A LOCAL MIRACLE

By Josh Humphries
The Daily Reflector

An Elmhurst Elementary School kindergartner who has been through eight heart surgeries is headed to Disney World and may get a chance to meet the president of the United States.

Terrence Hooks Jr., 5, was selected to represent North Carolina in the Children's Miracle Network Champions Across America program this year.

The announcement was made Monday at his school by Ken Turpen, executive director of Pitt Memorial Hospital Foundation, and WTVM television anchor Dave Jordan.

Terrence will travel with his parents, April and Terrence Hooks Sr., and his brothers, Jeremiah, 3, and Jabari, 8 months, to Disney World on March 12. From there the family will travel to Washington with a stop at the White House, where a meeting with President Bush is planned.

Champions Across America is a Children's Miracle Network program that honors children who have triumphed despite severe medical challenges.

Terrence Jr. was born with a severe heart defect and required surgery when he was only two days old. His condition, hypoplastic left heart syndrome, kept his heart from supplying blood to his body and required eight surgeries, his mother said, but now he is a healthy, happy little boy.

"He keeps up with other 5-year-olds," April Hooks said. "He shouldn't get overstimulated, but sometimes I can't stop him."

Terrence Jr. loves to sing with his family and recently has taken an interest in basketball.

His father wrote "God Works Miracles," a song about his son's experience, for the youngster.

April Hooks said she was relieved as Terrence began to get better, but she didn't stop worrying and praying for the first year of his life.

"For the first year it was difficult, because he had more than one surgery," she said. "You are grateful that he is fine for now, but you continue to pray that he will continue to be OK."

She said her son is strong and will be fine if he has to have a heart transplant that doctors are predicting for him sometime in the future.

"If he eventually has to have the transplant, I know he will be fine, because he has already been through eight surgeries, and he is one tough cookie," she said.

Dr. Dennis Steed, pediatric cardiologist, said the youngster's heart defect was severe and difficult to treat.

"These are very complicated situations, and care must be fine-tuned all along," said Steed. "There's a chance you won't make it through the surgeries."

Terrence Jr. is the third child in four years to be chosen from the University Health Systems of Eastern North Carolina's Children's Hospital to represent North Carolina.

He was chosen from among recommendations here, Duke Children's Hospital and Health Center as well as Levine Children's Hospital in Charlotte.

Terrence Jr. and his family will serve as ambassadors for the Children's Miracle Network in Washington and participate in the television production of the Children's Miracle Network Celebration at Walt Disney World.

"He is excited to go to the White House, but he is really, really excited about Disney World," his mother said.

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Health costs may hit $4.3 trillion by 2017

By Kevin Freking
The Associated Press

WASHINGTON — By 2017, consumers and taxpayers will spend more than $4 trillion on health care, accounting for one of every $5 spent, the federal government projects.

The 6.7 percent annual increase in spending — nearly three times the rate of inflation — will be largely driven by higher prices and an increased demand for care, the Centers for Medicare and Medicaid Services said Monday. But other factors in the mix include a growing and aging population. The first wave of baby boomers become eligible for Medicare beginning in 2011.

With the aging population, the federal government will be picking up the tab for a growing share of the nation's medical expenses. Overall, federal and state governments accounted for about 46 percent of health expenditures in 2006. That percentage will increase...

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HEALTH
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to 49 percent over the next de-
cade.
"Health is projected to con-
sume an expanding share of
the economy, which means
that policymakers, insurers
and the public will face in-
creasingly difficult decisions
about the way health care is
delivered and paid for," CMS
economists said.

Overall health care spend-
ing in 2017 was estimated to
increase to $4.3 trillion.

In 2006, people and the gov-
ernment spent $2.1 trillion
on health care, an average of
$7,026 a person. In 2017, health
spending will cost an estimated
$13,101 a person.

In his budget for next year,
President Bush recommended
slowing the yearly growth of
Medicare from about 7 percent
to about 5 percent. The slow-
down would occur primar-
ily by freezing reimbursement
rates for the next three years
to scores of health care provid-
ers, such as hospitals, nurs-
ing homes and home health
centers. Bush also proposed
requiring wealthier Medicare
beneficiaries to pay higher
monthly premiums when par-
ticipating in Medicare's pre-
scription drug coverage plan.

Those recommendations
would reduce spending by
nearly $178 billion over five
years, but have little chance
of passage in Congress. Health
and Human Services Secre-
tarary Mike Leavitt has ac-
knowledged the unpopularity
of the recommendations, but
he said politicians must make
some hard decisions. The lon-
ger lawmakers wait, the more
difficult the decisions will be.

"Medicare, on its current
course, is not sustainable," Leavitt testified.

Democratic lawmakers also
have proposed ways to slow
health spending, primarily by
trimming payments to private
insurers who oversee health
coverage for nearly 9 million
Medicare beneficiaries. A
growing number of the na-
tion's elderly and disabled are
electing to get health coverage
through private plans that con-
tract with the federal govern-
ment and government econo-
mists predicted that trend
will continue. Now, about one
in six beneficiaries get their
health benefits through a pri-
ivate plan. By 2017, more than
one in four beneficiaries will
get their coverage that way,
Medicare officials said.

Health experts tell Congress
that Medicare pays much more
for each beneficiary who opts
for a private plan than it would
if they stayed in the tradition-
al Medicare program, which
reimburses providers at a set
fee for a particular service.
That difference increases the
burden on taxpayers as well
as beneficiaries, because par-
ticipants pay higher monthly
Medicare premiums.

The government economists
say it's hardly a new trend that
the health care sector will
grow more quickly than the
overall economy. Over the past
30 years, health spending has
exceeded growth in the gross
domestic product by about 2.7
percentage points each year.
Over the coming decade, that
difference is expected to nar-
row slightly. Still, the contin-
ued gap is worrisome, said the
agency's acting administrator,
Kerry Weems. He said consum-
ers, particularly businesses,
need more information about
the quality and cost of care.

"We have an approaching
crisis in this country unless
we change the way we do busi-
ness," Weems said.

Within the health sector,
economists project that spend-
ing on hospital care will in-
crease at rate of 6.8 percent a
year over the coming decade,
spending on physician servic-
es will rise 5.9 percent annu-
ally, and spending on nursing
homes will grow 5.2 percent a
year.

The economists' report will
be published online by the
Journal Health / Affairs.
Public Forum

Eastern N.C. needs governor who cares

I think my vote is changing concerning the upcoming North Carolina gubernatorial election. It was my intent to vote for Bev Perdue since she resides in New Bern and probably knows more about eastern North Carolina than the other candidates — so I thought.

Recently I was disappointed in hearing that Perdue refused to enter into a public debate here in Greenville. I listen to Talk of the Town every morning and I hear Henry Hinton’s frustration concerning Perdue and her campaign.

According to Hinton, Perdue’s campaign has a “scheduling conflict that day.” This was the response that was received after Hinton was repeatedly ignored. All the other candidates have committed to the debate except for Perdue.

If there is any region in this state that needs to be addressed, it is eastern North Carolina. Yet the one candidate who is actually a local will not debate here in Greenville. It seems to me that casting a vote for Perdue will get the same results that voting for Mike Easley got, which is very little for this region.

What else do I have to go by?

I urge the people of eastern North Carolina to look into the other candidates who are out there before you blindly cast a vote for Perdue. I also urge Hinton and ECU to go ahead and have the debate without her.

The people of eastern North Carolina deserve to be acknowledged. The people of eastern North Carolina deserve a vision. We deserve a governor who cares.

ERIK BARROW

Greenville
Discussion with Fed policymaker draws interest from hundreds

A member of the Federal Reserve board spoke to a packed house Monday at an ECU College of Business lecture.

By T. Scott Batchelor
The Daily Reflector

One of five people who determine monetary policy for the United States gave a lecture Monday sponsored by the East Carolina University College of Business.

Frederic S. Mishkin, a member of the Federal Reserve System's Board of Governors, came to the Hilton Greenville as part of the Beta Gamma Sigma Distinguished Lecture Series. The organization is the national honor society for collegiate schools of business.

The Fed determines monetary policy mainly by adjusting interest rates that in turn affect the economy.

Before a packed banquet room at the Hilton on Monday, Mishkin, 57, began with a question that formed the title of his talk: Does stabilizing inflation contribute to stabilizing economic activity?

Then he read aloud a prepared speech for about 20 minutes that ended with the answer: Yes, "for the most part," he said.

During a question-and-answer session afterward, Mishkin said the Fed must always "keep an eye on the inflation ball."

He recalled a different monetary mindset, prevalent among economics experts in the 1960s, which held that high inflation could lead to low unemployment.

"You know what happened afterwards," Mishkin said. "We actually had the 1970s, which were not a happy period."

"Then, to cure the problem of high inflation, we ended up with very severe recessions, because the Federal Reserve had to go out and say, enough is enough, we have to tighten interest rates sufficiently to actually wring inflation out of the system."

Mishkin noted that some

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of the business students in the audience might not remember, but the federal funds rate hit about 20 percent. Now that rate is 3 percent.

He came on the Federal Reserve Board on Sept. 5, 2008, after being appointed by President George W. Bush to fill an unexpired term that ends Jan. 31, 2014. Two of the seven board seats remain open.

Born in New York, N.Y., Mishkin earned a doctorate in economics from the Massachusetts Institute of Technology. He has taught at the University of Chicago, Northwestern University, Princeton University and Columbia University.

From 1994 to 1997, he was executive vice president and director of research at the Federal Reserve Bank of New York.

Responding to a question from an audience member about the negative effects of sending U.S. jobs overseas, Mishkin said “the period of globalization that we’ve had, and free trade, has actually not ended up creating more unemployment.”

“Look at the unemployment rate in the last 10 years, and it was lower than it was before,” he said.

“The U.S. economy has actually done very well, and in fact has had very high growth during a period of... very high globalization,” he said.

Tactfully acknowledging the intense scrutiny placed on words uttered by Fed governors, Mishkin turned aside a question from an audience member who asked how low interest rates were going to go.

“I’m surely not going to answer that question,” Mishkin said, eliciting laughter from the audience.

One of the things that is “a little frustrating for me is that there’s so much focus on what we’re going to do at the next (Fed) meeting,” he said.

Mishkin said he understands that mindset, because people make money guessing what the board will do next.

“But indeed what we really need for people to understand and think about is, are we doing the right thing from the long-run perspective, because if we get it right from the long run, that’s the success of monetary policy.”

During his prepared speech, Mishkin highlighted the Fed’s focus on core inflation in order to produce a stronger economy over the long term.

Core inflation looks at prices for items that aren’t as volatile as headline inflation, which are prices for things such as food and energy.

Raising interest rates to offset inflation brought on by a hike in oil prices, for example, will produce higher unemployment than if policymakers set rates in response to changes in core prices, he said.

Stanley Eakins, associate dean of ECU’s College of Business, during his introduction of Mishkin said the Fed governor has connections to eastern North Carolina in that his family has vacationed on the Crystal Coast for many years.

Mishkin and Eakins co-authored a best-selling finance textbook.

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Swiped key opens door for cheats

Chapel Hill High's years-long secret

BY CHERYL JOHNSTON SADGROVE
AND MARK SCHULTZ
STAFF WRITERS

CHEAP HILL — Chapel Hill High School officials busted a cheating ring this month in which students used a master key to enter teachers' offices at night and, in at least one case, used a camera phone to copy exam answers.

Officials learned of the stolen key Feb. 15 while investigating students for having the answers to a mid-term. Principal Jackie Ellis said in an e-mail message Monday. The key opened most of the school's doors, she said.

The cheating apparently went on for several years, with the key being passed from one year's graduate to the next and with an ever larger circle of students keeping the secret, Ellis told parents in another e-mail last week. "Evidently a large number of students were aware that this was happening and remained silent," she wrote.

Bill Melega, a history teacher, said he heard as many as 30 students were involved. He said the mid-term exam was for an advanced placement government and politics class. He said those implicated are good students and that some of his seniors are now suspended.

"It was pretty shocking, to tell you the truth," Melega said. "I feel pretty close to these seniors. I've taught some of them in three classes."

Student body president Ellie Jesse, 18, said the cheating has upset students and teachers at the school.

"There's a lot of anger right now, especially the senior class," she said. "The faculty feel so betrayed."

Cheaters may have gained an edge in class rankings that help decide college admissions, students said.

"Not only is it not morally or ethically right, it affects everyone else," said Kira Borman, 16, student body vice president. "How you stand with the other kids affects getting into schools. It stops you from maybe getting into the college of your choice."

Chapel Hill High can be a pressure cooker, students said.

"It's ridiculously competitive," said Borman, a junior. "I think [this] shows the people at the top might not just be the smartest people or the best people."

Jesse said 100 or more students could be affected by changes in class ranking.

"It definitely rumored around," she said. "Once they got in trouble there was a lot of finger pointing. I think that's when the whole chain got started, how everyone got caught."

In her e-mail last week, Ellis said she had encouraged teachers to talk with students. "Perhaps if we [teachers/administration] had heard about this sooner, fewer students would have been involved in it and fewer students, teachers, and parents would have been hurt in this whole unfortunate ordeal," Ellis wrote.

Cheating is more widespread than many realize. The Carnegie Foundation for the Advancement of Teaching reported last year that two-thirds of high school students cheat on tests, and 90 percent cheat on homework.

A national survey by Rutgers' Management Education Center of 4,500 high school students found that 75 percent of them engage in serious cheating.

Ellis said that Chapel Hill High's security officers and administrators continue to investigate the case.

And all exterior doors are being re-keyed.

Staff writer Jesse James
DeConto contributed to this story.

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The new college try

The move by Wake Technical Community College and other community colleges in North Carolina to start competitive sports programs is sort of like a hungry lion licking a big steak. This is North Carolina, after all, where regular life is suspended on certain (basketball-playing) days in March.

Wake Tech's board of trustees voted last week to begin several women's and men's sports this year and next. The school will join a junior college athletic association to coordinate its competition. The vote follows action by the State Board of Community Colleges, the governing body of the state's 59 campuses, which issued guidelines because more campuses were starting athletics programs and joining the sports arms race. The concern is that athletics will get out of hand in the same way it has at many four-year colleges. To safeguard against that, the board should go back and draw a sharp line at schools offering scholarships.

The Wake Tech president, Stephen Scott, says the teams — to be known as the Eagles — will let students compete at a higher level. Sports can serve as a social glue for schools, and they could help community colleges, viewed by some as second-tier choices compared to their four-year siblings, become more attractive.

Nothing wrong with any of that — if sports serve students, not the other way around. The costs so far at Wake? Student fees will double, to $20, to pay for the programs. An athletic director and at least some coaches will need to be hired. Wake Tech doesn't plan to recruit athletes from outside the county, but that's new. Other schools recruit heavily. Wake wants to build a $3 million sports complex at its North Campus, which would require seeking contributions from donors and negotiating naming rights. Sound familiar?

Schools can enjoy the benefits of sports while resisting the win-at-any-cost mentality that scholarships embody. Letting students have the outlet of competitive sports could make the college experience more rewarding, but there's no reason for community colleges to follow that notion out the window with athletic scholarships and students recruited from afar.
Shortage of surgeons pinches U.S. hospitals

By Robert Davis, USA TODAY

NASSAWADOX, Va. — In the modest building that houses Shore Memorial Hospital in this town of about 600 people between the Chesapeake and Hog Island bays, a health care crisis is brewing.

It's a problem rooted in the 1980s and 1990s, when U.S. medical schools put a cap on enrollments, believing that managed health care, among other factors, would create a glut of doctors.

They were wrong. And now the impact of a national shortage of surgeons and family practice doctors is echoing across the country.

The shortage of surgeons is a particular threat to the health care of 54 million rural Americans, medical specialists say, including the "watermen" who catch crabs, scoop clams and grow oysters here.

Shore Memorial, which on average has 61 patient admissions a day, was built 70 years ago to save lives being lost to simple ills such as appendicitis. Having a surgeon is vital to keeping open the doors of Shore Memorial and thousands of other small hospitals like it.

But as local doctors have moved away from this community or retired during the past 10 years, the ranks have fallen from seven full-time surgeons to two. There also are only two anesthesiologists; one is nearing retirement.

Medical schools were "woefully wrong" in their calculations, says Josef Fischer, who as chairman of surgery at Beth Israel Deaconess Medical Center in Boston trains new surgeons every year. "It's going to be tough in this situation to make it better."

From the late 1970s to the mid-1990s, several national advisory groups, including the Institute of Medicine and the Council on Graduate Medical Education, issued reports forecasting a surplus of physicians. As a result, medical schools voluntarily held enrollment relatively constant at about 16,000 new students a year. From 1980 to 2005, enrollment was flat while the U.S. population grew by more than 70 million, according to the Association of American Medical Colleges (AAMC).

After educators realized the forecasting mistake, medical schools began accepting more applicants. Last year nearly 17,800 students entered U.S. medical schools, the largest entering class ever.

However, Fischer says there's "a perfect storm" forming for a shortage of doctors and surgeons because of the time it takes to train doctors — typically three to seven years — and the fact that the number of senior citizens in the USA is growing rapidly.

As the 79 million baby boomers begin entering retirement age, so are their doctors. From 1985 to 2006, the percentage of doctors 55 and older rose from 27% to 34%, and the AAMC predicted in a 2006 report that members of this group — roughly 250,000 active physicians — will retire by 2020.

The impact often is most severe in rural America, where only 9,334 of 211,908 physicians are general surgeons, according to AMA data. The Census Bureau defines "rural" as open country or small towns with fewer than 2,500 residents.
David Lingle, 43, chief of surgery at Shore Memorial, says he is happy doing the work of several doctors. He answers calls for help when he's in his yard playing with his children or chopping wood. He can venture farther to fish for flounder or speckled trout only when he is not on call.

Because Lingle is a general surgeon in a small town, the alarm from his hospital pager could mean that a stranger needs help following a crash on the highway that connects North Carolina's Outer Banks to the New Jersey shore, or a friend from church might be having an aneurysm.

"I like the variety," says Lingle, who grew up in Arnold, Mo., a suburb of St. Louis. "We've figured out a way to make this work, but access to surgery in the periphery is in jeopardy." He says that he is worried that "nobody will want to sign up for this job anymore."

Thomas Russell, executive director of the American College of Surgeons, says there are not enough new doctors going into general surgery. Surgeons such as Lingle "have no one to sign off to, they are on call all the time," Russell says. "They can burn out after doing this year after year after year."

'They want balance in their life'

The shortage of surgeons is part of a larger shortage of medical professionals that has been recognized as a threat for more than five years. Medical schools have been enrolling more and more students annually to achieve a 30% increase in enrollment over 2002 levels by 2015.

But even a growing corps of young doctors may not help those who need general medical care, particularly if they live in rural areas, because of the career paths physicians are choosing.

Many of today's young doctors start their careers $150,000 to $250,000 in debt in education costs, so they often go where they can make the most money, Fischer says. And critical areas such as general surgery and family practice medicine are less lucrative than some specialties, such as bariatric or orthopedic surgery.

A typical new surgeon makes about $185,000 in his or her first year, Fischer says. After five years, he or she will earn $220,000 to $300,000 or more a year, depending on whether the practice is private or in an academic setting.

In rural areas, however, surgeons generally make less, Fischer says, especially if their hospitals don't supplement their salaries.

The number of physicians in specialties such as thoracic surgery and emergency medicine has more than doubled since 1990, according to the AMA. However, "fewer and fewer are going into family medicine and primary care," says James King, president of the American Academy of Family Physicians. And "many are not willing to go" to rural areas.

After an industry-wide review of allegations that surgeons were charging too much, Medicare lowered the amounts that the U.S. government pays doctors during the 1990s. For some common procedures, general surgeons now get about half the money they received 20 years ago, Fischer says.

"Are the best and the brightest going into medicine like they once did? The answer is no," Fischer says. "They are becoming investment bankers, attorneys and captains of industry because the American way — how prestigious things are — depends on money."

During the past three years, Fischer says, none of his surgical students has opted to become a general surgeon like Lingle.

Besides wanting to pay off their debt by earning more money quickly, today's new doctors also put a higher value on their free time. "My generation neglected our families. We neglected our children. We were always operating," says Fischer, 70. "This current generation, much to their credit, says, 'We're not going to do that.'"

Russell says new doctors "want to know when they are on and when they are off. It's no longer a calling for younger people. They want balance in their life."

King says some of his physician friends are telling their children to avoid medical school.

"They tell their kids not to go because of all the hassles," says the family physician from Selmer, Tenn. "They say it's not worth the headaches anymore."

A call for new priorities

Various physician groups are trying to drive changes that will offset the impact of the doctor shortage.

The American College of Emergency Physicians wants liability and reimbursement changes so that specialists will agree to come to the emergency room to see patients in the middle of the night.

The college of surgeons is promoting rural medicine among its members by focusing on effective rural practices at meetings and pairing country doctors to look for innovative solutions.

Meanwhile, the largest nationwide expansion of medical schools in 40 years has some schools facing challenges ranging from how to pay for new buildings to how to recruit more faculty members, according to the AAMC.

"It will take more than somebody waving a magic wand" to increase the number of surgeons, Fischer says, adding that there still are only about 1,000 spots a year in surgical training programs, he says.
And King says medical schools need to hunt for a slightly different type of student — those who want to practice medicine in rural areas — and focus less on attributes such as an applicant's previous clinical research.

"Just increasing the number of slots for medical schools is not going to solve the problems of supplying health care to the citizens," King says.

Reimbursement an issue

He and others say physician reimbursement has to change in a way that will compensate for treating rural patients "where they live." Many patients have to travel or be transported long distances to get the care they need, the doctors say, especially trauma and critically ill patients. That will only get worse as the shortage grows, they say.

King says doctors should be compensated for helping patients manage chronic conditions. A follow-up phone call, e-mail, or a visit with a dietitian or a nurse on a physician-led team might help eliminate the need for surgery. "If we do this right," he says, "the prognosis for medicine is excellent."

Ben Murphy agrees. A 2003 graduate of Nandua High School here on the Eastern Shore, he met Lingle through his grandmother, one of the surgeon's patients.

While attending the University of Virginia, Murphy began to seriously consider medicine, so he called Lingle, who invited the college student to spend 40 hours a week with him over the summer.

For two months, when the biting flies the locals call "greenheads" are most vicious, Murphy worked in the little white house across the street from the hospital where Lingle and his partner, Charles Goldestein, 48, see patients. He followed Lingle into the operating room to observe surgery.

"I fell in love with all parts of medicine," says Murphy, 22, who begins his training at Johns Hopkins Medical School in Baltimore in August. "The more medicine I saw, the more I loved it."

He's concerned about the direction medicine is heading, he says, but he's excited to become a doctor and thinks he will choose surgery, "though there are still a lot of decisions to be made."

Another uncertainty is whether he will return to Shore Memorial someday. The small local hospital might look different after he has treated patients in a big-city facility.

"I like rural areas," Murphy says in a telephone interview. "I may eventually want to go back there. At first, I'll probably go somewhere else, but I could see myself going back there later in life."

Sitting in a hot, dark conference room near the operating room, Lingle takes a short break as the staff prepares a room and a patient for another procedure. "We joke that in 10 years, Ben will be back," he says. His smile fades as he considers the odds of that happening. "At least he will be a doctor."

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Do Top Colleges Enroll Enough Pell Grant Students?
February 22, 2008 03:11 PM ET | Robert Morse | Permanent Link

Are the leading U.S. universities doing enough to get more students from lower-income families to enroll in their institutions? Are recently announced initiatives to increase financial aid, reduce loans, and decrease parental contributions helping to bring more of the nation's neediest students to the nation's top-ranked schools?

The answer so far is a clear no, based on a December 2007 article in Postsecondary Education Opportunity titled "Pell Grant Enrollment at America's 'Best' Universities and Colleges FY 2000 to FY 2008" by Thomas G. Mortenson. A higher-education policy analyst, Mortenson looked at universities and liberal arts colleges that ranked in the top half of the National Universities and Liberal Arts Colleges categories in the U.S. News 2008 America's Best Colleges rankings to determine trends of enrollment of undergraduate students with Pell Grants (federally funded need-based aid to students from low- and middle-income families) at those schools. It found that between fiscal year 2000 and 2006, there was a 36.7 percent increase in the number of Pell Grant recipients nationwide. But among the schools in the top half of the U.S. News National Universities ranking, the total number of Pell Grant recipients increased by just 9.2 percent in this time period. Even more startling is that among the schools in the top half of the U.S. News Liberal Arts Colleges' ranking, the total number of students receiving Pell Grants declined by 1.9 percent.

This means that both groups of top-ranked U.S. News colleges fell far short of the national average increase in the number of Pell Grant recipients. Mortenson says that some of these top-ranked schools have made real efforts to enroll more of these students from the
Yeshiva University (NY)  -25.1
Lehigh University (PA)  -23.6
University of Tulsa (OK)  -21.7
Cornell University (NY)  -21.5
Tulane University (LA)  -20.9
Virginia Tech  -20.9
Stevens Institute of Technology (NJ)  -20.2

In the liberal arts category, only one college beat the average.

The 10 liberal arts colleges with the largest percentage increases in Pell Grant recipients

University of Richmond (VA)  43.5
Ursinus College (PA)  33.5
Agnes Scott College (GA)  33.4
Randolph College (VA)  33.3
Lake Forest College (IL)  32.6
Spelman College (GA)  30.5
Hollins University (VA)  27.4
College of Holy Cross (MA)  27.3
Bennington College (VT)  26.1
Albion College (MI)  23.4
lower-income families. However, he believes that the fact that many more of them seem not to be trying to enroll Pell recipients "suggests their disengagement from the demographic realities facing the U.S."

Which schools are the Pell Grant winners and losers in 2007 versus 2000?

Only four national universities beat the overall average increase in Pell Grant recipients.

The 10 national universities with the largest percentage increases in Pell Grant recipients

Harvard University (MA) 52.5
University of California-San Diego 42.9
University of Pittsburgh 40.4
Arizona State University 39.3
University of Denver 36.1
Loyola University of Chicago 33.2
University of California-Davis 32.5
Illinois Institute of Technology 31.0
University of California-Riverside 30.4
Brown University (RI) 29.1

The 10 national universities with the biggest percentage declines in Pell Grant recipients

St. Louis University -43.1
University of Southern California -30.3
University of San Diego -25.7
The 10 liberal arts colleges that had the biggest percentage declines in Pell Grant recipients

Washington College (MD)  -43.5
Pitzer College (CA)  -34.8
Oberlin College (OH)  -29.8
Occidental College (CA)  -29.8
Colorado College (CO)  -28.1
Bucknell University (PA)  -28.1
Dickinson College (PA)  -27.6
Claremont McKenna College (CA)  -27.2
Vassar College (NY)  -25.1
College of St. Benedict (MN)  -23.7


* Students to Colleges: Rankings Not-So Important

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