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Health Care Notes

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Health Science Center Joins National Effort to Expand Health Insurance

The University of Tennessee Health Science Center has joined with approximately 120 other academic health centers across the nation in an unprecedented effort to expand health insurance. Currently, almost 40 million Americans, including 600,000 Tennesseans, do not have health insurance. As a consequence, these children and adults delay seeking or do not receive needed health care, and they have more severe disabilities and die sooner than do others with insurance.

The effort, called "Why Not Everyone? It's Time to Act on the Uninsured," was developed and is coordinated by the Association of Academic Health Centers (AHC). The goal of the program is to reduce the number of uninsured by five million each year. Efforts during the first year of the campaign will include raising the awareness of the public to the plight of the uninsured and placing expanding coverage high on the agenda of public policy makers. *(continued on page 3)*

Center Holds Conference Featuring National and Local Efforts to Expand Access to Care

The Center for Health Services Research organized a conference focusing on efforts to expand access to health care on February 26, 2002. The conference served as the local kick-off event for the national effort "Why Not Everyone? It's Time to Act on the Uninsured" coordinated by the Association for Academic Health Centers.

Dr. Frank Thompson, Dean of the Nelson A. Rockefeller College of Public Affairs and Policy of the University of Albany, was the keynote speaker. Dr. Thompson is past president of the National Association of Schools of Public Administration and is an acknowledged expert in the implementation of public policies and public administration. He emphasized the need to expand implementation of existing policies that provide health insurance and discussed reasons why existing programs are underutilized. In New York state, for example, two-thirds of children and one-fourth of adults without health insurance are eligible for an existing health insurance program.

Five local efforts to expand coverage developed and implemented by

(continued ...)



Figure 1: Dr. Frank A. Thompson

Health Care Notes



“...the air we breathe is still too polluted in too many places, risking public health....Threats come from two areas: continued delays in implementing the 1997 ozone standards and proposals to roll back key provisions of the Clean Air Act.”

- American Lung Association, May 2002

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faculty of the colleges of the Health Science Center were also featured. These included community-based occupational therapy programs for the behaviorally impaired (College of Allied Health), community pediatric dentistry programs (College of Dentistry), nurse-practitioner staffed clinics (College of Nursing), telehealth programs (College of Medicine), Hispanic outreach activities (College of Medicine) and incorporation of Agricultural Extension Service agents as health educators in rural areas (College of Pharmacy).

Lung Association “State of Air” Report Fails 16 Tennessee Counties

The air in sixteen Tennessee counties has unsafe levels of ozone, according to the report “State of the Air 2000” released by the American Lung Association. Ozone, the primary ingredient of smog, is an intensely irritating gas that can damage lungs and airways, and increases susceptibility to pneumonia and acute asthma attacks.

The report rated counties based on the number of days during which ozone levels were unhealthy for sensitive populations, “generally unhealthy” or “very unhealthy.” Counties were graded from “A” to “F” based on the number of days with ozone levels above maximal acceptable amounts.

Sixteen counties in Tennessee received an “F” grade. Sevier, Blount and Knox counties were among the 25 most ozone-polluted counties in the nation. These three counties include 58,913 persons with chronic lung disease or asthma who are most susceptible to the effects of ozone.

Among large cities in the country, Knoxville was the 8th most polluted city; Nashville, Memphis and Chattanooga ranked 18th, 19th and 25th, respectively, in ozone pollution.

Nationally, more than 70% of the 10.1 million adults and 2 million children with asthma who live in counties with ozone monitors are in counties with an “F” rating.

Impact of TennCare on Graduate Medical Education Documented in New Study

TennCare had a substantial impact on the number of graduate medical education (GME) positions in Tennessee and on the funding of GME programs of the four academic health centers in Tennessee. These are the conclusions of a new report published by the office of the Associate Dean for Graduate Medical Education, University of Tennessee College of Medicine, and The Center for Health Services Research.

Under TennCare, funding for GME positions is given to academic health centers rather than to hospitals and is based on the total number of residents and the number of residents in primary care specialties. The objectives of this new approach includes increasing the proportion of graduates entering primary care specialties to 50% and reducing the number of specialists in Tennessee.

The funding change resulted in a 14.5% reduction in the total number of GME positions and 32.3% decline in the number of specialty positions. The percent of training positions dedicated to primary care positions increased from 45.2% to 56.7%, exceeding the target of 50%.

Impacts varied among the four universities. East Tennessee State University (ETSU) increased the number of residents by 24.6% while Vanderbilt and the University of Tennessee (UT) experienced declines of 21% and 19%, respectively. Similarly, funding levels shifted substantially. ETSU funding rose by \$7.6 million from 1994-1995 to 1999-2000, while funding to UT fell by \$7.3 million over that period.

For additional information or for copies of the report, please contact The Center at (901) 448-5826 or by e-mail at centerhs@utmem.edu.

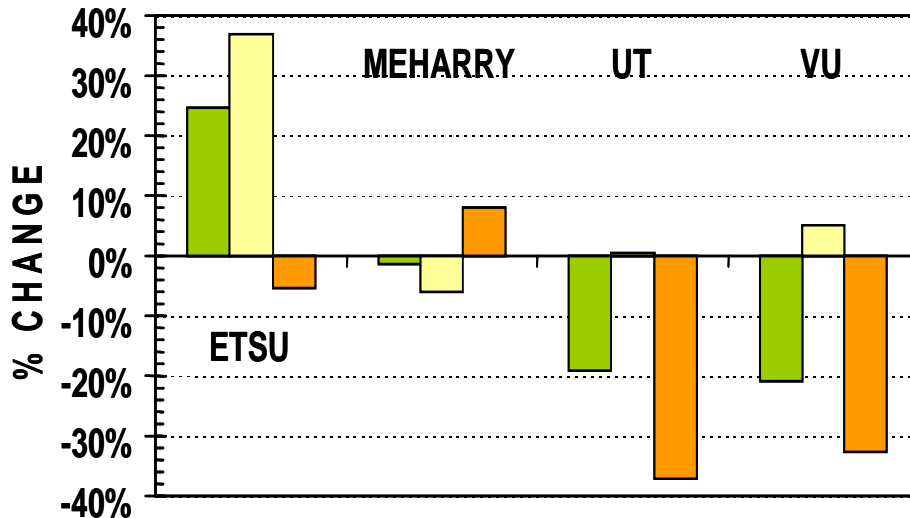


Figure 2: Percent change in number of graduate medical education (GME) positions from 1995-1996 to 1999-2000 for the four academic health centers in Tennessee (ETSU = East Tennessee State University, UT = University of Tennessee, VU = Vanderbilt). Changes in total number of positions are shown in green, changes in primary care positions are shown in yellow, and changes in specialty positions are shown in orange. The GME program at ETSU grew while those of the other centers fell over the five-year study period.

Center Studies Effects of TennCare Reductions

A study conducted by Teresa M. Waters, Ph.D., Associate Director of The Center for Health Services Research, has estimated the impact of reductions in the number of TennCare enrollees on death rates in Tennessee. The study was based on evidence that lack of health insurance results in substantial increases in mortality rates from chronic conditions.

Results showed that a reduction of 160,000 Tennesseans covered by TennCare would result in approximately 1,920 to 3,311 additional deaths over the next 15 years, depending on the availability of other sources of adequate health insurance. Of these deaths, over 90% would occur in adults and most among those between the ages of 45 to 64 years. For additional information on this study, contact The Center at (901) 448-5826 or by email at centerhs@utmem.edu.

Academic Health Centers and the Uninsured (continued from page 1)

“The AHC believes solutions are available,” said Dr. Gregory Eastwood, Chairman of AHC Board of Directors. He added, “America has the expertise to move forward, even in these difficult times, and find the answers. We must work together to ensure that everyone receives access to health care.” According to the AHC, “AHC member institutions have an historic mission to serve the underserved and are committed to keeping this issue before the eyes of the American people until a solution to this problem is found.” Academic centers across the nation will be holding public forums, legislative briefings and other activities to highlight the multiple dimensions of the issue and to show how academic health centers can contribute to resolving this important issue.

“The number of uninsured individuals in our country is staggering, and we must take serious action. We must remember how crucial good health is to our workforce and our economy.”

- Sen. John Breaux

“The rubble may be almost cleared away, but the lingering effects of September 11 and its aftermath are far from over.”

- Joseph A. Califano, Jr.,
President, National Center on
Addiction and Substance Abuse

Short Notes

- Almost half (45%) of physicians would not recommend the practice of medicine as a profession, according to a survey conducted by the Kaiser Family Foundation. The most common reasons given for not recommending the profession were the levels of administrative hassles (57%) and loss of autonomy (46%).
- Twenty-three states (including Tennessee), five cities and Washington, D.C. reported an increase in the demand for substance abuse therapy after September 11, 2001, says a study from the National Center on Addiction and Substance Abuse. Some states also reported substantial increases in tobacco sales. Many of the states affected were clustered along the east coast; others, farther away from the site of the attacks, cited factors such as improved law enforcement, recession, rising unemployment and reduced tourism for the rises.
- Rises in unemployment substantially increase the number of uninsured. According to a study from the Massachusetts Institute of Technology, for every one hundred persons losing their jobs, the number of uninsured grows by 85.
- According to the Centers for Disease Control and Prevention, children in the United States under age 15 are 9 times more likely to die in a firearm accident, 11 times more likely to commit suicide with a gun, 12 times more likely to die from gun fire and 16 times more likely to be murdered with a gun than children in 25 other industrialized countries combined.
- Health care costs linked to obesity and related conditions (such as diabetes and heart disease) are greater than costs related to smoking or problem drinking (Figure 3) according to a study from the RAND Institute. For obese people, spending on inpatient and outpatient care is 36% higher and medication costs are 77% higher than for normal weight persons.

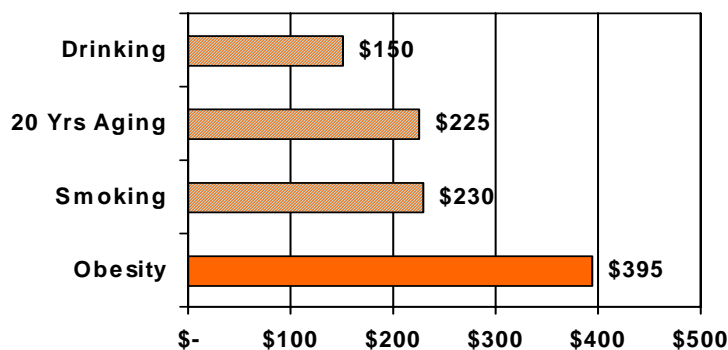


Figure 3: Estimates of what various health conditions add to annual health care costs.

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

**Health Care
Quote:**

“America is a rich and compassionate country, and it is just plain wrong to shut out so many of our citizens from access to quality care.”

- Dr. David Ramsey, University of Maryland