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**Studies in the News:
Health Care Supplement**

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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.

The following studies are currently on hand:

HEALTH

ACCESS TO CARE

North Coast Women's Care Medical Group, Inc. et al. v. San Diego County Superior Court. California Supreme Court. S142892. August 18, 2008. 23 p.

Full text at: <http://www.courtinfo.ca.gov/opinions/documents/S142892.PDF>

["California doctors who have religious objections to gays and lesbians must nevertheless treat them the same as any other patient or find a colleague in the office who will do so, the court ruled unanimously. The justices rejected a fertility clinic's attempt to use its physicians' religious beliefs as a justification for their refusal to provide artificial insemination for a lesbian couple.... In language that would apply equally to abortions, the court said doctors who have religious objections to a particular procedure or treatment can refuse to perform it for any patient, but can't selectively reject gays and lesbians." San Francisco Chronicle (August 19, 2008) 1.]

[Request #S08-46-2796]

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Access to Care for Youth with Special Health Care Needs in the Transition to Adulthood. By Debra S. Lotstein and others. IN: Journal of Adolescent Health, vol. 43, no. 1 (July 2008) pp. 23-29

Full text at: [http://www.jahonline.org/article/S1054-139X\(08\)00097-9/abstract](http://www.jahonline.org/article/S1054-139X(08)00097-9/abstract)

["Researchers set out to describe access to care and identify factors associated with access for low-income young adults who aged out of a public program for children with special health care needs. Findings show that 24% lacked a usual source of health care, 27% had gone without some needed health care since turning 21, and 39% had delayed needed care.... Overall, 65% reported at least one adverse transition event affecting access to care.... The authors conclude that insurance gaps and delayed care are prevalent among these low-income young adults despite ongoing health problems. Greater transition support might improve access by linking them with a usual source of care, identifying insurance options, and encouraging regular use of care."]

[Request #S08-46-2824]

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ALCOHOL & DRUG USE

Minimum Drinking Age Laws and Infant Health Outcomes. By Tara Watson, Williams College, and Angela Fertig, University of Georgia. (National Bureau of Economic Research, Cambridge, Massachusetts) June 2008. 45p.

Full text at: <http://papers.nber.org/papers/w14118>

["Alcohol policies have potentially far-reaching impacts on risky sexual behavior, prenatal health behaviors, and subsequent outcomes for infants. A drinking age of 18 is associated with adverse outcomes among births to young mothers -- including higher incidences of low birth weight and premature birth, but not congenital malformations. The effects are largest among black women."]

[Request #S08-46-2657]

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The Annual Catastrophe of Alcohol in California. By the Marin Institute. (The Institute, San Rafael, California) July 2008. 4 p.

Full text at:

<http://www.marininstitute.org/site/images/stories/pdfs/coststudygraphicfinal.pdf>

["Alcohol problems cost California \$38 billion a year in deaths, injury, health care expenditures, lost productivity in the workplace, crime, and pain and suffering.... The study relied on data from hospitals, police and highway patrol statistics, Child Protection Services, state vital statistics and other sources to estimate the impact of harmful drinking on society. The study focused on drinking in excess of three drinks per day for men and a drink and half for women. The state's largest county,

Los Angeles, had by the far the highest costs for alcohol use at nearly \$11 billion a year. In the Bay Area, Santa Clara, Alameda and Contra Costa counties all generated annual costs in excess of \$1 billion." San Francisco Chronicle (July 24, 2008) 1.]

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CANCER

"Agent Orange Exposure, Vietnam War Veterans, and the Risk of Prostate Cancer." By Karim Chamie and others. IN: Cancer, doi.org/10.1002/cncr.23695. 2008. Various pagings

Full text at: <http://www3.interscience.wiley.com/journal/121357201/abstract>

["Veterans exposed to the herbicide Agent Orange are twice as likely to get prostate cancer as other veterans.... Prostate cancer in those men also comes on earlier and is more aggressive.... The findings are a clear signal that men who worked with Agent Orange should be cared for differently, getting earlier biopsies and more aggressive treatment....Chaimie described the study of more than 13,000 Northern California veterans over eight years as 'the biggest study ever done' on Agent Orange effects.... Chaimie hopes it soon could lead to new Department of Veterans Affairs treatment standards." Sacramento Bee (August 5, 2008) 1.]

[Request #S08-46-2767]

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DENTAL CARE

Medicaid: Extent of Dental Disease in Children Has Not Decreased, and Millions Are Estimated to Have Untreated Tooth Decay. By the U.S. Government Accountability Office. GAO-08-1121. (The Office, Washington, DC) September 2008. 46 p.

Full text at: <http://www.gao.gov/new.items/d081121.pdf>

["GAO was asked to examine the extent to which children in Medicaid experience dental disease, the extent to which they receive dental care, and how these conditions have changed over time.... Dental care showed some improvement; for example, use of sealants went up significantly. Rates of dental disease, however, did not decrease, although the data suggest the trends vary somewhat among different age groups. Younger children in Medicaid -- those aged 2 through 5 -- had statistically significant higher rates of dental disease in the more recent time period as compared to earlier surveys. By contrast, data for Medicaid adolescents aged 16 through 18 show declining rates of tooth decay, although the change was not statistically significant."]

[Request #S08-46-2914]

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EMERGENCY CARE

National Hospital Ambulatory Medical Care Survey: 2006 Emergency Department Summary. By Stephen R. Pitts and others, National Center for Health Statistics, Centers for Disease Control and Prevention. (The Centers, Hyattsville, Maryland) August 6, 2008. 39 p.

Full text at: <http://cdc.gov/nchs/data/nhsr/nhsr007.pdf>

["Hospital emergency departments, typically the medical providers of last resort, are becoming the only option for insured as well as uninsured people who are unable to get care elsewhere, leading to a record rise in emergency room visits over the past decade. Emergency room visits jumped more than 32 percent from 90.3 million in 1996 to 119 million in 2006, the most recent year statistics are available.... 'The uninsured have long been more frequent users of (emergency rooms). That's not new. What's new is the rise ... in frequency in visits, and that's occurring in the insured,' said Dr. Stephen Pitts. 'The likely cause is there are just fewer and fewer primary care physicians,' he said." San Francisco Chronicle (August 7, 2008) 1.]

[Request #S08-46-2772]

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HEALTH CARE

Increasing the Value of Federal Spending on Health Care. By Peter R. Orszag, Congressional Budget Office. (The Office, Washington, DC) July 16, 2008. 10 p.

Full text at: <http://www.cbo.gov/ftpdocs/95xx/doc9563/07-16-HealthReform.pdf>

["Two potentially complementary approaches to reducing total health care spending involve generating more information about the relative effectiveness of medical treatments and changing the incentives for providers and consumers of health care. More information on the 'comparative effectiveness' of alternative medical treatments could offer a basis for ensuring that future technologies and existing costly services are used only in cases in which they confer clinical benefits that are superior to those of other, cheaper services. Analysis of comparative effectiveness is simply a comparison of the impact of different options that are available for treating a given medical condition in a particular set of patients."]

[Request #S08-46-2688]

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Why Not the Best? Results from the National Scorecard on U.S. Health System Performance, 2008. By the Commonwealth Fund Commission on a High Performance Health System. (The Fund, New York, New York) July 2007.

["American medical care may be the most expensive in the world, but that does not mean it is worth every penny.... The United States spends more than twice as much on each person for health care as most other industrialized countries. But it has fallen to last place among those countries in preventing deaths through use of timely and effective medical care. Access to care in the United States has worsened since the fund's first report card in 2006 as more people -- some 75 million -- are believed to lack adequate health insurance or are uninsured altogether. ... The administrative costs of the medical insurance system consume much more of the current health care dollar, about 7.5 percent, than in other countries." New York Times (July 17, 2008) 1.]

[Request #S08-46-2694]

Report. 64 p.

http://www.commonwealthfund.org/usr_doc/Why_Not_the_Best_national_scorecard_2008.pdf?section=4039

Executive Summary. 8p.

http://www.commonwealthfund.org/usr_doc/1150_WhyNottheBest_EXEC_SUMM_METHODODOLOGY_ONLY.pdf?section=4039

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The Measure of America: American Human Development Report, 2008-2009. By Sarah Burd-Sharps and others. (Columbia University Press, Irvington, New York) July 2008. 256 p.

["Poverty, poor health and low graduation rates have put the San Joaquin Valley's 20th Congressional District dead last in a new national scorecard that ranks the well-being of residents. Even notoriously grim Appalachia fares better than the congressional district that sweeps in Fresno, Kings and Kern counties. The assessment of health, education and income ranks the district 436th out of 436 districts nationwide.... California, overall, ranks 11th on the scorecard, which puts wealthy Connecticut in the top spot. Residents of last-place Mississippi can expect to live six years less than the average resident of either California or Connecticut." Fresno Bee (July 17, 2008) 1.] Note: "The Measure of America..." is available for loan.

[Request #S08-46-2696]

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HEALTH CARE INDUSTRY

Retooling for an Aging America: Building the Health Care Workforce. By the Committee on the Future Health Care Workforce for Older Americans, Institute of Medicine. (National Academies Press, Washington, DC) 2008. 243 p.

Full text at:

http://www.commonwealthfund.org/topics/topics_show.htm?doc_id=687600

["During the course of its work, the committee sought to answer a number of questions that will be crucial in determining our readiness to meet the health care needs of a rapidly aging society, including: what is the best use of the paid health care workforce and informal caregivers in meeting the needs of older adults? What new roles or new types of providers might be necessary to facilitate efficient, high-quality care? How should the health care workforce be educated and trained to deliver high-value care to older adults, and how should this training be financed? And, what will strengthen the recruitment and retention of the needed workforce?"]

[Request #S08-46-2729]

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HEALTH CARE REFORM

Golden Gate Restaurant Association v. City and County of San Francisco. U.S. Court of Appeals, Ninth Circuit. 07-17370. September 30, 2008. 38 p.

Full text at:

[http://www.ca9.uscourts.gov/ca9/newopinions.nsf/7247887E88BB6AE7882574D3007D1157/\\$file/0717370.pdf?openelement](http://www.ca9.uscourts.gov/ca9/newopinions.nsf/7247887E88BB6AE7882574D3007D1157/$file/0717370.pdf?openelement)

["San Francisco's landmark universal health care program can continue to operate, after a court ruled that it does not violate federal law. The unanimous ruling by a three-judge panel overturned a lower court decision that the program, dubbed Healthy San Francisco, had placed an undue financial burden on struggling businesses. Healthy San Francisco is the first plan in the country to offer universal coverage, and requires companies with at least 20 workers to provide health care or pay the city a fee to help offset the program's estimated \$200 million price tag. In its ruling, the panel stressed that it was only ruling on the legality of the mandatory employer fees under the federal Employee Retirement Income Security Act, or ERISA." San Jose Mercury News (September 30, 2008) 1.]

[Request #S08-46-2913]

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HEALTH INSURANCE

Seeing Red: The Growing Burden of Medical Bills and Debt Faced by U.S. Families. By Michelle M. Doty and others, The Commonwealth Fund. (The Fund, New York, New York) August 2008. 12 p.

Full text at:

http://www.commonwealthfund.org/publications/publications_show.htm?doc_id=700868

["The proportion of working-age Americans who struggled to pay medical bills and accumulated medical debt climbed from 34 percent to 41 percent, or 72 million people, between 2005 and 2007. In addition, 7 million adults age 65 and older had these problems, bringing the total to 79 million adults with medical debt or bill problems. All income groups reported an increase. Families with low or moderate incomes were particularly hard hit, as were adults who had gaps in health coverage or those underinsured. An estimated 28 million adults reported they used up all their savings, 21 million incurred large credit card debt, and another 21 million were unable to pay for basic necessities. Sixty-one percent of those with medical debt or bill problems were insured at the time care was provided."]

[Request #S08-46-2803]

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HOSPITALS

Beds for Boomers: Will Hospitals Have Enough? By Jennifer Joynt. (California HealthCare Foundation, Oakland, California) September 2008. 21 p.

Full text at: <http://www.chcf.org/documents/hospitals/SnapshotBedsBoomers.pdf>

["California's over 65 population is projected to more than double from 2000 to 2030, growing to 8.8 million. Due to seniors' high rate of hospitalization, acute care hospital days are projected to increase by 76% over that period. By 2030, the over 65 group is projected to use more than half of the state's acute care days, despite representing only 18% of the population. California's regions differ widely in the growth of senior population, use of acute care days, and licensed bed capacity. An analysis of seven regions projects that by 2030 the current (2006) licensed bed supply may satisfy bed needs in only three of the regions studied: the Greater Bay Area, Los Angeles, and Orange County. As early as 2020, the Sacramento Area, San Joaquin Valley, and Inland Empire may experience a shortfall in beds."]

[Request #S08-46-2869]

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INFORMATION TECHNOLOGY

Whose Data Is It Anyway? Expanding Consumer Control over Personal Health Information. By William S. Bernstein, California HealthCare Foundation.(The Foundation, Oakland, California) 2008. 9 p.

Full text at:

<http://www.chcf.org/documents/chronicdisease/WhoseDataIsItAnywayIB.pdf>

["This policy brief explores the technological and legal landscape governing personal health information. Challenges include defining 'personal health information custodian' as an entity...determining the obligations of custodians, providers, and payers... providing economic incentives for clinicians to electronically convey personal health information to consumers; and enforcement of applicable new laws. The authors conclude that a modernized legal structure is necessary to ensure that consumers can maintain control over their health information. Such laws have the potential to clearly define patients' rights, protect privacy, and increase the level of consumer engagement in health care."]
[Request #S08-46-2635]

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Health Information Technology: HHS Has Taken Important Steps to Address Privacy Principles and Challenges, Although More Work Remains. By the U.S. Government Accountability Office. GAO-08-1138. (The Office, Washington, DC) September 2008. 27 p.

Full text at: <http://www.gao.gov/new.items/d081138.pdf>

["Since GAO's January 2007 report on protecting the privacy of electronic personal health information, the department has taken steps to address the recommendation that it develop an overall privacy approach that included, 1) identifying milestones and assigning responsibility for integrating the outcomes of its privacy-related initiatives, 2) ensuring that key privacy principles are fully addressed, and 3) addressing key challenges associated with the nationwide exchange of health information.... The HHS Office of the National Coordinator for Health IT has continued to develop and implement health IT initiatives related to nationwide health information exchange. These initiatives include activities that are intended to address key privacy principles and challenges."]
[Request #S08-46-2886]

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MEDICAL STANDARDS

Medical Licensing: An Obstacle to Affordable, Quality Care. By Shirley Svorny, California State University, Northridge. (Cato Institute, Washington, DC) September 2008. 20 p.

Full text at: <http://www.cato.org/pubs/pas/pa-621.pdf>

["The authority to regulate medical professionals lies with the states. One view is that state licensing of medical professionals assures quality. In contrast, I argue here that licensure not only fails to protect consumers from incompetent physicians, but, by raising barriers to entry, makes health care more expensive and less accessible. If eliminating licensing is politically infeasible, some preliminary steps might be generally acceptable. States could increase workforce mobility by recognizing licenses issued by other states. For mid-level clinicians, eliminating education requirements beyond an initial degree would allow employers and consumers to select the appropriate level of expertise."]

[Request #S08-46-2888]

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Department of Public Health: Laboratory Field Services' Lack of Clinical Laboratory Oversight Places the Public at Risk. By the California Bureau of State Audits. (The Bureau, Sacramento, California) September 2008. 62 p.

Full text at: <http://www.bsa.ca.gov/pdfs/reports/2007-040.pdf>

["The auditor issued a scathing report on the state's laboratory testing and certification office in Richmond, saying officials there have not been inspecting laboratories every two years, as mandated, and have failed to adequately respond to complaints of shoddy lab work. The state Department of Public Health runs the office, known as Laboratory Field Services.... Laboratory Field Services has been short-staffed and the health department's response to most of the items in the auditor's report blamed lack of resources as the main reason for the deficiencies.... In addition, the audit found that the Laboratory Field Services has failed to adequately respond to consumer complaints about labs." San Francisco Chronicle (September 5, 2008) 1.]

[Request #S08-46-2850]

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MEDICARE

Markets Without Magic: How Competition Might Save Medicare. By Mark V. Pauly, Wharton School of the University of Pennsylvania. April 2008. AND: How to Fix Medicare: Let's Pay Patients, Not Physicians. By Roger Feldman, University of Minnesota. June 2008. (American Enterprise Institute, Washington, DC)

["Pauly argues that unavoidable limits on Medicare financing can best be imposed through market-based choices rather than government direction. Policymakers face a fundamental challenge: how to preserve Medicare's ability to provide its beneficiaries with financial protection and access to effective medical care while securing the advantages of competition.... Feldman argues that a radical shift in Medicare policy is not only possible but imperative. Under Feldman's 'medical indemnity' proposal, Medicare would pay each patient a fixed amount of money, reserving larger subsidies for sicker people. Patients, in turn, would select their own medical services from providers who would set their own competitive rates."]
[Request #S08-46-2700]

Markets without Magic. 80 p.

http://www.aei.org/doclib/20080715_MarketsWithoutMagic.pdf

How to Fix Medicare. 120 p.

[http://www.aei.org/doclib/20080715_HowtoFixMedicare\(2\).pdf](http://www.aei.org/doclib/20080715_HowtoFixMedicare(2).pdf)

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NURSING HOMES

Culture Change in Nursing Homes: How Far Have We Come? Findings From The Commonwealth Fund 2007 National Survey of Nursing Homes. By Michelle M. Doty and others, The Commonwealth Fund. (The Fund, New York, New York) May 2008. 46 p.

Full text at:

http://www.commonwealthfund.org/usr_doc/Doty_culturechangenursinghomes_1131.pdf?section=4039

["The 'culture change' movement is working to radically transform nursing home care, and help facilities transition from institutions to home. This report presents results from a survey, fielded to examine the penetration of the culture change movement at the national level and measure the extent to which nursing homes are adopting culture change principles and practicing resident-centered care. Results are mixed, with much room for improvement. The survey highlights important lessons, including the finding that the more a nursing home has adopted culture change principles, the greater the benefits that accrue to it, in terms of staff retention, higher occupancy rates, better competitive position, and improved operational costs."]
[Request #S08-46-2730]

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Nursing Homes: Federal Monitoring Surveys Demonstrate Continued Understatement of Serious Care Problems and CMS Oversight Weaknesses. By the U.S. Government Accountability Office. GAO-08-517. (The Office, Washington, DC) May 2008. 57 p.

Full text at: <http://www.gao.gov/new.items/d08517.pdf>

["During fiscal years 2002 through 2007, about 15 percent of federal comparative surveys nationwide identified state surveys that failed to cite at least one deficiency at the most serious levels of noncompliance -- actual harm and immediate jeopardy.... Federal observational surveys highlighted two factors that may contribute to understatement of deficiencies: weaknesses in state surveyors' 1) investigative skills and 2) ability to integrate and analyze information collected to make an appropriate deficiency determination.... CMS has taken steps to improve the federal monitoring survey program, but weaknesses remain in program management and oversight."]

[Request #S08-46-2245]

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NUTRITION

Kids' Meals: Obesity on the Menu. By Margo G. Wootan and others, Center for Science in the Public Interest. (The Center, Washington, DC) August 2008. 15 p.

Full text at: http://cspinet.org/new/pdf/kids_meal_report_final.pdf

["After analyzing kids' items offered by 13 of the nation's 25 largest restaurant chains, the Center concluded that 93 percent of the meals provide too many calories....Kids consume almost twice the calories in a restaurant meal than in one served at home. But it's tough for a parent to be vigilant, the study said..... The groups urged restaurants to make sure kids meals 'default' to the most nutritious alternatives, such as nonfat milk instead of a soda, and fruit or low-fat vegetables instead of fries." Sacramento Bee (August 5, 2008) 1.]

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Hunger Doesn't Take a Vacation: Summer Nutrition Status Report 2008. By Rachel Cooper and Crystal FitzSimons, Food Research and Action Center. (The Center, Washington, DC) July 2008. 22 p.

Full text at: http://www.frac.org/pdf/summer_report_2008.pdf

["When school lets out for summer, some 13.5 million children lose access to healthy meals. The nation's two federal Summer Nutrition Programs were feeding fewer than one in five eligible children in July 2007. Subsidized school lunches feed 16.3 million low-income children during the school year. States are missing out as well -- on federal funds available through the National School Lunch Program and the Summer Food Service Program. States could receive an additional \$222 million in funding simply by boosting participation in those programs to just 40 percent of eligible low-income children -- reaching an additional 3.7 million children. In 2007, the programs were feeding only 17.5 percent of eligible children."]

[Request #S08-46-2764]

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OBESITY

School Nutrition Programs and the Incidence of Childhood Obesity. By Daniel L. Millimet, Southern Methodist University, and others. (National Bureau of Economic Research, Cambridge, Massachusetts) September 2008. 36 p.

Full text at: <http://papers.nber.org/papers/w14297>

["In light of the recent rise in childhood obesity, the School Breakfast Program (SBP) and National School Lunch Program (NSLP) have received renewed attention. Using panel data on over 13,500 primary school students, we assess the relationship between SBP and NSLP participation and (relatively) long-run measures of child weight. After documenting a positive association between SBP participation and child weight, and no association between NSLP participation and child weight, we present evidence indicating positive selection into the SBP. Allowing for even modest positive selection is sufficient to alter the results, indicating that the SBP is a valuable tool in the current battle against childhood obesity, whereas the NSLP exacerbates the current epidemic."]

[Request #S08-46-2857]

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SMOKING

Effect of the California Tobacco Control Program on Personal Health Care Expenditures. By James M. Lightwood and others. IN: **Public Library of Science, Medicine**, vol. 5, no. 8 (August 2008) pp. 1214-1222.

Full text at: http://medicine.plosjournals.org/archive/1549-1676/5/8/pdf/10.1371_journal.pmed.0050178-L.pdf

[“The California Tobacco Control Program has saved some \$86 billion in personal health care costs -- a 50-fold return on investment. The exact amount saved is tricky to pin down -- the study had a confidence interval of \$28 billion to \$151 billion. The width of the confidence interval reflects cutting-edge statistical analysis and the inherently variable nature of human health research. The important point is how much the analysis shows the state reaped from the \$1.8 billion it invested in the program in its first 15 years.... The California Tobacco Control Program was created in 1989 after voters approved a quarter-per-pack cigarette tax. Five cents of that quarter funds the program, which aims to reduce tobacco use across the state.” San Francisco Chronicle (August 26, 2008) 1.]
[Request #S08-46-2815]

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TELEMEDICINE

Telemedicine in California: Progress, Challenges, and Opportunities. By Barbara Johnston, Medical Board of California, and Neil A. Solomon, NAS Consulting Services. (California HealthCare Foundation, Oakland, California) July 2008. 32 p.

Full text at: <http://www.chcf.org/documents/policy/TelemedicineInCA.pdf>

["Telemedicine -- the use of telecommunications and information technologies to provide health care remotely -- has the potential to improve health care by bridging time and distance barriers, reducing delivery costs, and altering referral patterns among physicians. Yet although telemedicine has been around for a number of years, and despite the success of telemedicine programs in rural pockets of California, its use in the state is not widespread.... Although the authors acknowledge the persistence of such barriers, they also suggest that given the explosive growth in Internet use, the expansion of remote communication models, and the relentless pressure to cut the cost of care delivery, the time may finally be ripe for telemedicine."]
[Request #S08-46-2759]

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TOXICOLOGY

Elevated House Dust and Serum Concentrations of PBDEs in California: Unintended Consequences of Furniture Flammability Standards? By Ami R. Zota and others. IN: Environmental Science and Technology, 10.1021/es801792z. (October 1, 2008) 7 p.

Full text at: <http://pubs.acs.org/cgi-bin/sample.cgi/esthag/asap/pdf/es801792z.pdf>

["Californians have double the amount of toxic flame retardants in their blood as the national average, a health concern for babies, children and pregnant women. The high disparity most likely is the unintended result of California's pioneering fire-safety standard on home furnishings, which has manufacturers adding long-lived chemical retardants to polyurethane foam in sofas and carpet pads. Ingredients of flame retardants called PBDEs (polybrominated diphenyl ethers), were found in the dust of California homes at four to 10 times the levels found elsewhere in the country and 200 times higher than in Western Europe.... Toddlers tested in California have been shown to have higher levels of the retardant chemicals in their blood, perhaps because of their frequent crawling and hand-to-mouth contact." Sacramento Bee (October 2, 2008) 1.]
[Request #S08-46-2918]

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VACCINES

U.S. Policy Regarding Pandemic-Influenza Vaccines. By Julie Somers and Philip Webre, Congressional Budget Office. (The Office, Washington, DC) September 2008. 52 p.

Full text at: <http://www.cbo.gov/ftpdocs/95xx/doc9573/09-15-PandemicFlu.pdf>

["Public health officials are concerned that a particular strain of influenza, known as H5N1, or 'avian flu,' which has caused widespread infection of poultry flocks in Asia, Europe, the Near East, and Africa, might become easily transmissible among humans, causing illness and death at rates unseen at least since the early 20th century.... The emergence of H5N1 found a U.S. production base that had been reduced to a single domestic manufacturer, using an eggbased process developed in the 1940s to produce the vaccine..... This paper focuses on the government's role, in the development of new vaccines and the capacity to manufacture them. It provides information on progress and on the potential cost of achieving vaccine-related goals and the experience of other countries in preparing for a possible pandemic."]
[Request #S08-46-2874]

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WOMEN

Women's Health in California: Health Status, Health Behaviors, Health Insurance Coverage and Use of Services Among California Women Ages 18-64.
By Roberta Wyn and others, UCLA Center for Health Policy Research. (The Center, Los Angeles, California) August 2008. 58 p.

Full text at:

http://www.healthpolicy.ucla.edu/pubs/files/Womens_Health_RT_0808.pdf

["The report consists of: women's health status and conditions (chronic disease, asthma, obesity); health behaviors (physical activity, smoking,); health care coverage (insurance coverage, access to medical care) and more. Much of the data is broken down by income, educational attainment, race/ethnicity and age.... About one in five California women (aged 18-64) are reported as being obese. Slightly less than one in five (17.9%) California women reported having fair or poor health. About one in four (25.9%) women aged 18-64 in L.A. County were uninsured all or part of the year. Smoking is more than twice as prevalent among California women with just a high school diploma as compared to those women with a college degree."]

[Request #S08-46-2799]

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