

# WISCONSIN PUBLIC HEALTH AND HEALTH POLICY INSTITUTE

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The Wisconsin Public Health and Health Policy Institute's E-News is delivered monthly. Check our web site for additional information and updates: <http://www.pophealth.wisc.edu/wphi/index.html>

Information for E-news is compiled from several sources, including websites and lists from the Wheeler Report, Wisconsin Council on Children and Families, Agency for Healthcare Research and Quality, Kaiser Family Foundation, Commonwealth Fund, Milbank Quarterly, Health Affairs, Urban Institute, Wisconsin Medical Society, Wispolitics.com, Handsnet, Blue Cross/Blue Shield, New York Times, Milwaukee Journal-Sentinel, Milwaukee Business Journal, Wisconsin State Journal and others.

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## **STATE NEWS**

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### **Report Finds Wisconsin's Health Plan Market Relatively Diverse**

While national insurers are becoming increasingly national in scope, Wisconsin has a relatively diverse field of insurers. In this *Health Affairs* study of industry concentration, Wisconsin is rated as one of only two states with a "low" level of concentration. Thirty-nine percent of the population is enrolled in the three largest plans in Wisconsin and 17% in the largest plan (Wellpoint). Minnesota has 89% in the top three plans and 59% in the largest plan. In this paper James Robinson presents new data on the consolidation of the insurance industry in fifty states and jurisdictions, highlighting the dominance of a few firms in each market. Robinson documents the dramatic increases in premiums and profits enjoyed by the leading firms during the past four years. <http://www.healthaffairs.org>

### **State Health Insurance Premiums Continue Double-Digit Climb in '05**

Health insurance premiums in southeastern Wisconsin are expected to increase somewhere in the "mid-teens" in 2005 according to a survey by Haack & Associates. This is a reduction from increases in excess of 20% but still will drive insurance rates beyond the capacity of many employers to pay. As a result, employers are expected to continue shifting costs to employees through higher deductibles and greater shares of the premiums. Mercer Human Resources speculates that there are fewer physician office visits as a result of the higher costs to patients. Hospital admissions, however, have not declined although hospital prices have increased 7% in the past year. In Wisconsin in 2004, total health care costs per employee in Wisconsin was \$8,605, in the Midwest, \$7,233 and in the U.S., \$6,918.

<http://www.jsonline.com/bym/news/nov04/277477.asp>

### **Wisconsin Smoking Rate Declines to 22%**

About one in five Wisconsin adults smoke, according to results of a state and national survey conducted during 2003. The U.S. and state prevalence rates are 22.1%, a decline of 1% from the 2002. Overall smoking prevalence was higher among men (24.8%) than women (20.3%). The range of smoking rates among states was from Utah at 12% to Kentucky at 30.8%. The prevalence rate has fluctuated within two percentage points around 22% over the past ten years. While the number of smokers has been relatively constant the number of cigarettes smoked has declined substantially and steadily of 1-2% each year over the past 15 years.

<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5344a2.htm>

[mmwrhtml/mm5344a2.htm](http://mmwrhtml/mm5344a2.htm)

## **Milwaukee Health Commissioner Wants Complete Smoking Ban by 2005**

The Milwaukee Business Journal reports that Milwaukee health commissioner Bevan Baker is floating the concept of banning smoking at all Milwaukee workplaces, including restaurants and bars, and will craft an ordinance in early 2005. Milwaukee's Health Commissioner Baker believes such a ban could lead to improved health and lower health care costs in a city struggling with large insurance premium increases. *Milwaukee Business Journal*

A spokesman for the Tavern League of Wisconsin in Madison called government-mandated smoking bans "absurd." Smoking ban supporters, however, say business revenue could actually increase over time, as people who may have avoided establishments with high levels of secondary cigarette smoke may now patronize them.

Eighteen Wisconsin municipalities have some form of smoking ban in place, with most ordinances focused on restaurants. So far, only one Milwaukee County community, Wauwatosa, has banned smoking. In Madison, a more stringent ordinance outlawing smoking in all places of employment will be phased in starting in 2005, with a restaurant and bar smoking ban taking place starting next July. Officials in Oshkosh, Appleton and Wausau are also considering restaurant smoking bans.

Nationwide, more than 1,800 municipalities have some sort of "clean indoor air law." Of those, 248 have banned smoking in all workplaces. Ten states have laws that ban smoking in either workplaces, restaurants or bars.

<http://milwaukee.bizjournals.com/milwaukee/stories/2004/11/29/story1.html>

**State Medicaid Shortfall Estimated at \$230 million**  
State budget officials now released estimates of the Medical Assistance shortfall at \$230 for the current year. As a result, when the next budget begins on July 1, 2005, the program will begin substantially in deficit. Absent reductions in benefits or beneficiaries or substantial new sources of revenue, deficits will continue to run through the next budget cycle. Budget writing instructions from the state Department of Administration to state agencies were to include no increase in provider reimbursement for the next two years. Even with this austerity budget, Medical Assistance costs are projected to increase by \$800 over the next two years. current

[http://www.doa.state.wi.us/docs\\_view2.asp?docid=4109](http://www.doa.state.wi.us/docs_view2.asp?docid=4109) [http://www.doa.state.wi.us/docs\\_view2.asp?docid=4109](http://www.doa.state.wi.us/docs_view2.asp?docid=4109)

DOA Secretary Marotta noted that, given these circumstances, Medicaid will likely will be reshaped as part of Doyle's budget. <http://www.jsonline.com/news/state/nov04/275831.asp>

## **State Health Plans Work on Childhood Obesity and Physical Activity**

Group Health Cooperative of South Central Wisconsin is a Madison-based HMO working with three Madison elementary schools to promote exercise and good eating habits through a new, after-school program called "Healthy Self." The program, which also involves the University of Wisconsin-

Extension, teaches third- through fifth-graders how to have fun with exercise and how to improve eating habits by choosing healthful foods. The HMO is covering Healthy Self's cost of about \$4,000 per school. BlueCross BlueShield of Wisconsin also recently donated 500,000 copies of "Healthy Habits for Healthy Kids," a nutrition and physical activity guide that is being distributed to doctors, nurses, families and schools statewide as part of Gov. Jim Doyle's "Healthy Kids" initiative.

<http://milwaukee.bizjournals.com/milwaukee/stories/2004/11/22/newscolumn1.html> <http://milwaukee.bizjournals.com/milwaukee/stories/2004/11/22/newscolumn1.html>

### **Sheboygan, Madison and Milwaukee Found with Ozone-Attributed Mortality**

A study published in the Journal of the American Medical Association found that increases in daily ozone were associated with concurrent increases in deaths due to cardiovascular, respiratory and other causes. Researchers at Yale and Johns Hopkins collected 1987-2000 US government mortality data for 95 major urban centers, totaling 40% of the US population. They compared day-by-day changes in urban death rates to concurrent fluctuations in local ozone levels. Researchers concluded that reduction of ozone by 10 parts per billion would save about 4,000 lives per year. Three Wisconsin cities were among the cities under investigation with Sheboygan cited as 30th worst ozone pollution in the nation. *Journal of the American Medical Association*

<http://jama.ama-assn.org/cgi/content/full/292/19/2372> <http://jama.ama-assn.org/cgi/content/full/292/19/2372>

In a related story, the Wisconsin Department of Natural Resources issued an air quality health advisory for November 17 and November 18th for Waukesha County. The advisory was issued because of persistent elevated levels of fine particles in the air. The current conditions leading to this advisory was a stagnant air mass over the upper Midwest. The Air Quality Index is currently forecast to reach the orange level, which is considered unhealthy for people in sensitive groups and others. People in those sensitive groups include those with heart or lung disease, asthma, older adults and children. When an air quality health advisory is issued, people in those groups are advised to reschedule or cut back on strenuous activities and pay attention to respiratory symptoms like coughing, wheezing and discomfort when taking a breath.

<http://www.dnr.state.wi.us/org/caer/ce/news/rbnews/2004/111704co1.htm> <http://www.dnr.state.wi.us/org/caer/ce/news/rbnews/2004/111704co1.htm>

### **Wisconsin Covers 2000 Wal-Mart Employees/Dependents in MA/BC**

A significant share of the cost of health insurance for employees of the giant retailer Wal-Mart, which is the nation's largest employer, appears to be pick-up by Wisconsin taxpayers. The total enrollment of Wal-Mart employees and relatives in BadgerCare is 1,176 adults and 638 children. Additionally, another 1,952 children of Wal-Mart employees are insured under Medicaid.

The state of Wisconsin is providing health insurance for 3,766 people who are Wal-Mart employees or the spouses and children of Wal-Mart employees, according to Jim Malone, a spokesman for the Department of Health and Family Services.

Wal-Mart Stores Inc. has 25,861 employees in Wisconsin who earn an average of \$10.36 per hour, said

a company spokeswoman. She said 53% Fifty-three percent of company employees in Wisconsin have insurance coverage through Wal-Mart. The AFL-CIO said in a report last year that the costs of participating in the Wal-Mart plan are out of reach for many of the company's employees who earn \$7.50 to \$8.50 per hour, and that additional restrictions apply to coverage for family members. The annual taxpayer cost of paying for health care coverage for Wal-Mart employees and their families in Wisconsin is \$4.75 million, with the state covering \$1.8 million of that sum. The rest comes from the federal government, which shares the costs of BadgerCare and Medicaid.

<http://www.madison.com/tct/news/stories/index.php?ntid=15428&ntpid=3> <http://www.madison.com/tct/news/stories/index.php?ntid=15428&ntpid=3>

## Wisconsin Moves Up to Ninth Place in State Health Rankings **Wisconsin Moves Up to Ninth Place in State Health Rankings**

NOTE: Wisconsin's county rankings will be released December 15th by the Wisconsin Public Health and Health Policy Institute. *NOTE: Wisconsin's county rankings will be released December 15th by the Wisconsin Public Health and Health Policy Institute.*

The United Health Foundation has released its annual rankings of states' health, finding that every state has improved since the first report was produced in 1990. Overall improvement has slowed in the past five years, however, and by some measures -- obesity rates, lack of health insurance, poverty levels and infant mortality -- national performance is worsening.

Wisconsin ranks ninth this year, returning to the top 10 states after being ranked 14th in 2003. Its strengths are a low violent crime rate at 225 offenses per 100,000 population, a strong high school graduation rate with 79.0 percent of incoming ninth graders who graduate within four years, a low rate of uninsured population at 10.9 percent, a low incidence of infectious disease at 7.5 cases per 100,000 population and a low number of limited activity days per month at 1.7 days in the previous 30 days. The three healthiest states are Minnesota, New Hampshire and Vermont. Among other things, their high rankings reflect low rates of poverty and premature death, safer-than-average drivers and generous spending on public health. Minnesota has ranked No. 1 for nine of the past 15 years and has never been out of the top two. At the other end of the list are Tennessee, Mississippi and, as in 14 of the past 15 years, Louisiana in last place. Their low rankings arise from high rates of poverty, infant mortality and cancer; large numbers of smokers; and, with the exception of Tennessee, many people without health insurance.

<http://www.unitedhealthfoundation.org/default.cfm> <http://www.unitedhealthfoundation.org/default.cfm>

## RESEARCH AND PROGRAM TOOLS

### Wisconsin MCH and Mortality Data Updated

DHFS recently released Wisconsin Births and Infant Deaths, 2003 and Births to Teens in Wisconsin, 2003. *Wisconsin Births and Infant Deaths, 2003 Births to Teens in Wisconsin, 2003*

Both MCH reports can be found at:

<http://dhfs.wisconsin.gov/births/index.htm>

Wisconsin Deaths, 2003

<http://dhfs.wisconsin.gov/deaths/index.htm>

## Kaiser Updates State Health Facts **Kaiser Updates State Health Facts**

Statehealthfacts.org, Kaiser's online source for the latest state-by-state and national data on demographics, health, and health policy, has a new look and has been updated with new data. Updates have been made to more than 78 topics and trend information.

<http://www.statehealthfacts.org>

## EVENTS

**The WEA Trust Story: A Comprehensive Strategy for Health Promotion and Consumer Education**  
**The WEA Trust Story: A Comprehensive Strategy for Health Promotion and Consumer Education.** Seminar and Discussion. Monday, December 6. 12-1 pm. Health Science Learning Center, UW Campus. contact Judy Knutson <jaknutso@wisc.edu>

**Health Information Symposium,** Wisconsin Division of Public Health

Thursday, January 20, 8:30 am - 4:00 pm, location TBD. Contact Debra Meister <meistds@dhfs.state.wi.us>

## READING ROOM

### **CDC Overestimated Obesity-Related Deaths**

Last March, the Journal of the American Medical Association published a study that included analysis projecting that in the near term obesity-related deaths would surpass smoking-related deaths in the U.S. The report came under immediate attack methodologically flawed. It also was seen as a means to deflect attention away from the health problems associated with tobacco use. The CDC has now announced that the study was substantially flawed. It does not deny that it may have overestimated obesity-related deaths by at least 20%. In the JAMA report, it estimated obesity related deaths at 400,000, up from 300,000 in 1990. It further estimated that by the end of the decade it would surpass the 500,000 deaths-more than from smoking. JAMA will publish CDC's correction and explanation in the next issue.

*Journal of the American Medical Association JAMA JAMA*

<http://www.washingtonpost.com/wp-dyn/articles/A8902-2004Nov23.html> <http://www.washingtonpost.com/wp-dyn/articles/A8902-2004Nov23.html>

### **Progress in Bioterrorism Assessed**

Many public health and bioterrorism experts, members of Congress and some well-placed Bush administration officials express mounting unease about what they believe are weaknesses in the nation's biodefenses: "The great majority of U.S. hospitals and state and local public health agencies would be completely overwhelmed trying to carry out mass vaccinations or distribute antidotes after a large biological attack. Hobbled by budget pressures and day-to-day crises, many health agencies say they cannot comply with federal officials' urgent demands that they gear up for bioterrorism. "Overlapping jurisdiction among federal agencies working on biodefenses -- including the departments of Homeland

Security and Health and Human Services -- leads to confusion inside and outside government about who is in charge of preparations for, and response to, bioattacks. "Despite considerable progress since the 2001 attacks, the National Institutes of Health, which has the lead role in researching biological warfare vaccines and antidotes, remains largely wedded to its traditional role of doing basic research and is not producing enough new drugs. Large drug firms with track records of developing medications have little interest in making bioterrorism vaccines and treatments.

Though it clearly has far to go, the Bush administration has sharply stepped up biodefense efforts. Spending has increased 18-fold since the Sept. 11, 2001, attacks, from \$414 million in fiscal 2001 to a proposed \$7.6 billion this year, according to a study by the University of Pittsburgh Medical Center's Biosecurity Center.

<http://www.washingtonpost.com/wp-dyn/articles/A32738-2004Nov7.html> <http://www.washingtonpost.com/wp-dyn/articles/A32738-2004Nov7.html>

### **Medical Marijuana Laws Continue to Win Public Support**

Following this month's election, nearly 75 percent of Western states have medical-marijuana laws, with Montana the most recent state to be added. Activists and political scientists say it's easier to get medical-marijuana initiatives approved in Western states because they generally are in the forefront of social trends. Furthermore, people who live in the West tend to frown on dictating to others what they can and can't do. This November, residents in Montana approved a medical-marijuana initiative, making it the 11th state in the country and the ninth Western state to permit marijuana use for medical purposes. In comparison, only two of the 37 states in other regions of the country have adopted such laws. They are Maine and Vermont.

The issue is currently being considered by the Supreme Court.

<http://msnbc.msn.com/id/6406453/> <http://msnbc.msn.com/id/6406453/>

### **Red States Pass Tobacco Taxes and Smoke Free Public Places**

Lost in the great wave of coverage of national and state electoral races were the results of a series of state referenda on tobacco taxes and restrictions of smoking in public places, including one in Wausau. All of these referenda were held in states that were "red" in the presidential column but strongly supported additional taxes.

Colorado: By 61 percent to 39 percent, voters increased the state cigarette tax by 64 cents to 84 cents per pack and dedicated some of the new revenue to fund tobacco prevention programs, with the rest earmarked for other health-related programs.

Montana: By 65 percent to 35 percent, voters increased the state cigarette tax by \$1 to \$1.70 per pack and dedicated some of the revenue to health care programs. The measure also increased the tax on other tobacco products.

Oklahoma: By 53 percent to 47 percent, voters increased the state cigarette tax by 80 cents to \$1.03 per pack, as well as taxes on other tobacco products. The revenue will fund various health-related programs. The Oklahoma victory came despite the fact that proponents of the initiative were outspent by

opponents, funded largely by Philip Morris and R.J.Reynolds, who spent almost \$2 million in an attempt to defeat the initiative.

Voters also passed or upheld smoke-free workplace laws in communities across the country, including Lincoln, Nebraska; Fargo and West Fargo, North Dakota and Columbus, Ohio. Voters also approved an advisory referendum in Wausau, Wisconsin, in support of making restaurants smoke-free.

<http://www.tobaccofreekids.org/Script/DisplayPressRelease.php3?Display=795> <http://www.tobaccofreekids.org/Script/DisplayPressRelease.php3?Display=795>

### **Health Care "Safety Net" Invisible to Most in Need**

While some argue that the uninsured have a safety net that provides necessary health care, a national survey indicates that most uninsured Americans are unaware of the existence of such a provider. According to a study release by the Center for Studying Health System Change, about 8 million uninsured people are unaware of a safety net despite living within five miles of a community health center. Poor and lower-income uninsured people- those with incomes below 200% of the federal poverty level, were slightly more likely to know of a community health provider than those with middle income. Awareness of a safety net provider was also higher among uninsured racial and ethnic minorities than among uninsured whites (57% / 41%).

<http://www.hschange.org/CONTENT/718/?topic=topic02> <http://www.hschange.org/CONTENT/718/?topic=topic02>

### **UK National Health Reforms: Ban Smoking in All Public Places and Junk Food Ads**

The White Paper on Public Health plans to make most enclosed public areas, including offices and factories, smoke-free. Only private clubs, where members voted to allow smoking, and pubs which do not serve prepared food would be exempt. The White Paper also covers obesity, drinking and sexual and mental health.

<http://news.bbc.co.uk/2/hi/health/4014597.stm> (Smoking)

<http://news.bbc.co.uk/1/hi/health/4015571.stm> (Obesity)

<http://news.bbc.co.uk/1/hi/health/4016925.stm> ( Contents of the white paper)