



Women's Health in Rural Pennsylvania

Center for Rural Pennsylvania

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On behalf of The Guthrie Clinic, I would like to thank the Center for Rural Pennsylvania for allowing me to speak at today's hearing on women's health in rural Pennsylvania. I am honored to join you in discussing this critical and timely topic. My name is Dr. Geneva Ballard, and I am a board-certified diagnostic radiologist and System Chair of radiology.

For rural women, geography does not operate in isolation; it compounds other barriers that influence health outcomes, including age, income, transportation, employment, caregiving responsibilities, and access to insurance. An older woman living alone may no longer drive and have no reliable public transportation to reach a mammogram or specialist. A lower-income woman may technically have insurance but still be unable to afford gas, childcare, or unpaid time away from work for an appointment. A working mother may have to choose between a prenatal visit and losing wages or arranging childcare. These challenges can turn routine preventive care into a significant logistical and financial burden, leading women to delay or avoid seeking care until a condition becomes more serious.

We must do more to bring care closer to women, make services easier to access, and design solutions around the practical barriers that can stand between a woman and the care she needs.

Bringing Advanced Breast Cancer Detection to Rural Women

One of the most important ways we can advance rural women's health is by bringing advanced diagnostic technology closer to home. While breast cancer incidence is not necessarily higher in rural areas, the ability to access timely screening and follow-up care can be more difficult. Research has consistently shown that rural women have lower mammography use due to barriers that include distance, transportation, provider availability, insurance, and cost. When breast cancer is detected, rural patients are more likely to be diagnosed at a later stage, when treatment can be more complex and outcomes less favorable. These disparities are particularly pronounced among Medicare and Medicaid populations, which experience disproportionately high rates of advanced-stage

diagnoses. Recognizing this gap, Guthrie's Population Health Department is leading targeted initiatives to increase breast cancer screening among these populations and promote earlier detection.

In recent years, breast cancer screening has evolved from traditional 2D mammography to more advanced technologies that provide additional information for women with dense breast tissue or elevated risk. Although dense breast tissue can still make cancers more difficult to identify, 3D mammography uses multiple X-ray images to create detailed views of the breast and can improve detection compared with traditional 2D mammography. For women at higher risk, breast MRI is one of the most sensitive screening tools available and can provide additional information that mammography may miss. Guthrie has expanded its MRI capacity to improve access across our rural footprint, but MRI can be more difficult to access in rural communities due to the higher costs, time, and resource commitments.

Contrast-Enhanced Mammography (CEM) offers another advanced option, combining mammography with contrast to highlight areas of increased blood flow that may be associated with cancer. CEM can provide additional information beyond conventional mammography while generally being more accessible and less resource-intensive than MRI, making it a particularly promising tool for expanding advanced breast imaging in rural communities.

Last year, Guthrie Troy Community Hospital became the first hospital in the Guthrie system and the only critical access hospital in the state to offer CEM. What makes this achievement even more meaningful is how the community came together to raise the funds necessary to bring this advanced technology to Troy. The goal was to raise \$100,000, and the community quickly reached that goal through an incredible grassroots effort- with contributions ranging from a few dollars to several thousand dollars. Every donation, regardless of size, reflected a shared belief that women in rural communities should have access to advanced breast cancer screening close to home.

In addition to the communities we serve, Guthrie is deeply grateful for the leadership of Senate President Pro Tempore Kim Ward and other members of the Pennsylvania General Assembly who have supported efforts to expand access to breast cancer screening and care across the Commonwealth. Their support demonstrates what is possible when healthcare providers, community members, policymakers, and patients work together around a shared priority. This is what innovation in rural women's health should look like: bringing advanced care to rural communities, investing in the infrastructure and technology needed to deliver it, and ensuring that a woman's ZIP code does not determine whether she has access to the best tools available for detecting cancer early.

Breaking Down Geographic Barriers to Women's Health Care

Another way we can address rural health disparities is by bringing care directly to women, rather than expecting them to overcome the geographic, transportation, and financial

barriers that can prevent access to care. Guthrie currently operates two mobile mammography units and recently launched a Maternity Oasis Mobile unit, affectionately known as the “MOM van.” Both models are designed to bring compassionate, comprehensive care to underserved rural communities, thereby reducing the disparities that too often result from where a woman lives.

For each of our mobile units, we publish schedules in advance and actively promote upcoming locations through social media and community outreach. This is an important part of the model because access is about having the service available and making sure women know when and where they can receive it. In FY26, Guthrie’s mammogram unit visited nearly 120 locations and complete more than 2,100 mammograms.

While “maternal” is in the name, the MOM unit is about more than just maternal health. On the unit, OB services range from pregnancy confirmation and prenatal and postpartum care to nutrition and diabetic counseling, triage, blood pressure and non-stress testing, and lactation support. It is important to note that the unit also provides limited gynecological services, including annual exams, breast exams and Pap tests, STD testing, and evaluation of common gynecologic concerns. Nurses, social workers, dietitians, doulas, and midwives work together to address medical needs and the broader social and educational factors that influence women's health.

Because seeing the model in person makes its value more tangible, last year we brought the MOM unit to the Northern Tier Regional Rural Health Care Summit, which we co-hosted with Pennsylvania College of Technology in Williamsport. Attendees were able to see the unit, understand how it operates, and appreciate what it means to bring comprehensive women's healthcare directly into rural communities.

We applaud the Commonwealth's steadfast commitment to improving women's health, and we believe innovative models like these can be an important part of that effort. We would encourage Pennsylvania to consider establishing a dedicated funding stream for mobile maternal and women's health units. By bringing these critical services directly into underserved communities and making women aware of when and where those services will be available, the Commonwealth can address barriers before they become crises, reduce preventable complications, improve outcomes, and ensure that where a woman lives does not determine whether she can access the care she needs.

Using Technology to Protect Rural Mothers After Delivery

For rural women, access to care cannot end when they leave the hospital. The postpartum period is a particularly vulnerable time for women with hypertensive disorders, including preeclampsia, who can remain at risk for serious complications in the days and weeks after delivery. In rural communities, where patients may live significant distances from their obstetric provider and face barriers to timely follow-up, we need new approaches that allow us to identify problems earlier and intervene before they become emergencies.

One of the ways we are seeking to improve rural maternal health is through the Guthrie Pulse Center. The Pulse Center is an award-winning model that connects experienced virtual clinicians with bedside teams across Guthrie's health system. In November, we will be launching a proactive postpartum hypertension monitoring and care coordination program, building on the current infrastructure.

Through this new initiative, high-risk postpartum patients will receive standardized education, reliable home blood pressure monitoring, and clear instructions about when to seek additional care. The Pulse Center and care coordination team will actively monitor alerts, reach out to patients when concerns arise, help identify medication discrepancies, and coordinate timely follow-up with the appropriate clinical team. They will also track measures such as patient enrollment, nurse outreach, emergency department visits, and readmissions so that we can understand what is working and continually improve the model. Rather than waiting for a patient to recognize that something is wrong and make her way to an emergency department, this model creates an additional layer of support between the patient and the healthcare system.

This is what rural healthcare innovation can look like: not asking women to travel farther to access care but using technology to bring the healthcare system closer to them.

Partnerships to Expand Rural Women's Health

Another example of Guthrie's commitment to rural women's health is the care we provide at the Wyoming County Healthcare Center (WCHC) in Tunkhannock, located in the former Tyler Memorial Hospital, which closed in 2022.

Today, WCHC functions as a community-based healthcare hub, bringing together numerous healthcare providers that offer a wide range of services. Guthrie provides primary care, laboratory services, diagnostic imaging, walk-in care, and specialty services, including obstetrics and gynecology.

For us, this is what rural healthcare innovation looks like. It does not always require building something entirely new. Sometimes innovation means taking an existing community asset, bringing healthcare providers and services together, and finding new ways to make care accessible to the people who live there. For the women and families of Wyoming County, keeping care close to home can make the difference between accessing care routinely and delaying it until a problem becomes more serious.

Thank you again for allowing Guthrie to provide testimony on this topic. We welcome the opportunity to act as a resource and are happy to answer any questions.