

Politics and Economics

Navigating health care still a challenge

by Tina Peterson

Georgette D'Elia feels nervous in hospitals. Many people do, but she has a good reason for it. Her 89-year-old father Dante D'Elia has been in and out of four different health care facilities in the region over the past year and a half. The care he has received has ranged so widely in quality that Georgette and her mother, Debbie, are often afraid to leave him alone at night in a hospital bed.

The D'Elias live in Altoona, but they now come to Mount Nittany Medical Center because they said Dante always receives very good care there. Like many consumers, they found health care providers they trust through trial and error.

"This is the only place we feel safe to bring him," Georgette said.

Dante had gall bladder surgery at a hospital in Altoona in January 2009. Georgette said a doctor there forgot to prescribe post-operative antibiotics, and Dante developed an infection that became an abscess.

Complications with his feeding tube followed, and he spent the next 16 months going in and out of various hospitals in Altoona and Johnstown.

Debbie and Georgette described care that ranged in quality from unprofessional to incompetent to neglectful. They said they were especially horrified at the treatment he received at a long-term acute care hospital in Johnstown, where they said he was dehydrated and near death after 11 days there.

After her father's experience at that hospital, Georgette began to research health care facilities in the area. She found an article published in *The New York Times* in February that included disturbing statistics about Select Medical Corporation, which owns that facility and others around the country. According to the article, in 2007 and 2008 "Select's hospitals were cited at a rate almost four times that of regular hospitals for serious violations of Medicare



Photo by Tina Peterson

Debbie D'Elia holds an attachment for the abdominal feeding tube needed by her husband Dante (right). Dante has been in and out of four health care facilities since he had complications following gall bladder surgery in January 2009.

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Assumptions differ about growth in Centre Region

by David Hutto

Local and regional governments spend hundreds of thousands of dollars a year on the salaries of professional planners while local residents have shown little interest in the process unless it appears within their sightline.

"0.08 percent of the population showed up to provide any kind of comment" on the region's five-year comprehensive plan, said Trisha Lang, director of Planning and Zoning for Ferguson Township, who added that the prevailing attitude goes something like, "As long as it's not next door to me, I just don't care. People don't care."

At the end of February and through March, six public meetings were held to discuss potential changes in the plan. Total attendance for the six meetings was 76 people.

Professional planning staff at the municipal and regional level anticipate slight growth in the region, but some local resi-

CENTRE COUNTY POPULATION AND EMPLOYMENT FORECASTS						
	2000 Total Population	2030 Total Population	% Population Change	2000 Total Employment	2030 Total Employment	% Employment Change
Centre Region	79,406	103,786	30.7%	31,552	37,315	18.3%
Lower Bald Eagle Valley	8,025	8,612	7.3%	1,784	1,834	2.8%
Moshannon Valley	6,960	7,892	13.4%	2,512	2,965	18.0%
Mountaintop	2,941	3,394	15.4%	573	585	2.1%
Nittany Valley	22,006	31,696	44.0%	8,579	14,721	71.6%
Penns Valley	11,382	16,263	42.9%	2,506	2,954	17.9%
Upper Bald Eagle Valley	5,038	6,204	23.1%	506	837	65.4%
Centre County	135,758	177,847	23.7%	48,012	61,211	21.6%

Figure from the 2003 Centre County Growth Forecasting Project
Regional governments, city planners and citizens hold differing opinions on how much Centre County will grow—and how much it matters.

dents say planning for more growth is not the solution.

The State College metropolitan area has a population of 86,000. Nevertheless, in the next 30 years, this region is expected to add an estimated 20,000 people, according to Jim May, director of Centre Regional Planning Association.

Regional planners assume growth, and based on this assumption, plan for more

housing and greater demands on infrastructure.

May said people in the region want a "sustainable" growth model. The dominant local attitude, he said, is "We want to accommodate growth, but don't ruin what we have now." Examples of sustainable growth, according to May, would be recreation, tourism and health care.

Sustainability is popular now. If growth is

inevitable, then sustainable growth is surely a better approach, according to many planners. But some residents say this issue is not as simple as that.

"The whole idea of sustainable growth we consider an oxymoron," said Bill Sharp of Transition Town State College. In contrast to local planners, Sharp and his group work from an assumption that population growth is not inevitable, though it will happen if jobs draw people into the region. Sharp's beliefs are based on one inescapable and profound idea—that the economy will change drastically because cheap oil is ending. The easy oil, as he points out, is gone, which is why companies are precariously drilling a mile below the surface of the ocean in the Gulf of Mexico.

Katherine Watt, also of Transition Town, wants to incorporate the concept of expensive oil into local planning.

see Growth, pg. 9

PSU prof disputes damage drilling will inflict

by Hannah Abelbeck

The environmental risks related to drilling for gas in the Marcellus are worth the costs, according to Terry Engelder, professor of geosciences at Penn State.

Engelder has been a vocal advocate of Marcellus development, and it was his estimates of how much gas could be recovered from the shale, a figure announced in a Jan. 2008 Penn State press release, that helped spur the current rush.

The events that have followed have "been a life changer," Engelder told Voices. Since then, the professor, who keeps meticulous records, has spoken with 139 reporters, 194 natural gas companies, and will soon give his 146th presentation on the Marcellus in Buffalo, N.Y. he said.

"I go home and work and fall asleep thinking about this," Engelder said.

In addition to Engelder's professorial responsibilities, he consults for the gas industry as a principal in Appalachian Fracture Systems, Inc. with Gary Lash, a geosciences professor at SUNY Fredonia, and co-author with Engelder on the Marcellus estimates. AFS consults with geologists and engineers, landowners and investors, providing estimates, explanations and advice.

"They're all part of the same continuum," Engelder said of his roles as teacher, researcher and private consultant.

He likened it to his role as a professor itself, with its three separate responsibilities of teaching, research and service. "It's kind of hard to tell whether it's teaching,

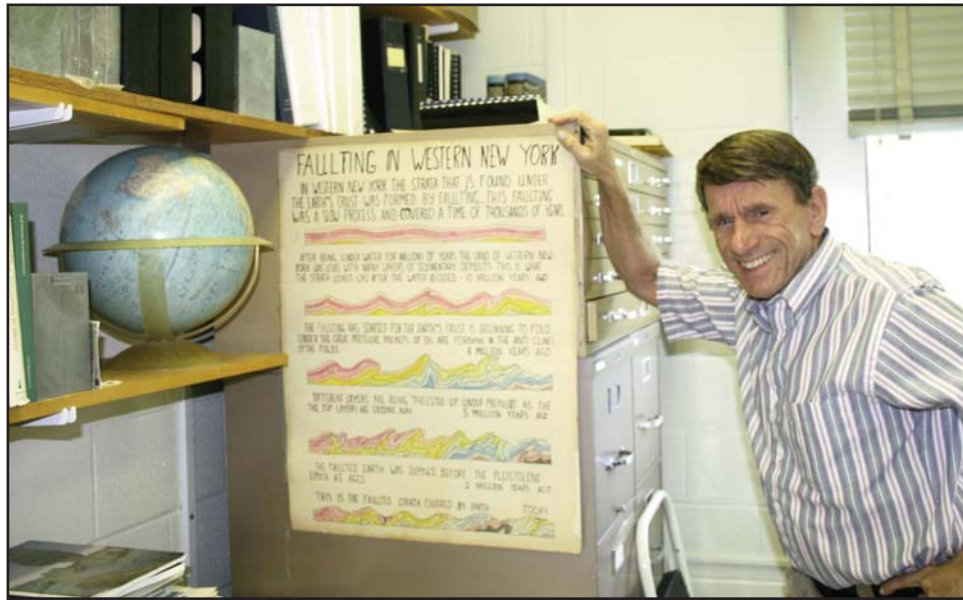


Photo by Hannah Abelbeck
Terry Engelder, a Penn State geosciences professor, drew this map of geologic formations for a 7th grade science fair project. Engelder is an influential advocate for natural gas drilling.

research or service," he said.

Engelder's Marcellus estimates and his willingness to talk with the media are an outgrowth of "30 years worth of work," he said. Now, it has "brought millions back. The money that comes back to Pennsylvania is a manifestation of that press."

All of the hours traveling, juggling appointments and answering questions are worth it, he said. "When I recognize the value of this to the United States, if I'm in it for a dime, I'm in it for a dollar."

Engelder said he believes shale gas is the "simultaneous solution" to five big national problems: huge federal debts and state

deficits, an unfavorable balance in international trade, uncomfortably high rates of unemployment, multiple global wars driven in part by perceived threats to supplies of foreign oil, and an uncertain future associated with global climate change.

None of these have yet to play out in Pennsylvania.

Pennsylvania has yet to pass a severance tax or HB 10, a bill that would generate tax revenue by restoring local real estate assessment for oil and gas. According to a 2009 report by the Pennsylvania Budget Policy Center, a non-partisan public policy research group, drillers of more than 70 percent of the wells in the Marcellus Shale will pay the state's 3.07 percent Personal Income Tax (PIT) rather than the 9.99 percent Corporate Net Income Tax (CNIT).

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ules.”

Debbie said she learned about others' bad experiences at the facility through chance conversations with strangers. She and Georgette agree they'll never let Dante be transferred to that hospital again.

How do you know?

The D'Elia family's experience is an extreme case, but it illustrates the uncertainty and fear many people face when navigating the health care system. How does a man needing prostate surgery find the best doctor? How does a woman needing a hysterectomy find the best hospital? How does a patient learn about all treatment options in the region, or find out who performs the latest, state-of-the-art procedures?

Looking up information about a physician on the Internet is much more difficult than, say, looking up a movie or a vacation destination. Many consumer ratings websites exist for doctors but the information available on them is patchy at best. For example, the user-driven review site Angieslist.com does not yet have enough charter subscribers in central Pennsylvania to offer reviews of physicians in the area. Websites offering searchable data on hospitals, however, are more widely available (see sidebar).

Comprehensive databases on doctors do exist, but they're not available to the public. The National Practitioner Data Bank provides information for state medical licensing officials and health care facilities to monitor and discipline physicians engaging in unprofessional conduct. It's also meant to

prevent incompetent health care practitioners from moving from state to state without disclosure of malpractice payments or other spots on their records. But a patient concerned about the qualifications of his doctor can't gain access to it.

Even if the data were accessible, research suggests that people don't use the Internet very often to learn about health care providers. More than 50 percent of Americans rely on friends and relatives for advice about choosing a primary care physician, according to a 2008 poll by the Center for Studying Health System Change. Only 10.8 percent look to online physician ratings sites for information.

The picture looks a little different when it comes to choosing a specialist. In those cases, 68 percent of people rely on recommendations given by their primary care physician, and only about 20 percent seek advice from friends.

In all cases, only 2 percent of people polled by the center said they had ever changed physicians based on ratings they read online. When it comes to finding doctors, it seems word of mouth is still king.

Accidents happen?

Bellefonte resident Mary Vollero is one of many who followed the advice of her primary physician to see a particular specialist. In her first office visit, the specialist interpreted a recent test result and gave Vollero a surprising and unwelcome diagnosis.

“He was proposing this procedure that was pretty dramatic, and I was kind of shocked and upset,” Vollero said.

A few days later the doctor's office called and said he had read the chart wrong. “I don't even think they said they were sorry,”

she added.

Before she received the news, Vollero had already decided to seek a second opinion from the other specialist her family physician recommended. This time, she learned that no procedure was necessary.

Vollero has been reluctant to call the first doctor on his error, partly because she has friends who have had positive experiences with him.

“Is it just a fluke that an accident happened, that he read it wrong?” she wondered aloud. Ordinarily, she said, she would take action in such a situation. But she wonders if it wasn't just an honest mistake, and she hasn't yet decided whether she will pursue the matter.

After the experience, Vollero said, she talked with several of her friends and found out that many people in her social network feel they have had unnecessary procedures, perhaps because they weren't aware of their options.

Her attitude and behavior as a health care consumer has changed, she said.

“I feel a lot more cautious, and like I need to be informed.”

How do doctors know?

It may come as a surprise to patients that many doctors rely on low-tech word-of-mouth networks of knowledge for their referral decisions. Kristen Grine, D.O., a family medicine physician with the Penn State Hershey Medical Group in State College, said that for specialist referrals, she relies mostly on her personal experiences with doctors.

see Health, pg. 6

Online resources for managing health care

Hospital Compare (U.S. Dept. of Health & Human Services)

www.hospitalcompare.hhs.gov

A searchable database of hospital quality measures, including overall consumer assessment and treatment of specific conditions.

Quality Insights of Pennsylvania

www.qipa.org

Information on rights and benefits available to Medicare patients.

Private MD

www.privatemdlabs.com

For those who need regular blood work or other tests, a directory of nearby labs that offer affordable testing direct to the consumer.

Google Health*

www.google.com/health

After some initial setup, allows user to track personal and family medical records, prescriptions and test results and is accessible from anywhere with an Internet connection.

Microsoft HealthVault*

www.healthvault.com

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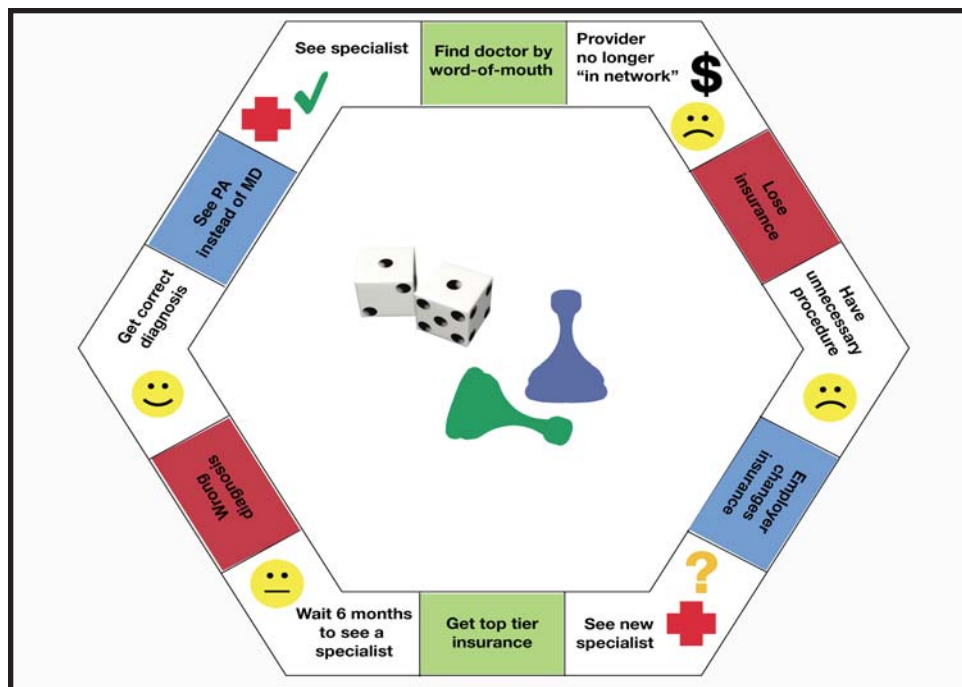
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Grine said she's familiar with many practices in town because she grew up in the area. She said she also learned a great deal about other doctors in the area during her residency, when she worked in several different practices.

"You learn the ropes because you're at the hospital elbow-to-elbow with these specialists," she said.

She also pays attention to what her patients say. If someone comes in to see her and raves about a particular physician, Grine said she'll be more likely to send other patients to see him or her.

If she doesn't have any experience with physicians in a particular specialty, she said, she does online research using many of the same websites and search engines her patients might use. The only difference, she said, is that she can frequently get access to a particular doctor's e-mail address and contact him or her directly



Graphic by Tina Peterson
Even the latest health care reform legislation does little to help patients navigate through a system that operates largely by word-of-mouth, insurance company dictates or the financial interests of healthcare corporations or physicians groups.

worked in an office of one of the big providers in the area, he said it was often easier to refer patients to specialists within that system because he knew they would accept the same health insurance.

Simpson said doctors also tend to make referrals within their own system because they're more familiar with those doctors, and because communication between doctors' offices is less prone to error when they're both in the same system.

The inner workings of insurance companies also impact patients, sometimes in ways that are not known until weeks after a doctor's visit. Simpson said he has seen many cases in which an unexpected change in a patient's insurance ends up making him or her responsible for paying costs out-of-pocket. Nearly every time he refers a patient, he said, he has to call their insurance company and double-check to see if the other physician is within their network. Sometimes there is uncertainty as to whether a visit to the other physician would be covered.

"It resulted in a lot of people being stuck with the medical bill," Simpson said.

Based on his own experiences as a physician practicing in several different cities over the years, Simpson believes much of this switching of networks is a deliberate practice on the part of the insurance companies. He said he thinks that a lot of the complexity in the health care system is designed to maximize their profits.

"Their bottom line depends on being able to avoid paying money for healthcare," he said, so they make the process so confusing that it's unclear what is covered and what is not.

Paying attention

Not everyone shares Simpson's opinion that the health care system is so dysfunctional. Several years ago, John Dickison underwent 20 surgeries in 16 months after a serious motorcycle accident. His medical team included orthopedic specialists, a plastic surgeon and a specialist in infectious diseases. He said he was very happy with the care he received and that he feels lucky to have insurance, without which he estimates his treatment would have cost him well over \$1 million.

with questions.

Two local physicians said communication among doctors in the region used to be quite different. Bellefonte residents Gay and James Dunne are retired dermatologists who had a private practice in State College for 30 years, and who now volunteer for Centre Volunteers in Medicine. In the 1970s they belonged to Centre County Medical Society, a professional association for local doctors.

"It was a very good means of communications between physicians," Gay said.

The organization became less active by the early 1990s, and the Dunes observed that its decline coincided with the rise of the big health care groups in the region. Gay said she thinks this change has had an unfortunate impact on communication among physicians.

Now, she said, "they behave more like employees instead of independently thinking people."

Networks and coverage

The inner dynamics of big health care groups in the region can influence what options are available to patients. This influence is often more apparent to physicians who make referral decisions. Paul Simpson, M.D., is a physician with a private practice in Clinton County. In the past, when he

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Author illustrates worldwide problem of child abuse

by Art Goldschmidt

Caryn West has a story to tell. West, a poet with a penchant for illustration, recently spoke at Penn State's Paterno Library about her illustrated book, "The Trouble with the Alphabet: Through the Eyes of Innocence," which chronicles instances of child abuse in 26 countries of the world.

"I can't stop evil, but I can create goodness," said the author, as she talked about how she created her book. She chose to use pictures that she painted from photographs, and poems that she wrote in a style a child might use to depict some of the ways young children suffer or are exploited in countries ranging from Afghanistan to Zimbabwe.

Pictures and poems draw us into reading stories of children dying of malnutrition in Djibouti, abused girls who become sex workers in Fiji; sweatshop laborers in Indonesia; girls sold for domestic servitude in Nepal; young boys turned into camel jockeys in Qatar; and whole families terrorized and starving in the Moroccan-ruled Western Sahara. Many a land viewed as a tourist paradise harbors a living hell for children, West told her audience.

To give readers a chance to change the situations they read about, West ended each section of her book with a page describing an organization that raises money or has instituted a program that can help the children or their families in the relevant country. For instance, an organization called SOS Children's Villages Jamaica operates two villages caring for young children and four youth facilities for teens in Jamaica, a nation

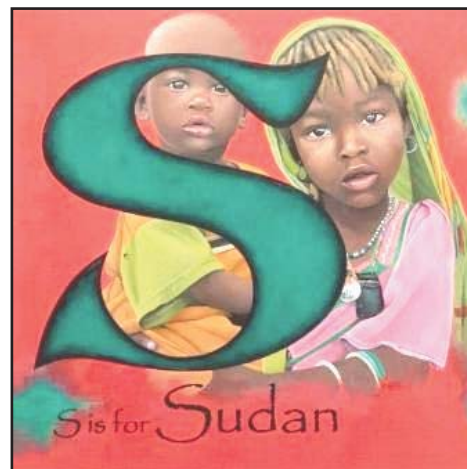
"Have the wisdom to not judge what you cannot imagine. If you can't feel compassion, see the practical side: try to imagine being sold a dozen times in Yemen."

--Caryn West

plagued by the illegal drug trade, armed gangs, and police corruption, and burdened with the world's leading murder rate.

Even people who have lived in a country and have come to understand its culture and society may not know much about living conditions for children without wealth, connections or access to education. West told about an expert on Fiji who was shocked when he read in her book about young girls being raped by family members and their suicide rate. "No matter how much we know about a place," she told a class of State College Area High School students that was attending the reading, "It matters to know that something wrong is happening to a child."

West asked a student to volunteer to read aloud a section about a little girl in Nepal who had been sold by her parents to become a sex worker. The girl who volunteered began reading, but broke down before she could finish. According to West, no high school student ever has managed to get through the whole poem at any of her read-



Caryn West self-published her illustrated book.

ings. Three ninth graders interviewed after West's talk agreed that it had told them much that they did not know, and said that they were motivated to act on their feelings of compassion.

West described herself as a self-taught graphic artist and writer who has become passionate about working on humanitarian projects. Her goal, she said, is to teach empathy. "Have the wisdom to not judge what you cannot imagine. If you can't feel compassion, see the practical side: try to imagine being sold a dozen times in Yemen," she said.

West overcame many obstacles in writing her book, she told the audience of about 35 people. Every country she selected had to be researched carefully regarding its treatment of children. She and her husband chose to publish the book themselves, and found an angel investor on the very day that

the bank foreclosed on their house in southern California. Many organizations, including United Nations agencies, refused to help because her book draws attention to human rights abuses in Tibet, which has been ruled by China since 1950. Oman's government tightly controls all information sent out of the country. In 2006, it signed a free trade agreement with the U.S. with very weak labor rights provisions, facilitating the spread of sweatshops in Oman. The printing of her book was delayed because of fouled up production in Korea and then in the U.S. The hard drive on her computer crashed, and one of her back-up disks was defective, but the other worked. Her first radio interviews lost their audio portion before they could be broadcast. Heavy snows fell during her first book signings.

But now that the book is out, its success has been clear: as people read her book, they are inspired to act. Even her daughter, now 19, is majoring in photojournalism in the hope of telling Caryn West's story. She hopes to do a documentary where she will find each child whose photo was used for the portraits she painted and to give that child a book.

West's local talks were sponsored by the Penn State Libraries Diversity Committee and the Centre County Chapter of the United Nations Association/USA. She was invited to central Pennsylvania by Kappa Delta Pi, an international honor society in education, which has a chapter at Penn State Altoona. Its faculty adviser, Barbara Hong, read the book, phoned the author, and arranged her visit.

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Instead, Pennsylvania has used leasing of state forest land to cover gaps in the state budget, angering environmentalists.

While the industry claims that natural gas will lead to energy independence for Pennsylvanians and for America, critics have pointed out that currently Pennsylvania burns natural gas from the South and Southwest and exports its own gas to the Northeast. Furthermore, gas companies are currently connecting more pipelines to Canada and to the Atlantic coast for gas export.

Engelder said that selling overseas is good for the United States since it will help the trade deficit, which he attributes largely to oil imports. Yet press releases announcing recent joint ventures between drilling companies operating in Pennsylvania and foreign companies including StatOil, Reliance Industries, Mitsui, BP and Total reveal partnerships that might make national boundaries irrelevant.

Engelder said those partnerships were necessary because companies needed access to capital since drillers were "expending money faster than they can drill."

Engelder cited Robert Watson's work as a source for his assertion that Marcellus development will dramatically improve employment rates and the Pennsylvania economy. Watson is a retired Penn State geosciences professor, and the Marcellus Shale Coalition, an industry group, paid Penn State \$100,000 for a 2009 study entitled "An Emerging Giant."

"The report is an exercise commissioned by the natural gas industry to try to prevent the State of Pennsylvania from imposing a severance tax on natural gas. An intelligent lawmaker should not take this study seriously," said a report by J.M. Barth & Associates, Inc., a New York economic research and consulting firm.

Engelder said he was unaware of this critique, adding that "I'm not an expert myself" and "I don't comment" on the economic debates. "We all want to become sustainable," said Engelder. "It will take the better part of a century to achieve that. Gas will take us into the better part of the next century."

"We all enjoy our lifestyle that we have. 100 trillion cubic feet is responsible for all

this," he said. "My assumption is that modern man will want to move about the way we do today," he said, adding that he believes our taste for a variety of tropical produce and our enjoyment of light after dark, indoor heat and air conditioning mean that our demand for fossil fuels will not change much.

Engelder said he believes Pennsylvanians must sacrifice to maintain their lifestyle. "My heart goes out to landowners whose mineral rights have been severed," he said. "It's that type of sacrifice that we're talking about. It's a necessary sacrifice."

Engelder hopes that "operators will come to recognize this sacrifice." If they do, he said, they will be more careful and sensitive. "These guys think about it," he said.

The industry has been criticized for pushing self-regulation rather than government regulation, but Engelder disagrees.

"There is an absolute need for regulation," Engelder said.

But Engelder agrees that this drilling comes with a risk to the environment.

"This is a very complex industry and there will be accidents," he said. "People expect that level of risk in automobiles."

"If we want to talk about sacrifice, then we look to Dimock," he said, referring to the best-known Pennsylvania site for drilling accidents.

Engelder acknowledged that surface spills and other problems with the drilling process can cause water contamination. He provided a figure from the Pennsylvania Department of Environmental Protection which implies that 0.25 percent of wells negatively impact groundwater.

This statistic does not include surface accidents like spills or casing failures that happen below ground. A 2007 Penn State Cooperative Extension study of 200 private water wells concluded an estimated eight percent of wells experience mild to severe impacts from nearby natural gas drilling.

Additionally, Engelder and industry sources have charged that gas will not migrate from the Marcellus to the surface, but a U.S. Geological Survey study in Tioga County, Pa., showed that gas migrated from below the Marcellus to the surface. Because of this, gas can compromise groundwater and can explode.

After the interview, Engelder contacted Voices to say he had followed up on that study and that indeed the conclusion was that gas can migrate.

from Health, pg. 6

"I couldn't have afforded anything. Heck, my artificial leg cost more than our house," he said.

Dickison acknowledges that insurance companies can be unwieldy, but he said he believes patients need to be actively involved and take responsibility for tracking their own care. It's vitally important, he said, to keep good records of everything, from policy numbers to medications and when to take them.

He said he learned the hard way how important it is to keep track of a medication schedule. One morning in the hospital, he said, he noticed that he hadn't been given his usual medications and he alerted a nurse. The hospital's new computerized system had not automatically renewed the prescriptions he was on, he said, including some intravenous antibiotics. By the time the error had been flagged and his antibi-

otics were started up again after a day or two, the infections his body was fighting had given him a fever of 104 degrees.

That experience was the only blemish on a course of treatments that Dickison said he was very pleased with overall. Mistakes can happen, he acknowledged, but when care involves multiple medications and treatments, the patient needs to help too.

"It's incumbent on the patient - or the patient's caretakers - to be on top of that stuff," Dickison said.

The positive impact of patients' active involvement on their own care is supported by recent research, according to the U.S. Department of Health and Human Services' Agency for Healthcare Research and Quality.

Shots in the dark

The best way to keep track of medical

see Health, pg. 9

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from Health, pg. 6

records, prescriptions and treatments, most health care providers agree, is to cultivate a relationship with one physician over time. But Ann Glaser learned that sometimes a person needs a fresh perspective.

Glaser had seen the same optometrist for 15 years, who recommended that she see a neurologist and an ophthalmologist when she began having double vision. Each specialist gave her a different diagnosis, both of which turned out to be incorrect.

“No one had put a real constellation of symptoms together,” she said.

Glaser went to see a new optometrist, who immediately asked her if she had been losing weight recently. She said she had, and this doctor whom she had never seen before was able to make the correct diagnosis of thyroid disease.

She added that several of the local doctors she has seen didn't seem to be very

good at diagnostics. For example, a gastroenterologist in the region did not test her for gluten allergies. But it was the first test a gastroenterologist in Philadelphia ran on her when she went there.

Connecting the dots

It's always easier to see connections when one has access to all the information. This is the basic idea driving the adoption by many health care providers of electronic health records, or digitized medical histories that can be shared among doctors' offices and hospitals, and kept constantly up-to-date by physicians. A push toward electronic health records was included in recent federal legislation including the health care bill.

Opinions vary widely among physicians about the effectiveness of such systems, and some consumer rights groups argue that digitizing and sharing personal information may threaten patients' privacy.

Some health care systems dedicate staff

members to help patients connect the dots for care and treatment. For example, nurses in Geisinger's Proven Health Navigator (PHN) program help patients manage chronic conditions, monitor early warning signs of problems, and help them get appropriate treatment early enough to avoid an emergency room visit.

“What we try to do is prevent health issues before they occur,” said Patricia Urosevich, National Media manager for Geisinger.

Urosevich said the PHN program is a marriage between Geisinger Health Plan and Geisinger Health System.

But Gay Dunne said she is not convinced that partnerships between insurance compa-

nies and health care providers always function with the best interests of the patient in mind.

“It's almost a conflict of interest, in my opinion,” she said.

Dunne said she thinks patients need to be their own advocate, and that requires a lot of information. She said patients should do research to find out what they can, take initiative to have conversations with their primary care physicians, and not depend on the system to make decisions that will benefit them the most.

“People will not be taken care of by the health care system,” she said. “They need to take care of themselves.”

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sive oil into local planning.

“I'd like to see a chapter on peak oil and population stabilization or population decline put into the current update of the Centre County planning documents,” said Watt, who did not attend any of the comprehensive planning sessions.

Centre County is divided into seven planning areas, and State College Borough is located in the Centre Region with five other municipalities— College, Ferguson, Harris, Patton and Halfmoon Townships. Together these municipalities form the Council of Governments coordinate emergency services, transportation, parks and recreation, the library and sewer service.

Land-use planning with zoning rules is done more locally by individual municipalities. Although the townships and the borough coordinate in some ways, Lang said “the conversation really isn't what it could be.”

The current system of planning is predicated on a model of growth and increase, working from past trends. Extrapolating from the past, planners project future growth.

“Historically we've had about one percent growth per year,” said Carl Hess, planning director of State College Borough.

Mark Holdren, the planner for College Township, said that in a town dominated by a large university, so that “you're always going to have a need for new housing.”

But Sharp offers another approach.

“We have to come up with a non-growth model,” instead of the constant growth model used by the municipalities, he said. Sharp added that there needs to be a dramatic switch to relocalization, or focusing on use of local resources. One example of this is the growing number of people trying to eat more locally-grown food.

Watt also said that the assumption of growth in population is leading in the wrong direction.

“Planning for the last century or so has been based on the historic trends of population growth as a driver for economic growth. That formula can't work forever. It hasn't worked for a while, actually, because more population and housing puts greater strains on ecosystems, social systems and municipal budgets.”

Nevertheless, local planners walk a difficult technical tightrope between demands for housing, retail and other forms of growth, and equally prominent demands for preserving green space, maintaining historic regions and holding down sprawl. Knowing what people want is part of the process.

Would public interest be higher if people saw the issues in other terms? Watt thinks so.

“Designing this region around economic growth and population growth will no longer work because cheap oil is about to run out,” she said. “How are we all going to survive together without it?”

Sharp, for one, is pessimistic about the prospects of more interest in public planning.

“Unless there's a real crisis there's not going to be any change,” he said.

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