

# Pennsylvania

Serving ALL Counties

# Rural Health News

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

Spring 2005

Vol.14 No. 1

## Health and Well-Being of Farmers a Top Priority in Pennsylvania

By S. William Hessert, Jr.

An average of 29 people a year died in farming-related accidents between 2000 and 2003, according to statistics compiled by the Penn State College of Agricultural Sciences – an average death rate of 4.9 per 10,000 farms. The good news is that these figures have decreased significantly since 1984, when the average number of annual deaths over a five-year period stood at 47 and the death rate was 8.4 per 10,000 farms.

“We have developed fairly aggressive research and outreach programs [in Pennsylvania] that enable us to address farm safety issues effectively,” says Dr. Dennis J. Murphy, Penn State distinguished professor of agricultural engineering and leader of the Penn State Agricultural Safety and Health Program (ASHP). “We also receive a lot of support from the Pennsylvania Department of Agriculture and the Pennsylvania Office of Rural Health – over a period of time, that support has played a key role in educating and training farmers.”

While the statistics are certainly encouraging, Murphy says there is still cause for concern. “Farming continues to rank second only to mining as the most hazardous industry in the United States, and the national rate of farming-related injuries has remained steady the past several years,” he says. “And although farm equipment is getting much safer, there are still a lot of farmers in Pennsylvania who are using a lot of old equipment.”

Fortunately, ASHP and others are developing new programs and refining existing initiatives designed to reduce the risk of agricultural accidents and improve the health status of farmers and their families. For example, Murphy is the principal investigator on a project intended to create a method of monitoring tractor stability that can be transmitted to a tractor operator on a real-time basis. He is also leading a project that will lead to the development of ventilation standards for manure pits. Other research has led to refinements in programs such as the National Safe Tractor and Machinery Operators Program, a program that youth must complete before they are permitted to operate farm tractors and powered machinery for hire.

Within the past year, the Pennsylvania Office of Rural Health (PORH) has unveiled a program that addresses the workplace safety needs of farm workers, particularly migrant and seasonal farm workers.

The Rural Health Farm Worker Protection Safety Program helps farm owners, growers, farm workers and their advocates recognize and implement federal Worker Protection Standards (WPS) developed by the Environmental Protection Agency. The new initiative focuses on practices that relate to implementing standards such as providing decontamination facilities, making safety information available to workers and meeting training requirements. The program is funded by the Pennsylvania

Department of Agriculture’s Bureau of Plant Industry and is a collaborative effort between the Department, PORH and the Penn State Pesticide Education Program.

“Basically, what we do is help farmers provide language-appropriate WPS training to their workers,” says Jim Harvey, who leads the program. “We also teach growers what they need to know in order to comply with WPS so the Pennsylvania Department of Agriculture doesn’t cite them for violations.”

As Harvey has begun to make presentations and visit farms, he says one of the biggest obstacles he has faced has been overcoming the stigma that he is there to cite farmers for any violations he might find. “Our role is not to be the enforcer but rather the educator,” he explains. “Ultimately, the goal

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## From the Director...



Quality. There are a myriad of terms used to denote quality: quality control, quality improvement, performance improvement...the list goes on. My Webster's dictionary gives no less than eight definitions for the term; perhaps the most appropriate that relate to health care are "degree of excellence" and "an inherent feature." No matter how it is defined, the concept of quality as a distinct goal is now an integral component of healthcare delivery across the United States.

The National Rural Health Association (NRHA) has embarked on a new initiative to address quality in rural health care. *Quality Through Collaboration: The NRHA Rural Quality Initiative* seeks to promote access to coordinated, high-quality health care in every rural community. The mission statement of the initiative charges that rural community-based healthcare delivery systems should cover the continuum of care, achieve optimal quality/performance standards, be financially viable, continuously improve performance and quality and address population health measures. The definition of quality used here comes from a 1990 report developed by the Institute of Medicine (IOM): "Quality of care is the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge."

NRHA's quality initiative is a five-year plan designed to advance the goals of a November 2004 IOM report, "Quality Through Collaboration: The Future of Rural Health." The NRHA quality initiative was designed with the belief that rural healthcare providers cannot only achieve high performance standards, but also can be leaders in the national quality movement. NRHA plans to work with these rural leaders to achieve the following recommendations outlined in the IOM report: demonstrate programs that work (recommendation 1); engage federal policymakers (recommendation 2); develop the rural healthcare workforce (recommendations 3-4); strengthen financial viability (recommendations 5-7); and invest in information and communication technology (recommendations 8-12).

In Pennsylvania, quality rural healthcare delivery systems exist throughout the state – from community-based partnerships addressing dental needs, to hospital consortiums joining to address patient safety issues, to rural health advocates championing rural health needs at the state and federal levels. Your state office of rural health is proud to represent those efforts within the context of NRHA's new initiative. For more information on *Quality Through Collaboration: The NRHA Rural Quality Initiative*, see the NRHA's Web site at <http://www.nrharural.org/quality/index.html>.

Do well, enjoy the summer months and be sure to stay in touch. ❖

### PORH Staff Selected for National Rural Leadership Program

The Pennsylvania Office of Rural Health is pleased to announce that Jennifer Hessert, assistant director, has been selected as the only state office of rural health representative to the 2005-2006 Rural Voices class. This program, co-sponsored by the federal Office of Rural Health Policy (ORHP) and the National Rural Health Association, builds leadership with the programs funded by ORHP. For more information, please contact PORH at 814-863-8214. ❖

## Partnership for Prescription Assistance Launched Statewide

The goal of the United Way of Pennsylvania is to improve people’s lives by mobilizing the caring power of communities across the Commonwealth. Local United Ways across the state work to achieve this goal by activating community resources to make the greatest possible positive impact in the communities that they serve. The Partnership for Prescription Assistance is a program that allows local United Ways in Pennsylvania to fulfill their mission and improve the quality of life for a significant portion of Pennsylvania’s population.

Often, local United Ways focus on specific areas for improvement in their respective communities. Many times, the focus is on community health or improving the lives of older Pennsylvanians and children.

For example, for about five years, the United Way in Greene County has funded a prescription assistance program at the Cornerstone Care Clinic. The value of medications provided through this effort totaled nearly \$1 million. The patients served through the program are 40 to 64 years old, 70 percent are working and 30 percent are disabled. The average family income does not exceed \$16,000 per year. In 2004, the chronically ill portion of the program served 317 chronically ill patients.

According to United Way of Greene County Executive Director Amy Widdup, “The Partnership for Prescription Assistance will do wonders for expanding services across our county.”

Unfortunately, the problem of providing affordable and accessible prescription medications exists in every community across Pennsylvania. More than 850,000 people in Pennsylvania are uninsured and need help paying for their prescription medicines.

The program invests in prevention, which eventually will lead to decreased health costs for workers and employers in the future. The medications available through this effort allow individuals to continue working and make an economic contribution to society. It also allows those with disabilities to be more self-sufficient.

The program offers an array of prescription drugs and many low-income patients may even qualify for programs that provide prescription medicines for free or nearly free. All it takes is a toll-free phone call to a trained specialist. Consumers can check their eligibility at an easy-to-use Web site, located at [www.pparx.org](http://www.pparx.org).

The United Way of Pennsylvania will be mobilizing the network of United Ways throughout the state to inform people about the drug coverage benefits available through The Partnership for Prescription Assistance. Thousands of brochures promoting this effort in communities across the state have been distributed. In addition, member agencies will be engaging in other activities to promote The Partnership for Prescription Assistance of Pennsylvania. ❖

For more information, please contact Tony Ross, president of Pennsylvania United Way at 717-238-7365 or [tony@uwp.org](mailto:tony@uwp.org).

## PORH Welcomes Intern

PORH welcomes Jessica Sheer as the office’s summer intern. Jessica is a senior majoring in health policy and administration at Penn State and is a native of Emmaus, Lehigh County. Last summer, Jessica was inducted into the Penn State Schreyer Honors College and will be conducting research with a faculty member and preparing a thesis before graduating in May 2006. Her research will focus on quality improvement by managed care organizations on depression disease management.

Jessica has spent the past year improving her skills in research methodology, database manipulation and applied statistics. After graduation, Jessica would like to work in the public health sector and continue her education at an accredited public health school.

In her free time, she enjoys being outdoors, reading, listening to all types of music and playing soccer. In addition, she likes to dance and choreograph. Jessica has taken an interest in modern, jazz, ballet and African and lyrical dance. ❖

## Pennsylvania Department of Health Celebrates 100th Anniversary

Pennsylvania Lt. Governor Catherine Baker Knoll and Pennsylvania Health Secretary Dr. Calvin B. Johnson officially kicked off the Department of Health's 100th anniversary during the "Centennial Health Fair" in the Atrium of the Keystone Building in Harrisburg on April 27.

The theme for the Department of Health's 100th anniversary was "Better Lives since 1905." The health fair, which ran from 11 a.m. to 2 p.m., featured a variety of fitness, healthy cooking and public health exhibits and demonstrations.

Baker Knoll read the Governor's greeting and provided remarks. Johnson talked about the history of the Pennsylvania Department of Health and the direction that public health will take in the future. Also speaking at the event were Dr. Patricia Potrzebowski, director of the Bureau of Health Statistics and Research and Loretta Dodson, Keystone State Games 2002 Kelly Cup recipient. ❖

For more information, contact Ambrose Potrzebowski at 717-772-5298.

## eHealth Conference Announced

Penn State is joining forces with the Pennsylvania Homecare Association to offer a conference on eHealth. The theme for the conference is *eHealthcare: From Research to Practice*. The conference will be held at the Penn Stater Conference Center and Hotel in State College on September 14 - 15, 2005. Keynote speakers are Russell Bodorf from the Center for Aging Service Technologies and Lamot DuPont from the Office for the National Coordinator for Health Information Technology. Topics to be addressed are the regulatory/legal issues of eHealth, creative funding sources for eHealth, eHealth and clinical health outcomes, coordinating eHealth across providers, getting buy-in for eHealth from nurses and physicians, eHealth and rural settings, eHealth and hospital settings and eHealth and web portals.

Managers and clinicians from hospitals, home health agencies, medical group practices, rural health programs and community health centers are encouraged to participate. A vendor exhibit will be held to demonstrate cutting-edge technologies. ❖

For more conference information, please visit [www.pahomecare.org](http://www.pahomecare.org) or [www.hhdev.psu.edu](http://www.hhdev.psu.edu).  
For registration information, please contact Tammy Sanner,  
at 800-382-1211 or [tsanner@pahomecare.org](mailto:tsanner@pahomecare.org).

## Rural - Urban Commuting Codes Define Rural Areas

The rural-urban commuting area (RUCA) codes classify U.S. census tracts using measures of population density, urbanization and daily commuting. The most recent RUCA codes are based on data from the 2000 decennial census. The classification contains two levels. Whole numbers (1-10) delineate metropolitan, micropolitan, small town and rural commuting areas based on the size and direction of the primary (largest) commuting flows. These 10 codes are further subdivided to permit stricter or looser delimitation of commuting areas based on secondary (second largest) commuting flows. The approach errs in the direction of more codes, providing flexibility in combining levels to meet varying definitional needs and preferences. RUCAs are used by HRSA's federal Office of Rural Health Policy in determining areas of geographic eligibility for grant programs funded through that office.

The 1990 codes are similarly defined. However, the Census Bureau's methods of defining urban cores and clusters changed between the two censuses. And, census tracts changed in number and shapes. The 2000 rural-urban commuting codes are not directly comparable with the 1990 codes because of these differences. ❖

To view or download the RUCA codes, please visit:  
<http://www.ers.usda.gov/Data/RuralUrbanCommutingAreaCodes/>

## Your County Can Become a Keystone Healthy Zone

In a move to address childhood obesity, 1,130 schools across Pennsylvania have pledged their support for healthy eating and physical activity by joining the 2005-2006 Keystone Healthy Zone (KHZ) Schools program. The free, annual program is provided by Pennsylvania Advocates for Nutrition and Activity (PANA), a statewide coalition funded by the Pennsylvania Department of Health and supported by the Pennsylvania Department of Education. The program, now in its second year, provides schools with free resources, materials, support, training and funding as they work to create healthier environments and address childhood obesity.

"Schools have the unique opportunity to have a measurable impact on the health of our students – and the choices they make," said PANA Executive Director Allison Topper. "Healthy students make better learners. We have developed a program that shows them affordable, simple ways to address these issues."

Last year, 912 schools became Keystone Healthy Zone Schools, forming after-school walking and fitness clubs, finding creative ways to incorporate nutrition lessons into the curriculum, offering healthier alternatives in the cafeteria and for school fundraisers, forming school health councils and developing wellness policies. One hundred mini-grants of \$2,000 were awarded to participating schools to help fund these initiatives.

"We have been collecting the success stories from our schools and are amazed at the incredibly innovative, fun, exciting ways they're encouraging and teaching better nutrition and physical activity," Topper said. "We are thrilled to see what the next school year holds!"

KHZ Schools celebrated their involvement on May 4 by participating in KHZ Event Day, a statewide event that encouraged schools to hold field days and other activities to promote physical activity and good nutrition. For information on KHZ Event Day, lists of stories and ideas from KHZ schools and to find a KHZ school near you, log onto [www.panaonline.org](http://www.panaonline.org).

U.S. Surgeon General Richard Carmona has stated that, "Because of the increasing rates of obesity, unhealthy eating habits and physical inactivity, we may see the first generation that will be less healthy and have a shorter life expectancy than their parents." There are twice as many overweight children today as there were in 1980, and almost three times as many overweight adolescents, according to the Pennsylvania Dietetic Association. The Pennsylvania departments of Health and Education have joined with PANA to reverse these dangerous trends and are relying on the help of families, educators, healthcare providers, community members and business leaders to join forces to create a healthier Pennsylvania. ❖

**For more information, contact Beth Trapani, PANA Communications Director,  
at 215-234-4647 or 717-439-4452 or [beth.trapani@verizon.net](mailto:beth.trapani@verizon.net).**

## American Cancer Society Launches the Great American Health Check<sup>SM</sup>, Sponsored by MetLife

The American Cancer Society's Great American Health Check<sup>SM</sup> launched on May 2 with the debut of the Great American Health Check online health assessment tool at [www.cancer.org/healthcheck](http://www.cancer.org/healthcheck). Developed by the American Cancer Society and supported in part by MetLife, the Health Check tool is an easy, confidential way for people to take control of their health by learning which early detection tests they need to catch cancer early.

The Great American Health Check<sup>SM</sup> aims to raise awareness of prevention and early detection behaviors that can affect an individual's cancer risk. By not smoking – or quitting if you do – maintaining a healthy weight and getting appropriate early detection tests, Americans can reduce their risk for cancer. To encourage Americans to get the early detection tests for cancer that are right for them, the Society has launched the Great American Health Check<sup>SM</sup>. The Health Check encourages prevention and early detection behaviors that address approximately two-thirds of U.S. cancer deaths.

In addition to recommending appropriate early detection tests, the Health Check also offers tips and tools for healthy lifestyle habits that can reduce the risk of getting cancer. Individuals can visit [www.cancer.org/healthcheck](http://www.cancer.org/healthcheck) to answer a few simple questions about themselves such as age, gender and family history of cancer. Based on that information, a personalized cancer action plan is generated that details tests that should be discussed with a physician. Consumers are encouraged to print their plan and use it to talk with their doctor. ❖

**For more information, visit the American Cancer Society Web site at [www.cancer.org](http://www.cancer.org).**

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is for us to do whatever we can to help the farmer stay in business and keep their workers safe.”

Despite the best intentions of these or any other farm safety programs, however, accidents happen. Therefore, equipping individuals with the ability to respond to accidents as quickly and effectively as possible once they occur is critical. For that reason, ASHP created Managing Agricultural Emergencies, a series of programs that educates and equips farmers, family members and emergency personnel about what to expect and how to react should a farm accident occur.

“Teaching individuals how to respond in an emergency situation has other benefits as well,” says Dave Hill, a senior extension associate and director of Managing Agricultural Emergencies. “With farmers and their families in particular, it causes them to ask what they can do to avoid a potential accident to begin with – in the long run, it can actually help make the farms safer.”

Currently, Managing Agricultural Emergencies offers three programs. The first, the Farm Family Emergency Response Program, teaches individuals what they should or should not do if they are the first to arrive on the scene of a farming accident involving one of their family members. The second program, Emergency First Aid Care for Farmers, takes things a step further by teaching individuals how to provide valuable care to an injured person using items found around the home and farm.

“It sometimes takes emergency workers 20 minutes or more to get to the scene of an accident,” Hill explains. “Knowing what to do to help the victim while waiting during those 20 minutes could literally save his or her life.”

PAgricultural Rescue Training program – helps local emergency service units develop strategies and procedures so they will be better prepared to respond to and manage on-farm emergencies. The program is taught through a series of modules that raise the emergency responder’s awareness level of farm accidents and train them to respond to specific scenarios that could occur – from accidents involving tractors and other machinery, to chemical hazards, to accidents in grain bins, silos and other farm facilities.

“The purpose of the program is to show emergency responders what they should do once they get there,” Hill says. “It’s important for them to see how these things happen so they can begin to develop strategies for responding to each situation.”

Once farm accidents and injuries do occur, farmers face the challenge of getting back on their feet and back to work. For some – particularly those who have suffered a disabling injury – this can be a daunting task.

Fortunately, farmers in Pennsylvania don’t have to face such challenges alone. Thanks to the efforts of Penn State Cooperative Extension and Easter Seals of Central Pennsylvania, they can turn to a program such as AgrAbility for Pennsylvanians for much-needed support.

“The goal of our program is to work with farmers who have suffered an injury or disability and find viable ways to keep them working on their farms or in the agricultural industry,” says Linda Fetzer, AgrAbility’s project assistant and outreach coordinator. “The majority of these people want to stay in farming – they don’t want to be trained in another field. It gets tricky sometimes, but we try to find ways to help.”

Services provided through AgrAbility include on-site farm assessments to discuss daily tasks that are difficult because of the disability; identification of modifica-

tions, equipment or assistive technology that helps the farmer to better complete the task with reduced pain; referrals to state/local resources and programs; and peer and caregiver support information.

“The biggest misconception about our program is that we provide funding for modifications, which is not the case,” Fetzer says. “However, we work with the farmer and the Office of Vocational Rehabilitation [in the Pennsylvania Department of Labor and Industry] to help farmers get the assistance that they need.”

Fetzer says the need for services provided by the AgrAbility program continues to increase. “We made 89 farm visits in the past year alone,” she says. “That’s triple the number of visits we made three or four years ago.” ❖

For information regarding any of these programs, please contact:

Penn State Agricultural Safety and Health, Dr. Dennis Murphy, Professor and Program Leader, 814- 865-7157; [djm13@psu.edu](mailto:djm13@psu.edu)

Rural Health Worker Farm Safety Protection Program, Jim Harvey, Program Coordinator, 814- 863-8214; [jdh18@psu.edu](mailto:jdh18@psu.edu)

Managing Agricultural Emergencies  
Dave Hill, Program Director, 814- 865-2808; [deh27@psu.edu](mailto:deh27@psu.edu)

AgrAbility for Pennsylvanians  
Linda Fetzer, Project Assistant/  
Outreach Coordinator, 814- 863-7490; [lmf8@psu.edu](mailto:lmf8@psu.edu)

## Department of Health Celebrates 500<sup>th</sup> Placement in Primary Health Care Program

Partners of the Pennsylvania Primary Health Care Practitioner Program, which announced its 500<sup>th</sup> placement this past January, recently gathered at offices of the Pennsylvania Department of Health to celebrate the program's success.

Introduced by Secretary of Health Dr. Calvin B. Johnson were Jennifer Burks, acting director of the National Health Service Corps (NHSC), and Robert S. Zimmerman, Jr., regional director of the US Department of Health and Human Services (HHS). Partners were recognized with the presentation of certificates of appreciation.

Dr. Luis Aparicio was Pennsylvania's first J-1 Visa Waiver Program placement. He started on February 1, 1992 and worked as a pediatrician at Metabolic Disease Associates in Erie until February 1, 1994. He is still employed at this site and has added adult and pediatric endocrinology services to his practice.

Dr. Helena Choi, the 500<sup>th</sup> participant, is working at Keystone Rural Health Center's Family Practice Center in Chambersburg, Franklin County. Dr. Choi is board certified in internal medicine and pediatrics. Keystone Rural Health Center is a Federally Qualified Health Center (FQHC) which provides medical services to low-income people and migrant farm workers.

Michael Discavage, PA-C, continues to work at SouthEast Lancaster Health Services (also a FQHC) more than seven years after he completed his four-year service commitment under the program in September 1997.

Act 113 of 1992 authorized the establishment of the Primary Health Care Practitioner Program in the Bureau of Health Planning. The Bureau, which acts as the state Primary Care Office, has imple-

mented a systems approach to improving access to primary medical and dental care. No program stands alone; rather programs are arrayed along a continuum which includes pre-professional education, community development and recruitment/retention initiatives.

The Bureau's partners within the state include the University of Pittsburgh, Governor's School for Health Care; the University of Pennsylvania, Bridging the Gaps; the Area Health Education Centers; the Pennsylvania Forum for Primary Health Care; the Pennsylvania Office of Rural Health; and the Pennsylvania Higher Education Assistance Agency.

The Bureau partners with federal agencies within the Health Resources and Services Administration, including the Bureau of Health Professions, the Bureau of Primary Health Care, and the Office of Rural Health Policy. The Bureau of Health Professions includes the National Health Service Corps (NHSC), the Shortage Designation Branch (SDB) and the State Loan Repayment Program (SLRP).

Accomplishments of the Bureau of Health Planning include:

- 513 primary healthcare practitioner placements;
- 58 percent of Loan Repayment Program (LRP) and 35 percent of waiver participants remain at their original site at least one year after the end of their commitment;
- 80 percent of LRP and 53 percent of waiver participants remain in Pennsylvania after their commitment ends;
- It is estimated that access to healthcare services has more than increased by more than 749,000 visits annually

because of these recruitment and retention programs;

- Since the beginning of the program, an estimated \$132 million and 1,104 new jobs have been added to the local communities in which physicians were placed;
- 98 percent of the Community Challenge Grants are still operational and have resulted in an estimated 200,000+ patient visits annually.

Pennsylvania's Loan Repayment Program accepts practitioner applications quarterly. Due dates are the 15<sup>th</sup> of November, February, May and August. LRP applicants have a decision on their application within six weeks of the due date. Practice Site applications for both the Loan Repayment Program and Visa Waiver Programs may be submitted at any time. ❖

For more information, visit the Pennsylvania Department of Health's Web site at [www.health.state.pa.us](http://www.health.state.pa.us).

Under the Health Professional & Provider heading at the top of the page, click on Primary Care Practice Opportunities, or by calling the Bureau of Health Planning at 717-772-5298.



*Edward G. Rendell, Governor  
Calvin B. Johnson, M.D., M.P.H., Secretary of Health*

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## Conference Calendar

July 11 - 13

**The Clock is Ticking for Rural America: A Behavioral Health and Safety Conference**  
Bloomington, MN  
Contact: 712-235-6100 or [www.agriwellness.org](http://www.agriwellness.org)

July 27-30

**American Academy of Family Physicians Conference**  
Kansas City, MO  
Contact: <http://www.aafp.org/conference.xml>

July 28 - 30

**Health Forum and the American Hospital Association Leadership Summit 2005, Innovating for Performance Improvement**  
San Diego, CA  
Contact: 218-727-9390 or [rhrc@ruralcenter.org](mailto:rhrc@ruralcenter.org)

September 18 - 20

**National Association of Community Health Centers Annual Convention and Community Health Institute**  
Miami, FL  
Contact: <http://www.nachc.com/>

October 19

**2005 Keystone Breast Cancer Conference**  
Harrisburg  
Contact: <http://www.pabreastcancer.org>

October 24 - 28

**Pennsylvania Public Health Association**  
Pittsburgh  
Contact: 717-558-7850 ext. 1462

November 5 - 9

**American Public Health Association**  
New Orleans, LA  
Contact: [diane.lentini@apha.org](mailto:diane.lentini@apha.org).