Do you forget names at a party? You may be having too good a time, say scientists

By Daily Mail Reporter
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Do you have trouble remembering names at parties? It may because you’re having too good a time.

Scientists researching the relationship between mood and the memory have found being in a good mood decreases your ability to retain information.

Elizabeth Martin, a doctoral student from the University of Missouri, led the latest study into working (immediate) memory.

She said of her findings: 'This explains why you might not be able to remember a phone number you get at a party when you are having a good time.

'This research is the first to show that positive mood can negatively impact working memory storage capacity. This shows that although systems in the brain are connected, it is possible to affect one process but not others.'

Researchers gauged study participants' mood before and after showing them one of two video clips. Some participants were shown a segment of a stand-up comedy routine, while others watched an instructional video on how to install flooring.

Following the videos, those that viewed the comedy routine were in significantly better moods after viewing the video, while the mood of those that viewed the flooring video had not changed.

After watching the videos, both groups completed a memory test. This test provides several numbers to a participant through headphones at a rate of four numbers per second.

After the recording stopped, participants were asked to recall the last six numbers in order. Those that watched the comedy routine and were in a better mood performed significantly worse on the task.
However Ms Martin said: 'While working memory storage is decreased, being in a good mood is not all bad.

'Being in a good mood has been shown to increase creative problem-solving skills and other aspects of thinking.'

The doctoral student added that future research should analyse the impact of mood on working memory storage capacity in real life situations, such as in a classroom setting.
Students to rally for ‘One Mizzou’

Effort will focus on inclusiveness.

University of Missouri students are hosting a pep rally next week to kick off a campaign promoting inclusiveness.

The “One Mizzou” effort starts April 7 when student leaders will hang banners and give out T-shirts promoting the slogan. The goal is to remind students they’re all Tigers regardless of race, sexual orientation or background, said Eric Woods, president of the Missouri Students Association.

“There’s a need for us to come together and respect each other’s differences but also focus on our similarities,” he said. “Instead of pointing out differences and focusing on that, we want to focus on things that bring us together as students — the Mizzou community and spirit we have for the school.”

Student groups came up with the idea after back-to-back Black History Month incidents on campus. Last month, freshman Benjamin Elliott was arrested on suspicion of spray-painting a racial slur on a statue outside of Hatch Hall, and in February 2010, two students admitted to lining cotton balls outside of the Gaines/Oldham Black Culture Center.

“When dealing with” the latest incident, “especially in relation to how we handled the cotton ball incident the year before, we decided while it was OK to be angry and offended — because that was an offensive thing, and that’s a perfectly acceptable feeling — the best way to deal with things like this is to take a more positive approach,” Woods said. “This is a positive showing of support for all communities on campus.”

Woods, a senior from Excelsior Springs, knows the campaign won’t sway everyone’s beliefs but said he expects the effort to have broad support.

“It’s a spirit movement,” he said. “I feel like one of the best ways to unite in a setting like this is” to remind students “no matter who you are, you’ve got school spirit. You’ve got that black-and-gold pride. It’s Tiger spirit.”

The One Mizzou tagline has been used in other contexts on campus, including in athletic campaigns and academic efforts.

MU Faculty Council Chairwoman Leona Rubin has talked about the need for One Mizzou when promoting domestic partner benefits. The UM System is one of only a handful of Association of
American University institutions that does not provide benefits for same-sex couples. UM administrators have said costs of providing those benefits would be relatively low, and three of the system’s four campuses have approved resolutions in support of domestic partner benefits. Faculty members on the Rolla campus have not.

The One Mizzou campaign comes on the heels of a Faculty Council vote adding a diversity intensive course as part of general education requirements. That issue goes to the entire faculty for a vote next month.

It’s ironic, Rubin said, that MU students are being asked to be knowledgeable of diversity while the university “continues to discriminate.”

Rubin said she is “very happy to see the One Mizzou campaign,” but “our diversity efforts need to be more diverse.”

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At complex, University of Missouri touts 'aging in place'

BY JANE GLENN HAAS • Orange County (Calif.) Register | Posted: Thursday, March 31, 2011 12:00 am

COLUMBIA, MO. • Everybody says the best deal is to "age in place," to never leave the confines of home for some sort of community care.

But the problems of "in place" can be horrific, starting with health care and crossing into social isolation.

At the same time, 76 million aging baby boomers will get older, and options for housing plus care are costly and require seniors to move from residential living to assisted living to nursing homes.

One study, just completed, is said to prove the financial benefit as well as the social and personal benefits to aging in place.

"Adults want to remain healthy and independent during their senior years, but traditional long-term care often diminishes seniors' independence and quality of life," says Marilyn Rantz, a professor at the University of Missouri's Sinclair School of Nursing. "Aging in place enables most older adults to remain in the same environment and receive supportive health services as needed. With this type of care, most people wouldn't need to relocate to nursing homes."

Q. There is nothing new to the senior preference to stay at home rather than move to a facility. What did your study find?

A. At Tiger Place, adjacent to the University of Missouri, we have discovered that we can save Medicare and Medicaid dollars with nurse care coordination. We do early illness detection and coordinate with other health care providers.

Our service package increases as more care is needed and then decreases as the patient's needs decrease.

We have successfully uncoupled the housing cost from the care cost. Putting the two together — in an assisted living home, for example — is part of the high-cost component.

Q. Seems as if this is pretty simplistic and bound to work well. What's new?
A. Intuitively, we all knew this would work. The cost of care should go up and down. But we had to prove that.

Q. So people rent the apartment separate from the care they receive?

A. Yes, and about a third of them are using long-term care insurance to pay the cost of care. As we look ahead to a larger aging population, we can expect to see more of that type of insurance used.

Q. You are advocating apartment-style living, community meals. Is that similar to residential care?

A. Usage depends upon the person and their social network.

Co-housing makes a whole lot of sense with a wellness component. It's got to have a really strong independent focus. One that maintains good health and encourages functionality.

I think we all want to go to bed one night and just not wake up. We want to think we can be active until "the end" and then face a very rapid decline in health. Well, that is pretty much what we are seeing.

Aging In Place is a four-year project used at Tiger Place, an independent living community of 54 apartments that helps senior residents stay healthy and active and avoid hospitalization and relocation. Residents receive care services in their apartments. (University) researchers use sensors, computers and communication systems to discreetly monitor residents' health.

The results were published in a recent issue of Nursing Outlook.

Q. People who age in place often depend on family. Are they still around?

A. We involve the family in the care process and delivery. Nothing changes. Except independence. That's the key. (For more information, see agingmo.com).
Matt Painter’s flirtation with Mizzou comes to an end

By MIKE DeARMOND

COLUMBIA | Matt Painter spurned an aggressive offer from Missouri on Wednesday afternoon and will remain the men’s basketball coach at Purdue, his alma mater.

“At the end of the day, my heart is at Purdue,” Painter said in a news release, “and this is a place where I want to win a national championship.”

Until about 3 p.m. Wednesday, a source who had helped arrange discussions between Painter and Missouri officials said he thought there was a probability that Painter would take the Missouri offer of more than $2 million for a period of at least seven years.

Purdue, within half an hour, dashed that optimism, announcing that the coach had agreed to a new eight-year contract to stay in West Lafayette, Ind. Terms were not revealed, but earlier in the week Purdue said in a news release that its offer to Painter would be competitive.

“We are thrilled to announce that Matt will continue his leadership of our men’s basketball program at his alma mater,” Purdue athletic director Morgan Burke said. “He has been at the helm of the winningest four-year period in the storied history of Boilermaker basketball, and we pledge to work with him to win championships.”

Purdue won at least 25 games each of the last four seasons. Painter’s 107 victories during that period were a school record for four consecutive seasons.

Painter’s previous contract paid him a base salary of $1.3 million. Incentives could boost his pay to just under $1.9 million. Painter cashed in plenty of those incentive payments in previous seasons, having been selected Big Ten coach of the year three times.

On Wednesday morning, speculation that Painter had accepted the Missouri job was kicked off by a report on the St. Louis Post-Dispatch’s website. It cited a source who said Painter had called Missouri athletic director Mike Alden to say he was “in” as the school’s next coach.

The report also contained a caveat that the agreement was not final. But radio stations in Kansas City, St. Louis and Columbia began to report that Painter to Mizzou was a fait accompli.
Missouri fans around downtown Columbia kept asking each other whether the hiring had been confirmed. And when the speculation was turned on its head by Painter’s actual decision, a sense of “same ol’ Mizzou” pervaded.

From Colorado’s fifth down to Tyus Edney’s mad dash to Mike Anderson’s getaway to Arkansas, Missouri sports fans are used to rapid ups followed by horrible downs.

The courtship of Matt Painter was more of the same, ultimately.

“I started to believe it was going to happen,” said Tom Atkinson, owner of Shiloh Bar & Grill. “It hasn’t been a good week to be a Tiger fan.”

Andrew Popplewell, a Columbia attorney, felt the same letdown.

“I got all excited for this,” he said. “Typical Mizzou. One of my buddies emailed me and said we’re the Chicago Cubs of college athletics.”

Alden and the three other members of the MU search committee will now move on to a Plan B that has not been publicly defined. Painter had emerged as the Tigers’ top target last week.

The most obvious targets are Butler coach Brad Stevens and VCU coach Shaka Smart. Obvious because those two coaches — who will face each other Saturday at the Final Four in Houston — would match Painter’s star power in the minds of Missouri fans.

Missouri’s willingness to spend elite dollars — had Painter accepted even a $2 million contract with Missouri, he would have earned one of the top 12 salaries in college basketball coaching — might be able to attract a proven coach currently working at another school.

But would Missouri fans accept a lesser name, one of the midmajor candidates who surfaced in the days immediately after Anderson’s departure to Arkansas?

Alden won’t have much time to give heed to such opinions, as his search probably will take him next to this weekend’s Final Four.

There, perhaps, the next Matt Painter will become the next epicenter of Missouri’s interest. But Painter has ended his flirtation.
Nine of the 10 unhealthiest portions of Missouri are counties in the rural southeast of the state, according to a study released Wednesday—a area where both cotton crops and meth labs flourish.

The report from the University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation found that the rate of premature death and teen births in Pemiscot County—the state's least healthy—is twice as high as in Christian County, the state's healthiest. The study also found 45 percent of children in Pemiscot County live in poverty, compared to 14 percent in Christian County.

Lynelle Phillips, a professor of public health at the University of Missouri-Columbia, said the rankings are a testament to the "interrelationship between poverty and health." She said rural communities face a host of problems—from a lack of primary care physicians to high rates of people lacking health insurance. People without health care often miss out on potentially life-saving mammograms, blood glucose screenings and flu shots.

"You don't seek health-care providers, and then when you do, your problems may be too far progressed," said Phillips, who helps place graduate students in underserved areas where they can gain real-world experience.

Freestanding St. Louis City is the only community making the state's 10 least-healthy list that isn't in the rural southeast.

Suburban areas near high-paying jobs and health care facilities tended to fare better in the rankings. Many of Missouri's healthiest counties include suburban areas—such as Christian County, near Springfield; Platte and Clay Counties near Kansas City; St. Charles County near St.
Louis City and Boone County, which is home to the University of Missouri's flagship campus in Columbia.

Kerry Noble, chief executive of Pemiscot Memorial Health Systems in the Bootheel town of Hayti, said the ranking came as no surprise to him.

"It should help us to get some attention," Noble said. "We've been trying to tell this story for so long."

Noble said the community has been battling for years the problems of teenage mothers _ some as young as 13 _ failing to receive prenatal care and then showing up in the emergency room to give birth to premature babies. Many of the teens are the children of single parents themselves and Noble said they often don't get much guidance at home.

It's not uncommon for women to become grandmothers in their late 20s or early 30s, he said. For the past couple years the county has started sending women who become mothers as teenagers into schools to talk about the challenges they faced as part of an effort to stem the tide of teen births

Meth has also gained a foothold in the area. And diabetes, which is linked to kidney failure, has ravaged the community too. He said it's not uncommon to have people receiving dialyses in their mid-20s and 30s.

Noble said part of the problem is people fail to seek routine medical care, so by the time a medical condition is diagnosed it is advanced and difficult to treat. Even those able to see primary care physicians often have difficulty affording the medicine they are prescribed.

"I think the sad thing is we can't seem to break this pattern," Noble said. "It's ingrained in this culture here."

He said many things the community has tried haven't had much of an effect. The hospital receives no compensation for about 28 percent of the care it provides, up from 12 percent in 2005 when the state lowered how much people could earn and still qualify for Medicaid, the government's health insurance program for the poor.

Pat Remington, associate dean for public health at the University of Wisconsin who directs the County Health Rankings report, said the problems are complex, but there are steps that can help, such as state policies that encourage businesses to invest in poor areas and clean air policies.

"The other issue is these are areas that are hardest hit by the economy," Remington said. "But they are also hard hit by the costs related to poor health and so it's a vicious cycle. Can you afford to invest in a community health improvement effort? I don't think you can afford not to. The failure of states like Missouri to invest in these communities puts us into these situations we are in now. High costs for conditions that are largely preventable are bankrupting communities."
A study by the Missouri Hospital Association shows the business of providing health care continues to grow while other businesses struggle.

About one-eighth of the state's economy is tied to its hospitals, according to the study prepared by the Community Policy Analysis Center at the University of Missouri-Columbia.

In 2009 in Southeast Missouri, hospitals employed 8,500 people paying total payroll and benefits of $350.5 million, the study showed.

The study's Southeast Missouri region included 15 hospitals in Bollinger, Cape Girardeau, Dunklin, Iron, Madison, Mississippi, New Madrid, Pemiscot, Perry, Scott, St. Francois, Ste. Genevieve and Stoddard counties. Those 15 hospitals had net revenue of $1.1 billion.

Saint Francis Medical Center and SoutheastHEALTH in Cape Girardeau are Cape Girardeau County's largest employers, with more than 4,750 employees combined.

Saint Francis, with 2,460 employees, spent 39 percent of its fiscal year 2010 revenue on employee wages and benefits, according to Steven Bjelich, president and chief executive officer.

Southeast Hospital, with 2,294 employees, spent 44.9 percent of its 2009 revenue on employee wages and benefits, according to the hospital's 2009-2010 annual report.

Of Missouri's top five private-sector job fields, the health care sector is the only one that has continued to add jobs during the economic downturn, said Herb Kuhn, president and CEO of the Missouri Hospital Association.

The health care sector has added 31,500 jobs in Missouri since October 2006. Hospital employment grew by nearly 24 percent from 2002 to 2009, adding 23,000 full-time jobs in Missouri, the survey showed.

During this same period, Missouri's total nonfarm employment decreased by 151,220 jobs.

'A great foundation'
"During this time of economic recession, we've been a stabilizing force out there and have a
great foundation to build on as we continue to move forward," Kuhn said.

Hospitals also created 1,875 indirect jobs in Southeast Missouri and indirectly added $118.2
million to the region's economy, the study revealed.

Missouri's health care growth is consistent with national trends. During the last 12 months,
health care has added 260,000 jobs, according to the U.S. Bureau of Labor Statistics.

In Missouri, the health care sector provided 10 percent of the state's total jobs in 2008, a number
higher than the national average.

Last year, the health care sector took the lead in employing the most Missourians, with 147,165
workers. That's more employees than retail trade, construction, accommodation and food service
and manufacturing, the study showed.

The average weekly wage rate in the state's hospitals is higher than the averages of all private-
sector employment in Missouri, the study found. Average hospital wages were $900 per week in
2009.

Although the study didn't include specific figures for Southeast Missouri, hospital construction
statewide created 2,130 jobs in 2009 with a direct economic effect of $59.6 million and an
indirect effect of $15.1 million.

**Expansions**

Saint Francis has more than $120 million in construction in progress or recently completed on its
campus, including the Heart Hospital and Cancer Institute, Gene E. Hunkstep Emergency and
Trauma Center expansion, Womancare Breast Center expansion, Center for Digestive Diseases
construction and Family Birthplace expansion.

Southeast opened its $33 million Regional Cancer Center in February at its west campus, where
its Southeast Regional Medical Complex is.

Construction at Saint Francis has had more than 360 full-time employees from various
contractors working on its new Heart Hospital and Cancer Institute. More than 45 Saint Francis
staff are completing the inside of the new building now.

The number of construction jobs created by Southeast's cancer center wasn't provided by hospital
administrators.

The Missouri Hospital Association's study also looked at the effect of "medical tourism" on
Southeast Missouri.
"Southeast Missouri's hospitals provide outstanding medical care that attracts patients from neighboring states," the study said. "These 'medical tourists' not only spend money on their medical care, but they also purchase other goods and services while away from their homes."

Medical tourism in Southeast Missouri created 119 jobs, including 86 food and beverage service jobs, 31 hotel jobs, and two service station jobs, the study showed. Medical tourism had a direct economic impact of $2.2 million and an indirect impact of $586,757. It resulted in a $2.2 million impact to food and beverages businesses, $1.1 million impact to hotels, $86,343 million to service stations.

This study is particularly timely as hospitals gear up to serve the estimated 32 million Americans, including 400,000 Missourians who will soon have new access to health insurance under federal health care reforms known as the Affordable Care Act.

"As we look at issues related to health care reform, we will continue to employ increasing numbers as increasing numbers have access to health care," said Mary Becker, senior vice president at the Missouri Hospital Association.

A majority of financing for federal health care reforms will come out of funds the government currently spends on the elderly and uninsured.

"It's a way of trying to make sure that when we look at financing of health care in the future and cutting the public programs that make up a portion of our revenue, it's important to realize we aren't cutting off a source of jobs for our state," Becker said of the study. "We need to advocate for a strong payment system for our hospitals so they can continue to employ people."
Editorial: 'Smart sentencing' needs more study

By Jeff Milyo | Posted: Thursday, March 31, 2011 12:00 am

Jeff Milyo is the Middlebush Professor of Social Sciences at the University of Missouri-Columbia.

As an economist who believes impartial data and analysis can have a positive impact on public policy, I was intrigued by the March 20 Post-Dispatch editorial "Wising up."

The Missouri Sentencing Advisory Commission has received plaudits from the Post-Dispatch, The New York Times and elsewhere for its emphasis on 'smart sentencing." The general idea is to collect and analyze data to better inform judges about the effects of alternative sentences for convicted criminals.

That's all well and good, but there is a strong belief among many advocates of 'smart sentencing" that Missouri relies too heavily on prison sentences. And that's where 'smart sentencing" runs the danger of becoming less scientific and more like advocacy. People begin to distrust scientific evaluation of data when advocates misuse statistics to further a preset agenda.

The message that prison sentences might be less effective for preserving public safety and rehabilitating prisoners than cheaper alternatives should be a Siren song for budget-strapped states. When policymakers are told 'studies show" that smart sentencing works, who's to argue? Unfortunately, many, if not most, such studies simply are not worth the paper on which they are written. It takes a great deal of expertise and objectivity to find the gold in the garbage, but that's where many advocates fall short.

Several current practices of the Missouri commission are more likely to be misleading than informative when it comes to the costs and benefits of alternative sentences. For example, the commission provides judges in Missouri with data on the budgetary costs of prison versus probation. Not surprisingly, prison is expensive, although a significant portion of these costs cover medical care, which conveys a benefit to prisoners.

The emphasis on budgetary costs to the state ignores the costs to society when a convicted criminal on probation commits more crime. High-quality scientific studies demonstrate this: Each year a convicted criminal is incapacitated in prison, as many as 15 additional crimes are prevented. On the other hand, prison is a significant disruption to the lives of prisoners and their families; an emphasis on purely budgetary consequences of sentencing alternatives misses these costs, as well.
The commission also provides judges with data on how many convicted criminals are reincarcerated within two years and breaks this data down for criminals sentenced to prison versus probation. In many cases, these recidivism rates are higher for individuals sentenced to prison. The lesson drawn by the commission is that prison is not only costly, but it causes criminals to re-offend. This is a serious error in logic.

Judges do not randomly assign criminals to prison or probation. The threat to public safety is taken into consideration, therefore, those individuals who initially are sentenced to prison terms are expected to have a higher probability of re-offending. Thus, nothing is learned by observing that prison sentences are correlated with higher recidivism. It is feasible to conduct a proper evaluation of the effect of prison versus probation on recidivism, but neither the commission nor the state has done so.

These are just two examples of procedures that the Missouri commission needs to improve. I recently provided several others in a report submitted to the state Legislature. In principle, evidence-based sentencing holds much promise, but it must be implemented and evaluated objectively.

The first step is to recognize that we simply do not yet know whether 'smart sentencing" is working in Missouri. The next step is to get serious about objectively analyzing the data to determine what sentencing policies really do work.