio. They have more untreated cavities and toothaches.

Among the challenges to accessing dental care are a shortage of dentists, particularly specialists, and too few dentists accepting Medicaid patients to provide care to the large number of people who are Medicaid-eligible in the region. Of the 32 Appalachian counties, 25 are designated as dental Health Professional Shortage Areas. The report concludes that while there are a handful of programs making a difference in the oral health of residents in the Appalachian region in non-traditional ways, such as through mobile dental programs, a broader and more sustainable effort will be needed to reduce the disparities in oral health between residents of Appalachian Ohio and other areas of the state.

[HPIO Hosts Event on the Four Ds of the Primary Care Workforce: Distribution, Diversity, Demographics and Demand](#)

HPIO hosted an educational forum on December 15 focused on the topic of the primary care workforce. This forum explored what drives workforce concerns (both present and future), offered a closer look at Ohio's primary care workforce, and provided promising practices and resources for moving forward. With a growing and aging population, the planned expansion of health insurance coverage, and current shortages and maldistribution of providers in certain areas (as documented through Health Professional Shortage Area (HPSA) designations), focus on the primary care workforce is crucial. Additional details on the forum are available through the HPIO website, as included in the [December edition of the *Ohio Health Policy Review*](#). PowerPoint presentations from the forum are currently available by visiting <http://www.healthpolicyohio.org/events.php>.

[How to Join the Ohio Patient-Centered Primary Care Collaborative \(OPCPCC\)](#)

If you or your organization are interested in the transformation of primary care in Ohio, you are encouraged to become a member of [Ohio Patient-Centered Primary Care Collaborative \(OPCPCC\)](#). There are no fees or dues for general membership. The vision of the OPCPCC is that every Ohioan will have a relationship with a patient-centered primary care team that delivers and is rewarded for achieving better value.

When you join OPCPCC, you will receive the quarterly OPCPCC newsletter and the Ohio PCMH Weekly updates. Members are also encouraged to partner in working to promote and spread the implementation of the [PCMH](#) model in Ohio. You can become involved in OPCPCC by participating in conferences and learning opportunities and assisting in the work of one of the six Learning Centers: Payment Reform, Patient Engagement, Metrics, HIT, Communications and Marketing, and Education.

Members of the OPCPCC also have access to a discount code to receive a *20 percent discount on National Committee for Quality Assurance (NCQA) application fees*. As part of the purchase of monthly data feeds from the NCQA, ODH has received this sponsor discount code for NCQA fees. The code can be used by OPCPCC members who are not eligible for the 50 percent NCQA multi-site discount, which is given to practices that have three or more sites that share the same electronic medical record. To use the ODH sponsor discount code, please first complete the free on-line membership form for OPCPCC and then call Amy Bashforth with the ODH PCMH team at 614-644-9756 to receive the code.

To join the OPCPCC, please complete the [online membership form](#).

[White Paper Highlights How Ohio is Leveraging Health IT](#)

The recently released white paper, *Putting the Pieces Together: How Ohio is Leveraging Health IT For Better Health, Better Care, and Lower Costs*, explores the results Ohio is experiencing as various entities across the state collaborate to achieve high levels of electronic health records' adoption, the

achievement of meaningful use, and improved public health reporting and HIT workforce development. Among the many entities working together to reach this achievement are the Office of the National Coordinator for HIT, the Ohio Health Information Partnership and its seven Regional Extension Centers, HealthBridge, The Greater Cincinnati Beacon Community Collaborative, ODH, Ohio Medicaid and the Midwest Consortium of Community HIT Colleges.

According to the white paper, Ohio RECs are working with 85 percent of all CAHs in the state, and 62 percent of those CAHs are live on an electronic health record.

[HPIO releases brief on need for Ohio health workforce data system](#)

December 2012 – HPIO released a new three-page brief on the need for a statewide health care workforce data system. Like many states, Ohio lacks a single source for comprehensive data on health professionals in practice or in training statewide, creating a barrier to effective workforce planning and policy development. The brief also explains the need for establishing a Minimum Data Set, which refers to a standard set of data collected for health professionals in order to provide a more accurate picture of workforce distribution and capacity across Ohio and the nation.

[Ohio reaches agreement with CMS to better coordinate care for Medicare-Medicaid Enrollees](#)

Dec. 12, 2012 - Governor John R. Kasich's Administration announced that Ohio has reached agreement with the Centers for Medicare and Medicaid Services (CMS) on a new initiative to better coordinate care for individuals eligible for both Medicare and Medicaid. Ohio is just the third state (after Massachusetts and Washington) to finalize such an agreement with CMS, and only the second to use a managed care approach.

An Integrated Care Delivery System will be launched as a three-year demonstration project in seven geographic regions covering 29 Ohio counties and approximately 114,000 individuals. The demonstration will allow Ohio to identify and incentivize innovative techniques for improving care to a highly acute population.

[ODH releases data brief on Oral Health Findings of the 2011 Ohio Employer Health Survey](#)

November 2012 – The ODH Oral Health Section has released a summary data brief describing findings from the 2011 Ohio Employer Health Survey related to oral health. According to the brief, the company type, size, and location are significant indicators contributing independently to whether or not a particular employer offers dental coverage.

[Ohio Decides Not to Run Health Insurance Exchange](#)

On Nov. 16, 2012, Governor John R. Kasich notified federal officials that Ohio has decided not to run a state-based health exchange. Instead, Ohio will let the federal government take on that responsibility. The deadline for the Secretary of the U.S. Department of Health and Human Services to certify states' plans is Jan. 1, 2013. Ohio will maintain authority over important parts of the insurance market and Medicaid systems and continue to oversee plan management for health insurers and manage Medicaid and Children's Health Insurance Plan (CHIP) eligibility for its residents.

[Ohio CAHs Named to List of Top Performers on Key Quality Measures](#)

Sept. 18, 2012 - Two Ohio CAHs were named to the list of "Top Performers on Key Quality Measures" in the Joint Commission's annual report for 2012, which highlights top performing hospitals nationwide based on the Joint Commission's accountability measures. Congratulations to University Hospitals Geneva Medical Center in Geneva and Mercy Allen Medical Center in Oberlin. The two CAHs were

included among the list of top performing hospitals on key quality measures. The report, *Improving America's Hospitals: the Joint Commission's Annual Report on Quality and Safety, 2012*, is available by visiting The Joint Commission's website at www.jointcommission.org.

National News:

Federal Funding Opportunity - Small Health Care Provider Quality Improvement Grant Program

The Federal Office of Rural Health Policy has announced the release of the FY 2013 Small Health Care Provider Quality Improvement (Rural Quality) Grant Program (announcement number: HRSA-13-159). The purpose of the Rural Quality Program is to provide support to rural primary care providers for implementation of quality improvement activities. **Please note that all CMS-certified Rural Health Clinics and CAHs are eligible to apply.** The ultimate goal of the program is to promote the development of an evidence-based culture and delivery of coordinated care in the primary care setting. Additional objectives of the program include: improved health outcomes for patients; enhanced chronic disease management; and better engagement of patients and their caregivers. Organizations participating in the program are required to use health information technology (HIT) to collect and report data. HIT may include an electronic patient registry (EPR) or an electronic health record (EHR), and is a critical component for improving quality and patient outcomes. It is expected that organizations will have implemented an HIT system by the time of award. Sustainability is also beginning to be an emphasis of this program.

Applicants may propose funding for up to three years from Sept. 1, 2013 to Aug. 31, 2016. The maximum award is up to \$150,000 per year, and approximately 40 grantees may be funded. The funding announcement can be downloaded [here](#). All applications must be submitted through grants.gov, and the deadline to submit is **Jan. 30, 2013**.

Federal Funding Opportunity – Telehealth Network Grant Program

The Federal Office of Rural Health Policy has announced the released the FY 2013 Telehealth Network Grant Program (TNGP) funding opportunity. The primary objective of the Program is to demonstrate how telehealth programs and networks can improve access to quality health care services in rural, frontier and underserved communities. TNGP networks are used to: expand access to, coordinate, and improve the quality of health care services; improve and expand the training of health care providers; and/or expand and improve the quality of health information available to health care providers, and patients and their families, for decision-making.

Approximately \$2,250,000 is expected to be available annually to fund approximately nine grantees. Applicants may apply for a ceiling amount of up to \$250,000 per year. The project period is three years.

Eligible applicants include rural or urban nonprofit entities that will provide services through a telehealth network. Each entity participating in the networks may be a nonprofit or for-profit entity. Faith-based, community-based organizations and tribal organizations are eligible to apply. Services must be provided to rural communities, although the applicant can be located in an urban area. All applications must be submitted through grants.gov, and the deadline to submit is **Feb. 13, 2013**.

CMS Issues Final Rule to Implement Increase Medicaid Payment for Primary Care

Nov. 1, 2012 – CMS issued a final rule to implement a provision of the Affordable Care Act that provides

increased payments to certain primary care physicians for specified Medicaid primary care services. Under this provision, certain physicians who provide eligible primary care services will be paid the Medicare rates in effect in calendar years 2013 and 2014 instead of their usual state-established Medicaid rates, which may be lower than federally established Medicare rates. The payment increase applies to primary care services delivered by a physician with a specialty designation of family medicine, general internal medicine, or pediatric medicine or related subspecialists. States will receive 100 percent federal financial participation (FFP) for the difference between the Medicaid state plan payment amount as of July 1, 2009, and the applicable Medicare rate.

[Uninsured in Rural America](#)

Oct. 24, 2012 – This article from the *Daily Yonder* analyzes rates of the uninsured in rural and exurban counties based on 2010 Census data. According to the article, 17.7 percent of those under the age of 65 lack health insurance, with the rate of uninsured varying widely among counties.

Resources:

[Retention Toolkit](#)

The National Rural Recruitment and Retention Network (3RNet) and the National Rural Health Resource Center, working in partnership with the Minnesota Office of Rural Health and Primary Care and additional states, developed a multi-part toolkit to support health care recruitment and retention efforts, particularly in rural and underserved areas. In addition to the toolkit document, a national resource list is also available.

[Rural Obesity Prevention Toolkit](#)

Dec. 5, 2012 - The Rural Assistance Center recently launched a rural obesity prevention toolkit to help rural communities develop obesity prevention programs. This toolkit has been developed based on best practices of successfully programs in rural areas. Rural areas in the United States not only have a higher rate of obesity than urban areas, but they also face a different set of challenges when it comes to implementing a successful obesity prevention program. The rural obesity prevention toolkit includes tools to help adapt obesity prevention programs for rural communities.

Eight modules are presented. Modules include understanding rural obesity in the United States; creating an obesity prevention program: where to begin; how to target audiences; and evidence-based interventions for addressing rural obesity. A prevention clearinghouse with examples of rural obesity programs that have been implemented in clinical, school and community settings is also available. Content for the rural obesity prevention toolkit was developed by the NORC Walsh Center for Rural Health Analysis as part of the Community Health Gateway.

[CMEs Offered for National Training Modules to Combat Prescription Drug Abuse Epidemic](#)

Oct. 1, 2012 - The Office of National Drug Control Policy (ONDCP) released two online modules to help train providers in their role to help stop prescription drug abuse. The modules contain lessons for providers on various topics, including: educating patients on the drugs' risks; screening patients for risk factors to identify those at greater risk for abuse; discarding unused medicine safely; and spotting patients who may be forming an addiction.

[Economic Impact of Rural Health Care](#)

September 2012 – This resource from the National Center for Rural Health Works details information on the economic impact of rural health care related to various areas, including rural hospitals and rural hospital construction, rural primary care physicians, and rural general surgeons. On average, 14 percent of total employment in rural communities is attributed to the health sector. The total economic impact of a typical CAH is 195 employees and \$8.4 million in payroll.

Specific information is also available for Ohio, based upon reports developed by Ohio University's Voinovich School of Leadership and Public Affairs. According to the report, *The Economic Impact of the Health Sector in Rural Ohio, 2006*, which developed for the Ohio SORH and released in 2008, the health sector in Ohio's rural counties directly employed 285,255 people and comprised more than 11 percent of the economy within rural counties. In Ohio, according to the report, *The Economic Impact of Ohio's Critical Access Hospitals in 2010*, which was developed in 2012 for the Ohio Flex Program for the *Regional Community Health Needs Assessment Project*, Ohio's 34 CAHs employed 9,883 people in 2010, generating \$516,475,446 in wages for their employees and \$32,170,736 in state and local taxes.

[Barriers to Meaningful Use in Medicaid Report from the Agency for Healthcare Research and Quality](#)

August 2012 – This new report from the Agency for Healthcare Research and Quality (AHRQ) examines the challenges that Medicaid providers face in achieving meaningful use for health information technology. Barriers to adoption and meaningful use of electronic health records were not associated with serving a predominantly Medicaid-insured population. However, some providers who serve mostly Medicaid beneficiaries, such as pediatricians, nurse midwives and dentists, reported some difficulty finding a certified EHR appropriate for their specialty, and that some required measures, such as blood pressure, were irrelevant due to the age of the patient groups they serve.

[Commonwealth Fund Video Series – Strengthening Primary Care](#)

Sept 18, 2012 - The Commonwealth Fund has launched the **first video** in a new series designed to increase understanding of some of the most important changes happening in the U.S. health care system. Each video will feature a Commonwealth Fund expert explaining a facet of health reform and how it will impact Americans. In the first video, Melinda Abrams, vice president for the Fund's Patient-Centered Coordinated Care Program, explains how primary care doctors' visits are changing. Abrams outlines the problems many people have getting care, such as trouble making appointments after regular office hours, and shows how medical homes are improving access to high-quality care while lowering costs. Upcoming videos in the series will explore improving care for vulnerable populations, U.S. health spending, coverage expansion and more.

[Why the Patient-Centered Medical Home's time has come – Video](#)

Sept. 25, 2012 – In this video, ODH Director Theodore E. Wymyslo, M.D., explains various reasons to *Medical Economics* that Ohio has prioritized PCMH transformation.

[The Current and Future Role and Impact of Medicaid in Rural Health](#)

September 2012 – The Rural Policy Research Institute (RUPRI) recently released a report outlining the current Medicaid program and its importance to rural America, including the rural implications of program expansion. Medicaid is the nation's largest public insurance program, and serves as a critical source of payment for providers in rural America.

Policy and Research in Brief:

[How Much Will Medicaid Physician Fees for Primary Care Rise in 2013?](#)

December 2012 - This 17-page brief presents 50-state data from the 2012 Medicaid Physician Fee Survey conducted by the Urban Institute for the Kaiser Commission on Medicaid and the Uninsured. It estimates that average Medicaid fees to qualified physicians for Affordable Care Act primary care services will rise by 73 percent when the primary care fee increase takes effect on Jan. 1, 2013, although there will be wide variation by state. The paper presents data showing how states compare in their 2012 Medicaid fee levels, how Medicaid fees compared to Medicare fees, and how Medicaid fees have changed over time.

[Community Benefit Activities of Critical Access Hospitals, Non-Metropolitan Hospitals and Metropolitan Hospitals: National and Ohio Data](#)

November 2012 – The Flex Monitoring Team released a report recently on the community benefit activities of CAHs in compared to other non-metropolitan hospitals and metropolitan hospitals. The report provides a summary of community benefit activities at the national level, with indicators for CAHs in Ohio attached in table format.

[Health Affairs released health policy brief on Nurse Practitioners and Primary Care](#)

Oct. 25, 2012 - Primary care services are provided by physicians and non-physician practitioners, such as physician assistants and nurse practitioners, both of whom have graduate degrees and are authorized to examine, diagnose and treat patients. This health policy brief from *Health Affairs* examines the policy proposals for allowing nurse practitioners to practice to their full potential, to help meet the projected increase in demand for primary care services, and the accompanying debate. Demand is projected to increase given a growing and aging population, as well as expansion of health insurance coverage in 2014.

[Contributions of Community Colleges to the Education of Allied Health Professionals in Rural Areas of the U.S.](#)

October 2012 – This two-page policy brief from the WWAMI Rural Health Research Center describes where community college allied health education programs are located in relation to rural populations and small rural hospitals. In addition to the **policy brief**, an 80-page **final report** is also available.

[Characteristics of Rural Registered Nurses \(RNs\) Who Live and Work in Different Communities](#)

September 2012 – This two-page policy brief from the WWAMI Rural Health Research Center examines rural RN demographic, education, employment, and salary characteristics, and compared rural RNs who commute to non-commuters. According to the brief, higher salaries appeared to be one of the factors drawing rural RNs to commute to other geographic areas for work. In addition to the **policy brief**, an 18-page **final report** is also available.

Upcoming Events:

Jan. 16, 2013

[County Health Rankings & Roadmaps 101 Webinar](#)

The [County Health Rankings & Roadmaps](#) project offers a monthly webinar series to offer tips on using the County Health Rankings tools and carrying out community health improvement planning. The January webinar will be held at 3 p.m. EST and cover why the county health rankings are useful, how the model and measures used, the components of the project, features of the website, and how to use Rankings & Roadmaps to ignite action in your community. [Registration](#) and [recordings of previous](#) webinars are available online.

Feb. 22, 2013

[CAH Quality, Financial and Operational Improvement \(QI\) Network](#)

The next face-to-face meeting of the CAH Quality, Financial and Operational Improvement Network will be on Friday, February 22 in Columbus. For more information, please contact Flex Program Coordinator Lucrecia Johnson at 614-728-0519 or lucrecia.johnson@odh.ohio.gov.

Mar. 4-6, 2013

[Ohio Association of Community Health Center's Annual Conference](#)

The Ohio Association of Community Health Center's 2013 Annual Conference, *Capturing the Momentum: The Expanding FQHC Role in Health Care*, will feature tracks and sessions applicable for all Community Health Center staffing levels. The conference will be held at the Sheraton Columbus at Capital Square in Columbus on March 4-6.

Mar. 12, 2013

[Genesis Black Lung and Respiratory Clinic - Better Breathers Club](#)

The March meeting of the Better Breathers Club held by the Genesis Black Lung and Respiratory Health Clinic will be from 1:30 to 3 p.m. on Tuesday, March 12, in the Genesis HealthPlex, 2800 Maple Avenue in Zanesville, Conference Rooms A and B. For more information, please contact the clinic at 740-454-4328.

Mar. 26, 2013

[Genesis Black Lung and Respiratory Clinic - Coal Miners Health Fair](#)

A Coal Miners Health Fair will be held by Genesis Black Lung and Respiratory Clinic on Tuesday, Mar. 26, at the Muskingum County Center for Seniors in Zanesville from 9 a.m. to noon. This event is geared toward active or retired coal miners and anyone who has ever been exposed to coal dust through employment, but it is open to any adult. Free screenings will be available, and a nurse practitioner will be available to review results. The Department of Labor will help fill out applications and answer questions about Black Lung Benefits. Registration is not necessary. For more information, please contact the clinic at 740-454-4328.

April 3, 2013

[CAH Quality, Financial and Operational Improvement \(QI\) Network](#)

The next CAH Quality, Financial and Operational Improvement Network webinar will be on Wednesday, April 3 from 10 to 11 a.m. For more information, please contact Flex Program Coordinator Lucrecia Johnson at 614-728-0519 or 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.

To subscribe to the Rural Health Listserv or change your subscribed email address, please send your email and contact information to jennifer.jones@odh.ohio.gov.

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http://www.odh.ohio.gov/odhPrograms/chss/PCRH_Programs/pcrh1.aspx