THE CSTE WASHINGTON REPORT

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INSIDE THIS ISSUE

EDITOR'S NOTE: The highest rate of stroke hospitalizations among Medicare beneficiaries exists among African-Americans and in counties located primarily in the southeastern states, according to a new report released by the Centers for Disease Control and Prevention (CDC) in collaboration with the Centers for Medicare and Medicaid Services (CMS). The report, "Atlas of Stroke Hospitalizations Among Medicare Beneficiaries," also reveals that a significant number of Medicare beneficiaries live in counties that have no access to care or inadequate choices for emergency health care when they suffer a stroke.… additional details are provided in this *Washington Report*.

The *CSTE Washington Report* is provided as an information resource for members of the Council of State and Territorial Epidemiologists on federal legislation and regulation affecting public health and epidemiology in the U.S.

HOUSE AND SENATE BUDGET RESOLUTIONS INCLUDE SIGNIFICANT INCREASES FOR PUBLIC HEALTH ACCOUNTS – Last month, the House and Senate passed their respective Budget Resolutions, the first step in the FY 2009 appropriations cycle. The House BR includes an increase of $4.4 billion for F. 550, the account that funds all of the public health agencies, including CDC. The Senate Committee-passed BR included an increase of $5.27 billion, just shy of the $5.3 billion increase advocated by nearly 450 health groups, including CSTE. On the Senate floor, amendments passed to add more funding for F. 550, especially $2.1 billion additional for the National Institutes of Health and the Low Income Heating Assistance Program. Overall, the House BR adds $25 billion over the President's budget for FY 2009 and the Senate BR adds just under $22 billion. All of this is positive for public health programs, despite the possibility that the Budget Resolution may not be finalized due to major differences in tax and other non-discretionary concerns. The Appropriations Committees are preparing to mark up each bill, including the Labor-HHS-Education bills which fund CDC.

AHRQ'S 2007 *STATE SNAPSHOTS* PROVIDE BROADER PORTRAITS OF STATE-BY-STATE HEALTH CARE PERFORMANCE -- An annual analysis to help health leaders identify areas of health care delivery that need quality improvement now includes important information such as each State's rate of obesity, health insurance coverage, mental illness and the number of specialist doctors.

Those and other measures—called "State contextual factors"—are part of the 2007 *State Snapshots* released today by the federal Agency for Healthcare Research and Quality (AHRQ). The updated *State Snapshots* Web tool also tracks States' progress toward reaching government-set health goals for 2010.

"This year's *State Snapshots* do more than illustrate the wide variations in health care quality among States," said AHRQ Director Carolyn M. Clancy, M.D. "They also show a handful of the important challenges that states face as they work to improve the quality of care."

As in previous years, the 51 *State Snapshots*—every State plus Washington, D.C.—summarize health care quality in three dimensions: type of care (such as preventive, acute or chronic care), setting of care (such as nursing homes or hospitals), and by clinical areas (such as care for patients with cancer or diabetes). The evaluations are expressed in simple, five-color "performance meter" illustrations that rate performance from "very weak" to "very strong." Users may explore whether a State has improved or worsened compared to other states in several areas of health care delivery.

Users can get more detailed portraits of each state's performance by exploring the *State Snapshots*' 149 separate measures of quality. Those measures range from preventing pressure sores to screening for diabetes-related foot problems to giving recommended care to pneumonia patients.

Finally, the *State Snapshots* provide State rankings for 15 "selected measures." These rankings show that no State does well or poorly in all areas. Texas, for example, ranked

4th best at minimizing nursing home patients' pressure sores but 41st on vaccinating older people against pneumonia. Ohio ranked 7th for its high percentage of pregnant women who received prenatal care but 46th for its high rate of breast cancer deaths. New Mexico ranked 4th best on improving the mobility of nursing home residents but 50th for its low number of heart attack patients who received the right medications at hospital discharge.

The data in this year's *State Snapshots* are drawn from the 2007 *National Healthcare Quality Report*. That report, released March 3 and available at www.ahrq.gov/qual/qrdr07.htm, provides a national portrait of health care quality. It showed the quality of health care improved by an average 2.3 percent a year between 1994 and 2005, a rate that reflects some important advances but points to an overall slowing in quality gains.

Highlights of the 2007 *State Snapshots* include:

• State Contextual Factors: This new feature provides demographics that show what percentage of each state is poor, uninsured, enrolled in Medicaid, age 65 or older, black, Hispanic and lacking a college degree. It also provides health information showing what portion of each state's population is overweight, at risk for stroke and heart disease or reports poor mental health. Lastly, this feature shows how states rank when it comes to hospitalization rates, the number of people enrolled in HMOs and the number of available physician specialists.

• Focus on Healthy People 2010: This new feature shows each state's progress toward meeting federal health goals established by the Healthy People 2010 initiative. Charts show how close states have come to reaching two dozen goals ranging from lowering the number of lung cancer deaths to increasing the percentage of people who had their cholesterol checked in the past 5 years.

• State Rankings for Selected Measures: This section updates state rankings on 15 important quality measures, such as child vaccination rates, breast cancer death rates, the percentage of nursing home patients improving mobility and the portion of Medicare patients who received clear and respectful advice from their doctor.

• Focus on Diabetes: This section offers several evaluations of diabetes care, including what portion of diabetes patients get recommended tests and how many patients are hospitalized for diabetes-related complications. The feature also estimates how much money each state might save by lowering average blood sugar levels.
Focus on Clinical Preventive Services: This feature shows how each state is doing on disease-prevention strategies, such as providing pneumonia or flu vaccines, checking cholesterol levels or advising smokers to quit.

FIRST-EVER COUNTY LEVEL REPORT ON STROKE HOSPITALIZATIONS-- The highest rate of stroke hospitalizations among Medicare beneficiaries exists among African-Americans and in counties located primarily in the southeastern states, according

to a new report released by the Centers for Disease Control and Prevention (CDC) in collaboration with the Centers for Medicare and Medicaid Services (CMS).

The report, “Atlas of Stroke Hospitalizations Among Medicare Beneficiaries,” also reveals that a significant number of Medicare beneficiaries live in counties that have no access to care or inadequate choices for emergency health care when they suffer a stroke.

The report will be released on March 28 in Washington, D.C. at a town hall meeting hosted by The National Forum for Heart Disease and Stroke Prevention and the National Association of County and City Health Officials (NACCHO).

The atlas provides county-level maps of stroke hospitalizations for African-Americans, Hispanics, and whites ages 65 and older.

Stroke is the third leading cause of death for men and women, and a major cause of serious, long-term disability. The report found that the stroke hospitalization rate for African-Americans was 27 percent higher than for the United States population in general, 30 percent higher than for whites, and 36 percent higher than for Hispanics.

“The atlas highlights that where you live can determine how you live, regarding your ability to take part in activities that reduce your risk of stroke,” said Michele Casper, PhD., lead author of the study and an epidemiologist at the CDC’s Division for Heart Disease and Stroke Prevention. “Examples of community conditions that can influence a person’s risk for stroke include the availability of affordable healthy food, safe options for physical activity, access to high quality health care, and anti-smoking legislation and policies.”

The atlas shows that approximately 21 percent of counties did not have a hospital at all, 31 percent lacked a hospital with an emergency department, and 77 percent did not have a hospital with neurology services.

“The Stroke Atlas complements nicely CMS’ efforts to identify geographic variations in quality of care and cost for Medicare beneficiaries, including variations linked to race and ethnicity,” said Barry M. Straube, M.D., CMS chief medical officer and director of the CMS Office of Clinical Standards and Quality. “With this information, we can target our quality initiatives and payment reform proposals to address the variations identified, and focus more attention on the needs of underserved Medicare populations.”

For all types of strokes, including those caused by a blockage to a blood vessel in the brain, and those caused by a ruptured blood vessel, the maps show that counties with the highest rates are located primarily in the southeastern states, including Alabama and Louisiana. Among people hospitalized for stroke, Medicare beneficiaries in the southeastern states were also most likely to be diagnosed with high blood pressure or diabetes ? both risk factors for stroke.

“This atlas is a great tool for health professionals at the local, state, and national levels as they design and implement programs to eliminate geographic and racial/ethnic disparities

in stroke hospitalizations among Medicare beneficiaries,' said Darwin Labarthe, M.D., M.P.H., Ph.D., director, CDC's Division for Heart Disease and Stroke Prevention.

Copies of the atlas are available free from the National Center for Chronic Disease Prevention and Health Promotion, Division for Heart Disease and Stroke Prevention, N.E., Mail Stop K-47, Atlanta, Georgia 30341-3724 or by calling 1-888-232-2306. An interactive version of the atlas is available at http://apps.nccd.cdc.gov/giscvh2. To download sections of the atlas, visit www.cdc.gov/dhdsp.

NEW STUDY SHOWS COLORECTAL CANCER SCREENING RATES INCREASING AMONG U.S. ADULTS -- The percentage of U.S. adults aged 50 years and older getting screened for colorectal cancer is increasing according to a study released by the Centers for Disease Control and Prevention's (CDC) Morbidity and Mortality Weekly Report. The study uses state-level Behavioral Risk Factor Surveillance Survey (BRFSS) data that have been combined to estimate that 60.8 percent of adults were current with colorectal cancer screening recommendations in 2006, compared with 53.9 percent in 2002.

"While we are encouraged to see an increase in colorectal cancer screening rates, certain groups are still not getting screened as recommended," said Djenaba A. Joseph, M.D., the report's lead author and medical officer, Division of Cancer Prevention and Control. "We need to ensure that all adults have access to these life-saving tests because there is strong scientific evidence that screening can prevent colorectal cancer deaths."

Screening prevalence was lower among all racial and ethnic minorities studied compared to whites. The study also reports that screening rates continue to be lower among those without health insurance, with low income, and with less than a high school education.

Colorectal cancer is the nation's second leading cause of cancer deaths. In 2004, almost 145,000 people in the United States were diagnosed with colon cancer and more than 53,000 died from the disease.

Regular screening is recommended for men and women beginning at age 50, using one or a combination of these screening tests:

• Home Fecal occult blood test (FOBT) – a test that checks for hidden blood in the stool.

• Colonoscopy - an examination of the rectum and entire colon using a colonscope (a lighted instrument).

• Flexible sigmoidoscopy - an examination of the rectum and lower colon using a sigmoidoscope (a lighted instrument).

• Double contrast barium enema – a series of x-rays of the entire colon and rectum. Screening tests for colorectal cancer can find precancerous polyps (abnormal growths) in the colon and rectum before they turn into cancer. Screening also helps find this cancer at an early stage when treatment can be most effective.

To estimate the current rates of colorectal cancer screening and to measure changes in use of screening, CDC scientists compared data from the 2002, 2004, and 2006 BRFSS telephone surveys. For this report, sigmoidoscopy and/or colonoscopy are described as lower endoscopy.

Significant findings from this study show:

• The percentage of adults aged 50 years and older who reported having had a home FOBT within one year and/or lower endoscopy within 10 years before the survey increased from 54 percent in 2002, 57 percent in 2004, and to 60 percent in 2006.

• The percentage of adults who reported having had a home FOBT within one year before the survey declined from 22 percent in 2002, 19 percent to 2004, and to 16 percent in 2006.

• The percentage of adults who reported having had lower endoscopy within 10 years before the survey increased from 45 percent in 2002, to 50 percent in 2004, and to 56 percent in 2006.

• The percentage of adults who reported never being screened for colorectal cancer decreased from 34 percent in 2004, 32 percent in 2004, and to 30 percent in 2006.

• In 2006, the percentage of adults who reported having had a home FOBT and/or lower endoscopy within 10 years before the survey ranged from 52 percent in Mississippi to 71 percent in Connecticut.

To address the disparities in screening, in 2005, CDC established colorectal cancer screening demonstration programs at five sites in the United States for persons with low income and inadequate or no colorectal cancer screening insurance coverage. Additional information about these programs is available at http://www.cdc.gov/cancer/colorectal/what_cdc_is_doing/demonstration/.

CDC's Screen for Life: National Colorectal Cancer Action Campaign is aimed at informing men and women aged 50 years or older about the importance of having regular colorectal cancer screening tests. Information about Screen for Life can be found at http://www.cdc.gov/cancer/colorectal/sfl/.

Speak with your doctor or health care professional about getting screened for colorectal cancer, using one or more of the recommended screening tests.