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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 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 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

AIDS

“Use of Nucleoside Reverse Transcriptase Inhibitors and Risk of Myocardial Infarction in HIV-infected Patients Enrolled in the D:A:D Study: a Multi-Cohort Collaboration.” By Jens Lundgren and others. IN: The Lancet, vol. 371, no. 9622 (April 26, 2008) pp. 1417-1426

Full text at:

<http://www.thelancet.com/journals/lancet/article/PIIS0140673608604237/abstract?pubType=relatedfn1>

["Users of AIDS drug abacavir run nearly double the risk of heart attack compared with those who take other antiviral medications. Abacavir, one of the most important 'backbones' of various three-drug combinations that keep HIV in check is in question. Researchers at the University of Copenhagen..... found that the risk of heart attack rose nearly 90 percent for those prescribed abacavir." San Francisco Chronicle (April 2, 2008) 1.]
[Request #S08-21-2178]

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ALZHEIMER'S DISEASE

“Central Obesity and Increased Risk of Dementia More Than Three Decades Later.” By Rachel Whitmer and others. IN: *Journal of Neurology*, doi:10.1212/01.wnl.0000306313.89165.ef. (March 26, 2008) various pagings.

Full text at:

<http://www.neurology.org/cgi/content/abstract/01.wnl.0000306313.89165.efv1>

["Abdominal fat has already been linked to higher risk of developing diabetes, stroke and heart disease....Now we can add dementia to that list. While previous research has found evidence that obesity in middle age raises the chances of developing dementia later, the new work found a separate risk from storing a lot of fat in the abdomen. Even people who weren't overweight were susceptible. The study found people with a large belly were 3.6 times more likely to develop dementia later in life than those whose weight and belly size had been in the healthy range." Los Angeles Times (March 27, 2008) 1.]
[Request #S08-21-2181]

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BLOOD

"Duration of Red-Cell Storage and Complications after Cardiac Surgery." By Colleen Gorman Koch and others. IN: *New England Journal of Medicine*, vol. 358, no. 12 (March 26, 2008) pp. 1229-1240.

Full text at: <http://content.nejm.org/cgi/reprint/358/12/1229.pdf>

["Heart surgery patients who received transfusions of blood stored for more than two weeks were 64% more likely to die in the hospital than those who received fresher blood, a finding that adds to the growing concern about the safety of transfusion practices.... In response to the growing concern, some hospitals have modified their procedures for cardiac surgery -- one of the largest consumers of donor blood -- to minimize the need for transfusions." Los Angeles Times (March 20, 2008) 1.]
[Request #S08-21-2176]

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CHILDREN

The Impact of the Los Angeles Healthy Kids Program on Access to Care, Use of Services, and Health Status. By Embry Howell and others, the Urban Institute. (The Institute, Washington, DC) January 2008. 56 p.

Full text at: http://www.urban.org/UploadedPDF/411503_impact_healthy_kids.pdf

["A longitudinal survey of parents of enrollees in the Los Angeles Healthy Kids Program has found that the program had significant positive impacts on children's health and access to care. Children experienced improvements in access to and use of ambulatory, specialty and dental care; reduced unmet need; increased parent confidence in getting care and satisfaction with quality; and reduced financial worries. Most important, children's health status improved, as perceived by parents and according to several measures. Healthy Kids covers uninsured children below 300 percent of poverty who are ineligible for Medicaid or SCHIP, and primarily serves poor, undocumented Latino children."]

[Request #S08-21-1992]

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ELDERLY

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. 312 p.

Full text at: http://www.nap.edu/catalog.php?record_id=12089

["The American medical system is woefully unprepared for the flood of aging baby boomers, according to a study, which predicted crisis-level shortages in healthcare workers and serious gaps in training.... Turnover among nurse's aides averages 71% annually.... The report said that there were 7,128 physicians certified in geriatricians today, and that the nation would need 36,000 by 2030." Los Angeles Times (April 15, 2008) 1.] Note: Retooling for an Aging America... is available for loan.

[Request #S08-21-2124]

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HEALTH CARE

2008 Health Care For America Survey. By the AFL-CIO and Working America. (AFL-CIO, Washington, DC) March 2008. 28 p.

Full text at:

http://www.aflcio.org/issues/healthcare/upload/healthcaresurvey_report.pdf

["Over a period of just seven weeks, people took the online 2008 Health Care for America Survey.... Their responses are sobering.... Even among the insured, 94 percent say today's health care system needs fundamental change or to be completely rebuilt -- and 71 percent of the insured are concerned about losing health coverage because of losing or changing jobs." San Francisco Chronicle (March 26, 2008) 1.]
[Request #S08-21-2161]

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Health Care in Southern California: Perception vs. Facts. By Danielle T. Cameron, National Health Foundation. (The Foundation, Los Angeles, California) 2008. 107 p.

Full text at: <http://www.nhfca.org/reports/healthsummitreport.pdf>

["The report ... addresses the mismatch between consumer perceptions and the reality of health care coverage, hospital-based care and the cost of health care.... Survey respondents believe there are serious problems with the health care coverage system when it comes to serving the poor. Survey data also suggest there is broad-based support for universal health care.... Survey respondents reported intensely negative feelings about undocumented residents accessing hospital-based care, while recent research shows these individuals are less likely than comparison populations to receive this type of care.... Survey respondents reported intense feelings that the cost of providing care, receiving insurance and purchasing prescription medicine is too high and a serious problem."]
[Request #S08-21-1899]

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HEALTH CARE POLICY

Health Savings Accounts: Participation Increased and Was More Common among Individuals with Higher Incomes. By the U.S. Government Accountability Office. GAO-08-474R. (The Office, Washington, DC) April 2008. 15 p.

Full text at: <http://www.gao.gov/new.items/d08474r.pdf>

["Tax filers who reported HSA activity in 2005 had higher incomes on average than other tax filers. Among tax filers between the ages of 19 and 64, the average adjusted gross income (AGI) for filers reporting HSA activity was about \$139,000 compared with about \$57,000 for all other filers. The income differences existed across all age groups.... HSA contributions and withdrawals reported by tax filers in 2005 generally increased with income. Average contributions ranged from about \$1,400 for filers reporting AGIs of under \$30,000 to about \$2,800 for filers with AGIs of \$100,000 or more. Average withdrawals ranged from about \$600 for filers reporting AGIs of under \$30,000 to about \$1,300 for filers reporting AGIs of \$100,000 or more."]

[Request #S08-21-2195]

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HEALTH INSURANCE

Differences in Breast Cancer Diagnosis and Treatment: Experiences of Insured and Uninsured Patients in a Safety Net Setting. By Cathy J. Bradley, Virginia Commonwealth University, and others. (National Bureau of Economic Research, Cambridge, Massachusetts) February 2008. 32 p.

Full text at: <http://www.nber.org/papers/w13875>

["To explore how well the safety net performs at eliminating differences in diagnosis and treatment of insured and uninsured women with breast cancer, we compared insured and uninsured women treated in a safety net setting. Controlling for socioeconomic characteristics, uninsured women are more likely to be diagnosed with advanced disease, requiring more extensive treatment relative to insured women, and also experience delays in initiating and completing treatment. The findings suggest that, despite the safety net system, uninsured women with breast cancer are likely to require more costly treatment and to have worse outcomes, relative to insured women with breast cancer."]

[Request #S08-21-2085]

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Dying for Coverage in California. By Beth Wikler and Kim Bailey, Families USA. (Families USA, Washington, DC) April 2008. 4 p.

Full text at: <http://www.familiesusa.org/assets/pdfs/dying-for-coverage/california.pdf>

["An estimated 3,100 adults in the state died in 2006 because they lacked insurance and either couldn't afford the care they needed, got substandard care or got treatment after it was too late, determined researchers... Uninsured American adults don't receive enough medical care -- or get it too late.... They receive poorer care once they are in the hospital, even for acute emergencies like a major automobile accident. And often they cannot afford a necessary prescription medication, allowing a disease or chronic illness to progress and worsen." San Jose Mercury News (April 4, 2008) 1.]
[Request #S08-21-2113]

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The Failure of SCHIP Reauthorization: What Next? By Genevieve M. Kenney, the Urban Institute. (The Institute, Washington, DC) March 2008. 7 p.

Full text at: http://www.urban.org/UploadedPDF/411628_SCHIPfailure.pdf

["The issues that proved contentious in the SCHIP reauthorization debate -- namely, the proper role of the government in health care; whether SCHIP should cover higher-income children; how to ensure that undocumented children will not be covered; and how the program should be funded -- will likely be revisited when Congress again takes on SCHIP reauthorization later in 2008 or early in 2009. Under the vetoed SCHIP reauthorization bills, the number of uninsured children will likely increase, at least in the short run. Without strong growth in public coverage, more children are apt to join the ranks of the uninsured, which increased by 1 million over the past two years."]
[Request #S08-21-1917]

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HOSPITALS

Same Disease, Different Care: How Patient Health Coverage Drives Treatment Patterns in California. By Laurence Baker, Stanford University. (California HealthCare Foundation, Oakland, California) April 2008. 7 p.

Full text at:

<http://www.chcf.org/documents/insurance/SameDiseaseDifferentCareIB.pdf>

["Previous research has shown that chronically ill fee-for-service (FFS) Medicare patients in Los Angeles receive dramatically higher amounts of medical care than in other areas of the state. The results reported here show that such regional cost differences also hold true for other insurance coverage types, including private FFS, HMO, or PPO coverage.... An analysis indicates that even Kaiser Permanente, the highly integrated, statewide HMO, exhibits some of the north-south treatment divide, although the care and cost gaps are smaller."]

[Request #S08-21-2162]

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INFORMATION TECHNOLOGY

Silicon Valley and Smart Health: A Final Report to the Community. By Joint Venture's Smart Health Task Force. (Joint Venture: Silicon Valley Network, San Jose, California) May 1, 2008. 20 p.

Full text at: <http://www.jointventure.org/PDF/smarthealth.pdf>

["Data, even when it is electronic, continues to exist in silos. Hospitals are now using their proprietary systems to link patient data across their internal departments or between hospitals in large systems, but they are not linking to each other. More physicians are using electronic patient records, but they are infrequently integrated with the hospitals to which they refer patients. Pharmacy records, lab data and images from outside a system are not integrated into patient records... It is ironic -- tragic even -- that we can't solve this problem in Silicon Valley, of all places. But despite our pride in Silicon Valley's ability to solve tough technology problems or to create new business models, it would appear that portable electronic medical data will depend on some outside stimulus instead of our own leadership."]

[Request #S08-21-2196]

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MEDICARE

Los Angeles County Suppliers' Compliance With Medicare Standards: Results From Unannounced Visits. By Daniel R. Levinson, Inspector General, U.S. Department of Health and Human Services. (The Department, Washington, DC) February 2008. 37 p.

Full text at: <http://oig.hhs.gov/oei/reports/oei-09-07-00550.pdf>

["After a series of surprise inspections, Medicare fraud investigators found persistent corruption among medical equipment suppliers who set up phony offices that billed the government \$21 million over one year. Medicare records show that L.A. County is home to nearly 5,000 suppliers.... Victims include non-English-speaking Asian and Latino Medicare recipients who were duped by fake suppliers and then billed for items they did not need or receive." Los Angeles Times (March 3, 2008) 1.]
[Request #S08-21-1900]

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MENTAL HEALTH

Invisible Wounds of War: Psychological and Cognitive Injuries, Their Consequences, and Services to Assist Recovery. AND: Invisible Wounds of War: Summary and Recommendations for Addressing Psychological and Cognitive Injuries. By Terri Tanielian and others, RAND Corporation. (RAND, Santa Monica, California) April 2008.

["Since October 2001, approximately 1.6 million U.S. troops have been deployed in Afghanistan and Iraq. Early evidence suggests that many returning service members may be suffering from post-traumatic stress disorder and depression. Traumatic brain injury is also a major concern. But there is limited evidence about the scope of the problem or the most effective treatments. RAND assessed the post-deployment health-related needs associated with post-traumatic stress disorder, major depression, and traumatic brain injury; examined the treatment capacity of the current health care system, and estimated the costs of providing quality health care to all military members who need it."]
[Request #S08-21-2193]

Psychological and Cognitive Injuries report. 499 p

http://rand.org/pubs/monographs/2008/RAND_MG720.pdf

Psychological and Cognitive Injuries summary. 19 p

http://rand.org/pubs/monographs/2008/RAND_MG720.sum.pdf

Summary and Recommendations. 66 p.

http://rand.org/pubs/monographs/2008/RAND_MG720.1.pdf

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NURSING HOMES

Impact of California's Medi-Cal Long Term Care Reimbursement Act On Access, Quality and Costs. By Charlene Harrington and others, University of California, San Francisco. (The University, San Francisco, California) April 2008.

["California nursing homes bolstered their bottom lines with much of the \$590 million that state lawmakers provided them to better tend to the poor, while patient care declined by several key measures. The study found that 144 homes, or 16%, did not meet the state's minimum staffing standard. The amount nursing homes spent on direct patient care actually decreased by 3.6%. And substantiated complaints of patient mistreatment increased by 38%." Los Angeles Times (April 8, 2008) 1.]
[Request #S08-21-2114]

Report. 100 p.
<http://sbs.ucsf.edu/public/ab1629.pdf>

Snapshot. 21 p.
<http://sbs.ucsf.edu/public/ab1629snap.pdf>

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NUTRITION

Designed for Disease: The Link Between Local Food Environments and Obesity and Diabetes. By the California Center for Public Health Advocacy and others. (The Center, Davis, California) April 2008.

["In communities with an abundance of fast-food outlets and convenience stores, obesity and diabetes rates are much higher than in areas where fresh fruit and vegetable markets and full-service grocery stores are easily accessible.... 'We found a very strong link. It was true for people living in both high-income and low-income communities, regardless of race, ethnicity, age, gender or level of physical activity.' said an author of the study." Sacramento Bee (April 29, 2008) 1.]
[Request #S08-21-2182]

Study. 10 p.
http://www.publichealthadvocacy.org/PDFs/RFEI%20Policy%20Brief_final_web.pdf

Results by county. 2 p.
http://www.publichealthadvocacy.org/PDFs/RFEI_countycharts.pdf

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OBESITY

WIC Program Participation and Early Childhood Overweight. By Gail Harrison and others, California Center for Population Research, University of California, Los Angeles. (The University, Los Angeles, California) December 2007. 22 p.

Full text at:

<http://repositories.cdlib.org/cgi/viewcontent.cgi?article=1300&context=ccpr>

["This study examines the question of whether participation in the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) may play a role in risk for early childhood overweight.... Only mother's BMI and child height were significantly predictive of child overweight; number of hours of television watching showed a slight but non-significant relationship to overweight risk and number of hours of sleep at night a slight but non-significant negative relationship. There is no indication that cumulative time of WIC program participation influences risk of early childhood overweight."]

[Request #S08-21-2010]

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PHYSICIANS

Physician Diversity in California: New Findings from the California Medical Board Survey. By Kevin Grumbach and others, Center for California Health Workforce Studies. (The Center, San Francisco, California) March 2008. 39 p.

Full text at:

<http://www.futurehealth.ucsf.edu/cchws/Ca%20Med%20Board%20FINAL%203%204%2008.pdf>

["A new study on physicians in California shows a glaring gap between the number of doctors of color compared with the state's ethnically diverse population, especially among African Americans and Latinos....It found that out of nearly 62,000 practicing doctors in California, only 5 percent are Latino even though Latinos comprise a third of the state's total population. Only 3 percent of doctors in California are black, compared with 7 percent of the state's overall black population.." San Francisco Chronicle (April 3, 2008) 1.]

[Request #S08-21-2109]

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PRESCRIPTION DRUGS

Playing by Their Own Rules: An Analysis of Drug Company Gifts to Doctors.
By Michael Russo, CALPIRG. (CALPIRG, Sacramento, California) March
2008. 20 p.

Full text at:

http://www.calpirg.org/uploads/kT/xD/kTxDYzgJx0_qqnKGr1pfgw/playing-by-their-own-rules.pdf

["Currently, drug companies ... are required by California's Senate Bill 1765, to adopt a limit on the total value of the gifts they can give to a particular doctor in a given year, and post this information to their web sites. This white paper ... identifies aspects of the drug company rules that are deeply problematic. Among our findings: 1) Drug companies fail to count some meals and other payments as 'gifts,' and therefore not subject to the limit; 2) some companies reserve the right to exceed their limits if they so choose; and; 3) others assert that they are following a limit, but do not disclose what that limit actually is, while a few fail even to post their policies at all."]

[Request #S08-21-2036]

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PUBLIC HEALTH

Health Inequities in the Bay Area. By the Bay Area Regional Health Inequities Initiative. (The Initiative, Oakland, California) April 2008. 42 p.

Full text at: http://www.barhii.org/press/download/barhii_report08.pdf

["Access to health care accounts for only 10 to 15 percent of overall health and longevity. And where a person lives has far greater influence on an individual's health than how often he or she visits a doctor....

Neighborhoods near ports, rail yards and freeways get exposure to a disproportionate share of toxic pollutants.... Poorer areas have a higher concentration of liquor stores and fast food outlets, and far fewer stores selling fresh foods. Oakland Tribune (April 9, 2008) 1.]

[Request #S08-21-2111]

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Life and Death from Unnatural Causes: Health and Social Inequity in Alameda County: Executive Summary. By Matt Beyers and others, Alameda County Public Health Department. (The Department, Oakland, California) April 2008. 14 p.

Full text at:

http://www.acphd.org/AXBYCZ/Admin/DataReports/unnatural_causes_exec_summary.pdf

["Where you live might be killing you. If you're an African American born and raised in West Oakland, for instance, you're likely to die of health problems such as diabetes, heart disease and cancer 15 years sooner than a white person who was born and raised in the Oakland hills.... This is about housing, about education, employment and how these things are inextricably linked to health. In addition, it's not whether you have health insurance or not. It goes deeper than that, to your education level, income level and what your neighborhood is like." Oakland Tribune (April 18, 2008) 1.]
[Request #S08-21-2146]

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"The Reversal of Fortunes: Trends in County Mortality and Cross-County Mortality Disparities in the United States." By Majid Ezzati and others. IN: Public Library of Science: Medicine, vol. 5, no. 4 (April 2008) pp. 1-12

Full text at: http://medicine.plosjournals.org/archive/1549-1676/5/4/pdf/10.1371_journal.pmed.0050066-S.pdf

["Within pockets of poorer health, the decline in life span was most pronounced among women... Tobacco use, obesity and diabetes were cited as probable causes....The study shows that whether the life expectancy news is good or bad has a lot to do with where a person resides. California, by and large, fared well in the national analysis. In nearly all counties in the state, the life expectancy for men and women increased during the 40-year period." San Francisco Chronicle (April 22, 2008) 1.]
[Request #S08-21-2149]

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TOXICOLOGY

Cancer-Causing 1,4-Dioxane Found in Personal Care Products Misleadingly Branded as Natural and Organic. By Organic Consumers Association. (The Association, Finland, Minnesota) 2008. 3 p.

Full text at: <http://www.organicconsumers.org/bodycare/DioxaneAlert080314.pdf>

["New tests of 100 'natural' and 'organic' soaps, shampoos and other consumer products show that nearly half of them contained a cancer-causing chemical that is a byproduct of petrochemicals used in manufacturing.... The discovery that the chemical is present in many housecleaning and personal care products, including some for babies, that are advertised as being natural, organic or 'green' comes as somewhat of a surprise. It is a byproduct of a process used to soften harsh detergents. It is formed when foaming agents, or surfactants, are processed with ethylene oxide or similar petrochemicals." Los Angeles Times (March 14, 2008) 1.]
[Request #S08-21-2157]

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