

SPRING 2025

# PENNSYLVANIA RURAL HEALTH

## Hidden in Plain Sight:

Housing Insecurity  
in Rural Pennsylvania

WHY WE NEED TO KEEP TALKING ABOUT FARM STRESS | PROGRAM OFFERS POST  
CANCER TREATMENT SUPPORT, RESOURCES FOR SURVIVORS AND LOVED ONES

# message *from the* director



Welcome to the spring issue of *Pennsylvania Rural Health*! Since writing this column in the fall of 2024, a number of changes have occurred in the U.S., some of which will likely impact rural health care across the nation and in Pennsylvania.

The activities in our office are based on the premise that rural communities and that the health and well-being of these communities are essential to those who live there and to the strength and resilience of our state and country as a whole.

At the federal level, support for a number of programs that serve rural America have been eliminated or reduced. Funding for Medicaid, the health insurance program for financially under resourced persons and the health insurance marketplace subsidies may be discontinued, which are predicted to increase the number of uninsured. Small rural hospitals may need to provide more uncompensated care, which will exacerbate their financial challenges. We've seen preliminary documentation that all federally funded programs, except for two, will be eliminated in the president's 2026 budget. Those eliminations include the State Office of Rural Health, Medicare Rural Hospital Flexibility, and Rural Recruitment programs.

Now is the time for bold, consistent advocacy. We must amplify the voices of rural communities, bring their needs to the forefront of policy conversations, and fight to protect what remains. Advocacy is not just a job for policymakers—it is a responsibility for health care leaders, providers, patients, and community members alike. Whether through local organizing, legislative outreach, or partnerships with public health organizations, we must work to restore and reimagine support for rural health systems.

This is also a call to innovate. Telehealth, mobile clinics, and community-based care models must be prioritized and scaled. Though federal support may waver, our commitment cannot. Together, we can build resilient rural health systems and ensure that distance and ZIP code never determine the quality of care. The stakes are high—but so is our resolve.

Rural health advocates will continue to engage at every level to assure access to high quality health care in rural areas. I'm glad you will join us.

Take good care and stay in touch.

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

Lisa Davis  
*Director*





## 2 Cover Story: Hidden in Plain Sight: Housing Insecurity in Rural Pennsylvania



## Why We Need to Keep Talking About Farm Stress 12



## 13 Program Offers Post Cancer Treatment Support, Resources for Survivors and Loved Ones

**COVER STORY:** Hidden in Plain Sight:  
Housing Insecurity in Rural Pennsylvania .... 2

Rural Community Health Care: Perspectives  
from a Medical Student ..... 7

Pennsylvania Office of Rural Health  
Celebrates Rural Health in Pennsylvania ..... 8

Community Leader Recognized as 2024  
Pennsylvania's Community Star on  
National Rural Health Day ..... 10

Advancing Rural Health: Medical Residency  
to White House Fellowship ..... 11

Why We Need to Keep Talking About  
Farm Stress ..... 12

Program Offers Post Cancer Treatment  
Support, Resources for Survivors and  
Loved Ones ..... 13

Penn State Health Policy and  
Administration Student Receives PORH's  
Jennifer S. Cwynar Community  
Achievement Award..... Back Cover

*Pennsylvania Rural Health*  
Lisa Davis, Director

The Pennsylvania Office of Rural Health (PORH) receives support from the Federal Office of Rural Health Policy (FORHP) in the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS), the Pennsylvania Department of Health, other state agencies, and The Pennsylvania State University. PORH is located at Penn State University Park.

*Pennsylvania Rural Health* is published twice a year by PORH. This publication is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$230,410 with 37 percentage funded by HRSA/HHS and \$2,700 and 63 percentage funded by non-government sources(s). The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA/HHS, or the U.S. Government.

UBR HHD 25-772 MPC S169820

 **PENNSYLVANIA OFFICE OF  
RURAL HEALTH**

Funded, in part, by the Pennsylvania Department of Health



# Hidden in Plain Sight:

## Housing Insecurity in Rural Pennsylvania

*By Andy Shelden*

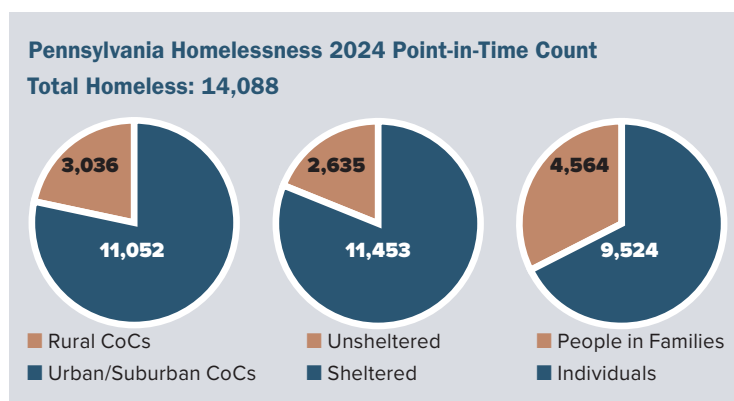
**H**ousing instability is a growing problem in the United States. Housing insecurity and homelessness are on the rise, and Pennsylvania's rural communities are no exception. Housing costs have soared in recent decades and the demand for quality housing far outpaces supply in many communities, urban and rural alike. The housing gap is widest among low-income areas, where options are extremely scarce, and government incentives fail to adequately address the need. As home ownership slips beyond reach, many continue to pay rent and more Americans than ever are spending more of their income on housing than they can reasonably afford. Many Americans are just one minor crisis away from being unable to pay their rent or mortgage.



## Homelessness by the Numbers

In 2024, the U.S. Department of Housing and Urban Development (HUD) estimated that 771,480 people were experiencing homelessness in the U.S., the highest number ever recorded and a 15 percent increase over 2023. This estimate uses the annual Point-in-Time (PIT) count, a volunteer effort, known as Continuums of Care (CoC), that is coordinated by local homelessness planning groups. The PIT count identified 14,088 homeless persons across the Commonwealth in 2024. Of those, 81 percent were in shelters, safe havens or transitional housing programs, and 19 percent were considered unsheltered. Pennsylvania's numbers are at odds with overall national statistics, however. Data from the Housing Assistance Council (HAC) indicate that 58 percent of homeless persons in rural CoCs nationwide are in sheltered situations, with 42 percent unsheltered.

The urban and rural homelessness numbers are below. The numbers in rural areas are significantly lower than in urban areas, due to population density.



The PIT count is not a comprehensive number, however. As its name implies, it is a snapshot of homelessness on a given day each year. Since homelessness is often temporary or cyclical, especially in rural America, research suggests that many more individuals and families struggle with homelessness or housing instability than can be accounted for in this estimate.

“The PIT count is always in January; HUD sets the date,” said Tiffany Benedict, a county program manager at WRC, a non-profit in the Scranton, Pennsylvania area that provides services and advocacy on behalf of survivors of domestic violence and sexual assault. She also has served as rural Susquehanna County’s PIT count coordinator each year since 2021. “It’s not a time that’s conducive to doing a count in a rural community. We have winter weather, dirt roads, unsafe driving conditions. We have a lot of barriers to making the count, unfortunately.”

While conditions make the count challenging in the best of circumstances, there are also practical limitations. In rural communities, homelessness is not limited to public spaces like shelters, faith-based community centers or public encampments; rural homelessness often exists across large geographic areas. One of

the biggest barriers to making an accurate count is simply knowing where to look.

“We have a Susquehanna County Homeless Community task force that pulls together key stakeholders in various county agencies to talk about homelessness throughout the year, but also develop a comprehensive strategy for the count,” Benedict said. “We meet as a group ahead of the count to identify hot spots for canvassing and we form teams to go out that night. We ask for tips from community members, to give us an idea of where we should be canvassing. But we just don’t have a lot of populated, 24-hour spaces where [the] homeless are staying. They have to move around for food or shelter or warmth.”

“A lot of folks picture homelessness as someone living in a shelter or living on the street,” said Brittany Mellinger, a fair housing training and outreach coordinator at the Pennsylvania Human Relations Commission. “But in a lot of rural spaces throughout the state, [homelessness] is often hidden. People end up displaced and doubled-up. They’re staying in a campground or in their car.”

Indeed, homelessness in rural areas can look very different from the homelessness portrayed in the media in city centers like San Francisco or Philadelphia, and the PIT count can reflect those differences.

“In HUD’s definition of homelessness, unsheltered means living in a place not meant for habitation,” Benedict said. “It could be someone living in a tent or on a mattress in an abandoned building; those are easy to count. Where it’s difficult is when, for example, someone is living in an RV at a campsite, but it’s not weatherized or it does not have regular access to utilities, [and] it’s not sufficient. When we’re counting, we can see what’s unsafe, what’s not adequate, but that doesn’t always go in the report.”

Despite the best efforts of those conducting the count, the numbers cannot fully quantify the prevalence of homelessness in rural areas.

“Unfortunately, we know of at least three individuals who were staying in their vehicles the night of the count,” Benedict said. “We couldn’t count them because we couldn’t find them. But we know they were there.”

## Understanding Rural Housing Instability

To combat the rise in homelessness, the social and economic forces underlying its increase need to be addressed. Many of the structural factors that cause homelessness and housing instability are common to both rural and urban areas. These include limited housing supply, lack of affordable housing, unemployment, low wages or wages that do not keep pace with rising rents and inflation, insufficient government subsidies, systemic racism, domestic violence and sexual abuse, and a lack of mental health supports.

“Housing is connected to so many other things,” Mellinger said. “It determines the types of services and resources that people are able to access. Where you live can determine what kind of job you can get, what kind of education your kids can get, the food you’re eating, the air you’re breathing—it really determines so much.”



Housing supply is at the center of the housing instability cycle, and it's a pervasive issue in both rural and urban communities. Housing shortages exist at differing levels of income in different communities, but the need for more housing options is nearly universal across the low-income, affordable housing sector. The causes of homelessness are common across rural and urban areas.

"There is not enough affordable housing available [here in Philadelphia, Pennsylvania] and not enough appropriate housing," said Laure Biron, CEO of Broad Street Love, a non-profit in Philadelphia's Center City that offers daily meals and an array of services to people struggling with deep poverty. "When I say appropriate, I mean community-based settings or houses in neighborhoods where people want to be. For folks who are living in various states of housing insecurity, there are not enough viable options within the system."

"In average communities, the housing stock capacity is about 95 percent, leaving 5 percent of homes or units available for people to move," said Ali Perotto, president of the Sexual Assault Resource and Counseling Center (SARCC) located in Lebanon, Pennsylvania. "But here in Lebanon County, our housing stock is over 99 percent occupancy. There is simply not enough housing and not enough flexibility here to move among housing options."

Rural America has historically had higher rates of home ownership and fewer renters, but as wages stagnate and housing stock ages and deteriorates, more rural Pennsylvanians are renting than ever before and they have fewer quality options from which to choose.

"In Schuylkill County [Pennsylvania], we have an economically depressed community and an aging population," Perotto continued. "In the last ten to fifteen years, the opioid epidemic has impacted the community heavily. Because of the industrial decline in the community, the housing stock is not kept up to date. Housing that is available is not in good condition, and there are a lot of vacant properties that cost more to tear down than to improve them or make them livable."



New housing built in these communities is mostly profit-driven development from real estate developers who aren't rooted in the community or sometimes even the state.

"Lackawanna County [Pennsylvania] is developing a lot of housing units, but they are not geared toward low- or even middle-income individuals," said Anna Faramelli, the director of advocacy and services at WRC in Scranton. "The rents in these new developments are out of reach for, say, a

mom with a couple of kids. A single-income individual can't afford these rents."

"We have a lot of out-of-state landlords who will buy cheap properties, not take good care of them, and then charge exorbitant rents," said Perotto about Lebanon and Schuylkill counties. "That poses a significant barrier to people living in poverty, the working poor or folks with families who are struggling to get by. Their rent takes up more of their income than working folks have."

The number of people in rural communities who are cost-burdened by their housing is increasing all the time. HAC estimates that more than a quarter of rural households pay more than 30 percent of their monthly income toward their housing costs. Insurance premiums are rising steadily too, in large part due to the effects of climate change, and those increases are felt by both homeowners and renters. As the average homeowner or renter spends a greater share of their income on housing, the prices of other essential goods like food, clothing, gas, and medical expenses are rising too. The overall effect is that many people are stretched thin financially, and may be one car accident, one slip-and-fall or one rent increase away from falling into the cycle of housing insecurity.

While economic factors are an increasing component of housing instability, social factors can precipitate housing crises too. Domestic violence and sexual abuse often lead victims—overwhelmingly women and children—into temporary housing or protective services. In rural communities, there can be a scarcity of shelters or community organizations to support these victims.



“There is no shelter program in Susquehanna County,” Benedict said. “There is no code blue shelter and no emergency shelter for folks who are literally homeless that we can refer them to.”

This is, in part, how so many people in rural communities who are effectively homeless end up doubling-up or couch-surfing among friends or relatives; they simply have no other place to go. Even in communities that have shelter programs or better resources for victims, finding stable, long-term housing solutions is extremely challenging.

“Teens and transition-age young people are some of the hardest people to place into housing,” Perotto said. “That population is really [at] high risk for trafficking, especially members of the LGBTQ community, because they are often turned out of their homes or home is not a safe place for them, and so houselessness can seem like a better solution to them.”

At the same time, housing instability can perpetuate the incidence of violence and abuse.

“Families who are couch-surfing, moving from place to place or who are staying somewhere less than ideal are at dramatically higher risk that either the parent or the children are sexually abused while they are navigating that situation. This can create a bleak outlook for women and families in rural communities,” Perotto continued.

“When we’re working with survivors, we find people who are employed and you would think they’re earning a reasonable living wage, but those people were struggling to find housing, and that contributed to homelessness or couch-surfing too,” Perotto said.

## **Taking Action on Homelessness & Housing Instability**

“Our community is starting to realize that we do have a homelessness problem,” said Benedict, about rural Susquehanna County. “We find people every January now who need housing and the question is, who can we link them up with? What resources can we provide?”

To address the rise of homelessness, communities across Pennsylvania need to build more affordable housing.

“We haven’t kept up with housing demand in recent decades,” Mellinger said. “There is a shortage of affordable housing for low-income individuals, especially those with disabilities, older adults, single-parent heads of households or people in protected classes. In order to have effective protections against discrimination, we need to have viable housing opportunities that people can choose and move into. We need to have realistic housing opportunities because if we don’t, people are going to find themselves displaced.”

“We need more safe and affordable housing options,” agreed Faramelli. “Even if we have more funding for our programs at WRC, it doesn’t do us any good if we don’t have anywhere to place survivors. We need

In Lackawanna County, it used to be a nine to eighteen month wait for public housing, but now the wait is three to five years.”

“In our program [at WRC], we’re trying to identify the resources our participants need to stay safely housed,” Benedict said. “It’s more than just saying they were safely housed for a period of time.”

However, resources are scarce in these communities.

“One of the real challenges where I live in Bucks County [Pennsylvania] is that there are limited services [for homeless populations] and they are very far apart from each other,” Biron said. “In a rural community, services can be distant and

**“Teens and transition-age young people are some of the hardest people to place into housing. That population is really [at] high risk for trafficking, especially members of the LGBTQ community, because they are often turned out of their homes or home is not a safe place for them.”**

—Ali Perotto, president of the Sexual Assault Resource and Counseling Center, Lebanon, Pennsylvania



a holistic approach; we want to assist that person to become stably housed.”

“Having safe and stable housing makes it a lot easier to participate in a trauma therapy treatment or to get back into school or to get a stable job,” Perotto added. “If you’re not having to figure out where you’re staying tonight, it makes a big difference in alleviating the daily crisis that survivors face.”

In some ways though, the path from temporary homelessness to permanent housing has never been longer or more difficult than it is right now. “For rapid rehousing and other temporary housing programs, in the past you used to have enough time in the program that you could apply for public housing, and then by the time your temporary program was exhausted, you had a spot available in public housing,” Faramelli said. “That’s not the case anymore.

there is no public transportation to get from one service to the next. Coordinating across that ecosystem is challenging.”

“In Schuylkill County, there is only one organization that helps with housing outside of the Community Action Partnership, which is the entity that organizes public housing assistance,” Perotto said. “There are just fewer resources in the rural community than in the neighboring community that’s urban-designed.”

“We saw an increase in available funding during the pandemic, but those emergency funds have gone away,” Faramelli said. “We’ve gotten more HUD funding over the years, but because rents have increased dramatically, the money just doesn’t go as far. We don’t get to help as many people as we did five to ten years ago. And we’re in limbo right now with federal money that funds some of our services. [Losing



federal funds] could have a devastating impact not just on our services, but on other services in our counties.”

Funding for social services like rapid re-housing and transitional housing, which are already scarce, can be restricted to certain populations or by length of stay. Finding ways to ease some of those restrictions could help the vulnerable populations that community organizations like WRC, SARCC, and Broad Street Love serve every day.

“Because of the restrictions around how domestic violence funding can be used, the funding is not designed to serve survivors of sexual assault and the delayed disclosure that often comes with experiencing sexual assault, child sexual abuse or even trafficking or sexual exploitation,” Perotto said. “The housing funding that exists specifically for victims is not specialized to sexual assault or child abuse victims. To my knowledge, our organization is the only stand-alone sexual assault organization in Pennsylvania that has any type of housing in place to help survivors.”

“We are not reliant on government funding or Medicaid for our work, so we can be really flexible and responsive to our guests,” said Biron of Broad Street Love. “I don’t know of other organizations that have an open door like we do with such extensive social services. Having no barrier to services means we are working with folks who may not be invited or feel comfortable in other service provider settings.”

### What’s Ahead

It is an uncertain time for federal funding initiatives, and that will likely have a negative effect on homelessness. While the federal government in 2025 is not expected to increase spending on low-income housing or expanding social services, Pennsylvania has made housing capacity and affordability a policy priority.

“Governor Shapiro signed an Executive Order to create a statewide housing action plan, led by the Department of Community and Economic Development as well as the Department of Human Services,” Mellinger said. “We’re helping focus those housing plans on equity, ensuring that individuals from marginalized communities are able to access housing opportunities. If we don’t have more housing, it’s going to hamper our state’s economic development.”

“I know our governor has mentioned housing as a priority area and improving housing stock and access in our community,” Perotto said. “When someone is housing stable, they are much better prepared to get the rest of the things in their life stable.”

Mellinger added, “Sometimes it feels like the issue of homelessness is always going to be a part of our communities, but there are real ways that we can work to make housing more accessible in our communities. We need to focus on reducing zoning and regulatory barriers and building community support to make sure that our communities are places where there are a diversity of housing options, whether it’s a rural community, a suburban community or an urban community.”

### SOURCES:

Housing Assistance Council (2016). **Rural Voices Magazine, Rural Homelessness Issue.**

Housing Assistance Council (2023). Taking Stock, A Decennial Research Publication, [takingstockrural.org](https://takingstockrural.org).

Housing and Urban Development (HUD) (2024). Report to Congress: **2024 Annual Homelessness Assessment Report (AHAR).**

Joint Center for Housing Studies of Harvard University (2024). The State of the Nation’s Housing 2024, [jchs.harvard.edu/sites/default/files/reports/files/Harvard\\_JCHS\\_The\\_State\\_of\\_the\\_Nations\\_Housing\\_2024.pdf](https://jchs.harvard.edu/sites/default/files/reports/files/Harvard_JCHS_The_State_of_the_Nations_Housing_2024.pdf).

New Opportunities: A national strategy to prevent youth homelessness. Chicago, IL: Chapin Hall at the University of Chicago, 2024.

Pennsylvania Head Start State Collaboration Office (2022). **Continuums of Care and Head Start Working Together to Address Housing Vulnerability of Pennsylvania Families.**

Point-in-Time Count Data: [hudexchange.info/resource/3031/pit-and-hic-data-since-2007/](https://hudexchange.info/resource/3031/pit-and-hic-data-since-2007/).



## RURAL COMMUNITY HEALTH CARE:

# Perspectives from a Medical Student

*Madeline (Maddie) Snyder is a fourth-year medical student at the Penn State College of Medicine University Park Campus (PSCOM-UP). During her medical training, she chronicled her medical education, her experience serving rural communities, and her progress toward earning her medical degree.*



Maddie Snyder

Before I started medical school, I worked at an internship in Philadelphia that focused on providing resources to people affected by homelessness in various settings: emergency departments, primary care doctors' offices, and on the streets. A takeaway I have from this experience was how visible homelessness is in urban areas. Even on my walk to work, I would pass folks that lived on the streets.

When I came to live in State College to attend medical school, homelessness was something that I wasn't exposed to much anymore. Over the years of medical school, in primary care clinics, emergency departments, and in the hospital, I cannot recall one patient that I knew was homeless.

I think this emphasizes how homelessness looks different in rural settings.

I recently came across a study that discussed the rates of homelessness in rural areas that were possibly underreported in comparison to urban areas. The study indicated that many people who are unsheltered in rural areas couch surf, and live in their cars, or tents. This is vastly different than the experience in urban areas where it is so visible.

The U.S. Department of Housing and Urban Development utilizes a survey called the Point-in-Time Count, where local agencies assess the number

of homeless people in that area on a single night in January. The census aims to collect a count on both sheltered and unsheltered people. The sheltered count is easier to obtain, as this is the number of people utilizing emergency shelters, transitional houses, and safe havens. The unsheltered count is harder to obtain as this requires those conducting the count to find where homeless people might be. This can pose a great difficulty in rural areas where the homeless aren't as visible.

As I reflect on this, I ponder how I can make an impact in my clinical practice. It reminds me of a physician I worked with in OB/GYN. She made it a habit to ask every patient she saw if that patient felt safe at home. It was her way of addressing domestic violence. I think back to the time that I was in medical school and my experience of not having much exposure to homelessness. I think that begs the question if that was my experience because a question regarding homelessness was never asked.

I believe a great opportunity to address homelessness in rural areas can begin in the health care setting. If I, as a physician, ask vulnerable patients about their housing situation and have resources available, it is an opportunity that otherwise goes unaddressed. This can make an invisible population that might be suffering become a little more visible.

# Celebrates Rural Health in Pennsylvania

To celebrate 2024 Rural Health Week in Pennsylvania, the Pennsylvania Office of Rural Health (PORH) presented the 2024 Rural Health Awards to individuals and organizations that make a significant impact on rural health in Pennsylvania. Rural Health Week in Pennsylvania encompassed and celebrated National Rural Health Day, held on November 21, established by the National Organization of State Offices of Rural Health.

Blanca Nizama, community health worker at WellSpan Health in Franklin County, Pennsylvania, received the Pennsylvania Rural Health Hero of the Year Award. This award recognizes an outstanding leader who demonstrates a personal and professional commitment to the rural health needs of their community, works with relevant organizations to develop or expand a program that addresses an identified need, and goes above and beyond the call of duty. Nizama was lauded for her tireless work since 2021 serving the varying and diverse needs of the Hispanic population in Franklin County. She is the link between health and social services and the Hispanic and Latino population and facilitates access to services to increase health knowledge and self-sufficiency, improve quality and cultural competence of service delivery, and close health care gaps. She was the first person hired for this role and has built it from the

ground up. Nizama's outreach has given individuals access to needed medical, dental, and social services; screenings for breast cancer; and immunization campaigns. She is a trusted leader and resource for the Hispanic community in Franklin County!

Ann Kunkel, vice president for community health, homecare, and hospice at WellSpan Health in York, Pennsylvania, was honored as the 2024 Pennsylvania Community Rural Health Leader of the Year. The award recognizes an outstanding leader who organized, led, developed or expanded an exemplary multi-dimensional rural community health program or initiative and who has demonstrated leadership to a rural community health program.

The skills and attributes needed to drive change as a leader in health care include strategic vision, complex systems navigation, and adaptability, noted the nominator. Add in a considerable amount of compassion, integrity, and commitment to community and you are likely describing Kunkel, a highly engaged health care leader who is influential in community and rural health. Kunkel supports numerous rural health efforts that repositioned WellSpan Health to make an impact and are improving the lives of residents across southcentral Pennsylvania. Her leadership has been instrumental in key initiatives to drive change and demonstrate impact throughout rural southcentral Pennsylvania, including a community-clinical partnership to promote health equity for all residents in counties served by WellSpan,

Two outstanding programs received the 2024 Rural Health Program of the Year Award which recognizes an exemplary health



*Ann Kunkel (right) accepts the 2024 Community Rural Health Leader of the Year Award from Lisa Davis, director of the Pennsylvania Office of Rural Health.*

program that addresses a local identified need in a rural community utilizing unique, creative, and innovative approaches to increase access to health care services and increase community health outcomes.

The Allegheny Health Network (AHN) Grove City Hospital (GCH), in Grove City, Pennsylvania was recognized for its rural telestroke project. Now in its fifth year, the project expertly assesses and treats hospital patients with acute stroke symptoms through a 24/7 urgent response service that connects to AHN stroke neurologists based outside of the hospital. AI technology aids GCH physicians and stroke neurologists in treatment and transfer decisions by quickly developing neuroimaging that demonstrates the volume and location of healthy, at risk, and dead brain tissue. Direct secure messaging allows for quick and efficient communication between the stroke neurologist and care



*Blanca Nizama (center), the 2024 Rural Health Hero of the Year, poses with her husband and her colleague, Pat McCullough, from WellSpan, at the awards ceremony in Franklin, Pennsylvania.*





*Accepting the 2024 Rural Health Community Program of the Year award is (left to right) Christopher Clark, DO, president, Allegheny Health Network (AHN) Grove City; Lisa Davis, director, Pennsylvania Office of Rural Health; Jack Protech, AHN senior program manager, virtual health; Brenda Palmer, AHN Grove City stroke coordinator; Chris Hackett, AHN senior project manager; Adam Critchlow, AHN Grove City director of operations; and Charmaine Rohan, AHN Grove City associate chief nursing officer.*

team at GCH. This technology streamlined acute stroke processes and reduced treatment times where all clot-busting IV thrombolytic cases were treated within sixty minutes from arrival. Over a twelve month period, several hundred patients were evaluated and treated for stroke symptoms; 78 percent remained in the community hospital, close to family and support systems. The Tele-ICU program uses predictive analytics to remotely monitor critical care patients treated by AHN intensivists outside of the hospital. GCH achieved the American Heart Association's 2024 Get with the Guidelines Gold Plus award for excellent stroke care.

The Penn Highlands DuBois Frank Varischetti Trauma Center in DuBois,

Pennsylvania, was honored for saving lives in northwestern and central Pennsylvania through access to advanced trauma care in state-of-the-art facilities. A newly accredited Level II Trauma Center, the center was part of a \$21.5 million expansion and upgrade of the Penn Highlands DuBois Emergency Department and includes four trauma treatment bays where patients have access to a 20-room Neuro/Trauma Critical Care Unit for post-trauma care. The trauma center has a team of specially trained providers with expertise in the care of severely injured patients who often require multidisciplinary, comprehensive emergency medical services. Prior to the Level II Trauma Center accreditation, about 650 patients per year were transferred out of the region and timely access

(sixty minutes or less) to a trauma center was not available. When patients receive trauma care in their community or region, the time to life-saving treatment is decreased as is the stress experienced by family and friends, who may otherwise have to travel long distances to be with the patient. The Penn Highlands DuBois Frank Varischetti Trauma Center solved the need for a trauma center in rural, northwestern, and central Pennsylvania where patients receive high-quality care close to home.

*The Level II Trauma Program at Penn Highlands DuBois, received the Rural Health Program of the Year Award from the Pennsylvania Office of Rural Health for the opening of the Frank Varischetti Trauma Center at the hospital. Shown, from left, are: Kelly Richmond and husband Timothy Richmond (former trauma patient), Lisa Davis (Pennsylvania Office of Rural Health), Philip S. Vuocolo, MD, MHA, FACS, trauma program medical director for Penn Highlands DuBois, Holly Hertlein, trauma program manager at Penn Highlands Healthcare, Leroy Serafini (former trauma patient) with Lorraine Longwill, and Will Chinn, FACHE, president of Penn Highlands DuBois and Penn Highlands Clearfield.*



# Let your rural story be heard!



**Sharing your personal stories is a vital part of advocacy.** The National Rural Health Association (NRHA) wants to lift-up rural voices and capture your experiences in our advocacy efforts. Please share your experiences in rural health, whether it is working in a rural hospital struggling with workforce shortages, traveling far distances to obtain health care access, experiencing the impact of rural hospital closures in your community or explaining how specific rural programs and funding have benefited or harmed your rural community.

We will be tracking and saving your stories to utilize and quote in specific advocacy campaigns, messaging, social media, and Hill meetings with Congress. If you are comfortable with us sharing or quoting parts of your story, please allow us to share it with others!

*If you have any questions, please contact The National Rural Health Association's Government Affairs and Policy Coordinator, Sabrina Ho ([sho@ruralhealth.us](mailto:sho@ruralhealth.us)). To add your story, see [ruralhealth.us/advocacy/get-involved/share-your-story](https://ruralhealth.us/advocacy/get-involved/share-your-story).*

## COMMUNITY LEADER RECOGNIZED AS 2024 PENNSYLVANIA'S Community Star on National Rural Health Day



*George Garrow, MD,  
CEO of Sharon,  
Pennsylvania-based  
Primary Health Network*

In celebration of National Rural Health Day on November 21, 2024, the National Organization of State Offices of Rural Health (NOSORH) unveiled the list of 2024 Community Stars. This annual program recognizes remarkable individuals and organizations

in each state that exemplify the true spirit of collaboration, turning challenges into opportunities, ensuring access to quality care, and fostering a sense of unity and support within rural communities.

George Garrow, MD, CEO of Sharon, Pennsylvania-based Primary Health Network, stands as a beacon of unwavering dedication and exemplary leadership in the field of rural health.

Garrow's journey in addressing rural health needs spans both personal and professional spheres. His collaboration with key state and community organizations has been instrumental in developing and expanding programs tailored to Pennsylvania's rural health challenges. His strategic utilization

of resources and innovative approaches have not only enhanced health care accessibility but have also significantly improved health outcomes in underserved areas.

At the heart of Garrow's efforts lies his exceptional dedication to rural Mercer County, Pennsylvania and beyond. As evidenced by his involvement in various health care boards and councils, including the Buhl Regional Health Foundation Board of Directors and the County Health Task Force, Garrow has played a pivotal role in shaping health care policies and initiatives aimed at improving Mercer County's health rankings. His leadership roles, such as chairing the Membership and Program Committee at the Buhl Club Board of Directors, further underscore his proactive approach to community health improvement.

Beyond Mercer County, Garrow's influence extends across multiple rural counties including Lawrence, Venango, and Schuylkill. His collaborative initiatives with diverse organizations have targeted critical health factors and improved health outcomes in these regions. Notably, his leadership in environmental determinants of health through initiatives like the learning collaboration supported by the Penn State College of Medicine and Project ECHO has been transformative.

Garrow's commitment to addressing health care workforce challenges is equally commendable. His partnership with the Pennsylvania Area Health Education Center (AHEC) to recruit primary care providers to rural communities reflects his proactive stance in overcoming health care access barriers. His collaboration with the Penn State College of Medicine to provide training experiences in rural settings for medical students ensures the continuity of quality health care delivery in rural Pennsylvania.

In every endeavor, Garrow has exemplified the qualities of a true Rural Health Hero. His willingness to go above and beyond expectations in service to his community, coupled with his visionary leadership and innovative solutions, distinguishes him as a standout candidate for the 2024 Community Star recognition. Garrow's contributions have not only improved health care access and outcomes and have inspired countless individuals to pursue excellence in rural health.

*To learn more about National Rural Health Day and the Community Stars recognition, see [powerofrural.org](https://powerofrural.org).*



# ADVANCING RURAL HEALTH: Medical Residency to White House Fellowship

*By Madison Sharp, MD*



During my medical training at the Yale School of Medicine and my residency in obstetrics and gynecology at the University of Pennsylvania, my interest in global and rural health became my passion. Serving as a White House Fellow has deepened my understanding of how health care policy is shaped and the role it plays in improving access and outcomes for rural communities.

My journey to obstetrics and gynecology, and ultimately the White House Fellowship, has been driven by a mission to provide care where it's needed most. Through my work in Uganda, Nicaragua, and Jordan as an undergraduate and medical student, I learned that health care solutions extend far beyond the clinical setting, requiring broader social and policy interventions to address health outcomes. I started my OB/GYN residency at the onset of the COVID-19 pandemic. Serving as a frontline provider during a global health emergency and ongoing maternal mortality crisis deepened my understanding of the structural issues that plague our health care system. To further explore the intersection of health outcomes and policy, I served as a Health Policy Fellow in the Senate, collaborated with the Pennsylvania Office of Rural Health to expand rural maternal care, and provided clinical care

to the Navajo Nation. These experiences solidified my belief that clinical training alone is insufficient to optimize our health care system and inspired me to apply for the White House Fellowship.

The White House Fellows program, with its non-partisan mission to engage young leaders in the process of governing the nation, merged my clinical background with policy expertise. During the Biden administration, I was in the Office of the Second Gentleman and advanced women's health and rights. I now serve at the Health Resource and Services Administration (HRSA) under the Trump administration to improve health care access for the uninsured, geographically isolated, and medically vulnerable. I've gained invaluable insights into the federal government's approach to public health, including the coordination across agencies required in a whole-of-government effort to tackle chronic diseases and large-scale public health crises, such as the H5N1 outbreak.

A few years ago, I met the administrator of the Federal Office of Rural Health Policy (FORHP) within HRSA, at a conference. I was inspired by the work and vision of FORHP for improving health care access. Now, as a White House Fellow, I'm

fortunate to collaborate with the office on expanding maternal health care services in rural communities. By 2020, half of rural hospitals had stopped providing obstetric care, and fewer than half of rural women had access to perinatal care within thirty miles, contributing to higher rates of maternal and infant mortality compared to urban settings. This role has deepened my understanding of the challenges facing rural health care and the ongoing initiatives aimed at strengthening the health care infrastructure.

By integrating my clinical expertise with policy development, I am leveraging my background as a physician to ensure a healthier future for all Americans. The lessons I've learned through my White House Fellowship have strengthened my resolve to pursue policy solutions that guarantee every person, regardless of where they live, has access to the care they deserve.

*Madison (Maddy) Sharp is an OB/GYN and White House Fellow at the U.S. Department of Health and Human Services and is focused on improving health care access and outcomes for rural communities. She can be reached at [msharp@hrsa.gov](mailto:msharp@hrsa.gov).*



# Why We Need to Keep Talking About Farm Stress

## OCCUPATIONAL STRESS NEGATIVELY AFFECTS THE HEALTH AND WELL-BEING OF THE FARMING COMMUNITY

*By Adriana Murillo-Williams, Penn State Extension Educator, Agronomy; Ginger Fenton, PhD, Penn State Extension Educator, Dairy; and Linda Fetzer, Penn State Extension Program Specialist*



Why is mental health an important topic to the agricultural community? Why is the month of May dedicated to raising awareness about mental health? When you look for answers, you may end up heartbroken.

Before you continue reading, it is important to remember that the number of deaths by suicide, and therefore the rank of suicide as a cause of death in the United States, will vary from year to year. Did you know that more people die by suicide than by homicide? In 2021, suicide ranked 11th as a cause of death in the United States; it ranked 2nd as a leading cause of death for the age group 10-34 and 5th for the age group 35-54. Suicides are on the rise. From 2000 to 2021, the suicide rate increased by 36 percent. Based on 2018 data, it was estimated that one person dies by suicide every 10.9 minutes, and one attempt (no fatal outcome) occurs every twenty-six seconds.

The national suicide average is 14.1 per 100,000 population; however, there are marked differences in suicide rates between males and females, rural and urban areas, race and ethnicity, age, and occupational groups. A closer examination of the suicide rates among occupational groups in a study published in 2020 revealed that the suicide rate for farmers, ranchers, and agricultural managers was 43.7 deaths per 100,000 population, a rate significantly higher than that of the overall population and the 6th highest rate among occupational groups.

Farming is in the top ten of occupations with the highest rates of suicide and raises red flags. What is happening? What can we do to stop it? What are the risk factors associated with farmer suicide? A study focusing on farmer suicides summarized data from forty

states from 2003 to 2018 and included farmers, ranchers, and agricultural managers within crop and animal production. The results indicated that more than 90 percent of the total 1,935 deaths corresponded to males, which was expected because it reflects the constitution of the agricultural workforce. More than 70 percent of suicides occurred by firearm and the average age for male and female farmers was 61 and 53, respectively. Variables assessed included demographic data, history of suicidal thoughts and attempts, financial and legal problems, physical health, interpersonal and job problems, mental health and depression, and alcohol and substance abuse. There were no clear risk factors for farmer suicide; however, the most prevalent circumstance among farmers was physical health problems, which, at 54 percent, was higher in the 65 and older category.

Determining the primary driver for farmer suicide may involve more layers of complexity. For example, a study conducted in the Midwest found that farmers have a higher rate of depression, anxiety, and suicide risk. Self-blame is a risk factor for suicide among farmers due to a pattern of internalizing their struggles, feeling hopeless, and believing that negative outcomes are deserved.

From the outside, farming may seem like a job everyone would want to be their own boss, enjoy the outdoors, be a land steward, and feed the world. However, farming is a stressful profession and building and maintaining a farm operation comes at economic and mental costs. Farmers are exposed to situations that put their physical health (i.e., injuries, tractor accidents) and mental health (i.e., divorce, alcohol use) at risk. External factors like changes in the climate, market fluctuations, rising input

costs, and legislation are additional challenges farmers face that may affect their mental health. Mental health services are limited or nonexistent in rural areas, where most farms are located.

While researchers and health professionals work to unravel the complexities of farmer suicides, what can we do to help? If you are a farmer or work with farmers, call your farmer friends and ask them how they are doing. Listen...really listen to them. You may detect warning signs during your conversation. If you think they may be suffering from depression, anxiety, and going through rough times or a crisis, put them in contact with professionals who can help. Simple acts of kindness, like listening, can go a long way. If we can help one person, we are also helping the entire family and their community.

Reprinted with permission from **extension.psu.edu/why-we-need-to-keep-talking-about-farm-stress**, June 6, 2023.

### Resources for Farmers Experiencing Stress

- **AgriStress Helpline** is available 24/7 and provides mental health support through assessing immediate needs, including the potential for self-harm. The Helpline is attended by professionals trained in the issues faced by farmers and farm workers. Call or text 833-897-2474.
- **988 Suicide and Crisis Lifeline** is a national network that provides free and confidential support 24/7. Dial 988 to access the Helpline. For people who are deaf, hard of hearing or have hearing loss, a chat option is available on their website. For TTY users, use your preferred relay service or dial 711 and then 988.



# Program Offers Post Cancer Treatment Support, Resources

FOR SURVIVORS AND LOVED ONES

*“Gaining insight into coping with life after cancer and having a brighter outlook on my future.”—Quote from a cancer survivor*

These are just two reasons why participants join Cancer Bridges’ Living Life Post Cancer Treatment® (LLPCT), a free, nine-week survivorship program that supports and educates adults who have completed cancer treatment within the last two years.

Adjusting to life after cancer treatment comes with physical and emotional challenges. LLPCT provides a structured, supportive environment to connect with experts and peers to navigate this phase. Each session focuses on a key topic—exercise, nutrition, social and emotional support or medical management—together with thirty minutes of low-impact exercise and a light meal.

Cancer remains a critical health concern in Pennsylvania. In 2025, the state is projected to experience 90,240 new cancer cases and 27,500 cancer-related deaths, positioning Pennsylvania among the states with the highest cancer incidence and mortality rates nationwide, according to the American Cancer Society. When cancer occurs,

nearly every aspect of a person’s life is impacted, their physical health and emotional, social, and financial well-being. Even survivorship can be emotionally overwhelming. In fact, studies published by the MD Anderson Cancer Center estimate that 70 percent of cancer survivors experience depression at some point. LLPCT fosters a supportive community to address these challenges, and provide actionable tools to help participants move forward.

LLPCT programs are offered in person and virtually through Cancer Bridges which provides a warm and welcoming environment for everyone impacted by cancer in the state of Pennsylvania, including those with a cancer diagnosis or in survivorship and those who have a loved one with cancer or have experienced the loss of a loved one due to cancer. Anyone impacted by cancer is welcome to join Cancer Bridges and receive the social, emotional, and informational tools they need through our free programs and services.

*“The information and support we received were outstanding. We always had the opportunity to ask questions about our specific situations and felt heard, cared for, and respected along the way.”—LLPCT Past Participant*



**Cancer Bridges**

Every cancer journey is unique.  
We are here for you.

**The next virtual LLPCT program begins  
Tuesday, May 6, 2025, at 6 PM.**

To learn more and register, contact [colleen@cancerbridges.org](mailto:colleen@cancerbridges.org), visit [cancerbridges.org](https://cancerbridges.org) or call 412-338-1919.

Pennsylvania Office of Rural Health  
The Pennsylvania State University  
106 Ford Building  
498 Allen Road  
University Park, PA 16802



**PennState**

## PENN STATE HEALTH POLICY AND ADMINISTRATION STUDENT RECEIVES PORH'S Jennifer S. Cwynar Community Achievement Award



*Liam Mercader*

Liam Mercader, an undergraduate student majoring in Health Policy and Administration with a minor in Biology and Economics, received the 2025 Jennifer S. Cwynar Student Achievement Award.

The award was established in memory of Jennifer S. Cwynar, a 2008 graduate of Health Policy and Administration and a 2008 undergraduate intern at the Pennsylvania Office of Rural Health. The award is given in recognition of Jennifer's commitment to community service, advocacy for underserved and rural populations, and focus on public health and is awarded to a senior undergraduate Health Policy and Administration student who has advanced those commitments and to encourage and foster personal and professional development.

Mercader was nominated by Penn State faculty member, Diane Spokus, teaching professor of health policy and administration and associate director of undergraduate

professional development, who noted that he has shown leadership to many causes that benefit vulnerable populations and is a tireless worker who has had great success in his undergraduate program.

Mercader plans to pursue a career as a rural physician and has devoted significant efforts to work toward his goal. Service has been the cornerstone of his time at Penn State, and he has found every opportunity to make a meaningful impact by working with organizations dedicated to helping others and improving communities. He's volunteered with the YMCA Anti-Hunger Program; assisted with rural food distribution events; and as a Remote Area Medical (RAM) volunteer helped provide free medical, dental, and vision services to underserved communities in Pennsylvania and New York.

His most significant campus involvement has been with Global Medical Brigades (GMB), an organization that operates RAM-style clinics in remote areas of less developed nations; he credits GMB with providing some of the most meaningful and emotionally impactful experiences of his early career. In 2024, the chapter brought twenty-nine

volunteers to Chutiabajal, Guatemala, where they provided care to over 200 patients. As the current president of GMB, Mercader will lead forty volunteers, the largest service trip in club history, to Belize to build eco-stoves, showers, and toilets and conduct in-home visits with local physicians.

"We are so pleased to present this award to Liam Mercader and to honor the legacy of Jennifer Cwynar, who was an exceptional student and intern with our office," said Lisa Davis, director of PORH and outreach associate professor of health policy and administration. Davis and Spokus agree that Mercader is passionate about community service, advocacy for underserved populations, increasing access to health care, and promoting the welfare of others.

*To learn more about the Jennifer S. Cwynar Community Achievement Award or the Pennsylvania Office of Rural Health, visit [porh.psu.edu](https://porh.psu.edu). For additional information, please contact Lisa Davis, Director, Pennsylvania Office of Rural Health, at 814-863-8214 or [lad3@psu.edu](mailto:lad3@psu.edu).*