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

Contents This Week

HEALTH

[Improving adolescent health services](#)
[Low-income adolescents more obese](#)
[Autism likely linked to environment](#)
[Child health and young adult outcomes](#)
[Expanding SCHIP](#)
[State buy-in programs](#)
[The health of California children](#)
[Health clinic boom is slowing](#)
[Assessing Massachusetts health reform](#)
[Employers not reducing coverage in Massachusetts](#)
[California's uninsured](#)
[Lower number of uninsured](#)
[Married women more likely to have health insurance](#)
[Changes needed for health security](#)
[Court backs ER patients over billing](#)
[Helping small business with health insurance](#)
[Selling health insurance across state lines](#)
[Assessing hospital performance](#)
[Hospitals are ailing](#)
[Electronic prescribing and lower-cost drugs](#)
[South Los Angeles health](#)
[Medicaid citizen documentation rules](#)
[Medicare re-enrollment and children's health](#)
[Improved nursing care with technology](#)
[Nursing home changes](#)
[Pesticide may cause Parkinson's](#)
[Doctors need a boss](#)
[Drug-resistant TB](#)

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

ADOLESCENTS

Adolescent Health Services: Missing Opportunities. By the Committee on Adolescent Health Care Services and Models of Care for Treatment, Prevention, and Healthy Development, National Research Council. (National Academies Press, Washington, DC) December 2008.

["The U.S. health care system today is not designed to help young people develop healthy routines, behaviors, and relationships to prepare them for adulthood. Although most adolescents do make it through this turbulent period, some engage in risky behaviors that can jeopardize their health during these formative years and that can contribute to poor health outcomes in adulthood. The nation's health services system is missing opportunities for disease prevention and health promotion during the period of adolescence. Adolescent Health Services examines the health status of adolescents and reviews the separate and uncoordinated programs and services that currently exist in multiple public and private health care settings."] Adolescent Health Services is available for loan. [Request #S09-2-3272]

Book. 368 p.

http://www.nap.edu/catalog.php?record_id=12063

Executive Summary. 39 p.

http://www.nap.edu/nap-cgi/report.cgi?record_id=12063&type=pdfxsum

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

Low-Income Adolescents Face More Barriers to Healthy Weight. By Theresa A. Hastert and others, UCLA Center For Health Policy Research. (The Center, Los Angeles, California) December 2008. 8 p.

Full text at: http://www.healthpolicy.ucla.edu/pubs/files/Teen_Barriers_PB_1208.pdf

["Obesity is twice as high for low-income California teens compared to more-affluent teens. Income inequality is associated with a number of barriers to healthy eating and opportunities for physical activity for lower-income teens, making it difficult for these teens to maintain a healthy weight. These barriers include: higher fast-food and soda consumption, higher prevalence of never eating dinner with parents or guardians, watching an average of at least two hours of television each day, higher levels of physical inactivity, and lower participation in team sports. The authors urged city planners to consider zoning ordinances to regulate the number of fast-food restaurants while providing incentives to attract grocery and other stores that stock fresh fruits and vegetables."]

[Request #S09-2-3135]

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

AUTISM

"The Rise in Autism and the Role of Age at Diagnosis." By Irva Hertz-Picciotto and Lora Delwiche. IN: *Epidemiology*, vol. 20, no. 1 (January 2009) pp. 84-90.

Full text at: <http://www.epidem.com/pt/re/epidemiology/abstract.00001648-200901000-00016.htm;jsessionid=Jn0GZsBvRzzNTHIZDFHrLRs9jz8FtNY10YWYC2RvN3mpMRPb2xT4!2138746202!181195629!8091!-1>

["It is time to focus on environmental causes for the rapid rise in autism, a leading researcher said For years, experts have debated whether the dramatic seven- to eightfold increase in the state since the early 1990s is real. Skeptics argue that it is a result of better diagnosis, a change in definitions and the inclusion of children with milder forms of the disorder. Hertz-Picciotto and her colleagues set out to explore such hypotheses. They concluded that while those factors explain some of the increase, they do not account for most of it.... She and her colleagues are conducting two large studies to explore whether some combination of environmental factors may be triggering autism in genetically susceptible children." *Contra Costa Times* (January 9, 2009) 1.]

[Request #S09-2-3255]

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

CHILDREN

Child Health and Young Adult Outcomes. By Janet Currie, Columbia University, and others. (National Bureau of Economic Research, Cambridge, Massachusetts) November 2008. 46 p.

Full text at: <http://www.nber.org/tmp/25609-w14482.pdf>

["Previous research has shown a strong connection between birth weight and future child outcomes. But this research has not asked how insults to child health after birth affect long-term outcomes, whether health at birth matters primarily because it predicts future health or through some other mechanism, or whether health insults matter more at some key ages than at others? We address these questions using a unique data set...and compare children with health conditions to their own siblings born an average of 3 years apart, and control for health at birth. We find that health problems, and especially mental health problems in early childhood are significant determinants of outcomes linked to adult socioeconomic status."]

[Request #S09-2-3056]

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

Expanding SCHIP: A Downpayment on Health Reform. By Sherry Glied, Columbia University Mailman School of Public Health. (The Commonwealth Fund, New York, New York) 2009. 5 p.

Full text at:

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

["The SCHIP program, which provides insurance coverage to about 4.4 million American children, is set to expire on March 31, 2009. Instead of expanding SCHIP, Congress could offer states the option of receiving an enhanced, countercyclical payment -- one that promises an infusion of money in bad budgetary times -- if they developed and implemented plans to secure the universal coverage of children. Three important public policy goals would be attained. 'Going universal' would; 1) cover millions of children who would otherwise remain uninsured; 2) demonstrate that health care reform could be accomplished without upending the existing system; and 3) enable the development and refinement of the new institutional infrastructure essential to expanding health coverage."]

[Request #S09-2-3264]

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

State Buy-In Programs: Prospects and Challenges. By Genevieve M. Kenney and others, Urban Institute. (The Institute, Washington, DC) 2008. 14 p.

Full text at: http://www.urban.org/UploadedPDF/411795_state_buyin_programs.pdf

["State buy-in programs are designed to address coverage shortfalls among moderate- and higher-income children whose families are not eligible for Medicaid or SCHIP but who cannot afford, or do not have access to, private coverage. These programs allow families to buy their children into a comprehensive public insurance plan with low out-of-pocket cost sharing at an unsubsidized premium. As more states aim to achieve universal coverage for children, buy-in programs may be one component they consider in their plans to reach that goal. This brief explores some issues for states to consider before implementing a buy-in program."]

[Request #S09-2-3095]

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

California Report Card 2009: Setting the Agenda for Children. By Jessica Dalesandro Mindnich and Caroline Sison, Children Now. (Children Now, Oakland, California) January 2009. 59 p.

Full text at: <http://publications.childrennow.org/assets/pdf/policy/rc09/ca-rc-2009.pdf>

["Children Now says the state's grade for providing healthcare to children slipped from a C to a D-plus last year, the result of additional paperwork requirements for Medi-Cal recipients and premium increases for low-income families who enroll their children in the Healthy Families program. The report calls on lawmakers to set budget priorities that provide for 'efficient investments in children' by expanding healthcare to cover all children, spending more on early childhood development, improving K-12 education and expanding after-school programs. The report card showed improvement in two areas: dealing with obesity among adolescents, where the grade improved to a C-minus from a D-plus, and early childhood care and education, where the grade moved up to a C from a C-minus." Ventura County Star (January 6, 2009) 1.]

[Request #S09-2-3246]

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

HEALTH CARE

Checking Up on Retail-Based Health Clinics: Is the Boom Ending? By Ha T. Tu and Genna R. Cohen, Center for Studying Health System Change. (The Commonwealth Fund, New York, New York) December 2008. 12 p.

Full text at:

http://www.commonwealthfund.org/publications/publications_show.htm?doc_id=730365

["Retail store-based health clinics, which provide basic preventive services and diagnose and treat simple health ailments, have proliferated rapidly in recent years. Younger families and people that have difficulty accessing health care services -- including the uninsured and minorities -- are among the groups most likely to use these clinics. Still, in 2007, only 1.2 percent of U.S. families reported they had visited a retail clinic during the past 12 months, and only 2.3 percent of families reported ever having visited one. The boom in retail clinics, moreover, appears to be slowing. Continued fall-off in the growth of retail clinics would likely disproportionately affect underserved Americans who lack affordable alternatives for primary care."] [Request #S09-2-3201]

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

HEALTH INSURANCE

Impact of Health Reform on Underinsurance in Massachusetts: Do the Insured Have Adequate Protection? AND: Who Gained the Most Under Health Reform in Massachusetts? By Sharon K. Long, Urban Institute. (The Institute, Washington, DC) October 2008.

["One important goal of Massachusetts' comprehensive health care reform initiative was to ensure the affordability and adequacy of coverage. There was a concern among some that low-income residents would go from uninsured to underinsured under health reform... The findings suggest that health reform in Massachusetts is both providing new coverage for many of those who were previously uninsured and improving the quality of coverage for those with insurance coverage in the state.... Given the higher than expected costs of health care reform in Massachusetts, it is an open question as to whether the state can both continue to move closer to universal coverage and provide strong financial protections from high health care costs for residents of the state."] [Request #S09-2-2942]

Impact of Health Reform. 10 p.

http://www.urban.org/UploadedPDF/411771_mass_underinsurance.pdf

Who Gained the Most. 8 p.

http://www.urban.org/UploadedPDF/411770_Gained_Massachusetts.pdf

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

"How Have Employers Responded To Health Reform In Massachusetts? Employees' Views At The End Of One Year." By Sharon K. Long and Paul B. Masi. IN: Health Affairs, vol. 27, no. 6 (November/ December, 2008) pp. 576-583

Full text at:

<http://content.healthaffairs.org/cgi/content/abstract/hlthaff.27.6.w576?ijkey=E1FAo6FYbG15k&keytype=ref&siteid=healthaff>

["In April 2006, Massachusetts enacted health reform legislation to move the state to near-universal coverage. Key components of the legislation target employers, both in terms of offering coverage and making a 'fair and reasonable' contribution toward premiums. At the time the legislation was passed, critics voiced concerns that employers would drop coverage, tighten eligibility standards, increase workers' premiums, or scale back the scope of coverage. A study of working-age adults in Massachusetts reveals that employers have neither dropped coverage nor restricted eligibility for coverage in the state's first year of health reform. As reported by employees, employers have also not changed the scope of benefits, the range of provider choices, or quality of care available under their plans."]

[Request #S09-2-2978]

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

Snapshot: California's Uninsured. By the California HealthCare Foundation. (The Foundation, Oakland, California) December 2008. 21 p.

Full text at: <http://www.chcf.org/documents/insurance/UninsuredSnapshot08.pdf>

["Over the past 20 years, the percent of uninsured Californians under age 65 has continued to rise as employer-sponsored health insurance has declined. Between 1987 and 2007, employer-sponsored coverage declined almost 8%. Although Medicaid and individually purchased coverage partially offset that decline, more than 20% of Californians remain uninsured. The problem, though national, is more prominent in California, which has a lower percentage of individuals with employer-sponsored coverage and a higher proportion of uninsured. And because of California's large population, the number of people without insurance -- 6.6 million -- is the highest of any state."]

[Request #S09-2-3208]

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

Nearly 6.4 Million Californians Lacked Health Insurance in 2007 - Recession Likely to Reverse Small Gains in Coverage. By E. Richard Brown and others, UCLA Center for Health Policy Research. (The Center, Los Angeles, California) December 2008. 6p.

Full text at:

http://www.healthpolicy.ucla.edu/pubs/files/CAs_Lack_Insurance_PB_121508.pdf

["The decrease in the rate of uninsurance was due to an increase in employment-based coverage throughout the year, which rose from 54.3% in 2005 to 55.6% in 2007. This pattern is likely to be reversed by the recession of 2008. Although the direction of change was similar for children and adults, the patterns of coverage differ greatly. In 2007, 10.2% of California children up to age 18 were uninsured, a slight improvement compared to 2005. Slightly more than half of children (52.2%) were covered all year by employment-based insurance obtained through their parent's employment, an increase of nearly two percentage points over 2005."] [Request #S09-2-3190]

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

Marital Status is Associated With Health Insurance Coverage for Working-age Women at all Income Levels: 2007. By Amy B. Bernstein and others, National Center for Health Statistics. (The Center, Atlanta, Georgia) December 2008. 8

Full text at: <http://www.cdc.gov/nchs/data/databriefs/db11.pdf>

["Unmarried women aged 25–64 years are about 60% more likely than married women to lack health insurance coverage, but that disadvantage is not consistent across poverty status groups."] [Request #S09-2-3168]

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

Shifting Health Care Financial Risk to Families Is Not a Sound Strategy: The Changes Needed to Ensure Americans' Health Security. Testimony of Karen Davis, the Commonwealth Fund, before the House Committee on Ways and Means, Subcommittee on Health. (The Fund, New York, New York) September 23, 2008.

["Ensuring stable, affordable health insurance coverage for all Americans will require a significant increase in the role of government to set the rules for the operation of private markets and reverse the trend toward shifting greater financial risk to families who are unable to bear that risk. Action is needed to guarantee affordable coverage that provides adequate financial protection and ensures that individuals can obtain needed care -- the two essential functions of health insurance.... Finally, insurance reforms need to be part of a comprehensive strategy to bring about a high performance health care system that achieves better access, improved quality, and greater efficiency."] [Request #S09-2-2901]

Testimony. 42 p.

http://www.commonwealthfund.org/usr_doc/Davis_shiftingfinancialriskfamilies_testimony_09-23-2008_1178.pdf?section=4039

Executive summary. Various pagings.

http://www.commonwealthfund.org/publications/publications_show.htm?doc_id=706940

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

Prospect Medical Group, Inc. et al. vs. Northridge Emergency Medical Group, et al. California Supreme Court. S142209. January 8, 2009, 18 p.

Full text at: <http://www.courtinfo.ca.gov/opinions/documents/S142209.PDF>

["Emergency room doctors who think a patient's HMO has underpaid them can't bill the patient for the difference and must seek whatever redress they can from the health plan, the court ruled in a big-money dispute in the medical industry.... The justices overturned lower-court rulings that had allowed doctors at two hospitals in Los Angeles County to bill patients for unpaid amounts in emergency care bills. Although no California law specifically prohibits such billing, the court said, the statutes that regulate emergency care express an intent to 'transfer the financial risk of health care from patients to providers.'... The unanimous ruling won praise from consumer groups and state officials but was lamented by the California Medical Association, which said it will hurt emergency care in the state." San Francisco Chronicle (January 9, 2009) 1.] [Request #S09-2-3254]

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

From Access to Affordability: A Summary of State Strategies to Provide Private Health Insurance Coverage to Small Groups. By Courtney Burke and Jihyun Shin, Rockefeller Institute of Government. (The Institute, Albany, New York) August 2008. 24 p.

Full text at: http://rockinst.org/pdf/health_care/2008-08-from_access_to_affordability.pdf

["One challenge for states wanting to ensure better health care coverage is that small employers, i.e., businesses with fewer than 50 employees, are less likely and able to provide affordable health insurance to their employees. In this market, referred to as the 'small group market,' the risks and costs of insurance often are higher for both employers and employees.... This paper summarizes methods states have used to try to improve insurance coverage in the small group market; outlines the features of these options; reviews the literature regarding the success of different policies; and concludes based on existing literature, which policies hold promise for increasing insurance coverage in the small group market."]
[Request #S09-2-3157]

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

Across State Lines Explained; Why Selling Health Insurance Across State Lines is Not the Answer. By Elizabeth Carpenter and others, New America Foundation. (The Foundation, Washington, DC) October 2008.

["Allowing insurers to sell insurance across state lines would not work as advertised. While it may help the young and healthy, it will have a devastating impact on the insurance market for everyone else (and none of us will be young and healthy forever). Premiums would rise for many people, benefits would be less-generous, and more Americans would likely become uninsured over time. This policy approach fails to provide the incentives necessary to transition insurers to a 21st Century business model that values care coordination and high value care over underwriting and marketing. Without substantial additional reforms, the proposal to sell insurance across state lines will not work for most Americans."]
[Request #S09-2-3235]

Policy Paper. 18 p.

<http://www.newamerica.net/files/Policy%20Paper%20Across%20State%20Lines%20Explained.pdf>

Brief. 2 p.

<http://www.newamerica.net/files/In%20Brief%20ASL%20Explained.pdf>

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

HOSPITALS

Do Hospital Characteristics Drive Clinical Performance? An Analysis of Standardized Measures. By Bruce Spurlock and others, Convergence Health. (California HealthCare Foundation, Oakland, California) December 2008.

["If specific hospital characteristics lead to higher or lower clinical performance, that information would be useful to institutions in improving their own performance. New research... found little connection between 30 hospital characteristics and clinical performance.... However, overall, the research indicates that all hospitals, regardless of type, can become high performers by implementing effective practices. Further the findings suggest that researchers, policymakers, and others should discontinue the practice of separating hospitals by characteristics or type when attempting to assess or improve performance."]
[Request #S09-2-3206]

Report. 34 p.

<http://www.chcf.org/documents/hospitals/AnalyzingHospitalPerformanceReport.pdf>

Brief. 6 p.

<http://www.chcf.org/documents/hospitals/AnalyzingHospitalPerformanceIB.pdf>

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

A Report on California Hospitals and the Economy. By the California Hospital Association. (The Association, Sacramento, California) January 2009. 2 p.

Full text at: <http://www.calhospital.org/Download/CHASpecialReport.pdf>

["California hospitals are feeling the symptoms of an ailing economy as consumers find it harder to pay medical bills, more uninsured patients rely on emergency rooms and fewer people opt for elective care.... California hospitals say they typically provide \$10.7 billion a year in unpaid and underpaid care, with \$7.2 billion of that attributed to Medi-Cal and Medicare reimbursements falling short of what hospitals say are their customary costs. The growing number of uninsured patients, coupled with inadequate Medi-Cal payments and the ripple effects of the financial market crisis, is leading to a decline in the financial health of California's hospitals at the very time when demand for health care services is growing." Sacramento Bee (January 8, 2009) B9.]
[Request #S09-2-3251]

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

INFORMATION TECHNOLOGY

"Effect of Electronic Prescribing With Formulary Decision Support on Medication Use and Cost." By Michael A. Fischer and others. IN: Archives of Internal Medicine, vol. 168, no. 22 (December 8, 2008) pp. 2433-2439.

Full text at: <http://archinte.ama-assn.org/cgi/content/abstract/168/22/2433>

["On the flip side of the technological coin, research has shown that doctors who use electronic systems prescribe lower-cost drugs. The explanation: Technology helps physicians do a better job of considering possible lower-cost alternatives. Otherwise, the variety of options presents a wall of data that most clinicians simply can't surmount. The key, of course, is getting people to actually use the technology - not just to make it available to them."]
[Request #S09-2-3191]

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

LOS ANGELES

South Los Angeles Health Equity Scorecard. By Annie Park and others, Community Health Councils. (The Councils, Los Angeles, California) December 2008. 101 p.

Full text at: <http://www.chc-inc.org/userimages/South%20LA%20Scorecard.pdf>

["This report examines the state and disparities of health and public safety in South L.A.-- examining 50 socioeconomic and environmental indicators that influence both health behaviors and health outcomes. The topics included in this report cover: primary care access/utilization; health insurance coverage (adults and children); prevalence of doctors, specialists and dentists in the area; nutrition (liquor stores vs. healthy grocery stores in area); housing (over-crowded and renter/owner occupied); public safety (violent and property crimes), schools (infrastructure/substandard facilities) and more. Policy implications and suggestions are discussed."]

[Request #S09-2-3245]

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

MEDICAID

Getting and Keeping Coverage: States' Experience with Citizenship Documentation Rules. By Laura Summer, Georgetown University Health Policy Institute. (The Commonwealth Fund, New York, New York) January 2009. 31 p.

Full text at:

http://www.commonwealthfund.org/publications/publications_show.htm?doc_id=781956

["Federal regulations, which took effect in mid-2006, require that individuals provide proof of citizenship when applying for or renewing coverage under public health insurance options such as Medicaid. This report examines the impact that these citizenship documentation rules have had on coverage stability in the public programs of seven states and it finds that the rules have made the getting and keeping of children and families' coverage more difficult. The new requirements increased the complexity, administrative burden, and costs of enrollment and renewal in each state, and in some cases the rules even compromised other processes. The rules' specific effects on applicants and enrollees differed in each state, depending on the state's circumstances, its approach to implementing the rules, and its organizational and technological capacity."]

[Request #S09-2-3267]

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

"Medicaid Re-Enrollment Policies and Children's Risk of Hospitalizations for Ambulatory Care Sensitive Conditions." By Andrew B. Bindman and others. IN: Medical Care, vol. 46, no. 10 (October 2008) pp. 1049-1054.

Full text at: <http://www.lww-medicalcare.com/pt/re/medcare/abstract.00005650-200810000-00010.htm;jsessionid=JQ4GnJm5Vx5VvYw3B0sJkNC0JdQGvBjmvk7Lq51L72R1YDM9kz78!-815685239!181195629!8091!-1>

["Many poor children rotate in and out of Medicaid coverage. As a result, they go through periods when they have no health insurance. Federal rules require states to redetermine Medicaid beneficiary eligibility at least once every 12 months. Some states do so more often, both as a way to identify individuals who are no longer eligible and to reduce the numbers of eligible people and, therefore, costs..... A study examined children in California who received Medicaid coverage to ascertain the health and cost consequences of a policy change that extended the process of redetermining program eligibility from every three months to 12 months. Reducing the frequency of eligibility redeterminations was associated with higher costs, but fewer hospitalizations for ambulatory care-sensitive conditions."]

[Request #S09-2-2971]

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

NURSES

Equipped for Efficiency: Improving Nursing Care Through Technology. By Fran Turisco and Jared Rhoads, CSC. (California HealthCare Foundation, Oakland, California) December 2008. 33 p.

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

["Surveys show that nurses prefer to work in hospitals where safety, quality, and their own job satisfaction are top priorities. New technologies have the potential to improve the environment for nurses by helping them devote more of their time and expertise to caring for patients, rather than tracking down equipment, managing supplies, or locating clinicians and staff.... This report examines hospitals' experiences with eight types of devices and applications.... The results indicate that these systems have helped to create a better workplace for inpatient nurses, raising their job satisfaction while also contributing to improvements in care."]

[Request #S09-2-3204]

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

NURSING HOMES

Rethinking the Nursing Home: Culture Change Makes Headway in California.
By Michael Cheek, NCB Capital Impact, and others. (California HealthCare Foundation, Oakland, California) December 2008. 15 p.

Full text at:

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

["Nursing home residents and workers benefit from culture change that makes the care more person-centered and the living environment more like a home. Although California has not been in the forefront of such culture change, there are positive developments.... This issue brief looks at the state of long-term supports for people with permanent disabilities and functional impairment, in terms of the culture change movement in California and nationally. Despite complex financial and other challenges, some California trailblazers are moving ahead. Culture change focuses on relationships and people instead of regulations, policies, and procedures."]

[Request #S09-2-3205]

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

PESTICIDES

"Ziram Causes Dopaminergic Cell Damage by Inhibiting E1 ILigase of the Proteasome." By Arthur P. Chou and others. IN: **Journal of Biological Chemistry**, vol. 283, no. 50 (December 12, 2008) pp. 34696-34703

Full text at:

<http://www.jbc.org/cgi/content/abstract/283/50/34696?maxtoshow=&HITS=10&hits=10&RESULTFORMAT=&fulltext=ziram&andorexactfulltext=and&searchid=1&FIRSTINDEX=0&sortspec=relevance&resourcetype=HWCIT>

[" Researchers have suspected commercial pesticides put people at risk for Parkinson's disease. Now evidence in the San Joaquin Valley suggests it's true. The fungicide ziram -- emerged as a common factor in a UCLA study of 400 people with Parkinson's in the Valley. The fungicide kills certain brain cells, and their death has been associated with Parkinson's. Now that researchers have a better understanding of what happens when exposure occurs, the information could lead to treatments to prevent or slow the progression of Parkinson's disease." Fresno Bee (November 16, 2008) 1.]

[Request #S09-2-3084]

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

PHYSICIANS

Does the Doctor Need a Boss? By Arnold Kling and Michael F. Cannon, Cato Institute. (The Institute, Washington, DC) January 13, 2009. 12 p.

Full text at: <http://www.cato.org/pubs/bp/bp111.pdf>

["The traditional model of medical delivery, in which the doctor is trained, respected, and compensated as an independent craftsman, is anachronistic. When a patient has multiple ailments, there is no longer a simple doctor-patient or doctor-patient-specialist relationship. Instead, there are multiple specialists who have an impact on the patient, each with a set of interdependencies and difficult coordination issues that increase exponentially with the number of ailments involved. Patients with multiple diagnoses require someone who can organize the efforts of multiple medical professionals. It is not unreasonable to imagine that delivering health care effectively, particularly for complex patients, could require a corporate model of organization."]

[Request #S09-2-3268]

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

TUBERCULOSIS

"Study Chronicles Drug-Resistant TB in the U.S." By Mary Engel. IN: Journal of the American Medical Association, vol. 300, no. 18 (November 12, 2008) pp. 2153 -2160

Full text at: <http://jama.ama-assn.org/cgi/content/abstract/300/18/2153>

["TB cases began steadily declining with the development of antibiotics in the 1940s and 1950s. But from 1985 to 1992 the disease staged a comeback.... It was about this time that drug-resistant TB emerged. The resistant strain is treatable with the right antibiotics, but treatment lasts two years and costs 100 times as much as treatment for regular TB. For the rarer and more dangerous extensively drug-resistant strain, or XDR-TB, half of those treated don't survive -- about the same mortality of regular TB in the pre-antibiotic era.... Eighteen of the country's 83 cases of XDR-TB were in California..... 83% were foreign-born -- half were from Mexico, 20% from South Korea and 13% from the Philippines" Los Angeles Times (November 12, 2008) 1.]

[Request #S09-2-3037]

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