



# OHIO RURAL HEALTH UPDATE

Summer 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:**

### [2012 Rural Health Conference Preview](#)

Registration is open for the 2012 Rural Health Conference, which will incorporate the Flex Annual Meeting and will be held concurrently with the [Ohio Society for Public Health Education's \(SOPHE\) Health Educators' Institute \(HEI\)](#). This year, the Rural Health Conference will be held at [Deer Creek State Park Lodge and Conference Center](#) on Oct. 17-18, 2012.

During the Rural Health Conference, the National Rural Health Association and the federal Office of Rural Health Policy (ORHP) will provide national policy updates and information on funding opportunities available from ORHP for rural communities, such as the [Outreach Grant Program](#). The conference will also feature a variety of other topics and sessions, including information on the House Bill 198 Education Pilot Project to transform practices into Patient-Centered Medical Homes; Community Health Needs Assessments and planning for Critical Access Hospitals; implementing community Outreach Programs to improve health outcomes, presented by two successfully funded Outreach Grant Program recipients in Ohio; building community coalitions and the Ohio Rural Health Association; and many other areas.

Registration is available online only for the Rural Health Conference, and there is no cost to register. Registration will remain open until October 5. To register, please visit: [www.ohiosophe.org](http://www.ohiosophe.org).

### [Ohio Medicare Rural Hospital Flexibility \(Flex\) Program Update](#)

September 2012 marks the start of a new Flex Program grant year. However, the Flex Program was very busy between September 2011 and August 2012. In addition to maintaining the Quality, Financial and Operational Improvement Network, we conducted several special projects for Critical Access Hospitals. In May 2012 the Regional Community Health Needs Assessment (CHNA) project was completed. Thanks to all of those that participated in the regional CHNAs, the Flex Program plans on using the strategies and data gathered in the regional plans in order to implement projects throughout Ohio in collaboration with various rural health stakeholders. Please be on the lookout for the regional reports to be posted on the Ohio Department of Health website very soon.

The Flex Program has also concluded some special projects around financial and operational improvements. Eight Ohio Critical Access Hospitals (CAHs) took advantage of financial consultation services provided at no cost to the CAH by Arnett & Foster. Through a contract with the Flex Program, Arnett & Foster provided each

participating hospital with one-on-one consultation that included an on-site visit, cost report analysis, revenue recovery assessment, charge master analysis and coding education. Arnett & Foster met with each department of the hospital and walked through the billing process in order to link the cost report, charge master and coding education services together and customize technical assistance based on the needs of individual hospitals. Participants received detailed reports with recommendations to improve their charge master by department, potential improvements to their cost report and opportunities for revenue recovery.

The Flex Program also partnered with iVantage to provide ten CAHs with Rural Operational Assessments in order to assist CAHs in improving hospital operations. The Rural Operational Assessment (ROA) provided a comprehensive analysis of hospital operations integrating excess in functional cost, staffing and productivity and clinical cost. These excess cost functions are all examined through the lens of quality, outcomes, patient safety and patient satisfaction. In addition to the ROA two hospitals received assistance the Ongoing Professional Practice Evaluation (OPPE) tool. The OPPE tool supports the Joint Commission (JCAHO) accreditation requirement that hospitals must examine and evaluate performance data for all practitioners with privileges on an ongoing basis.

The goals of the Flex Program are to support quality improvement, and financial and operational improvement as well as health systems development and community engagement for Ohio CAHs. Please contact Lucrecia Johnson, Flex Program Coordinator with questions or inquiries about the Flex Program at 614-728-0519 or [lucrecia.johnson@odh.ohio.gov](mailto:lucrecia.johnson@odh.ohio.gov).

#### [Office of Rural Health Policy Releases Rural Health Network Development Planning Grant Opportunity](#)

The Health Resources and Services Administration Office of Rural Health Policy has released the Fiscal Year 2013 Rural Health Network Development Planning Grant Opportunity. This funding opportunity promotes the development of integrated healthcare networks in order to achieve efficiencies; expand access to, coordinate, and improve the quality of essential health care services; and strengthen the rural health care system. The grant program supports one year of planning to develop and assist health care networks in becoming operational.

Successful applicants can use their one year grant funds to lay out the foundation of a community health project by convening collaborating partners to conduct planning activities. The lead applicant organization must be a rural, non-profit or public entity that represents a consortium/network of three or more health care providers. The deadline for submission is Oct. 15, 2012, and an ORHP technical assistance conference call will be held for Sept. 19, 2012. Additional details are included in the funding opportunity announcement. The Ohio SORH can provide assistance with information regarding rural location eligibility, funding preferences, locating data sources to help document need and other areas.

#### [Are You Signed up for the CAH Weekly?](#)

In addition to the Rural Health Listserv communication list, our office also maintains the Critical Access Hospital Weekly email list. All CAHs and rural health stakeholders are invited to receive the CAH Weekly. This is an email that goes out every Friday and includes program, local and national updates in addition to funding opportunities, and resources related to CAHs. The email also highlights significant accomplishments and achievements made by CAHs throughout Ohio. If you would like to receive the CAH Weekly or are a CAH and would like to share a significant accomplishment, please contact Lucrecia Johnson, Flex Program Coordinator, at 614-728-0519 or [lucrecia.johnson@odh.ohio.gov](mailto:lucrecia.johnson@odh.ohio.gov).

## **Across Ohio:**

### [Barnesville Hospital Receives State Appalachian Development Grant](#)

The Governor's Office of Appalachia announced recently that Barnesville Hospital has received a grant for \$119,000 through the State Appalachian Development Grant Program. The grant will allow the hospital to purchase state-of-the-art equipment to improve the quality of care for patients. Barnesville Hospital is a Critical Access Hospital that serves a five-county area and has approximately 36,000 outpatient and 1,500 inpatient admissions annually. Congratulations to Barnesville Hospital for receiving this grant award!

### [The Center for Medicare and Medicaid Innovation Selects 75 Ohio Practices](#)

The Center for Medicare and Medicaid Innovation (CMMI) has selected five hundred primary care practices nationwide to participate in the [Comprehensive Primary Care initiative](#). This represents over two thousand primary care doctors and nurse practitioners in seven markets across the country. Seventy-five of the selected practices are in the Cincinnati-Dayton Region. CMMI estimates that 44,500 beneficiaries in this region will be served through this initiative.

Under the Comprehensive Primary Care Initiative, CMS will pay primary care practices a care management fee to support enhanced, coordinated services on behalf of Medicare fee-for-service beneficiaries. Additionally, other insurance plans are also offering enhanced payment to primary care practices through this initiative, including 10 total payers for the Cincinnati-Dayton region. The enhanced payments are designed to support practices in providing high-quality primary care on behalf of their members.

This four-year public-private partnership is designed to test a model of improved access to quality health care at lower costs. The 500 practices were selected through a competitive application process and will start delivering enhanced health care services this fall.

### [Ohio Health Information Partnership Features Video on Recouping EMR Start-up Fees through Meaningful Use](#)

This video from the Ohio Health Information Partnership (OHIP) CliniSync website features Steven Davies, CEO of University Medical Associates, discussing recouping Electronic Medical Records start-up fees through meaningful use incentives.

### [New Report Provides Community Health Needs Assessment Results for Greater Cincinnati](#)

The report "A.I.M. for Better Health: A Community Health Needs Assessment for Southwest Ohio and Southeast Indiana" was prepared on behalf of multiple community partners in greater Cincinnati to help health service providers and the community understand the health status and health needs of the multi-county CHNA region, which includes Adams, Brown, Butler, Clermont, Hamilton, Highland and Warren Counties in Southeast Ohio. The report is the product of research that included input from citizens, organizations and stakeholders across the region. The group contracted with Health Care Access Now to manage the assessment. The report includes health status information and provides recommendations for action.

### [HPIO Releases Brief on Ohio's role in Determining Services Covered by Insurance Beginning in 2014](#)

August 2012 – The Health Policy Institute of Ohio (HPIO) has released a six-page brief on the Essential Health Benefits (EHB) provision as defined by the Patient Protection and Affordable Care Act (ACA), and on the related role of Ohio and other states in determining services covered by insurance in 2014.

### [HPIO Releases Brief on the Supreme Court’s Ruling on the Affordable Care Act and its Impact on Ohio](#)

July 2012 - HPIO has released an eight-page publication to review the Supreme Court’s ruling on the Affordable Care Act and its impact on Ohio. The brief discusses the potential costs of Medicaid expansion and the possible impacts on Ohio’s residents with incomes below 100 percent federal poverty level.

### [HPIO Releases Brief on Ohio’s Proposal for Modernizing Medicaid Eligibility](#)

June 2012 - HPIO has released a new six-page policy brief that summarizes the Governor's Office of Health Transformation's "[Medicaid Eligibility Modernization Project](#)," a Section 1115 Demonstration Waiver request that would change eligibility for Medicaid in Ohio. Released on June 6, the proposed waiver request has several components, including: simplifying Medicaid eligibility categories from the current 150+ categories to three, procuring and implementing a new eligibility and enrollment system to replace the current 30-year old system, and streamlining state and local responsibility for eligibility determination.

### [HPIO Releases Brief and Resource Page on Health Insurance Exchanges](#)

May 2012 – HPIO has released a new eight-page policy brief entitled “Final rules and key stakeholder considerations regarding exchange establishment and functions.” The brief summarizes major provisions in the [final rule](#) regarding exchange establishment and eligibility for enrollment released by the U.S. Department of Health and Human Services on March 27, 2012, effective as of May 29, 2012. This policy brief serves as the first in a series highlighting various aspects of exchange implementation.

### [Materials Available: Supporting the Emerging Health Information Technology Workforce through Partnerships](#)

Materials are available from a webinar held by the Office of the National Coordinator for Health Information Technology providing an overview of ongoing efforts to prepare the health information technology (HIT) workforce. This webinar included information on a regional HIT workforce partnership in Ohio. Both the [presentation slides](#) and a [transcript](#) of the webinar are available online.

## **National News:**

### [CMS Finalizes Meaningful Use Stage 2 Criteria for Electronic Health Record Incentive Payments](#)

Aug. 23, 2012 - The final ruling for Stage 2 Meaningful Use has been released by the Centers for Medicare and Medicaid Services (CMS). CMS has developed a [Fact Sheet](#) on the Stage 2 Final Rule, and provides a Stage 2 [webpage](#) with more information and resources.

The Ohio Health Information Partnership (OHIP) has developed a [Stage 2 Overview Tipsheet](#) that provides general information, along with a timeline for implementation and an outline of objectives for Stage 2.

### [Rural Women Living Shorter Lives in 622 Counties Nationwide](#)

Aug. 29, 2012 - The first of two articles from the *Daily Yonder* analyzing Census data from 1999 and 2009 for changes in the average age at death over ten years found that women are living shorter lives in 622 rural counties nationwide, with some counties seeing gains in lifespan. Geauga County is among the 50 rural/exurban counties nationwide with the greatest increase in age at death. Included among counties seeing declines in average lifespan are several Ohio counties, including Adams, Brown, Clinton, Hardin, Harrison, Highland, Holmes, Mercer, and Van Wert counties. No Ohio counties are among the 50 with the greatest decrease in lifespan nationwide.

### [Rural Males Living Longer Outside Rural Counties Nationwide](#)

Aug. 21, 2012 – The second of two articles from the *Daily Yonder* analyzing Census data from 1999 and 2009 for changes in the average age at death. The article found that male life expectancy increased by 2.1 years between 1999 and 2000 nationwide, though that increase was only matched in a few rural and exurban counties. Jackson County was among the 50 rural/exurban counties nationwide with the greatest decrease in male lifespan.

### [Physicians Using Electronic Health Record Technology Express Positive Views](#)

July 17, 2012 - Health and Human Services Secretary Kathleen Sebelius announced results of a national survey of office-based physicians that found that most who have adopted electronic health record (EHR) systems are satisfied with their system and say it has improved patient care. According to the survey, 55 percent of responding physicians in 2011 said they have adopted at least some EHR technology in their practices. In addition, 85 percent of physicians who have adopted EHRs said they were somewhat (47 percent) or very (38 percent) satisfied with their EHR system. Additionally, a majority of the physicians said they would purchase their EHR systems again, further indicating their satisfaction with the new technology.

### [Lists of Designated Primary Medical Care, Mental Health, and Dental Health Professional Shortage Areas](#)

June 29, 2012 - This Federal Register Notice advises the public of the published lists of all geographic areas, population groups, and facilities that are designated as primary medical care, mental health and dental Health Professional Shortage Areas (HPSAs) as of April 1, 2012. 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 HPSA list was published in the Federal Register on Nov. 3, 2011.

HPSAs designated after April 1, 2012 are considered designated even though they are not included with the most recent Federal Register listing; HPSAs that have been placed in "proposed for withdrawal" or "no data provided" status since April 1, 2012 will remain in that status until the publication of the next Federal Register Notice. A list of the primary medical care, dental and mental health HPSAs within Ohio that were withdrawn is available the ODH [HPSA webpage](#). Additional information is available on the [HPSA FAQs](#) page.

### [Healthcare: state-by-state health occupation educational requirements and job growth predictions through 2020](#)

June 21, 2012 – This new report from the Georgetown Center on Education and the Workforce focuses on trends in health care and how they impact workforce. The full report describes the growing demand for healthcare due to various trends, and describes the shortage of physicians and other healthcare professionals in underserved rural areas around the U.S. A State Report includes state-level education requirements by occupation and forecasted job growth in healthcare from 2010 through 2020. According the Ohio report, Healthcare currently represents 13% of state employment, and will grow at a rate of 28% through 2020, compared to 14% for all other state jobs. There will be a total of 259,050 job openings in Ohio between 2010 and 2020 in the healthcare field. A twenty-page Executive Summary of the full report is also available.

### [Number and Characteristics of Providers Awarded Medicare Incentive Payments for 2011](#)

The report from the U.S. Government Accountability Office (GAO) includes information on providers who were awarded Medicare incentive payments for 2011, including differences between CAHs and acute care (PPS) hospitals, as well as between rural and urban providers.

## Resources:

### [Benefits of Implementing the Primary Care Patient-Centered Medical Home: A Review of Cost and Quality Results, 2012](#)

This report prepared by the Patient-Centered Primary Care Collaborative describes the benefits for implementing the PCMH model and provides a summary of outcomes from various PCMH results published recently, including peer-reviewed research and industry-reported outcomes. Benefits include improving health outcomes, health care delivery and coordination, and the possible short and long-term savings resulting from such benefits as fewer unnecessary emergency department visits and inpatient hospital admissions.

### [Cutting Tobacco's Rural Roots: Tobacco Use in Rural Communities](#)

Aug. 15, 2012 - The American Lung Association released the health disparity report, *Cutting Tobacco's Rural Roots: Tobacco Use in Rural Communities*, as part of the Disparities in Lung Health Series. This report examines the prevalence of tobacco addiction and exposure to secondhand smoke in rural communities nationwide, particularly among rural youth.

### [Health Workforce Information Center – Health Workforce News Publication](#)

August 2012 – The Health Workforce Information Center provides online health workforce resources, including events, organizations, funding opportunities and news at the national and state levels. HWIC's email newsletter, *Health Workforce News*, features articles and resources on the latest health workforce issues. The August edition of *Health Workforce News* includes a feature interview with Sue Skillman, Deputy Director of the WWAMI Rural Health Research Center and the WWAMI Center for Health Workforce Studies. In the [interview](#), she describes current health workforce research projects, rural health workforce issues and her thoughts on the value of learning from other countries in regards to health workforce issues. To sign-up to receive the *Health Workforce News* publication from HWIC, visit <http://www.hwic.org/news/>.

### [Office of Rural Health Policy Releases Rural Guide to Health Professions Funding](#)

The Health Resources and Services Administration Office of Rural Health Policy has released an updated rural guide to health professions funding. The report describes various grant programs offered by the HRSA to help rural organizations with health workforce issues.

### [Agency for Healthcare Research and Quality Unveils Website with PCMH Resources](#)

The U.S. Department of Health and Human Services Agency for Healthcare Research and Quality (AHRQ) has created a website to provide policymakers and researchers with evidence-based resources about PCMH and its potential to transform primary care and to improve health care quality, safety, efficiency and effectiveness. Included are resources providing evaluation of and evidence for the model, as well information on implementation.

### [Medicare Meaningful Use Incentives: A Confusing Minefield for Critical Access Hospitals](#)

July 23, 2012 – This recent article from the National Rural Health Resource Center provides an explanation of the recently announced changes from CMS to allow CAHs to include the cost of capital leases for certified EHRs in their Medicare meaningful use incentive payments.

### [Roadmap Suggests Proven Routes to Reducing Health Disparities](#)

July 16, 2012 - A new roadmap providing organizations expert guidance on how to improve health equity has

been released as part of a symposium of six papers published in the *Journal of General Internal Medicine*. The roadmap was developed from *Finding Answers: Disparities Research for Change*, a national program of the Robert Wood Johnson Foundation based at the University of Chicago that seeks evidence-based solutions to reduce racial and ethnic disparities in care. The fact sheets and full articles are available online from [www.solvingdisparities.org](http://www.solvingdisparities.org).

### [HRSA Guide to Health Center Networks Now Available](#)

HRSA's has released a "Guide to Health Center Networks," developed in collaboration with the National Association of Community Health Centers. This guide is designed as a user-friendly resource for HRSA grantees, safety net providers, and all health care organizations seeking information and technical assistance with their quality improvement (QI) and operational efforts. Timely and relevant information is featured regarding HIT services, and on support, as it relates to QI and overall adoption and implementation of HIT in the safety net.

The guide provides a central starting point to learn more about specific Health Center Networks and offers tips to engage directly with potential Network partners. In addition to Federally Qualified Health Centers, featured networks include Federally Qualified Health Center Look-alikes, Rural Health Clinics, Critical Access Hospitals, Local Health Departments, school-based health centers, maternal and child health clinics, and HIV/AIDS Clinics.

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

### [Research Confirms High Rates of Binge Drinking Among Rural Youth](#)

Research conducted by the Maine Rural Health Research Center confirms that rural youth have higher rates of binge drinking and driving under the influence than do their urban counterparts. Even after controlling for a broad range of risk and protective factors (such as parent disapproval of drinking, friends' disapproval of peers drinking, and religious beliefs), a rural effect persists. Given the multiple protective and risk factors at work in rural areas, this research suggests that prevention strategies should be multi-faceted, target pre-teens, and directly involve parents, peers, schools, and churches. The research also suggests that multiple intervention strategies with consistent messages should target different community organizations and populations. Both the [full report](#) and a 2-page [Research and Policy Brief](#) are available.

### [RUPRI article on the American Community Survey and Rural Data Availability and Analysis](#)

The Rural Policy Research Institute (RUPRI) recently released a five-page document analyzing American Community Survey (ACS) data available for rural areas. The ACS provides the most detailed data available for understanding conditions within rural America, providing data on population numbers, poverty rates, education levels, housing and other areas. While ACS data are released every year, annual data are not released for all geographies. Instead, annual estimates are released only for geographies with populations of 65,000 or more. For many rural geographies, ACS estimates represent only three year-averages (for populations of 20,000 to 65,000) or five year-averages (for populations less than 20,000). The related implications and possible workarounds for rural data analysis are described, with the author pointing out that ACS data is critical to understanding rural America.

### [Evidence-Based Surgical Care Quality Improvement Programs and Strategies for Critical Access Hospitals](#)

August 2012 – This fifteen-page policy brief from the Flex Monitoring Team focuses on evidence-based

surgical care Quality Improvement (QI) programs and strategies that are applicable to Critical Access Hospitals. This work is part of a series of policy briefs designed to identify successful evidence-based quality improvement programs that could be replicated in CAHs and disseminate information about these strategies.

#### [Evidence-Based Acute Myocardial Infarction \(AMI\) Quality Improvement Programs/Strategies for Critical Access Hospitals](#)

August 2012 – This policy brief from the Flex Monitoring Team focuses on evidence-based AMI Quality Improvement (QI) programs and strategies that are applicable to Critical Access Hospitals. Although few peer-reviewed articles specifically address implementation of surgical care QI programs and strategies in CAHs, several programs and strategies are described that are effective and could be replicated in CAHs. This work is part of a series of policy briefs designed to identify successful evidence-based quality improvement programs that could be replicated in CAHs and disseminate information about these strategies.

#### [Independently Owned Pharmacy Closures in Rural America: 2011 Update \(Policy Brief\)](#)

June 2012 – This four-page policy brief from the Rural Policy Research Institute (RUPRI) Center for Rural Public Health Analysis updates the series of past briefs on pharmacy closures to include data from 2011, and examines the impact of pharmacy closures in rural communities. Factors examined include the degree to which rural pharmacy closures may diminish access to medications without delay or travel for rural residents, as well as the impact on pharmacist consultations and pharmacist oversight for administration of medications in nursing homes and hospitals.

#### [Flux in Loan Repayment Programs for Healthcare Professionals with States' Budget Cuts and National Health Service Corps Budget Increases](#)

May 2012 - This findings brief from the North Carolina Rural Health Research Center examines how state-level loan repayment programs are weathering the current economic conditions and competition with the expanding federal [National Health Service Corps](#) Loan Repayment Program. The brief also presents results of a survey of directors of 96 of the 98 identified state programs, addressing questions on year-by-year changes in the size and composition of their workforce and budget changes.

#### [Rural Medicare Advantage Enrollment Update](#)

May 2012 – This one-page brief from RUPRI Center for Rural Public Health Analysis describes trends in rural Medicare Advantage as of March 2012. Among key findings are that rural Medicare Advantage enrollment has grown 13 percent since 2011, despite reductions in payment to Medicare Advantage plans as mandated by the Affordable Care Act. Urban enrollment in Medicare Advantage plans grew 9 percent during the same timeframe.

#### [The Affordable Care Act: Real Help for Real People](#)

April 2012 – This brief from the Center for Rural Affairs examines select provisions of the Affordable Care Act to determine the impact on the rural population. Included among the various provisions examined are the number of young adults able to remain covered by parents' health insurance policies, by policies to gradually close the Medicare "donut hole," and by policies to encourage preventive care by eliminating co-pays and/or cost-sharing for children, Medicare beneficiaries and other groups.

## **Upcoming Events:**

Sept. 27, 2012

[A Step-by-Step Approach to Implementing A Patient-Centered Medical Home - Webinar](#)

This free webinar on Thursday, Sept. 27 from 3 to 4 p.m. will provide information on establishing a practice (or practices within your health system) as a certified PCMH. Stroudwater Associates in collaboration with Louise Bryde & Associates will explore the topics and the tasks required to ensure the optimal performance of a PCMH, including: an overview of the National Committee for Quality Assurance recognition standards and application requirements, assessing your organization's readiness, conducting a mock NCQA survey to identify areas needing improvement, assessing the value/reward in payment model and critical steps in preparing patients and practices. To register, visit: <https://www1.gotomeeting.com/register/376127697>.

Oct. 8-12

[National Primary Care Week](#)

National Primary Care Week is an annual event to highlight the importance of primary care and bring health care professionals together to discuss and learn about generalist and interdisciplinary health care, particularly its impact on and importance to underserved populations.

Oct. 9, 2012

[County Health Rankings Webinar – Take Action: Evaluate Actions](#)

The [County Health Rankings & Roadmaps](#) project is offering the monthly webinar series *Take Action* to offer tips on using the County Health Rankings tools and carrying out community health improvement planning. The October webinar will cover evaluating your efforts and will provide guidance, tools and resources for evaluating whether policies and programs are working as intended in order to focus collective efforts efficiently and effectively. To register, visit <https://www1.gotomeeting.com/register/609710033>. For recordings of previous webinars and additional on upcoming webinars, please visit [http://www.countyhealthrankings.org/media-library/browse/media\\_webinar](http://www.countyhealthrankings.org/media-library/browse/media_webinar).

Oct. 15, 2012

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

The October 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 Monday, Oct. 15, in the Genesis HealthPlex, 2800 Maple Avenue in Zanesville, Conference Rooms A and B. Speaker Becky Hayward, Outreach Specialist with the Ohio Senior Health Insurance Information Program (OSHIIP), will discuss Medicare and You – Understanding Medicare. For more information, please contact the clinic at 740-454-4328.

Oct. 17-18, 2012

[2012 Rural Health Conference and Health Educators' Institute](#)

Registration is open for the 2012 Rural Health Conference and Flex Annual Meeting, which will be held concurrently with the [Ohio Society for Public Health Education's](#) Health Educators' Institute (HEI) for the second year. To register, please visit [www.ohiosophe.org](http://www.ohiosophe.org). Please note that registration is available online only. The 2012 Rural Health Conference will be held at Deer Creek State Park Lodge and Conference Center, near Mount Sterling.

Nov. 6, 2012

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

The November 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, Nov. 6, in the Genesis HealthPlex, 2800 Maple Avenue in Zanesville, Conference Rooms A & B. Speaker Linda Bishop with Genesis Resource Counseling will discuss Medicare Part D. For more information, please contact the clinic at 740-454-4328.

Nov. 15, 2012

[National Rural Health Day](#)

The second annual National Rural Health Day will be held on Thursday, Nov. 15 by the National Organization of State Offices of Rural Health (NOSORH) and SORHs nationwide. National Rural Health Day is intended to highlight rural communities as wonderful places to live and work; to increase awareness of rural health-related issues; and to promote the efforts of SORHs and NOSORH in addressing these issues.

Nov. 28, 2012

[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 Wednesday, Nov. 28, 2012 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.

## 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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*Ohio Department of Health  
Bureau of Community Health Services &  
Patient-Centered Primary Care  
246 N. High Street  
Columbus, OH 43215  
Phone: 614-995-5556  
Fax: 614-995-4235*

[http://www.odh.ohio.gov/odhPrograms/chss/PCRH\\_Programs/pcrh1.aspx](http://www.odh.ohio.gov/odhPrograms/chss/PCRH_Programs/pcrh1.aspx)