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STATE NEWS

WI DHFS Secretary Hayden Resigns, Timberlake Appointed
Secretary Kevin R. Hayden is leaving the Department of Health and Family Services, effective April 15, 2008. Karen Timberlake, current Deputy Secretary at the Department of Health and Family Services, has been appointed to succeed Hayden as Secretary. Timberlake has served as Executive Assistant to Hayden since February 2007. Prior to that, she served as the Director of the Office of State Employment Relations since 2003. Timberlake also served as the Deputy Administrator in the Department of Justice’s Division of Legal Services. While at the Department of Justice, she also served as an Assistant Attorney General in the Government Operations and Administrative Law Unit and as an Attorney in the Employment Litigation Unit. Timberlake has served on the state Group Insurance Board since 2000 and she Chaired the Governor's Task Force on Autism in 2004. Press release: http://www.wispolitics.com/index.iml?Article=123084

Wisconsin Receives High Health Care Rankings
A report released by AHRQ ranked the Wisconsin number two in the nation for the quality of health care. The report also highlighted areas where Wisconsin needs improvement, including cancer care, home health care and the level of overweight and obesity in Wisconsin. In related news, CQ Press, which is a division of Congressional Quarterly Inc., ranked Wisconsin 14th in its rankings of the healthiest states in America. Wisconsin improved over its 15th ranking last year. The CQ Press used the measurement of 21 factors in its rankings, which included access to health care providers, affordability of health care, the general health of the population, and an emphasis on preventative care.
http://milwaukee.bizjournals.com/milwaukee/stories/2008/03/24/daily34.html?surround=lfn
DHFS press release:
http://www.dhfs.state.wi.us/News/PressReleases/2008/040208AHRQWiRank.htm

Implications of the New Medicaid Regulations for the State of Wisconsin
The Committee on Oversight and Government Reform has provided summaries of the impact of the Administration’s new Medicaid regulations on a state-by-state basis. The summary for Wisconsin details how public providers, graduate medical education, outpatient hospital services, provider taxes, rehabilitative services, and case management in the State of Wisconsin would be impacted by the new regulations.

WI Business Groups Organize to Support Medicaid Payment Increase
Governor Doyle’s proposal for a 0.7% assessment on hospital revenue now has the strong backing of the Wisconsin Hospital Association, the Wisconsin Manufacturers and Commerce (WMC) Association, and many other business and health care groups. A new coalition - called StopTheShift.org - was formed to back the proposal, primarily for the purpose of increasing Medicaid reimbursement rates for hospitals and precluding the shift of hospital losses. The
Milwaukee Journal Sentinel reports: "The Wisconsin Hospital Association has estimated that hospitals are paid on average less than half of what it costs them to treat a patient. The state doesn't dispute that figure. The shortfall gets shifted - hence the new coalition's name - to commercial health plans. This means that employers, employees and people who buy individual insurance must make up the difference – which explains why businesses care about the issue." Assembly Republicans remain opposed to the hospital tax.

Coalition's website: http://stoptheshift.org/

Wisconsin Senate Passes Budget Repair Bill; Hospital Tax Included
The Senate budget-repair bill made its way through the Senate in the last days of March, passing on a partisan 18-14 vote. The Senate version of the budget-repair bill was returned to the Assembly, where Republican leaders oppose the hospital tax; legislative leaders are expected to meet in the near future to negotiate a final budget.


WCCF Resource: Comparative Summary of the Budget Repair Bill
The Wisconsin Council on Children and Families has prepared a useful document detailing the similarities and differences in the three State budget repair plans put forth by the Governor, Assembly and Senate. The Governor’s version was proposed on March 10, the Assembly put forth a version on March 12 and the Senate approved its final version on March 25. The current deficit figure for the State budget is $526.9, which the three plans reconcile with varying approaches.


Governor Doyle Signs Legislation to Improve Health Care and Child Welfare
Governor Doyle has signed into law multiple bills which will benefit and help to improve health care and child welfare in the state. Included in these bills is Senate Bill 456, which would allow a new wing to be built at the UW School of Veterinary Medicine, Assembly Bill 442 which would allow special distinctive license plates for individuals who support Donate Life Wisconsin, and Senate Bill 496 which aids in the provision of more tools across the State of Wisconsin to protect minors from neglect and abuse.

http://www.thewheelerreport.com/releases/Mar08/mar17/0317govbills.pdf

Healthy Wisconsin Reintroduced to Senate at End of Legislative Session
The latest version of Healthy Wisconsin was reintroduced by Senator Jon Erpenbach this past month. The new bill is very similar to what was previously introduced to the Legislature as part of the 2007-2009 Biennial Budget, with the exceptions that the start of the program would be pushed back one year from the start date proposed in the original plan, there would be a small-employer phase-in under the program, and there would be a cap on the amount that dual-income households could be assessed under the proposed program.

State Legislative Session Ends with Multiple Health Related Bills Unresolved
Although the State’s Legislature saw multiple accomplishments before the end of its session, the session did come to a close with multiple areas of legislation pertinent to health still unresolved. Notable unresolved bills in the health arena included the smoking ban, legislation to address issues of coverage and care for individuals with autism and the approval of a compact to protect the Great Lakes.


The Governor Doyle signed Wisconsin Act 187 to bill to facilitate more comprehensive electronic medical records, intended to facilitate sharing of “need to know” information among providers. The changes more closely align Wisconsin privacy laws with the federal Health Insurance Portability and Account Act (HIPAA) rules. They specifically alter provisions of s. 51.30 to allow the exchange of information by adding “diagnostic test results” and “symptoms” to the list of elements that may be exchanged without patient written consent. Detailed explanation of Act 108:

Quality Alliance Reports Consumer Ratings of WI Hospitals; Data Questioned
The Hospital Quality Alliance made available patient rating of hospital care on their public web site Hospital Compare www.hospitalcompare.hhs.gov. The data are available for about 70% of Wisconsin hospitals, and is derived from patient surveys completed following hospitalization. The survey administered to patients consists of 27 questions, which come from eight key areas: communication with doctors, communication with nurses, responsiveness of hospital staff, pain control, communication about medicines, cleanliness of hospital environment, quietness of hospital environment, discharge information, overall rating of hospital and willingness to recommend the hospital.

However, quality experts say that the HCAHPS data are preliminary and possibly flawed. Current HCAHPS results that indicate patients favor smaller rural hospitals and hospitals in Alabama—outcomes that invite closer analysis, analysts say. Modern Healthcare reports: “Such trends beg greater review of the data characteristics, according to Chip Kahn, president of the Federation of American Hospitals. The data are still preliminary, he said. “From an analytical standpoint, the numbers are not totally transparent,” he said. The federation collaborates on the HCAHPS survey.”

http://www.modernhealthcare.com/apps/pbcs.dll/article?AID=2008630496018 (registration required)

Wisconsin HMO Enrollment Slows its Steady Decline
The Business Journal of Milwaukee, citing data from the “Wisconsin Managed Care Review 2007,” reports that “after declining steadily over five years, enrollment in health maintenance organizations dropped only slightly over the past 18 months, an analysis of the Wisconsin health care market has found.” Enrollment in HMOs dropped by 1.7 percent in 2006, to 1.3 million, compared with a drop in enrollment of 9.6 percent in 2005 and 6.4 percent in 2004. At a peak in 2000, 1.6 million people were enrolled in HMOs in Wisconsin. Over the past several years, insurance companies have been moving employer groups into non-HMO plans.

Madison to Host World Stem Cell Summit
Madison is set to host the World Stem Cell Summit, a collection of stem cell researchers, advocates and investors from around the world, later this year. The Summit will take place September 22-23. The gathering will focus on providing critical tools for leadership in the field, and will also focus on the future of regenerative medicine. It is estimated that the field of regenerative medicine and stem cell technologies will become a $500 billion industry over the next 20 years.

Report on Great Lakes Pollution and Health to Undergo IOM Review
A recently released report regarding pollution in the Great Lakes region and health consequences for the surrounding communities has stirred a great amount of concern this past month. Leading federal health officials have requested that the Institute of Medicine referee the debate over the report, which indicates that pollution in the Great Lakes region may be connected to serious negative health outcomes, including infant mortality and breast cancer. The report, titled “Public Health Implications of Hazardous Substances in the 26 U.S. Great Lakes Areas of Concern,” will be reviewed by the Institute of Medicine, which has promised to complete this task by June 30. The report indicates that it cannot imply causality; but it does make note of important associations between some of the sites examined and poorer health outcomes.

State Makes Progress in Decreasing Asthma Burden; Disparities Remain
A recently released report indicates that although the prevalence of asthma has increased in Wisconsin in recent years, Wisconsin has made improvements overall in reducing the burden of asthma for the state population. Despite overall progress, disparities within the state still exist. The report also includes information regarding the prevalence of asthma, associated costs, disease management for asthma, emergency department visit and hospitalization rates relating to asthma, and the number of deaths due to asthma.

Report: 1,600 Wisconsin Adults Die Annual due to Lack of Health Insurance
Families USA estimates that almost five working age individuals die each week in the State of Wisconsin due to lack of health insurance. The report was based on the national study completed by the Institute of Medicine in 2002, which found an explicit link between a lack of health coverage and mortality from health-related causes. The IOM found that adults lacking insurance are 25 percent more likely to die prematurely when compared to adults who have private health insurance coverage. The report also indicated that the estimated number of deaths due to lack of insurance coverage was more than 1,600 adults ages 25 to 64 in Wisconsin between 2000 and 2006.

MCW Launches New Doctoral Program in Public and Community Health
The Medical College of Wisconsin has initiated a new doctoral program in Public and Community Health, which is one of only two such programs nationwide. The goal of the
program is to combine and integrate direct community engagement with the traditional public health sciences. The curriculum of the new program will include topics such as principles and practices of community partnerships, principles and methods of community-based participatory research, and the translation of community health improvement into policy.


**Population Health Institute Awarded RWJF Grant to Evaluate BadgerCare Plus**
The UW Population Health Institute was recently awarded a grant under the State Health Access Reform Evaluation (SHARE) initiative of the Robert Wood Johnson Foundation. A research team will evaluate Wisconsin’s BadgerCare Plus health insurance reform in terms of its effects on enrollment, efficiency, and churning of covered members in the State of Wisconsin. UW was on of 18 national grantees selected from a pool of over 60 applicants who competed for funding under RWJF’s SHARE initiative.

http://www.pophealth.wisc.edu/newscontent.htm?ID=186

**RESEARCH AND PROGRAM TOOLS**

**Local Wisconsin Data on Poverty and Insurance Status**
A new set of Web pages from the Department of Health and Family Services provides access to local information about poverty status and health insurance coverage for many localities in Wisconsin. Estimates of the number and percent of population by poverty status, health insurance coverage over the past year, and type of health insurance are based on combined years of Wisconsin Family Health Survey results.

http://dhfs.wisconsin.gov/localdata/FHS/index.htm

**AHRQ’s 2007 State Snapshots Allows for More Comprehensive Comparison of State-by-State Health Care Performance**
The AHRQ’s annual *State Snapshots* report now includes additional data, making possible more comprehensive state-by-state comparisons. New information available in the 2007 *State Snapshots* report includes obesity rates for each state, health coverage, mental health illness and the number of specialist doctors. The report also tracks the progress of each state in reaching the 2010 health goals outlined by the government. The press release and a link to the 2007 Snapshots are below.

http://statesnapshots.ahrq.gov/snaps07/index.jsp

**Issue Brief: EBRI and Commonwealth Fund 2007 Consumerism in Health Survey**
The EBRI and Commonwealth Fund released their third annual Consumerism in Health Survey this past month. The online survey utilizes data from 4,217 privately insured individuals ages 21 to 64, and is intended to provide nationally representative information relating to the increase in both account-based health plans and high-deductible health plans, alongside information regarding how these plan designs impact consumer behavior and attitudes. Findings from the survey are reported in an issue brief accessible below.

Research Brief: The Role of Nurses in Hospital Quality Improvement
The Center for Studying Health System Change has released a new research report focusing on the relationship between nurses and the organizational environment of hospitals coupled with the increasing emphasis on the promotion of quality improvement. The report consists of the following five main sections: Nurses pivotal to hospital quality initiatives, Quality improvement demands increasing, Culture sets stage for quality improvement, Challenges specific to nurses’ involvement in quality improvement, and Implications.
http://www.hschange.org/CONTENT/972/

HealthCast—Health Care in the 2008 Elections: Where Do the Candidates Stand on Promoting a High-Performance Health System
This event was sponsored by the Alliance for Health Reform and the Commonwealth Fund. The main resource page includes a full video version of the event, a podcast of the dialogue and also a transcript. Event speakers included Ed Howard, Executive Vice President of the Alliance for Health Reform; Sara Collins, Assistant Vice President, Program on the Future of Health Insurance; Katherine Hayes, Adviser to Sen. Hillary Rodham Clinton; Gregg Bloche, Adviser to Sen. Barack Obama; and Raissa Downs, Adviser to Sen. John McCain.
http://www.kaisernetwork.org/health_cast/hcast_index.cfm?display=detail&hc=2549

KFF Snapshot: Employer Health Insurance Costs and Worker Compensation
KFF has added a new snapshot under its Health Care Costs snapshots category, which aims to understand how the large increase in health insurance premiums in the recent past have impacted employers providing health insurance coverage. The analysis focuses on employer costs for the provision of health insurance to workers over a six year period, drawing data from different occupational areas and different establishment sizes. Findings include a significant increase in the employer cost for health insurance measured as a percentage of payroll between 1999 and 2005.
http://www.kff.org/insurance/snapshot/chcm030808oth.cfm

KFF Reports: Consumer Direction of Personal Assistance Services
The Kaiser Family Foundation released two new reports examining the growing interest in Medicaid consumer direction of personal assistance services (CD-PAS). CD-PAS programs are unique in that they give Medicaid beneficiaries freedom to make choices regarding the hiring, scheduling, training and paying of personal care attendants. The new reports examine Medicaid CD-PAS programs in the states of California, Colorado, New York and Virginia. One report provides an overview of the four state programs, while the second report provides insights from enrollees in the four states.
http://www.kff.org/medicaid/kcmu032408pkg.cfm

Updated Fact Sheet—The HIV/AIDS Epidemic in the United States
This fact sheet contains a brief overview of the history of the AIDS epidemic in the United States and the current key trends in the epidemic. The fact sheet highlights the distribution of cases within the US and the disproportional impact of the epidemic on subgroups within the US. The fact sheet concludes with a summary of the current response strategies of the U.S. Government to the epidemic.
http://www.kff.org/hivaids/upload/3029_08.pdf
Updated Issue Module—The State of Public Health Preparedness
This recently updated resource from KaiserEDU.org provides a brief overview of the importance of public health preparedness, paired with key data sources, policy research around the topic, a list of webcasts and presentations with relevance to public health preparedness. The issue module also provides a list of key organizations that may serve as resources for researchers and professionals in the area.
http://www.kaiseredu.org/topics_im.asp?id=619&imID=1&parentID=61

New Online Tutorial—Health Care in New Orleans before and After Hurricane Katrina
This KaiserEDU.org tutorial starts with an overview of pre-Katrina Louisiana, highlighting key population characteristics and health care access in New Orleans prior to Katrina. This information is contrasted against the circumstances after Hurricane Katrina, the impact on health care in New Orleans, and the progress and challenges of rebuilding in the aftermath of Katrina.
http://www.kaiseredu.org/tutorials/katrina/player.html

EVENTS

Energy and World Development: Challenges for Health and Climate
Kirk Smith, Professor of Global Environmental Health, University of California Berkeley
Monday April 21, 2008: 5:30 pm
1610 Engineering Hall

Health Care Payment and Reform and Pay-for-Performance in Wisconsin: How to Promote System Transformation (and What Not to Do)
Tuesday, April 29, 2008: 1:00 pm – 4:30 pm
Monona Terrace Convention Center, 1 John Nolen Drive
Information: cerijenkings@wisc.edu or (608) 262-6318

Public Health Workforce Development Webinar
Wednesday, April 30 from 12:00 to 1:00 pm
Support the development of a report entitled Stepping Up to the Challenge: Wisconsin’s Public Health Workforce Call to Action. This webinar (combination conference call and web-based presentation) will give an overview of public health workforce plans around diversity, sufficiency and competency. Online survey and a discussion board available from May 1 – May 16 through the Wisconsin Public Health Association website (www.wpha.org/workforce.htm). Access to the materials presented in the webinar, and recorded version of the webinar.
To participate in the webinar, register at www.wpha.org/workforce.htm. Information: contact Sarah Beversdorf at sarah@badberbaymanagement.com.

Institute for Research on Poverty Seminar: The Size of Health Selection Effects
Alberto Palloni, Northwestern University and IRP Affiliate
Thursday May 1, 2008: 12:15-1:30 pm 8417 Sewell Social Science
Information: 262-6175, cwilliam@ssc.wisc.edu
Sobering News: How We Can Reduce Wisconsin's Top-Ranked Drinking Problem
Evidence-Based Health Policy Project Briefing. May 6, 2008, from 10 am to noon in the state capitol. Presenters include Paul Moberg from the Population Health Institute; Carolyn Heinrich from the La Follette School of Public Affairs; and Richard Brown from the Wisconsin Initiative to Promote Healthy Lifestyles.
Information: cerijenkings@wisc.edu or (608) 262-6318

Digital Healthcare Conference 2008
How are you optimizing your technology investments to improve patient safety, lower costs, and improve the quality of healthcare delivery?
May 7-8, 2008. Fluno Center, Madison, WI
Information and Registration: www.dhc2008.com or call Mike Klein at 608-848-1005

The Survey of the Health of Wisconsin Symposium (SHOW)
Exploring public health surveys as tools for researchers, policy makers, and community stakeholders
Exploring how researchers, policy makers, and other public health advocates utilize data and biological samples collected by population health surveys; explaining the process for accessing SHOW’s data and samples.
Wednesday, May 14, 2008: 8:00 am-12:30 pm
UW-Madison, HSLC; Simulcast in Milwaukee (Location TBD) For full details and to Register by May 1st http://www.show.wisc.edu

Wisconsin eHealth Implementation Summit
Annual Summit of Governor Doyle’s eHealth Care Quality and Patient Safety Board.
Thursday, June 12. Madison Concourse Hotel and Governor’s Club.
http://ehealthboard.dhfs.wisconsin.gov

2008 Short Course in Clinical Research
June 12-13, 2008: 8:00am - 4:00pm, 1335 Health Sciences Learning Center
Sponsored by: The UW-Madison School of Medicine and Public Health; Institute for Clinical and Translational Research (ICTR); and the Marshfield Clinic Research Foundation.
Online Registration for Medical Students: http://www.ohrd.wisc.edu/reg/catalog_course_detail.asp?course_key=20359
Online Registration for All Health Professionals: http://www.ohrd.wisc.edu/reg/catalog_course_detail.asp?course_key=20358
Phone Registration: (608) 262-3903 Questions and Information: www.ictr.wisc.edu; silet@wisc.edu

Wisconsin Infant and Early Childhood Mental Health Conference
Early Relationships Matter: Building Networks
Wisconsin Alliance for Infant Mental Health
Conference Website: http://www.wiaimh.org/conference.htm
Most Uninsured Families Lack Sufficient Assets To Cover HSA Cost Sharing
A new study by Kaiser Family Foundation researchers published as a Health Affairs Web Exclusive reports that relatively few uninsured households have enough financial assets to cover the cost sharing in consumer-driven health plans tied to health savings accounts (HSAs). Consumer-driven plans generally require enrollees to pay for most health care expenses themselves until they reach the plan’s relatively high deductible. Assets are an important consideration because low- and moderate-income families might not have adequate income to pay the potentially high cost sharing under these policies and would have to dip into any savings to pay their bills if they get sick.  
http://content.healthaffairs.org/cgi/content/abstract/hlthaff.27.3.w214

Medicare’s Hospital Trust Fund will be Insolvent by 2019
According to projections by the board of trustees for Medicare and Social Security, the Medicare hospital insurance trust fund is expected to be insolvent by 2019. Medicare spending is expected to increase from the 2007 value of 3.2% of gross domestic product to a total of 10.8% of gross domestic product by 2082. It is expected that this year Medicare will spend more money than it receives from taxes; however, it continues to receive large amounts of interest income. Medicare expenses are expected to exceed total income by 2010. 
http://www.kaisernetwork.org/daily_reports/rep_index.cfm?DR_ID=51164

AHRQ: 2007 National Healthcare Quality Report
Three key findings of the 2007 AHRQ report included that core measures of health care improved by roughly 2.3% per year from 1994 to 2005, but only 1.5% per year from 2000 to 2005. On average the variation in measures by state has decreased since 2000, but this decrease has not been uniform. Finally, patient safety improved at an annual rate of roughly 1% per year from 2000 to 2005. Data collection in the report is centered on measuring effectiveness, patient safety, timeliness, patient centeredness and efficiency in health care. 

AHRQ National Healthcare Disparities Report 2007
The purpose of the National Healthcare Disparities Report (NHDR) is to detail the quality of and access to care for subgroups within the United States, and to serve as a tool to track the Nation’s progress in eliminating health disparities. The latest version of the report highlights that since the first NHDR report, overall disparities in quality of and access to healthcare have not decreased. The report indicates that progress has, however, been made in decreasing disparities in the areas of adequate dialysis, usual primary care provider, hospital admissions for perforated appendix, and disparities regarding childhood vaccinations. Areas with disparities in quality showing no improvement include the rate of new AIDS and prenatal care in the first trimester, among other areas. 
http://www.ahrq.gov/qual/nhdr07/nhdr07.pdf

The Commonwealth Fund 2007 Annual Report
The 2007 Annual Report highlights the work of the Commonwealth Fund over the previous year. The publication includes an essay by Karen Davis entitled “A Prescription for Our Nation’s Ailing Health Care System” followed by an essay entitled “High-Performing Foundations: The
Role of Risk Management.” The remaining pages of the report include snapshot overviews of program highlights from 2007.

Racial and Ethnic Disparities In US Health Care: A Chartbook
This chartbook released by the Commonwealth Fund is intended to serve as a resource to help policy makers and other workers in the health arena begin to understand disparities present in their communities and to tackle these disparities with solutions. The chartbook also highlights the role that the overall performance of the health system where individuals live and the quality of providers might play in creating or fueling such disparities, and how the healthcare system may create barriers to care for some minorities. The report highlights four areas of disparities: disparities in health status and mortality, disparities in access to health care, disparities in health insurance coverage, and disparities in quality.
http://www.commonwealthfund.org/usr_doc/Mead_racialethnicdisparities_chartbook_1111.pdf

Do Out-of-Pocket Health Care Costs Delay Retirement?
This new Urban Institute discussion paper focuses on the interplay between rising health care costs and cutbacks in employer-sponsored retiree health benefits to identify whether expected out-of-pocket health care costs in old age impact retirement age. The report analysis is conducted considering two types of out-of-pocket health care costs: real health insurance premium costs relating to retirement before 65 years of age and the expected real health care costs from the age of 65 until the end of life. According to the report, results indicated that both factors are associated with a delay in retirement.
http://www.urban.org/UploadedPDF/411628_retirement_delay.pdf

Urban Institute Reviews Recent Past, Current State, and Future of SCHIP
A new report detailing the recent timeline and reauthorization debate of the State Children’s Health Insurance Program was released this past month by the Urban Institute. The report, entitled “The Failure of SCHIP Reauthorization: What Next?” tracks SCHIP legislation from its failed reauthorization in 2007, through the short-term program extension by Congress to the expected reappearance of the topic later in 2008 or early in 2009. The report highlights the significance that questions regarding the role of government in health care have played in the debate, and also projects on the impact that the current SCHIP climate will have on the coverage of uninsured children in the short run.
http://www.urban.org/UploadedPDF/411628_SCHIPfailure.pdf

Nation’s Disparities in Life Expectancy Increase as Overall Value Improves
According to the latest research, the gap in life expectancy between richer and less affluent Americans has increased over the past two decades; mirroring the same trend in the growth of income inequality in the United States. According to researchers, life expectancy overall in the United States has increased, but the trends in life expectancy disparities were similar to those also observed in infant mortality, mortality from heart disease, and select cancers.

House Passes Mental Health Parity Legislation
Early this past month the House approved legislation requiring that the majority of group health plans provide more comprehensive coverage for mental illnesses, similar to what the group plans
would provide for physical illnesses. The bill passed 286 to 148, and marks a significant stride following over a decade of debate over mental health parity. The Senate has also passed a bill similar in nature, which requires the same level of coverage for mental illness as is provided for physical illness. Currently Federal law does not prohibit insurance companies from providing varying degrees of coverage for physical and mental health ailments. Many insurers and employers have supported the Senate version, while opposing the House version of the measure.

http://www.nytimes.com/2008/03/06/washington/06health.html?ref=policy

NIH to Open Center for Research on Genetic, Economic and Social Links between Health and Race

NIH plans to open a new Center for Genomics and Health Disparities, which will focus on the relationships between genetics, the economy and multiple social factors that lead to disparities in disease rates and medical treatment among racial groups. The new center will be located at Howard University.

http://www.kaisernetwork.org/daily_reports/rep_index.cfm?DR_ID=51015

PBS Documentary Series: “Unnatural Causes: Is Inequality Making Us Sick?”

A new four-hour documentary series entitled “Unnatural Causes: Is Inequality Making Us Sick?” began airing on PBS in March. The series focuses on socio-economic and racial inequities in health, and aims to explore the causes and seek solutions to the health crisis in America. The series highlights how social conditions in which Americans are born, live and work strongly impact health and length of life. The series is intended to challenge traditional beliefs about the causes of sickness and health in Americans and offers a set of solutions to the current state of health within American society. The press release and a link to the primary resource page are available below. http://www.unnaturalcauses.org

Rep. Dingell Introduces Legislation to Delay New Medicaid Regulations

House Energy and Commerce Chairman John D. Dingell introduced a new bill (HR 5613) this past month, which would delay the implementation of seven of the new Medicaid regulations proposed by the current Administration for one year. The federal government currently funds about 57 percent of the state-federal Medicaid entitlement; expenses for the federal proportion of the funding is estimated to amount to roughly $204 billion in fiscal 2008. The regulations put forth by the Bush Administration would limit or prevent states from claiming certain types of funds, and is estimate to cut back federal spending on the Medicaid program by approximately $15 billion over the next five years. One of the seven regulations that Dingell is attempting to delay began implementation on March 3; the remaining regulations will take effect during the span of the next year.

http://www.commonwealthfund.org/healthpolicyweek/healthpolicyweek_show.htm?doc_id=673471&#doc673473

Hospitals Provide the Same Standard of Care to Minority and White Patients

A study supported by the Commonwealth Fund, published last month in Health Affairs, has found that minority and white patients receive the same standard of care when they seek care at the same hospital. The study is entitled “Do Hospitals Provide Lower Quality Care to Minorities than to Whites?” Paired with the previous research findings that minority patients are more likely to have primary care physicians who have undergone less clinical training, more likely to
access the services of specialists who have poorer clinical outcomes and more likely to access care at lower-performing hospitals when compared to white patients, these findings indicate that greatest efforts in terms of eliminating disparities may need to be focused on improving quality in underperforming hospitals, as opposed to focusing on variances in underperformance within hospitals.

http://content.healthaffairs.org/cgi/content/full/27/2/518?ijkey=KSQtLI48Rtqmo&keytype=ref&siteid=healthaff