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## Health Care Notes

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### MEMPHIS COMMUNITY FORUM FOCUSES ON HEALTH CARE QUALITY

A community-wide forum focusing on enhancing health care quality was held on January 8, 2002, in Memphis. The forum was intended to raise awareness of the problems in quality that exist both in the nation and in the region, and to begin to explore community-wide options for improvement. It was cosponsored by the Memphis Business Group on Health, the Mid South Foundation for Medical Care and The Center for Health Services Research.

In his opening remarks, Dr. David Mirvis, Director of The Center for Health Services Research, noted that while "we live in a major health care center ... and we are confident that what we do, we do well", recent information has "burst our bubble of confidence." An overview of state-wide data then indicated that Tennessee ranked 37th among the states in quality measures for several common conditions. The message of this information, he emphasized, is that "we can do better."

Three panels discussed topics of "What is Quality?," "How Does Your Organization Incorporate Quality into its Operations?" and "How Can We Get Quality on the Table in Memphis?" The panelists included leaders from major hospitals and health care organizations in Memphis, representatives of government, purchasers and payers of health care, academics, and consumers. The panels were facilitated by Stephen Shortell, Ph.D., BlueCross/BlueShield Distinguished Professor at the University of California-Berkeley School of Public Health.

Several recurring themes developed during the session. These included comments that "a sense of urgency" is needed to promote quality, a community-wide effort unrelated to marketing is needed to address local quality issues, "from the perspective of the provider, quality is good business," and "this conference shows that quality is on the table in Memphis." While all health care leaders asserted that quality care is a top priority, one questioner asked, "If quality is number 1, why are we number 37?"

### STUDY ASSESSES NATIONAL AND TENNESSEE USE OF TOBACCO SETTLEMENT MONEY

States received over \$20.4 billion in fiscal years 2000 and 2001 from the Master Settlement Agreement (MSA) between states and the tobacco industry, according to a report from the National Conference of State Legislators. Tennessee received \$354 million during that time period.

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# Health Care Notes



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The study tracked allocation of funds by category in the 49 states who were part of the MSA. The number of states allocating monies to the categories and overall percent allocation are depicted in Figure 1. The largest percent (45.6%) was allocated to health-related issues including health care services (31.6%), tobacco prevention (6%), long-term care (4.5%) and research (4.5%).

Wide variation in allocations among states was apparent. For example,

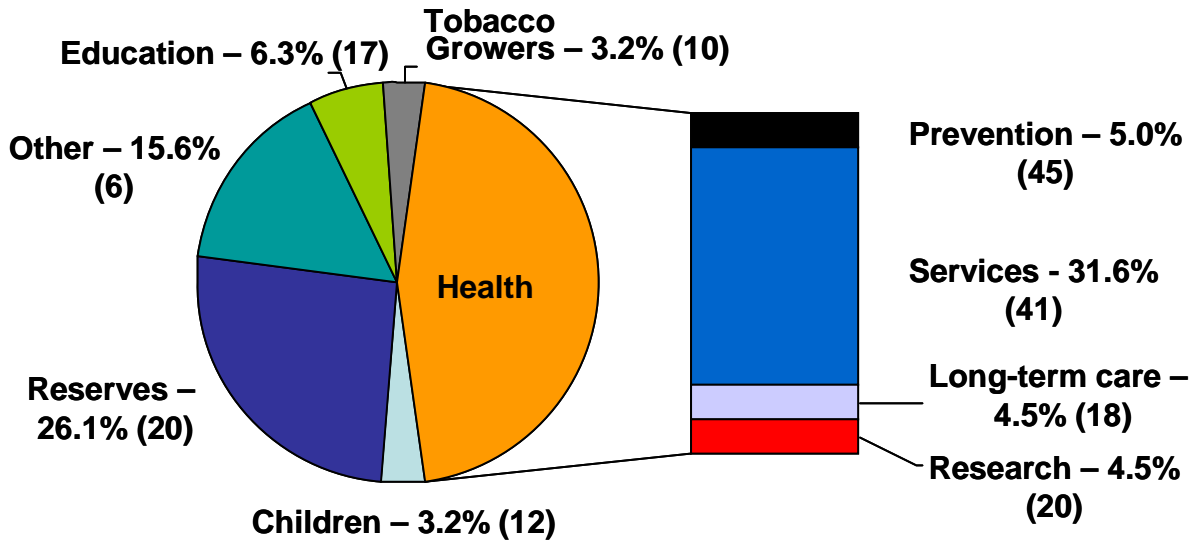


Figure 1: The percent of Master Settlement funds allocated to major budget categories in 2000 - 2002. Numbers in parentheses indicate the number of states allocating money to that category.

several states including Arkansas (\$55.1 million), Mississippi (\$89.6 million), Nebraska (\$53.9 million) and Washington (\$240.5 million) have allocated all of their FY2002 funds to health. Four states have allocated no funds to health for FY2002, including North Carolina (\$333.6 million), Rhode Island (\$53.3 million), and Wisconsin (\$920 million), in addition to Tennessee.

### MORTALITY RATES FOR KEY DISEASES HIGHER IN SHELBY COUNTY THAN IN ALL OF TENNESSEE, CENTER STUDY REPORTS

Mortality rates for several common diseases are substantially higher in Shelby County than in the entire state of Tennessee according to a report released by The Center for Health Services Research. The study compared mortality rates in 1998 for 14 categories of conditions, based upon data collated by the Community Health Research Group of the University of Tennessee and the Tennessee Department of Health.

Mortality rates from all causes were substantially greater in Shelby County than in Tennessee as a whole for infants and children under ten years old. For infants, the rate in Shelby County was 1.6 times that for Tennessee and for children ages 1 to 9 years the rate in Shelby County was 1.5 times that for Tennessee as a whole. Of the specific conditions

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that were studied, mortality rates in Shelby County were at least 50% higher than rates for all of Tennessee for three conditions - diseases related to childbirth, perinatal diseases and infectious diseases.

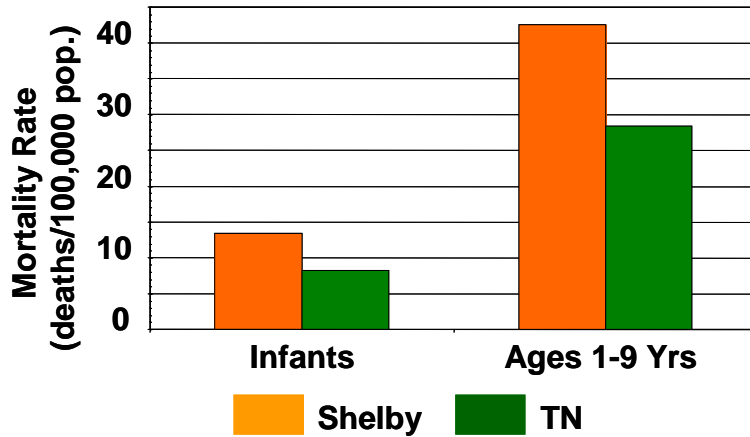


Figure 2: Mortality rates (deaths per 100,000 population) for 1998 for infants and children (ages 1-9 years) in Shelby County (orange) and in all of Tennessee (green). For each age group, rates in Shelby County were substantially greater than for Tennessee.

According to the report, “these findings emphasize the intensity and the breadth of disparities in Tennessee. By identifying the magnitude of specific disparities...it may be possible to identify specific targets for developing specific interventions.” Copies of the report or additional information may be obtained through The Center.

#### **WATERS APPOINTED TO AHRQ STUDY SECTION**

Teresa M. Waters, Ph.D., Associate Director of The Center for Health Services Research and Associate Professor of Preventive Medicine, has been appointed to the Health Systems Research Study Section of the Agency for Healthcare Quality and Research (AHRQ). The appointment, made by John M. Eisenberg, M.D., Director of AHRQ, runs through September 2004. The study section is responsible for reviewing grant applications concerned with the organization and functioning of the health care system. Dr. Waters earned her Ph.D. degree in economics from Vanderbilt University and has published widely on health economics and health systems designs and function.



Teresa M. Waters, Ph.D.

#### **CENTER BEGINS PUBLICATION OF SPECIAL BULLETINS**

The Center for Health Services Research has added a new publication series to its list of health care publications. *Special Bulletins* will present research data on health-related topics specifically relevant to the Tennessee community in a concise and understandable format. They will be published periodically throughout the year. The first two *Special Bulletins* addressed the topics “Who Are The Uninsured in Tennessee?” and “Racial Variations in Mortality Rates Across Tennessee.” Upcoming issues will focus on emergency department use in Shelby County and Tennessee, and on the employer-sponsored insurance market in Tennessee. Copies of *Special Bulletins* are available from The Center.

*“For every day that policies to reduce fossil fuel combustion emissions are postponed, deaths and illness related to air pollution will increase.”*

-L. Cifuentes et al, Science, 2001

**Short Notes ....**

- Two out of every three (68%) young adults (ages 15-24) use the Internet to search for health information, according to Kaiser Family Foundation study. The survey also indicated that many act on what they find; 39% of health-related Internet users said they changed their own behaviors because of what they found on the web.
- Air pollution from cars, trucks and other sources kills more people worldwide than do traffic accidents, according to study published in Science. Researchers estimated that adopting greenhouse gas migration methods currently available would save 64,000 in New York City, Sao Paulo, Brazil and Santiago, Chile, and would prevent 65,000 cases of bronchitis and eliminate 37 million days of lost or restricted work.
- Three-fourths of the children and one-third of the adults in New York State who are uninsured are eligible for public insurance programs but are not enrolled, according to a study by the United Hospital Fund of New York.
- Rising unemployment will have a dramatic impact on the number of uninsured, according to another study released by the Kaiser Family Foundation. The study indicates that a 1% increase in unemployment will increase the number of uninsured by 860,000. This implies that for every 100 persons losing their jobs, the number of uninsured grows by 85.
- Teen smoking has dropped substantially during the past five years. A study conducted at the University of Michigan documented a 26% fall in

the number of eighth graders who smoke every day and a 9% fall in the number who smoked within the previous 30 days. This trend reverses the rise in teen smoking observed during the early 1990s.

□ Half (51%) of Americans report that television is their most important source of health news and information, according to a survey by the Harvard School of Public Health (Figure 3). Of the 51%, 65% identified network and cable news channels as the most important TV sources.

*For additional information on any of these topics, please contact The Center for Health Services Research.*

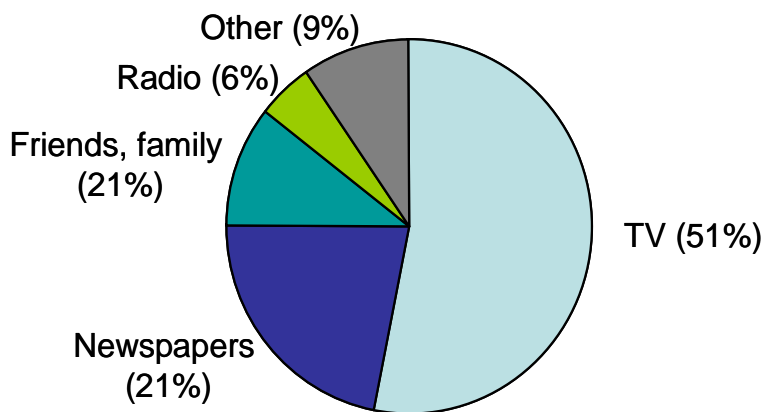


Figure 3: What is your most important source of news and information about health?

**Health Care Quote:**

“... let me say that I hope we keep our voice clear and strong on the central task of raising the health of the poor. I can be ‘realistic’ and cynical with the best of them - giving all the reasons why things are too hard to change. We must dream a little bit, not beyond the feasible but to the limits of the feasible, so that we inspire.”

-- Prof. Jeffrey Sachs, Chair, World Health Organization Commission on Macroeconomics and Health, 2001