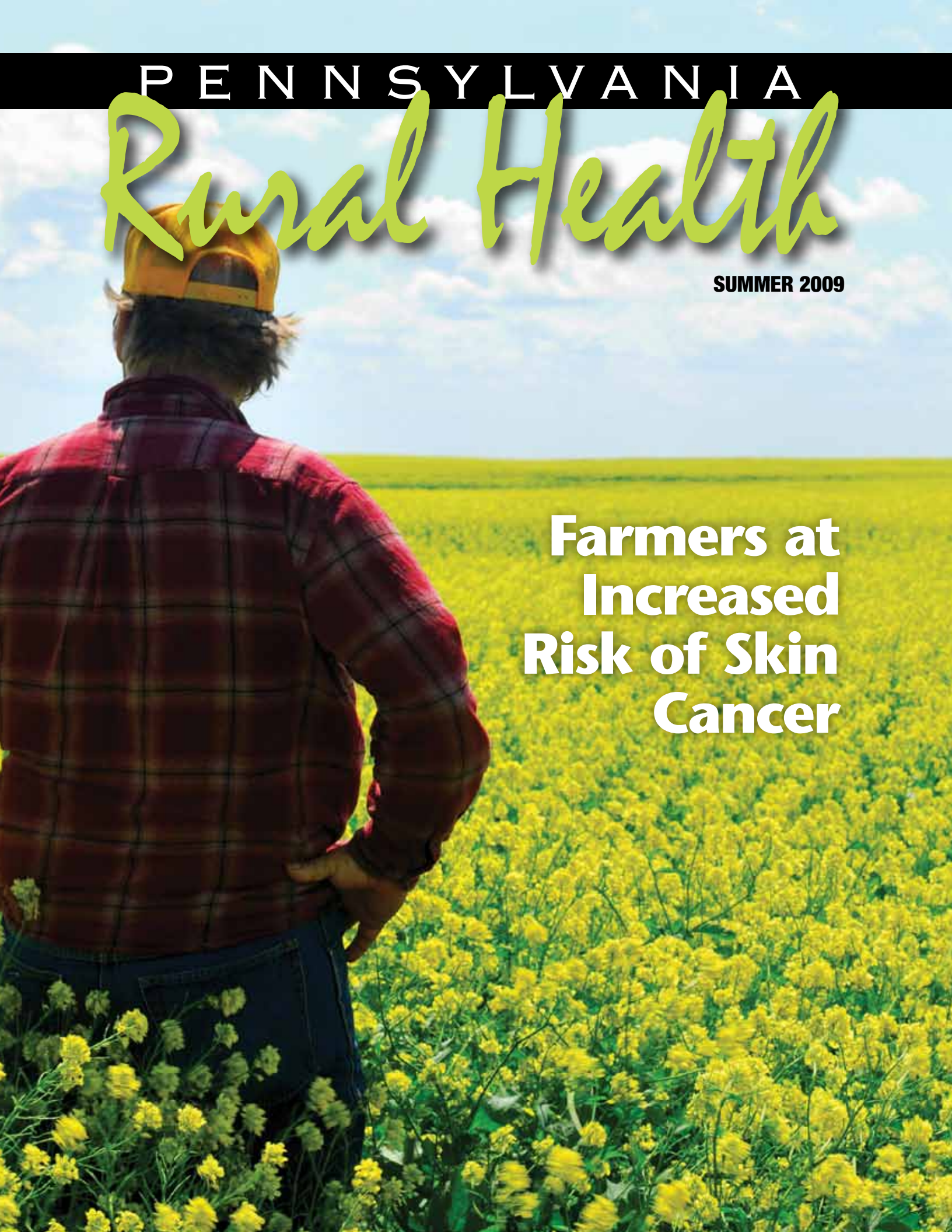
PENNSYLVANIA

Rural Health

SUMMER 2009



Farmers at Increased Risk of Skin Cancer

Greetings,

What a year this has been! Under President Barack Obama's administration, health care has taken center stage in the new agenda. Health care reform has become one of the major buzzwords in Washington, D.C., and the spotlight is now on access to health care providers, health insurance coverage for the 50 million Americans without a means to pay for care, and renewed initiatives for health care facilities, such as electronic medical records and other health information technology implementation.

Rural health programs and funding are seeing a surge of interest. "Rural health is going to play a dominant role in what [the U.S. Department of Health and Human Services] does in the near future," noted Richard Smith, associate administrator of the Bureau of Clinician Recruitment and Service at the Health Resources and Services Administration (HRSA) at a forum in Philadelphia. Mary Wakefield, Ph.D., RN, FAAN, director of the U.S. Department of Health and Human Services' Health Resources and Services Administration, affirmed that focus on rural health at the National Rural Health Association's conference in Miami in May. With so much occurring so quickly in health care, she declared, "This is not for the faint of heart!"

Despite a busy agenda, health care reform remains one of the top agenda items for the president and congressional leaders. Speaker of the house Nancy Pelosi has assured the president that Congress will have health care reform legislation on the floor of the House before the August break. In May, the White House Office of Health Reform, led by Nancy-Ann DeParle, released the report, *Hard Times in the Heartland: Health Care in Rural America*, which highlights the issues that rural America faces, particularly the agricultural community, in accessing and paying for health care services.

The president's proposed budget for 2010 seems to reflect his administration's commitment to programs that serve rural America. The budget includes $73 million for a new Improve Rural Health Care initiative, which includes support for rural health programs such as the Rural Health Outreach and Network grants ($55 million), the State Offices of Rural Health ($9 million), and the Telehealth grants ($8 million). The budget also includes a significant commitment to health care workforce programs; a significant increase was recommended for the National Health Service Corps, and Area Health Education Centers and Geriatric Programs received $33 million and $42 million, respectively.

Through the American Recovery and Reinvestment Act of 2009 (ARRA), $19 billion has been allocated for health information technology (HIT), which is intended "to jumpstart efforts to computerize health records to cut costs and reduce medical errors" and "to prevent medical mistakes, provide better care to patients, and introduce cost-saving efficiencies." The president has confirmed his intent to invest $10 billion a year over the next five years to help the U.S. health care system adopt HIT as a way to provide incentives through ARRA for widespread HIT adoption.

Rural health advocates pushed back on the federal HIT funds, which initially excluded all hospitals with twenty-five beds or less, including Critical Access Hospitals (CAHs). In response, CAHs are now included in the funding plan but they may only receive about a third of the funds per qualified CAH, instead of the $1.5 million per hospital originally recommended by the Senate. As a result, the Congressional Budget Office estimates that only half of CAHs will be "meaningful users" of HIT by 2019.

And we at the Pennsylvania Office of Rural Health will be adopting our own version of information technology when we finally achieve a fully electronic mailing list. That will help us trim costs by electronically transmitting our magazine and conference registration materials and will give us an efficient and timely way to communicate with you on important activities, funding opportunities, and more. For our friends who may not have access to broadband technology or the Web, we always will have available hard copies for distribution.

Best wishes for the rest of the summer and into the fall. Be sure to stay in touch.

Lisa Davis
Director

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Rural Health

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Lisa Davis
Director

Terri Klinefelter
Outreach/Magazine Coordinator

S. William Hessert, Jr.
Features Writer

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OMISSION

The byline was inadvertently omitted for the article "Talking Books: Available Statewide" in the winter 2009 issue of *Pennsylvania Rural Health*. That article should have been attributed to Alan Finnecy. The Pennsylvania Office of Rural Health regrets the omission.

Farmers at Increased Risk of Skin Cancer

Melanoma is the deadliest form of skin cancer, but simple steps can help reduce the risk for those who spend considerable time in the sun.

During the growing season, Pennsylvania farmers will be hard at work outdoors. Farmers face many potential hazards in their line of work, from machinery injuries to chemical exposures from fertilizers and pesticides. One danger that may not be as visible comes from the sun's ultraviolet (UV) rays. While farmers rely on the sun for crops to flourish, they often don't realize too many of these invisible rays may damage their skin, leading to skin cancer, premature aging of the skin, and suppression of the immune system.

Melanoma needs early detection

This year more than 1 million new cases of skin cancer will be diagnosed in the United States. Pennsylvania ranks fourth in the nation for the number of melanoma cases. Recent studies prove a link between sunburn and increased risk for melanoma, the deadliest form of skin cancer. One person every hour dies from melanoma in the United States. The good news is that melanoma is highly curable if detected on the skin at an early stage. The risk of melanoma can be reduced by protecting the skin from the sun and its harmful ultraviolet rays.

Sunlight consists of two types of harmful rays—ultraviolet A (UVA) rays and ultraviolet B (UVB) rays. UVA rays (which pass through window glass) penetrate deeper into the dermis, the thickest layer of the skin. UVA rays can cause suppression of the immune system, which interferes with the immune system's ability to protect against the development and spread of skin cancer. UVA exposure also is known to lead to signs of premature aging of the skin, such as wrinkling and age spots. The UVB rays are the sun's burning rays (which are blocked by window glass) and are the primary cause of sunburn. A good way to remember the difference is that UVA rays are the aging rays and UVB rays are the burning rays. Excessive exposure to both forms of UV rays can lead to the development of skin cancer.

The U.S. Department of Health and Human Services has declared ultraviolet radiation from the sun and artificial sources, such as tanning beds and sun lamps, as a known carcinogen (cancer-causing substance).

Men are more at risk

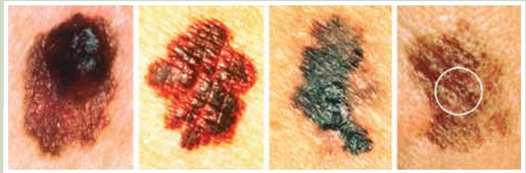
Men are more likely to die from melanoma, most likely due to late detection. Common locations where melanoma can develop include the back, arms, neck, and shoulders. Women get more melanomas on their legs. Farmers with years of outdoor sun exposure are more likely to develop a form of melanoma that occurs more commonly on the head and neck region. This type of melanoma can resemble a large, dark freckle with irregular borders. The Melanoma International Foundation urges everyone to examine their skin regularly—and their loved ones, too. This means looking over the entire body including the back, scalp, the soles of the feet, between the toes, and the palms of the hands.

If there are any changes in the size, color, shape, or texture of a mole, the development of a new mole, or any other unusual changes in the skin, a primary care physician or dermatologist should be seen as soon as possible.

Wear light-colored clothing

Since farmers spend a great deal of time working outdoors, it's important for them to understand the many ways to protect their skin so that they can reduce their chances of developing skin cancer. Clothing protection is most important in protecting the skin.

Hats can protect the most vulnerable head and neck areas from the sun's rays. While baseball caps will protect the top of the head, they don't protect other important areas including the ears, nose, and neck. Farmers should wear wide-brimmed hats. The recommendation is to wear a hat that has at least a four-inch brim. Long-sleeved shirts and long pants will help protect the arms and legs. Wearing tightly woven lightweight and light-colored fabric can actually keep the body cooler in the sun and will protect against cancer-causing rays. There are many companies that manufacture high-quality sun-protective clothing. And there is a sun-protective solution by Rit Dye that you can wash into any clothing to make it protective.



Asymmetry | **Border Irregularity** | **Color** | **Diameter** (1/4 inch or 6 mm)

If you notice a mole on your skin, you should follow the simple ABCDE rule, which outlines the warning signs of melanoma:

Asymmetry: One half does not match the other half.

Border Irregularity: The edges are ragged, notched, or blurred.

Color: The pigmentation is not uniform. Different shades of tan, brown, or black are often present. Dashes of red, white, and blue can add to the mottled appearance.

Diameter: While melanomas are usually greater than six millimeters in diameter when diagnosed, they can be smaller. If you notice a mole that is different than others, or if you notice a mole that changes, itches, or bleeds, even if it is smaller than six millimeters, you should see a dermatologist.

Evolving: You should always be suspicious of a new or changing mole on your skin.

Choose waterproof sunscreen—even on cloudy days

Sunscreen should be applied every day to exposed skin—and not just if you are going to be in the sun. While UVB rays cannot penetrate glass windows, UVA rays can, leaving you prone to these damaging effects if unprotected. For days when you are going to be indoors, apply sunscreen on the areas not covered by clothing, such as the face and hands. Sunscreens can be applied under makeup, or alternatively, there are many cosmetic products available that contain sunscreens for daily use.

Don't reserve the use of sunscreen only for sunny days. Even on a cloudy day, up to 80 percent of the sun's ultraviolet rays can pass through the clouds. Sunscreen should be applied to dry skin fifteen to thirty minutes before going outdoors. Be sure to apply sunscreen to all exposed areas, and pay particular attention to the face, ears, hands, and arms. Coat the skin liberally and rub it in thoroughly—most people apply only 25-50 percent of the recommended amount of sunscreen. One ounce, enough to fill the palm of the hand, is considered to be the amount needed to cover the exposed areas of the body properly. Lips get sunburned, too! Apply a lip balm that contains sunscreen with an SPF of fifteen or higher. Be sure to toss outdated sunscreen, as it will have lost its effectiveness. Reapply sunscreen frequently during the day.

There are so many types of sunscreen that selecting the right one can be confusing. Sunscreens are available in many forms, including ointments, creams, gels, lotions, sprays, and wax sticks. The type of sunscreen chosen is a matter of personal choice. Creams are best for individuals with dry skin, but gels are preferable in hairy areas, such as the scalp or male chest. Sticks are good around the eyes. Creams typically yield a thicker application than lotions and are best for the face.

Ideally, sunscreens should be water-resistant, so they cannot be easily removed by sweating or swimming, and should have an SPF of fifteen or higher that provides broad-spectrum coverage against both UVA and UVB light.

Ingredients to look for on the sunscreen label to ensure broad-spectrum UV coverage include:

- oxybenzone
- octyl methoxycinnamate
- cinoxate
- sulisobenzone
- octyl salicylate
- methyl anthranilate
- titanium dioxide
- zinc oxide
- avobenzone (Parsol 1789)
- ecamsule (Mexoryl SX)

Although working outdoors when the sun is less intense (before 10:00 a.m. or after 4:00 p.m.) may not be feasible, sometimes rescheduling chores to times when exposure is lessened can be achieved. Seeking shade may have obstacles, but creating shade with an umbrella or an awning is a great idea.

It's never too late to protect oneself from the sun and minimize the future risk of skin cancer. Understanding how to best protect the skin from the sun can help prevent melanoma, the deadliest form of skin cancer.

Bruce A. Brod, M.D.
Dermatologist, Lancaster, PA
Clinical Associate Professor of Dermatology
University of Pennsylvania School of Medicine

Catherine Poole
President and Founder
Melanoma International Foundation
Survivor of melanoma and author of
Melanoma: Prevention, Detection and Treatment,
Yale University Press, 2005

For More Information

Melanoma International Foundation
www.melanomaintl.org

American Academy of Dermatology
www.aad.org

Pennsylvania Academy of Dermatology and Dermatologic Surgery
www.padermatology.org

This article is a collaborative effort by members of the Pennsylvania Cancer Control Consortium (PAC^3). For more information on PAC^3, please visit them online at www.pac3.org or call 412-623-0033.

An Introduction to the 2010 Census

Counting Everyone Once—and Only Once—and in the Right Place

The foundation of our American democracy is dependent on fair and equitable representation in Congress. In order to achieve an accurate assessment of the number and location of the people living within the nation's borders, the U.S. Constitution mandates a census of the population every ten years.

The census population totals determine which states gain or lose representation in Congress. It also determines the amount of state and federal funding communities receive over the course of the decade. 2010 Census data will directly affect how more than $3 trillion is allocated to local, state, and tribal governments over the next ten years. In order for this funding allocation to be accomplished fairly and accurately, the goal of the decennial census is to count everybody, count them only once, and count them in the right place. The facts gathered in the census also help shape decisions for the rest of the decade about public health, neighborhood improvements, transportation, education, senior services, and much more.

Reaching an Increasingly Diverse Population

The goal of the 2010 Census is to count all residents living in the United States on April 1, 2010. The U.S. Census Bureau does not ask about the legal status of respondents in any of its surveys and census programs. To help ensure the nation's increasingly diverse population can answer the questionnaire accurately and completely, about 13 million bilingual Spanish/English forms will be mailed to housing units in neighborhoods identified as requiring high levels of Spanish assistance. Additionally, questionnaires in Spanish, Chinese (Simplified), Korean, Vietnamese, and Russian—as well as language guides in fifty-nine languages—will be available on request.

Recruiting Census Workers

By 2010, there will be an estimated 310 million people residing in the United States. Counting each person is one of the largest operations the federal government undertakes. For example, the Census Bureau will recruit nearly 3.8 million applicants for 2010 Census field operations. Of these applicants, the Census Bureau will hire about 1.4 million temporary employees. Some of these employees will be using GPS-equipped handheld computers to update maps and ensure there is an accurate address list for the mailing of the census questionnaires.

10 Questions, 10 Minutes to Complete

With one of the shortest questionnaires in history, the 2010 Census asks for name, gender, age, race, ethnicity, relationship, and whether a home is rented or owned. It takes only about 10 minutes for the average household to complete. Questions about how we live as a nation—our diversity, education, housing, jobs and more—are now covered in the American Community Survey, which is conducted every year throughout the decade and replaces the Census 2000 long-form questionnaire.

Responses to the 2010 Census questionnaire are required by law. All responses are used for statistical purposes only, and all are strictly confidential.

For more information, visit the 2010 Census Web site at www.census.gov/2010census.

Visit the 2010 Census Web site at www.census.gov/2010census.

What is the Census?

- The census is a count of everyone living in the United States every ten years.
- The census is mandated by the U.S. Constitution.
- The next census is in 2010.
- Your participation in the census is required by law.
- It takes less than ten minutes to complete.
- Federal law protects the personal information you share during the census.
- Census data are used to distribute Congressional seats to states, to make decisions about what community services to provide, and to distribute $300 billion in federal funds to local, state, and tribal governments each year.

All materials for the article were provided by the US Census with permission to reprint.

Safety of Private Drinking-Water Wells Examined

Millions of rural and suburban Pennsylvania residents rely on private wells for drinking water. And while research has shown that many private wells in the state have failed at least one drinking-water standard, Pennsylvania remains one of the few states without any private-well regulations.

To better understand the prevalence and causes of private-well contamination and to evaluate the role of regulatory versus voluntary management of private wells, Bryan R. Swistock, water resources extension specialist at Penn State, Stephanie Clemens, coordinator of the Master Well Owner Network, and Dr. William E. Sharpe, professor emeritus of forest resources at Penn State, conducted research on private wells in 2006 and 2007. The research, sponsored by the Center for Rural Pennsylvania, looked to determine if specific indicators—well construction features, nearby land uses, and natural variables—could be correlated with water quality issues in private wells.

Data on Pollutants

Barry Denk, executive director of the Center for Rural Pennsylvania, said, "With over 3 million rural and suburban Pennsylvanians relying on private wells for their drinking water, the Center is proud to have sponsored such an important research project. Adding to the significance of this research is the fact that Penn State researchers worked with 175 trained volunteers to collect the water samples from 701 private wells—a true public-private partnership."

Data from the study provided a wealth of information on the incidence of pollutants in private water wells throughout Pennsylvania, the causes of contamination, and the ability of well owners to detect and solve water quality problems voluntarily.

For example, about 41 percent of the samples from the tested wells failed at least one safe drinking-water standard. However, the researchers found that, overall, the prevalence of contamination was stable or declining when compared to past studies. Lead contamination appeared to be declining in response to the 1991 federal Lead and Copper Rule, and nitrate contamination was reduced from the early 1990s, presumably due to reduced applications of nitrogen through fertilizers and manures.

The study results demonstrated that natural variables, such as climate or the type of bedrock geology where the well was drilled, were important in explaining the occurrence of most pollutants in wells. Soil moisture conditions at the time of sampling were the single most important variable in explaining the occurrence of bacteria in private wells.

Human activity, however, also was responsible for the increased incidence of certain contaminants. Inadequate well construction was strongly correlated with the occurrence of both coliform and E. coli bacteria in wells. Nearly all lead contamination could be attributed to the historical use of lead plumbing components and the occurrence of naturally corrosive groundwater. Increased nitrate concentrations were strongly related to the location of the well in comparison to nearby agricultural fields.

Overall, the research results suggest that naturally occurring groundwater is not always safe for human consumption, and current and past human activities have worsened the situation for some pollutants.

About half of the home owner participants in this study had never tested their water properly, which resulted in low awareness of water quality problems. Master Well Owner Network (MWON) volunteers were generally two to three times more likely to know about a health-related pollutant in their well, suggesting that education can greatly improve awareness of problems. Overall, up to 80 percent of the well owners that were shown to have unhealthy drinking water took steps to successfully avoid the problem within one year of having their water tested.

Overcoming Barriers

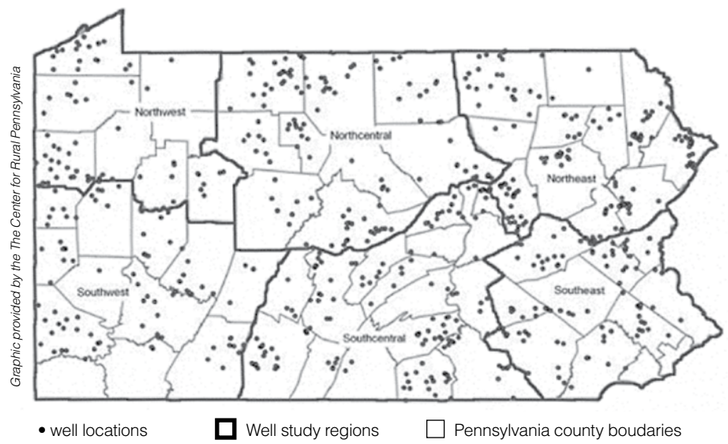
Results from this study suggest a combination of educational programs for home owners and new regulations to overcome the largest barriers to safe drinking water. According to the researchers, regulations are warranted to increase mandatory testing of private water wells at the completion of new well construction and before finalization of any real estate transaction. For existing well owners, this study demonstrated the fact that education can increase the frequency of water testing, the use of certified labs, and awareness of water quality problems.

The results of the study do not make a strong case for the need for mandatory wellhead protection areas around private wells. In most cases, voluntary wellhead protection areas already existed around private wells in this study. As a result, the data seemed to confirm the importance and success of *de facto* wellhead protection areas of 50–100 feet that already exist around most wells.

Research Results Available

For a copy of the research results, *Drinking Water Quality in Rural Pennsylvania and the Effect of Management Practices*, call the center at 717-787-9555, e-mail info@ruralpa.org or visit www.ruralpa.org/reports.html.

Location of Sampled Wells, 2006 and 2007



Graphic provided by the The Center for Rural Pennsylvania

2009 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 the American health care system.

"The United States should immediately enforce workplace safety and minimum-wage standards for migrant farmworkers, create legal pathways for undocumented workers to stay, and create incentives for immigrants to return to their homelands," said Amy Liebman, M.P.A., M.A., director of environmental and occupational health initiatives with the Migrant Clinicians Network in Austin, Texas.

That message kicked off the eighth annual Migrant and Immigrant Health in Rural Pennsylvania conference, "Policy, Progress, Promise," which was held March 24-25, 2009, at the Best Western Eden Resort and Suites in Lancaster, Pennsylvania.

This two-day conference—which targeted agricultural producers, advocates, educators, health care providers, 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 meeting the health care needs of migrant farmworkers and their families.

This annual conference focuses on migrant and immigrant health—and it is the only conference series in Pennsylvania devoted exclusively to these issues. Agricultural production and health care communities convene to discuss the health care issues of the migrant and immigrant farmworker population and to identify strategies to help this population achieve optimal health.

In her keynote address, "Dying to work: Migrant workers and risks of injury and death," Liebman focused her comments on how migrant farmworkers make the journey to work in the United States and the risks they face in agricultural production. She also explored immigration policies and regulation issues that affect migrant farmworker migration.

Liebman noted that the United States is facing a humanitarian, public health, and human rights crisis in both U.S. immigration policies and U.S./Mexican border patrol policies. Not only is it dangerous to come into the United States, but the health risks faced by migrant farmworkers are on the rise. Between 1994 and 2008, more than 5,000 persons died while attempting to cross the U.S. border from Mexico. To address border issues, the federal government increased funding for border patrol and blockades by 867 percent, from $362 million in 1993 to $3.5 billion in 2008. Border patrol agent staffing levels increased 354 percent, from 3,965 in 1993 to 18,000 in 2008. Apprehensions at the border fluctuate between 800,000 and 1.6 million persons per year. Even with these barriers, there has been no decrease in the willingness of people to immigrate illegally. There's an enormous economic appeal to immigrating—in 2008, over $25.1 billion in remittances were made from the United States to Mexico. When people immigrate, they are now staying for longer periods of time, returning home less often.

This leads to the "push/pull" of farmworker migration. Due, in part, to mandates in the North American Free Trade Agreement, globalization, and sending countries (countries that send migrant workers to the United States and other countries to work on either a temporary or permanent basis), Latinos find it increasingly challenging to live in their home countries—they are "pushed" to the United States. At the same time, they are "pulled" to the United States due to increased demands for labor in the agriculture, construction, landscaping, and meat-packing industries, some of the most dangerous occupations in which immigrants are dying more than occasionally.

And why are they dying? Liebman noted that heat stroke and hypothermia are some of the leading causes of death, but that injuries were on the rise as well. However, much less is known about migrant-farmworker-related injuries, especially sexual assaults on women and children. Liebman stressed that "a border policy will not keep people out. What the United States needs to focus its efforts on is legalizing the 12 million undocumented workers who are here."

Pennsylvania's commitment to specific immigrant populations was highlighted during a panel presentation by Hai-Chow (Harry) Kao, executive director of the Governor's Commission on Asian American Affairs (established in 2005), and Norman Bristol-Colon, executive director of the Governor's Commission on Latino Affairs (established in 1971). Each commission advises and makes recommendations to the governor's office on policies, procedures, legislation, and regulations that affect the Asian American and Latino communities in the state. These commissions provide tremendous opportunity to "plan and promote programs that address the needs of all Pennsylvanians," noted Kao. They serve as a "bridge between the government and the people…and are tied to every state agency to make them accountable to serve these populations," added Bristol-Colon. The Asian American and Latino migrant populations "promote American values [where] the United States is not just a country; it is an ideal."

In part one of a two-part presentation, John Whitelaw, Esq., a supervising attorney in the Public Benefits Unit at the north-central office of Community Legal Services in Philadelphia, Pennsylvania, discussed the complexities of immigrant status and eligibility for health care services. Whitelaw outlined the four types of immigration status that need to be considered to determine eligibility for government-funded health care: U.S. citizen; "qualified" immigrant; Permanent Residence Under Color of Law (PRUCOL); and others such as tourists, students, and undocumented persons. Whitelaw stressed that often, immigrant families are a mixture of citizens and noncitizens. The key to appropriately determining citizen status is to assess the patient's preferred language of communication, assure confidentiality, and establish trust. "Do not delay in applying for Medical Assistance [Pennsylvania's Medicaid program] or other health care services for the patient," he cautioned, "even if there is uncertainty about the patient's immigrant status."

Mark Lyons, PA-C, M.P.H., a member of the Pennsylvania Immigration and Citizenship Coalition, picked up part two of the session by discussing how to determine service eligibility for migrant populations. His remarks focused on identifying the full range of Medical Assistance options available to patients based on their immigration status, and assisting patients with obtaining Emergency Medical Assistance (EMA) for emergency care. He debunked the myths that any undocumented person who has a medical emergency can get their treatment covered by EMA and that EMA is limited only to life-threatening situations that require emergency room treatment or inpatient hospitalizations.

Kerry Richards, Ph.D., acting director of Penn State's Pesticide Education program, offered reflections on a cultural-exchange excursion taken in 2008 by Pennsylvania FFA members to Guanajuato, Mexico. Students toured communities that send large numbers of migrant farmworkers to the United States and met with Mexican officials who oversee migration issues. By meeting migrant workers and their families in their home country, the group learned a great deal about the Mexican culture and the important role that culture and family play in the lives of migrant farmworkers. For example, extended families and residents of the same towns in Mexico tend to move to and work in the same areas in the United States. As Richards emphasized, it is important that people honor their culture instead of simply knowing it. "You have

teachable moments when you least expect it," she noted. "The FFA kids learned you should not form opinions until you see something for yourself."

The afternoon tour of Yoder Brothers, Inc. (now Aris), a greenhouse enterprise located in Smoketown, Pennsylvania, showcased the facilities' commitment to excellence, safety, ergonomics, and employee diversity. Aris is the largest North American producer of vegetatively produced perennial starter plants, including unrooted cuttings. The facilities sit on a ten-acre tract of land, which also contains outdoor trails. The greenhouse employs production workers from a wide range of North and Latin American countries including the Dominican Republic, Puerto Rico, and Mexico, as well as from Ethiopia and Cambodia. During the tour, conference participants had a marvelous opportunity to talk with Latino workers in their native languages about their work.

The first day of the conference concluded with the showing of *Calavera Highway*, a documentary from the PBS series *Point of View*. The film is a true-to-life chronicle of the Mexican-American migrant experience. It follows the journey of seven Mexican brothers who, after the death of their mother, separate and reunite. Viewing the documentary provided a wonderful opportunity to reflect on the day's content and place it within the context of a family's struggle to maintain close ties and remain true to their Mexican heritage.

In her plenary address on day two, Debra Bill, M.P.H., Ph.D., CHES, associate professor of health at West Chester University (WCU), showcased a cultural immersion experience she directs in Guanajuato, Mexico, for WCU students. This experience is the major focus of a course she teaches on Mexican culture and health, where students and health care professionals travel to improve their cultural competency skills in caring for Latino populations in the United States. During a week-long experience in Guanajuato, students learn about stereotypes that contribute to ethnocentrism, develop a more global perspective, and develop or improve upon their Spanish language skills. Through this "participant observation through immersion" program, students learn that "everything is built on culture and where you come from," noted Bill.

Students visit cultural sites in the capital, Guanajuato, meet with the state's health officials, travel to remote health care facilities, and explore the varied foods and crafts of the region. Highlights of the trip are visits to remote Mexican villages, many of which had not been seen by U.S. visitors. After returning to WCU, students develop a health project to better serve Latinos in the south-eastern region of the state. Janine Kreiss, a student in Bill's class, noted that this experience cemented her desire to work with the Latino population. As a result, she is becoming fluent in Spanish and has made a commitment to serve in a public health capacity in a primary care clinic that serves a largely Hispanic population. The immersion course has been funded, in part, through support from the mushroom farms in Chester County, Pennsylvania.

Candace Kugel, CRNP, CNM, with Migrant Clinicians Network, explored the health risks of migrant women and the health care issues this population faces in the United States. Several factors contribute to poor health status for migrants in general: legal status, lack of health care funds, occupational health risks, language and transportation barriers, and an unfamiliarity with local resources. Women, however, face additional challenges including economic dependence, sexual harassment and abuse, intimate partner violence, and pregnancy issues. An increasing number of women are migrating for work in traditionally male-dominated settings such as agriculture and day camps.

According to a survey conducted by the California State University, 90 percent of farmworker women in the state reported that sexual harassment in the workplace was a major problem. Human trafficking, noted Kugel, has emerged as a specific area of concern. Approximately 14,500-17,500 migrants are trafficked into the United States annually, 80 percent of whom are women. These victims are coerced to work in the sex entertainment industry or as laborers.

Kugel also discussed pregnancy in migrant women. Surprisingly, Hispanic women have lower rates of preterm birth, low birth weight, and infant mortality as compared to U.S. women. However, as part of the "Hispanic paradox," these outcomes worsen with length of time spent on this side of the border.

Cindy Myers, human resource and administrative manager for Yoder Brothers, Inc., highlighted the organization's best practices for hiring and managing a migrant workforce. The company's greenhouse has about 130 employees, which increases to 150-160 during peak times. Using lessons learned in "Lean Thinking"(also known as the "Toyota Way"—an evolved method of managing an organization to improve the productivity, efficiency, and quality of its products or services), Yoder focuses on improving quality by developing employee potential, reducing costs through the elimination of waste, and achieving flexibility to be responsive to changes in the market. Yoder embraces the philosophy that employees want to create and deliver value and contribute to the organization—if employees understand value, they will create it using their own "limitless potential." The company sees the value in hiring an immigrant workforce, which hails from at least five countries, and has implemented a wide range of visual standards and cues in an effort to overcome language barriers. Their human resource philosophy seems to work; the greenhouse boasts less than a 1 percent turnover rate.

Jeff Grove, local affairs director with the Pennsylvania Farm Bureau (located in Harrisburg, Pennsylvania), closed the conference with an agricultural legislative and reform briefing. Grove noted that "American agriculture needs a stable, legal supply of workers to sustain and grow its food production, to allow for recruitment of temporary agricultural workers, and to provide an opportunity for some current agricultural workers to apply for permanent U.S. residency."

He asserted that the U.S. Congress has failed to act on this need and has stalled on immigrant law reforms for four years. That leaves agricultural producers with just one program—the H2-A program—to provide them with a legal workforce. The H2-A program is complex and inflexible, does not address enough sectors of the agricultural industry, leaves small operations out, adds a record-keeping burden for employers, and leaves employers fearful of a loss of their workforce at peak production times. "The final immigrant worker solution must include a broad cross-section of agriculture," concluded Grove. "Farmers must have a program that is not [as] cumbersome and restrictive as the old H-2A program to employ foreign agricultural workers."

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

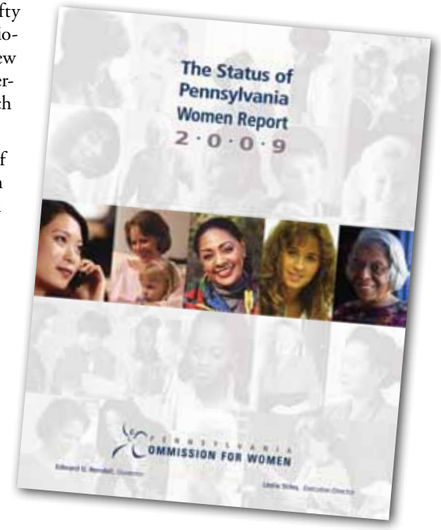
The conference was coordinated by the Pennsylvania Office of Rural Health and was co-sponsored by the Pennsylvania Department of Agriculture, the Pennsylvania Department of Health, Penn State Outreach, and Penn State Cooperative Extension.

Planning is under way for the 2010 Migrant and Immigrant Health in Rural Pennsylvania conference. Details will be forthcoming. ■

2009 Status of Pennsylvania Women Report Released

"The Pennsylvania Commission for Women (PCW) is pleased to offer the 2009 status of women report as a resource for organizations and individuals who seek meaningful change for all Pennsylvanians," said Leslie Stiles, executive director of the Pennsylvania Commission for Women. "Reading this report is an important step in raising the status of women in Pennsylvania. When women are lifted, families are lifted, and when that happens, all of Pennsylvania will benefit."

How do Pennsylvania women fare compared to the rest of the country? Not great. Pennsylvania women rarely make the top twenty-five among all fifty states on issues and topics such as politics, health care, workforce issues, violence, and supportive services available to women. The commission's new report, the *Status of Pennsylvania Women*, is an updated and improved version of the 2004 report that, like its predecessor, documents areas in which Pennsylvania women excel and where they continue to fall behind.



Although Pennsylvania has improved somewhat for women in terms of education, health, and well-being, they are still facing adversity. High wage gaps; low participation in high-paying, high-powered fields; and limited political participation are still ongoing concerns. Understanding and acknowledging where problems exist is a requirement for solving those problems.

The report is divided into five categories, each enhanced with comprehensive charts and graphs. The categories include women's political participation, socio-economic autonomy, employment and economic status, health and wellness, and violence.

"While there are small victories for Pennsylvania women throughout this report, we still lag behind considerably when it comes to political participation and the wage gap," said Stiles. "There is plenty of room for improvement and we hope that when the time comes to do another report, PCW can demonstrate that the status of women has continued to rise in meaningful ways."

The report became available on July 1 and is available to download from the commission's Web site at www.pcw.state.pa.us. A free hard copy of the report can be requested by calling the commission at 717-787-8128.

The Pennsylvania Commission for Women would like to thank Joanne Tosti-Vasey, Ph.D., commissioner, and Jessica Wolfe, Pennsylvania management associate, for their expertise in preparing this important report.

PENNSYLVANIA COMMISSION FOR WOMEN

Pennsylvania Rural Health Communities Benefit from Federal Outreach Grants

Several rural health communities in Pennsylvania will be the beneficiaries of four federally funded grants as part of the federal Rural Health Care Services Outreach Grant Program. This program, administered by the federal Office of Rural Health Policy (ORHP), offers new and enhanced health care services in rural areas, promotes rural health care services outreach, and supports projects that demonstrate creative or effective models of outreach and service delivery in rural communities.

In August 2008, ORHP sponsored two technical assistance workshops in Pennsylvania to encourage applications from the state for the grant program. Funded projects include:

Cornerstone Care's Dental Task Force

Cornerstone Care, based in Burgettstown, Pennsylvania, will develop a dental task force to address oral health disparities in Greene County and support proper dental care throughout the life span. The task force will provide education, outreach, and dental care services to underserved, uninsured, or low-income families, children, senior citizens, and individuals with disabilities. Effective relationships will be established with area health care providers, local agencies, preschools, area maternity wards, and expecting mothers. The task force will educate new mothers on how and when to begin an appropriate dental treatment plan with newborns.

"Cornerstone Care is excited for this opportunity to work with the Greene County Dental Task Force to reach out to underserved populations to improve the quality of life in rural communities," noted Cornerstone's development and marketing director, Matt Staniszewski. "Preventive dental care is an important component of overall comprehensive health care."

St. Luke's Miners Memorial Hospital

In partnership with the South Ward Neighborhood Committee, Tamaqua Area Community Partnership, and Lehigh Carbon Community College (LCCC), St. Luke's Miners Memorial Hospital in Coaldale, Pennsylvania, will provide intensive outreach services to the medically underserved rural areas of Schuylkill and Carbon counties, with a primary focus on the Tamaqua area. A nurse practitioner working in the community will develop and support practices that address the project's three primary local health priorities: diabetes; obesity prevention and treatment; and primary care, wellness, and disease prevention.

"The best way to make headway in preventive care and education," said Karen J. Smith, CRNP at St. Luke's, "is for our medical professionals to 'take the show on the road' and do outreach and education in the communities we serve. In our rural area, we cannot wait until patients present themselves at a medical office or hospital. This outreach program will allow us to work hand-in-hand with the community to produce preventive outcomes right here in our own backyards."

The Wellness Express

The Dickinson Mental Health Center's Children's Prevention Services in Ridgway, Pennsylvania, will develop a program titled the Wellness Express: Promoting Healthy Lifestyles in Elk County. Through collaboration with Elk Regional Health System, Adagio Health, the Stackpole-Hall Foundation, and Highmark, the project will use an existing parents-as-teachers home visitation program to focus on nutritional assessment, counseling, and prevention services for children in Elk County who are either overweight or at risk for developing obesity or related health problems such as type 2 diabetes.

"Having this opportunity in rural Elk County will allow us to provide quality and innovative services to our youth and families and help us integrate wellness concepts into our already-established programs," commented Jennifer Dippold, director of the Dickinson Mental Health Center's Children's Prevention Services. "This federal funding would not have been possible without the initial support from the Stackpole-Hall Foundation."

The goals of the project will be to reduce the number of children and adolescents who are overweight and obese, increase the number of persons aged 2-18 who consume at least two servings of fruit and three servings of vegetables daily, and increase the number of persons aged 2-18 who consume less than 10 percent of their calories from fat.

Hepatitis C Screening

The Clearfield/Jefferson Drug and Alcohol Commission, located in Falls Creek, Pennsylvania, has been funded to expand a hepatitis C screening program into some of the more difficult-to-reach areas of Clearfield and Jefferson counties. The program will introduce a mobile vaccination clinic for hepatitis A and B for those individuals who have not previously been vaccinated, in partnership with the DuBois Regional Medical Center. A partnership also will be established with Loretto, Pennsylvania–based Saint Francis University's Center of Excellence for Remote and Medically Underserved Areas (CERMUSA) to provide professional medical and outreach education to allied professionals in hard-to-reach areas.

"This funding will allow us to provide needed education and service for substance abuse and hepatitis C to some of our most geographically disadvantaged residents. This grant will help to address transportation barriers, [stigmas] in seeking service, and lack of access to care," noted Susan Ford, deputy executive director of the Clearfield/Jefferson Drug and Alcohol Commission. Visit ruralhealth.hrsa.gov for more information on these grant programs.

Federally Qualified Health Centers

What's a Federally Qualified Health Center and Why Are They Getting All This Federal Stimulus Package Money?

President Obama, as part of the American Recovery and Reinvestment Act (ARRA) economic stimulus package, announced that more than $2 billion in funding would go to federally qualified health centers (FQHCs) across the country. The announcement unveiled to many what has been one of the best kept secrets in health care: the FQHC program.

So what is an FQHC? FQHCs are nonprofit, community-directed primary care providers. FQHCs are designated by the U.S. Department of Health and Human Services' Bureau of Primary Health Care (BPHC) to provide comprehensive primary medical, dental, and behavioral health services to all individuals regardless of their ability to pay. In Pennsylvania, there are over 200 FQHCs, which serve more than 600,000 people annually through more than 2 million visits.

FQHCs are located in both rural and urban areas of Pennsylvania. Their locations must ensure they serve an area or population that would not have adequate access to primary care if the FQHC was not there.

FQHCs are not free clinics, although they provide care at no charge to many who would otherwise not have access to health care. FQHCs charge for primary care services on a sliding fee scale, based on a person's income. Primary care services include basic health services; diagnostic lab services and radiology; preventive services, including prenatal and perinatal care; cancer and other disease screening; well-child services; immunizations; screenings; family planning; dental services; and pharmaceutical services.

FQHCs were early adopters of the Wagner model for chronic disease management, a model that promotes delivery of care that is safe, effective, timely, patient-centered, efficient, and equitable. This model addresses health care that takes place in a health care system that utilizes community resources and includes four core elements: self-management support, delivery system design, decision support, and clinical information systems.

FQHCs provide high-quality care and retain high satisfaction ratings. Ninety-nine percent of those surveyed reported satisfaction with care they have received at an FQHC. In addition, other studies have shown that FQHCs save the Medicaid program at least 30 percent in annual spending compared to other primary care providers.

FQHCs enjoy bipartisan legislative support. Their doors are open to all and they have been able to demonstrate high quality and value. FQHCs, as a condition of receiving their federal grant, must collect usage data that are submitted annually through the Uniform Data System (UDS). These data and multiple studies have shown that health disparities almost disappear among FQHC patients after controlling for socio-demographic factors. Health centers reduce and often eliminate health disparities among their patients by providing comprehensive, affordable care that is responsive and customized to the communities they serve.

Health centers also are key economic drivers in their local communities. They provide $370 million to local economies and provide more than 2,600 full-time equivalent jobs in the Commonwealth.

FQHCs are an important component of an effective reformed health care system. They help reduce crowding in hospital emergency departments and are the safety net of the ailing U.S. health care system. They engage patients as partners in their care. Many are seeing the potential of FQHCs as the cornerstone of effective reform of our health care system—reform that is becoming increasingly imperative.

U.S. health care spending nearly doubled in the past decade and rose above $2 trillion in 2006, averaging nearly $7,000 per person—the highest in the world. It consumes 17 percent of U.S. gross domestic product (GDP). Health insurance costs for small firms have increased 129 percent over the past eight years. Yet, more than 15 percent of the U.S. population—45.7 million people—is uninsured, and more than 80 percent of these uninsured are in working families. Despite the country's investment in health care, the United States ranks only twenty-eighth in life expectancy compared to other industrialized countries and forty-seventh overall. Clearly, something needs to be done.

Perhaps the best advice for the future is to look to the past. In the words of Hippocrates, "The function of protecting and developing health must rank even above that of restoring it when it is impaired." FQHCs are committed to protecting and developing the health of all who rely on them by providing high-quality, cost-effective care.

For more information on federally qualified health centers, visit **www.pachc.com**, the Web site of Pennsylvania's primary care association—the Pennsylvania Association of Community Health Centers—or call **1-866-944-CARE**.

Pennsylvania Office of Rural Health
The Pennsylvania State University
202 Beecher-Dock House
University Park, PA 16802-2315

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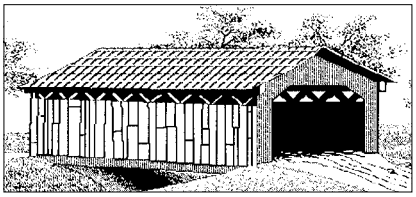

PENNSYLVANIA OFFICE OF RURAL HEALTH
Working to Enhance the Health Status of Rural Pennsylvanians

CALENDAR OF UPCOMING EVENTS

September 3-5, 2009

National Association of Rural Health Clinics 2009 Fall Institute

National Association of Rural Health Clinics
Gaylord Opryland Resort & Convention Center, Nashville, TN
For more information, contact 866-306-1961 or info@narhc.org

September 9-11, 2009

Obesity Summit 2009

Cleveland Clinic Continuing Education
InterContinental Hotel and Bank of America Conference Center, Cleveland, OH
For more information, contact Kellie O'Neal at 216-448-2920 or onealk@ccf.org

November 5 - 7, 2009

SOPHE 60th Annual Meeting

Society for Public Health Education
Sheraton Philadelphia City Center Hotel, Philadelphia, PA
For more information, contact 202-408-9804 or info@sophe.org

November 18 - 19, 2009

NOSORH Annual Meeting

National Organization of State Offices of Rural Health
Hilton Garden Inn, Austin, TX
For more information, contact Theresa Cruz at 512-936-6719