

POLICY & PRACTICE

Underestimating Disparities

Only about one-third of cardiologists who participated in a survey said they believe racial and ethnic disparities in health care occur often in the United States, despite evidence of the problem. The survey, conducted by the Rand Corporation in 2004 and published in the March issue of the journal *Circulation*, found that 34% of cardiologists agreed that differences in care based solely on race or ethnicity occur in overall health care. In addition, 33% said that disparities occur specifically in cardiovascular care. But fewer were willing to admit that these disparities existed at their institutions. About 12% said that disparities existed in their own hospitals, and 5% said their own patients were treated differently based on their race or ethnicity. The Web-based survey was completed by 344 practicing cardiologists.

Obesity in African Americans

Officials at the Department of Health and Human Services have awarded \$1.2 million to fight obesity among African Americans. The money will be used by a coalition of national organizations to fund prevention, education, public awareness, and outreach activities aimed at promoting a greater understanding of the impact of obesity. Nearly two-thirds of Americans are considered overweight or obese but the problem appears to be more prevalent in the African American community. Adult African American women have age-adjusted obesity rates of 49%, compared with 31% for adult white women, according to 1999-2002 data from the Centers for Disease Control and Prevention. African

American girls and boys also had higher rates of overweight than did white children in the same age groups. HHS plans a second phase of the initiative targeting the Hispanic community.

Tobacco Legislation

New legislation in Congress would give the Food and Drug Administration the authority to regulate tobacco products. The bill (S. 666/H.R. 1376) would restrict tobacco advertising and promotions, stop illegal sales of tobacco products to children, ban candy-flavored cigarettes, and require changes in tobacco products such as the reduction or elimination of harmful chemicals. It would also require the disclosure of the contents of tobacco products, and prohibit the use of terms "light," "mild," and "low-tar." "Overall, this legislation would bring about significant changes in every aspect of the manufacturing, marketing, labeling, and distribution, and sale of tobacco products," the American Cancer Society, American Heart Association, American Lung Association, and Campaign for Tobacco-Free Kids said in a joint statement. In the last Congress, the legislation was passed by the Senate, but not by the House.

Smoking Cessation Counseling

It's official: Medicare is adding coverage for smoking and tobacco cessation counseling for certain beneficiaries who want to kick the habit. The coverage decision applies to Medicare patients whose illness is caused or complicated by smoking, such as heart disease, cerebrovascular disease, lung disease, or osteoporosis—diseases that account for the bulk of Medicare

spending. It also applies to beneficiaries whose medications are compromised by tobacco use. "It is our hope that Medicare's decision to pay for smoking cessation counseling will encourage and help seniors quit smoking once and for all," Ronald Davis, M.D., trustee with the American Medical Association, said in a statement. Of the 440,000 Americans who die annually from smoking-related disease, 300,000 are aged 65 and older, according to the CDC. The CDC in 2002 estimated that 57% of smokers aged 65 and older reported a desire to quit smoking.

Trading Choice for Savings

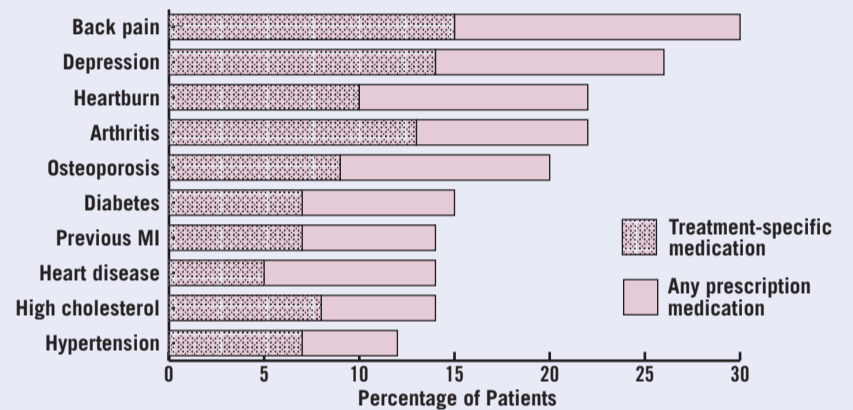
More patients are willing to limit their choice of physicians and hospitals to save on out-of-pocket medical costs, the Center

for Studying Health System Change (HSC) reported. Between 2001 and 2003, the proportion of working-age Americans with employer health coverage willing to make this trade-off increased from 55% to 59%—after the rate had been stable since 1997, the study found. Low-income consumers were the most willing to give up provider choice in return for lower cost. In addition, the proportion of chronically ill working-age adults with employer coverage who are willing to trade choice for lower costs rose from 51% in 2001 to 56% in 2003. The study's findings were based on HSC's Community Tracking Household Survey. The survey included adults aged 18-64 with employer-sponsored health coverage; 20,500 in 2003 and 28,000 in 2001.

—Mary Ellen Schneider

DATA WATCH

High Costs Cause Chronically Ill Patients to Skip Medication at Least Once per Month



Note: Based on a nationally representative survey of 4,055 adults aged 50 years and older. Source: Am. J. Public Health 2004;94:1782-7

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