

States respond to global climate change

Climate change remains in the news. The National Climatic Data Center reported that 2003 ranked with 2002 as the second warmest year on record for the planet, in keeping with the trend of rising global temperatures. In December 2003, the American Geophysical Union adopted a new position on global climate change, stating, “Scientific evidence strongly indicates that natural influences cannot explain the rapid increase in global near-surface temperatures observed during the second half of the 20th century.” Instead, according to the AGU, “Human activities are increasingly altering the Earth’s climate.”

With little happening at the federal level, states are focusing attention on global climate change and adopting programs to reduce greenhouse gas emissions. These include carbon sequestration programs, energy conservation initiatives, and renewable energy strategies such as green pricing options for electric consumers, to name a few. More Northeastern states are enacting legislation adopting California’s strict vehicle emission standards, and New York Gov. George Pataki has called upon Northeastern states to develop a regional cap and trade program for carbon dioxide emissions from power plants.

With the passage of new legislation in 2003, Maine is at the forefront of states’ efforts to address climate change. Maine’s law establishes reduction goals for greenhouse gas emissions within the state. These range from short-term reductions to 1990

levels by January 1, 2010, to medium-term reductions to 10 percent below 1990 levels by January 1, 2020, and, ultimately, to long-term reductions “sufficient to eliminate any dangerous threat to the climate.” By July 1, 2004 the Maine Department of Environmental Protection is required to adopt a state climate action plan to meet these goals.

Additionally, as part of a “lead-by-example initiative,” the department is directed to create a greenhouse gas emissions inventory and reduction plan for state-owned facilities and state-funded programs, to establish carbon emission reduction agreements with businesses and nonprofit organizations, to participate in a regional effort to develop and adopt a greenhouse gas registry that includes third-party verification, and to create an annual statewide greenhouse gas emissions inventory.

Like the strict automobile emission requirements adopted in California and various Northeastern states, Maine’s new legislation is a serious response to the problems posed by greenhouse gas emissions. In the absence of strong federal action, state initiatives such as this will continue to play a vital role in addressing climate change activities in the United States.

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Health care quality: the new cost-control frontier

Name a product that cost you 15 percent more than it did last year, worked right about half the time you used it and, yet, you bought it anyway. For most people the answer to that question is health care.

Newspapers are full of stories about double-digit increases in health insurance costs. What garnered less attention is the abundant evidence that there are serious quality issues with the product that Americans are purchasing.

Two recent reports by the Agency for Healthcare Research and Quality document wide variations in care across the nation. *The National Healthcare Quality Report* and the *National Healthcare Disparities Report* released in December 2003 were commissioned by Congress to provide a snapshot of the quality of care that Americans receive.

Although the reports show areas where the health care system is performing well, there is also evidence that a substantial gap exists between what medical science has demonstrated to be

effective care and the care that a typical patient receives. Missed tests and screenings, preventable complications and avoidable hospitalizations are just a few of the indications that the nation is not getting the best bang for its buck.

With the weakening of managed care as a tool to contain health care costs, health care experts point to improved health care quality as the new way to control health care costs and improve the productivity of the nation’s workforce. During a recent summit on health care quality at the Institute of Medicine, Don Berwick, one of the nation’s leading experts on health care quality, estimated that Americans waste as much as 40 percent of what is spent on health care because of poor health care quality. The *State of Health Care Quality*, a report by the National Committee for Quality Assurance released in September 2003, found that gaps and failures in health care quality are responsible for 57,000 avoidable deaths, 41 million sick days, and \$11 billion in lost productivity each year.



Recognizing that everyone is paying for the gap in health care quality, some states are involved in ambitious partnerships to improve health care quality. Wisconsin's Collaborative Diabetes Quality Improvement Project is a unique public-private partnership between the state's diabetes control program and managed care plans in the state. Project partners worked to collect data on diabetes screenings and tests and improve performance over time.

Arkansas' Department of Health, its Medicaid program, and the University of Arkansas for Medical Sciences partnered with a variety of organizations to improve care for heart disease. A number of state health departments have partnered with the U.S. Health Resources and Services Administration and community health centers on Health Disparities Collaboratives. The collaboratives aim to achieve rapid improvements in health care quality for chronic illnesses such as diabetes and asthma that affect disproportionately the vulnerable population groups that community health centers serve.

The Council of State Governments is working with Medstat and the Agency for Healthcare Research and Quality (AHRQ) to develop tools that state leaders can use to improve health care quality. Later this spring, AHRQ will release a diabetes workbook that will use the data from its *National Healthcare Quality Report* and *National Healthcare Disparities Report* to help state officials assess the quality of diabetes care in their state. The workbook will also provide an overview of how to improve health care quality along with real world approaches to diabetes quality improvement.

To access copies of AHRQ's national reports, go to www.qualitytools.ahrq.gov. For more information about these reports or to preorder a copy of the diabetes workbook, contact Trudi Matthews at (859) 244-8157 or tmatthews@csg.org.

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States deal with resurging gang violence

Gang activity nationwide rose slightly between 2001 and 2002, after years of decline or non-growth during the late 1990s.

A recent report by the National Youth Gang Center found that gang activity nationally during 2001 rose between 2 percent and 3 percent.

According to the National Criminal Justice Reference Service, a gang is a group of three or more individuals who engage in criminal activity and identify themselves with a common name or sign.

Recent studies attribute some of the increase to the spread of gang activity into rural communities and smaller metropolitan communities with fewer than 50,000 people. The high concentration of gang activity during the 1980s and 1990s was in large, urban areas.

The law enforcement community is keenly aware of recent trends. Of 15,000 law enforcement agencies surveyed in 2001, 42 percent said they believed the problem was getting worse. Many argue that recent spikes in gang violence are due in part to shift of law enforcement resources and funding to terrorism. At the federal level alone, 700 agents from the criminal division of the FBI were reassigned to the terrorism task force after September 11, 2001 without replacement.

States are taking measures to curb the growth in gang activity. Illinois is establishing a Citizens

and Law Enforcement Analysis and Reporting, or I-CLEAR, that will blend a state database for outstanding warrants and arrests into a Chicago-based program that provides law enforcement with a means to identify emerging crime patterns and roving gang threats.

Other steps to curb gangs include:

- the recruitment of Spanish-speaking officers or improvement of the Spanish-speaking skills of law enforcement personnel;
- increased patrols in gang-heavy areas;
- more intelligence and information sharing among state, local and federal agencies on gangs and individual gang members; and
- the formation of special gang units or multi-agency task forces with expertise in gang culture and activity.

The FBI's Office of Law Enforcement Coordination is sponsoring a series of conferences this year to recognize, discuss and define issues regarding gang violence and its effect on society nationwide. Similar efforts by the states to better define the problem and share solutions will help rein in this growing problem.

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