

P E N N S Y L V A N I A

# Rural Health

WINTER 2009



**Off-road or  
On-farm,  
Vehicles Pose  
Safety Risks**

PENNSTATE



## MESSAGE FROM THE DIRECTOR

Greetings,

Welcome to the winter 2009 issue of *Pennsylvania Rural Health*. As I write this column, one of the most hotly-contested and closely-watched presidential elections in a generation recently has ended as have closely watched state and federal Congressional races. The state of the economy is front and center in national and local discussions with the nation's debt at an all time high and local and personal resources stretched to capacity. In his acceptance speech, President-elect Barack Obama called for unity in Washington and around the country as the new administration and the new Congress address a nation grappling with a severe economic downturn, a potential recession, two wars, and a host of other issues.

It is not an easy time to be an elected official, an employee, a parent, or a rural health advocate. When legislatures convene in January 2009, there will be much to consider and rural health issues may not be at the center of those discussions. Now is the time for rural health advocates to act.

Advocacy means "to speak up, to plead the case of another, or to champion a cause." One health writer has challenged healthcare advocates to get straight A's through advocacy, advocacy, advocacy.


Get involved. Get to know your local, state, and federal legislators well. Establish a relationship with them and acquaint yourself with their staff. Learn the legislative process and understand it well. Keep on top of the issues and be aware of controversial and contentious areas. Identify fellow advocates and partners in the rural health community, and beyond, with whom you can partner. Remember that timing is everything.

If you are not able to contact your legislators or don't feel comfortable talking to legislative staff, there are many ways to advocate for localized rural health issues. Every time you talk with your organization's board of directors about a project, every time you assist a client in finding needed services, every time you speak up in a meeting about the special needs of your community, you are acting as an advocate.

There are lots of options to be an effective rural health advocate and a number of great ways to become involved. Each of your professional associations has an advocacy or policy section and they are always looking for volunteers to carry a message forward to policy makers. Rural health advocates also can join their state association and the National Rural Health Association. Both are excellent sources of advocacy information and can add weight to your message.

Remember that you are an important voice for your community and for healthcare services to rural residents. Let us know how your state office of rural health can be of service to you and be sure to stay in touch.

Best Regards,

A handwritten signature in black ink that reads "Lisa Davis". The signature is written in a cursive, slightly stylized font.

Lisa Davis  
Director



WINTER 2009

**Lisa Davis**  
*Director*

**Martha Freeman**  
*Features Writer*

**Terri Klinefelter**  
*Outreach/Magazine Coordinator*

**S. William Hessert, Jr.**  
*Features Writer*

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### 2009 Rural Health Conference

The 2009 Rural Health Conference planning committee has announced it will be accepting nominations for the following awards:

- State Rural Health Leader of the Year
- Community Rural Health Leader of the Year
- Rural Health Program of the Year
- Legislator of the Year
- Rural Health Hero of the Year

These awards will be presented at the 2009 annual Pennsylvania Rural Health Conference, slated for June 2-3, to individuals who have made substantial contributions to rural health in Pennsylvania. Nomination forms can be obtained at [www.porh.psu.edu](http://www.porh.psu.edu) or by calling the Pennsylvania Office of Rural Health at 814-863-8214.









# Off-road or On-farm, Vehicles Pose Safety Risks

ATVs and tractors pose a safety hazard to their operators. Efforts are underway to educate riders while using them during both work and play.

## ATVs pose risk on farm and trail

As a registered nurse, a lifelong fan of off-road vehicles, and a state-certified all-terrain vehicle (ATV) instructor, Anita Wagner knows something about ATV safety for young riders. To them, including her two children, ages 11 and 13, she dispenses advice that is tried, true, and widely available:

- Wear appropriate safety gear including helmet, goggles, and over-the-ankle boots
- Never ride with a passenger
- Ride the right size ATV
- Never ride on pavement
- Take a safety course
- Ride only a familiar ATV on familiar ground

But when it comes to the broader issue of improving ATV safety for kids everywhere, Wagner has another idea: “Get to the moms. Empower the moms. That’s the key to ATV safety for kids.”

No one disputes that ATVs in Pennsylvania are dangerous. According to the Consumer Product Safety Commission (CPSC), 420 people died in ATV accidents in Pennsylvania between 1982 and 2007—more than in any other state except California, whose popula-

tion is roughly three times the size. About 20 percent of those fatalities were under age 16. ATV accidents also account for a lot of trauma cases in Pennsylvania—2.7 percent of the approximately 25,000 tracked annually by the Pennsylvania Trauma Systems Foundation, more than four times as many as either skiing or horseback riding accidents.

The number of accidents continues to rise, despite manufacturers’ voluntary safety commitments made to the CPSC, laws restricting the operation of ATVs on public lands and roads, and the availability of safety courses. This increase may be due, in part, to the increased numbers of people riding ATVs. From September 2 through September 15 of 2008, twenty-four people died in ATV accidents nationwide, five of them under age 16, according to a review of media reports by the CPSC.

While ATVs are commonly used for hauling and other chores on farms, it’s widely accepted that recreational use accounts for most of the injuries.

To combat the statistics, Wagner—along with Sandy Nolan of the Pennsylvania Department of Health—produces and runs ATV safety programs at the Lycoming County Fair. Working the fair, Wagner has noticed that some parents—particularly mothers—shoo their kids away from the attractive display of ATVs.

“They don’t want their kids to be interested,” said Wagner. “But that’s being in

denial. Your family may never own an ATV, but your kids’ friends have them. And the sad part is that when a kid teaches another kid how to ride an ATV, he doesn’t teach how to stop, just how to go.”

In fact, a look at a Web site ([www.atvsafetynet.org](http://www.atvsafetynet.org)) run by Concerned Families for ATV Safety, bears Wagner out. Several of the fatal accidents described by bereaved parents happened when a child was with friends, in some cases when the parents had no idea ATVs were accessible. Given that ATVs are so alluring, the best safety strategy is to make sure young people have the knowledge and skills that will make them safe riders, Wagner said.

That’s where moms come in.

“My 13-year-old son knows that anytime he turns the key, he has his helmet on,” she said, “and he knows that if he doesn’t, I’ll take the key away.”

Wagner focuses on moms because she believes they are safety-conscious. “Many dads think nothing of putting a youngster on a larger ATV,” she noted, “because so many dads grew up around them. That’s not typically true of moms. They’re unfamiliar so they’re scared, but that means they don’t have good advice to offer.” When parents are divorced, Wagner adds, kids will often have access to ATVs at dad’s house but not at mom’s. Mom may try to dictate that the child won’t ride, but she has no control if dad says “go ahead.”





## Tractor safety should be stressed

Tractors are the number one cause of farm fatalities, according to the National Institute of Occupational Safety and Health (NIOSH), but they don't kill nearly as many people as recreational ATVs do.

In fact, when it comes to off-road vehicles, fun seems to be at least twice as dangerous as work.

According to the U.S. Consumer Product Safety Commission, at least 555 people died in ATV accidents in 2006, while the comparable annual figure for tractor fatalities is about 250, according to the National Agricultural Safety Database. The anecdotal evidence bears out the statistics. Erin McKinney, the farm manager at Tait Farm near Boalsburg, Pennsylvania, walked away from an ATV rollover when she was a teen-ager "riding around the strips" in her native Clearfield County. Driving Tait Farm's vintage tractors, she has had her share of scary moments, but nothing like that.

McKinney knows she has been lucky. There are about 4.7 million tractors in use on American farms, but only about half have basic safety gear like rollover protection for the operator, according to a fact sheet from Penn State Cooperative Extension. Again, Tait Farm, an organic grower of fruits and vegetables on about twelve acres, is a microcosm. One of its two tractors, a Ford built in the 1970s, has a rollover protection structure (ROPS). Between 1967 and 1985, tractor manufacturers provided a ROPS option on most models. It was not until 1985 that manufacturers began to voluntarily add ROPS as standard equipment on tractors with more than 20 horsepower, according to the fact sheet. Tait's second tractor, an Allis Chalmers, was built in the 1940s, predating such considerations altogether.

The mechanics of the older tractor, McKinney explains, are very simple. "Sometimes a cotter pin slips in the clutch and you're on a steep hill, and you can't get out of gear and you're just going."

Many farms are like Tait, still relying on vintage tractors with minimal safety equipment, according to Dennis Murphy, a Distinguished Professor of Agricultural Engineering at Penn State. In 2006 in Pennsylvania, twenty-three people died in farming-related accidents, nine of them (39 percent) in tractor accidents, at least five of which were rollovers. Meanwhile, the comparable figures for ATV safety are twenty-five deaths in Pennsylvania in 2006, with none of those accidents farming-related.

Murphy is an expert in farm safety and particularly vehicle safety. He grew up on a farm and, like McKinney, says he never personally rolled a tractor but is nonetheless "lucky to be alive." He paused then added, "Every farm kid is lucky to be alive." Indeed Murphy's interest in safety comes from two circumstances in his personal history. First, his father was the funeral director in Farmersville, Illinois, where he grew up in the 1950s and 1960s, and at that time, the funeral director

ing with a 50cc vehicle and now rides one that is 400cc. He has his mom's permission as long as he follows the rules. There's nothing illegal about it and it's safer than a 90cc machine that is too small, Wagner says.

While Wagner has always promoted ATV safety, the need for it was underscored by a family tragedy in 2004. That year, her 19-year-old nephew was killed when his ATV collided head-on with a friend's near Turbotville. Collisions are the number one cause of ATV fatalities.

Given the risks, why does Wagner remain a fan of ATVs? For one thing, riding is something she grew up with, and her kids have, too—a fun activity that promotes family togetherness. Wagner's family is lucky to have access to a dirt track spread over eight acres on a family member's farm in rural Lycoming County where cousins and friends can ride together under good supervision. Another plus is that the privilege of riding keeps her son, Jacob, motivated in school.

"You can't keep life from happening to your kids," Wagner concludes. "Any sport carries risk. The question is, are you going to give kids the skills to participate properly or not?"

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*The Pennsylvania Department of Conservation and Natural Resources authorizes the training of safety instructors, among them Anita Wagner. For more information on a safety instructor near you, call DCNR's Bureau of Forestry at 717-783-7941, or consult [www.dcnr.state.pa.us](http://www.dcnr.state.pa.us). DCNR has also approved the safety course offered by the ATV Safety Institute (ASI). For more information, call the ATV Safety Institute at 800-887-2887, or go to [www.atvsafety.org](http://www.atvsafety.org). Fees for the courses vary, with some offered for free.*

Wagner believes that if the mom commits herself to learning about ATV riding and ATV safety, she will be able to make realistic safety rules that her children will follow—a more effective strategy than the blanket and unrealistic "No!" She notes that when she gives four-hour courses on ATV safety for the Pennsylvania Department of Conservation and Natural Resources, moms sometimes participate along with their kids.

If empowered moms are crucial to improved ATV safety for everyone, several impediments remain, according to Wagner. Among them is limited availability of instructors and facilities for safety courses. Ironically, a related impediment is the voluntary action plan between the major ATV manufacturers and the CPSC, according to which children under the age of 15 should ride only 90cc or smaller ATVs.

The well-intentioned plan has backfired for two reasons. First, many people—even ATV dealers—are confused about the voluntary plan and think it's a law that kids can't ride bigger machines. Because of that misunderstanding, some parents avoid safety courses fearing they will get in trouble if an instructor finds out their young teen is riding an adult-size machine. The second reason is related. Many young teens are riding big, powerful adult machines because the 90cc ATVs are too small for them.

In fact, Wagner's own 13-year-old son, an experienced rider, has had a series of ATVs start-



did double duty as the local ambulance driver.

"I went out on calls with my dad," he remembered. "I grew up knowing people who were hurt or killed in farm accidents. My family picked them up."

The second circumstance was something that happened when he was a sophomore in high school helping his uncle do chores after dark. He was on a tractor pulling a harrow behind it with a log chain. The lights were poor on the tractor and he should have quit, but, as he puts it, he was "acting macho."

"I was trying to see where I was turning and I turned too sharp. The log chain came up on the wheel and lifted up the whole drag with the spikes of the harrow. By the time I got it stopped, the spikes were almost touching me. A second more and I would have been crushed between them and the steering wheel of the tractor," he said.

Murphy got himself out of the predicament by gingerly backing the tractor until the chain dropped off the tire. "I never told my parents about that. I never told anybody," he said. "I knew I would be in trouble."

Murphy's near catastrophe was atypical. Rollovers are a much bigger threat both to tractor and ATV operators. Murphy explains why in a fact sheet published by Penn State Cooperative Extension, "Tractor Overturn Hazards," available online at [www.agsafety.psu.edu](http://www.agsafety.psu.edu). Briefly, the paper notes that a tractor's center of gravity is higher than that of other vehicles, making it more susceptible to tipping over.

"If you hitch something higher than the appropriate attachment point—trying to get a little lift to pull out a post for example—it tips you over backward," Murphy explained. "This can happen whether you're on an ATV or a tractor."

With tractors, the installation of a ROPS creates a protective zone around the operator, according to another Penn State Extension fact sheet, "Rollover Protection for Farm Tractor Operators," co-authored by Murphy and also available online at [www.agsafety.psu.edu](http://www.agsafety.psu.edu), which notes that the use of ROPS with a seatbelt is 99 percent effective in preventing death or serious injury in the event of

a rollover. Murphy noted that few farmers wear seatbelts, however, and some won't install roll bars because they think without seatbelts they're ineffective. But this isn't so. A roll bar on its own "provides the bulk of the protection and installation of a ROPS on all tractors is an important step toward agricultural injury prevention," according to the Penn State fact sheet.

The physical properties of an ATV, with its high center of gravity, are similar to that of a tractor, as are the risks. Murphy describes how an ATV carrying a heavy load on a hill might jackknife, for example. Other potentially dangerous situations include riding with a feed sack or bale of hay on the front rack of the ATV so that the operator's vision is impaired or over-weighting the front of the vehicle so that the operator flies off if it hits an obstacle like a groundhog hole. Putting children who are too light for a big ATV in the driver's seat creates another risky situation, according to Murphy. He also recommends that riders carry an ATV helmet with them for any chore—even something as slow as spraying along a fence row—because they will pick up speed when riding back to the farmstead.

In spite of the efforts of people like Murphy, vehicle safety on farms is a difficult concept to sell. In fact, while overall agricultural safety has improved greatly during the past thirty years, safety relative to other hazardous industries actually has gotten worse, Murphy said.

"There are fewer regulations in farming and fewer resources for farmers to call upon," he explained, adding that re-



sources in other hazardous industries, such as mining and construction, include those provided by large insurance companies and unions with a common interest in reducing risk to workers. Farming also is more risky because workers live and work in the same place. That place, the farm, also is private property making it beyond the reach of some types of legislation.

A paper given at the National Institute for Farm Safety annual conference in June 2008 concludes that ATV injury rates for children living and working on farms have not improved "despite the presence of warning labels placed on ATVs, recommendations by health and safety professionals and guidelines set forth in the NAGCAT (North American Guidelines for Children's Agricultural Tasks) related to ATV use." The private property issue "is significant here," the paper says, and it concludes that making ATV safety an integral part of farm safety programs is the best way to improve matters.

Such a farm safety program is given annually at Penn State's Ag Progress Days, where Murphy runs several 20-minute demonstrations of both tractor and ATV risks using vehicles operated by remote control. Both the ATV and tractor are rolled over at a fenced-in demonstration site with slopes, holes, and bumps to demonstrate side rollover and an in-ground anchor point to demonstrate rear overturns. A full-size mannequin stands in for the operator of the vehicle. The tractor has a rollover bar and the operator is belted to demonstrate the value of the safety equipment.

Do these safety presentations work? At least to some extent. "I've had people come up and tell me they put a rollover bar on the tractor after seeing the demonstration," Murphy said.

For more information, contact Dennis Murphy, Penn State Distinguished Professor of Agricultural and Biological Engineering, at 814-865-7157 or [dmj13@psu.edu](mailto:dmj13@psu.edu). ♦





# Get the Lead Out!

## Lead Poisoning Prevention in Young Children

Are you or someone you know living in an older home with young children? Those children may be at-risk for lead poisoning!

Despite progress in reducing lead paint in housing, lead poisoning in young children is not a thing of the past. According to the Centers for Disease Control and Prevention (CDC), childhood lead poisoning is considered to be the most preventable environmental disease of young children. Yet today, an estimated 310,000 U.S. children have elevated lead levels in their blood. As part of the national goal of the U.S. Department of Health and Human Services to eliminate childhood lead poisoning in the United States by 2010, Penn State Cooperative Extension has launched a statewide lead poisoning prevention program, *Get the Lead Out!* Extension educators are the mechanism for the delivery of education and outreach programming on childhood lead poisoning to child care providers, preschools, elementary schools, and health and community social service agencies at select sites in Pennsylvania. These educators will distribute 10,000 free lead wipe kits over the next four years to at-risk families to test their homes for possible lead dust. The *Get the Lead Out!* program was developed by Cooperative Extension in collaboration with the Pennsylvania Department of Health, and is funded through the Centers for Disease Control and Prevention and Housing and Urban Development.

Lead is a highly toxic metal that was an ingredient in many household products, including paints manufactured before 1978. The primary source of lead exposure among children, according to the CDC, is the lead-based paint and

lead-contaminated dust and soil found in and around old, deteriorating buildings. At risk are people who live in buildings constructed before lead paint was banned in 1978. The most common source of childhood lead poisoning is lead dust, which is produced primarily from the decay of lead-based oil paint and is fine enough to be nearly imperceptible by sight, taste, and smell. Exposure to even microscopically small amounts of lead can cause permanent, irreversible damage to otherwise healthy children. Children exposed to lead, even trace amounts, can face lifelong behavior and learning problems.

The dust created from lead paint subject to constant rubbing is virtually invisible, but easily ingested by the normal, everyday actions of toddlers who explore with their hands and then put their hands up to their face and mouth. Parents also need to be aware of the lead hazards accompanying the renovation or remodeling of older homes. Disturbing painted surfaces when replacing doors, windows, or walls can create a toxic hazard.

According to the *Get the Lead Out!* program coordinator, Jacqueline Amor-Zitzelberger, the focus of this effort is to provide education and raise awareness about this serious health issue, emphasize the importance of screening at-risk homes, and urge people to take steps to reduce their possible exposure to lead. Several counties are participating in the program throughout the state: Clearfield, Jefferson, Elk, Cameron, McKean, Potter, and Fayette counties, in addition to other sites which include Johnstown, Philadelphia, Lancaster, and Harrisburg. Each site is working in collaboration with existing partnerships, as well as fostering emerging joint ventures in the community to distribute free testing kits to eligible or high-risk families.

The do-it-yourself test kits come complete with everything needed to collect and mail samples to a laboratory for analysis, including a pre-paid, pre-addressed return envelope. Lab results are returned by mail within two weeks. The results will not only report lead exposure but also the level of lead detected in the home. Staff at the Department of Health will contact those families determined to be at risk to assist them with the next steps they should take. Families are encouraged to contact the Lead Information Line (1-800-440-LEAD) for additional details concerning lead poisoning.

Once aware of the risk, parents can take preventive measures to protect their loved ones. These are short-term, low-cost

actions called interim controls—they are not permanent but will protect a child for a short period of time. Families should not disturb lead paint! Removing or disturbing lead paint without equipment and precautions can make matters worse and could cause a child to become lead poisoned. Pregnant women should never clean up lead dust since it is harmful to the developing fetus.

Cleaning the home with a wet mop and damp cloth rags at least once a week can significantly reduce exposure to lead dust. Use of a vacuum with a HEPA filter and “bar beater” or “agitator” attachment is recommended for rugs and carpets. Washing hands and toys often, especially before eating, also reduces the risk of lead poisoning. A diet rich in calcium, vitamin C, iron, and protein, and low in fats and oils also can help prevent the absorption of lead in the body. Families should practice removing everyone’s shoes upon entering the home. Contaminated dirt from exterior lead paint, lead-based insecticides and lead pollution can be tracked inside on shoes and with pets.

Old lead, new lead. It’s all BAD lead. Lead may be found in other sources which may account for as much as 30 percent of lead-poisoned children in certain areas across the United States. Lead-based paint remains the most common source of lead exposure for children under 6 years of age. The U.S. Consumer Product Safety Commission has issued recalls on multiple products that contain hazardous levels of lead, including many jewelry items, children’s furniture, children’s clothing and toys. Parents can review the current lead recall list on the CDC’s Web site at [www.cdc.gov/nech/lead/Recalls](http://www.cdc.gov/nech/lead/Recalls) to determine whether the products they have purchased are safe.

Additionally, a variety of work and hobby activities and products expose adults to lead. This also can result in lead exposure for their families. Activities that are associated with lead exposure include indoor firing range use, home repairs, remodeling and pottery making. “Take-home” exposures may result when people whose jobs expose them to lead wear their work clothes home or wash them with the family laundry. It also may result when they bring scrap or waste material home from work.

Although the primary focus of the *Get the Lead Out!* program is helping parents identify lead dangers in the home, Cooperative Extension staff-driven outreach efforts have added greater value to the program than as a simple vehicle for the distribution of lead testing kits. As the program’s database grows and a clearer picture of the statewide problem emerges, the value of its findings to interagency collaboration efforts will be an ancillary benefit.

For more information on the *Get the Lead Out!* program, contact Jacqueline Amor-Zitzelberger, at 814-765-7878, ext. 5 or to [jlal17@psu.edu](mailto:jlal17@psu.edu). ■





# Together Rx Access Improves Prescription Access for Uninsured Pennsylvanians

In the state of Pennsylvania, more than 1.2 million residents<sup>1</sup> do not have healthcare coverage and lack options to pay for prescription drugs. To help those individuals without prescription coverage access the medicines they need, leading pharmaceutical companies sponsor the Together Rx Access<sup>®</sup> Program. This free prescription savings program helps eligible individuals and their families gain access to savings on prescription products. About 10,000 people enroll in the program every week.

Most cardholders save 25 to 40 percent<sup>2</sup> on brand-name prescription products; more than 300 brand-name prescription products are included in the program<sup>3</sup>. Savings also are available on a wide range of generic medications. Medicines in the program include those used to treat high cholesterol, diabetes, depression, asthma, and many other common conditions.

The Together Rx Access<sup>®</sup> Program enrollment card is free to get and free to use. Individuals may be eligible for the program if they do not qualify for Medicare, do not have public or private prescription drug coverage, have a household income of up to \$30,000 for a single person or \$60,000 for a family of four (income eligibility is adjusted for family size), and are legal residents of the United States or Puerto Rico. No documentation is required for eligible individuals to enroll in the Together Rx Access<sup>®</sup> Program.

The card is accepted at the majority of pharmacies nationwide and in Puerto Rico. Cardholders bring the card to their neighborhood pharmacist along with their prescription, and the savings are calculated at the pharmacy counter. Nearly 3,000 pharmacies accept the card in Pennsylvania.

## There are three easy ways to enroll:



- Visit [TogetherRxAccess.com](http://TogetherRxAccess.com)
- Call 1-800-250-2839
- Complete a short paper application and return it by mail

A Together Rx Access<sup>®</sup> Program quick start savings card also is available. Potential enrollees detach the card from a brochure and call the toll-free number to find out if they are eligible, enroll, and instantly activate their card. To receive a supply of quick start savings cards, contact Amy Niles, chair, Medical Relations and Advocacy, Together Rx Access<sup>®</sup> at [amyniles@aol.com](mailto:amyniles@aol.com). For more information on the Together Rx Access<sup>®</sup> Program, visit [TogetherRxAccess.com](http://TogetherRxAccess.com). ■

<sup>1</sup> State Health Facts website: [www.statehealthfacts.org](http://www.statehealthfacts.org) accessed October 2, 2008.

<sup>2</sup> Each cardholder's savings depend on such factors as the particular drug purchased, amount purchased, and the pharmacy where purchased. Participating companies independently set the level of savings offered and the products included in the program. Those decisions are subject to change.

<sup>3</sup> Visit [TogetherRxAccess.com](http://TogetherRxAccess.com) for the most current list of brand-name medicines and products.

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## DOE provides funding, expanding PA program

State Senator Joe Scarnati presented a \$900,000 check to Lock Haven University of Pennsylvania (LHU) President Dr. Keith Miller in September for the university's proposed expansion of its physician assistant program. The funding from the State Department of Education will be used by LHU for infrastructure and capital improvements, expanding the program into Coudersport (Charles Cole Memorial Hospital) as well as Harrisburg (Pennsylvania State System of Higher Education's Dixon University Center). Pending approval by the appropriate regulatory and accrediting agencies, LHU expects to welcome its first class at both locations in May 2010, according to Walter Eisenhauer, physician assistant program director and department chair at LHU.

"This is quite a milestone for Lock Haven as well as Charles Cole," Dr. Miller said. "This is what partnership is all about. As we move healthcare forward, we move the economy forward. What we're doing in Coudersport is not much different than what we're doing everywhere else. I hope you'll see us as a resource that can only expand as we get to know each other better. This is part of our mission and we're delighted to be a part of this," he said.

"I am pleased to have been able to secure funding for this important initiative," Scarnati said. "Without question, this is a wonderful example of the state partnering with institutions to improve the overall economic and healthcare climate of communities across Pennsylvania," he said.

"Hosting the Lock Haven physician assistant program is an interesting and exciting opportunity for our hospital and the community," said Ed Pitchford, president and chief executive officer at CCMH. "Medical education programs create a stimulating environment that will help us stay fresh and current, while providing our physicians the opportunity to teach and mentor students who will play an important role in our country's healthcare delivery system. We know from experience that the best way to confront the shortage of healthcare professionals and avoid staff vacancy issues here at Charles Cole is to be active in the education of those who will provide medical care in the future. We are fortunate to have this opportunity and we appreciate the efforts of those who have played a role in making it happen."

The LHU physician assistant program is fully accredited by the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA). For more information, visit [www.arc-pa.org](http://www.arc-pa.org).

For further information, contact Janene Dunn at 814-274-5392.



State Senator Joe Scarnati (center) presented a \$900,000 check to Lock Haven University of Pennsylvania (LHU) President Dr. Keith Miller (right) and Ed Pitchford (left), CEO at Charles Cole Memorial Hospital, in September for the university's proposed expansion of its physician assistant program.



# Rural Health Conference Celebrates Accomplishments, Lays Groundwork for Future

*S. William Hessert, Jr.*

Innovative partnerships, ground-breaking programs, and policy changes at both the state and federal levels have led to significant improvements in the health status of rural Pennsylvanians. At the same time, however, technological advances and an ever-changing healthcare environment continue to challenge rural advocates to develop new community, regional and statewide partnerships and initiatives that address the unique healthcare needs of this population.

Celebrating the success of existing efforts and laying the groundwork for future opportunities was the focus of the 16<sup>th</sup> Annual Pennsylvania Rural Health Conference, which was held June 18-19 at The Penn Stater Conference Center Hotel in State College. In addition to informing participants about state and federal health-related policy changes, this year's conference provided numerous opportunities for attendees to share best practices and develop strategies and partnerships for responding to the ever-changing healthcare needs of rural citizens. Sponsors for this year's conference included the Pennsylvania Department of Health, the Pennsylvania Rural Health Association, Penn State Outreach, and Penn State Cooperative Extension.

Participants arriving early on June 18 had the chance to attend one of two pre-conference workshops. Denise Schlegel, supervisory instructor for Alutiiq, led an interactive workshop which provided tips on creating "high performance" partnerships and assembling the information needed to prepare and submit successful grant proposals. In the second workshop, Dr. Gerald Doeksen, regents professor and extension economist at Oklahoma State University and director of the National Center for Rural Health Works, highlighted health care's critical role in the economic development of rural communities and showed

participants how they could assess the economic impact of their program in the community.

The conference officially kicked off with a luncheon and welcome by Lisa Davis, director of the Pennsylvania Office of Rural Health and Dr. Dennis Shea, professor and head of the Penn State Department of Health Policy and Administration. During their remarks, both Davis and Shea noted the upcoming presidential election and the potential for health care to be one of the defining issues during the campaign. "We now have 47 million people in the United States who are uninsured and the cost of health insurance premiums are rising at four times the rate of the cost of living," Shea said, adding that now was the time to "scream and scream loudly if we want health care to be a priority in this election."

Davis also shared information regarding two activities being showcased at this year's conference. For the first time, the Pennsylvania Rural Health Conference planning committee hosted a Graduate Student Research Paper Competition, which encouraged students to submit results of their original research projects on rural health issues with a community focus. Winners of this year's competition who were invited to present their posters at this year's conference included:

- Mona Baran, from Geisinger Medical Center (Development and Early Implementation of a Neurology Telemedicine Program);
- Esther Hwang, from the University of Pittsburgh (Evaluation of an Oral Health Continuing Education Program in Head Start Offices); and
- Gwen Manning, from Arcadia University (Barriers to Breast Cancer Screening: A Study of Rural Pennsylvania Women)

Davis also noted that this year's conference marked the conclusion of the Rural Health Care Manager Academy, a nine-month program created by the Pennsylvania Office of Rural Health through the state's Critical Access Hospital program, in cooperation with the Pennsylvania Department of Health, the Penn State Office of Economic and Workforce Development and Penn State Management Development. This program was designed to improve the supervisory and management skills of Critical Access and other rural hospital staff and EMS and healthcare provider personnel. As part of the program, participants were given the opportunity to develop and implement team-based performance improvement projects; the fifteen teams which participated presented the results of their projects during the Rural Health Conference.

Davis' and Shea's welcoming remarks were followed by a keynote address by Dr. Richard Roberts, professor and past chair of the University of Wisconsin's Department of Family Medicine and a family physician in Belleville, Wisconsin—a rural community of 1,900 residents. During his presentation entitled "Curing What Ails Health Care," Roberts stressed the importance of creating a medical "home" for all Americans which begins with developing a relationship with a trusted primary care provider.

"After poverty, the primary predictor of how long [people] live is whether or not they have a primary care provider," Roberts said. "People do better with primary care."

Why do they do better? "Health care is about more than doing stuff to people—it's about relationships and connecting to people," Roberts said. "Our system has grown so complicated that there is no 'stranger danger' in health care anymore—the number of people you come in contact with is mind boggling. But remarkably, the more doctors you have, the poorer the outcomes."

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“After poverty, the primary predictor of how long [people] live is whether or not they have a primary care provider. People do better with primary care.”

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“Developing a relationship [with a patient], however, transcends time and space. It allows me to have a continuous thread of conversation that plays day in and day out in my life and my patients’ lives.”

Following Roberts’ keynote address, attendees had a chance to attend one of three concurrent sessions:

- John Gale, research associate for the Maine Rural Health Research Center at the University of Southern Maine, discussed mental health issues affecting rural communities and ways that rural healthcare systems can address those issues most effectively;
- Barbara Bloom and Katrina Kyle from the Pennsylvania Department of Health’s Bureau of Health Planning and Kristen Houser and Kristi Mattzela from the State College-based Centre Volunteers in Medicine described methods for increasing access to oral health care in rural communities and provided information on the Department of Health’s Challenge Grant Program that has supported the development or expansion of primary and dental care programs in the Commonwealth.
- Gary Rothrock, community programs director for the U.S. Department of Agriculture’s (USDA) Rural Development program in Pennsylvania, provided an overview of USDA grant and loan programs that are available to support healthcare delivery systems in rural Pennsylvania.

The first day of the conference closed with a presentation by Gregory Howe, senior policy analyst for the Governor’s Office of Health Care Reform, on “Prescription for Pennsylvania”—Gov. Ed Rendell’s initiative to make quality health care more accessible, affordable, and cost effective for Pennsylvanians. Howe provided several examples of the program’s accomplishments to date, including the “Cover All Kids” insurance program; legislation expanding the scope of services provided by physician assistants, certified registered nurse practitioners, certified nurse midwives, clinical nurse specialists, and dental hygienists; ground-breaking infection control requirements; the establishment of a Chronic Care Commission to develop and implement a chronic care management model; and enactment of a smoking law ban.

Howe also discussed some of the program’s future priorities, which include small group insurance reform and implementing PA Access to Basic Care (ABC)—a program designed to provide affordable, basic health care for eligible uninsured adults and small businesses. Legislation which would enact ABC has been considered by the Senate since March 2008, Howe said.

The second day of the conference began with a stirring presentation by Dr. Zane Gates, founder of the Gloria Gates Memorial Foundation—an after-school program for disadvantaged 4- to 12-year olds—and medical director of a free healthcare clinic located in Altoona. Gates took the audience on a personal and professional journey that explained his motivation for becoming a healthcare provider—from growing up in a housing project in Altoona, to graduating from the University of Pittsburgh with pharmacy and medical degrees, to becoming a father and raising three children.

Gates noted that the biggest inspiration behind his creating the Gloria Gates Memorial Foundation is the woman for whom it was named—his mother. “We were pulling furniture from a garbage can and eating welfare cheese when I was young, but I never felt poor,” he shared. “That was because of my mother—she was just a simple woman with an eighth grade education who inspired me to do great things. She always thought I could help people and she taught me that the greatest impact you can have in life is changing other people’s lives.”

Through the Gloria Gates Memorial Foundation, Gates hopes he can lay the groundwork for a promising future for kids growing up in similar circumstances. “We want to teach 4- to 12-year old children how to dream,” he said. “We want them to know that if they can make it out of that [high-risk] environment, they can do great things.”

Gates says one of the biggest challenges facing society today is reclaiming a sense of community. “We’ve become a ‘me’ society—we’ve lost our sense of community and we need to get it back,” he said. “And we need to start with the children. We need to set up some sort of system that shows them there are rewards for giving back to the community and for being ‘the common man.’”

Gates’ presentation was followed by brunch and remarks by Pennsylvania Department of Health Deputy Secretary for Health Planning and Assessment Michael Huff, RN, who highlighted the

department’s ongoing efforts to recruit and retain healthcare providers in rural and underserved areas—particularly increasing the amount of funding provided to practitioners for repaying student loans in return for two additional years of service and possibly creating a similar program for nursing professionals.

“There have been successes, but there is always more work for us to do,” Deputy Secretary Huff said.

Huff also assisted with the presentation of the annual Pennsylvania Rural Health Awards (please see the corresponding article on page 10 for a description of the year’s award recipients).

The conference closed with a presentation by Dr. Terry Madonna, professor and director of the Center for Politics and Public Affairs at Franklin and Marshall College, on the 2008 presidential election and the impact it has had and will have on Pennsylvania. Madonna predicts that this year’s election could be one of the most important elections in the past 100 years.

“Some elections are more important than other elections because they define or confirm the direction that our country is taking,” Madonna said. “The 1932 election during the Great Depression, for example, when Franklin Delano Roosevelt unveiled the New Deal, or the 1980 election when Ronald Reagan made conservatism a major political force. The debate about Iraq and national security, along with our growing domestic issues, make the stakes in this election very, very high.”

Given the concerns that Americans have about today’s economy, this year’s election will spark great debate among the candidates on addressing those concerns. “And health care will definitely be part of that debate,” he said.

In terms of healthcare platforms, Madonna indicated that John McCain and Barack Obama “both say they would provide coverage for those who don’t have it. They just have radically different approaches to providing it,” with Obama advocating some sort of basic coverage and McCain preferring a market-driven system.

Whatever the final outcome may be, Madonna said one thing is for sure: “This is the year that we should definitely expect the unexpected.”

Planning is already underway for the 2009 conference, which is slated to take place June 2-3 at the same location. Details will be forthcoming. ■



# Pennsylvania Office of Rural Health Honors 2008 State Rural Health Award Recipients

A community-minded mother, a small town dentist, a dedicated healthcare administrator, a retiring U.S. Congressman, a state-wide family fitness program and a local fire department were the 2008 recipients of the Pennsylvania Rural Health Award.

The Pennsylvania Rural Health Awards are presented each year to select individuals and/or organizations that have significantly enhanced the health and well-being of rural Pennsylvanians. The 2008 awards were presented on June 19 in conjunction with the 16<sup>th</sup> annual Pennsylvania Rural Health Conference, which was held at The Penn State Conference Center Hotel in State College, Pennsylvania. Department of Health Deputy Secretary for Health Planning and Assessment Michael Huff, RN, assisted with this year's presentation.



**Gary Sauers**, administrative director for the Broad Top Area Medical Center (Huntingdon County), was named **2008 Community Rural Health Leader of the Year**. A year ago, ongoing fiscal problems had this federally qualified health center with a patient population of nearly 7,000 on the brink of closing; however, thanks to Sauers' dedicated leadership, that is no longer the case. Within six months of his arrival, Sauers implemented fiscal and operational procedures that reduced debt, brought all bills to "current" status, and signif-

icantly improved patient and employee satisfaction scores. The number of new and recurring visitors to the center also increased during the past year—meaning that instead of closing its doors, Sauers' work has allowed the center to provide much-needed healthcare services to an even greater percentage of this underserved community.



**Melisa Engel**, a self-described "mom on a mission" from Williamsport (Lycoming County), was one of the two recipients of this year's **2008 Rural Health Hero of the Year** award. Since learning ten years ago that her twin daughters had moderate to severe hearing loss, Engel has researched, lobbied for, and launched a host of services designed to help her daughters and hundreds of other hearing-impaired Pennsylvania children. Engel is the founder of VOICES (Value Our Innocent Children's Ears & Speech), a state-wide organization that supports universal hearing screenings and services for children who are deaf or hard of hearing. She also is the contact for the state chapter of Hands & Voices, a national non-profit organization dedicated to supporting deaf/hard-of-hearing children, their families, and the professionals who serve them; and a regional contact for Parent-to-Parent of Pennsylvania, which matches families with other families of children with special needs or disabilities. Engel has been appointed to several boards and task forces, including the Educational Resources for Children

with Hearing Loss advisory board by Pennsylvania Gov. Ed Rendell; the Pennsylvania Emergency Management Agency; the Center for Disease Control and Prevention's Early Hearing Detection and Intervention ad hoc group; and several county organizations.



**Dr. David Hajel**, a dentist practicing in Somerset (Somerset County), also received the **2008 Rural Health Hero of the Year** award. Hajel was honored for his work with the Somerset County Head Start, which requires all children enrolled in the program to have a dental exam. Previously, Somerset County Head Start experienced significant problems finding dentists who would work with the preschool-age children, accept the low-income families' insurance and deal with the logistical issues of families making and/or keeping appointments. Enter Dr. Hajel, who has provided basic dental care to more than 400 children enrolled in the Head Start program over the past three years. He and his staff have offered summer dental screenings, provided screenings in the classroom, and participated in events such as the Day for Celebrating Young Children. More importantly, Dr. Hajel has changed the perception that many children and their families had about the dentist—thanks to his calm and patient style, many parents who were concerned about taking their children to the dentist now have the confidence to do so.

**The Family Fitness Program**, an after-school program created by **Penn State Cooperative Extension** and currently offered in twenty-two Pennsylvania counties, received one of this year's two **Rural Health Program of the Year** awards. Designed for children between the ages of 8 and 12, the nine-week program helps children who are overweight or at risk of becoming overweight make healthier food choices and increase their physical activity. Parents of the children enrolled in the program attend five separate meetings (three with their child) so they can receive the information, skills and motivational guidance that leads to improved food choices, physical activity, and family support for their children. Data collected from the first three years of this research-based



program showed significant improvement in the children's healthy eating behaviors (greater consumption of whole grains, fruits and vegetables; less consumption of high-fat, high-sugar foods and drinks); increased physical activity among children and families; improved communication and goal-setting among families regarding healthy eating; and more time planning and preparing meals together.



**Early Warning for the Deaf and Hard of Hearing**, a program established by the **City of Williamsport's Bureau of Fire**, in partnership with other Lycoming County fire departments, also received the **Rural Health Program of the Year Award**. This program was created to enhance the fire safety of homes of deaf and hard of hearing residents in Lycoming County by securing and installing wireless smoke detector systems that not only emit sounds but also send a signal to a receiver unit that sets off a strobe and a bed shaker. Funded solely by private donations, the program gained national attention in 2007 when the Safer Housing Foundation donated 100 strobe smoke detectors to the program. Articles about the program have appeared in various magazines for the deaf and organizations across the country have contacted the Bureau of Fire to learn how the program can be replicated in other areas. The Pennsylvania Fire Commission currently is exploring the possibility of extending the program statewide and seeking funds to purchase and stockpile smoke detectors.

PORH also announced that it would present retiring **U.S. Rep. John Peterson** (R-5<sup>th</sup> District) with a special **Significant Contributions to Rural Health Care Award**. For the past thirty years, Peterson has been one of the leading voices in the Pennsylvania General Assembly and the U.S. Congress on rural health-care, economic development, and education. He serves as co-chair of the Congressional Rural Caucus, a bipartisan coalition of more than 140 members of Congress committed to strengthening and revitalizing rural communities across America. Peterson received his award at a later date.

## 2007-08 Rural Health Care Manager Academy Awards



The Muncy Valley Hospital team took first place with their "Busy Bees" project.



The Endless Mountains Health System Team received second place for their "Organizational Budget Initiative" project.



The Tyrone Hospital Team took third place with their "RPM Departmental Scorecards" project.



# Talking Books Available Statewide

by Alan Finnecy



When Alice Greenwood was pronounced legally blind in 2001 due to macular degeneration—the leading cause of central vision loss in older adults—she thought she'd have to give up reading. "I always loved to read, it's one of my favorite activities," she says. Her local library in Maryland, where she lived at the time, helped her sign up to receive books on tape, or "talking books" as they're sometimes called. "In a matter of weeks, I had a tape player and tapes from some of my favorite authors," Greenwood, 83, recalls. "When that player went, I sent it back and they sent a new one."

In early 2003, Greenwood moved to Chambersburg, a town of nearly 18,000 in Franklin County southwest of Harrisburg, Pennsylvania, to live with family. Her Maryland library arranged a transfer and several days after moving into her new home, she received her first tapes and a new recorder from the Carnegie Library for the Blind and Physically Handicapped in Pittsburgh, about 165 miles to the west. Since then, Greenwood receives on average seven books on tape every other week. "It doesn't cost me a penny," she says. "They provide the player and the postage for the tapes is paid both ways."

The Carnegie Library for the Blind and Physically Handicapped has provided books for readers like Greenwood since 1907, starting with Braille books. As technology advanced, the library's offerings increased to include audio books, large print books, recorded magazines, and described videos of popular movies and documentaries. With more than 60,000 books on tape and 12,000 large print books, the library currently serves about 10,000 readers in thirty-six western Pennsylvania counties.

The Library for the Blind and Physically Handicapped in Philadelphia serves the remaining thirty-one counties in the eastern half of Pennsylvania.

Kathleen Kappel, director of the Carnegie Library for the Blind and Physically Handicapped, points out that 65 percent of their readers are seniors who are not completely blind but have visual impairments due to age-related conditions like diabetes or macular degeneration. Some readers have no visual problems but have difficulty holding books or turning pages because of arthritis or multiple sclerosis. "The only requirement to get talking books from the library is if you are unable to read standard size print or unable to hold a book or turn pages," Kappel says.

Jimmy St. Clair's cerebral palsy limits his ability to hold a book or turn pages. He first learned of the library from a teacher in 1968. Now fifty-four and living with his parents in Indiana County, sixty miles northeast of Pittsburgh, St. Clair orders mysteries from the library and *Elle's Queen's Mystery Magazine* and *QST*, a widely read amateur radio journal.

While St. Clair usually sends in a form with his selections, library patrons also can order books online or with Voice Activated Public Access Catalog, known as "Vo-PAC," an interactive program via telephone that is private and available at all times. During normal library hours, book selectors are available to personally help readers with their selections. "Many of our patrons prefer to call the library rather than ordering books online," says Kappel. "They get to know the book selectors well and often have interesting book discussions with them."

Ada Schrock, a retired teacher in Somerset County, often calls the library to check for specific titles. "Friends will recommend a particular

book and I'll call the library to see if that book is available on tape yet," Schrock explains. The book selectors can tell her if a title is available or if she's read it before. Schrock, who likes biographies, mysteries, and travel books, says she sometimes re-listens to favorite books. "I marvel at the technology they have and I'm so grateful for the Carnegie Library for the Blind and Physically Handicapped." Schrock, who lives with her sister in a town with a population of less than 1,000 people, has used the library service for more than twelve years.

To receive books or magazines on tape, potential users need only complete an application and obtain the signature of an optometrist, family doctor, social worker, or librarian. The service is available to anyone in Pennsylvania's sixty-seven counties who cannot read standard size print—due to a visual impairment—or is unable to hold a book or turn pages because of a physical impairment.

The Carnegie Library for the Blind and Physically Handicapped serves eligible residents in the following counties: Adams, Allegheny, Armstrong, Beaver, Bedford, Blair, Butler, Cambria, Cameron, Centre, Clarion, Clearfield, Clinton, Crawford, Elk, Erie, Fayette, Forest, Franklin, Fulton, Greene, Huntingdon, Indiana, Jefferson, Juniata, Lawrence, McKean, Mercer, Mifflin, Potter, Somerset, Tioga, Venango, Warren, Washington, and Westmoreland. For more information, call the library at 800-242-0586 or e-mail them at [lbph@carnegielibrary.org](mailto:lbph@carnegielibrary.org). Information is also available at: [www.carnegielibrary.org/LBPH](http://www.carnegielibrary.org/LBPH)

The Library for the Blind and Physically Handicapped in Philadelphia serves counties in eastern Pennsylvania. For more information call 800-222-1754 or visit [lbph.library.phila.gov](http://lbph.library.phila.gov) ■



**The following article was taken from an address given by Michael Huff, R.N., Deputy Secretary for Health Planning and Assessment, Pennsylvania Department of Health, at the Pennsylvania Rural Health Conference on June 18, 2008.**

The mission of the Pennsylvania Department of Health is promoting healthy lifestyles, preventing injury, and disease, and assuring the safe delivery of quality healthcare to all citizens of the Commonwealth. The Department joins with the Pennsylvania Office of Rural Health in advocating for access to quality healthcare for the nearly 4 million citizens who live in rural communities throughout Pennsylvania.

Access to quality healthcare is dependant upon a number of factors. Not the least of these is the adequate supply of healthcare practitioners, and the availability, accessibility, and affordability of health care services.

### **Health Professional Shortage Areas:**

The Department of Health, Bureau of Health Planning, works cooperatively with the federal Health Services Resources Administration (HRSA) in determining what areas in Pennsylvania meet the criteria for the federal designation of Health Professional Shortage Areas. These shortage areas qualify for assistance to increase access to care.

In Pennsylvania, there are over 1.5 million people who are currently living in areas that have been designated by the federal government as Primary Care or Dental Health Professional Shortage Areas. Nearly half of these people live in rural Pennsylvania.

### **Assistance to Increase Access to Care:**

Since 1993, the Department has administered the Community Primary Care Challenge Grant Program. This program provides an annual grant opportunity for non-profit and community-based organizations to expand their capacity to provide primary medical and dental care services. Recipients of these grants have established clinics and have hired doctors, dentists, and other providers to increase access to care. Over 100 Challenge Grants have been awarded since 1993. Forty-five percent of these were awarded to communities in rural areas.

Working collaboratively with the Pennsylvania Office of Rural Health, the Department supports the Pennsylvania Rural Critical Access Hospital Program. This program provides clinical, operational, and quality improvement support for Pennsylvania's thirteen rural Critical Access Hospitals.

The Pennsylvania Loan Repayment Program is an incentive for health care providers to seek employment in underserved areas. This program offers loan repayment for primary care doctors, certified nurse practitioners, certified nurse midwives, physician assistants, and general dentists, working in an underserved Pennsylvania community. This program has placed nearly 300 practitioners in underserved areas, with over 150 in rural Pennsylvania.

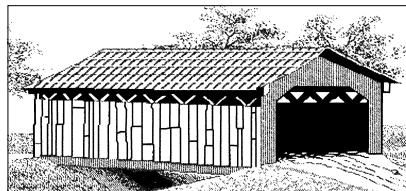
The federal J-1 Visa Waiver Program enables the Department to place up to thirty foreign physicians each year in Pennsylvania's most medically needy areas. Over 400 foreign physicians have served Pennsylvania's underserved communities since 1991, over 200 of these in rural communities.

Improving the health status of Commonwealth citizens and ensuring access to quality healthcare is a priority of the Pennsylvania Department of Health. The Department's efforts to clearly identify those areas in the Commonwealth that do not have access to health care because of a lack of adequate providers or services is a continual goal. Developing and expanding programs that increase access to health care for people who are often overlooked in the system, are among the Department's top priorities. The Department works to have an impact on the health status of rural and underserved Pennsylvania citizens. That work is carried out in partnership—in partnership with local community members and organizations, in partnership with federal and state agencies, associations, and offices such as the Pennsylvania Office of Rural Health.



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

PENNSSTATE



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Working to Enhance the Health Status of Rural Pennsylvanians

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## CALENDAR OF UPCOMING EVENTS

**January 18 - 21, 2009**

**22<sup>nd</sup> Annual Rural Health Care Leadership**

American Hospital Association  
Pointe Hilton Squaw Peak Resort, Phoenix, AZ  
For more information, contact Connie Lang at [clang@healthforum.com](mailto:clang@healthforum.com)

**January 26 - 28, 2009**

**Rural Health Policy Institute**

National Rural Health Association  
Capital Hilton, Washington, DC  
For more information call 816-756-3140 or [mail@NRHArural.org](mailto:mail@NRHArural.org)

**February 6, 2009**

**Give Kids a Smile Day**

American Dental Association, Nationwide  
For more information, contact: [gkas@ada.org](mailto:gkas@ada.org)

**March 24-25, 2009**

**Migrant and Immigrant Health in Rural Pennsylvania**

Eden Resort Inn and Suites, Lancaster, PA  
For more information, contact Terri Klinefelter at 814-863-8214 or [tjc136@psu.edu](mailto:tjc136@psu.edu)

**June 2-3, 2009**

**17<sup>th</sup> Annual Pennsylvania Rural Health Conference**

Penn Stater Conference Center Hotel, State College, PA  
For more information, contact Terri Klinefelter at 814-863-8214 or [tjc136@psu.edu](mailto:tjc136@psu.edu)