



TJIC Alert

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HEALTH

1. World Health Statistics 2011

World Health Organization

May 2011

171 p.

Full Text: http://www.who.int/whosis/whostat/EN_WHS2011_Full.pdf

An increasing number of countries are facing a double burden of disease as the prevalence of risk factors for chronic diseases such as diabetes, heart diseases and cancers increase and many countries still struggle to reduce maternal and child deaths caused by infectious diseases, for the Millennium Development Goals, according to the World Health Statistics 2011.

[Note: contains copyrighted material].

2. The Social Life of Health Information, 2011

Susannah Fox

45 p.

Pew Internet & American Life Project

May 12, 2011

Full Text: http://pewinternet.org/~media/Files/Reports/2011/PIP_Social_Life_of_Health_Info.pdf

The internet has changed people's relationships with information. Our data consistently show that doctors, nurses, and other health professionals continue to be the first choice for most people with health concerns, but online resources, including advice from peers, are a significant source of health information in the U.S. As broadband and mobile access spreads, more people have the ability of sharing what they are doing or thinking. In health care this translates to people tracking their workout routines, posting reviews of their medical treatments, and raising awareness about certain health conditions.

[Note: contains copyrighted material].

3. The Global Health Regime

Council on Foreign Relations

September 21, 2011

Full Text: <http://www.cfr.org/africa/global-health-regime/p22763>

Despite medical advances and improvements in sanitation, water supply, nutrition, housing, and education, poor health continues to plague many countries in the world today. Infectious diseases kill approximately fifteen million people each year, and more than four million die from AIDS, malaria, or tuberculosis alone. A disproportionate share of this suffering occurs in developing countries. New threats, such as severe acute respiratory syndrome (SARS) and recombinant flu strains, continue to arise. Meanwhile, health conditions traditional to wealthier nations, including tobacco consumption, obesity, diabetes, and other noncommunicable diseases (NCDs), are increasingly prevalent in the developing world. Global public health continues to be undermined by negative environmental, political, and economic factors from pollution to violent conflict to limited food production, and even a new, man-made threat--the specter of biological attacks.

[Note: contains copyrighted material].

4. The Best Things in Life are (Nearly) Free: Technology, Knowledge and Global Health

Ursula Casabonne and Charles Kenny Center for Global Development May 31, 2011

Full Text: <http://www.cgdev.org/content/publications/detail/1425144/>

The health of the world's population, including those in the poorest countries, has improved more in the past 100 years than ever before. The improvement is largely a result of the development and spread of cheap, effective technologies (such as vaccines). Other factors, such as national wealth and institutional development, appear to be secondary, suggesting that exogenous models of development may still be relevant in explain gains in global health. The authors investigate the cross-country determinants of health improvements and describe the implications for development policy. In short, improving health need not be expensive. Even very poor countries can make great strides with good technologies and good delivery, but it may take time.

[Note: contains copyrighted material].

5. The Health Systems Funding Platform: Resolving Tensions between the Aid and Development Effectiveness Agendas

Amanda Glassman and William Savedoff Center for Global Development July 12, 2011

Full Text: <http://www.cgdev.org/content/publications/detail/1425300/>

Global health aid is exceedingly complex. It encompasses more than one hundred bilateral agencies, global funds, and independent initiatives that interact with an equally complex and diverse set of institutions involved in financing and providing health care in developing countries. Numerous efforts have been made to better coordinate these activities in the interest of making them more effective. The Health Systems Funding Platform is one of the most recent of these initiatives. Established in 2009, it has advanced farthest in two countries, Ethiopia and Nepal, and is currently expanding to several others. The paper briefly assesses the Health Systems Funding Platform and finds that its progress differs little from prior initiatives, although it does present an opportunity to make global health aid more effective.

[Note: contains copyrighted material].

6. The Growing Danger of Non-communicable Diseases: Acting Now to Reverse Course

The World Bank

September 15, 2011

24 p.

Full Text:

<http://siteresources.worldbank.org/HEALTHNUTRITIONANDPOPULATION/Resources/Peer-Reviewed-Publications/WBDeepeningCrisis.pdf>

The World Bank warns that heart disease, cancer, diabetes, chronic respiratory conditions, and other non-communicable diseases (NCDs) increasingly threaten the health and economic security of many lower- and middle-income countries, and that most countries lack the money and health services to be able to 'treat their way out' of the NCD crisis. On the eve of a special United Nations summit on NCDs in New York, the Bank said the rise of chronic diseases, especially among young working adults in these countries, was a danger that warranted immediate global attention.

[Note: contains copyrighted material].

7. Global State of Pain Treatment: Access to Medicines and Palliative Care

Human Rights Watch

June 1, 2011

Full Text: <http://www.hrw.org/en/reports/2011/06/01/global-state-pain-treatment>

Every year, tens of millions of people around the world with life-threatening illnesses suffer unnecessarily from severe pain and other debilitating symptoms because they lack access to palliative care, an inexpensive health service that aims to improve the quality of life of people with serious health conditions. Although the World Health Organization (WHO) considers palliative care an integral component of cancer care and has urged countries to improve its availability, too often palliative care continues to be the neglected child of the health care family, receiving low priority from health policy makers and health care professionals and almost no funding.

[Note: contains copyrighted material].

8. The Global Fund's Malaria Medicine Subsidy: A Nice Idea with Nasty Implications

American Enterprise Institute

September 8, 2011

22 p.

Full Text: <http://www.aei.org/docLib/AMFmPolicyPaper.pdf>

According to the study, the private sector can and should play an important role in public health, but it remains to be seen whether or not the benefits that have arisen from the AMFm could have been achieved through alternative mechanisms and potentially at lower cost.

[Note: contains copyrighted material].

9. The Public Health System a Decade After 9/11: Key Successes and Continuing Challenges

Jeanne S. Ringel and Jeffrey Wasserman

3 p.

RAND Corporation

August 22, 2011

Full Text: http://www.rand.org/content/dam/rand/pubs/research_briefs/2011/RAND_RB9608.pdf

Despite substantial improvements in public health systems and preparedness since 9/11, significant challenges remain, and a cultural shift is needed to engage all sectors of society in emergency preparedness, response, and recovery, according to the report. [Note: contains copyrighted material].

10. Adult Smoking in the U.S.

Centers for Disease Control & Prevention September 6, 2011 4 p.
Full Text: <http://www.cdc.gov/VitalSigns/pdf/2011-09-vitalsigns.pdf>

Tobacco use remains the single largest preventable cause of disease, disability, and death in the US. Some people who smoke every day are smoking fewer cigarettes; however, even occasional smoking causes harm. The percentage of American adults who smoke decreased from 20.9% in 2005 to 19.3% in 2010, about 3 million fewer smokers. But almost 1 in 5 adults still smoke. Reducing tobacco use is a winnable battle--a public health priority with known, effective actions for success.

11. How Americans Rate Their Diet Quality: An Increasingly Realistic Perspective

U.S. Department of Agriculture September 23, 2011 23 p.
Full Text: <http://ers.usda.gov/Publications/EIB83/EIB83.pdf>

Over the last 20 years, awareness of diet-related health concerns has become widespread in the U.S. as obesity, along with its associated human and financial costs, has increased. To estimate how this awareness affects Americans' perceptions of their own diet quality over this period and the factors associated with self-assessed diet health, the report examines data from both the 1989-91 Continuing Survey of Food Intakes of Individuals and the 2005-08 Flexible Consumer Behavior Survey module of the National Health and Nutrition Examination Survey. It finds, first, that Americans have become much less likely to rate their diets as "Excellent" or "Very Good" in terms of healthfulness, even though the healthfulness of the American diet has undergone little change over this period. Second, current self-ratings of diet are inversely related to the frequency of fastfood and food-away-from-home consumption and positively related to the frequency of sharing meals with family.

12. State Perspectives on Insurance Exchanges: Implementing Health Reform in an Uncertain Environment

National Governors Association September 16, 2011 7 p.
Full Text: <http://www.nga.org/files/live/sites/NGA/files/pdf/1109NGAEXCHANGESSUMMARY.PDF>

The three major components of the Patient Protection and Affordable Care Act of 2010 (ACA), insurance reform, Medicaid expansions, and the establishment of health insurance exchanges, are primarily the states' responsibilities to implement; together they impose a daunting workload. Because insurance exchanges must be wholly created in a very short time period, their implementation presents unique challenges.

[Note: contains copyrighted material].

13. Addressing the Race and Genetics: Health Disparities in the Age of Personalized Medicine

Michael Rugnetta and Khusboo Desai 26 p.
Center for American Progress June 13, 2011
Full Text: http://www.americanprogress.org/issues/2011/06/pdf/race_genetics.pdf

Michael J. Rugnetta and Khusboo Desai examine issues regarding racial and ethnic health disparities that need to be addressed in order for personalized medicine to offer the greatest benefit to all.

[Note: contains copyrighted material].

14. Hospital Emergency Departments: Health Center Strategies That May Help Reduce Their Use

U.S. Government Accountability Office

May 11, 2011

7 p.

Full Text: <http://www.gao.gov/new.items/d11643t.pdf>

In brief, the report finds that health centers have implemented three types of strategies that may help reduce emergency department use. These strategies focus on (1) emergency department diversion, (2) care coordination, and (3) accessibility of services.

15. Surveillance of Health Status in Minority Communities --- Racial and Ethnic Approaches to Community Health Across the U.S. (REACH U.S.) Risk Factor Survey, United States, 2009

Centers for Disease Control and Prevention

May 20, 2011

Full Text: http://www.cdc.gov/mmwr/preview/mmwrhtml/ss6006a1.htm?s_cid=ss6006a1_x

Substantial racial/ethnic health disparities exist in the U.S. Although the populations of racial and ethnic minorities are growing at a rapid pace, large-scale community-based surveys and surveillance systems designed to monitor the health status of minority populations are limited. CDC conducts the Racial and Ethnic Approaches to Community Health across the U.S. (REACH U.S.) Risk Factor Survey annually in minority communities. The survey focuses on black, Hispanic, Asian, including Native Hawaiian and Other Pacific Islander, and American Indian (AI) populations.

16. A Comprehensive Review of Immigrant Access to Health and Human Services

Karina Fortuny and Ajay Chaudry

46 p.

Urban Institute

October 12, 2011

Full Text: <http://www.urban.org/UploadedPDF/412425-Immigrant-Access-to-Health-and-Human-Services.pdf>

The Immigrant Access to Health and Human Services study maps and describes the policy context that can affect immigrant access to health and human services and the well-being of immigrants and their children. This paper summarizes federal provisions and key aspects of state-level variation related to immigrants' eligibility for TANF, SNAP, Medicaid, and CHIP based on a review of literature and the latest information. It provides a building block for the fieldwork and in-depth assessment of the policy context around immigrant access to health and human services.

[Note: contains copyrighted material].

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