

Subject: May 2005 E-News

From: Judy Knutson

Date: Mon, 02 May 2005 15:08:07 -0500

To: wphi-news@lists.services.wisc.edu

UW POPULATION HEALTH INSTITUTE

formerly Wisconsin Public Health and Health Policy Institute

E-NEWS - May 2005

Vol. 5, No. 4

The UW Population Health 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.

In This Issue

STATE NEWS

- **Legislative Audit Bureau Reports Little Progress on Physician Office Visit Data (POVD)**
- **WI Manufacturing and Commerce Runs Ads for Higher Medicaid Reimbursement**
- **Cigarette Tax Proposed by GOP**
- **Most increases in new budget in state fees from health providers**
- **BadgerRx Expands Drug Purchasing Plan to state residents**
- **Assembly Passes Tax Deduction for Individual Insurance**
- **Wall St. Journal Examines GM Health Care Costs at Janesville Plant**
- **Poor prognosis for Milwaukee County health care program for indigent**
- **Milwaukee Infant Morality Rate Remains High**
- **Milwaukee area health costs reported well above-average**
- **Aurora Hospital Voted Down by Waukesha County Board; Business Opposition Key**
- **Doyle opposes hospital moratorium**
- **Thompson speaks out on health issues**
- **HIV cases increase, AIDS deaths decline in 04**

RESEARCH AND PROGRAM TOOLS

- **Wisconsin Collaborative Issues Report on Quality Measures**
- **DHFS Tracks Progress of State Health Priorities**
- **Wisconsin Family Health Survey, 2003**
- **Hospital Compare**
- **AHRQ Report Ranks States on 14 Health Measures**
- **Updated Trends and Indicators in the Changing Health Care Marketplace**
- **Statehealthfacts.org Enhanced**

EVENTS

- **Cover the Uninsured Week**

READING ROOM

- **"Top 10" Ideas for Reducing Health Care Costs**
- **Can Hospital IT Systems Increase Medical Errors?**
- **Population benefits from medical generalists, not necessarily specialists**
- **Medicaid cut by \$10 billion in Congressional budget**
- **Drug Makers Spent \$158 million to lobby Congress in 2004**
- **Study of nursing shortages in OECD nations**
- **USDA establishes new Food Pyramid**
- **Should Schools Ban Vending Machines?**
- **School lunches flunking out?**
- **Medicare insolvent, sooner than many think**
- **Americans rather limit choice than pay**
- **Two new reports on health savings accounts (HSAs)**
- **Assessing progress in health disparities**
- **School-based smoking prevention programs ineffective**
- **Second hand smoke and breast cancer**
- **Rise in alcohol deaths and DUI in college**
- **Complaint charges Bud-lite beer ad promotes lying about drinking**
- **Life expectancy to decline due to obesity**
- **STD risks remain for teens who pledge virginity**

STATE NEWS

Legislative Audit Bureau Reports Little Progress on Physician Office Visit Data (POVD)

Since FY 1999-2000, the Department of Health and Family Services has spent \$2.9 million to collect, analyze, and disseminate information related to health care services delivered in physicians' offices, including cost information. However, the highly critical report of the Audit Bureau found that the program data have been of limited value to researchers and health care professionals and have not been

available in a format the general public can use. In response to the report, the State Medical Society proposed that a private entity collect the data in an effort to collect more comprehensive and accessible data. DHFS responded that the problems will be fixed and the data will be more useable within the year.

<http://www.legis.state.wi.us/lab/>

WI Manufacturing and Commerce Runs Ads for Higher Medicaid Reimbursement

Wisconsin Manufacturers and Commerce has begun an advertising campaign in favor of higher reimbursement fees to health care providers from the state's Medicaid program. The WMC contends that the low fees constitute a "hidden tax" of approximately \$450 million on employers who pay higher insurance premiums to compensate for the lower payments from the state. WMC argues that WI's MA monthly premiums paid to managed care providers are 12% lower than the national average of 50 states. Still, WMC opposes a tax increase to pay for the higher reimbursement and continues its support of constitutional state tax cap proposed as the TABOR legislation.

<http://www.jsonline.com/bym/news/apr05/315410.asp>

Cigarette Tax Proposed by GOP

In a shift of the usual alliances and positions, a few GOP members of the Assembly and Senate along with a single Democrat, proposed legislation to increase the cigarette tax by \$1 and dedicate \$15 million to a tobacco control program and the remaining \$480 million to fund the Medicaid program. The immediate response from members of the budget-writing Joint Finance Committee was negative. Governor Doyle, however, was a little more equivocal than usual. He said he would consider it if it were part of a budget that fully funded education, shared revenue with local governments and limited property taxes. The question is how this could be achieved absent a big cigarette tax increase. At the same time, Assembly Democratic Leader Jim Kreuser denounced the proposal as did an assortment of other legislators.

<http://www.smokefreewi.org/pdf/TobaccoTaxMAFactSheet.pdf>

The Milwaukee Journal-Sentinel ran an editorial strongly in favor of the tax: <http://www.jsonline.com/news/editorials/apr05/316634.asp>

Most increases in new budget in state fees from health providers

About half of the fee and tax increases in the Governor's budget come from assessments on HMOs and nursing homes. HMOs that contract with DHFS for the provision of Medicaid and Badgercare would be assessed 6% of their gross revenues. This money would be deposited to the MA trust fund to fund the state share of MA costs. This is intended to increase the federal reimbursement. It would also reduce the share of GPR into the fund. For a review of the increases in taxes and fees in the Governor's budget proposal.

http://www.legis.state.wi.us/lfb/2005-07budget/Governor/030905_Taxandfee.pdf

BadgerRx Expands Drug Purchasing Plan to state residents

The existing drug purchasing program for state employees and small businesses is now open for enrollment for state residents without drug coverage. Consumers can join the program for \$25/person or \$75/ family of four or more. Participants will enjoy drug discounts, in some cases of up to 20%. It is

estimated that 1.1 million Wisconsinites are without drug coverage. In response to the announcement, over 1000 people enrolled in the program in the first three days in early April but current enrollment figures are unknown.

<http://www.thewheelerreport.com/releases/Apr05/Apr6/0406govbadgerrrx.pdf>

Assembly Passes Tax Deduction for Individual Insurance

The Assembly passed legislation allowing a 100% tax deduction for payment for premiums for an individual or family policy if the individual has no employer or no payment by an employer. The bill would phase-in the deduction but even at lower percentage it is estimated to reduce revenue by \$16.6 million in the first biennium.

http://www.legis.state.wi.us/lc/2_PUBLICATIONS/Amendment%20Memos/2005/PDFs/ab006.pdf

Wall St. Journal Examines GM Health Care Costs at Janesville Plant

This year General Motors will spend \$5.6 billion to provide health coverage for 1.1 million active and retired employees and their families. Interestingly, less than one third of the total expenditure is for active employees. Approximately, \$1500 of the price of each car is for health insurance for its employees and retirees. This story from the Wall St. Journal set in Janesville notes that as part of its health improvement program, smoking was recently eliminated from the assembly line and restricted to specific areas of the plant. Other functions of the plant wellness program include fitness-readiness for hunting, in-plant gyms, smoking cessation and health seminars.

http://www.kaisernetwork.org/daily_reports/rep_index.cfm?DR_ID=29201

Poor prognosis for Milwaukee County health care program for indigent

Milwaukee County's health services program for the poor and uninsured, the General Assistance Medical Program (GAMP) is in danger of facing major reductions in the current deficit ridden County budget. The \$17 million program provides medical service to 29,000 people, nearly double the enrollment since the program's inception in 1998. The average patient age is 37 and about 60% of the enrollees are men. Patients must re-apply for the program every six months and have low income limits of \$1,166 for a family of two. <http://www.jsonline.com/news/metro/apr05/319455.asp>

Milwaukee Journal Sentinel Editorial on saving GAMP

"Although it seems counterintuitive, spending money often is the best way to save it, and there may be no clearer example of that than with health care."

<http://www.jsonline.com/news/editorials/apr05/319701.asp>

Milwaukee Infant Morality Rate Remains High

Black infants in the City of Milwaukee were almost three times more likely to die than white babies and Hispanic infants were 1.6 times more likely to die than non-hispanic white infants in 2003, according to Milwaukee Health Dept data. While infant mortality rates improved for white babies since 1995, they remained the same for black and Hispanic infants. Of the 16 largest cities in the country, the infant mortality racial disparity between blacks and whites in Milwaukee is the fourth worst, according to 2000 data.

http://www.city.milwaukee.gov/display/displayFile.asp?docid=313&filename=/Groups/healthAuthors/MCH/PDFs/2003_IM_fact_sheet.pdf

Milwaukee area health costs reported well above-average

Milwaukee area medical costs are about 27% higher than the average for Midwestern cities, according to the 2003 annual report of Mercer Human Resources. Milwaukee area employers paid an average of \$8144 in health care costs per employee, above the Midwest average of \$5,880. The average cost for a cancer claim was more than 50% higher than the national average. Aurora Health Care billed, on average, 32% more than the area average while ProHealth hospitals billed at 32% less than the area average. The Milwaukee Business Foundation, which sponsored the study said, that the cause of the higher hospital costs were low reimbursement rates for Medicaid and Medicare as well as the uninsured. The study was conducted by Mercer Human Resource Consulting.

<http://www.jsonline.com/bym/news/mar05/310636.asp>

Aurora Hospital Voted Down by Waukesha County Board; Business Opposition Key

The Waukesha County Board voted down (21-11) a proposed \$85 million hospital facility in the eastern end of the county. Both Aurora and its opponent, ProHealth, waged expensive and aggressive campaigns on the proposed new facility. While a court challenge of the Board decision is possible, legal experts agreed, that it is unlikely to be successful. Opponents of the hospital argued that the area already had many unoccupied hospital beds and that the facility would increase overall health care costs.

<http://www.jsonline.com/news/wauk/apr05/321949.asp>

Prior to the vote, a coalition of Waukesha businesses pledged not to use a new hospital in Oconomowoc as proposed by Aurora Health Care. The businesses will modify employee health insurance plans to exclude Aurora medical facilities from their list of network providers. This would have an impact far beyond the future utility of the new hospital. The President of a major business organization, Independent Business Association of Wisconsin said, "As business people, we need to make it clear we're not going to allow this to happen. We need to send a clear signal to Aurora that if you build it, we won't come.

<http://www.jsonline.com/news/wauk/apr05/317931.asp>

The *Milwaukee Business Journal* further reports "Business key to nixing Aurora in Summit: Employers coalesced on cost concerns" <http://milwaukee.bizjournals.com/milwaukee/stories/2005/05/02/story5.html>

Doyle opposes hospital moratorium

Governor Doyle said that he would not support an attempt to impose a moratorium on hospital construction. The idea has been floated in the legislature in response to high inflation in health care costs and the proposal by Aurora to build a new hospital in Waukesha. In response to concerns over hyper-inflation in health care costs raised at a Waukesha Chamber of Commerce meeting, Doyle said that he would consider reviewing the criteria used by the Wisconsin Health and Educational Facilities Authority in bonding new facilities. Under current rules, the need for the facility is not a factor considered by the Authority. The Authority lent \$900 million for new hospitals in the last fiscal year, the majority provided to major health care systems. <http://www.jsonline.com/news/wauk/mar05/311870.asp>

Thompson speaks out on health issues

In an interview on the Kaiser Foundation network, former DHHS Secretary and Governor Thompson said that he regretted not having authority to negotiate prices with prescription drug sellers. He said that the US should do more to use our technology and wealth to fight AIDS, tuberculosis and malaria in the developing world and that this would support efforts against terrorism. He reaffirmed support of a program to increase cigarette taxes to support cessation programs, a position that he had to retract when he was department secretary. [http://www.kaisernetwork.org/health_cast/hcast_index?](http://www.kaisernetwork.org/health_cast/hcast_index?display=detail&hc=1386)

[display=detail&hc=1386](http://www.kaisernetwork.org/health_cast/hcast_index?display=detail&hc=1386)

HIV cases increase, AIDS deaths decline in 04

Wisconsin DHFS reports 473 new cases of HIV in 2004, the highest increase in new cases since 1997. The entire increase can be attributed to an increase among men who have sex with men. However, AIDS related deaths reached a new low of 95 in 2003 and a reported 66 in 2004. More than half of all cases are members of racial/ethnic minorities with African-American men having 13 times the infection rate of white men. The racial disparity is even more pronounced for females. Half of all the cases reported between 2000 and 2004 were from Milwaukee. Fifteen percent of cases were from injection drug users and 22% were from heterosexual contact.

http://www.dhfs.state.wi.us/aids-hiv/Stats/AIDS_HIV_StatsRprts_Index.htm

RESEARCH AND PROGRAM TOOLS

Wisconsin Collaborative Issues Report on Quality Measures

The Wisconsin Collaborative for Healthcare Quality issued a report examining 2004 data on 45 quality measures as reported by 19 hospitals, 14 physician groups and seven health plans statewide. Some of the data measures the performance of health care providers against quality standards reported nationally by Leapfrog and the Joint Commission on Accreditation of Healthcare Organizations. Unlike the 2003 report, the focus in this release is on physician quality data. This differentiates it from the Hospital Associations CheckPoint data initiative. Approximately 40 percent of the physicians statewide, primarily those with large practices are currently represented by the data.

<http://www.wchq.org/>

The *Milwaukee Business Journal* reports on the Collaborative's efforts to explore the effectiveness of doctors as well as health systems:

<http://milwaukee.bizjournals.com/milwaukee/stories/2005/04/11/story7.html>

DHFS Tracks Progress of State Health Priorities

The Department of Health and Family Services has a new web site that tracks Wisconsin's progress in meeting health priorities. The web site provides trend information on more than 60 health indicators, such as rates of tobacco use and physical activity. Working with local health departments and other advisors, DHFS plans to add county and other local information to the sites state-level information to track progress toward meeting *Healthiest Wisconsin 2010* objectives.

<http://dhfs.wisconsin.gov/statehealthplan/track2010>

Wisconsin Family Health Survey, 2003

The full report from the 2003 Family Health Survey is now available on the DHFS website:

<http://dhfs.wisconsin.gov/stats/familyhealthsurvey.htm>

Hospital Compare

This DHSS website provides you with information on "how well hospitals in your area care for all their adult patients with certain medical conditions." It can help you compare the quality of care hospitals provide. Hospital Compare was created through the efforts of the Centers for Medicare and Medicaid Services (CMS) and organizations that represent hospitals, doctors, employers, accrediting organizations, other Federal agencies and the public.

<http://www.hospitalcompare.hhs.gov/>

AHRQ Report Ranks States on 14 Health Measures

The Agency for Healthcare Research and Quality released an on-line report comparing the 50 states and D.C. in 14 categories of health care quality. The report examines 2003 data from hospitals, health plans, nursing homes, home health care agencies and other sources. About 100 measures of medical quality were reported, such as flu vaccines, pre-natal care, suicide rates and effectiveness of kidney dialysis. The new report showed an across-the-board improvement of about 3% over last year. The report does not show which states performed the best or worst in each category but instead released the findings as 51 separate reports to show how each state compared with national averages.

<http://www.qualitytools.ahrq.gov/qualityreport/state/>

Updated Trends and Indicators in the Changing Health Care Marketplace

This chartbook provides up-to-date (2003-2004) information on key health care marketplace trends including enrollment, premiums and benefits. It also includes trend reports on national health expenditures, health care spending and costs, employer and retiree health coverage and a public opinion on topics such as managed care, perspectives on health care, medical errors and quality information.

<http://www.kff.org/insurance/7031/index.cfm>

Statehealthfacts.org Enhanced

The on-line compendium of state health data, statehealthfacts from Kaiser Family Foundation has added data on distribution of state expenditures, new tables on state and national Medicaid and updates on state health care expenditures. As always this includes excellent tables, graphs and color-coded maps.

<http://www.statehealthfacts.org/>

EVENTS

Cover the Uninsured Week

Partnerships for Healthy Milwaukee is sponsoring a community wide reception to share local successes that preserve and extend the health care safety net. The reception will also unveil "Milwaukee Cares", a

voluntary public-private partnership to improve access to health care for low-income residents. The reception will feature guests from Wichita, KS who will discuss their Project Access of the Plains, a volunteer physician network. Governor Jim Doyle will speak at the reception on May 5. For more information on the May 5th (5-7 PM) event contact Lora Taylor at 414-229-2961 or ltaylor@uwm.edu.

READING ROOM

"Top 10" Ideas for Reducing Health Care Costs

In the online journal *Medscape General Medicine*, Commonwealth Fund president Karen Davis adds "Top 10" ideas for reducing health care costs and at the same time improving the quality of care. In *Taking a Walk on the Supply Side: 10 Steps to Control Health Care Costs*, Davis outlines 10 strategies for reforming the "supply side" of the health care market, including care coordination, pharmaceutical price negotiation, standardization of charges and insurance products, evidence-based clinical guidelines, and more. "Combined, these approaches could generate substantial savings. Some would lower costs and improve care. None would require patients to forgo effective care or incur higher out-of-pocket costs," says Davis. "The net result would be a health system that is more responsive to all Americans, yields fewer errors, improves health, and is accessible to all."

http://www.cmwf.org/aboutus/aboutus_show.htm?doc_id=264016

Can Hospital IT Systems Increase Medical Errors?

A paper published in *JAMA*, based on a lengthy study at a large teaching hospital, found 22 ways that a computer system for physicians could increase the risk of medication errors. Most of these problems, the authors said, were created by poorly designed software that too often ignored how doctors and nurses actually work in a hospital setting. The likelihood of errors was increased, the paper stated, because information on patients' medications was scattered in different places in the computer system. "These computer systems hold great promise, but they also introduce a stunning number of faults." <http://jama.ama-assn.org/cgi/content/full/293/10/1197>

Population benefits from medical generalists, not necessarily specialists

Counties with a greater number of primary care physicians have a lower mortality rate, but having a greater number of specialist does not appear to lower the mortality rate according to a study published in *Health Affairs*. The study found that "in view of the evidence that having more specialists confers no advantage on meeting population health needs and may have ill-effects when specialist care is unnecessary, increasing the specialist supply is unnecessary.

<http://content.healthaffairs.org/cgi/content/full/hlthaff.w5.97/DC1>

Medicaid sustained huge budget reductions in the budget passed by Congress on April 28. The reductions were half of those proposed by the Administration and much lower than in the original House bill. The bill singles out Medicaid as the entitlement program with the greatest reduction. The bill also includes an additional \$106 billion tax cuts and a \$17 billion increase in defense spending in just the first year of the budget. The fiscal impact of the bill on the Wisconsin MA program has yet to be determined.

<http://www.washingtonpost.com/wp-dyn/content/article/2005/04/28/AR2005042800446.html>

Drug Makers Spent \$158 million to lobby Congress in 2004

According to a report in USA Today, drug makers lead the nation in lobbying expenditures last year. As part of their lobbying costs, the drug makers employed 1,274 registered lobbyists including 476 former federal officials and 40 former members of Congress. In addition to record lobbying expenditures, they also spent \$17 million on campaign contributions (67%- GOP) and \$7 million for political party conventions (64% GOP). Some of the major legislation won by the industry last year was the Medicare drug coverage barring federal negotiations over drug prices and importation of drugs from Canada. By 2006, the federal government will pay 41% of Americans drug bills.

http://www.usatoday.com/money/industries/health/drugs/2005-04-25-drug-lobby-cover_x.htm

Study of nursing shortages in OECD nations

The OECD is an organization of the major industrialized nations including the U.S., most of the EU, Korea, Japan, etc. These countries are concerned about their common nursing shortage. Many member nations import nurses from all over the world to cope with this problem. The 58-page report finds that the current nursing shortage appears to be caused by fewer young people entering the work force, a greater range of professional opportunities open to young people, the low social value given to nursing, negative perception of nurse working conditions and an aging nurse work force. The report also includes policy recommendations.

<http://www.oecd.org/dataoecd/11/10/34571365.pdf>

USDA establishes new Food Pyramid

The USDA has issued 12 new food pyramids to choose from. Most notably, the pyramid runs vertically, rather than horizontally built from the bottom up. Each line of the pyramid represents a food group such as orange for grains. The pyramid, which includes a staircase for climbing, recommends thirty minutes of exercise per day. To determine the appropriate foods for you based on your gender, age and regular exercise regimen, go to:

<http://www.mypyramid.gov>

Should Schools Ban Vending Machines?

Read the latest Issue Brief of the UW Public Health and Health Policy Institute.

<http://www.pophealth.wisc.edu/UWPHI/publications/briefs/Vol6%20No1web.pdf>

School lunches flunking out?

Prodded by the movie, Supersize Me!, new national guidelines for a school wellness policy and changes in social awareness about nutrition and health, schools are reviewing not only lunch service but the overall nutritional environment. Lac du Flambeau School District prohibits soda sales during the school day as does Appleton School District. The Marshfield School District has guidelines requiring lower fat foods. <http://www.jsonline.com/news/gen/mar05/311414.asp>

Medicare insolvent, sooner than many think

While much of the attention of the nation is focused on the future of Social Security, analysts agree that

Medicare's financial problems are bigger and thus more difficult to fix. According to a report by Fund Trustees project Medicare program insolvency by 2020 as opposed to 2041 for Social Security. As a result premiums for Medicare are due to increase by 12.4% next year and 17% this year. Monthly premiums will increase at least to \$87.70 per month and the deductible will increase to \$123 annually. These are very low estimates because they are based on presumed reductions in physician payments. <http://www.sfgate.com/cgi-bin/article.cgi?file=/c/a/2005/03/26/MNGGHBV9VF1.DTL&type=printable>

Americans rather limit choice than pay

More Americans are willing to limit their choice of physicians and hospitals to save on out-of-pocket medical costs according to a study released by the Center for Studying Health System Change. Between 2001 and 2003, the proportion of working-age Americans with employer health coverage willing to trade broad choice of providers for lower out of pocket costs increased from 55 % to 59%- after the rate had been stable since 1997. <http://www.nytimes.com/2005/03/23/business/23health.html> and <http://www.hschange.org/CONTENT/735/>

Two New Reports on Health Savings Accounts (HSAs)

The Congressional Research Service has released a report finding that Health savings accounts might produce a moderate reduction in national health spending but "are not likely to make a big difference in the number of uninsured" U.S. residents. The report found that there is a "burgeoning market" for HSAs and that many large insurers have entered the market and offer such plans nationwide. However, the report finds that "it would be unreasonable for [HSAs] to produce a significant reduction in the nation's health care costs." The report states, "It is a well-established paradigm that 5% of individuals account for approximately 50% of health care costs and 20% account for approximately 50% of costs. HSA plans, with their relatively low out-of-pocket maximums, will have little impact in reducing the health care spending for these groups."

http://www.kaisernetwork.org/daily_reports/rep_index.cfm?DR_ID=29419

The Commonwealth Fund reports that seven out of 10 employers expect to offer "consumer-driven" health plans, such as health savings accounts (HSAs), by next year, but those plans will do little to reduce the ranks of the uninsured. A survey conducted by the Federation of American Hospitals and the American Hospital Association found that a "competitive marketplace" is evolving for plans such as HSAs. But two other reports unveiled last week predicted that HSAs would do little to lower the number of uninsured Americans. This report concludes that HSAs will be unaffordable for the uninsured because the plans' out-of-pocket costs, including deductibles, would be too expensive for many uninsured families. A separate says HSAs could lead to destabilization in the group health insurance market if small businesses begin to offer only high-deductible plans because their higher-wage employees prefer them. The press release states "Lower-wage workers in small firms are likely to be most at risk for dropping coverage if they are only offered a plan that provides little protection for out-of-pocket costs." <http://www.cmf.org/healthpolicyweek/doc274435>

Assessing Progress in Health Disparities

A new study by former Surgeon General David Satcher on racial and ethnic health disparities is featured in the new issue of *Health Affairs*. The report estimates that 83,570 deaths could be prevented each year

if the United States eliminated the black-white mortality gap. While the infant mortality rate for African Americans improved overall, the gap between whites and African Americans during those years worsened for infants and for African American men age 35 and older. Four major reasons for the gap were continued lack of access to health care, increased income inequality for black men, a spike in gun-related deaths between 1983-1995 and increase in HIV infection in communities of color. <http://www.healthaffairs.org/>

School-based smoking prevention programs ineffective

Smoking prevention programs in junior high or high school have little influence on whether teens choose to light up or not, according to a study published in the March issue of the *Journal of Adolescent Health*. "Our study shows there is little evidence to suggest that existing school-based smoking prevention programs produce long-term reductions in smoking prevalence among youth," says the study's first author, Sarah Wiehe. None of the smoking reduction programs reviewed included community or media programs, which have been shown to negatively influence adolescent smoking. There were wide variations in study populations, type and intensity of intervention, and outcome measures. [http://www.eurekalert.org/\[...\]-03/iu-ssp022805.php](http://www.eurekalert.org/[...]-03/iu-ssp022805.php)

Second hand smoke and breast cancer

California EPA is the first government report to affirm secondhand smoke as a cause of breast cancer. Women exposed to secondhand smoke have a 26% to 90% higher risk of breast cancer, the report said. The wide range is due to wide disparity in exposure such as living with a heavy smoker. The greater the exposure, the earlier the age of exposure, the higher the risks, the report said. Cal EPA review panel members said that they were persuaded by the weight of evidence in existing studies. They noted six recent studies that removed exposed women from control groups and had higher rates. Interestingly, the researchers found higher effects from secondhand smoke than from active smoking.

http://www.usatoday.com/news/health/2005-03-08-smoking-breastcancer_x.htm

Rise in Alcohol Deaths and DUI in College

Alcohol related injury, deaths and drunk driving increased among college students over the past few years according to a new report from the NIAAA and published in the *Annual Review of Public Health*. The proportion of college students who reported driving under the influence of alcohol increased from 26.5 to 31.4 %. Alcohol related unintentional injury deaths increased from nearly 1600 to more than 1700, an increase of 6% per college population. During both years more than 500,000 students were unintentionally injured because of drinking and more than 600,000 were hit or assaulted by another drinking student.

<http://www.nih.gov/news/pr/mar2005/niaaa-17.htm>

Complaint charges Bud-lite Beer Ad Promotes Lying about Drinking

A new ad for Bud Light beer depicts men joking about lies they've told to cover up their daytime drinking and two watchdog groups say the FTC should tell Anheuser-Busch to pull the ad. The National Council on Alcoholism and the Center for Science in the Public Interest say the ad promotes alcoholic behavior by signaling to heavy drinkers and alcoholics that it is perfectly okay to lie to coworkers or ask them to lie for you to conceal work-time drinking. Previous Anheuser ads included favorable, humorous

depictions of people stealing beer and running away from police.

<http://cspinet.org/booze/>

Life Expectancy to Decline Due to Obesity

For the first time in two centuries, the current generation of children in America may have shorter life expectancies than their parents, according to a new report in the New England Journal of Medicine, which contends that the rapid rise in childhood obesity, if left unchecked could shorten life spans by as much as five years. The report says the prevalence and severity of obesity is so great, especially in children, that the associated diseases and complications such as Type 2 diabetes, kidney failure- are likely to strike people at younger and younger ages. The report says the average life expectancy of today's adults, roughly 77 years, is at least four to nine shorter than it would be if there were no obesity.

<http://content.nejm.org/cgi/content/full/352/11/1138>

STD Risks Remain for Teens who Pledge Virginity

A study of 12,000 adolescents published in the Journal of Adolescent Health found that students continue to engage in high-risk behavior and are less likely to seek treatment. Teenagers who pledge to stay virgins are consistently less likely to be exposed to risk factors across a wide range of indicators, but their infection rate of sexually transmitted diseases does not differ from non-pledgers. Possible explanations are that pledgers are less likely than others to use condoms or to be tested and diagnosed with STDs. The researchers concluded that adopting virginity pledges as interventions may not be the optimal approach to preventing STDs among young adults.

<http://www.washingtonpost.com/wp-dyn/articles/A47331-2005Mar18.html>

To subscribe/unsubscribe to this ENEWS please contact Judy Knutson at jaknutso@wisc.edu