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STATE NEWS

Hospitals to Opposed Doyle’s Expected Tax Plan for Health Care
Several media outlets are reporting that Governor Jim Doyle is expected to propose a tax on hospitals to leverage hundreds of millions of dollars in additional federal Medicaid cash to help pay for health care reforms. Wisconsin hospitals are preparing to fight what they deem a “sick tax.”
The *Journal Sentinel* reported that Doyle is expected to recommend less than the 6 percent maximum tax that federal rules allow. The Governor’s office notes that 20 other states have such a tax on hospitals, and Illinois levies a 2.5 percent hospital tax on gross revenue. A 2% tax in Wisconsin would raise about $225 million, based on the $11.2 billion in revenue the hospital association reported in 2004.

Republican leaders and members of both parties expressed concern that this approach is contrary to the effort to reduce insurance costs. The hospital association's members also fear the money generated by a hospital tax would be used to fund programs and initiatives not related to health care.

Talk of a hospital tax comes as Doyle proposes making state health insurance available to 98 percent of the state's residents, including all children, despite a projected $1.6 billion shortfall in the two-year budget that starts July 1. Two years ago, Doyle proposed raising the nursing home bed tax from $75 a month for each bed to $125 a month, but the Republican-controlled Legislature rejected it. Democrats now control the state Senate and may be more supportive of this approach.


WI State Journal coverage:

WI Hospital Association response:
[http://www.wha.org/pubArchive/valued_voice/vv2-9-07.htm#1](http://www.wha.org/pubArchive/valued_voice/vv2-9-07.htm#1)
[http://www.wha.org/pubArchive/valued_voice/vv2-9-07.htm#4](http://www.wha.org/pubArchive/valued_voice/vv2-9-07.htm#4)

**BadgerCare Plus Expansion and Reinsurance Plans Announced**

In his State of the State Address, Governor Doyle laid out his plans for BadgerCare Plus. The plan will allow families to buy coverage for their kids, regardless of income, starting at about $10 per month. Also, coverage will be expanded to working people who don't have children. The eligibility process will be streamlined, and the application form will be limited to one piece of paper. Finally, his plan includes purchasing pools designed to help small businesses.

[http://dhfs.wisconsin.gov/badgercareplus/](http://dhfs.wisconsin.gov/badgercareplus/)
[http://www.dhfs.state.wi.us/HealthyWisconsin/](http://www.dhfs.state.wi.us/HealthyWisconsin/)

**Milwaukee Health Initiatives Unveiled**

Governor Jim Doyle announced a strategy to address health care, education, employment, crime, and economic growth for the Milwaukee metro. The initiative, called *Growing Milwaukee for Wisconsin’s Future*, includes a package of health initiatives, as follows:

- Improve the health of children in Milwaukee by investing nearly $2 million to help hire 24 additional school nurses;
- Ensure all eligible children are enrolled in BadgerCare Plus;
- Develop electronic health records and a health information exchange that includes schools;
- Provide BadgerCare Plus families with educational tools to make informed choices;
• Streamline services for children and families by merging child welfare, child support, child care services and the W-2 program into a single, unified agency – the Wisconsin Department of Children and Families;
• Make health care more accessible and affordable through BadgerCare Plus program;
• Provide $1.4 million to help pregnant women during the third trimester of at-risk pregnancies;
• Provide $750,000 to EduCare, Inc. for early childhood intervention and ensure school readiness; and
• Provide $500,000 to MetaHouse, Inc. to support alcohol and drug abuse treatment services for Milwaukee women.


**Governor Plans $30M for Electronic Medical Records: taps Patient Compensation Fund**

Governor Doyle’s budget will include $30 million to increase the use of electronic medical record systems, aimed at reducing medical errors, improving safety, and decreasing health care costs. Governor Doyle’s budget proposal will include:

• $20 million for the creation of an eHealth grant program for organizations that implement eHealth initiatives;
• $10 million in tax credits for businesses that implement eHealth initiatives; and
• Funding for the Wisconsin eHealth Care Quality and Patient Safety Board.

While some view this move as a “step in the right direction,” others consider it “just a drop in the bucket” of what is needed. Part of the funding would come from the state's patient compensation fund, which covers large judgments in medical malpractice suits. Hospitals and doctors pay into the fund. Doyle said it was an appropriate use of the money because it will reduce medical errors. Governor Doyle’s eHealth Care Quality and Patient Safety Board published the Wisconsin eHealth Action Plan in December 2006.

Governor’s Press release:
http://www.wisgov.state.wi.us/journal_media_detail.asp?locid=19&prid=2502
ehealth Board: http://ehealthboard.dhfs.wisconsin.gov
WI State Journal coverage:

**Physician Leadership Proposes Protections for Malpractice Fund**

WI Medical Society moves to protect Malpractice Fund from Use for State Budget

The Wisconsin Medical Society is advancing a place the $746.4 million Injured Patients and Families Compensation Fund into a quasi-public authority that would be out of the reach of the legislature and the Governor. The change could have possible effects on the physician’s contribution rates, the compensation available for victims with big claims, and the amount of money available for the overall state budget. WMS has proposed a compromise would allow the fund’s current $59.9 million surplus as a one-time transfer out of the fund.

WI State Journal editorial:
Governor to Propose Autism Services Insurance Mandate
Governor Doyle has announced that his budget will include a provision to require insurers to provide coverage to serve autistic children. The Governor cites a new national report from the U.S. Centers for Disease Control and Prevention that about 1 in 150 children have autism. In Wisconsin, the rate was slightly lower at about 1 in 192. The study also found that autism rates in Dane County were twice those of autism rates in Milwaukee County.
The recommendation to include treatment for autism by a psychologist, a social worker who is certified or licensed to practice psychotherapy, or by a psychiatrist was proposed by Governor Doyle’s Task Force on Autism. Governor Doyle created the task force in 2004 to develop policy recommendations to ensure access to quality health care services to those with autism.
View the CDC report:

Governor Doyle will Propose Benefits for Domestic Partners
Governor Doyle says he'll propose offering group health insurance benefits to domestic partners of all state employees when he presents his state budget proposals to lawmakers during the coming week. That is broader than his proposal rejected by legislators two years ago to offer domestic partner coverage to University of Wisconsin employees. Doyle said in a statement that such benefits have become commonplace in other states as well as for many of Wisconsin's largest private employers. A spokesman for Assembly Speaker Mike Huebsch, R-West Salem, said the domestic partner proposal indicates that the governor is "heading in completely the wrong direction."

Proposed Statewide Smoking Ban and Cigarette Tax Increase
Besides a proposed increase to the state tax on cigarettes by $1.25, Doyle proposed restoring the tobacco settlement bonds that were used to fill a one-time budget hole. Each year, $30 million of interest from a $600 million account will be used to pay for a major expansion of anti-smoking efforts, according to a release from the Governor's Office. Doyle also is asking legislators to pass a statewide smoking ban in all public buildings, workplaces, restaurants and taverns.

Area doctors' salaries among highest in U.S.
The Milwaukee Business Journal reports that Milwaukee-area family and general practitioners are among the best paid in the country, according to a new survey of 75 major metropolitan areas.

Wisconsin Earns a 'D' for Obesity Control
Each year, the University of Baltimore Obesity Initiative grades states on their efforts to pass obesity-reducing legislation. This year, for the first time, six states -- California, Illinois, Oklahoma, Pennsylvania, South Carolina and Tennessee -- received A's for their legislative and
public-policy work to control obesity in children. Wisconsin ranks 25th for obesity prevalence, but earned a 'D' for efforts to control obesity. Among the measures hailed were bills that:
• Set nutrition standards for schools and limited vending machine access in schools
• Require measuring and reporting of each student’s Body Mass Index
• Require recess time and physical education classes
• Add obesity-awareness and weight-reduction programs to school curricula
• Support obesity research
• Support insurance coverage of obesity Establish public obesity commissions

UB Obesity Report Card: http://www.ubalt.edu/experts/obesity/
State Reports: http://www.ubalt.edu/experts/obesity/obesity_06_map_key.html

**State Scores Low on Tobacco Control**
An annual tobacco control report card issued by the American Lung Association gave Wisconsin low grades for 2006: 'F' in smoke free air, 'D' in tobacco taxes, 'F' in tobacco prevention and control spending, and 'D' in youth access to tobacco products.

http://www.thewheelerreport.com/releases/Jan07/jan09/0109alareport.pdf

**Wisconsin Required to Update Old Birth and Death Records**
Paper birth and death records from 1907 to 1947 must be entered into computer databases due to federal anti-terrorism laws passed to prevent identity theft. By as early as May 2008, an estimated 4 million birth records and more than 3 million death records must be deciphered and entered. The first estimate put the cost of the update at $24.3 million, based on costs in other states and meetings with private companies that might bid on the work. That cost would include a computer system just for those records. Separately, the state Department of Transportation has asked for $20.7 million to verify information on driver's licenses because of new federal anti-terrorism requirements. To pay for the security system, the department wants to raise the cost of renewing a license from $24 to $34.


**No Infants Infected with HIV during Birth in 2006**
No Wisconsin infants were infected with the AIDS virus by their mothers during or near the time of delivery, according to preliminary records from the state Department of Health and Family Services. It’s just the third year the state has had no births involving HIV since 1985. The others were 1999 and 2004. From 1994 to 2005, 22 babies born to HIV-positive mothers in Wisconsin acquired the virus during or near the time of delivery, an improvement from the 31 babies infected from 1985 to 1994.


**Dane County Breastfeeding Law**
Dane County mothers will be guaranteed the right to breast-feed in public under a new law. The proposed ordinance prohibits anyone from interfering with a woman nursing an infant or pumping breast milk in a public place under county jurisdiction, such as the airport, the zoo or any stores or restaurants in unincorporated areas. Anyone who violates the law would be subject
to a fine of $10 to $100. The Madison City Council is considering a similar ordinance to protect a woman's right to breast-feed in public.

La Crosse Public Drunkenness Ordinance Introduced
A new public intoxication ordinance designed to curb binge drinking was introduced in La Crosse. Individuals behaving in an intoxicated manner in public, such as staggering and vomiting, or putting themselves and others in danger, could face a fine of $200 to $500 that would increase with repeat offenses. Other factors, such as slurred speech, stupor or loss of consciousness, can be considered as well. A blood-alcohol test would not be necessary to be cited.
http://www.lacrossetribune.com/articles/2007/01/10/news/00lead.txt

Milwaukee/Waukesha County Emergency Preparedness Consortium Recognized
The Milwaukee/Waukesha County Emergency Preparedness Consortium was one of seven agencies awarded for preparedness efforts by the National Association of County and City Health Officials Project Public Health Ready initiative.
http://www.thewheelerreport.com/releases/Jan07/jan18/0118consortium.pdf

Air Quality Improves in Eastern Wisconsin
Governor Doyle is directing the Wisconsin Department of Natural Resources to request ozone attainment re-designation for Kenosha, Racine, Milwaukee, Waukesha, Washington, Ozaukee, Manitowoc and Kewaunee counties.

RESEARCH AND PROGRAM TOOLS

Digital Video Library Launched
Events held at the UW-Madison Health Sciences Learning Center can now be viewed in the new Digital Video Library at http://videos.med.wisc.edu. The video recordings, consisting of educational presentations, Grand Rounds and seminars that have taken place at the HSLC, are a new resource offered free of charge to everyone. If you have any questions about the IME Video Library or presentations you would like placed in the library contact Michelle Ostmoe at ostmoe@wisc.edu or 263-6315.

Fetal Alcohol Spectrum Disorders Intervention Kit
Drinking and Reproductive Health: A Fetal Alcohol Spectrum Disorders Prevention Tool Kit presents strategies to help health professionals identify women who drink at risky levels and engage them in changing behavior to reduce their risk for an alcohol-exposed pregnancy. A brief guide provides information on FASD, screening and intervention guidelines, frequently asked questions, a blueprint for putting screening and intervention into practice, the Surgeon General's Advisory on Alcohol Use in Pregnancy, resources, and references. Other materials include handouts for patients about drinking and reproductive health, additional screening tools and counseling tips for health professionals, and a pocket card illustrating standard-sized drinks.
http://www.cdc.gov/ncbddd/fas/acog_toolkit.htm
**Language Provision Strategies for Health-Related Benefits Offices**
The new Commonwealth Fund report, *Providing Language Services in State and Local Health-Related Benefits Offices: Examples from the Field*, outlines an eight-step approach to helping benefits offices develop language strategies tailored to their clients’ specific needs. The authors at the National Health Law Program illustrate each step with promising practices in place throughout the country. The report also includes dozens of sample forms, protocols, and other documents used by various states.


**Racial and Ethnic Health Disparities Webcasts and Weekly Reports**
The Kaiser Family Foundation launched a news summary report – the *Kaiser Health Disparities Report: A Weekly Look at Race, Ethnicity and Health*. The report is available through a free weekly email, with stories updated daily online on kaisernetwork.org, the Foundation's news and information service. This new report summarizes and synthesizes news coverage of minority health issues from hundreds of print and broadcast news sources, including outlets serving racial and ethnic communities.

[http://kaisernetwork.org/daily_reports/rep_disparities.cfm]

**SCHIP Survey and Publications**
A 50-state survey released by the Kaiser Commission on Medicaid and the Uninsured (KCMU) shows that one-third of states increased access to health coverage in 2006, and none of the states cut income eligibility in Medicaid and SCHIP for the first time in four years. *Resuming the Path to Health Coverage for Children and Parents: A 50 State Update on Eligibility Rules, Enrollment and Renewal Procedures, and Cost-Sharing Practices in Medicaid and SCHIP in 2006* is the sixth in a series of annual surveys examining changes to rules that impact enrollment in the Medicaid and SCHIP programs.

[http://www.kff.org/medicaid/kcmu010907pkg.cfm]

**EVENTS AND ANNOUNCEMENTS**

**Cardiovascular Research Conference:** February 20
"Sleep Apnea and Vascular Function: Epidemiologic Evidence of a Causal Association." Javier Nieto, Department of Population Health Sciences, 1335 Health Sciences Learning Center, 4-5:30 p.m. Information: 263-2266, info@cvrc.wisc.edu.

"*Regulation and Governance of Healthcare: Alternative Practices, Theories and Visions*":
March 2, 2007
An interdisciplinary and international workshop for lawyers, medical practitioners and students that focuses on health care governance and regulation to be held Friday, March 2, 2007 from 9.00am-5.30pm at the Fluno Center, Madison (610 University Avenue, Madison, WI 53715). Registration is free but space is limited. If you are interested in participating, please contact Sumudu Atapattu at saatapattu@wisc.edu by February 1, 2007.

**Nutrition and Health:** March 5
Marion Nestle, PhD, MPH, Paulette Goddard Professor, Department of Nutrition, Food Studies and Public Health, New York University, “*Title pending*” – co-sponsored by the UW Population
Health Institute – Room 1335 Health Sciences Learning Center. Author of "What to Eat" and "Food Politics: How the Food Industry Influences Nutrition and Health".
http://www.pophealth.wisc.edu/seminar.htm

Governor Doyle’s eHealth Implementation Summit: March 15, 2007

Health Wisconsin Leadership Institute Events: Spring 2007
  • Discovering Your Leadership Style Webinar: March 15, 12:30-1:30
  • Supporting Growth in Others Webinar: April 26, 12:30-1:30
  • Developing Future Leaders: Tools for Success Workshop: May 22, 1:00-5:00 at the Paper Valley Hotel, Appleton, WI

Registration is required. For more information, contact Peggy Ore at pore@wisc.edu or 608-265-8625.

American Indian Health and Science Symposium: March 23
Produced by the UW School of Pharmacy, Great Lakes Inter-Tribal Council, and the UW School of Medicine and Public Health. This event will be held from 12-4:30 p.m. in the Health Sciences Learning Center, UW School of Medicine and Public Health Commons, School of Pharmacy Building.
http://www.pophealth.wisc.edu/uwphi/education/conferences.htm

15th Annual $1,000 Rural Health Prize: April 15 Deadline
The Hermes Monato, Jr. Prize of $1,000 is awarded annually for the best rural health paper. It is open to all students of the University of Wisconsin. Students are encouraged to write on a rural health topic for a regular class and then to submit a copy to the Rural Wisconsin Health Cooperative as an entry by April 15th. Previous award winners as well as judging criteria and submission information are available at http://www.rwhc.com/Awards/MonatoPrize.aspx.

“War on Cancer” and Accountability for Outcomes: A Transatlantic Dialogue on How and Why of Success: April 16
This workshop is the second in a series that examines emerging European Union-wide health policies and public health and their impact on the member states within the European Union. The event will be held from 1:15 to 6:00 p.m. in Room 1325 of the Health Sciences Learning Center. The workshop website is: http://eucenter.wisc.edu/health
Please contact Sebnem Ozkan at eucenter@intl-institute.wisc or 608-265-8040 for more information.
Study Finds Barriers to Comparison Shopping for Health Services

A new study published in this month’s on-line *Health Affairs* reports that, even when patients spend their own money on health care, there is little shopping based on cost or quality. While markets for self-pay medical procedures such as LASIK and cosmetic surgery are often noted as examples of consumer comparison shopping, significant barriers to effective shopping for other medical services exist, with consumers often instead relying on word-of-mouth recommendations to choose providers. In self-pay markets for in-vitro fertilization, cosmetic rhinoplasty, and dental crowns, consumer shopping was more difficult and less prevalent than in the LASIK market, for reasons ranging from urgency in some cases to the cost of obtaining multiple price quotes. Center for Studying Health System Change President Paul Ginsburg noted that current efforts to increase price transparency for health services often downplay "the complexity of decisions about medical care, patients' dependence on physicians for guidance about appropriate services and the need for information on quality."

http://content.healthaffairs.org/cgi/content/full/hlthaff.26.2.w217v1/DC1

Slowing the Growth of U.S. Health Care Expenditures: What Are the Options?

The Commonwealth Fund’s Commission on a High Performance Health System has issued a new report on the best ways to contain health care expenditures. This report reviews factors contributing to high expenditures and examines strategies that have the potential to achieve savings, slow spending growth, and improve health system performance. These strategies cluster into six areas: 1) increasing the effectiveness of markets with better information and greater competition; 2) reducing high insurance administrative overhead and achieving more competitive prices; 3) providing incentives to promote efficient and effective care; 4) promoting patient-centered primary care; 5) investing in infrastructure such as health information technology; and 6) investing strategically to improve access, affordability, and equity.

http://www.cmwf.org/publications/publications_show.htm?doc_id=449510&#doc449510

Use of Health Services Research in State Policymaking

A report by the Commonwealth Fund set out a conceptual framework to support effective use of health services research in state health policymaking. The four stages of the research and policymaking framework are: understanding the scope and extent of the problem; developing options; implementing a program or policy; and evaluating the program or policy. For each of these stages, the authors discuss practical lessons and communication strategies gleaned from interviews with researchers and policymakers.

http://www.cmwf.org/publications/publications_show.htm?doc_id=437168&#doc437168

Lawmakers Unveil Bill that Would Help Fund States' Efforts to Cover Uninsured

A bipartisan group of lawmakers unveiled legislation that would provide federal funding for state initiatives to provide health care coverage to the nation's more than 46 million uninsured. The House and Senate bills would authorize grants to individual states, groups of states, or portions
of states to fund a variety of approaches, such as tax credits, an expansion of Medicaid or the State Children's Health Insurance Program, or health savings accounts as ways to cover the uninsured. The proposals would be submitted to a bipartisan "State Health Innovation Commission," which then would present the proposals to Congress for review and funding.

http://www.cmwf.org/healthpolicyweek/healthpolicyweek_show.htm?doc_id=446993&#doc446994

**Report Describes How Metropolitan Areas Are Failing America’s Children**

A new report from the Harvard School of Public Health that scores the living conditions experienced by children in the 100 largest U.S. metropolitan areas reveals a consistently bleak picture for black and Hispanic children compared to white and Asian children and suggests approaches to address some of the factors behind whether or not a child thrives.  *Children Left Behind: How Metropolitan Areas Are Failing America's Children* and a related Chartbook can be found at:  
http://diversitydata.sph.harvard.edu/

**Poverty in America: Economic Research Shows Adverse Impacts on Health**

A new Government Accountability Office report examines what the economic research tells us about the relationship between poverty and adverse social conditions, such as poor health outcomes, crime, and labor force attachment, and what links economic research has found between poverty and economic growth.  

**Education Consistently Linked to Life Expectancy**

The one social factor that researchers agree is consistently linked to longer lives in every country where it has been studied is education—more important than race, health insurance and income. One researcher found that life expectancy at age 35 was extended by as much as one and a half years simply by going to school for one extra year. Her prize-winning paper appeared in *Review of Economic Studies*. Now, others’ papers have appeared, examining the effects of changed laws on compulsory education in Sweden, Denmark, England and Wales. In every country, compelling children to spend a longer time in school led to better health.  

**Survey Finds That Many Believe Fate Determines Cancer**

A poll of 4,000 people conducted by the charity Cancer Research UK found that more women than men thought destiny would determine their chances of developing cancer, and smokers were 50% more likely than non-smokers to believe in it. Those responding were asked if they thought they could cut their risk of developing cancer - or whether it was out of their hands. In total, 27% of the people questioned said fate ruled whether they would be affected by the disease. Among those from the most deprived areas, the figure rose to 43% and among those from the most privileged areas, it fell to 14%.

http://news.bbc.co.uk/2/hi/health/6226117.stm
Prevention Strategies Underutilized in U.S.
The AHRQ's 2006 *National Healthcare Quality Report* and *National Healthcare Disparities Report* both found that the use of proven prevention strategies lags significantly behind other gains in healthcare:

- Only about 52 percent of adults reported receiving recommended colorectal cancer screenings.
- Fewer than half of obese adults reported being counseled about diet by a health care professional.
- Only 49 percent of people with asthma said they were told how to change their environment, and 28 percent reported receiving an asthma management plan.
- Only 48 percent of adults with diabetes received all three recommended screenings - blood sugar tests, foot exams and eye exams - to prevent disease complications.

http://www.ahrq.gov/qual/nhqr06/nhqr06.htm

Too Young for This: Facing Cancer Under 40
The rates of some cancers, including colorectal, thyroid and testicular, are rising in people ages 20 to 39, according to the American Cancer Society. A report released in August by the National Cancer Institute and Lance Armstrong Foundation found that even as cancer survival rates continued to improve in adults of middle age and older, the survival rates for people ages 15 to 39 had not risen substantially in more than two decades. In 2006, there were approximately 55,200 new cases of cancer in Americans 15 to 39, and 9,300 cancer deaths in that same group, according to the American Cancer Society. Researchers are asking why some young adults are predisposed to cancer, why the rates of some cancers are rising in this age group and how young people may respond differently to treatment regimens — many of which have been tested mostly in older adults or in children.


Town of Jackson, AL Collectively Lost 10,000 Pounds
In January 2006, a group of residents concerned about the town's health started a free program dubbed "Get Lost in Jackson." Over the next year, participants checked in at monthly weigh-ins; attended classes on fitness, nutrition and health; and began exercising. By the end of 12 months, the town had lost a collective 10,000 pounds. In the first month, 1,717 of the town's 5,400 residents signed up. Get Lost participants were required to weigh in at least once a month, or they were disqualified. For each pound lost, participants could drop their names into a hat to be eligible to win $100 at the end of that month. To stay eligible for end-of-program prizes, Get Lost participants also had to attend at least four educational classes taught throughout the year and lose at least 10 percent of their body weight. By the end of December, 79 people had attained all of those goals.


"Take a Peak" Food Pyramid Program
Grocery manufacturers and food producers last week launched a national campaign to help consumers follow the food pyramid. Called "Take a Peak," the program highlights food and beverages that meet the latest federal guidelines for healthy eating and activity. Some 2,000 grocery stores in 17 states are slated to roll out the program this year. Consumers will find aisle
banners, kiosks and other displays in stores that will help point them to fare that is consistent with the dietary guidelines.
http://www.washingtonpost.com/wp-dyn/content/article/2007/01/12/AR2007011201921_pf.html

**Enhancing Public Hospitals' Reporting of Data on Racial and Ethnic Disparities in Care**
To assess the ability of hospitals with large minority populations to use existing quality-of-care measures to reduce racial/ethnic disparities, researchers analyzed quality-related data on acute myocardial infarction, heart failure, and pneumonia by patients' race and ethnicity from five major public hospitals. Senior clinical and administrative leaders were interviewed about their use of quality data and views on disparities and public data reporting. These hospitals exceeded national norms on most measures, and high performance was mostly consistent across racial and ethnic groups. While the findings should be interpreted cautiously, the data indicated some disparities in performance measures related to patient communication. The study also revealed limitations in use of commonly accepted quality measures for detecting disparities.

**Federal Long-Term Care Insurance Program**
The Government Accountability Office has released a report on the challenges facing the Federal Long Term Care Insurance Program as the demand for nursing home care increases. The prospect of a burgeoning demand for long-term care moved the federal government to offer such a benefit to some of its employees beginning in 2002. On Oct. 15, 2001, an estimated 19 million employees were eligible for the benefit. In September 2006, roughly 214,000 employees had enrolled.