



OHIO RURAL HEALTH UPDATE

Spring 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:

Save-the-Date - 2012 Rural Health Conference

The Ohio SORH is pleased to announce that the 2012 Rural Health Conference will be held concurrently with the [Ohio Society for Public Health Education's](#) (SOPHE) Health Educators' Institute (HEI) for the second year. The Flex Annual Meeting will be included as part of the Rural Health Conference. Mark your calendars for the 2012 Rural Health Conference/Flex Annual Meeting and HEI, which will be held at Deer Creek State Park Lodge and Conference Center on **Oct. 17-19, 2012**.

Further details and attendee registration materials for the Rural Health Conference will be available this summer. Exhibitor and sponsor registration is now open and details are available on the [SOPHE](#) website.

Ohio Quality Improvement Network for Critical Access Hospitals and the New Flex Monitoring Team Report

The Ohio Flex Program continues to focus on further developing quality and financial improvement for **Critical Access Hospitals (CAHs)** throughout the state. At this time, 25 out of 34 Ohio CAHs are participating in the Quality, Financial and Operational Improvement (QI) Network. The Flex Program is partnering with iVantage Health Analytics, Inc (formally PMI). The iVantage quality improvement tools collect and report data as well as enable CAHs to aggregate hospital specific indicators into an electronic benchmarking system. The tools also allow for CAHs to compare local performance in real time to national and state data.

The Flex Program would like to take this time to congratulate Ohio CAHs for a job well done in providing quality services to Ohioans. Ohio CAHs continue to be one of the leading states in reporting both inpatient core measures and Consumer Assessment of Healthcare Providers and Systems (HCAHPS) surveys among CAHs nationally. According to the February 2012 [Hospital Compare Quality Measures: 2010 National and Ohio Results for Critical Access Hospitals](#), Ohio has 30 out of 34 CAHs reporting relevant process of care quality measures for inpatient and 25 out of 34 reporting for HCAHPS patient experience of care survey data to Hospital Compare. Overall Ohio CAHs scored significantly higher on 13 inpatient measures and better HCAHPS results than all US hospitals. Please note that CAHs are not required to report to Hospital Compare at this time. However, a significant proportion of Ohio CAHs continue to publically report quality data. This year the QI Network focus will be to increase outpatient reporting for CAHs.

2012 Flex Program Projects for CAH and Emergency Medical Services Provider Collaboration

During 2012, the Flex Program is conducting several projects to help support **CAHs**. Currently, the Flex Program is providing funding to support collaborative projects between CAHs and emergency medical services (EMS) providers. Avita Health Systems, representing both Bucyrus and Galion Community Hospitals, has established a CAH-EMS Council in Crawford County and plans to conduct an EMS Summit in Crawford County providing training and education to EMS providers.

Ohio CAHs are a valuable part of rural healthcare and provide a significant service to Ohio. 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.

Rural Health Clinic Development and Location Requirements

Four additional areas have been federally approved by the Health Resources and Services Administration (HRSA) Office of Shortage Designation as underserved for purposes of **Rural Health Clinic** development, following request for designation from the Ohio Primary Care Office. Additions to the list of Governor's Certified Shortage Areas include: Henry County, Sandusky County, Wyandot County and certain townships within southern Wood County.

In addition, twelve clinics within rural and underserved areas are in the process of receiving contract awards from the Ohio Department of Health (ODH) SORH to work with a vendor or consultant of their choice for assistance with services related to Rural Health Clinic development, such as conducting a financial feasibility analysis and completing the application and survey process for certification.

Rural Health Clinics provide outpatient primary care services and must complete a CMS certification process in order to receive enhanced reimbursement for Medicare and Medicaid. Among the requirements for certification, clinics must be located within both a rural and underserved area under the definitions used by CMS. For more information on location requirements or related resources, please contact Jennifer Jones at 614-466-5333 or jennifer.jones@odh.ohio.gov.

Across Ohio:

Two Ohio Critical Access Hospitals Receive Federal Rural Health Services Outreach Grants

May 2, 2012 –The HRSA Office of Rural Health Policy has announced that two Ohio communities were awarded Rural Health Care Services Outreach Program grants. The Outreach grant program supports projects that demonstrate effective, innovative models of outreach and service delivery in rural communities. Outreach grant awardees include: Trinity Hospital Twin City, Dennison, and Fostoria Community Hospital, Fostoria. Congratulations to these **CAHs**! For more information on the Outreach Grant Program, please visit the [HRSA Web site](#).

Ohio Student/Resident Experiences and Rotations in Community Health (SEARCH) Program

The [Ohio SEARCH Program](#) provides health professions students and primary care residents with community-based clinical experiences in urban and rural sites, such as **Federally Qualified Health Centers, Rural Health Clinics**, community mental health agencies and other safety-net sites that provide services for persons with

low incomes. As a workforce development pipeline, Ohio SEARCH Program experiences can increase interest in primary care, mental health and dental careers in geographic areas most in need.

The Ohio SEARCH Program is seeking additional rotation sites and preceptors within federally designated Health Professional Shortage Areas (HPSAs) in rural and urban areas across Ohio. Preceptors introduce SEARCH participants to clinical experiences where they learn first-hand, community-based approaches to care. Clinicians are needed to precept SEARCH Program participants in the following disciplines: students and residents in primary care medicine, including Psychiatry; dentistry; dental hygiene; advanced practice nursing; nurse midwifery; physician assistant; clinical social work; counseling; psychology; marriage and family therapy; and psychiatric nurse specialists.

Preceptors also provide guidance for participants in completing a community project for the rotation site. Projects may be oriented toward patient education, community outreach, assessment, health promotion or disease prevention to meet the needs of the patients and the community.

Clinicians or practice sites interested in more information about precepting a SEARCH participant are encouraged to contact Vicki Marie, SEARCH Program Coordinator, at 614-752-4787 or vicki.marie@odh.ohio.gov. Visit the [Ohio SEARCH Program website](#) and watch a [video](#) featuring the perspectives of a site director and a former SEARCH participant.

[Cincinnati-Dayton Region Selected to Participate in the Comprehensive Primary Care Initiative](#)

April 2012 – The Centers for Medicare and Medicaid Services (CMS) recently announced that the Cincinnati-Dayton region was selected as one of seven geographic markets nationwide to participate in the [Comprehensive Primary Care \(CPC\) initiative](#) provided by the [CMS Innovation Center](#). This multi-payer initiative will foster collaboration between public and private health care payers to strengthen primary care. Medicare will work with commercial and state health insurance plans and offer bonus payments to primary care doctors who improve care coordination for their patients.

Up to 75 primary care practices will be selected within the Cincinnati-Dayton region to participate in the CPC. The 14 counties include Adams, Brown, Butler, Champaign, Clark, Clermont, Clinton, Greene, Hamilton, Highland, Miami, Montgomery, Preble, and Warren. Physicians in this area of the state that are interested in participating should visit [the Health Collaborative Web site](#) for additional information.

[The Ohio Family Physician Publication Spring Edition Focuses on the Primary Care Workforce](#)

The spring 2012 edition of *The Ohio Family Physician* publication from the Ohio Academy of Family Physicians focuses on the primary care workforce. Included is an article on Ohio Primary Care Workforce Opportunities describing programs available from the Ohio Primary Care Office, which is co-located with the SORH. Programs include the [Ohio SEARCH Program](#), the [National Health Service Corps Scholarship and Loan Repayment Programs](#), and the [J-1 Visa Waiver Program](#).

A direct link to the Ohio Primary Care Workforce Opportunities article is available below. The following article is reprinted from the spring 2012 issue of *The Ohio Family Physician* with permission from the Ohio Academy of Family Physicians: http://www.nxtbook.com/nxtbooks/oafp/tofp_2012spring/#/12.

Smiles for Ohio - Fluoride Varnish Program Offers Free CE to Doctors and Nurses

Early Childhood Caries (ECC) affects the primary teeth of infants and toddlers and is caused by frequent and prolonged exposure to carbohydrates in the presence of oral bacteria. ECC can be a devastating problem for young children and their families with the results being pain, infection, malocclusion and difficulty chewing. Each year, only seven percent of Ohio's children eligible for Medicaid receive dental services through Medicaid, yet nearly 92 percent of Ohio's children eligible for Medicaid receive either an initial or periodic health screen through a primary care physician. When primary care physicians and other providers see these high-risk children, it makes sense to help prevent ECC by applying fluoride varnish.

Fluoride varnish is a highly concentrated form of fluoride that is applied to tooth surfaces to prevent new cavities and help reverse early demineralization (white spots) of tooth enamel. Fluoride varnish sets quickly on contact with teeth in the presence of saliva, adhering to the tooth for several hours. Fluoride varnish can be quickly applied to the teeth, does not require special equipment, is well-received by very young children and prevents ECC.

Ohio physicians and advanced practice nurses can be reimbursed by Medicaid for the application of fluoride varnish for children up to their third birthday. The fluoride varnish is applied during well or sick child examinations. Medicaid reimbursement is \$15 per application and is limited to once every 180 days. Children who exhibit signs of oral health problems are referred to a dental home. Providing fluoride varnish and education about the causes of ECC can help decrease a child's risk for tooth decay throughout their lifetime.

The *Smiles for Ohio – Fluoride Varnish Training for Primary Medical Care Providers Serving Young Children Enrolled in Medicaid* is an award-winning Web-based curriculum developed by ODH that consists of four modules, each designed to provide physicians and other health care providers with the knowledge needed to reduce dental caries among children aged 3 and under. The training is [available free-of-charge online](#) and may be taken for medical (1.0 AMA PRA Category 1) and nursing (1.25 CNE) continuing education credit. For more information on ECC and the Smiles for Ohio – Fluoride Varnish Program, please visit this [link](#).

Fifteen New AgrAbility Fact Sheets Online

Fifteen new fact sheets available from The Ohio State University Extension's Ohio AgrAbility Program provide information and resources for farmers, growers and other agricultural workers dealing with a disability, injury or long-term health condition. Fact Sheets focus on a variety of topics, including secondary injury prevention, managing arthritis and stress, and farming with diabetes. This group is the second in a series of 40 new fact sheets the Ohio AgrAbility Program is planning to produce over the next year. Ohio AgrAbility promotes success in agriculture for Ohio's farmers and farm families coping with a disability or long term health condition. For more information on the Ohio AgrAbility Program, please visit the [AgrAbility Web site](#).

National News:

HHS Proposes Rule to Delay ICD-10 Compliance Date

April 17, 2012 – the Department of Health and Human Services (HHS) published a proposed rule to delay the compliance date for the International Classification of Diseases, tenth edition diagnosis and procedure codes (ICD-10) from October 1, 2013 to October 1, 2014. On [Feb. 17](#), Secretary Kathleen Sebelius had announced

that HHS would initiate a process to postpone the date for ICD-10 compliance. The final rule adopting ICD-10 was published in January 2009.

Private RHC Certification/Accreditation Option Approved by CMS

According to this March 23, 2012 Federal Register Publication, the American Association for Accreditation of Ambulatory Surgery Facilities (AAAASF) has been approved as a “deemed” entity by CMS for **Rural Health Clinic** certification.

On April 20, the National Association of Rural Health Clinics and the federal Office of Rural Health Policy (ORHP) held a conference call on the topic of the option for RHC accreditation through AAAASF. Slides from the call are currently available online by visiting the [ORHP website](#), and a transcript of the call will also be made available.

Bill Introduced to Allow Medicare Electronic Health Record (EHR) payments for Rural Health Clinics

A bill to amend the Social Security Act to ensure the eligibility of professionals practicing in certified **Rural Health Clinics** for EHR and quality improvement incentives under Medicare was introduced during November 2011 and has been referred to the Subcommittee on Health. Currently, certified Rural Health Clinics are not eligible for Medicare EHR payments due to their reimbursement structure.

Announcement of Medicare Rural Health Clinic (RHC) and Federally Qualified Health Centers (FQHC) Payment Rate Increases

Jan. 31, 2012 - CMS released a revised MLN Matters (Number MM7533) to provide the corrected 2012 payment rate increases for **Rural Health Clinics** and **Federally Qualified Health Centers**. The document is available on the CMS Web site at: <http://www.cms.gov/mlnmattersarticles/downloads/MM7533.pdf>.

U.S. Recession Hikes Rate of Poverty

Jan. 31, 2012 - This article from the *Daily Yonder* describes how the recession raised poverty rates across the United States. Rates were highest in rural counties and have increased since the recession began in 2007.

Department of Health and Human Services Releases 2012 Poverty Guidelines

Jan. 26, 2012 - The U.S. Department of Health and Human Services (HHS) released an update of the poverty guidelines to account for last calendar year's increase in prices, as measured by the Consumer Price Index, in this Jan. 26, 2012 [Federal Register Notice](#).

Resources:

Reform in Action: Can Implementing Patient-Centered Medical Homes Improve Health Care Quality?

April 2012 – This three-page document from the Robert Wood Johnson Foundation provides an overview of Patient-Centered Medical Homes (PCMH) and describes insights from communities involved with Aligning Forces for Quality, a Robert Wood Johnson Foundation effort to improve the quality of health care in 16 communities nationwide, while reducing racial and ethnic disparities and providing models for national reform. Included in the featured communities is the Health Collaborative of Greater Cincinnati.

[Evaluation: Assessing and Increasing Readiness for Patient-Centered Medical Home Implementation](#)

March 2012 - This research summary from the Robert Wood Johnson Foundation evaluates the readiness of primary care practices for implementing PCMH and provides guidelines for assessing and increasing readiness.

[Guiding Transformation: How Medical Practices Can Become Patient-Centered Medical Homes](#)

Feb. 27, 2012 – This report from the Commonwealth Fund outlines the changes that most medical practices would need to make for PCMH transformation. Information is included on cross-training staff, evidenced-based care, access to care and financial costs.

[Health Reform: What's in It?: Medicaid and Rural America](#)

Feb. 2012 – This nine-page Center for Rural Affairs issue brief explains the different Medicaid programs, their importance to rural citizens and Medicaid expansion under the Affordable Care Act. According to the most recent data on Medicaid coverage as cited in the brief, 16 percent of rural residents nationwide had Medicaid coverage in the past year, compared to 13 percent of urban residents. According to the brief, Medicaid payment rates represent an important share of provider revenue, with physicians in rural areas receiving almost 20 percent of their patient revenue from Medicaid, in comparison to the national average of about 17 percent.

[Affordable Insurance Exchanges: A Summary of Characteristics and Rural Implications](#)

Jan. 2012 – This one-page summary from the RUPRI Center for Rural Health Policy Analysis provides a quick reference to selected critical decisions being made about health insurance exchanges that will affect access to affordable insurance plans in rural America. The complete 14-page policy paper, [Affordable Insurance Exchanges and Enrollment: Meeting Rural Needs](#), is also available.

[Critical Access Hospital: Rural Health Fact Sheet Series](#)

Jan. 2012 - This six-page fact sheet from CMS provides an overview of information on **CAHs**, including designations and payments.

[CMS Sponsored ICD-10 Teleconference Podcasts and Video Slideshows Available](#)

To help prepare for a smooth transition to ICD-10, a series of ICD-10 National Provider Calls hosted by the CMS Provider Communications Group are available on the CMS Web site and through the [CMS YouTube Channel](#). Podcasts of various previous CMS sponsored ICD-10 calls are available on the CMS Web site, along with the corresponding transcripts and slide presentations. Past calls include: [ICD-10 Implementation Strategies and Planning](#), held Nov. 17, 2011; [ICD-10 Implementation Strategies for Physicians](#), held Aug. 3, 2011; and [CMS ICD-10 Conversion Activities](#), held May 18, 2011. Video slideshows of past calls are available through the [CMS YouTube Channel](#).

Continuing education credits may be awarded by the American Academy of Professional Coders (AAPC) or the American Health Information Management Association (AHIMA) for participation in CMS National Provider Conference Calls. Please visit the [CMS Web site](#) for more information.

[Free Online Education Tutorials on Health Information Technology \(HIT\) Offer Free CME](#)

The American Medical Association (AMA) and TransforMED, a non-profit subsidiary of the American Academy of Family Physicians, have released three online [educational tutorials](#) to help small practices better implement HIT. The tutorials include videos, downloadable tools and best practices for providers and practice staff in

small practices faced with decisions regarding HIT.

[HIT Toolkit Provides Resources for Rural Health Facilities and Providers](#)

This [toolkit](#) from the Rural Assistance Center provides federal resources to guide rural health facilities and providers through the phases of choosing, implementing and operating HIT systems. Using the toolkit, rural communities can: address challenges of finding capital funding, help community colleges enhance training programs, stay informed about legislation affecting EHRs, and leverage multiple federal resources for project development.

Resources are provided by topic, including resources that may be helpful for [CAHs](#), [Rural Health Clinics](#), [Federally Qualified Health Centers](#), and [physicians](#).

[Medicare Shared Savings Program for Rural Providers](#)

CMS has released the fact sheet “Medicare Shared Savings Program for Rural Providers” to provide an overview of Accountable Care Organizations (ACOs) for rural providers, including [Rural Health Clinics](#), [CAHs](#) and [Federally Qualified Health Centers](#). ACOs create incentives for health care providers to work together to treat an individual patient across care settings, including doctor’s offices, hospitals and long-term care facilities. The Medicare Shared Savings Program will reward ACOs that lower their growth in health care costs while meeting performance standards on quality of care and putting patients first. Participation in ACOs is voluntary.

Policy and Research in Brief:

[Promoting a Culture of Safety and CAH Use of the Hospital Survey on Patient Safety Culture](#)

April 2012 - The Flex Monitoring Team has released a new [Briefing Paper](#) and associated [Policy Brief](#) on patient safety culture in [CAHs](#). These publications are part of a series identifying and assessing evidence-based patient safety and quality improvement interventions.

[Why Use Swing Beds? Conversations with Hospital Administrators and Staff](#)

April 2012 – This Findings Brief from the North Carolina Rural Health Research and Policy Analysis Center describes interviews with hospital administrators and staff on the use of swing beds. Hospitals included both [CAHs](#) (66 percent) and those paid under the Prospective Payment System (33 percent). Topics include the role of swing beds in patient care, swing bed volume and financial considerations, swing beds in the context of all community post-acute skilled care, and swing beds as a benefit for community residents.

[The Use of Hospitalists in Small Rural Hospitals](#)

April 2012 – The Upper Midwest Rural Health Research Center has released a six-page Policy Brief describing the results of a survey of small rural hospitals that use hospitalists, defined as physicians, physician assistants or nurse practitioners who assume responsibility for patient care during inpatient hospital stays. Researchers found that hospitalists use by [CAHs](#) and other rural hospitals with fewer than 100 beds more than doubled between 2005 and 2009. The vast majority of surveyed rural hospitals report that hospitalist use has had positive impacts on quality of care and recruitment and retention of primary care physicians.

New Evidence-Based Policy Brief on Heart Failure Quality Improvement Programs in Critical Access Hospitals

March 2012 - The Flex Monitoring Team recently released a new Policy Brief describing evidence-based heart failure Quality Improvement (QI) programs and strategies that are applicable to **CAHs**. The Flex Monitoring Team prepared this brief as part of a larger project to 1) identify successful evidence-based quality improvement (QI) programs and strategies related to acute myocardial infarction (AMI), pneumonia, heart failure and surgical care improvement that could be replicated in CAHs and 2) disseminate information about these programs and strategies to State Flex Programs. This Policy Brief is part of a series of briefs identifying and assessing evidence-based patient safety and quality improvement interventions appropriate for use by Flex Programs and CAHs.

State Policy Levers for Addressing Preventive Dental Care Disparities for Rural Children

March 2012 - This study from the South Carolina Rural Health Research Center examines how various states are addressing the challenging lack of available dental professionals in rural communities. Providing preventive services, such as fluoride varnish application (FVA), within primary care settings is described as one of the practical short-term solutions.

Two-thirds of states reported that their Medicaid programs reimburse non-dental clinicians for FVA on childrens' teeth, in addition to reimbursing dentists. A smaller numbers of states reported implementing practice act provisions for dental hygienists, such as allowing them to provide certain services in primary care safety net settings either without supervision or under general, indirect, or public health supervision.

Understanding Advanced Practice Nurse Distribution in Urban and Rural Areas of the United State Using National Provider Identifier Data

Feb. 2012 - This WWAMI Rural Health Research Center Policy Brief summarizes an examination of Advanced Practice Registered Nurse (APRN) distribution using the 2010 CMS National Provider Identifier (NPI) data. Information on the distribution of the APRN workforce supply is needed to effectively address current and future shortages. The complete 28-page [final report](#) is also available. Based on the NPI data, there were 3.6 urban and 2.8 rural NPs nationwide per 10,000 U.S. residents. Ohio was among states with the lowest rural NP ratios, with 1.8 rural NPs per 10,000 residents, in comparison to 3.4 NPs per 10,000 residents in urban areas.

Relevant Quality Measures for Critical Access Hospitals

Jan. 2012 - This Policy Brief from the Flex Monitoring Team provides rural health care providers and policy makers with an up-to-date set of relevant quality measures for **CAHs**, along with information on reducing the reporting burden.

Rural Residency Training for Family Medicine Physicians: Graduate Early-Career Outcomes

Jan. 2012 - This Policy Brief from the WWAMI Rural Health Research Center summarizes outcomes for recent family medicine graduates of Rural Training Tracking (RTT) Programs in the U.S. The RTT model seeks to encourage and prepare physicians for rural practice by providing training in rural areas, providing one year of urban training and two years of rural training. Findings on the outcomes of 85 physicians graduating from these residencies for the 2008-9 through 2010-11 academic years are reported. Over 90 percent of RTT graduates were found to work as family physicians, and about 20 percent were also engaged in teaching. In addition, at least one half of RTT graduates located in rural areas after graduation, which is two to three times the proportion of family medicine residency graduates overall.

Rural Demographic Change in the New Century: Slower Growth, Increased Diversity

Winter 2012 – This 12-page Issue Brief from the Carsey Institute examines rural demographic trends in the first decade of the twenty-first century using newly available data from the 2010 Census. Among other key findings, rural growth from 2000-2010 was about half that of the 1990s. Rural population gains were largest in high-amenity counties and just beyond the metropolitan fringe, were particularly slow in farming and mining counties, and were greatly reduced in rural manufacturing counties. Between 2000 and 2010, diversity accelerated in rural America, with racial and ethnic minorities accounting for 83 percent of rural population growth.

Upcoming Events:

June 5, 2012

Genesis Black Lung and Respiratory Clinic - Better Breathers Club

The June meeting of the Better Breathers Club held by the Genesis Black Lung and Respiratory Health Clinic will be from noon – 2:30 p.m. on Tuesday, June 5, in the Genesis HealthPlex, 2800 Maple Avenue in Zanesville, Conference Rooms A & B & C. Presenters will be Dawn Huth and Kristi Warner from Northside Oxygen and Medical. For more information or to RSVP, please contact the clinic at 740-454-4328.

June 12, 2012

Genesis Black Lung and Respiratory Clinic - Coal Miners Health Fair

The Genesis Black Lung and Respiratory Clinic will be holding a Coal Miners Health Fair on Tuesday, June 12 from 9 a.m. to noon at the Coshocton County Senior Center. This event will be geared toward active or retired coal miners and anyone who's ever been exposed to coal dust through employment, but it is open to any adult. Free screenings will be offered, 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, call the Genesis Black Lung & Respiratory Health Clinic at 740-454-4328.

June 16, 2012

2012 Amish Health Care Conference

The 8th Conference on *Addressing the Health Care Concerns of the Amish Community* will be held on Saturday, June 16, in Millersburg, Ohio by Project Hoffnung and Central Ohio OhioHealth. During the conference learn from the Amish about their beliefs and health care issues. Health care professionals, health educators, community members and anyone interested in learning more about the Amish way of life are encouraged to attend. For more information, please contact Margaret Hiermer at margaret@projecthoffnung.org or 1-877-HOFFNUNG.

June 28, 2012

Critical Access Hospital Flex Quality Improvement Network Meeting

The next **CAH** Flex Quality Improvement Network Meeting for 2012 will be held in Columbus on Thursday, June 28, 2012. For more information, please contact Flex Program Coordinator Lucrecia Johnson at 614-728-0519 or lucrecia.johnson@odh.ohio.gov.

July 3, 2012

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

The July 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, July 3, in the Genesis HealthPlex, 2800 Maple Avenue in Zanesville, Conference Rooms A & B. Connie Hardcastle RN, MSN from Genesis Nurse Line will discuss how and who to contact for medical help.

Oct. 17-19, 2012

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

The Ohio SORH is planning the 2012 Rural Health Conference, which will be held concurrently with the [Ohio Society for Public Health Education's](#) Health Educators' Institute (HEI) for the second year. Mark your calendars for the 2012 Rural Health Conference and HEI, which will be held at Deer Creek State Park Lodge and Conference Center on Oct. 17-19, 2012.

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 or to pam.hunt@odh.ohio.gov.

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