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Mike Hasten

BATON ROUGE - Huey P. Long Medical Center in Pineville could soon be part of the LSU Health Sciences Center in Shreveport.

Senate Bill 179 by Sen. Joe McPherson, D-Woodworth, which transfers management of the Pineville facility to the Shreveport hospital, moved through a Senate committee Wednesday with the support of Dr. John McDonald, chancellor of the Shreveport medical school.

"It just seems the logical thing to do," McDonald said, since 90 percent of Huey P. Long patients referred for additional care are transferred to Shreveport.

Dr. Alan Miller of the Tulane School of Medicine, which currently administers the hospital under the umbrella of the LSU Health Care Services Division, told the Senate Health Care Committee chaired by McPherson that he is interested in "whatever works best" for the residents of central Louisiana. But he wants to make sure Tulane still has a significant presence at the facility.

Tulane has had training programs at Huey P. Long for more than 30 years and "has been providing service (to central Louisiana) since 1834, before anyone else was around," Miller said.

Tulane currently has an obstetrics/gynecology residency program there and wants it to continue, Miller said.

"Dr. Miller has asked me to leave that alone," McDonald said, and after conferring with others at the LSU Medical School, "we agreed that is an appropriate step."

Tulane has been working two years to establish an internal medicine residency at the hospital and Miller questioned whether merging the facility with the LSU hospital in Shreveport would hamper those efforts.

McPherson said his bill doesn't preclude that but Tulane should work with the Shreveport hospital on that matter.

Don Smithburg, CEO of the LSU Health Care Service Division that currently oversees Huey P. Long, said the facility does as well as it can with the available funding and facilities. His office secured the original funding to rebuild it.

"We have been a good steward of limited resources," he told the panel. "I trust Shreveport will continue to carry the baton we have carried for so long."

McPherson said changing governance "is not because of any ills" or a problem with the way Smithburg's division has handled the hospital. He said the thought it should have been shifted to the Shreveport hospital the same time that E.A. Conway Medical Center in Monroe moved into the LSU Hospital system.

McDonald said he sees no reason to change the staffing of the hospital and hopes that the Tulane employees will stay on the job as LSU employees.

"All of the employees at Huey P. Long will be offered positions on our staff and faculty, without exception," McDonald said.

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Lawmakers from the region have asserted for years that because Huey P. Long is the state's oldest operating charity hospital, its facilities are rundown and need to be replaced. The Legislature has allotted money to build a hospital since 2004, but no construction has begun. This year's capital outlay bill carries over the original \$174 million and boosts the amount to \$226.2 million.

McDonald recalled that 50 years ago he served his senior year of medical school at Huey P. Long. "It was a thriving, busy institution (and) "the structure was suitable for its time. A plethora of patients sought health care at that institution" but few patients use it now.

"There are not fewer people than 50 years ago, so where are people going?" he said. "They're out there and not getting care. If we had the resources to provide quality care in that institution, there would be lots of patients.

"If it's going to be a teaching institution, it has to be replaced and has to be expanded," McDonald said. If the Legislature doesn't soon move ahead with plans to build a hospital, he said, it will become an out-patient facility with clinics.

<http://www.shreveporttimes.com/apps/pbcs.dll/article?AID=/20070517/NEWS01/705170327/1002/NEWS>

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Senate panel OKs nonprofit agency to better health care

The Advocate | 05.17.07

By MARSHA SHULER

A Senate panel approved creation of a private nonprofit corporation Wednesday that would work on initiatives to improve health-care quality.

Created under Senate Concurrent Resolution 35, the group would be called the Louisiana Health Care Quality Forum.

The forum's purpose is "to plan, promote and conduct quality improvement initiatives within the state."

The resolution asks the state Department of Health and Hospitals to work with non-state public and private health-care interests in development of the forum.

"It would operate outside DHH and outside of politics and monitor (health care) and give us data," said Sen. Joe McPherson, D-Woodworth, sponsor of the resolution.

"The idea is to have an impeccable board not attached to one interest or the other, but interested in improving quality in the system," DHH Secretary Fred Cerise said.

Cerise said his agency is already working with 40 organizations around the state in setting up the "quality forum."

The nonprofit organization would be run by "a small board," he said.

The organization's work would be funded by public and private dollars.

The organization will monitor population health measures and involve health-care organizations to implement standards of care that improve the health of patients and reduce costs.

It will also establish guidelines and standard levels of care expected of "medical homes" — the preventive and primary care physicians and clinics who would become the gatekeepers of patient care.

McPherson said Gov. Kathleen Blanco's proposed budget for the fiscal year includes \$1.5 million for the entity.

Cerise said the "quality forum" idea is not unique to Louisiana. He said 45 quality improvement collaborative are working in different states around the nation.

<http://www.theadvocate.com/news/7546952.html>

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BRIEFING BOOK**Times - Picayune | 05.17.07****Logical alignment**

Huey P. Long Medical Center in Pineville would fall under the jurisdiction of the Louisiana State University Medical Center in Shreveport under a bill that passed unanimously out of the Senate Health and Welfare Committee on Wednesday. The hospital, the oldest in the state's unique network of Charity hospitals, is currently managed by LSU's hospitals division in Baton Rouge. Sen. Joe McPherson, D-Woodworth, said his SB 179 is a logical way to realign health care services since most residents of that area consider themselves closer to Shreveport than to southern areas of the state. The bill goes to the Senate floor for debate with language added that protects Tulane University's post-graduate residency program in obstetrics, which is based in the hospital.

Necessary notice

Hospitals would be required to notify a state licensing board when a doctor or other health-care professional is fired or resigns while under suspicion of abusing drugs or alcohol, a Senate committee said Wednesday. Sen. Tom Schedler, R-Mandeville, said Senate Bill 282 was inspired by a 2006 legal judgment against Lakeview Regional Medical Center and two anesthesiologists for failing to notify authorities that one of their former colleagues had been fired for allegedly abusing drugs. The doctor in question was later hired in Washington state, where a woman under his care was permanently disabled because of his missteps. "What we're trying to catch is who's not being reported to us now: someone who's under investigation and resigns," Dr. Cecilia Mouton, chief investigator for the Louisiana State Board of Medical Examiners, told the Senate Health and Welfare Committee. The bill, which now heads to the Senate floor for more debate, also covers dentists, nurses, physical therapists, nurse anesthetists, pharmacists and psychologists.

Future hospital

The full House agreed unanimously Wednesday to legislation that encourages the rebuilding of health care services in St. Bernard Parish by allowing a future hospital there to be covered by the Rural Hospital Preservation Act. Rep. Nita Hutter, R-Chalmette, who sponsored HB 269, said the parish already has a site in mind, but is still looking for a developer to build the facility. "We don't have anyone yet tied down," Hutter said. Doctors and nurses have been providing services out of a clinic next to the government complex in Chalmette since Hurricane Katrina deluged the parish and closed Chalmette Medical Center. Designating a new facility as a rural hospital will make it eligible for federal and state Medicaid dollars to treat the indigent, and make it easier for a developer to get financing. "We've been operating out of a pup tent," said Rep. Kenneth Odinet, D-Arabi. The bill passed 99-0 and now goes to the Senate for more debate.

<http://www.nola.com/timespic/stories/index.ssf?/base/news-4/1179385838301370.xml&coll=1>

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Mental health program serves schools

Times – Picayune | 05.17.07

By Melinda Morris

Eighteen West Bank schools are participating in Project Fleur-de-lis, a free, school-based mental health program for children started in response to Hurricane Katrina.

The participants are: Alice Harte, Eisenhower, McDonogh No. 32, Tubman, Fischer and Martin Behrman elementary schools and O. Perry Walker and Edna Karr high schools, all Algiers Charter School Association members; St. Andrew the Apostle and Holy Name of Mary, Algiers; Christ the King, Terrytown; Immaculate Conception and Visitation of Our Lady, Marrero; St. Rosalie, Harvey; Our Lady of Perpetual Help, Belle Chasse; Our Lady of Prompt Succor, Westwego; and St. Anthony and St. Cletus, Gretna.

Fleur-de-lis intervention coordinator Jennifer L. Varela said the Algiers schools in particular need the services.

"They have tremendous needs. There's a lot of poverty and children not living with a parent. They face tremendous challenges," she said.

A total 43 schools in five parishes are enrolled: 34 Catholic, eight charter and one private. More than 5,000 children have been registered with the required parental consent for the program, and more than 170 children were referred by the program's network of 60 school-based counselors for mental health services outside the school setting. Of those, more than 110 were subsequently seen for additional services such as psycho-educational testing, family and individual counseling, and psychiatry, she said.

Through grants, the program offers \$1,000 per child for outside services, if needed, she said. After the \$1,000 is exhausted, families pay for services based on a sliding scale.

Varela said Dr. Doug Walker, clinical director for Mercy Family Center, founded the program and partnered with Catholic Charities and Daughters of Charity Services of New Orleans to launch the project in January 2006.

Stephen Engro, Mercy Family Center's director of development, said financing for the program comes from Catholic Charities USA, United Way for the Greater New Orleans Area, Louisiana Public Health Institute, Sisters of Mercy Ministries, Louisiana Charities Trust, Rand Corp., Allegheny Singer-Research Institute, Freeport-McMoRan Foundation, The Booth-Bricker Fund, Almar Foundation, AmeriCares and The Brown Foundation.

While the program was initiated in response to Katrina, the services aren't limited to dealing with cases related to the hurricane, Varela said.

"Trauma, learning disabilities, you name it," she said. "We've seen kids for everything you can imagine.

"If a student's case is particularly complex, that school counselor will attend at least one meeting per month at Mercy Family Center to discuss the child's case in anonymity, pulling up their electronic notes on the child, describing symptoms from the Child Behavior Checklist, and collaborating with therapists in attendance about treatment ideas. At that point, a determination is made as to whether a referral is needed for outside care within a clinical setting," she said.

Engro said the program's electronic record-keeping system is important. Counselors can follow a child's case throughout the years and look for changes, and the records can be useful if the child moves.

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Post-traumatic stress disorder 10 times higher in New Orleans than in the general public

EurekAlert | 05.16.07

Hurricane Katrina was the most significant natural disaster to strike the United States. Thousands of people were exposed to destruction, human violence and desperate circumstances. Post-Traumatic Stress Disorder (PTSD) was likely to be a significant medical issue in the aftermath of Katrina.

In a paper to be presented at the 2007 Society for Academic Emergency Medicine (SAEM) Annual Meeting, Professor Lisa D. Mills, MD, Director, Section of Emergency Medicine Ultrasound, Louisiana State University at New Orleans, will show that PTSD was diagnosed in over 38% of the people who came to an interim Emergency Department facility in New Orleans. This is more than ten times higher than the 3.6% prevalence in the general US population. Loss of a loved one and simply staying in New Orleans during the storm were associated with PTSD symptoms.

Commenting on this study, Dr. Peter DeBlieux, MD, Director of Emergency Services at Louisiana State University in New Orleans, states, "The incidence of PTSD in our population post-Katrina reported in this research study is noteworthy and worth following as recovery efforts move forward. The prevalence cited in this study is not alarming to those professionals caring for patients who have been traumatized by the storm and challenged by the recovery efforts."

The magnitude and duration of even a single mental health care diagnosis after this disaster demonstrates the need for long term, coordinated mental health response as part of disaster relief. Interim or temporary mental health response is not adequate for this population.

The presentation is entitled "Prevalence of Posttraumatic Stress Disorder Following Hurricane Katrina" by Lisa D. Mills MD and Trevor J. Mills MD. This paper will be presented at the 2007 SAEM Annual Meeting, May 16-19, 2007, Chicago, IL on Friday, May 18th, in the Psychiatry poster session beginning at 9:00 AM in the River Exhibition Hall A & B of the Sheraton Chicago Hotel & Towers. Abstracts of the papers presented are published in Volume 14, Issue 5S, the May 2007 supplement of the official journal of the SAEM, Academic Emergency Medicine.

http://www.eurekalert.org/pub_releases/2007-05/ehs-psd051007.php

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Study: New Orleans PTSD rate high **UPI | 05.17.07**

NEW ORLEANS, May 17 (UPI) -- Post-traumatic stress disorder has been diagnosed in more than 38 percent of people who came to an interim hospital facility in New Orleans. This is more than 10 times higher than the 3.6 percent prevalence in the general U.S. population, according to Dr. Lisa D. Mills of Louisiana State University at New Orleans.

Loss of a loved one and simply staying in New Orleans during the storm were associated with PTSD symptoms, Mills said.

The magnitude and duration of even a single mental healthcare diagnosis after this disaster demonstrates the need for long-term, coordinated mental health response as part of disaster relief -- interim or temporary mental health response is not adequate for this population, according to the researchers.

The findings are scheduled to be presented Friday at the Society for Academic Emergency Medicine annual meeting in Chicago.

http://www.upi.com/Consumer_Health_Daily/Briefing/2007/05/17/study_new_orleans_ptsd_rate_high/2373/

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PAR: State shouldn't have control of Chabert

Houma Courier | 05.16.07

JEREMY ALFORD

BATON ROUGE -- A study endorsed by the Public Affairs Research Council of Louisiana recommends pulling the Leonard J. Chabert Medical Center in Houma from the state-run charity-hospital system and placing it into local control as part of a sweeping statewide redesign.

The concept, which hasn't been included in any official legislation or proposed policy package, would certainly draw a heated debate.

David W. Hood, former secretary of the state Department of Health and Hospitals, wrote the "Realigning Charity Health Care and Medical Education in Louisiana" study. He currently serves as PAR's senior health-care-policy analyst.

On the flip side, PAR, a policy and advocacy nonprofit based in Baton Rouge, has likewise been criticized by academics and university officials for accepting donations from health-care interests. PAR has repeatedly denied claims of being influenced by the cash, but it did disclose that at least one health-related foundation financially backed the new study.

In addition to Chabert, the PAR study also recommends placing local governments in charge of W.O. Moss Regional Hospital in Lake Charles, University Medical Center in Lafayette, Bogalusa Medical Center, Lallie Kemp Medical Center in Independence and Huey P. Long Medical Center in Pineville.

The remaining four hospitals in the charity system would focus on education and research, with the academic medical centers in New Orleans, Shreveport, Monroe and Baton Rouge staying under the control of the various Louisiana State University Health Sciences Centers.

Louisiana's current system is unique nationwide in that both doctor training and charity care are merged, as well as set apart, among the 10 recognized institutions.

PAR President Jim Brandt said this model reduces geographic accessibility, emphasizes expensive hospital-based care and shrinks the number of paying patients.

It also isolates the uninsured and doctor trainees from the expertise and modern technology available in the private sector, he said.

"Louisiana's two-tiered, institutionalized approach to health care is outdated, uncommon and begs for reform," Brandt said. "Public and private provision of care can and should be coordinated in every Louisiana community but to do so will require determined leadership from the top to force change."

"Otherwise, the status quo will prevail," he added.

Under PAR's proposal, Houma's charity hospital could be transferred to local control in two to five years. The parish could even use other communities' plans for the transfer of ownership and integration of uninsured patients into the existing private-service system.

"The goal is to decentralize health care for the uninsured in this state so that people are given a greater range of primary- and preventive-care choices closer to home," Brandt said.

Given the organizational structure of the system today, and its aging physical components, Brandt said it's unlikely to make progress toward self-sustainability, let alone provide improved access.

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But, with the implementation of appropriate reforms, he said the state could develop a more community-based approach to health care that addresses these problems and puts locals in control.

In a statement released to the Associated Press, LSU said PAR's report lacks details of how much it would cost the state to reorganize its care for the uninsured and how the state could afford to do so.

"Everyone should hope that universal coverage someday will be achievable, but that wish, in the absence of a demonstrable means to finance it, does not constitute a license to abandon a safety-net system that has worked extremely well within the confines of the resources provided," the university said.

For information or to obtain a copy of the report, write to PAR at P.O. Box 14776, Baton Rouge, LA 70898-4776, call (225) 926-8414 or visit PAR's Web site at www.la-par.org.

Jeremy Alford can be reached at jeremy@jeremyalford.com.

<http://www.houmatoday.com/apps/pbcs.dll/article?AID=/20070516/NEWS/705160314/1026/NEWS01>

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Analysis: States ease Medicaid signup

UPI | 05.16.07

By ROSALIE WESTENSKOW

WASHINGTON, May 16 (UPI) -- Several states are boosting the number of children enrolled in public healthcare programs, targeting the large chunk of uninsured children whose families unknowingly forfeit coverage.

While the number of low-income children without health insurance has decreased by 9 percent in the past decade, 9 million children remain uninsured, health policy advocates say, 74 percent of whom are eligible for coverage under Medicaid or the less restrictive State Children's Health Insurance Program, for children whose families' incomes are too high for Medicaid.

But states have now mounted efforts to tackle the main factors contributing to the large numbers of eligible-but-not-registered children, such as lack of awareness, complicated application processes and misconceptions about the programs, panelists said Wednesday at a Kaiser Family Foundation healthcare conference.

"(Parents) often have misconceptions about whether their children are eligible," said Diane Rowland, executive director of the Kaiser Commission on Medicaid and the Uninsured. "It's really a challenge of making it family-friendly and getting the message out to parents that their children are eligible for enrollment."

Cumbersome paperwork and confusing bureaucracies also discourage eligible families. In 1998 the Louisiana application stretched to more than 16 pages of paperwork, while California applicants had to wade through 28 pages.

New efforts to streamline the process, however, are showing results. For example, Oregon whittled its application procedure down from 72 steps to six.

Online applications are now available in some states, and 46 have eliminated the previously required face-to-face interview and asset test.

California is pushing an "express lane" to enrollment plan that uses information already provided by low-income families on applications for other public-assistance programs, such as food stamps, school lunch and the Supplemental Nutrition Program for Women, Infants, and Children.

"Why not use these programs that have similar eligibility standards and use that information you've already gotten from these families to start the (Medicaid or SCHIP) enrollment process?" said Kristen Golden Testa, director of California Health at The Children's Partnership.

State programs have also focused on retention.

"We're spending \$120 million over three years just to re-enroll children who never should have lost coverage in the first place," Golden Testa said.

In order to reduce these costs and create an effective system, 16 states provide 12 months of continuous coverage after eligibility is determined, while 11 more states apply continuous coverage only for SCHIP, which is up for reauthorization this year.

Previously, beneficiaries in some states had to re-qualify for the program on a month-to-month basis.

Although 45 percent of the nation's uninsured children reside in the South, at least one state there has made progress.

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Since 1997, the percentage of low-income children without insurance in Louisiana has fallen from 32 percent to 13 percent.

While these shrinking numbers bode better healthcare for the poor, increased enrollment also means greater budget demands.

"It has been a challenge for the state to come up with (the funds)," Ruth Kennedy, Louisiana's deputy director of Medicaid, told United Press International.

The state met the need largely through federal funds and a redistribution of the budget. But some experts think enrolling poor families in public healthcare programs causes more harm than good.

"Because Medicaid is funded by states as well as the federal government, it increases the taxes of the very people you're trying to help," Michael Cannon, director of health policy studies at the Cato Institute, told UPI.

Giving low-income families government subsidies can throw them into a "low-wage trap" by discouraging them from achieving greater financial stability, he said.

"Medicaid provides people with a subsidy which disappears if their income increases," Cannon said. "A better thing to do would be to make private health insurance more affordable to parents."

However, uninsured patients can drive up the costs of healthcare for those with insurance, said Pennsylvania Gov. Edward Rendell, whose Cover All Kids program provides free or cheap coverage for all children and teens regardless of income.

Because the uninsured rarely receive preventive treatment, they often don't see a doctor until their condition is serious and they go to the emergency room. In fact, the ER is frequently the only healthcare option for the uninsured.

"The uninsured get treated through the most expensive venues," said Rendell, who also spoke at the conference.

This costs Pennsylvania businesses \$1.2 billion a year and hikes private insurance premiums 6.2 percent.

"So if all Pennsylvanians were insured, premiums would drop 6 percent," Rendell said.

In order to insure all residents through the proposed Prescription for Pennsylvania plan, however, additional efforts to drive down healthcare costs must be taken, he said.

"We can't afford to cover all our citizens if we don't rein in costs," Rendell said.

One such successful endeavor has been decreasing hospital-acquired infections, which cost Pennsylvania patients \$3.5 billion in 2005.

"Cost-containment isn't as sexy as universal access, but, in my opinion, it's just as important," Rendell said.

http://www.upi.com/Health_Business/Analysis/2007/05/16/analysis_states_ease_medicaid_signup/7529/

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Nation's minority numbers top 100M

USA Today | 05.17.07

By Haya El Nasser and Paul Overberg

The nation's minority population has topped 100 million for the first time and now makes up about a third of the USA, a symbolic milestone that signals more challenges for communities adapting to diversity.

Hispanics are fanning out to more states across the nation, creating a sharp contrast between their predominantly young numbers and those of an aging white society, according to Census population estimates out Thursday.

TABLE: State population changes by race, ethnicity

The age gap is widening as every state experienced a growth in Hispanics since 2000.

Hispanics remain the largest minority group at 44.3 million and accounted for almost half the nation's growth of 2.9 million from July 1, 2005, to July 1, 2006. As Hispanics settle in areas where whites are aging and fewer are being born, they're transforming classrooms, workplaces and entire communities.

The non-Hispanic white school-age population dropped 4% since 2000, while the number of Hispanic school-age kids surged 21%. The white under-15 population declined in all but nine states since 2000.

"The melting pot in America is really bubbling at the younger age," says William Frey, demographer at the Brookings Institution. In Nevada, for example, one in four residents was Hispanic in 2006, compared with one in five in 2000. It had the fastest-growing population under age 15, and Hispanic youths accounted for 67% of those gains.

"The pronounced differences between Hispanic populations and non-Hispanic populations agewise sets the stage in coming decades for very different political agendas," says Peter Morrison, demographer at the RAND Corp. "One population is going to form the core of the working age population by all indications. The other one is aging. (There are) two very different sets of economic interests: People who want health care vs. people who want jobs."

Census estimates also show:

- Non-Hispanic blacks grew 1.1% to 36.7 million from 2005 to 2006 but declined in three states and the District of Columbia. Hurricane Katrina decimated Louisiana's black population, which dropped by about 130,000 in one year.
- The white population has shrunk in 16 states this decade, including California, New York, New Jersey, Pennsylvania and Massachusetts. The declines stem chiefly from migration to other states.
- There are 2.5 million more non-Hispanic Asians since 2000, a 24.4% increase to 12.9 million.
- New England is becoming the new Florida as the median age climbs in most states in the region. Maine has the nation's oldest median age (41.1), up from third place in 2000. The U.S. median is 36.4.

Vermont (40.4) moved up to second place from fifth. "We may be attracting college-age people, but when they graduate they leave the state," says Will Sawyer, a state data specialist at the University of Vermont. "They come back to Vermont in their 40s."

- Florida still has the largest share of people 65 and older (16.8%), but it's aging more slowly than other states. Its median age is 39.6, ranking it fourth.
- Immigration accounts for more than 40% of the USA's growth since 2000. "It's pretty impressive," Morrison says. "Two-fifths of why our population is growing is from people being drawn to our nation."
http://www.usatoday.com/news/nation/census/2007-05-17-minority-numbers_N.htm

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