

PENNSYLVANIA

Rural Health

SUMMER 2008



Candidates Promise
Significant Healthcare
Improvements

PENNSTATE



MESSAGE FROM THE DIRECTOR

Greetings,

For six weeks in March and April of this year, all eyes nationwide turned to Pennsylvania as the state that could determine the political fate of the two Democratic Presidential candidates. During that time, all three candidates, Democratic Senators Hillary Clinton and Barack Obama and the Republican presumptive nominee Senator John McCain, further clarified their plans to address a wide range of important issues: the war in Iraq and other international concerns and at home, soaring energy costs, prices for food and other domestic issues. But perhaps the most critical issue at the center of the campaign talk is that of health care: how to provide health care coverage for all Americans, contain spiraling health care costs and increase the quality of care provided. While the candidates have advocated for health care coverage for all, the ways in which this would be achieved differs.

Illinois' Democratic Senator Barack Obama's goal is to provide affordable, high-quality universal coverage through a mix of private and expanded public insurance. In addition to expanding Medicaid and S-CHIP, his health coverage plan includes creating a National Health Insurance Exchange through which small businesses and individuals without access to other public programs or employer-based coverage could enroll in a new public plan or in approved private plans. Plan coverage would offer comprehensive benefits similar to those available through FEHBP. All children would be required to have health insurance and employers would be required to offer "meaningful" employee health benefits or contribute to the cost of the new public program. Coverage under the new public plan would be portable.

Arizona Republican Senator John McCain plans to provide access to affordable health care for all Americans by paying only for quality health care, having insurance choices that are diverse and responsive to individual needs and encouraging personal responsibility. Under his plan, the favorable tax treatment of employer-sponsored insurance would be removed and a tax credit to all individuals and families would be provided to increase incentives for insurance coverage, promote insurance competition and contain costs through payment changes to providers, tort reform and other measures. His plan would also give veterans the ability to use their Veterans Administration benefits to pay for timely high quality care from providers in the best locations. He opposes mandates for health care coverage.

As Americans head to the polls in November, these plans will form the cornerstone of voting patterns across the nation and will form the basis for how our country will meet its health care needs. Stay tuned...

And on a related political note, Pennsylvanians and the nation will lose a strong rural health advocate when Congressman John Peterson's (R-5th district) term of office ends in December. Be sure to see the article in the next issue of Pennsylvania Rural Health that will highlight his career and the impact his years as a state senator and federal representative has made on rural health programs.

As the old Chinese proverb says "May you always live in interesting times." Now is certainly one of those times. If your state office of rural health can be of assistance, please let us know. And be sure to stay in touch.

Best Regards,



Lisa Davis
Director



SUMMER 2008

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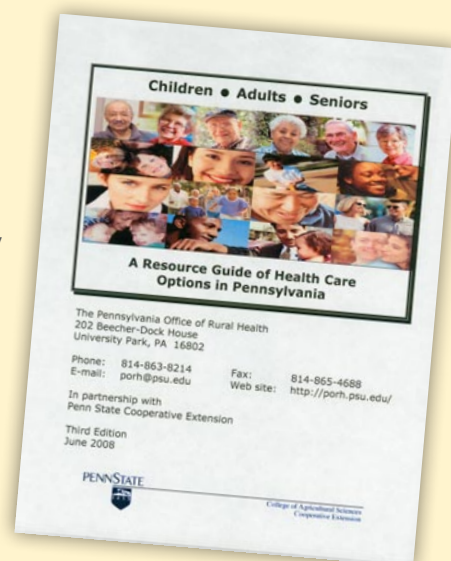
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The Pennsylvania Office of Rural Health (PORH) is pleased to announce the publication of the third edition of *A Resource Guide of Health Care*

This document provides an overview of many low or no cost health care programs in the state with a comprehensive listing by county of services for physical, dental and mental health care for children, adults and seniors. The guide can be accessed at PORH's Web site at www.porh.psu.edu; choose the "Publications" link on the left-hand side. For more information, call the Pennsylvania Office of Rural Health at 814-863-8214.







Campaign '08:

The Times They Are A-Changin'

Presidential Candidates All Promise to Make Significant Healthcare Improvements

By S. William Hessert, Jr.

At the time this article was written, three candidates were still vying to become the 44th President of the United States: U.S. Senator John McCain had locked up the Republican nomination, and U.S. senators Barack Obama and Hillary Clinton continued their battle for the Democratic nod.

With so much time remaining before the general election, it would be difficult if not impossible to determine which of the candidates will be taking the oath of office on January 20, 2009. One thing does seem fairly certain, however – no matter who wins, American should expect to see BIG changes in federal healthcare policy in the not-too-distant future.

“I don’t think there’s any doubt about it,” says Dr. G. Terry Madonna, director of the Center for Politics and Public Affairs at Franklin & Marshall College. “We need to pay for Medicaid and Medicare, we need to provide basic health coverage for the uninsured, and healthcare costs are rising again. Over the next few years, all of these things are going to require the next President to make some of the most massive healthcare policy changes we have ever seen in American history.”

“The landscape is definitely changing,” adds Alan Morgan, president of the National Rural Health Association (NRHA). “I’d be hard-pressed to find a scenario in which some sort of policy changes didn’t occur.”

In terms of their platforms, Madonna says most of the policy changes being recommended by the Democratic candidates at this point are fairly similar. “Clinton and Obama both want to see some form of

universal coverage, and both say that their plans would be subsidized by the government and employers,” he explains. Clinton and Obama also have laid out plans to expand Medicaid and the SCHIP program, eliminate barriers to providing portable coverage and end the practice of not insuring people because of pre-existing conditions.

“The biggest fundamental difference in their programs is who they would require to be covered, Madonna continues. “Clinton would require everyone to have health insurance, while Obama would only mandate coverage for children.”

Obama’s plan also requires all employers to offer “meaningful” coverage to their employees or contribute a percentage of their payroll to a public health plan. On the other hand, Clinton’s plan only requires large businesses to provide coverage or contribute to a public plan; smaller businesses would be offered incentives that would encourage voluntary participation.

While McCain also wants to increase access to affordable health care, his plan does not mandate providing any type of universal coverage. Instead, he prefers to eliminate favorable tax treatment of employer-sponsored health plans, promote competition among providers and provide annual tax credits to individuals (\$2,500) and families (\$5,000) which would be used to purchase health insurance.

“McCain says you can get universal coverage if you have minimal government interference, if you allow the marketplace to work and if you give people tax credits which will allow them to choose their coverage,” Madonna says.

Although they differ in approach, Madonna says the three plans all accomplish one primary goal – they provide all Americans with

some level of basic health care. That is certainly good news, especially to those living in rural communities where healthcare access is typically more limited and the disparity in services provided is typically greater.

In terms of rural health care, the NRHA hopes a list of “rural-specific” questions it will be sending to the candidates in the next few weeks will help clarify their positions even further. In addition to providing the candidates a clearer picture of what rural America considers its most pressing healthcare issues to be at this time, Morgan hopes that the questionnaire will give rural Americans a better sense of how well informed the candidates are on those issues – and how prepared they are to tackle them.

Perhaps no issue is of greater concern to rural communities than the recruitment and retention of healthcare professionals. “It would be beneficial to see a collaborative, concerted effort over the next four years that improves the flow of healthcare providers into rural areas and keeps them there,” Morgan says. “A lot of rural clinics, hospitals and health centers might have to make some tough decisions about keeping their doors open if we don’t start to see some changes.”

Establishing “rural-specific” approaches for combating obesity, substance abuse and other chronic health conditions would also be welcome. “There’s been a lot of talk at the federal level over the past few years about addressing these issues, but not a lot of action,” Morgan says.

Morgan believes that is about to change regardless of who becomes the next President. “We’re extremely happy that all of the candidates have made rural America and rural health care an important part of the conversation,” he says. “These have both been afterthoughts in the past – but this year, they’re both on the front burner.”

To learn more about the presidential candidate’s positions on health care and other issues of interest, contact the Franklin & Marshall Center for Politics and Public Affairs at 717-291-4052 or visit it on the Web at www.fandm.edu/politics.xml. You can also contact the NRHA Office of Government Affairs at 202-639-0550 or visit its Web site at www.nrharural.org and click on the “Policy & Advocacy” link.

Also, be sure to vote in the general election on Tuesday, November 4 – every vote matters! ■

NRHA Candidate Questionnaire



The National Rural Health Association has prepared a questionnaire that gives each presidential candidate a chance to offer his/her perspective on what the organization perceives to be the most pressing rural health issues facing America today. The following is a list of the eight issues selected by the NRHA and the questions posed to each candidate; the full three-page questionnaire also provides the candidates with background information on each issue.

1. Health Insurance Coverage

How would your administration address the lack of insurance coverage that is so much more acute in rural America?

2. Health Care Workforce and the Impact on Access

How would your administration address the ongoing health care workforce crisis in rural communities?

3. Preventive Care

How would your administration you propose to promote geographic and economic access to and use of preventive services for rural America?

4. Reimbursement and Impact on Access

How would your administration ensure adequate payment levels to rural providers in order to protect essential access in rural areas?

5. Health Information Technology

How would your administration propose to address the imbalance of costs and benefits such that health information technology is more available in rural America?

6. Veterans Health

How would your administration propose to remedy [the inequity in health care] facing rural veterans?

7. Specialty Care

How would your administration propose to improve access to specialty care for rural Americans?

8. Health Care Infrastructure

How would your administration address the issue of aging rural health infrastructure?



Critical Access Hospitals Complete Significant Expansion/Relocation Projects

By S. William Hessert, Jr.



Two significant Critical Access Hospital construction projects – the recently completed relocation of the Fulton County Medical Center and the soon-to-be completed expansion of the Jersey Shore Hospital – promise to stimulate the economy and enhance the quality of care of both communities.

In McConnellsburg, the Fulton County Medical Center opened its new doors last November less than two miles from the former hospital. The new 97,000 square-foot facility – nearly twice the size of the former property – includes twenty one acute-care beds in the critical access hospital and sixty seven beds in an adjoining long-term care facility. It also features an emergency department that has doubled in size; a helipad located nearby for transporting patients; enhanced occupational, physical and speech therapy departments; and state-of-the-art technology and equipment throughout the building. Being on a twenty two-acre property also leaves plenty of room for further expansion should the need arise.

Total cost of the construction and relocation was approximately \$37.5 million. In addition to issuing \$26 million in bonds and securing another \$5 million in federal, state and local grants, President and CEO Jason F. Hawkins indicated that the medical center received nearly \$8 million in gifts from more than 2,000 local donors.

"That kind of support says a lot about this community," Hawkins said during a recent tour of the facility. "Number one, it shows people recognize just how important the medical center is for this area – not only in terms of health care, but economically as well. But it also highlights the heart and the spirit of the people who live here."

In addition to improving the quality of care for the region, Hawkins said the new facility helped encourage a cardiologist to join the staff full time. He hopes the relocation will help attract additional physicians to the area as well.

In Lycoming County, work is nearly complete on a \$15 million expansion and renovation at Jersey Shore Hospital. The project includes the construction of a 45,000 square-foot, two-story building next to the existing structure that will house a new medical-surgical floor, critical care unit, swing beds, surgical suites, imaging department and emergency department. Patient rooms in the new facility will all be private with the exception of a few in the swing bed unit.

The existing structure also is being renovated and will house Jersey Shore Hospital's laboratory, rehabilitation, cardiopulmonary and support services. A new central lobby and registration area in the renovated building will reinforce the hospital's highly efficient, centralized registration process.

According to Carey W. Plummer, Jersey Shore Hospital's president and chief executive officer, construction is still on target to be completed by the end of June 2008. "We encountered a few problems when we first broke ground, but everything is progressing fairly smoothly now," he says.

Much like the Fulton County Medical Center project, Plummer said Jersey Shore Hospital's expansion and renovation will have a profound impact on the community. "We are the number one employer in the Jersey Shore area, so a project of this magnitude is very important to our economy," he noted. "We also are the primary provider of basic care in the area – we had 14,000 visits to our emergency department last year. So it's important

to enhance the quality of care and create a friendlier atmosphere as well."

And, much like the Fulton County project, the Jersey Shore expansion/renovation project has generated a great deal of community support. Plummer said current contributions from local donors stand somewhere between \$2.2 million and \$2.5 million.

If current trends hold true, these two projects potentially could have an even bigger impact in their communities than either health care provider is anticipating. According to the *Rural Hospital Replacement Facility Study* – an annual survey conducted by Stroudwater Associates and Red Capital Group of Critical Access Hospitals undergoing facility replacements – eighteen of the thirty CEOs responding to the 2007 survey reported higher than expected inpatient growth, and twenty one of thirty reported greater than expected outpatient growth. All thirty felt that hospital replacement had a positive effect on staff recruitment, while twenty nine of thirty agreed that replacing facilities had a positive impact on physician recruitment and retention. In fact, fourteen CEOs reported that their facilities were now fully staffed in terms of nursing and technical personnel.

"These types of projects really help boost the images of the local hospitals, which helps in terms of increasing staff" said Larry Baronner, critical access hospital coordinator for the Pennsylvania Office of Rural Health. "Plus, physicians, especially those coming right out of medical school, are familiar and comfortable with the latest technology and equipment. Being able to put the newest technology in these new facilities is a huge boost in terms of recruiting physicians to rural communities." ■

2008 Migrant and Immigrant



Health in Rural Pennsylvania Conference

Migrant and immigrant farmworkers face daunting obstacles to good health, including low income levels, occupational and agricultural hazards and an unfamiliarity with American medicine. "International migration that involves the annual movement of tens of millions of people has become a norm, yet the public health implications are just starting to be assessed." That message, delivered by Deliana Garcia, director of international research and development at the Migrant Clinicians Network, in Austin, Texas, set the stage for the 2008 "Migrant and Immigrant Health in Rural Pennsylvania: Shifting Perspectives on Migrant Farmwork" conference.

This two-day conference, targeted to food producers, advocates, educators and policy makers who work or interact with migrant and immigrant farmworkers, provided important information on agricultural and community health and safety issues and effective programs for migrant and immigrant farmworkers and their families. The conference, held March 25 and 26 at the Best Western Gettysburg Hotel in Gettysburg, Pennsylvania, was the seventh in a series of annual conferences focused on migrant and immigrant health. This series of conferences brings together the agricultural production and the health care communities to discuss the health care issues of the migrant and immigrant farmworker population and identify strategies to help this population achieve optimal health. This is the only conference in the state devoted exclusively to migrant and immigrant farmworker health.

The conference is coordinated by the Pennsylvania Office of Rural Health and co-sponsored by the Pennsylvania Department of Agriculture, the Pennsylvania Department of Health, Penn State Outreach and Penn State Cooperative Extension.

During her keynote address, Garcia focused on the history of migration and the impact on the U.S. economy. She stressed that global migration is a result of individuals needing to leave their home country due to a lack of opportunities for earning a living wage, increased social inequality in some countries and the increased ease of movement between nations. In 1990, some 12 million people, or two out of every 100 people, lived outside their country of birth. In 2006, that number rose to 191 million international migrants in the world, rep-

resenting three percent of the world's population. A misconception of migration is the people come to a new country with a plan in place and a predetermined place of destination. Notes Garcia, "Human migration is often perceived to be a slow and unidirectional process resulting in permanent destination." The opposite, however, is often true. She commented that there is little concern about the health of persons moving between countries, despite their capacity to spread disease. However, the impact of migrants returning to low income countries with a communicable disease is starting to receive greater attention as nations study the epidemiology of disease within their own countries. She concluded her talk by noting that there are "multiple, complex reasons" for why people migrate and that migration control and public health issues are problematic for governments.

The complexities of migration were further explored by Jeff Grove, local affairs director for the American Farm Bureau Federation, based in Harrisburg, Pennsylvania, during his plenary address which focused on the local implications of national immigration reform policies. According to Grove, at issue is the fact that American agriculture needs

a stable, legal supply of workers to sustain and grow its food production. The U.S. also needs to allow for the recruitment of temporary agricultural workers and to provide an opportunity for some current agricultural workers to apply for permanent U.S. residency. He stated that Congress has stalled on action on reforms on immigration laws for three years. This failure to act, noted Grove, has "placed many legitimate workers at risk and has the potential to affect all sectors of agriculture and places the U.S. food security at risk." Some states have implemented their own immigration laws but the federal government needs to, in Grove's opinion, allow for a means for employing foreign agricultural workers. Failure to enact effective legislation could place the U.S. at risk if our domestic supply of food is forfeited to foreign countries.

Paul Cushing, Philadelphia, Pennsylvania-based regional manager for the U.S. Department of Health and Human Services' Office for Civil Rights, gave an overview of how the federal government is striving to afford meaningful access toward limited English proficient (LEP) persons. He explained that, according to the federal government, an LEP individual is a person who does not speak



English as their primary language and who has a limited ability to read, write, speak or understand English. Under Title VI of the Civil Rights Act and its implementing regulations, all federally-funded assistance programs must take reasonable steps to ensure meaningful access to their programs, activities and services for limited English proficient persons. Those programs need to consider the number or proportion of LEP persons eligible to be served or likely to be affected by the program or service; the frequency of contact; the nature and importance of the program; the activity or service and costs; and resources available. He also stressed the need for cultural competency amongst all types of services offered – effectively providing services to people of all cultures, races, ethnic backgrounds, genders, sexual orientation, age, disability, socioeconomic status and religions – in a manner that respects the worth of the individual and preserves their dignity. He recommended the National Standards for Culturally and Linguistically Appropriate Services in Health Care (CLAS) that were developed by the Federal Office of Minority Health (OMH) in December 2000 as a means to improve access to health care for minorities, reduce disparities and improve quality of care given.

Natalia Molina McKendry, coordinator of community health and wellness services and Iris Ayala, practice manager from La Comunidad Hispana in Kennett Square, Pennsylvania, gave an informative talk on the “Work Healthy” program which developed nurse practitioner-staffed clinics at three mushroom farms in their area. The program uses farm employees as “promotoras” or lay health educators to share particular types of health information with other employees. Reaching out to employees at the mushroom farms and developing trust in the clinics and the privacy maintained there was a challenge for the program, addressed by developing a program that allowed for health education to take place in the small blocks of time employees had for breaks or lunch.

The afternoon tour of the Biglerville, Pennsylvania plant of Knouse Foods, Inc. focused on the roles that migrant and non-immigrant labor have in the processing of apples and other fruit. The plant, one of seven in three states, produces apple juice, sparkling cider, sliced apples, pie fillings, vinegar, fruit cobbles and apple butter. The first day ended with a private screening of the popular film, *Tortilla Soup*, which celebrates the



rich culture of food as a central character in the lives of one Hispanic American family. The film was shown in the historic Majestic Theater in downtown Gettysburg.

In his plenary address on Day Two, Steven Kirkhorn, MD, Medical Director of the National Farm Medicine Center in Marshfield, Wisconsin, presented a fascinating look at agricultural infections and disease and the need for strong occupational medicine programs in rural areas. According to Kirkhorn, “rural practitioners can be as knowledgeable about zoonoses that occur in their area as infectious disease specialists.” He discussed the way in which current and emerging zoonotic diseases – those infectious diseases which are naturally transmitted between vertebrate animals and humans – present themselves in humans, effective steps to prevent transmission and treatments for infected persons. Kirkhorn stressed that basic precaution measures when handling animals or produce, such as wearing gloves, washing hands and rinsing fruits and vegetables, can help stem the spread of these diseases.

John Whitelaw, a supervising attorney in the Public Benefits Unit at the North Central office of Community Legal Services in Philadelphia, Pennsylvania, discussed health care options for non-citizens. He outlined the categories of persons eligible to receive Medical Assistance (or MA, the state’s Medicaid program). Noted Whitelaw, legal immigrants are treated as citizens but there is a particularly uncomfortable climate for legal and illegal immigrants regarding MA where getting routine medical care may be challenging at best.

Selina Zygmunt, regional manager and Felipe Fana, prevention outreach coordinator at Keystone Health Center in Reading, Pennsylvania, gave an overview of their experience with a unique family violence education project. For the past two years, their center has been one of three migrant health centers in the nation participating in “Hombres Unidos Contra La Violencia Familiar” (Men United against Family Violence). The program is coordinated by the Migrant Clinicians

Network, which initially performed surveys of migrant men regarding their knowledge and beliefs about family violence and then developed a curriculum aimed at preventing violence.

The conference closed with a compelling dialogue with Hispanic teenagers, who are the children of immigrant agricultural workers. The panel, coordinated by family and consumer science and 4-H educators from the Chester County, Penn State Cooperative Extension Office, highlighted the balancing act these teenagers play between their traditional Hispanic culture and the American way of life for adolescents. “I don’t have a childhood,” noted one teenager, a sentiment echoed by her fellow panelists. Unlike their American classmates, these teenagers do not have time or permission for the normal activities of American teenage life: dates, dances, friends. Rather, they are responsible for domestic chores and caring for younger siblings. And, as the only member of the household who may speak English fluently, they are called on to provide translation services for family members, often acting as medical interpreters during health care interactions. Depression, they noted, is an issue for them as they try to navigate between the Hispanic and U.S. cultures. “I have to balance home and the place where I am living,” commented one of the panelists, and “I am living between two cultures.” However, the pride they have for their Hispanic heritage was evident. They felt fortunate to have proficiency in two languages and planned to instill into future generations the celebrations, traditions and language of their Hispanic heritage.

This year’s conference ended with closing comments by Lisa Davis, director of the Pennsylvania Office of Rural Health, who noted the passion of those who participate in the annual migrant and immigrant health conferences and their commitment to realizing a healthy, productive agricultural work force.

The exhibitors represented various interests such as disability services, chronic disease, agricultural health and safety, disease management and government-funded health care services.

Planning is underway for the 2009 event. Details will be forthcoming. ■





Penn State's

Better Kid Care Program

Helping Caregivers Help Kids

Ellie cares for three toddlers in her home every day, and sometimes she runs out of ideas for activities and snacks. She checks the Better Kid Care Web site and finds lots of suggestions for fun activities and healthy snacks.

The Kids' Corner child care center recently hired two new teachers. These professionals completed Better Kid Care's New Staff Orientation program so that they could provide the best possible care for the children in the center.

Jack wants to make the best possible use of the time he spends with his kids. But sometimes things get hectic—especially mornings! Jack reads Better Kid Care's Family Time/Work Time newsletter for ideas on how to make mornings run more smoothly, as well as lots of other great ideas about parenting.

Carmen loves taking care of children in her home. What she doesn't love is the record keeping, tax forms—the business side of things. The Better Kid Care distance education lesson "Family Child Care: It's a Business" gives her lots of useful tips for taking care of business efficiently—freeing her up to focus on the kids!

These are just a few examples of how Penn State's Better Kid Care program helps early childhood professionals and parents provide the best possible care for children. Better Kid Care is an award-winning program that provides about 200,000 hours of professional development each year, all with the goal of providing kids with the quality care and education they deserve. The program, an outreach and educational effort of Penn State Cooperative Extension, provides educational materials, learning experiences and programs to child care providers, parents and employers throughout the state of Pennsylvania. The program aims to improve the availability, accessibility and quality of child care, through a resource-rich Web site, satellite workshops, video distance education units, on-site training and a toll-free telephone mentoring help line. The program is supported by the Office of Child Development and Early Learning, a joint office of the Pennsylvania Departments of Education and Public Welfare.

Better Kid Care believes that caring for America's children and youth is everyone's business—and Better Kid Care's job is to help! From making the most of reading time, to helping kids cope with traumatic events, to being prepared for an emergency, Better Kid Care offers sound, research-based information for caregivers.

Better Kid Care uses many outlets for getting the word out in Pennsylvania and worldwide via the Internet, including satellite broadcasts,

print materials, Web-based and mail-based distance education lessons, local on-site educational programs, and a toll-free telephone help line. Throughout Pennsylvania and beyond, early childhood professionals can find valuable practical information as well as opportunities for professional development.

Two-hour educational satellite broadcasts offer opportunities for early childhood professionals to learn from experts and to share their experiences with other professionals in this field. Professional development credit hours, required for maintaining licensing and regulation, can be earned by participating in satellite workshops. Past satellite broadcasts are available via the Better Kid Care Web site.

Another popular Better Kid Care feature is the distance education program, with an annual enrollment of more than 12,000 early child educators. Through distance education lessons, these educators can earn professional development credit hours in the convenience of their homes. Available through the mail or online, distance education lessons cover over 100 topics.

Better Kid Care offers a New Staff Orientation Training for staff in early childhood centers. Consisting of thirty fast-moving, fifteen-minute videos, this program covers the basics of caring for young children, including supervision, child development, health and safety, classroom planning and professionalism. New staff members who successfully complete the New Staff Orientation earn fifteen professional development credit hours.

Parents are an integral part of Better Kid Care. More than 100,000 parents participate each year in one or more phases of the program. Better Kid Care publishes a newsletter, *Family Time/Work Time* and *Parents Count* informational pages for early childhood professionals to share with parents.

Early childhood professionals can call the national Better Kid Care Help Line for information, technical help, or emotional support. The help line, staffed by professional educators, averages more than 100 calls each month and offers mentoring relationships with home-based early care professionals. Parents whose children are enrolled in early care settings also may call the help line for information.

The Better Kid Care Web site is continually updated and improved. Links to other Web pages with similar topics are provided, as well as an activity page, updated monthly, for early childhood professionals. Visit the Web page at www.betterkidcare.psu.edu or call the office at 1-800-452-9108. ■



Smoking when stressed?

Lighting up may make smokers feel down.

By Keith R. Aronson, Ph.D.

When smokers feel stressed out, they often turn to cigarettes as a way to cope with their problems and deal with their feelings. Research conducted by Penn State's Social Science Research Institute and College of Health and Human Development suggests that smoking on stressful days results in people experiencing an increased level of negative emotions rather than a decreased level.

The team recently conducted a study that examined the influence of stress on the relationship between smoking and mood over an eight-day period. This was the first study to examine this question outside of a laboratory setting, over a long period of time and with a group of smokers from across the country.

Approximately 22 percent of adults in the United States smoke. Smoking rates appear to be even higher in rural areas. In addition, the health problems associated with smoking (for example, cancer, heart disease, emphysema) are typically worse for people residing in rural areas than non-rural locales. Interestingly, most smokers continue to smoke even though they know about the health problems caused by this behavior. So, why do smokers keep puffing away on their cigarettes?

While smokers believe that smoking improves their moods and helps them deal with stressful life experiences, it appears that this is a mistaken and potentially dangerous belief.

Many smokers report that they smoke because it helps them handle or cope with times of stress. Smokers also say that when they are stressed out, smoking helps improve their moods. In fact, smokers have very strong expectations that smoking reduces their nervousness, anxiety, fear and sadness. However, smokers' expectations about the soothing effects of smoking may be highly inaccurate.

"There is some new evidence to suggest that when smokers who are stressed out smoke, they actually may end up feeling worse off," says Dr. Keith Aronson, assistant director of the Social Science Research Institute. "So while smokers believe that smoking helps them cope and deal with their negative emotions, it looks like smoking in the face of common, everyday stressors (for example, not having enough time to get chores done, disagreements with co-workers) increases negative mood."

Working with Penn State colleagues **David Almeida**, associate professor of Human Development and Family Studies, **Robert Stawski**, research associate, Human Development and Family Studies, **Laura Klein**, associate professor, Biobehavioral Health and **Lynn Kozlowski**, interim dean, School of Public Health and Health Professions at the University of Buffalo, Dr. Aronson used data from the National

Study of Daily Experience (NSDE) to look at how stress impacted the effect of smoking on mood. Smokers in the NSDE were called on eight consecutive evenings. They were asked to describe any stressful experiences they had that day. Smokers also indicated their positive and negative daily emotions. Finally, they were asked how many cigarettes they smoked that day.

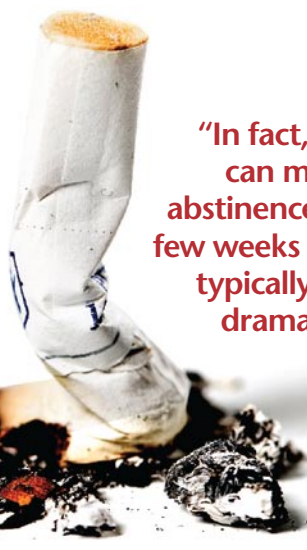
Several interesting results emerged: (1) smokers reported experiencing worse moods on days when they smoked more cigarettes than they usually do, (2) on days when smokers experienced stress and smoked more than usual, they also reported more negative moods, and (3) these results were not due to the number or severity of stressors reported each day. In other words, smoking more than usual in the face of even one stressful experience makes smokers feel emotionally worse off.

“We think it is important that smokers understand that one of their most cherished beliefs [that smoking improves their mood] may be wrong. As long as smokers believe that there is emotional relief to be gained from smoking, they will have less motivation to turn away from cigarettes and more reason to use smoking as a coping mechanism,” notes Aronson. Aronson added, “In fact, if smokers can maintain abstinence for even a few weeks their moods typically improve dramatically.”

If you or someone you know is thinking about quitting smoking, there are a few first steps that have been found to be helpful. Use the START system. Set a quit date. Tell family, friends and co-workers that you plan to quit. Anticipate and plan for the challenges you will face while quitting. Remove cigarettes and other tobacco products from your home, car and work. Finally, Talk to your doctor about getting help to quit. Go to smokefree.gov to learn more. You can also talk to or instant message quit counselors free of charge at a number of organizations designed to help people quit smoking. Several of these are listed below:

1. National Cancer Institute
1-877-44U-QUIT.
2. National Network of Tobacco Cessation Quitlines 1-800-784-8669.
3. American Cancer Society 1-800-ACS-2345.
4. American Lung Association 1-800-LUNG-USA.
5. American Legacy Foundation's Great Start 1-866-66-START – for pregnant smokers
6. Make Everyone Proud 1-800-694-4747, extension 4818 – for military personnel

For more information, contact Keith R. Aronson, Ph.D., assistant director, Social Science Research Institute, The Pennsylvania State University, 603 Oswald Tower, University Park, PA, 16802. Phone: 814-865-6909. Email: kra105@psu.edu.



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few weeks their moods
typically improve
dramatically.”**



AHA/ASA Seeks to Improve System of Care for Stroke Victims

The American Stroke Association (ASA), a division of the American Heart Association (AHA), plans to implement statewide coordinated systems of care in order to reduce the risk of, and improve the quality of, treatment for, stroke.

According to the Recommendations for the Establishment of Stroke Systems of Care made by the ASA Task Force on the Development of Stroke Systems, coordinated systems should promote patient access to the full range of activities and services associated with stroke prevention, treatment and rehabilitation.

“We are referring to the entire continuum of care,” says Michelle Seitz, state health alliance director of the AHA/ASA's Pennsylvania/Delaware chapter. “From awareness of signs and symptoms, to calling 911, to activating EMS, to providing acute care at the hospital, all the way through rehabilitation. This system is especially important in rural communities where distance may become a hindrance to treatment time.”

Along those lines, the Pennsylvania Rural Stroke Initiative – a program associated with the Geisinger Center for Health Research & Rural Advocacy in Danville – has created a series of educational resources designed to help increase awareness and treatment of stroke victims.

The materials, which are available online at www.ruralstroke.org, include patient and physician education handbooks; clinical tools for health care providers; and links to other stroke-related organizations.

Implementing coordinated systems of care in each state would help the AHA/ASA fulfill its mission to reduce coronary heart disease and stroke by 25 percent by 2010.

“Receiving the proper treatment in the proper time frame improves a person's chance of returning to a normal life after a stroke,” Seitz says.

Additional information on the Stroke System of Care can be found on the Web at www.strokeassociation.org/presenter.jhtml?identifier=3028130 or by calling the AHA Pennsylvania/Delaware chapter at 717-975-4800.

Pennsylvania Commission for Women Launches Rural Shocking Pink Osteoporosis Campaign

The Pennsylvania Commission for Women, the Mid-Atlantic Dairy Association and the Pennsylvania Dairy Promotion program have joined forces on a multimedia marketing campaign designed to heighten awareness about the effects of osteoporosis.

The “Shocking Pink” campaign features billboards on display in Bedford, Cameron, Clinton, Juniata, Perry, Sullivan and Tioga counties.

“Osteoporosis is a silent and pervasive disease, [making] it important to speak to your health care provider about prevention, risk and testing,” notes Leslie Stiles, commission executive director. “We hope that women and girls who see these ads will do just that, or will call the commission’s hotline or visit our Web site for more information.”

Approximately 10 million Americans have osteoporosis and another 34 million are at risk of acquiring the disease, according to the National Osteoporosis Foundation. Approximately 80 percent of those afflicted are women.

The commission launched its initial “Shocking Pink” campaign in 2004 to raise awareness on issues such as rape, domestic violence, heart disease, breast cancer and unequal pay. Like its predecessor, the current campaign features a shocking message on a vibrant, hot-pink background.

For more information about osteoporosis and how the Pennsylvania Commission for Women is helping to combat this disease, visit www.pcw.state.pa.us or call the commission’s hotline at 888-615-7477.



Greetings,

Since taking office in 2003, Governor Edward G. Rendell has repeatedly demonstrated his commitment to improving the health and well-being of all Pennsylvanians. In 2007, Governor Rendell proposed a comprehensive plan, the **Prescription for Pennsylvania**, to ensure that all state residents have access to affordable, quality health care. The cornerstone of the Governor's plan was "Cover All Pennsylvanians," a proposal to provide access to affordable health insurance to uninsured adults in the commonwealth.

On March 17th, the Pennsylvania House of Representatives passed Pennsylvania Access to Basic Care (PA ABC), a plan similar to "Cover All Pennsylvanians," that will offer many of our uninsured neighbors access to affordable health insurance. Funding for PA ABC will come from a variety of sources including money currently used for the Adult Basic Health Insurance Program, federal funds, surplus funds from an account used to help doctors pay for their medical malpractice coverage and premiums paid by subscribers.

On my recent visit to communities across the state, I had the opportunity to meet some of the more than 767,000 adults who do not have health insurance – many of whom would benefit from PA ABC. These are hardworking men and women who cannot afford health insurance for a variety of reasons. Without insurance coverage, many will forgo treatment until their condition worsens and utilize care providers that may not be the most appropriate.

As Secretary of Health, I encourage stakeholders and health care professionals to become involved in the dialogue for a plan that provides affordable health insurance. If we reduce the burden of the uninsured on our health care system, the system, as a whole, will be stronger.

In 2006, there were nearly \$7.6 billion in avoidable costs due to various inefficiencies in Pennsylvania's health care system. While PA ABC is an important component of the Governor's Prescription, several other pieces also seek to address the issues of access, affordability and quality of health care in the commonwealth.

Some of the most notable recent accomplishments include the following:

- An Executive Order by Governor Rendell creating the Chronic Care Management, Reimbursement and Cost Reduction Commission to develop a strategic plan to improve the quality of care and reduce avoidable, acute illness and costs associated with chronic illnesses.
- The establishment of the Office of Health Equity within the Department of Health, through an Executive Order, to address health disparities that exist across Pennsylvania related to gender, race, geography, and socio-economic status.
- The expansion of the Scope of Practice for health professionals allowing them to practice to the full extent of their education and training.
- Legislation requiring facilities across Pennsylvania to actively address Healthcare Associated Infections through the development of infection control plans and mandatory reporting through a national electronic system.

As you can see, the Rendell administration has made measurable progress toward achieving the goals laid out in the Prescription for Pennsylvania. However, there is still much more to be done; including the passage of Smoke Free PA and PA ABC legislation. For more information on the Governor's proposals, visit www.rxforpa.com.

At this crucial point in the history of our commonwealth, I urge you to join the effort to ensure that the health of all Pennsylvanians continues to be a priority for the General Assembly. Working together, we can accomplish great things.

Sincerely,



Calvin B. Johnson, M.D., M.P.H.
Secretary of Health



CALENDAR OF UPCOMING EVENTS

September 11 – 13, 2008

**Penn State School of Nursing Fall Research Institute
New Frontiers in Nursing Science: Harnessing Vulnerability**

University Park, PA

For more information, call 814-863-2239, email conferenceinfo1@outreach.psu.edu or visit www.conferences.psu.edu/vulnerablepopulations

September 12, 2008

“Show Me The Money” Grant Workshop

Lewisburg, PA

For more information, call 717-248-4901 or email midstatercd@yahoo.com

October 23-25, 2008

National Summit of Clinicians for Healthcare Justice

Washington, DC

For more information, call 530-345-4806

November 19–23, 2008

2008 Fall Health Educator’s Conference

Pittsburgh, PA

For more information, visit www.pasophe.org

December 3 - 5, 2008

HAC’s National Rural Housing Conference 2008

Washington, DC

For more information, contact: 202-842-8600 ext. 108 or email HACconference2008@ruralhome.org

Pennsylvania Office of Rural Health
The Pennsylvania State University
202 Beecher-Dock House
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