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News

June 2008

`Tele-nurses' offer option to tying up ambulances in Harris County, TX

Should you call an ambulance for a sprained wrist or child's fever? A spider bite? The medical consensus is no, but every year thousands of people in the Houston area dial 911 for non-emergencies.

Hoping to cut back on the number of ambulances responding to non-emergency calls, the Houston City Council voted to hire round-the-clock "tele-nurses" to work with 911 dispatchers.

For callers who do not have a true emergency, a nurse will offer first-aid advice over the phone, or help them find a clinic or doctor.

Some people call 911 because they have no health insurance or no transportation to the hospital. Others have insurance but do not know how to get after-hours care or cannot judge how serious a problem may be.

Until now, the default solution has been to send an ambulance. That costs taxpayers and also can cost the patient: An ambulance ride to the ER costs \$415, plus \$7.50 per mile. That's before the hospital bill.

The city will spend \$6.8 million over five years on a contract with the Harris County Healthcare Alliance.

If primary care is needed, the nurses can refer callers to health-access "navigators" at the nonprofit Gateway to Care. The navigators will help 911 callers make an appointment at clinics in Houston and can help arrange transportation (as reported by [The Houston Chronicle](#)).

Former HHS Secretary Thompson Says Health Care Costs Hurting Businesses

Former HHS Secretary Tommy Thompson said at a meeting organized by the [Greater Philadelphia Chamber of Commerce](#) that the next president and Congress will have to address the U.S. health care system because health care costs are hurting businesses and Medicare is approaching insolvency.

Thompson said promoting electronic health records and prescriptions, as well as creating tax incentives and insurance pools to make insurance more affordable, would help control costs. He also said that better prevention and management of chronic diseases would generate large savings, noting that while 20% of U.S. residents have a chronic disease, their care accounts for 80% of U.S. health care spending.

He said employers should ban workplace smoking and encourage better eating habits by increasing prices of unhealthy foods in company cafeterias, for example. Workplace wellness programs could reduce employer health costs by at least 25%. (As reported by the [Kaiser Family Foundation](#))

For an example of workplace wellness programs, visit the Maricopa County, AZ program at maricopa.gov/benefits/wellness.aspx or Solano County, CA at strategicsolano.com

Federal Reserve Chair Says Improving Health Care Performance Critical to US Economic Growth

According to Federal Reserve Board Chairman Ben Bernanke, changes to the nation's health care system will influence the pace of economic growth, wages, living standards, and state and local government budgets due to the sector's large and growing share of public and private sector spending. Key areas of concern include access, quality and cost.

"Taking on these challenges will be daunting. Because our health care system is so complex, the challenges so diverse, and our knowledge so incomplete, we should not expect a single set of reforms to address all concerns," Bernanke said. "Rather, an eclectic approach will probably be needed. In particular, we may need to first address the problems that seem more easily managed than waiting for a solution that will address all problems at once."

Bernanke also noted that spending on health care services represents a major segment of the economy, exceeding 15 percent of gross domestic product (GDP). And as health spending continues to rise faster than income, health insurance and out-of-pocket payments "will become increasingly unaffordable," he said.

Higher government spending on health care also puts pressure on other areas of the budget, creating "increasingly difficult tradeoffs for legislators and taxpayers" that will require reductions in other government programs, higher taxes, or larger budget deficits, Bernanke said. (As reported by Mary Agnes Carey with CQ HealthBeat)

Resources

Employers and Health Plans Bet on Health and Wellness Initiatives to Stem Costs

Health plan initiatives to promote health and wellness among workers are now commonplace, according to a new study released by HSC.

Much of the impetus has come from employers—primarily large employers, including county governments—that are incorporating health and wellness activities into benefit designs that place more responsibility on employees for health care decisions and costs. Health plans now offer a range of health and wellness activities, including traditional worksite health fairs, screenings and educational seminars; access to behavior modification programs, such as weight management and smoking cessation; and online tools, including health risk assessments. Engaging enrollees in these activities, however, is challenging because participation typically is voluntary. Another barrier is employee privacy concerns. More health plans and employers are turning to financial incentives to secure greater participation. Ultimately, however, the credibility of health and wellness activities as mechanisms to improve health and contain costs is dependent on evidence demonstrating their clinical and financial effectiveness, as well as consumers' acceptance and validation of their legitimacy. Available here: [Issue Brief No. 121](#)

EthnoMed

This website provides information about cultural beliefs, medical and other related issues pertinent to the health care of recent immigrants to the United States. Includes these culture-specific pages: Amharic, Cambodian, Chinese, Eritrean, Ethiopian, Hispanic, Hmong, Oromo, Somali, Tigrean, & Vietnamese and covers a wide variety of health topics. Some information is available in languages other than English. www.Ethnomed.org.

Health Information in Multiple Languages

This website provides access to consumer health information in languages other than English. You can browse by language or health topic. <http://www.nlm.nih.gov/medlineplus/languages/languages.html>

Health Care Workforce

Healthcare Workforce *Ideas in Action* provides news, education, events, and examples of workforce success stories for growing the healthcare workforce at the local level. Ideas include K-12 education partnerships, College/University partnerships, and diversity strategies. healthcareworkforce.org/healthcareworkforce/ideas/index.html

Food Assistance Landscape: FY07 Annual Report

At some point during the year, about 1 in 5 Americans participated in at least one of USDA's 15 domestic food and nutrition assistance programs. These programs provide children and needy families with better access to food and a more healthful diet. About 60 percent of total USDA outlays go to these programs, which vary by size, target population, and type of benefits provided.

Federal nutrition assistance at a glance

Program		FY 2006	FY 2007	Change
Food Stamp Program	Average monthly participation (millions)	26.7	26.5	-0.8%
	Average benefit per person (dollars/month)	94.32	95.64	1.4%
	Total annual expenditures (\$ billions)	32.9	33.0	0.3%
WIC	Average monthly participation (millions)	8.1	8.3	2.4%
	Total expenditures (\$ billions)	5.1	5.5	7.8%
National School Lunch Program	Average daily participation (millions)	30.1	30.6	1.4%
	Total expenditures (\$ billions)	8.2	8.7	6.4%
School Breakfast Program	Average daily participation (millions)	9.8	10.1	3.8%
	Total expenditures (\$ billions)	2.0	2.2	5.8%
Child and Adult Care Food Program	Meals served in:			
	• child care centers (millions)	1,132.7	1,159.7	2.4%
	• family day care homes (millions)	638.4	626.2	-1.9%
	• adult day care centers (millions)	59.5	60.5	1.8%
	Total expenditures (\$ billions)	2.2	2.2	3.7%
All programs	Total expenditures (\$ billions)	53.1	54.3	2.3%

Note: The figures are based on preliminary data provided by the Food and Nutrition Service as of November 2007 and are subject to change. Total program expenditures include figures from other programs not shown in table.

This report examines financing and utilization trends in food assistance programs, and explores how the Food Stamp Program could do more to improve the food choices of participants. Available [HERE](#).

Studies and Reports

Funding Not Rising with Inflation, Local Economies Affected

NIH funding in recent years has not kept pace with inflation, and its budget should be increased by 6.6% for

fiscal year 2009, according to a study released Wednesday by [Families USA](#).

Failure to keep NIH funding on pace with inflation has reduced NIH's purchasing power by 13% since 2003, which negatively affects economic growth dependent on NIH grants.

According to the report, of NIH's total 2007 funding, nearly \$23 billion was used for grants and contracts for research at universities, medical research centers, hospitals and research institutions. These grants help improve local health care and have created more than 350,000 jobs and generated \$50.5 billion in business activity. The study is available [online](#). (As reported by the [Kaiser Family Foundation](#)).

Employer Health Care Costs Projected to rise by Nearly 10% in 2008 and 2009

Employer health care costs are expected to increase by 9.9% in 2008 -- more than double annual inflation rates -- and 9.6% in 2009, according to a study released Tuesday by [PricewaterhouseCoopers](#).

The study reported two factors driving the increase: hospital building, including replacement of facilities and creation of outpatient treatment centers; and an increase in expenses for insured residents to offset the cost of the uninsured. According to the report, cost shifting due to the uninsured, Medicare and Medicaid will account for one in every five dollars spent by private insurers in 2009. (As reported by the [Kaiser Family Foundation](#)).

A Better Way to Pay for Health Care?

The way we pay for health care in the United States often fails to reward quality and efficiency. But a new Commonwealth Fund study reports that a promising new model for reimbursing health care providers has the potential to improve quality and care coordination, lower administrative burdens, enhance transparency, and support patient-centered care, as well as lower costs.

[Evidence-Informed Case Rates: Paying for Safer, More Reliable Care](#) reports that under the new payment model, providers would receive evidence-informed case rates (ECRs)--a global fee that is derived from the costs of services recommended by clinical guidelines for treating a patient across an entire episode of care, including services delivered by physicians, hospitals, laboratories, imaging centers, pharmacies, rehabilitation centers, and other providers. The risk-adjusted payments also include a pool of funds for potential complications, a margin for profit, and

robust performance incentives designed to promote cost control and quality improvement.

"Evidence-informed case rates would create incentives for providers to improve care and avoid complications," say study researchers Read [the report](#) .

25 Million U.S. Adults Are Underinsured

The number of U.S. adults who have health coverage that does not adequately protect them from high medical expenses has risen dramatically. A new Commonwealth Fund study finds that as of 2007, there were an estimated 25 million underinsured adults in the U.S., 60 percent more than the 16 million underinsured in 2003.

Most of this growth came from rising uninsured rates among middle- and higher-income families, according to [How Many Are Underinsured? Trends Among U.S. Adults, 2003 and 2007](#)

While low-income people remain the most likely to be underinsured or uninsured, underinsured rates nearly tripled since 2003 for adults with incomes at or above 200 percent of the federal poverty level (annual family income of \$40,000 or more).

Obese People Have Higher Lifetime Medical Costs Despite Shorter Life Expectancies

Obese American adults will incur lifetime medical bills between \$5,340 and \$29,460 more than their healthy-weight peers despite shorter life spans, according to a study published online in the journal *Obesity*.

The study goes on to recommend that employers should consider offering healthy options in cafeterias and vending machines, offering financial incentives for losing weight and subsidizing gym memberships in order to reduce health care costs. Gary Foster, president of the [Obesity Society](#), said, "There has to be a two-prong approach: weight-control services for employees and policy changes at work that make the difficult task of weight control easier for employees."

The study further notes that because many diseases associated with obesity, such as diabetes and heart disease, are common among older U.S. residents covered by Medicare, the federal government has the greatest impetus to counter obesity.

An abstract of the study is available [online](#).

Funding Opportunities

Community Services Block Grant Training and Technical Assistance Program: Capacity Building

Deadline: July 14, 2008

The grant will fund up to 48 capacity-building collaborations that will build capacity within a Community Services Network, in support of National Community Action Goal "5" (Agencies Increase their Capacity to Achieve Results). For more information, visit:

<http://www.acf.hhs.gov/grants/open/HHS-2008-ACF-OC-S-ET-0041.html>

Faith-based Advocacy: Galvanizing Communities to End Childhood Obesity

Deadline: July 25, 2008

Funding to support faith-based coalitions advancing community policies or environmental changes that improve access to healthy foods and/or opportunities for physical activity. They are particularly interested in efforts that reach children at greatest risk for obesity, including African-American, Latino, Native American, Asian American and Pacific Islander children who live in low-income communities or communities with limited access to affordable healthy foods and/or safe opportunities for physical activity. For more information visit:

<http://www.rwjf.org/applications/solicited/cfp.jsp?ID=20381>

FedEx Social Responsibility Program

Application Deadline: Applications are accepted on an ongoing basis.

The mission of the FedEx Social Responsibility department is to actively support the communities we serve and to strengthen our global reputation through strategic investment of our people, resources and network. Core Giving Areas include:

- Emergency and Disaster Relief
- Pedestrian and Child Safety
- Education
- Health and Human Services and Youth Development

For more information, visit:

<http://www.fedex.com/us/about/responsibility/community/guidelines.html>

Find Financial Aid for Health Professions Students & Practitioners

Provides financial aid information for health professions scholarships, loans, and loan repayment.

<http://www.hrsa.gov/help/healthprofessions.htm>

William Randolph Hearst Foundations Health Grants

Applications accepted on an ongoing basis. Provides funding to improve access to quality health care for underserved populations in rural and urban areas. http://www.hearstfdn.org/fp_health.html

Community Access to Child Health (CATCH) Planning Funds Program

Application deadline: Jul 31, 2008
Grants for pediatricians to develop innovative, community-based initiatives that increase children's access to medical homes or to specific health services not otherwise available.

<http://www.aap.org/catch/planninggrants.htm>

HeartRescue Grant Program

Application deadline: Oct 15, 2008
Grants to increase awareness and education of sudden cardiac death, early defibrillation, and the need for early intervention among community leaders, first responder organizations and the public.

http://www.medtronic.com/foundation/programs_hr_guidelines_us.html

ADA Foundation: Samuel Harris Fund for Children's Dental Health

Deadline: July 17, 2008

The grant program's main objective is to help children whose socioeconomic status impacts their access to professional oral care and adversely affects their oral health habits at home. ada.org/ada/adaf/grants/harris.asp

Events

Healthy Communities Web Dialogues

The Institute for Local Government's Healthy Communities program, in collaboration with the Cities, Counties and Schools Partnership, will host a series of three online dialogues during the summer and fall of 2008. This online learning opportunity will allow city and county officials to connect with peers and issue experts on ways to develop policies and strategies that will reverse negative health trends related to physical inactivity, unhealthy eating, and environmental hazards.

Participants will be able to log in any time during a 10 day period for each online discussion to ask questions, share stories, and download educational resources posted by expert panelists and other participants. The collected wisdom will be preserved on the ILG website for public use.

- June 16th-25th: Planning for Safe and Healthy Walking/Biking Routes to Schools in Your Community
- July 14th-23rd: Factoring Resident Health into City and County Planning
- September 29th- October 6th: Neighborhood Access to Healthy Foods

It's free to sign up! If you have any questions, please e-mail Greg Keidan: gkeidan@ca-ilg.org

The purpose of the monthly electronic update is to provide access to health care resources to county elected officials, administrators, and other community health care leaders and to create connections among counties to facilitate the sharing of program information and strategy. Information is gathered from many sources each month through a grant from the W.K. Kellogg Foundation. If you have questions or comments regarding the content of this newsletter, please send a message to crowland@naco.org