

DIRECTIONS

FALL

2003

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Symposium To Highlight PHMC HIV/AIDS Research

Letter from the President

HPC Conference on Treating Obesity in Children

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PHMC, HPC Partner with UPENN

NNCC Conference on Health Disparities



A Publication of Philadelphia Health Management Corporation

NEW BRIDGE TREATMENT HELPS KIDS STAY ON TRACK

When Rashaud came to The Bridge, he trusted no one. He had never known his father and he hadn't seen his mother in four years. He says The Bridge helped him deal with his past and look to the future.

Jimmy credits The Bridge with reuniting him with his family after his drug problems landed him in jail for assaulting his father.

Thanks to ongoing support from the Philadelphia Behavioral Health System and a new grant from the U.S. Department of Health and Human Services' Center for Substance Abuse Treatment (CSAT), The Bridge has expanded services to help teenagers like Rashaud and Jimmy get the help they need. The grant, awarded in October 2002, is part of a nationwide CSAT initiative that supports adolescent residential treatment centers in 17 states across the country.

"This year has been an exciting one for us at The Bridge," said Program Director José Benitez. "We've been able to transform the latest drug treatment research into new programs."

First, because research has documented a link between addiction and mental health disorders, The Bridge introduced a Co-occurring Disorders Training series. The series brings clinicians to The Bridge to educate staff on ways to treat addiction and mental health disorders at the same time.

Second, because research shows that reducing family stressors helps the recovery process, The Bridge introduced an Enhanced Family Support Program. The new program provides therapy to clients' families both at The Bridge and in their homes. The program also sponsors monthly Family Nights, which provide education and support to clients and their families.



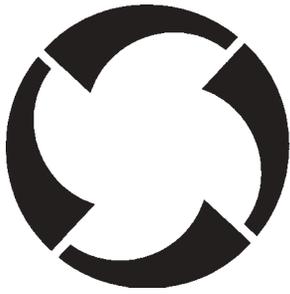
The Bridge is the only residential treatment program in Philadelphia that meets the needs of dually-diagnosed, multi-problem youth.

Third, because research has found that aftercare services can prevent relapse, The Bridge introduced a new Home-based Aftercare Program that prepares clients for their departure from The Bridge the day that they arrive. The new program, which assigns a Resource Family Coordinator to each client, provides up to three months of family-based services after they leave.

Fourth, because research has shown some treatment procedures to be more effective than others, The Bridge is implementing new evidence-based treatment protocols into the program. The new system will improve quality of care by training staff on how to use clinical manuals proven to be effective with adolescent substance abusers in national studies.

For help translating clinical substance abuse research into practice, The Bridge turned to the Center for Family Intervention Sciences (CFIS), part of Children's Hospital of Philadelphia (CHOP). Guy Diamond, Ph.D., director of CFIS, has worked

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HEALTH PROMOTION COUNCIL TACKLES OBESITY

Obesity is a growing epidemic among children and adults across the country and Southeastern Pennsylvania is no exception. The Health Promotion Council (HPC), at www.hpcpa.org, recognizes that fact and is planning to bring together health professionals in the region to address how this epidemic affects children, adolescents and their families.

HPC, in partnership with the Childhood Origins of Diseases of Adulthood (CODA) program at Dupont Hospital for Children, is organizing an October 22, 2004 conference that aims to increase the skills and knowledge of health professionals on the issues surrounding childhood obesity. Some of the topics to be addressed include identifying obese and at-risk children and adolescents, understanding disorders associated with obesity in children and adolescents, addressing challenges faced by low income African American and Latino families, and finding approaches to altering family behavior.

HPC has extensive experience in the areas of nutrition, physical activity and disease management and is looking forward to applying their expertise to this emerging issue of childhood obesity.

"HPC is enthusiastic about providing educational resources to health professionals in the Philadelphia region on this important family health issue," Executive Director Bob Groves said. "There seems to be a lack of good information on how kids, families and health professionals can deal with this issue. It is important that we try to fill that gap, and we think our conference is a step in that direction."

HPC is seeking sponsorships from interested organizations and individuals to help offset the cost of the conference. For more information, contact Bob Groves, Executive Director, (215) 731-6150 or bobg@phmc.org.

FUTURE EVENTS

In October 2004, The Latino Diabetes Alliance, a project of the Health Promotion Council, will host a free Spanish language conference for Latinos with diabetes and their families. For more information, contact Lina Castro, Director of Latino Projects, at (215)731-6192 or lina@phmc.org

PHMC IMPACTS PUBLIC HEALTH PRACTICE LOCALLY AND NATIONWIDE

A Message from Richard J. Cohen, Ph.D., FACHE

In this issue of *Directions*, we highlight how PHMC's work is used to make public health practice more efficient and effective. As we have done for more than thirty years, we are working with our wide array of government, foundation, and agency partners to bring the best possible public health programs to our communities.

As a result, PHMC programs shape health care delivery on a national level. For example, the National Nursing Centers Consortium, a PHMC affiliate, recently brought together practitioners from 27 states (page 8) to discuss best practices in the fight against health disparities. PHMC's involvement in the Center for Substance Abuse Treatment's initiative to improve drug treatment care (cover) will lay the groundwork for novel ways to attack addiction. PHMC's research in a Centers for Disease Control four-city program aimed at reducing HIV/AIDS in vulnerable populations (page 3) will form the base of new national interventions. PHMC and the Health Promotion Council's partnership with the University of Pennsylvania's nationally-recognized Robert Wood Johnson Clinical Scholars program will train physicians who seek to improve health care delivery systems nationwide (page 7).

PHMC initiatives inform regional public health practice as well. Research from the Community Health Database on health-related quality of life in Southeastern Pennsylvania (pages 4-5) allows area practitioners to tailor interventions based on the populations they serve instead of less precise national averages. In 2004, HPC will host a conference for practitioners with the latest research on how to treat obesity in children and adolescents (page 2).

PHMC looks forward to continuing its longstanding tradition of sharing our work with public health practitioners across the country and, in the process, shaping the practice of public health.

Richard J. Cohen, Ph.D., FACHE is President and CEO of the Philadelphia Health Management Corporation.

JANUARY SYMPOSIUM TO BRING PHMC RESEARCH TO STD CLINICIANS

On January 28, 2004, a PHMC research team led by Jennifer Lauby, Ph.D. and Kevin Trimmell Jones, M.Ed. will release their most recent findings from a Centers for Disease Control (CDC) study on men who have sex with men (MSM), a group at high-risk for HIV infection. Their presentation is part of a day-long symposium, "Linking Clinicians and Researchers," presented by the Center for Studies of Addiction at the University of Pennsylvania. The event is free of charge for public health professionals who provide STD clinical services and/or conduct STD research in the Philadelphia Metropolitan area. It will feature presentations from PHMC, CDC, the Philadelphia Department of Public Health, Family Health International, Children's Hospital of Philadelphia, University of Pennsylvania and Drexel School of Public Health researchers.



PHMC's Jennifer Lauby, Ph.D., and Kevin Trimmell-Jones, M.Ed., will present their HIV/AIDS research at a January symposium designed to link researchers and clinicians.

"Researchers and clinicians don't talk to each other often," said PHMC's Jennifer Lauby. "The idea behind this symposium is to let clinicians know about STD rates in the Philadelphia metropolitan area, which populations are most at risk, and what types of treatments are most effective for vulnerable populations."

To receive a brochure and registration form for the symposium, please contact Dianna Williams at (215) 985-6890 or dianna@phmc.org. For more information on PHMC's HIV/AIDS research, contact Jennifer Lauby, Ph.D. at (215) 985-2556 or jennifer@phmc.org.

The Bridge *(continued from page 1)*

extensively with staff from The Bridge to train them as they implement the manuals.

With the goal of informing other practitioners of lessons learned from The Bridge's new initiatives, CSAT also funded an evaluation of the program. Led by senior research associate Bob Ketterlinus, Ph.D., PHMC is in the process of evaluating the degree to which the new program benefits clients and parents, how well the staff adheres to the new treatment guidelines, and if the staff's treatment philosophy changed as a result of the new initiatives.

"The CSAT evaluation is designed to test what works for whom," said Ketterlinus. "In other words, it is testing a wide range of interventions in different types of adolescent treatment centers across the country to better understand what kinds of treatments help adolescents struggling with addiction."

To date, approximately 70 adolescents have been able to take advantage of expanded services at The Bridge.

"Because of the grant, we've been able to do a lot more outreach to families," said Tara Menocal, Continuing Care Director at The Bridge. "This new approach seems to help keep clients on track."

Rashaud says The Bridge has helped him grow up, see things differently, and become a better person. He says, "Before I was at The Bridge, I was selling drugs. The Bridge helped show me other ways to handle my problems and change my life."

Jimmy says his life would have been "unmanageable" without The Bridge's help. He's taking his GED in January and plans on tackling the SATs and college after that.

For more information on The Bridge, contact José Benítez, Program Director of The Bridge, at (215) 342-5000 ext. 203 or jose@phmc.org.

FUTURE EVENTS

In May 2004, PHMC subsidiary Resources for Children's Health, through its Philadelphia Fatherhood Practitioners Network, will host a conference for policymakers on issues related to fathering. For more information, contact RCH director Jeanne Ciocca at (215) 985-2541 or jeanne@phmc.org.



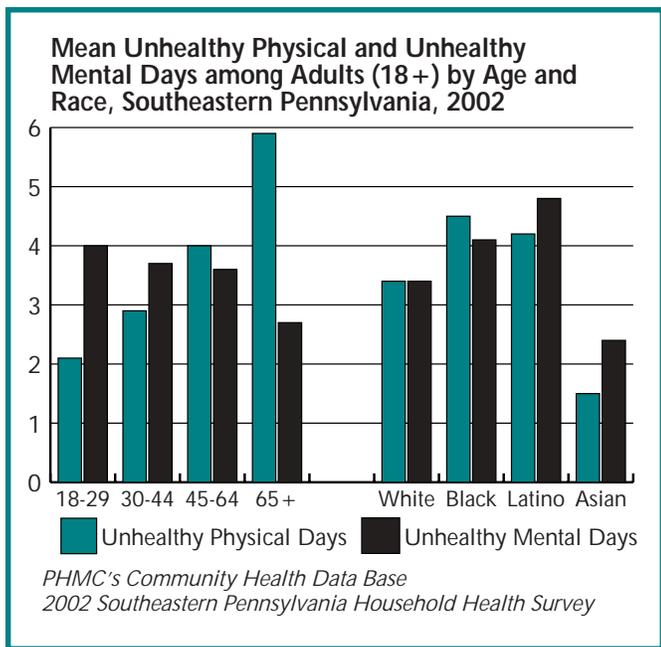
HEALTH-RELATED QUALITY OF LIFE

The public health field has seen a lot of changes in the last one hundred years. For example, average life expectancy in 1900 was just under 43.7 years, compared to 77.2 in 2000. In 1900, pneumonia was the country's leading cause of death, but in 2000, heart disease took the top spot.

Even the definition of health has changed with the times. In the first half of the 20th century, researchers largely defined health as the absence of illness or death. But when the World Health Organization formed in 1948, its constitution defined health as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.”

This broader definition of health posed a unique challenge for health researchers who were commissioned to create ways to measure vague concepts such as a “healthy life” and “mental and social well-being.” It wasn't until 1993 when Centers for Disease Control (CDC) scientists began to turn these concepts into reliable and valid measurements by developing health-related quality of life measures (HRQOL).

The HRQOL is a series of questions that asks people to talk about how they feel about their health. HRQOL measures are useful in several ways. First, answers to the questions are highly predictive of other problems concerning health researchers. For example, people who report their health as poor tend to use medical services more, be unemployed, and even die earlier in life than people who report their health as very good or excellent¹. Second, researchers can use these questions to measure health-related quality of life in their own community, and compare those findings to the nation at large. Third, by using these questions, researchers can compare the burden of several different kinds of illnesses. For example, researchers can determine how arthritis compares to diabetes when it comes to disrupting a person's daily routine, or how a heart attack compares to mental illness. Finally, HRQOL scores are important tools in tracking health disparities.



The following article examines several indicators of health-related quality of life among Southeastern Pennsylvania adults (18+) using data from PHMC's Community Health Data Base 2002 Southeastern Pennsylvania Household Health Survey.

Health Related Quality of Life

Southeastern Pennsylvania adults are slightly more likely to report lower levels of health-related quality of life compared to adults nationally.

- Nearly one out of five, or 557,100, Southeastern Pennsylvania adults rate their health as fair or poor (19.4%) compared to the national figure of 15.5%.²
- Southeastern Pennsylvania adults report an average of 3.6 physically unhealthy days and mentally unhealthy days out of the month. This is approximately the same as adults across the nation (3.5 and 3.4 days, respectively). One out of nine adults in Southeastern Pennsylvania experience frequent (14 or more

HIGHLIGHTS
FROM THE
COMMUNITY
HEALTH
DATA BASE
2004
Southeastern Pennsylvania Household Health Survey
PHMC's 2004 Southeastern Pennsylvania Household Health Survey is in development!
For more information, please contact Siobhan Hawthorne at (215) 985-2527 or siobhan@phmc.org.

days per month) physical (11.2%) or mental (11.1%) distress.

- Adults in Southeastern Pennsylvania report an average of 2.4 days in the past month in which their usual activity was limited by poor physical or mental health, compared to a national average of 2.0 days. One out of thirteen SEPA adults (7.8%) say their daily activities are extremely limited (14+ days per month).

Population Subgroup Variations in HRQOL

Considerable disparities in health-related quality of life persist among different subgroups.

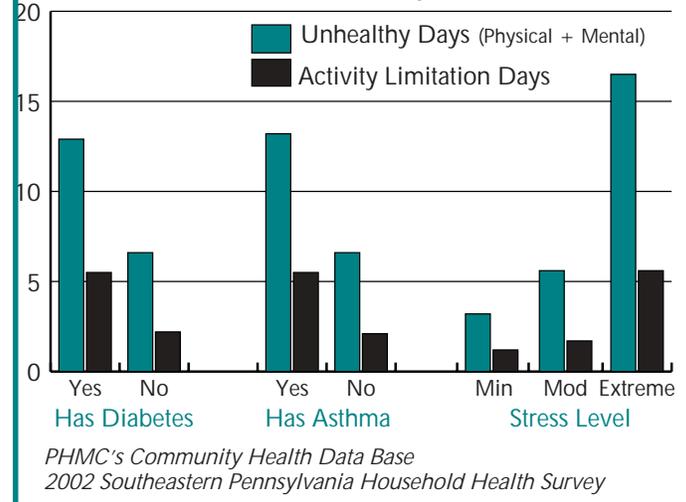
- Older adults 65 years of age and older are most likely to experience poor physical health and activity limitations (8.5 and 3.3 days, respectively). Younger adults 18-29, however, are most likely to experience mental distress (4.0 days per month).
- Women are more likely than are men to report poor physical or mental health (8.3 and 5.8 days per month, respectively) and to report having more days where their usual activities are limited (2.7 and 2.1 days, respectively).
- Black adults experience the greatest number of unhealthy physical days (4.5) compared to other racial/ethnic groups. Latinos experience the greatest number of unhealthy mental days, experiencing more unhealthy mental days (4.8) than physical days (4.2). Asian adults experience the least number of unhealthy physical and mental days (1.5 and 2.3, respectively).
- Adults living below the Federal poverty line have, on average, 9 more unhealthy days—both physical and mental—than non-poor adults. Also, poor adults have, on average, 5 more days per month when their activities are limited than do non-poor adults.

Chronic Health Conditions and HRQOL

Not surprisingly, Southeastern Pennsylvania adults with chronic health conditions report many more days of poor physical or mental health and days in which their activities are limited compared to adults without ongoing health problems.

- Adults with diabetes have, on average, five more unhealthy physical days and one more unhealthy mental day per month than those without diabetes. Diabetics are also twice as likely to report limitations to their daily activities than are non-diabetics (5.5 and 2.2 days, respectively).
- Asthma contributes significantly to poor health. Adults with asthma report twice as many unhealthy days (physical and

Mean Unhealthy and Limited Activity Days among Adults (18+) with Selected Chronic Health Conditions, Southeastern Pennsylvania, 2002



mental) per month (13.2) compared to non-asthmatics (6.6). Asthmatics are limited in their usual activities due to poor health an average of 5.5 days per month, compared to 2.1 days for non-asthmatics.

- Adults who suffer extreme stress (6.6) experience more than twice as many unhealthy physical days as those with minimal (2.4) or moderate (2.9) stress. Adults with extreme stress levels also experience more days in which their usual activities are limited compared to adults who report minimal or moderate stress levels (5.6, 1.2, and 1.7, respectively).

Health Behaviors and HRQOL

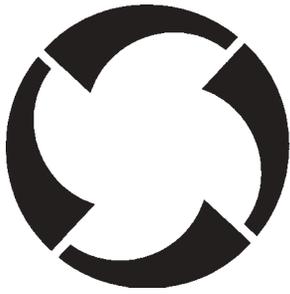
Adults who engage in healthier lifestyles are more likely to enjoy higher levels of health-related quality of life.

- Adults who smoke suffer from poorer physical and mental health and experience greater limitations in their daily activities (4.9, 6.2, and 3.8 days, respectively) than non-smokers (3.3, 2.9, and 2.1 days, respectively).
- Underweight and obese adults experience twice as many unhealthy physical days (5.4 and 5.5 days, respectively) as adults who are of normal weight (2.7). Underweight adults experience the most mental distress compared to obese and normal weight adults (5.9, 4.4, and 3.2 days, respectively).

Summary

The majority of Southeastern Pennsylvania adults enjoy good health and quality of life. At the same time, as the data suggest, adults with chronic health conditions and those with unhealthy

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ANNOUNCEMENTS

Newsmakers

■ Richard J. Cohen, PHMC President and CEO, was recognized at 2003 annual meetings of the Pennsylvania Public Health Association (PPHA) and the American Public Health Association (APHA). PPHA awarded Cohen its President Award for his years of service and APHA's Council on Affiliates presented Cohen with the Chair's Citation for his service to APHA and its Committee on Affiliates (he is the immediate past chair). Cohen was also appointed to the board of directors for the Alliance for Children and Families, a national organization that seeks to strengthen the nation's non-profit sector. Cohen recently finished his term as a Board Chair of the National Council for Crime and Delinquency's (NCCD) board of directors. He continues to serve on the NCCD board as Vice Chair.

■ PHMC board member John Domzalski, Commissioner of the Philadelphia Department of Public Health, received an award of merit at the 2003 PPHA conference.

New Staff & Staff News

■ Michael Bedrosian was named Vice President of Information Systems following the retirement of former Vice President Betty Morrell in October 2003. Bedrosian, who has more than 25 years experience in the design and implementation of management information systems, joined PHMC as a senior programmer and network analyst in 1996.

■ Vanessa Briggs was named the first Deputy Executive Director of the Health Promotion Council. Briggs, a registered dietitian, has a Masters in Business Administration with a concentration in health. She joined HPC as a senior nutrition manager in 2001.

■ PHMC is pleased to welcome Diane Renzulli, S.M. as its new Communications Director. Renzulli recently received her Master's of Science in Health and Social Behavior from the Harvard School of Public Health.

Publications and Presentations

■ Several PHMC employees presented at APHA's annual meeting in 2003: Richard J. Cohen, Ph.D., *FACHE*, and Lynne Kotranski, Ph.D., Vice President for Research & Evaluation, contributed to a panel on social capital and public health; Caroline G. West, M.A., M.Paff., presented findings from the Women's Death Review Team; West and Kathleen Coughley, Ph.D., ran a session on the Child Asthma Link Line; HPC board member Michael Rosenthal, M.D., Clinical Professor and Director of Community Health at the Department of Family Medicine at Thomas Jefferson University Hospital, presented findings from HPC's work with Allies Against Asthma; Jennifer Lauby, Ph.D., presented findings from PHMC's HIV/AIDS research; and Katherine Lupton presented findings from Healthier Babies, Healthier Futures.

■ PHMC employees also presented at PPHA's 2003 annual meeting.

Specialized Health Services staff Rachel S. Kirzner, M.S.W., Michele Jenkins, M.S., Frank Killian, M.S.S., and Bozena Lamparska, M.Ed., ran a session on health barriers experienced by welfare clients. Resources for Children's Health director Jeanne Ciocca, M.S.W., A.C.S.W., and RCH employees Jennifer Hurwitz, M.S.W., L.S.W. and Natasha Hinton, B.A. made presentations on parenting and health education.

New Programs

■ PHMC's Health Care for the Homeless program, as part of a City-led project team, has been awarded funding by the U.S. Dept. of Health and Human Services Health Resources Administration (HRSA) to provide health care to chronically homeless adults.

CHDB News

■ Temple University joined the Community Health Database effective October 2003. Temple is the first academic institution to become a CHDB member.

Awards

■ Resources for Children's Health received a commendation from GlaxSmithKline in its 2003 IMPACT award competition.

WELCOME!
Effective January 1, 2004, the Hill Creek Center, formerly operated by La Salle University, will become part of PHMC. The Hill Creek Center is a nationally-recognized primary care nursing center and a member of PHMC's affiliate, the National Nursing Centers Consortium (NNCC). Look for more information on this new PHMC program in the next issue of DIRECTIONS.

Local Businesses Partner with PHMC

PHMC would like to thank Wynnewood-based Millennium Hair & Day Spa for its campaign that raised funds for the children of CHANCES and Philadelphia-based TABU Salon & Spa for its campaign that provided coats to Mary Howard Health Center clients. Pictured above, CHANCES program director Beth Shuman celebrates the campaign with CHANCES staff and clients, Millennium owner Max "Z" and NBC10 News Anchor Tracy Davidson.



PHMC, HPC TO PARTNER WITH UNIVERSITY OF PENNSYLVANIA FOR ROBERT WOOD JOHNSON CLINICAL SCHOLARS PROGRAM

PHMC and the Health Promotion Council of Southeastern Pennsylvania (HPC) recently became part of the prestigious Robert Wood Johnson Clinical Scholars Program, which has trained nearly 1,000 physicians to become researchers and agents of change in the fight to solve problems plaguing health care systems worldwide.

The program, whose alumni include National Institutes of Health (NIH) deputy director Raynard Kington, M.D., Ph.D., and former Surgeon General David Satcher, M.D., arms physicians with program development and research skills to address issues in public policy, community intervention and health services research. It recently expanded its scope to emphasize community-based research and leadership training. Four universities—the University of Pennsylvania (UPENN), the University of California—Los Angeles, the University of Michigan, and Yale University—were chosen to run the newly designed program, which enrolls its first scholars in July 2005.

This new emphasis on community-based research caused Harold Feldman, M.D., M.S.C.E., and Sandy Schwartz, M.D., co-directors of the Robert Wood Johnson Clinical Scholars Program at UPENN, to contact PHMC and HPC about partnering with the university to help train its clinical scholars. Staff from HPC and PHMC, particularly its Community Health Database project, will work with Clinical Scholars and UPENN faculty to develop a set of training objectives and a community participatory research agenda.

“PHMC and HPC’s comprehensive range of programs and services reach a diverse set of communities in Philadelphia with which the Clinical Scholars Program is committed to work,” said Clinical Scholars Program co-director Feldman. “The community partnership will involve the development of long-term, mutually beneficial relationships between the Clinical Scholars Program and PHMC and HPC.”

For more information on the Robert Wood Johnson Clinical Scholars Program at the University of Pennsylvania, go to <http://rwjcsf.stanford.edu/html/pennsylvania.html>.

Access Notes (continued from page 5)

lifestyles experience poorer physical and mental health and are more limited in daily activities. Furthermore, substantial disparities exist among population subgroups in their quality of life. Given these disparities, there is a significant need for targeted interventions and policy solutions aimed at improving the health-related quality of life of Southeastern Pennsylvania residents. For more information on HRQOL please contact Ilisa Stalberg at 215.985.6238 or Ilisa@phmc.org.

¹ Idler EL. Self-ratings of health: mortality, morbidity, and meaning. In: Schechter S, ed. Proceedings of the 1993 NCHS Conference on the Cognitive Aspects of Self-Reported Health Status. Hyattsville, Maryland: US Department of Health and Human Services, Public Health Service, CDC, NCHS, 1994:36-59. (NCHS working paper; series no. 10); Gill TM, Feinstein AR. A critical appraisal of the quality of quality-of-life measurements. *JAMA* 1994;272:619-26.

²The Healthy Days Measures used by the CDC and in PHMC’s 2002 Household Health Survey are as follows: 1) Would you say that in general your health is excellent, good, fair or poor? 2) Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days, was your physical health not good? 3) Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good? 4) During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation? Unhealthy days are an estimate of the overall number of days during the previous 30 days when the respondent felt that either his or her physical or mental health was not good. To obtain this estimate, responses to questions 2 and 3 are combined to calculate a summary index of overall unhealthy days, with a logical maximum of 30 unhealthy days.

National figures are from the CDC’s 2001 Behavioral Risk Factor Surveillance System (BRFSS).

Numbers used in the above article represent means (averages), unless otherwise indicated.



PHMC's United Way Campaign

PHMC recently wrapped up another record-breaking Employee Campaign, raising over \$89,000 for the United Way of Southeastern Pennsylvania. PHMC would like to thank its employees for their generous support.

Fall 2003

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NNCC ADVISES PRACTITIONERS ON HEALTH DISPARITIES

Leaders in nurse-managed health care from across the country gathered in Baltimore in early November for the National Nursing Centers Consortium's (NNCC) 2003 Annual Conference. Over 200 attendees from 27 states and Canada came together to present and discuss best practices in the areas of eliminating health disparities in rural and urban areas, sustainability and funding, and research and data including asthma, geriatric care, homelessness, obesity, mental health, and policy development.



At this year's conference, NNCC honored three individuals for their leadership and commitment to nurses and nurse-managed care. Pat DeLeon, a strategic planner on numerous nursing issues who is also the longest standing Capital Hill administrator for Senator Daniel K. Inouye of Hawaii, and Colleen Conway-Welsh, the Dean of the School of Nursing at Vanderbilt University, received NNCC's Beacon Awards. Senator Barbara Mikulski of Maryland, who has co-sponsored legislation which supports nurses, was awarded the Champion Award.

From left to right, NNCC Beacon Awardee Pat DeLeon, NNCC Chair Dr. Elaine Tagliareri, and NNCC Executive Director Tine Hansen-Turton.

"We had some really dynamite presentations this year," said NNCC Executive Director Tine Hansen-Turton. "I think we had something there for everyone and we received very positive feedback," she said.

The conference was presented in partnership with the U.S. Department of Health and Human Services and was sponsored by GlaxoSmithKline, the Independence Foundation, Johnson & Johnson, Misys Healthcare Systems and the University of Maryland.

Planning for the 2004 conference has already begun. It will be held in Nashville, Tennessee. 2003 conference abstracts and presentations are available on-line at http://www.nationalnursingcenters.org/NNCC_conference.htm. For more information about NNCC, contact Tine Hansen-Turton, Executive Director, at (215) 731-7140 or tine@nncc.org.

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