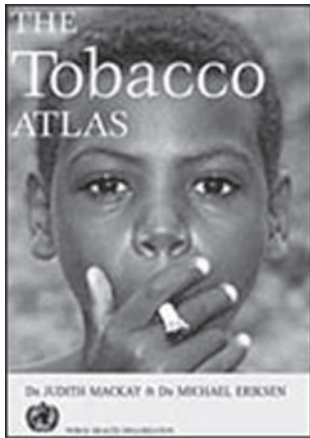


# News and Notes

## WHO ATLAS MAPS GLOBAL TOBACCO EPIDEMIC

Tobacco kills 4.9 million people worldwide annually, which translates into 13,400 people a day or 560 people an hour, according to the World Health Organization (WHO).

The WHO's new *Tobacco Atlas* is being promoted as a tool for policy makers to use as they formulate national and international regulations on tobacco control. "The *Tobacco Atlas* highlights, in an educational and creative fashion, diverse features of this important global epidemic," said Gro Harlem Brundtland, WHO Director-General. "Its simple presentation of complex epidemiological and statistical information allows everybody to understand the facts and use them effectively."



The *Atlas*, produced in collaboration with the U.S. Centers for Disease Control and Prevention, provides a statistical profile of the epidemic. Color maps and graphics offer visual presentations of data on a variety of tobacco-related issues. Included are data on similarities and differences between countries; the tobacco companies' conduct; gender differences in tobacco consumption; the costs of tobacco use; illicit trade; and litigation.

According to the WHO, tobacco consumption is increasing all over the world and will kill 8.4 million people a year by the year 2020 if effective control measures are not instituted. One in two of today's young smokers will die from tobacco-related causes, according to data cited by the WHO. The developing countries are expected to bear the brunt of the death toll.

"Action taken today will determine the reality of tomorrow," said Judith Mackay, author of the *Atlas* and Senior Policy Advisor to the WHO's Tobacco Free Initiative. Co-author of the *Atlas* is Michael Eriksen, former Director of the U.S. Office on Smoking and Health and current consultant to the CDC.

More information on the *Atlas* and the Tobacco Free Initiative can be found at [www5.who.int/tobacco/](http://www5.who.int/tobacco/).

## WHO REPORT ON VIOLENCE AND HEALTH

The World Health Organization (WHO) describes its *World Report on Violence and Health* as "the first comprehensive report of its kind to address violence as a global public health problem." The death and disability caused by violence make it one of the leading public health issues of our time, says the report. In addition to the death toll, millions of people are left injured as a result of violence, suffering from physical, sexual, reproductive, and mental health problems.

The *World Report on Violence and Health* focuses on the scale of the problem; the causes of violence; and methods for preventing violence and reducing its adverse health and social consequences. In addition to considering war and other armed conflict, the report examines issues such as youth violence, child abuse, elder abuse, intimate partner violence, sexual violence, and self-inflicted violence.

The report cites data showing that, across the world, more than a thousand people are killed in acts of homicide daily. Violence is among the leading causes of death for people ages 15–44 years. Approximately 35 people are killed hourly worldwide as a direct result of armed conflict. During the 20th century, an estimated 191 million people lost their lives directly or indirectly as a result of conflict; well over half were civilians.

The report notes that women often face the greatest risk at home and in familiar settings. Available data suggest that nearly one in four women will experience sexual violence by an intimate partner in her lifetime. In some countries, up to one-third of adolescent girls report forced sexual initiation.

The report aims to promote a public health understanding of the complex social, psychological, economic, and community underpinnings of violence. Recommendations include primary prevention activities such as preschool and social development programs for children and adolescents; parent training and support programs; and measures to reduce firearm injuries and improve firearm safety. Other recommendations include strengthening responses for victims of violence; promoting adherence to international

treaties and laws; and improving data collection on the public health consequences of violence.

For information, visit [www.who.int/violence\\_injury\\_prevention](http://www.who.int/violence_injury_prevention). The full report is on-line at [www5.who.int/violence\\_injury\\_prevention/main.cfm?p=0000000117](http://www5.who.int/violence_injury_prevention/main.cfm?p=0000000117).

### **IOM: LACK OF HEALTH INSURANCE PUTS FAMILIES AT RISK**

If one member of a family does not have health insurance, this adversely affects the health, emotional well-being, and financial stability of the entire household, concludes a report from the Institute of Medicine (IOM). The report cites data showing that approximately 58 million people in the U.S. are either uninsured or live with a family member who is uninsured, and that one in five families includes at least one member who is not covered.

*Health Insurance Is a Family Matter* is the third in a series of six reports on uninsurance by the IOM's Committee on the Consequences of Uninsurance.

"People without insurance generally have less positive experiences with the health system and are less likely to get regular care for themselves or their dependents, even if these dependents are insured," said Arthur Kellermann, MD, MPH, Professor and Chair, Department of Emergency Medicine, Emory University School of Medicine, and co-chair of the committee that wrote the report. "The stress of having even one uninsured family member can ripple through the household as other family members cope with their relative's illness, high medical bills, and financial distress. Moreover, even if every member of a family has insurance today, changes in the plan holder's eligibility or employment status can mean sudden loss of coverage for some or all in the household tomorrow."

The report notes that health insurance is frequently offered on an individual basis or with only partial regard to family circumstances. Coverage for dependents under employment-based health plans can be disrupted if plan holders lose or change jobs, retire, divorce, or die. Public insurance programs are available to cover specific groups, such as children and low-income pregnant women who cannot get private insurance, but these programs typically do not extend coverage to all other family members. The mismatch between family needs and the conditions under which coverage is available is at the root of many of the negative consequences of being uninsured, the committee found.

Children in particular are affected by lack of insurance because they rely on their parents or guardians

to obtain both coverage and health care for them. The negative experiences of uninsured parents in obtaining care for themselves may affect their willingness to take their children for check-ups or enroll them in public insurance plans for which they may be eligible. The report cites evidence that uninsured parents delay seeking care for themselves and their uninsured children and that these delays may result in unnecessary hospitalizations for preventable or readily treatable conditions. Uninsured children are less likely to have a regular source of primary care than insured children, and they use medical and dental services less often.

Lack of insurance can seriously strain families' financial stability, the committee found. Most uninsured families cannot afford to buy coverage independently. "Given the high premium costs of independently purchased insurance, coverage might require a quarter or more of the family's income," said Mary Sue Coleman, PhD, President of the University of Michigan, Ann Arbor, and co-chair of the IOM committee. National data show that uninsured families pay more than 40% of their medical expenses out of pocket on average. The remainder is absorbed by health care providers, hospitals, charities, and the larger community.

The full text of the report, *Health Insurance is a Family Matter*, is available at [www.nap.edu/books/0309085187/html](http://www.nap.edu/books/0309085187/html). Printed copies are available for purchase from the National Academies Press; tel. 202-334-3313 or 800-624-6242; website [www.nap.edu](http://www.nap.edu).

### **HEALTH INSURANCE PREMIUMS ROSE MORE THAN 30% FROM 1996 TO 2000**

The average annual health insurance premiums for employees of private sector establishments in 2000 were \$2,655 for single coverage and \$6,772 for family coverage, according to data from the Agency for Healthcare Research and Quality (AHRQ). These figures represent a 33.3% increase since 1996 for single coverage and a 36.7% increase for family coverage.

Data from the Insurance Component (IC) of AHRQ's Medical Expenditure Panel Survey, (MEPS) show that:

- From 1997, the first year for which information on retirees was available, to 2002, there was a significant decline in the number of employers offering health insurance to their retirees of any age.
- The proportion of private sector establishments that offered health insurance rose from 52.9%

in 1996 to 59.3% in 2000. In 2000, almost 90% of all employees worked for establishments that offered coverage, compared with 86.5% in 1996.

- Although their employers generally offered health insurance coverage, the portion of private sector employees eligible for coverage fell from 81.3% in 1996 to 78.9% in 2000. Some employees may not have been eligible because health insurance was offered only to management-level personnel or was based on length of service or full-time status. Among eligible workers, enrollment in plans dropped from 85.5% to 81.2% over the five years.

The 2000 MEPS IC tables are available on the MEPS website at [www.meps.ahrq.gov/data\\_pub/ic\\_tables.htm](http://www.meps.ahrq.gov/data_pub/ic_tables.htm). In addition, a chartbook that analyzes trends, titled *Changes in Job-Related Health Insurance, 1996–99*, is available on-line at [www.meps.ahrq.gov/papers/cb10\\_02-0030/cb10.htm](http://www.meps.ahrq.gov/papers/cb10_02-0030/cb10.htm). Print copies are available through the AHRQ Publications Clearinghouse; 800-358-9295.

### INITIATIVE TO INCREASE PHYSICIAN AWARENESS OF RACIAL/ETHNIC DISPARITIES IN CARDIAC CARE

The Henry J. Kaiser Family Foundation, the Robert Wood Johnson Foundation, the American College of Cardiology Foundation, the American Heart Association, and the Association of Black Cardiologists have launched an initiative to raise physician awareness about racial/ethnic disparities in medical care. Co-sponsoring the initiative are the American Academy of Family Physicians, the American Association of Medical Colleges, the American College of Physicians/American Society of Internal Medicine, the American Medical Association, the American Medical Women's Association, the American Public Health Association, the Association of Academic Health Centers, the National Hispanic Medical Association, the National Medical Association, and the Washington Business Group on Health.

This effort began with a focus on cardiac care because heart disease continues to be the leading cause of death in the United States and contributes significantly to measured health disparities. The initiative has three main components: advertisements in major medical publications; a review of the evidence on racial/ethnic disparities in cardiac care; and an outreach effort to engage physicians in dialogue about health disparities.

From October 2002 through March 2003, an advertisement highlighting the initiative will appear in 10 leading medical publications. The ad encourages physicians to access the project's website ([www.kff.org/whythedifference](http://www.kff.org/whythedifference)) to read about recent research on racial/ethnic differences in cardiac care and share their thoughts on how to eliminate disparities in care.

Outreach efforts targeting physicians will include grand rounds and mailings to physician members of sponsoring organizations. "Physicians are in the best position to affect the mix of patient, provider, and health system factors that likely contribute to disparities in medical care," said Drew Altman, PhD, President and CEO, Henry J. Kaiser Family Foundation. "If physicians are engaged in this issue, become familiar with the evidence, and assess their role in eliminating disparities in care, the nation will make progress in assuring that all patients are treated equally."

For more information, see [www.kff.org/whythedifference](http://www.kff.org/whythedifference).

### STUDY FINDS THAT TV MEDICAL DRAMAS ADDRESS HEALTH POLICY ISSUES

TV's popular hospital dramas are regularly addressing such important national health policy issues as patients' rights, the role of managed care, the right to die, and racial/ethnic disparities in health care, according to a study of the 2000–2001 television season sponsored by the Henry J. Kaiser Family Foundation. The study also found that some hotly debated national health policy issues, such as prescription drug coverage for the elderly or coverage of the uninsured, are not featured on these fictional shows.

The only "leading institutional players" portrayed more negatively than positively were insurance companies, lawyers, and HMOs. (All six references to HMOs over the season were negative.)

According to the study report, titled *As Seen on TV: Health Policy Issues in TV's Medical Dramas*, four TV programs featured an average of one scene per episode that addressed a health care policy issue. Examples include: a debate over whether it is legal to distribute clean needles to drug addicts on the NBC drama *ER*; an episode of *Strong Medicine* in which a critically ill low-income patient doesn't have access to the prescription drugs she needs because her inner-city neighborhood isn't adequately served by the major pharmacies; a story about a woman whose leukemia is misdiagnosed by her overworked and possibly careless HMO doctor on *Gideon's Crossing*; and an *ER* episode in which an HMO won't allow a woman with

terminal breast cancer to be admitted to the hospital for pain management.

Overall, the study found that the shows did not tilt either for or against the status quo in their depictions of public policy issues. About half of all scenes (48%) presented both sides of an issue.

The study was conducted for the Kaiser Family Foundation by Joseph Turow and Rachel Gans of the University of Pennsylvania, in consultation with Foundation staff. The study analyzed every episode of the four hospital dramas on the air during the 2000–2001 television season: *City of Angels*, *ER*, *Gideon's Crossing*, and *Strong Medicine*. A total of 75 hour-long episodes were examined for the study.

The full report of the study (Publication #3231) can be found on-line at [www.kff.org/content/2002/3231/John\\_Q\\_Report.pdf](http://www.kff.org/content/2002/3231/John_Q_Report.pdf). Copies are also available from the Foundation's Publication Request Line; 800-656-4533.

### TOXIC CHEMICALS WEBSITE

The National Library of Medicine's Tox Town website, targeted to secondary school students, educators, and

the general public, provides information on toxic chemicals and other environmental health issues. Tox Town offers: information on locations where toxic chemicals are typically found; non-technical descriptions of chemicals' effects on human health; and links to Web resources on chemicals and other environmental health topics.

Tox Town (<http://toxtown.nlm.nih.gov>) is a pilot project intended to explore how best to present this kind of information to a general audience. Users can select *Location* links or *Chemical* links. *Locations* offers links to selected Web resources addressing the environment of a particular kind of location (e.g., home, park, school, factory, river), possible effects on human health, and toxic chemicals that might be found at that location. *Chemicals* are described in non-technical language supplemented by links to information about a chemical and its possible health effects. Information is drawn from TOXNET and MEDLINEplus, among other sources.