

**CALIFORNIA RESEARCH BUREAU
CALIFORNIA STATE LIBRARY**
**Studies in the News:
Health Care Supplement**

Contents This Week

HEALTH

[Native elders are aging earlier](#)
[Deceptive marketing of dietary supplements](#)
[International comparison of health care systems](#)
[Health costs and the measure of income inequality](#)
[Financial incentives for providers and consumers](#)
[Community health centers](#)
[Enhancing community health centers](#)
[Designing a high-risk pool](#)
[Impact of insurance reform on state health programs](#)
[Policy and health insurance exchanges](#)
[California's general acute care hospitals](#)
[Effective communication for hospitals](#)
[Hospital readmissions costly](#)
[Health information technology in the Recovery Act](#)
[Damage caps no cure for physician fear of malpractice](#)
[Competition does not improve Medicaid performance](#)
[Medicaid coverage expands](#)
[Medicaid overspending on drugs](#)
[Growing epidemics of obesity and diabetes](#)
[Health care reform and childhood obesity](#)
[Obesity rates keep rising](#)
[Price increase reduces sales of soda](#)
[Racial gaps in child obesity](#)
[Shortage of physicians predicted](#)
[Preparing for the next public health crisis](#)
[State indicator on physical activity](#)
[Impact of program for end-of-life treatment](#)
[Flame retardants seep into children, pregnant women](#)
[Formaldehyde in textiles](#)

Introduction to Studies in the News

Studies in the News is a current compilation of items significant to the Legislature and Governor's Office. It is created weekly by the California State Library's [California Research Bureau](#) to supplement the public policy debate in California. To help share the latest information with state policymakers, these reading lists are now being made accessible through the California State Library's website. This week's list of current articles in various public policy areas is presented below. Prior lists can be viewed from the California State Library's Web site at www.library.ca.gov/sitn

- When available, the URL for the full text of each item is provided.
- California State Employees may contact the State Information & Reference Center (916-654-0261); csinfo@library.ca.gov with the SITN issue number and the item number [S#].
- All other interested individuals should contact their local library - the items may be available there, or may be borrowed by your local library on your behalf.
- *Studies in the News* is also available as an RSS feed at <http://www.library.ca.gov/sitn/crb/>

The following studies are currently on hand:

HEALTH

ELDERLY

Health of American Indian and Alaska Native Elders in California. By Delight E. Satter and others, University of California, Los Angeles. (UCLA Center for Health Policy Research, Los Angeles, California) June 2010. 36 p.

Full text at: <http://www.healthpolicy.ucla.edu/pubs/Publication.aspx?pubID=416>

["Native elders are aging earlier than other elderly groups, according to a new Center report that provides the first comprehensive information on American Indians and Alaska Natives (AIAN) elder health in California. Using the 2005 and 2007 California Health Interview Survey, the report provides omnibus data on native elder health on topics ranging from demographics, obesity, alcohol and tobacco use, as well as cancer screening, mental health, health insurance and more. The report found significant health disparities between AIAN elders and other senior racial and ethnic groups on issues ranging from diabetes and cancer screening to the high risk of falls.... 'Chronic health problems for Natives are cresting ten years earlier than the general population,' said Satter." UCLA Press Release (June 30, 2010) 1.][Request #S10-18-5132]

[\[Back to Top\]](#)

FOOD SAFETY

Deceptive Marketing of Dietary Supplements: FTC Enforcement Activities. By the Federal Trade Commission. (The Commission, Washington, DC) May 26, 2010. 16 p.

Full text at: <http://www.ftc.gov/os/testimony/100526dietarysupplementstatement.pdf>

["Many of the FTC's consumer protection efforts have sought to address marketing scams that prey disproportionately on seniors. Marketing of unproven cures or treatments for various health conditions is a prime example of fraud impacting older Americans, and is a priority for FTC enforcement. This statement focuses specifically on the Commission's active law enforcement program to combat such fraud in the dietary supplement marketplace. The agency coordinates these efforts closely with the Food and Drug Administration, and draws on the expertise of other government authorities, including the Office of Dietary Supplements of the National Institutes of Health."]

[Request #S10-18-5145]

[\[Back to Top\]](#)

HEALTH CARE

Mirror, Mirror on the Wall: How the Performance of the U.S. Health Care System Compares Internationally, 2010 Update. By Karen Davis and others, The Commonwealth Fund. (The Fund, New York, New York) June 2010. 34 p.

Full text at: <http://www.commonwealthfund.org/Content/Publications/Fund-Reports/2010/Jun/Mirror-Mirror-Update.aspx>

["Despite having the most costly health system in the world, the United States consistently underperforms on most dimensions of performance, relative to other countries. This report -- an update to three earlier editions -- includes data from seven countries and incorporates patients' and physicians' survey results on care experiences and ratings on dimensions of care. Compared with six other nations -- Australia, Canada, Germany, the Netherlands, New Zealand, and the United Kingdom -- the U.S. health care system ranks last or next-to-last on five dimensions of a high performance health system: quality, access, efficiency, equity, and healthy lives."]

[Request #S10-18-5122]

[\[Back to Top\]](#)

HEALTH CARE FINANCE

Health Care, Health Insurance, and the Distribution of American Incomes. By Gary Burtless, The Brookings Institution, and Pavel Svaton, L'Ecole D'Economie de Toulouse. (The Institution, Washington, DC) June 2010. 44 p.

Full text at:

http://www.brookings.edu/papers/2010/0616_health_insurance_burtless.aspx

["Cash income offers an incomplete picture of the resources available to finance household consumption. Most American families are covered by an insurance plan that pays for some or all of the health care they consume. Only a comparatively small percentage of families pays for the full cost of this insurance out of their cash incomes.... Our estimates imply that gross money income significantly understates the resources available to finance household purchases. The estimates imply that a more complete measure of resources would show less inequality than the income measures that are currently used. The addition of estimates of the value of health insurance to countable incomes reduces measured inequality in the population and the income gap between young and old."]

[Request #S10-18-5121]

[\[Back to Top\]](#)

HEALTH CARE REFORM

Financial Incentives for Health Care Providers and Consumers. By Deborah Chollet, Mathematica Policy Research Inc., and others. (Mathematica, Oakland, California) May 2010. 5 p.

Full text at: http://www.mathematica-mpr.com/publications/PDFs/Health/Reformhealthcare_IB5.pdf

["States have an important role to play in coordinating payment incentives in the coming years. Many Medicare beneficiaries, especially those with chronic conditions, are also enrolled in Medicaid, so that Medicaid pays for part of their care. In addition, the Patient Protection and Affordable Care Act charges states with oversight of new federal Consumer Operated and Oriented Plans and with developing criteria for other health plans that will participate in state-based exchanges for individuals and small businesses. In all of these capacities, states can attempt to minimize the burden on providers by aligning reporting requirements with those that Medicare will require. By also aligning payment incentives, states can maximize the quality and efficiency gains from system change."]

[Request #S10-18-5120]

[\[Back to Top\]](#)

HEALTH CLINICS

The Importance of Community Health Centers: Engines of Economic Activity and Job Creation. By Ellen-Marie Whelan, Center for American Progress. (The Center, Washington, DC) August 9, 2010. 15 p.

Full text at: <http://www.americanprogress.org/issues/2010/08/pdf/chc.pdf>

["Community health centers quickly demonstrated they could put additional federal investments to work, ramping up to provide care for an increased number of patients and expand their services.... Now, because of the passage of comprehensive health care reform earlier this year, an additional 32 million Americans will have health insurance coverage with about half of these individuals to be covered through an expansion of the Medicaid program. Once again, policy makers identified community health centers as ideal locations to provide this additional care. This memo examines the important role community health centers play in both health care delivery and improved neighborhood economic activity,... and estimates the economic impact the additional funding will have on economic activity and the creation of more jobs."]

[Request #S10-18-5227]

[\[Back to Top\]](#)

Enhancing the Capacity of Community Health Centers to Achieve High Performance: Findings from the 2009 Commonwealth Fund National Survey of Federally Qualified Health Centers. By Michelle M. Doty, The Commonwealth Fund, and others. (The Fund, New York, New York) May 2010. 45 p.

Full text at: [Enhancing the Capacity of Community Health Centers](#)

["Federally Qualified Health Centers (FQHCs) are community-based health centers that provide comprehensive primary care and behavioral and mental health services to patients regardless of ability to pay. Passage of federal health reform will likely increase demand for FQHC services..... Most FQHCs can provide timely on-site care; many have problems accessing off-site specialty care. Adoption of health information technology (HIT) is correlated with ability to monitor and improve patient care. Medical homes demonstrate significant advantages in coordination of off-site care. The survey highlights methods for strengthening FQHCs' ability to provide care. These include formalizing partnerships with hospitals, improving office systems, adopting the medical home model, and increasing use of HIT."]

[Request #S10-18-5133]

[\[Back to Top\]](#)

HEALTH INSURANCE

Health Coverage for the High-Risk Uninsured: Policy Options for Design of the Temporary High-Risk Pool. By Mark Merlis, National Institute for Health Care Reform. (The Institute, Washington, DC) May 2010. 14 p.

Full text at: <http://www.nihcr.org/High-RiskPools.pdf>

["Among the first tasks required by the recently enacted health reform law is creation of a temporary national high-risk pool program to provide subsidized health coverage to people who are uninsured because of pre-existing medical conditions. While as many as 5.6-million to 7-million Americans may qualify for the program, the \$5 billion allocated over four years will allow coverage of only a small fraction of those in need, potentially as few as 200,000 people a year. Policy makers will need to tailor eligibility rules, benefits and premiums to stretch the dollars as far as possible. Another consideration is how the new pool will fit with existing state high-risk pools or other state interventions in the private nongroup, or individual, health insurance market."]

[Request #S10-18-5124]

[\[Back to Top\]](#)

The Patient Protection and Affordable Care Act: An Overview of Its Potential Impact on State Health Programs. By Shawn Martin and others, California Legislative Analyst's Office. (The Office, Sacramento, California) May 2010. 28 p.

Full text at:

http://www.lao.ca.gov/reports/2010/hlth/fed_healthcare/fed_healthcare_051310.pdf

["The Patient Protection and Affordable Care Act (PPACA), often referred to as federal health care reform, is far-reaching legislation that will change how millions of Californians access health care coverage. The scope of PPACA is so broad that it will be years before all of its provisions will be fully implemented and its ramifications fully understood.... In some cases, the state will need to react quickly in order to take full advantage of chances to improve state health care programs and to obtain federal funds the state needs to help carry out the new law. Other provisions of PPACA will not go into effect for two or three years or more. Nevertheless, in a number of cases, it will be important for the Legislature to begin considering soon what initial steps should be taken to implement some of these measures."]

[Request #S10-18-5139]

[\[Back to Top\]](#)

Health Insurance Exchanges and the Affordable Care Act: Key Policy Issues. By Timothy Stoltzfus Jost, Washington and Lee University School of Law. (The Commonwealth Fund, New York, New York) July 2010. 44 p.

Full text at:

http://www.commonwealthfund.org/~media/Files/Publications/Fund%20Report/2010/Jul/1426_Jost_hlt_insurance_exchanges_ACA.pdf

["Health insurance exchanges are the centerpiece of the private health insurance reforms of the Patient Protection and Affordable Care Act of 2010 (ACA). If they function as planned, these exchanges will expand health insurance coverage, improve the quality of such coverage and perhaps of health care itself, and reduce costs. Previous attempts at creating health insurance exchanges, however, produced only mixed results. This report identifies the earlier attempts' problems, enumerates the key issues that are critical for overcoming those problems, analyzes in detail the ACA's provisions addressing these issues, and discusses further policy options."]
[Request #S10-18-5134]

[\[Back to Top\]](#)

HOSPITALS

California Health Care Almanac: California Hospital Facts and Figures. By Lisa Simonson Maiuro and others, Health Management Associates. (California HealthCare Foundation, Oakland, California) April 2010. 45 p.

Full text at:

<http://www.chcf.org/~media/Files/PDF/C/CaliforniaHospitalFactsFigures2010.pdf>

["California has 512 hospitals licensed to provide care in the state. Of those, 88 percent are general acute care hospitals that treat patients for relatively brief but severe episodes of illness or trauma, and perform surgery.... Key findings include: 1) The number of hospitals and beds decreased from 2001 to 2007; 2) Californians age 80 and older are the highest users of hospital services; 3) Nonprofit hospitals are better off financially than their for-profit counterparts; 4) Charity care provided by California hospitals rose 23 percent between 2001 and 2007; 5) The seven largest hospital systems represent more than one-third of hospitals and licensed beds in the state; and 6) More than 200 acute care hospitals still have buildings that are in danger of collapse during an earthquake and must be replaced by 2013."]
[Request #S10-18-4959]

[\[Back to Top\]](#)

Advancing Effective Communication, Cultural Competence, and Patient- and Family-Centered Care: A Roadmap for Hospitals. By the Joint Commission. (The Commission, Oakbrook Terrace, Illinois) 2010. 102 p.

Full text at: [Advancing Effective Communication](#)

["The monograph was developed to inspire hospitals to integrate concepts from the communication, cultural competence, and patient- and family-centered care fields into their organizations. The Roadmap for Hospitals provides recommendations to help hospitals address unique patient needs, meet the new Patient-Centered Communication standards, and comply with existing Joint Commission requirements. Example practices, information on laws and regulations, and links to supplemental information, model policies, and educational tools are also included. The Patient-Centered Communication standards will be presented in a separate appendix that provides self-assessment guidelines and example practices for each standard."]

[Request #S10-18-5226]

[\[Back to Top\]](#)

Readmissions to California Hospitals, 2005 to 2006. By Mary Tran. (Office of Statewide Health Planning and Development, Sacramento, California) Spring 2010. 8 p.

Full text at:

http://www.oshpd.ca.gov/HID/Products/Health_Facts/HealthFacts_ReAd_PRINT.pdf

["More than one in every three people hospitalized in California winds up being readmitted within a year -- a revolving-door pattern that adds billions of dollars to health care costs... 'Readmissions are an important issue because they are expensive, can involve additional difficulties for patients and caregivers, and often can be preventable,' said Dr. David Carlisle, the agency's director.... The state researchers found that readmissions added \$31 billion to the charges billed to Medicare, amounting to half of what the federal insurance program pays for all hospital admissions in California. Readmissions accounted for 49 percent of Medi-Cal hospital costs, accounting for nearly \$10 billion in expenditures. Patients with private insurance had a lower rate of readmissions -- and also paid less for their initial hospital stay." Sacramento Bee (May 18, 2010) B6.]

[Request #S10-18-5135]

[\[Back to Top\]](#)

INFORMATION TECHNOLOGY

HITECH Revisited. By William S. Bernstein and others, Manatt Health Solutions. (The Solutions, New York, New York) June 2010. 41 p.

Full text at: [HITECH Revisited](#)

[“The Health Information Technology for Economic and Clinical Health (HITECH) was a key component of the American Recovery and Reinvestment Act of 2009, designed to improve the quality, efficiency, and coordination of health care through financial incentives for providers to adopt and meaningfully use electronic health records.... The report suggests that HITECH is a major step forward, and expresses optimism that its investments can lead to measurable improvements in the health care system, especially when complemented by the types of payment reforms included in recently-enacted health care reform legislation. The report also suggests that course corrections are needed in some areas to assure that the transformative potential of health IT envisioned in HITECH is fully realized.”]
[Request #S10-18-4980]

[\[Back to Top\]](#)

MALPRACTICE

"Physicians' Fears Of Malpractice Lawsuits Are Not Assuaged By Tort Reforms." By Emily R. Carrier and others. IN: Health Affairs, vol. 29, no. 9 (September 2010) pp. 1585-1592.

Full text at:

<http://content.healthaffairs.org/cgi/content/full/29/9/1585?ijkey=3/eoQBYKw0KEU&keytype=ref&siteid=healthaff>

["Physicians contend that the threat of malpractice lawsuits forces them to practice defensive medicine, which in turn raises the cost of health care. This argument underlies efforts to change malpractice laws through legislative tort reform. We evaluated physicians' perceptions about malpractice claims in states where more objective indicators of malpractice risk, such as malpractice premiums, varied considerably. We found high levels of malpractice concern among both generalists and specialists in states where objective measures of malpractice risk were low. We also found relatively modest differences in physicians' concerns across states with and without common tort reforms. These results suggest that many policies aimed at controlling malpractice costs may have a limited effect on physicians' malpractice concerns."]
[Request #S10-18-5264]

[\[Back to Top\]](#)

MEDICAID

"Health Plan Competition For Medicaid Enrollees Based On Performance Does Not Improve Quality Of Care." By Bruce Guthrie and others. IN: Health Affairs, vol. 29, no. 8 (August 2010) pp. 1507-1516.

Full text at: <http://content.healthaffairs.org/cgi/reprint/29/8/1507>

["Incentives to improve the quality of care provided in Medicaid managed care plans are increasingly common and take many forms. One is a pay-for-performance program that automatically assigns new enrollees to better-performing Medicaid plans in California. Our qualitative and quantitative study of this program examined the expected and actual impacts of the performance incentive on all areas of care. We compared quality outcomes in plans included in the pay-for-performance, 'auto-assignment' incentive and comparable outcomes in plans that were not included. We found that quality did not improve significantly faster in plans included in the incentive scheme. Combined with some evidence of negative impact on other areas of care, the findings raise questions about the usefulness of this program in California Medicaid, and about similar programs in other states."]

[Request #S10-18-5258]

[\[Back to Top\]](#)

Medicaid Coverage and Spending in Health Reform: National and State-by-State Results for Adults at or Below 133% FPL. By John Holahan and Irene Headen, the Urban Institute. (Kaiser Family Foundation, Menlo Park, California) May 26, 2010. 50 p.

Full text at: [Medicaid Coverage and Spending](#)

["The national health care law will allow California and other states to significantly pare the ranks of the uninsured at a relatively small cost, as the federal government picks up the lion's share of additional costs of expanding coverage. A study examined the cost to states of expanding Medicaid, one of the main vehicles in the reform law to cover the uninsured. The law will expand the federal health care program for the poor to those earning up to 133 percent of the federal poverty line. Medi-Cal rules vary, but generally they cover families who make up to 106 percent of the poverty level.... From 2014 to 2019, as the reform law is ramping up, California could bear additional costs from \$3 billion to \$6.5 billion over that six-year period. The range depends on the percentage of people who end up enrolling in the program" Oakland Tribune (May 27, 2010) 1.]

[Request #S10-18-5129]

[\[Back to Top\]](#)

Overspending on Multi-Source Drugs in Medicaid. By Alex Brill, American Enterprise Institute. (The Institute, Washington, DC) July 2010. 14 p.

Full text at: <http://www.aei.org/docLib/BrillWPOverspendingMedicaid.pdf>

["This report assesses wasteful spending in Medicaid by examining specific brand drugs and quantifying the potential savings that could have been achieved had these drugs been replaced with lower-cost, therapeutically equivalent generics that were available but not used.... The analysis, which examines a subset of approximately two-thirds of total Medicaid drug spending in 2009, identifies an estimated \$271 million of wasteful spending as a result of underutilization of available generics. Given rising pressures on states' fiscal budgets, these findings, considered in conjunction with the conclusions of previous studies, indicate that continued wasteful spending in Medicaid is a problem requiring the prompt attention of policymakers."]

[Request #S10-18-5228]

[\[Back to Top\]](#)

OBESITY

Obesity and Diabetes: Two Growing Epidemics in California. By Allison L. Diamant and others, University of California, Los Angeles. (UCLA Center for Health Policy Research, Los Angeles, California) August 2010. 12 p.

Full text at: http://www.healthpolicy.ucla.edu/pubs/files/Diabetes_PB_FINAL.pdf

["A majority of adults in California are obese or overweight, and more than 2 million have been diagnosed with diabetes. Both conditions -- which are related to each other as well as to heart disease -- increased significantly in just six years, with the prevalence of diabetes alone jumping nearly 26 percent between 2001 and 2007. Although American Indians, African Americans and Latinos are particularly affected by both obesity and diabetes, these conditions increased among all racial and ethnic groups between 2001 and 2007. Similarly, while both conditions disproportionately affect the poorest Californians, there were upward trends in prevalence among all income groups during the same time period. California's youth are also affected: More than a quarter of California adolescents -- some 970,000 children -- are obese or overweight."]

[Request #S10-18-5222]

[\[Back to Top\]](#)

Confronting America's Childhood Obesity Epidemic: How the Health Care Reform Law Will Help Prevent and Reduce Obesity. By Ellen-Marie Whelan and others, Center for American Progress. (The Center, Washington, DC) May 2010. 38 p.

Full text at:

http://www.americanprogress.org/issues/2010/05/pdf/childhood_obesity.pdf

[“Childhood obesity rates have more than tripled since 1980, and current data show that almost one-third of children over 2 years of age are already overweight or obese.... The new law, titled The Patient Protection and Affordable Care Act, or PPACA, contains a number of provisions to address childhood obesity in the context of health care and public health. The purpose of this paper is to describe areas within PPACA that have the potential to address childhood obesity.... The provisions in PPACA that address childhood obesity, both directly and indirectly, are necessarily based on policies and programs that will be implemented within the health care and public health systems because these represent the jurisdictional reach of the legislation. But the true reach and effectiveness of these initiatives depends on how strategically, aggressively, and fully they are implemented.”]
[Request #S10-18-4957]

[\[Back to Top\]](#)

Vital Signs: State-Specific Obesity Prevalence Among Adults — United States, 2009. By B. Sherry, Center for Chronic Disease Prevention and Health Promotion, and others. (Centers for Disease Control and Prevention, Atlanta, Georgia) August 3, 2010. 5 p.

Full text at: <http://www.cdc.gov/mmwr/pdf/wk/mm59e0803.pdf>

["Americans are continuing to get fatter and fatter, with obesity rates reaching 30 percent or more in nine states last year, as opposed to only three states in 2007. The increases mean that 2.4 million more people became obese from 2007 to 2009, bringing the total to 72.5 million, or 26.7 percent of the population. The numbers are part of a continuing and ominous trend. But the rates are probably underestimates because they are based on a phone survey in which 400,000 participants were asked their weight and height instead of having it measured by someone else.... The report estimates the medical costs of obesity to be as high as \$147 billion a year, and notes that 'past efforts and investments to prevent and control obesity have not been adequate.'" New York Times (August 3, 2010) 1.]
[Request #S10-18-5230]

[\[Back to Top\]](#)

"Point-of-Purchase Price and Education Intervention to Reduce Consumption of Sugary Soft Drinks." By Jason P. Block and others. IN: American Journal of Public Health, vol. 100, no. 8 (August 2010) pp. 1427-1433.

Full text at: <http://ajph.aphapublications.org/cgi/reprint/100/8/1427>

["We investigated whether a price increase on regular (sugary) soft drinks and an educational intervention would reduce their sales.... Sales of regular soft drinks declined by 26% during the price increase phase. This reduction in sales persisted throughout the study period, with an additional decline of 18% during the combination phase compared with the washout period. Education had no independent effect on sales.... A price increase may be an effective policy mechanism to decrease sales of regular soda. Further multisite studies in varied populations are warranted to confirm these results."]

[Request #S10-18-5137]

[\[Back to Top\]](#)

"Disparities in Peaks, Plateaus, and Declines in Prevalence of High BMI Among Adolescents." By Kristine A. Madsen and others. IN: Pediatrics, vol. 126, no. 3 (September 2010) pp. 434-442.

Full text at: [Disparities in Peaks, Plateaus](#)

["For the first time in more than three decades, obesity rates for white and Asian children are falling in California, and they seem to have leveled off for Hispanic kids -- all good signs that public health campaigns aimed at keeping young people away from unhealthy sweets and fatty foods are starting to work. The bad news is that those programs don't seem to be reaching all children. In particular, obesity rates are still climbing for black and American Indian girls. And the percentage of youths in the heaviest range -- those whose body mass index puts them in the 99th percentile for their age and gender, according to fixed growth charts established by health officials based on 2000 data -- is also continuing to rise. The study suggests that public health programs created to fight obesity need to become much more widespread." San Francisco Chronicle (August 16, 2010) 1.]

[Request #S10-18-5231]

[\[Back to Top\]](#)

PHYSICIANS

California Physician Facts and Figures. By Craig Paxton, Cattaneo & Stroud, Inc. (California HealthCare Foundation, Oakland, California) July 2010. 33 p.

Full text at: <http://www.chcf.org/publications/2010/07/california-physician-facts-and-figures>

["Six out of nine regions in California have a shortage of primary care physicians, and the problem may be worsening: With nearly 30 percent of our physicians more than 60 years old, more doctors are nearing retirement here than in any other state. The report highlights geographic, ethnic and linguistic disparities among California's residents and physicians, as well as how the state compares to the rest of the nation. California's ratio of physicians to population increased 7 percent from 1998 to 2008, but demand is expected to rise as well, with a growing senior population and more people obtaining health insurance as a result of health care reform.... Only the Greater Bay Area, the Sacramento Area and Orange County meet the recommended primary care doctor supply set by the U.S. Department of Health and Human Services." California Watch (July 19, 2010) 1.]
[Request #S10-18-5119]

[\[Back to Top\]](#)

PUBLIC HEALTH

Preparing for the Next Public Health Crisis: Establishing a Public Health Response Plan to Address Threats Such as the Gulf Oil Disaster. By Ellen-Marie Whelan and Lesley Russell, Center for American Progress. (The Center, Washington, DC) July 2010. 26 p.

Full text at:
http://www.americanprogress.org/issues/2010/07/public_health_plan.html

["The gulf oil crisis reminds us that it is essential to have a response plan that is activated early and can continue into the future for as long as needed. We need to establish an architecture complete with clear lines of responsibilities and acknowledged trigger points for action. It should facilitate the involvement of the appropriate federal health agencies in addressing a potential public health emergency -- from watchful waiting to emergency response to long-term monitoring and management.... We do not need a new entity to put this system in place. Government has the expertise among the many HHS agencies to handle any given public health emergency, but different players may be called on at different times depending on the event. This paper looks at the issues that must be addressed in the immediate (emergency) response situation."]
[Request #S10-18-5138]

[\[Back to Top\]](#)

State Indicator Report on Physical Activity, 2010. By the Centers for Disease Control and Prevention. (The Centers, Atlanta, Georgia) 2010. 15 p.

Full text at:

http://www.cdc.gov/physicalactivity/downloads/PA_State_Indicator_Report_2009.pdf

["This report provides information on physical activity behavior and policy and environmental supports within each state.... Throughout states and communities, many groups play a role in supporting policy and environmental supports that will ensure individuals and families can easily be physically active. When state officials, health professionals, nonprofit organizations, urban planners, parks and recreation representatives, school staff, transportation officials, and community members work together, their efforts can increase the number of Americans who live healthier lives, by creating communities that support and encourage physical activity."]

[Request #S10-18-5142]

[\[Back to Top\]](#)

TERMINALLY ILL PATIENTS

"A Comparison of Methods to Communicate Treatment Preferences in Nursing Facilities: Traditional Practices Versus the Physician Orders for Life-Sustaining Treatment Program." By Susan E. Hickman and others. IN: Journal of the American Geriatrics Society, vol. 58, no. 7 (July 2010) pp. 1241-1248.

Full text at: <http://onlinelibrary.wiley.com/doi/10.1111/j.1532-5415.2010.02955.x/abstract>

["A new study has found that nursing home patients participating in a program enabling them to record their wishes for end-of-life treatment are far less likely to receive unwanted hospitalization and medical interventions than are other patients. The program, known in California as Physician Orders for Life-Sustaining Treatment (POLST), uses an innovative medical order form signed by physicians -- and, in California, patients -- that allows patients to specify whether or not they prefer to receive CPR, hospitalization, and treatments like antibiotics, feeding tubes, and other medical interventions.... The process has been adopted in 250 nursing homes, hospitals, and long term care facilities in California."]

[Request #S10-18-5136]

[\[Back to Top\]](#)

TOXICOLOGY

“Polybrominated Diphenylether (PBDE) Flame Retardants and Thyroid Hormone during Pregnancy.” By Jonathan Chevrier and others. IN: **Environmental Health Perspectives**, doi: [10.1289/ehp.1001905](https://doi.org/10.1289/ehp.1001905). (June 21, 2010) 31 p. AND: **“Significantly Higher Polybrominated Diphenyl Ether Levels in Young U.S. Children than in Their Mothers.”** By Sonya Lunder and others. IN: **Environmental Science and Technology**, vol. 44, no. 13 (June 21, 2010) pp. 5256-5262.

[“In toxicology circles, Californians are notorious for the record-high concentrations of flame-retardant chemicals coursing through their bodies. The state has some of the strictest flammability standards in the world. To meet these requirements, manufacturers of upholstered furniture and certain cushioned baby products (such as high chairs, strollers and nursing pillows) infuse their wares with these toxic and inexpensive chemicals. Two new studies look at concentrations of flame retardants in pregnant women and children.... The first study found that a class of these chemicals, known as PBDEs, can alter thyroid levels in pregnant women. Thyroid hormones are critical to a baby’s growth and brain development.... The other study found that children have nearly three times the level of these chemicals in their blood than adults.” California Watch (June 23, 2010) 1.]

Environmental Health Perspectives
[Environmental Health Perspectives](#)
Environmental Science and Technology
[Environmental Science and Technology](#)

[\[Back to Top\]](#)

Formaldehyde in Textiles: While Levels in Clothing Generally Appear to Be Low, Allergic Contact Dermatitis Is a Health Issue for Some People. By the U.S. Government Accountability Office. GAO-10-875. (The Office, Washington, DC) August 2010. 53 p.

Full text at: <http://www.gao.gov/new.items/d10875.pdf>

[“The potential health risks associated with formaldehyde vary, depending largely on the means of exposure (e.g., inhalation or dermal contact), the concentration of the formaldehyde, and the duration of exposure.... The health risk of greatest concern associated with formaldehyde in clothing -- allergic contact dermatitis -- stems from dermal exposure.... Comprehensive data on formaldehyde levels in clothing sold in the United States are not publicly available. While formaldehyde levels in clothing are not regulated in the United States, the apparel industry reports that 13 countries have laws or regulations that limit formaldehyde levels in clothing. Most of the 180 items GAO had tested had formaldehyde levels that were below the most stringent of these industry-identified regulatory limits.”]

[Request #S10-18-5225]

[\[Back to Top\]](#)