

[Return to the AHDC Weekly Update page](#)

AHDC Email Network – Data, News, Articles and Policies Related to Health Disparities

December 22, 2011 – January 11, 2012

- 1) Article Examines the Collection of Language Data by Health Plans
- 2) CAA Releases Statewide Profile on Arizona’s Children
- 3) Survey Shows Physicians Highlight Overlooked Connection Between Social Needs and Health
- 4) Medicare Covers Screening and Counseling for Obesity
- 5) Study Finds Obesity Linked to Lower Paychecks
- 6) New Study Shows One in Five Struggle With Medical Bills
- 7) Study shows linkage between socioeconomic and racial/ethnic status disparities in diet, exercise and weight
- 8) Study Shows Smoking Cessation Ups Happiness
- 9) Article Describes Variation in Birth Rates Among American Indian-Alaska Native Adolescents
- 10) Sexual Health Disparities among Disenfranchised Youth

1) Article Examines the Collection of Language Data by Health Plans

A new Robert Wood Johnson Foundation-supported study from the America’s Health Insurance Plans Foundation finds that collection of language data by commercial health plans, Medicaid, and Medicare increased between 2003 and 2008, indicating that plans are increasingly recognizing the need for such data. The paper published as a December web-exclusive in the *American Journal of Managed Care*. According to the authors, the plans most frequently cited the need for translation of materials, such as summary plan descriptions, health education materials, and benefit materials, as the reason for the collection of this data. According to the 2000 U.S. Census, approximately 47 million Americans reported speaking a language other than English at home, and 21 million reported speaking English less than “very well.” Limited English proficiency may affect patients’ ability to navigate the health care system, access preventive services, and obtain the care they need—contributing to U.S. health care disparities. http://www.rwjf.org/qualityequality/product.jsp?id=73738&cid=XEM_205605

2) CAA Releases Statewide Profile on Arizona’s Children

Children’s Action Alliance releases statewide profile on Arizona’s children. Some alarming statistics include 15% of children in Arizona don’t have any health insurance compared to 10% nationwide; more

than half of 3 to 5 year olds in Arizona are not enrolled in some kind of school compared to 40% nationwide; and the percentage of Arizona kids affected by foreclosure since 2007 is double (8%) that of the national percentage (4%).

<http://azchildren.org/MyFiles/2011%20Id%20fact%20sheets/arizona.pdf>

3) Survey Shows Physicians Highlight Overlooked Connection Between Social Needs and Health

Four in five physicians say patients' social needs are as important to address as their medical conditions, according to a new survey conducted by Harris Interactive on behalf of the Foundation. For physicians serving patients in low-income communities, nine in 10 physicians believe this is true.

http://www.rwjf.org/vulnerablepopulations/product.jsp?id=73646&cid=XEM_205591

4) Medicare Covers Screening and Counseling for Obesity

The Centers for Medicare & Medicaid Services (CMS) announced that Medicare is adding coverage for preventive services to reduce obesity. This adds to Medicare's existing portfolio of preventive services that are now available without cost sharing under the Affordable Care Act. It complements the Million Hearts initiative led jointly by CMS and the CDC in partnership with other HHS agencies, communities, health systems, nonprofit organizations, and private sector partners across the country to prevent one million heart attacks and strokes in the next 5 years.

<http://www.cms.gov/medicare-coverage-database/details/nca-decision-memo.aspx?&NcaName=Intensive%20Behavioral%20Therapy%20for%20Obesity&bc=ACAAAAAIAAA&NCAId=253&www.millionhearts.hhs.gov>

5) Study Finds Obesity Linked to Lower Paychecks

Obese Americans have smaller paychecks than those who aren't overweight, and this difference is especially strong among women, a new study finds. The analysis of data from the National Longitudinal Survey of Youth revealed that in 2004, overall average annual incomes were \$8,666 less for obese women and \$4,772 less for obese men compared with normal weight workers.

<http://health.usnews.com/health-news/diet-fitness/diet/articles/2011/12/19/obesity-linked-to-lower-paychecks>

6) New Study Shows One in Five Struggle With Medical Bills

A report funded by the Robert Wood Johnson Foundation (RWJF) finds that more than one in five Americans were in families reporting problems paying medical bills in 2010. The study, conducted by the Center for Studying Health System Change (HSC), shows that about 5 percent of all people in families

with medical bill problems ultimately filed for bankruptcy. The authors note that given the severe 2007-09 recession, the sluggish economic recovery, and health care costs continuing to increase faster than incomes, it is somewhat surprising that the rate of medical bill problems did not significantly increase between 2007 and 2010. They note, however, that the steady rate of medical bill problems may be a byproduct of decreased use of medical care—both by people who lost jobs and health insurance during the recession and others who cut back on medical care in the face of uncertain economic times.

<http://www.rwjf.org/files/research/73769.5570.medicalbillproblems.2011.dec.pdf>

7) Study shows linkage between socioeconomic and racial/ethnic status disparities in diet, exercise and weight

In the December issue of the *Journal of the American Dietetic Association*, some articles focused on socioeconomic and racial/ethnic status disparities in diet, exercise and weight. The authors indicate there is a linkage between socioeconomic and racial/ethnic status disparities in diet, exercise and weight. The authors from the commentary state that of critical importance is developing a better understanding of how various programs and policy changes can reduce health disparities in diet, exercise and weight. For more information, please see attachments #1 and #2 at <http://www.azminorityhealth.gov/AHDCweeklyUpdate.htm> under “Data, News, Articles and Policies Related to Health Disparities, December 22, 2011 – January 11, 2012.”

8) Study Shows Smoking Cessation Ups Happiness

According to the United Press International, people who quit smoking are happier and more satisfied with their health, compared to those who smoke, U.S. researchers say.

http://www.upi.com/Health_News/2011/12/15/Study-Smoking-cessation-ups-happiness/UPI-13401323931336/?spt=hs&or=hn

9) Article Describes Variation in Birth Rates Among American Indian-Alaska Native Adolescents

This study suggests the need for primary and secondary teen pregnancy prevention strategies for [American Indian-Alaska Native (AI-AN)] youth," write the authors of an article published in the *Maternal and Child Health Journal* online on December 6, 2011. The article describes adolescent birth rates and trends among AI-AN adolescents by geographic region and age, compares AI-AN rates and trends with those for other racial and ethnic populations, and examines sociodemographic and pregnancy characteristics of childbearing AI-AN adolescents. Data were drawn from all births during 1990-2007 to U.S. residents under age 20 that were included in public-use natality data sets maintained by the National Vital Statistics System at the Centers for Disease Control and Prevention. The authors found that in 2007, there were 8,956 births to AI-AN adolescents ages 15-19 in the United States, plus 121 births to AI-AN under age 15; among AI-AN ages 15-19, birth rates ranged from 24.35 in California to

123.24 in Aberdeen; from the early 1990s into the 2000s, trends in birth rates among AI-AN adolescents ages 15-17 decreased in all regions. In three regions (Alaska, Billings, Nashville) adolescent birth rates significantly declined, not just into the 2000s but throughout the study period (1990-2007); in the six other regions, trends were approximately level during the most recent time interval (early 2000s through 2007); trends in birth rates among AI-AN adolescents ages 18-19 declined during the early 1990s into the 2000s. However, in the most recent time interval, birth rates were significantly increasing in three regions (Aberdeen, Billings, and California). In Nashville, Oklahoma, and the Southwest, rates were increasing but not statistically significantly; the trends were level for AI-AN adolescents in Alaska and Bemidji. In Portland, birth rates for AI-AN adolescents decreased significantly throughout the study period; and AI-AN adolescents who gave birth in Alaska were the least likely to undergo Cesarean sections (4.1 percent, vs. 16.4-26.6 percent in other regions). The low percentage of Cesarean sections among AI-AN adolescents in Alaska persisted regardless of age (ages 15-17, 18-19).

<http://www.springerlink.com/content/b22077160v456352>

10) Sexual Health Disparities among Disenfranchised Youth

The series of research briefs address youth in corrections, youth with developmental disabilities, youth in foster care, homeless youth, LGBTQ youth, youth with mental health conditions and youth who have experienced sexual abuse.

For more information, please see attachment #3 at

<http://www.azminorityhealth.gov/AHDCweeklyUpdate.htm> under “Data, News, Articles and Policies Related to Health Disparities, December 22, 2011 – January 11, 2012.”

www.healthoregon.org/ysh