

Pennsylvania

Serving ALL Counties

Rural Health News

A resource exchange from the Pennsylvania Office of Rural Health for health professionals, extension and outreach coordinators, and community organizers

Fall 2005

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Rural Homelessness a Growing Concern in Pennsylvania, United States

Historically, most research conducted on homelessness in the United States has focused on individuals living in shelters or on the streets in urban settings. Since the 1980s, however, researchers have become increasingly interested in the effects of homelessness – defined as either a complete lack of shelter or inadequate living conditions for individuals – in rural settings.

The incidence of homelessness typically is linked to the economic decline of a community, regardless of its setting. Additional individual factors that contribute to homelessness include domestic violence, substance abuse, mental and behavioral health problems, inadequate health insurance and a lack of transportation.

The lack of affordable housing within a community is also an underlying factor in the incidence of homelessness. This is particularly true in rural communities where families have moved from urban areas and “renovated” their new surroundings. This phenomenon, called gentrification, leads to increased housing costs that quickly become unaffordable for long-time rural residents of that community.

The “face” of homelessness in rural settings is much different than those in urban settings as well. Because there are usually fewer housing units and streets in rural areas, homeless people in those communities are more likely to live in cars or campers than on the street. Similarly, homeless individuals and families are more likely to move back

and forth between friends and relatives than they are to live in community shelters.

Fortunately, the increased emphasis on homelessness in rural settings has led to more efforts at the state and federal levels to combat the problem. Nationally, there are several agencies that now provide relief to rural homeless populations. The U.S. Department of Housing and Urban Development, for example, offers three types of housing assistance for low-income families: public housing, tenant-based housing and project-based programs. Meanwhile, the U.S. Department of Agriculture’s Rural Housing Service provides homeownership assistance programs and other programs for developers of multi-family housing units and community facilities. More information regarding these programs can be found at <http://www.rurdev.usda.gov/rhs>.

At the state level, Pennsylvania was one of 10 states to participate in a May 2003 Policy Academy sponsored by the U.S. departments of Health and Human Services, Housing and Urban Development and Veterans Affairs to develop strategies to address homelessness. The event, “Improving Access to Mainstream Services for People Experiencing Chronic Homelessness,” helped federal, state and other partners create and reinforce relationships designed to address the issue.

Pennsylvania also has developed a three-pronged strategy for combating homelessness within the Commonwealth. The first step would be to designate a council on homelessness that would include representa-

tion from all relevant state agencies and would involve itself in policy formulation. Second, the state would promote the alignment of state and local activities around a common vision for combating homelessness – a step that would require county commissioners to play a critical role. The final step then would be to develop local responses to chronic homelessness so that each community can address its specific needs throughout Pennsylvania’s diverse regions.

In short, Pennsylvania officials envision a state in which each person will have the support services needed to live as independently as possible in permanent housing of his or her choice. It is up to everyone at all levels to contribute to the process and make that vision a reality.❖

For more information, contact Terri King, outreach coordinator, at 814-863-8214 or tjc136@psu.edu.

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Director's Column...

Welcome to the fall issue of *Pennsylvania Rural Health News*. Last night, we turned the clocks back one hour, one more reminder that summer has ended and we need to "fall back" to colder days and longer nights.

This is also the time when your state office of rural health and its partners throughout the state turn their attention to the annual rural health conference. In 2006, the conference will focus a good bit of that attention to the issues of survivability and sustainability, two areas that rural health providers and advocates struggle with each day.

Consider these facts. For the past few years, the president's administration has zeroed out line items for some rural health programs and reduced funding levels for others. And each year rural advocates, together with their legislators, restore that funding. The number of individuals without health insurance continues to rise and proposals at the federal level to increase funding for Medicaid are met with varying degrees of resistance. In early November, the Senate approved their fiscal year 2006 budget reconciliation bill that includes about \$10 billion in spending reductions to the Medicare and Medicaid programs.

Supporting rebuilding efforts in the wake of Hurricanes Katrina and Wilma will tap an already stretched federal budget. As an example, the federal government has appropriated between \$60 - \$70 billion for the clean-up and restoration of New Orleans and the rest of the Gulf Coast. And recently, President Bush asked Congress for \$7.1 billion in emergency funding for a flu pandemic preparation strategy. And, as of the day this column is being written, Congress is debating proposals to cut \$50M - \$70M from the current budget; the word is that funding for HRSA's rural health programs is in severe jeopardy.

Rural healthcare and human service providers understand budget cuts, fiscal restraint and the new slogan of "doing more with nothing." Recently, I've had the great pleasure of visiting several of the state's Critical Access Hospitals. I have been amazed and humbled by the management and staff's determination to provide the highest quality health care in facilities that are in dire need of repair or replacement while struggling to compete with larger and better funded facilities in urban areas. These leaders, and others like them (such as you), know how to make every dollar count, to reach out to communities for support and to look for new ways to expand services.

So, the theme of the 2006 conference, "Preserving Pathways to Rural Health," is, we believe, right on target with the needs of those we serve. We will offer plenary and concurrent sessions on policy developments at the state and federal levels and pre-conference workshops on strategies for surviving budget challenges and building long-term sustainability. Look for news on the conference in upcoming issues of this newsletter and check our Web site often for updates. As always, please let us know how your state office of rural health can serve you. Be sure to stay in touch. ❖

Guide to Health Care Quality Published

The Agency for Healthcare Research and Quality (AHRQ) has published their annual report, the *National Healthcare Quality Report*. The purpose of this report is to assist individuals in receiving quality health care to stay healthy and recover from illnesses faster. For more information or to obtain free copies of this report, please contact AHRQ Publications Clearinghouse at 1-800-358-9295 or ahrqpubs@ahrq.gov. ❖

Migrant Farmworker Advocates to Join Forces in Southeast PA

For the fifth consecutive year, the Pennsylvania Office of Rural Health will offer the Pennsylvania Migrant and Immigrant Health Conference, "Migrant and Immigrant Health in Pennsylvania: Blending Cultures for a Healthy Community." The conference is set for April 4-5, 2006 at the Mendenhall Inn in Chester County.

This series of conferences brings together the agricultural production and the healthcare communities to discuss the healthcare issues of the migrant and immigrant farmworker population and identify strategies to assist this population in achieving optimal health. This is the only conference in the state devoted exclusively to migrant and immigrant farmworker health.

The conference will feature plenary and concurrent presentations on agricultural safety, community-based resources, advocacy initiatives, and more. A mushroom farm employing immigrant farmworkers will also be toured.

The conference is sponsored by the Pennsylvania Office of Rural Health, the Pennsylvania Department of Agriculture, the Pennsylvania Department of Health, Penn State Outreach, Penn State Cooperative Extension and AgrAbility for Pennsylvanians. ❖

For more information, contact Terri King, outreach coordinator, at 814-863-8214 or tjc136@psu.edu.

Pennsylvania Rural Health Conference 2006

The 14th annual Pennsylvania Rural Health Conference, "Preserving Pathways to Rural Health," is scheduled for June 26-27, 2006 at the Penn Stater Conference Center and Hotel in State College. Mark your calendar and save these dates! The conference planning committee is working to bring together another group of talented presenters to cover a wide variety of topics. Please check PORH's Web site often in the next few weeks to get updates. ❖

For more information, please contact Terri King, outreach coordinator, at 814-863-8214 or tjc136@psu.edu.

PORH Updates Publication

PORH has updated its publication highlighting county resources for low-cost or no-cost healthcare options. The publication, *A Resource Guide to No-cost or Low-cost Health Insurance Options in Pennsylvania*, is available at <http://porh.cas.psu.edu/publications/low%20cost.no%20cost.pdf>. A limited number of hard copies are available by calling PORH at 814-863-8214. ❖

Methamphetamine Production Prompting Research

Research is beginning to keep pace with the spread of methamphetamine production and abuse in rural America. One group, the National Institute on Drug Abuse (NIDA), has been conducting basic research on methamphetamine use for more than 20 years; however, as use has increased, NIDA's research efforts in that area have also increased. In fact, NIDA funding of methamphetamine-related research expanded almost 150 percent from 2000 to 2004. NIDA has been studying how this drug affects the brain as well as short-term and long-term behavioral and physical effects and effective treatments for addiction. ❖

For more information about NIDA's most recent projects, please visit <http://www.drugabuse.gov>.

Office of Inspector General Reports on Rural Health Clinics

In 1996, the Office of Inspector General (OIG) and the Government Accountability Office (GAO) issued reports that raised concerns about the inappropriate growth and location of Rural Health Clinics (RHC). Both offices recommended changes that would ensure that RHCs are located in areas that would otherwise be underserved. Because of these reports, Congress amended a part of the Social Security Act to remove the permanent designation of RHCs and require timely review of shortage-designation areas. ❖

For more information or to receive an electronic copy of this report in its entirety, please visit <http://oig.hhs.gov/oei/reports/oei-05-03-00170.pdf4>.

National Library of Medicine Supports Rural Health

By Joan Seidman, M.L.S.

The National Library of Medicine (NLM), the world's largest medical library, makes its collections of more than seven million books, journals, images and online resources available through local library networks and free via the Internet. For example, Medline/PubMed at <http://pubmed.gov>, an NLM online database, contains over 15 million references and abstracts to peer-reviewed health publications from 1950 to the present and is updated almost daily.

MedlinePlus, (<http://medlineplus.gov>), is a consumer health Web site with information on conditions and wellness topics as well as drug information, a dictionary, encyclopedia and health news. NLM also produces databases on clinical trials, senior health and genetic conditions.

The NLM and the National Network of Libraries of Medicine (NN/LM) collaborate with governmental agencies and public health associations in Partners for Information Access for the Public Health Workforce. The

project Web site at <http://phpartners.org/> is a rich resource of public health information.

Each of eight regions in the United States has a Regional Medical Library (RML) that administers and coordinates services. The RML promotes sharing between libraries, exhibits at meetings, and provides free training on NLM resources. The RML for the Middle Atlantic Region (DE, NJ, NY and PA) is located at the New York Academy of Medicine in New York City. Staff is available to come to Pennsylvania to provide trainings at health care facilities, medical and public libraries, community-based organizations and public health agencies. Let them connect you with a medical library, help you find research articles, or help identify free resources for health education. ❖

For more information, contact Joan Seidman, education programs coordinator, at 212-822-7355 or jseidman@nyam.org.

Pennsylvania Department of Health Awards Funds for Medical And Dental Services

The Pennsylvania Department of Health recently announced that six organizations received more than \$796,000 in Community Primary Care Challenge Grants to develop and implement medical and dental clinic services in Pennsylvania.

The Community Primary Care Challenge Grants are designed to address locally-identified health improvement priorities. The grants are used to promote the recruitment of healthcare practitioners, increase clinical capacity and access, encourage the development of healthcare systems in underserved areas, stimulate community-based approaches to this development and maximize community participation through local health improvement partnerships.

The Community Primary Care Challenge Grant program has awarded seventy-seven grants since it began in 1993. Since then, thirty-seven rural and forty urban communities have benefited from funding.

Funds are awarded to non-profit, community-based organizations, local community-based health-improve-

ment partnerships and local governments. Grants are for a twenty-four-month period and require a dollar-for-dollar match from the community. The number of grants awarded each year is based on the quality of the projects, the number of applications received and the availability of funding.

Funds were awarded to Armstrong County Memorial Hospital in Armstrong County; Capital Region Health System at Hamilton Health Center in Dauphin County; Delaware Valley Community Health, Inc. in Montgomery County; Welsh Mountain Medical and Dental Center in Lancaster County; Booker T. Washington, Inc. in Erie County and Rural Health Corporation of Northeast, PA in Wyoming County. ❖

For more information, contact Barbara Bloom at the Bureau of Health Planning, Pennsylvania Department of Health at 717-772-5298.

New Data Presented

A new report, *Income, Poverty, and Health Insurance Coverage in the United States: 2003*, presents data in the United States based on information collected in the 2004 Annual Social and Economic Supplement (ASEC) to the Current Population Survey (CPS) conducted by the U.S. Census Bureau. To view the full report, visit <http://www.census.gov/prod/2004pubs/p60-226.pdf>. For further information about the source and accuracy of the estimates, visit www.census.gov/hhes/www/p60-226sa.pdf. ❖

Penn State Cooperative Extension - AgrAbility for Pennsylvanians Strives to Help Farmers Remain on the Farm

AgrAbility for Pennsylvanians coordinates services for farmers and farm families who are coping with a disability or health condition that reduces their activities on the farm or in a farm-related occupation. The project is funded through a grant from the United States Department of Agriculture, Cooperative State Research, Education and Extension Service. This statewide grant project is a partnership between Easter Seals of Central Pennsylvania, Penn State Cooperative Extension and the Penn State Departments of Agricultural & Extension Education and Agricultural & Biological Engineering.

Other groups working with AgrAbility for Pennsylvanians to provide services include occupational and physical therapists, the Pennsylvania Office of Vocational Rehabilitation (OVR), the Pennsylvania Department of Agriculture, the Pennsylvania Office of Rural Health, the Pennsylvania's Initiative for Assistive Technology (PIAT), the Pennsylvania Agromedicine Program and various others.

AgrAbility for Pennsylvanians offers the following services:

- On-site assessments of farm operations;
- Information on appropriate assistive technology for agricultural operations;
- Professional education programs and public awareness activities;
- Information and referral services; and
- Peer and caregiver networks

A person with a disability is defined as an individual with a physical or mental condition that limits one or more major life activities. Services are offered to farmers and farm family members who may be coping with one of the following conditions: amputation, arthritis, back injury, visual impairment, respiratory conditions, spinal cord injuries, etc.

There is no fee for an on-the-farm assessment for educational services. AgrAbility staff responds to initial inquiries by providing a packet of information about the project. After reviewing this information and talking with an AgrAbility Project member, an on-site farm assessment may be arranged to review farm activities and to discuss what types of activities have become difficult because of the existing disabilities. Information is then provided regarding assistive technology, modifications and/or equipment that can help a person remain in production agriculture.

The AgrAbility Project is primarily an information and referral system and does not provide funding for modifications or equipment. The most common referral for funding sources is to the Pennsylvania Office of Vocational Rehabilitation through the Department of Labor and Industry.

The number of farmers receiving services varies. Currently, AgrAbility for Pennsylvanians is working directly with more than seventy clients and has served over 500 clients to date. Project members are available to make presentations and provide training to groups of farmers, extension personnel, rehabilitation professionals and other interested groups. ❖

For more information, contact Linda Fetzer, project assistant and outreach coordinator, at 814-863-7490 or toll free in Pennsylvania at 866-238-4434 or visit <http://AgExtEd.cas.psu.edu/agrab/>.

Errors Reduced in Small Rural Hospitals

Critical Access Hospitals' rural facilities with twenty-five beds or less face unique challenges in implementing comprehensive medication safety programs. The Institute for Safe Medication Practices is working with the Pennsylvania Office of Rural Health on a project that will help ten hospitals throughout the state meet those challenges and reduce the system-based causes of medication errors.

The fifteen-month joint project, the Pennsylvania Critical Access Hospitals Medication Safety Collaborative, has three phases: 1) development of the collaborative and assessment of current practice; 2) defining outcome measures/ quality monitoring indicators and recommendations for standardizing and improving error reporting; and 3) ongoing support and education for hospitals and collaborative data collection and reporting. The project should be completed by January 2006. ❖

For more information, contact Larry Baronner, critical access hospital coordinator, at 814-863-8214 or ldb10@psu.edu.

CMS Delivers Software to Evaluate Electronic Health Records

The Centers for Medicare and Medicaid Services (CMS) recently released an evaluation version of VistA-Office Electronic Health Record (Vista-Office), an adaptation of the Veterans Health Administration electronic health record (EHR) technology. This version of the technology will allow for an evaluation of VistA-Office EHR and an assessment of its effectiveness in private physicians' offices.

The evaluation version will be distributed by qualified vendors and evaluated for usability, effectiveness, implementation and potential for what is known as interoperability or the ability to communicate, exchange and use data with other systems and software. As a result of this evaluation, software vendors will be able to further improve the software and develop a version of VistA-Office EHR that is certified in accordance with a process recognized by the Department of Health and Human Services (HHS). "The president has set a national goal for most Americans to have an electronic health record within a decade and CMS is working with providers to make that happen," said CMS Administrator Mark B. McClellan, M.D., Ph.D.

A certification process will identify standards and minimum requirements to allow electronic health record systems to share

important data across settings of care and perform the most important functions of an electronic health record system while maintaining privacy and security of data. EHRs that become certified and that can enable the reporting of quality measures will support CMS quality improvement goals.

The release will also allow for the evaluation of VistA-Office EHR in physician offices, with particular attention to whether and how physician offices can implement the software effectively. This process will take place while HHS Secretary Mike Leavitt considers approaches for certifying interoperability and functional capabilities of electronic health records systems.

The modified VistA-Office software retains existing VistA functions of such transactions as order entry, documentation templates and clinical reminders, and is enhanced with other important functions including physician office patient registration, reporting of quality measures and printing/faxing of medication prescriptions.

The VistA-Office evaluation software is not free software. There is a small fee for obtaining the software on computer disk, and there will be other fees an office will need to pay to use the software including licensing and support fees for

the database program and CPT® codes. The added office staff cost associated with the implementation of an EHR will also be a part of the total cost of ownership and will play a part in physicians' decisions to adopt and test VistA-Office.

In addition, offices will generally need vendor support for installation, configuration and maintenance, similar to support with any other electronic health record. To address this need, CMS has funded a VistA-Office Vendor Support Organization, WorldVistA, to provide training for vendors. The evaluation of these vendor services is an important objective of the initial release.

During this initial evaluation period, the software will be available from qualified vendors. Physicians and clinics that are interested in participating in the program as an evaluation site, should visit www.vista-office.org to learn more about this opportunity. More information about the vendor training and a list of qualified vendors can be found at www.worldvista.org. ❖

For more information, visit the CMS Web site at www.cms.hhs.gov/quality.pfqj.asp.

New Search Engine Provides Faster Access

The Kaiser Family Foundation's Web sites now feature a new search tool to provide faster and easier access to the thousands of foundation reports, news summaries, webcasts and data and analysis on Medicaid, Medicare, HIV/AIDS, the uninsured, health insurance, disparities in health care, public opinion and more.

Based on the Google search engine, the new search provides the functions and familiarity of Google. Advanced search features on kff.org and kaisernetwork.org allow for highly customized searching, such as the exclusion of specified words and searching within a date range. A "quick search" tool on kaisernetwork.org is available that provides quick access to recent news summaries and webcasts that match keywords.

The new search is now available on www.kff.org, www.kaisernetwork.org, www.statehealthfacts.org, www.kaiserEDU.org and www.GlobalHealthReporting.org. For more information, contact webmaster@kff.org. ❖

Transportation Used to Improve Health Care In the Susquehanna Valley

In many communities, a lack of transportation stands in the way of receiving adequate medical attention for some citizens. Such persons are often older, disabled, poor, rural residents or members of minority groups. Since such persons often experience other barriers to accessing health care services (such as inadequate health insurance coverage), the additional burden of inadequate transportation compounds an already difficult situation. Problems in accessing appropriate health care services typically result in:

- Lowered trip frequencies, higher per trip costs, and a tendency to limit medical trips taken to those “immediately and absolutely necessary.”
- Restricted access to non-emergency health services, leading to missed health care for purposes such as well visits, health screenings and vaccinations.
- A greater than average or inappropriate dependency on emergency transportation services and emergency health care services.
- Worsened health conditions and health outcomes, leading to greater expenditures than would otherwise have been necessary.
- In the long run, diminished health, shorter life spans, loss of worker productivity and increased health system costs.

An 18-month study of conditions in the Susquehanna Valley undertaken by the Susquehanna Valley Rural Health Partnership (SVRHP), has demonstrated that such conditions are found in Clinton, Lycoming and Sullivan counties. Using information gathered in household surveys, medical provider surveys, transportation provider surveys, U.S. Census data and other information sources, this study demonstrated that:

- Between 5,000 and 15,000 persons in Clinton, Lycoming and Sullivan counties have medical transportation problems;

- More than half of all Emergency Department visits are for non-emergency reasons;
- Excess Emergency Department and ambulance expenses cost nearly \$2.6 million per year;
- Persons lacking medical transportation are low income, in poor health, disabled, older and alone;
- Currently available transportation services do not meet all medical transportation needs.
- The “at risk” population in the three counties is growing; and
- Other communities are addressing this issue.

National and regional studies have shown that cancellations or delays in obtaining health care services negatively affect patients’ health, employability and quality of life. The outcomes of these consequences include reduced life satisfaction and greatly increased medical costs for individuals, families, localities and the Commonwealth of Pennsylvania. This study recommends that the SVRHP find ways to address the issues of inadequate access to local healthcare services and the unnecessarily large medical expenditures that result from this lack of access to medical care. Additional transportation investments in the region could create much larger economic benefits for local residents, the health care community and the Commonwealth of Pennsylvania. Surveys, conducted by SVRHP under contract to the Pennsylvania Office of Rural Health, were funded by the Pennsylvania Department of Health. ❖

For more information, contact Larry Baronner, critical access hospital coordinator, at 814-863-8214 or ldb10@psu.edu.

House Resolution Recognizes Penn State Nutrition Programs

House Resolution No. 442 recently recognized the Nutrition Links program at Penn State Cooperative Extension (Penn State Nutrition Links) and the help it provides children, youths, adults and families in attaining healthy eating and lifestyle practices.

Penn State Nutrition Links helps children, youths, adults and families in the Commonwealth make better nutrition and health decisions through research-based information and education provided in classroom and community group settings. The program fosters strong, nurturing families, healthy, thriving children and positive youth development.

Penn State Nutrition Links includes the Expanded Food and Nutrition Education Program (EFNEP) and the Pennsylvania Nutrition Education Program (PA NEP). Penn State Cooperative Extension has been offering the EFNEP program for more than thirty-six years and serves limited-income adults with children from birth through age 19, youths of 4-H age (8-19 years of age) and pregnant teens and adults.

PA NEP is a nutrition education program serving people of all ages who receive or are eligible to receive food stamps.

Penn State Nutrition Links participants learn to use their food dollars and food stamps to make healthy food choices consistent with the Food Guide Pyramid and dietary guidelines. Participants develop the knowledge and skills to plan and prepare a healthful diet on a limited budget and learn to store and serve food safely.

For more information, contact Elise Gurgevich, Ph.D., M.P.H., state coordinator, at 814-863-3447 or eliseg@psu.edu. ❖

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Conference Calendar

Nov 16 - 18, 2005

**Crank It Up! Community Methamphetamine
Prevention Training - Prevention And Recovery
Services**

Topeka, KS

Contact: 785-266-8666

December 5 - 6

**Creating Pennsylvania's Future: A Higher-
Education Economic and Community Development
Summit**

State College, PA

Contact: <http://www.creatingpennsylvaniasfuture.org>

December 6

**Improving Access to Comprehensive Pharmacy
Services in Rural America**

Las Vegas, NV

Contact: <http://www.ashp.org>

December 9 - 12

XIII International Congress on Anti-Aging Medicine

Las Vegas, NV

Contact: <http://www.worldhealth.net/event/rh.net>

January 9 - 11

The National Conference on Health Disparities

Washington, DC

Contact: <http://www.omhsummit2006.org>

Medicare Guide Now Available Online

The Medicare Learning Network is now offering "*The Medicare Guide to Rural Health Services Information for Providers, Suppliers and Physicians*" in downloadable format at <http://www.cms.hhs.gov/medlearn/MedRuralGuide.pdf>. Print and CD-Rom versions will be available in late November, free of charge. ❖