

AUG - 5 1996



THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, DC 20201

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TO: All Staff
FROM: The Secretary
DATE: February 21, 1996
SUBJECT: New Role for the Assistant Secretary for Health

As you know, pursuant to our Reinvention of Government and streamlining processes, I have merged the Office of the Assistant Secretary for Health (OASH) with the Office of the Secretary, (OS), creating a unified corporate headquarters for the Department that brings expertise in public health and science closer to the Secretary.

The merger creates a new role for the Assistant Secretary for Health (ASH), who becomes head of the Office of Public Health and Science (OPHS), a new division within OS. The Public Health Service (PHS) agencies become HHS Operating Divisions, reporting directly to the Secretary. These Operating Divisions, along with the new OPHS, continue to constitute the U.S. Public Health Service, with the Secretary of Health and Human Services as its head.

The ASH will have a distinctive role within the OS, leading an office defined by a substantive area rather than by a function. The ASH will, by necessity, have a "hybrid" role, acting as senior advisor for public health and science to the Secretary and providing senior professional leadership in the Department on population-based public health and clinical preventive services. In addition, the ASH will exercise certain operational responsibilities under my direction by: directing program offices within the OPHS; providing professional leadership on cross-cutting Departmental public health and science initiatives; and, at the direction of the Secretary, providing assistance in managing the implementation of Secretarial decisions for the Public Health Service Operating Divisions. To perform this role the ASH will:

1. Function as the Secretary's senior advisor for public health and science by:
 - serving as the senior professional representative to the public health and science communities;
 - serving as the senior professional representative on public health and science related interagency and interdepartmental task forces and as the liaison with the White House Office of Science and Technology Policy;
 - serving as the senior professional spokesperson on public health and science issues;
 - providing advice to the Secretary in the review of budget and legislative proposals related to public health and science;
 - assisting the Secretary in developing a policy agenda for the Department to address major population-based public health, prevention and science issues; and,
 - fulfilling emergency preparedness leadership responsibilities in health.



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Secretary

JUN 20 1996

Assistant Secretary for Health
Office of Public Health and Science
Washington, D.C. 20201

Dear Colleague:

Several important changes have recently taken place in the organization of the Department and the U.S. Public Health Service (PHS) that will strengthen the Department's ability to provide leadership in public health and science.

As a part of the Administration's Reinvention of Government (REGO) efforts, the roles and responsibilities of the Office of the Assistant Secretary for Health (OASH) have been reorganized. The personnel, finance, and administrative management functions of OASH were either reorganized into a newly established Program Support Center that will serve the entire Department, or were transferred to the operating divisions. The professional public health and science functions and cross-cutting program offices were organized into a new division in the Office of the Secretary (OS), the Office of Public Health and Science (OPHS), headed by the Assistant Secretary for Health (ASH).

At the same time, the agencies of the Public Health Service that had reported to the ASH were elevated to operating division status with management lines reporting directly to the Secretary. Agency heads were given additional and broader delegations of authority providing them with new tools with which to manage their responsibilities.

The final element of the reorganization involves a new management and representational structure for public health at the regional level. The Regional Health Administrators (RHAs) have become integral members of the Office of the Regional Director, HHS, in each region. The RHAs will continue to supervise the regional activities of the minority health and women's health coordinators, the Office of Population Affairs, and the Office of Emergency Preparedness, and will remain the chief federal public health official for their respective region. The RHAs will maintain a "dotted line" relationship with the OPHS and the ASH for the purposes of professional public health coordination and consultation. The new operating divisions, the Regional Health Administrators, and the OPHS, which includes the Office of the Surgeon General, continue to constitute the PHS.

To assure close cooperation and collaboration among health agencies, a Public Health Council has been established under the direction of the Secretary and chaired by the ASH. The Council consists of the agency heads of PHS operating divisions, as well as members from the Office of the Assistant Secretary for Management and Budget, the Office of the Assistant Secretary for Planning and Evaluation, the Health Care Financing Administration, and representation from the Administration for Children and Families and all of the OPHS staff offices.



PROGRESS REPORT FOR: Occupational Safety and Health

On March 9, 1995, the Public Health Service (PHS) conducted a review of progress on HEALTHY PEOPLE 2000 objectives for occupational safety and health. The lead agency for this priority area is the Centers for Disease Control and Prevention. Representatives of the Health Resources and Services Administration and the National Institutes of Health were joined for the review by representatives from Organization Resources Counselors, Inc.; California Medical Center; New York State Department of Health; the University of Iowa College of Medicine; and the AFL/CIO. Other Federal participants included staff from the Departments of Labor and Energy, and the Environmental Protection Agency.

The Director of the National Institute for Occupational Safety and Health (NIOSH) began by emphasizing that occupational injury and disease cause needless human suffering, burden health care resources, and drain U.S. productivity. In 1994, employers reported 6.3 million disabling work injuries and 514,700 cases of occupational illnesses. In that year, an average of 18 American workers died each day from injuries on the job. An average of 137 workers died each day from workplace diseases. In 1994, work injuries cost \$121 billion in medical care, lost productivity, and wages. Medical payments under workers' compensation rose to almost \$17 billion in 1991 with a total of more than \$40 billion paid in workers' compensation claims.

The number of fatal occupational injuries in the United States has been declining. For 1994, the Bureau of Labor Statistics reported 5 deaths from work-related injuries per 100,000 full-time workers. The 1983-87 baseline was 6 per 100,000. Mortality rates in mining (including oil and gas extraction), construction, transportation, communication, public utilities, agriculture, forestry, and fishing are consistently higher than in all other industries. Rates decreased in nearly every demographic and employment sector, with greater declines among men, African Americans, and younger workers.

National Traumatic Occupational Fatality (NTOF) data show that homicide is the third leading cause of traumatic occupational fatalities and that convenience store workers and taxicab drivers are among those employed in the highest risk occupations. Because of these findings, a new objective is included in *Healthy People 2000 Midcourse Review and 1995 Revisions* to reduce deaths from work-related homicides to no more than 0.5 per 100,000 full-time workers from an average of 0.7 per 100,000 during 1980-89.

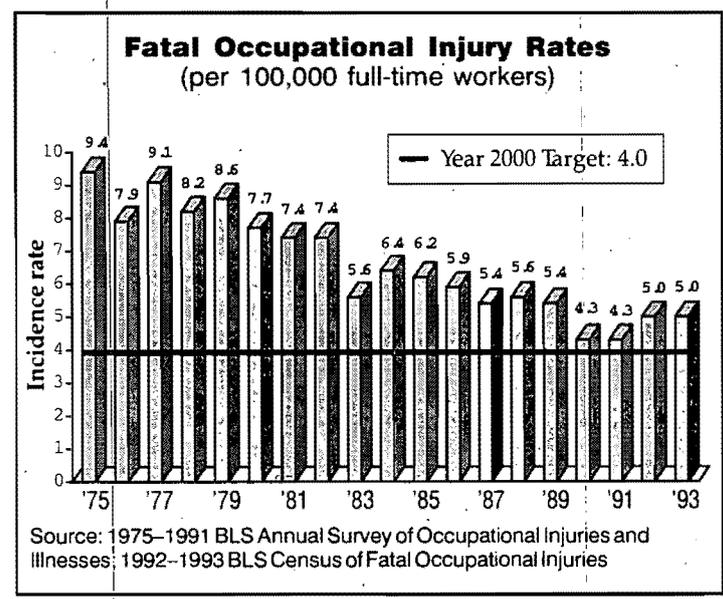
Rates of work-related nonfatal injuries have increased during the past 6 years. Compared with the baseline of 7.7 injuries per 100 full-time workers (an average for the years 1983-87), there were 8.4 cases in 1994. Risks to construction and mine workers have decreased while on-the-job injury

increased among nursing and personal care workers. It is possible that part of this increase is due to greater awareness and reporting of injuries such as needle sticks.

A NIOSH study shows that each year 22,000 youths are injured or develop work-related illnesses, and 64,000 are treated in emergency rooms. About 70 youths suffer fatal occupational injuries each year. A new HEALTHY PEOPLE 2000 special population target is to reduce injury rates among adolescent workers to 3.8 per 100 from a baseline of 5.8 per 100 in 1992.

New cases of cumulative trauma disorders have increased from 100 cases per 100,000 workers in 1987 to a high of 383 cases per 100,000 workers in 1993. Disorders resulting from repeated motion, noise-induced hearing loss, and vibration injuries are included, but lower back disorders are not. Increases in reported cumulative trauma disorders may be due to heightened awareness and better reporting, but also to changes in work design, such as increased automation and job specialization, both of which increase the amount of repetition performed by the worker.

Occupant protection reduces injury in automobile crashes. Data from 1980-89 indicate that the leading cause of worker fatality was trauma sustained in motor vehicle crashes (23 percent), ranking ahead of machine-related incidents (14 percent), homicides (12 percent), falls (10 percent), electrocutions (7 percent), and falling objects (7 percent). The 1992 *National Survey of Worksite Health Promotion Activities* indicated that 82 percent of all worksites with 50 or more





CONSORTIUM EXCHANGE

National Public Health Week 1996

Donna E. Shalala, Secretary of the Department of Health and Human Services, kicked off National Public Health Week on April 1 at the Centers for Disease Control and Prevention's (CDC) 50th anniversary ceremony in Atlanta, Georgia. The theme of this second annual event was "Celebrating Success." President Clinton established National Public Health Week in 1995 as a way of recognizing the contributions of public health and prevention services to America's well-being.

Secretary Shalala commended CDC for its first 50 years of promoting public health and for continued vigilance in preventing disease and disability throughout the world. The Secretary offered five challenges to help write the next chapter in public health history. These challenges include staying hot on the trail of infectious diseases; teaching Americans healthy behaviors and the value of preventive services, such as immunizations and breast cancer screening; creating healthy communities by guaranteeing healthy environments; and preventing injuries by making America's homes and neighborhoods safe. The final challenge is tapping into the power of communication to give people the information they need to be the guardians of their own health. This means

finding new communication strategies to reach all Americans—especially young Americans in their homes, schools, and offices.

In addition to the kick-off in Atlanta, this year's events included a rally at the Dorothy Chandler Pavilion in Los Angeles, California, attended by several thousand public health workers and a celebration in Arlington, Virginia, where the acting Surgeon General, Dr. Audrey Manley, issued a proclamation. Other States and localities also honored the occasion. North Carolina's events were month-long, with the State health department providing 100 counties with information packets and posters to help them celebrate public health in their communities. For more information about Public Health Week 1997, call Katherine McCarter at (202) 789-5651.

A Challenge for Rhode Island Employers

The Rhode Island Department of Health has initiated the Healthy Rhode Islanders Challenge, a program to provide employers in the public and private sectors with specific strategies they can use to improve the health and well-being of employees in the workplace. The Worksite Challenge Book translates the State's year 2000 health objectives into concrete suggestions to promote improved health. It offers a

wide range of activities for organizations to use with their customers and the community. Information about Rhode Island companies that have initiated similar programs and are willing to serve as mentors or share their experiences also is available. The Department of Health offers technical assistance in identifying appropriate activities based on a company's interests and resources. All participating companies will receive public acknowledgment. The Challenge program is sponsored in part by CDC. For more information, call Mary Lou DeCiantis at (401) 277-2588.

ABOUT CONSORTIUM EXCHANGE

Healthy People 2000 CONSORTIUM

EXCHANGE is a new information resource for Healthy People 2000 Consortium members to share news about prevention activities related to achieving one or more of the Nation's health promotion and disease prevention objectives. Please send news about your programs and activities to Ellis Davis, Office of Disease Prevention and Health Promotion, 200 Independence Avenue S.W., Room 738G, Washington, D.C. 20201; (202) 260-2873; Fax (202) 205-9478; Healthy People 2000 Homepage — <http://odphp.osophs.dhhs.gov/pubs/hp2000>.

Healthy People 2000 is a national initiative to improve the health of all Americans through prevention. It is driven by 300 specific national health promotion and disease prevention objectives targeted for achievement by the year 2000. Healthy People 2000's overall goals are to: increase the span of healthy life for Americans, reduce health disparities among Americans, and achieve access to preventive services for all Americans.



PROGRESS REVIEW

Unintentional Injuries

DEPARTMENT OF HEALTH & HUMAN SERVICES ■ PUBLIC HEALTH SERVICE ■ January 23, 1996

In a review of progress on HEALTHY PEOPLE 2000 objectives for unintentional injuries, the Centers for Disease Control and Prevention, lead agency for this priority area, provided an update on the status of 10 selected objectives:

9.1 Between 1987 and 1994, the death rate for unintentional injuries decreased by 14 percent. The year 2000 target of 29.3 per 100,000 people has nearly been reached. However, unintentional injuries continue to be the leading cause of death among children and young adults aged 1-34.

9.2 Hospitalizations for nonfatal unintentional injuries dropped to 699 per 100,000 people in 1993, below the year 2000 target of 754. There are difficulties in monitoring this objective because less than half of hospital discharges include e-codes, a code for the external cause of the injury. Only 15 States currently mandate the use of e-codes in their hospital discharge systems. Hence, tabulation of the data on injuries must rely on information that does not distinguish intentional and unintentional injuries. Increasing the use of e-codes in hospital discharge systems will improve tracking of this objective.

9.3 Because this objective was achieved early in the decade, the target was revised during the midcourse review. Although motor vehicle-related deaths have decreased from 2.4 per million miles traveled in 1987 to 1.7 in 1994 (target=1.5), and from 19.2 per 100,000 people in 1987 to 15.6 in 1994 (target=14.2), motor vehicle-related deaths among young children and the elderly have increased.

9.4 The death rate from falls and fall-related injuries has declined from 2.7 per 100,000 in 1987 to 2.5 in 1993; the year 2000 target is 2.3 per 100,000. In 1992, falls were the second leading cause of unintentional injury deaths for people aged 65 to 84 years. Effective interventions for older people include the identification of physical activities appropriate for their age, improved prescribing practices to minimize the effects of polypharmacy, and changes to building design and flooring materials.

9.5 The death rate from drowning declined from 2.1 per 100,000 in 1987 to 1.7 in 1993; the year 2000 target is 1.3. Drowning is the third leading cause of unintentional injury deaths for children aged 1 to 4. Interventions that have proven effective include water safety training, adoption of laws requiring four-sided isolation pool fencing, use of personal flotation devices while boating, and efforts to increase public awareness about risks associated with alcohol use while swimming or boating.

9.6 The decline in residential fire death rates (from 1.7 per 100,000 in 1987 to 1.4 in 1992) is approaching the year 2000 target (1.2 per 100,000). Some 3,600 people died in 1992, and there were over 27,000 injuries from residential fires; children and the elderly are at greatest risk. On average, one out of every 200 households experiences a fire each year, and the rate is greater among poor households. Smoke detectors and sprinklers have proven to be effective interventions in reducing the incidence of residential fire deaths.

9.7 The trend in hospitalizations for hip fractures among people aged 65 and older is moving away from the year 2000 target. Hospitalizations increased from 714 per 100,000 people in 1988 to 841 in 1993; the year 2000 target is 607. This increase reflects an international trend. Hip fractures are a cause of severe disability in the elderly, half of whom never return to independent living after

suffering such an injury. Elderly white women may be at greater risk because of greater susceptibility to osteoporosis. Recent research found that a person must fall directly on the hip in order to break the hip, which suggests that padding the hip joint of an elderly person would reduce the incidence of hip fractures. This strategy is currently being evaluated.

9.8 Nonfatal poisonings requiring hospital emergency department admissions declined substantially from 1987 to 1994 (from

HIGHLIGHTS

- The Department of Transportation's National Highway Traffic Safety Administration can take a measure of credit for the reduction in highway fatalities through a variety of intervention programs that increase the use of safety belts, child restraints, and motorcycle helmets, and reduce the incidence of drinking and driving.
- Fire exacts tremendous costs to the Nation, accounting for the loss of one person every 2 hours, including the deaths of 100 firefighters and 123,000 injuries on average per year, and \$8 billion per year in property losses.
- The National Fire Protection Association's "Learn Not to Burn" instructional program is being distributed to Indiana schools by the State Fire Marshall's Office. Indiana hopes to be the first State in the United States to have a statewide program; it is currently being taught in every school in Canada.
- The Oklahoma State Department of Health distributed free smoke detectors in a community with a high incidence of fire-related injuries and found a 73 percent reduction in injuries 4 years later in that community. Each dollar spent on fire prevention saved \$20.

PREVENTION *report*

U.S. Department of Health and Human Services

Spring/Summer 1996

To Russia With Health: Internet Aids Globalization of Public Health

The democratization of Russia has led to an extraordinary teaming of Russian and U.S. officials to improve the lives of citizens in both nations. Created by President Clinton and Russian President Yeltsin after their 1993 summit meeting, the U.S.-Russia Joint Commission on Economic and Technological Cooperation (JCETC) advances bilateral cooperation on many global issues, including health.

Also known as the Gore-Chernomyrdin Commission for the cochairs, Vice President Al Gore and Prime Minister Victor Chernomyrdin, the commission conducts its work through eight committees on health, space, business and investment development, energy, defense conversion, science and technology, environment, and agriculture. Numerous cooperative ventures and programs have resulted, many supported by technology, especially the information superhighway.

Directing the globalization of public health is the Health Committee co-chaired by Secretary of Health and Human Services Donna E. Shalala and A.D. Tsaregorodtsev, Minister of Health and Medical Industry of the Russian Federation. A key vehicle in the committee's exchange of information for improving health of citizens in both countries is the Internet. Indeed, the committee has a World Wide Web site (<http://odphp.osophs.dhhs.gov/russia>) with text in both English and Russian.¹

The Health Committee, which has met four times since its formation in late 1994, seeks to have a practical impact on the health status of both Americans and Russians through cooperative activities. The primary tool for achieving this goal is the exchange of information using all types of communication vehicles. This includes the Internet and e-mail as well as traditional printed materials, exchange visits, and face-to-face technical assistance. Collaborations and discussions among government officials and scientists, training, and public-private partnerships are also being pursued.

Indeed, one of the most far-reaching achievements to date has been U.S.-Russian and public-private cooperation. This cooperation is seen within agency departments, across agencies, and between governments and industry at the local, State, and national levels. Members also work with other committees, particularly those concerning business development and the environment.

The Health Committee has identified eight priority areas—diabetes, health education and promotion, prevention and

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¹ By its very existence, the committee helps promote the benefits of international networked health information, the topic of the previous issue of *Prevention Report*. For an online version, see the National Health Information Center's World Wide Web site: <http://nhic-nt.health.org/>. For transcripts of the recently conducted 1996 Partnerships for Networked Consumer Health Information conference, see this World Wide Web site: <http://odphp.osophs.dhhs.gov/confnrnce/partnr96/>.

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control of infectious disease, strengthening primary care practice, tuberculosis treatment and control, maternal and child health, health reform and policy dialogue, and environmental health. The committee is also focussing on two interdisciplinary or crosscutting areas: trade and investment and telecommunications.

Crosscutting Areas

Telecommunications is one of two crosscutting aspects of the Health Committee as well as the commission as a whole, especially with the use of the World Wide Web and e-mail for both personal communication and database access. Electronic communication also has the advantage of facilitating data analysis and strengthening surveillance. This crosscutting priority encompasses demonstrations of the potential of computers in the field of health.

The second crosscutting area, *health sector trade and investment*, covers the supply of high-quality health products,

such as pharmaceuticals and medical devices (some specific to the health sector and others with a broader effect). Co-led by representatives of the U.S. Department of Commerce and the Food and Drug Administration, the working group is investigating existing barriers to trade and investment in the health sector and has issued memoranda of understanding on medical devices and pharmaceuticals.

Priority Areas

The groups working in each of the eight priority areas have specific objectives, accomplishments to be proud of, and upcoming deliverables.

Diabetes. The objectives are threefold: to establish an effective, nationwide surveillance system for diabetes in Russia, to initiate clinical training programs to facilitate improved diabetes professional education, and to support the establishment of a professional diabetes association similar to the American Diabetes Association. Thus far, Russian

diabetes specialists have visited the United States to develop plans for a diabetes prevention initiative; others have received clinical training; and electronic communications have been established so that U.S. and Russian diabetes researchers can share data. Also of particular importance is the work with pharmaceutical companies (insulin producers Eli Lilly and Novo-Nordisk) and major diabetes-related industries in the United States. The Centers for Disease Control and Prevention's Division of Diabetes Translation will cosponsor a major health promotion conference in Russia later this year.

Health Education and Promotion.

Here the initial emphasis is on development of strategies to promote better health of children and adolescents, principally through school health education and other health programs. At the committee's January 1996 meeting, cochairs Shalala and Tsaregorodtsev declared in a joint statement, "The children of our nations are our most precious national treasures, and assuring their present and future growth is one of our most essential obligations." The co-chairs called for making "health education a priority for our educational systems, defining health education broadly to engage families, communities, and educational and health institutions in the transmission of essential information about life sciences and risks to health, as well as in provision of opportunities to engage in health-supporting activities and to live their childhoods in health-sustaining environments."

The declaration was just the beginning. Within months, priority group members were putting together a Joint Exhibition on Health Education and Health Promotion and a Conference on

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DIPHTHERIA: AN EPIDEMIC IN RUSSIA

Through a mutual exchange of knowledge and information, the Health Committee of the U.S.-Russia Joint Commission on Economic and Technological Cooperation seeks to be more than a humanitarian effort. As U.S. health professionals and scientists work with their Russian counterparts on prevention, treatment, and control strategies, both nations will benefit. Diphtheria serves as an example.

Years ago in the United States, diphtheria was a widespread and greatly feared disease, striking about 150,000 people annually and killing about one in ten. Today, only a few cases occur each year.

The contrast with diphtheria-related morbidity and mortality in Russia is considerable and indeed

was cause for alarm recently upon the increase in Russian immigration to the United States. Diphtheria constitutes an epidemic in Russia and the number of cases continues to rise. Of the persons who died in 1994, 95 percent had never been vaccinated.

According to the Centers for Disease Control and Prevention, the current rarity of diphtheria in the United States is due primarily to the high level of appropriate immunization in children and to an apparent reduction in the poison-carrying strains of the bacteria. However, the increasing percentage of diphtheria cases in adults suggests that many adults may not be protected against diphtheria because they do not receive boosters every 10 years as recommended.

COMMITTEE ACTIONS

National Coordinating Committee on School Health

Over 30 member organizations in the health, education, and social services fields as well as over 50 representatives of Federal agencies and other organizations were represented at the 6th meeting of the National Coordinating Committee on School Health. The theme was "Stories and Statistics," focusing on the marketing of school health programs to communities as an essential component of support systems to ensure the development of healthy and well-educated children and youth.

Keynote speaker George Thompson of the Center for Leadership in School Reform put the need for and marketing of school health programs in the larger context of school reform. Mr. Thompson, a former school superintendent, noted that schools are now asked to do a more thorough job of educating America's children, as workplaces increasingly require higher-level skills, and there are fewer employment options for high-school dropouts or low-skilled graduates. Thus, the concern that America's schools are not doing well enough stems not from a decline in their quality, but from increased expectations. In order to meet society's new needs, schools need to target their efforts on student learning and redirect the work of the adults who administer and operate schools toward leadership and support of students' work. This kind of change must include not only new learning methods, but also a focus on other aspects of students' lives that affect their success at school, including both physical and mental health.

Following Mr. Thompson's remarks, the committee and its guests broke into four working groups to explore what marketing tools exist to promote school

health, what tools are still needed, and how the participants could work together to better use existing marketing tools and fill the gaps. Emerging themes included the use of community focus groups, interdisciplinary training, internal marketing among the constituencies on the committee, establishment of a clearinghouse, development and dissemination of models that can be adapted to local needs, increased use of communications technology, involvement of youth, business sector participation, and research demonstrating the effectiveness of school health programs.

The committee cochair also shared departmental initiatives and concerns. Under Secretary Ellen W. Haas spoke of the rapid enrollment of schools in the U.S. Department of Agriculture's Team Nutrition Program and the promise of healthier meals for the millions of children who eat school breakfasts and lunches every day. Deputy Assistant Secretary of the Department of Education James W. Kohlmoos urged participants to invest the effort needed for successful collaboration and to take advantage of the opportunity to change the way communities and others interact with schools as they reevaluate their roles and open their doors to new partners. Deputy Assistant Secretary of the Department of Health and Human Services Earl Fox emphasized the need for Federal technical assistance to encourage schools to provide student health services. In particular, assistance would be helpful in determining what health costs can be supported by Federal/State programs, such as the Maternal and Child Health Block Grant, and in obtaining third party reimbursements for services rendered.

MEMBERSHIP

- American Academy of Family Physicians
- American Academy of Pediatrics
- American Alliance for Health, Physical Education, Recreation and Dance
- American Association of Colleges for Teacher Education
- American Association of School Administrators
- American Cancer Society
- American College Health Association
- American Dental Association
- American Federation of School Administrators
- American Federation of Teachers
- American Heart Association
- American Indian Health Care Association
- American Lung Association
- American Medical Association
- American Nurses Association
- American Psychological Association
- American Public Health Association
- American Public Welfare Association
- American School Counselor Association
- American School Food Service Association
- American School Health Association
- Association of Maternal and Child Health Programs
- Association of State and Territorial Health Officials
- Council of Chief State School Officers
- The Council of the Great City Schools
- National Alliance of Black School Educators
- National Association for Asian and Pacific American Education
- National Association of County and City Health Officials
- National Association of Community Health Centers
- National Association of Elementary School Principals
- National Association of School Nurses
- National Association of School Psychologists
- National Association of Secondary School Principals
- National Association of Social Workers
- National Association of State Boards of Education
- National Coalition of Hispanic Health and Human Services Organizations
- National Conference of State Legislators
- National Education Association
- National Governors Association
- National Mental Health Association
- National Middle School Association
- National Parents/Teachers Association
- National School Boards Association
- National School Health Education Coalition
- Society for Nutrition Education

FOCUS

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Health Education and Health Promotion for Children and Youth as part of the Third International "Medicine for You" exhibition in Moscow in June 1996. Russian and U.S. working groups were successful in obtaining participation by government, corporations, and academic health centers. In addition to formal events, Russian and U.S. health officials have discussed committee-related matters as occasions have presented themselves: for example, at the May World Health Assembly in Switzerland.

Even before the declaration, grass-roots efforts were underway through the School Linkage Program, a reciprocal high school exchange involving 1,400 students in 179 Russian schools and 1,400 American counterparts. For example, students from Volgograd have visited a Medford, Oregon, high school to develop a joint curriculum on healthy lifestyles. (See *Spotlight*.)

Prevention and Control of Infectious Diseases. Seeking to enhance training, epidemiological studies, and applied research in infectious diseases, the committee is focusing on bilateral exchange of scientists, other experts, and know-how (for example, computer software programs). One important aim is to strengthen Russian efforts to control the ongoing diphtheria epidemic (see box on page 2). Teams of epidemiologists have reviewed surveillance data and identified increased risks among adult women and lower levels of vaccine coverage in the highest risk group. Now underway or planned are vaccine coverage assessments, studies of diphtheria isolates, and assistance to Russian collaborators in defining and implementing improved control strategies. The Centers for Disease Control and Prevention's *Morbidity and Mortality Weekly Report* has published in English and in Russian "Profile

of Infectious Diseases: Russian Federation and U.S.A., 1994," which covers diphtheria as well as hepatitis, measles, and poliomyelitis.

Another U.S. agency participating in this priority area is the Food and Drug Administration (FDA). FDA representatives have provided technical assistance in food safety and conducted workshops on foodborne pathogens, labeling, and other topics. FDA has also established a World Wide Web page to provide multilingual versions, including Russian, of food safety publications: <http://www.cfsan.fda.gov/~mow/select1.html>.

Strengthening Primary Care Practice. This priority area involves strengthening current primary care practice and developing family medicine physician training and nurse training for primary health services in Russia. Recent accomplishments include a study tour and plans for satellite conferences with key Russian and U.S. primary care leaders.

Tuberculosis (TB) Treatment and Control. TB has shown a resurgence in the United States and continues to be a serious problem in Russia. The focus in this area is the assessment of short-course ambulatory therapy in Russia, the development and use of computerized systems for surveillance of the disease and case management, and the exchange of information and expertise on common problems of TB in each country. Of particular note is a public-private partnership, with U.S. pharmaceutical manufacturer Marion Merrill Dow providing drugs for a demonstration project for the therapy.

Maternal and Child Health. With maternal and infant mortality continuing to be public health problems in both countries, this group is sponsoring seminars on modern contraceptive technologies, training of trainers, and exchanges of experts and information on case

management and major childhood diseases. These and other activities are a part of the Women's Health Program of the U.S. Agency for International Development (USAID).

Health Reform and Policy Dialogue. Both nations are exchanging information on issues facing federal health authorities on decentralized health systems, including quality assurance of cost-effective health services. The working group has lauded the National Center for Health Statistics (NCHS) and the MedSoc-EconInform Institute for their Russian-language translation of *Vital and Health Statistics: Russian Federation and United States, Selected Years 1980-93*, considered a landmark joint effort by both countries to help establish an agenda for action. (See NCHS in *Resources*.)

Environmental Health. Focusing on strengthening environmental science and epidemiology, applying risk assessment, and improving risk communication (see <http://nhic-nt.health.org/prevrep.htm>), this group's first activity was an inter-agency conference in Moscow on environmental lead exposure and child health. Experts from the Department of Health and Human Services, the U.S. Environmental Protection Agency, and nongovernment organizations met with more than 50 Russian researchers and policymakers. A joint report on cooperation in lead-related health research and policy is planned for release near the end of this year.

The Future

Working groups in each priority area have targets tied to the overall mission, as well as to specific meetings of the Gore-Chernomyrdin Commission. The most recent meeting of the Health Committee was held July 15-16.

Putting a Face on Globalization of Public Health

Although telecommunications, specifically the Internet, is increasingly critical to the international sharing of knowledge and information, high school students in Medford, Oregon, and Volgograd, Russia, have found that face-to-face communication is still the best. Four students had an exceptional face-to-face communication opportunity when they presented their youth health education project to the Health Committee of the Gore-Chernomyrdin Commission earlier this year and met Secretary of Health and Human Services Donna E. Shalala and Minister of Health and Medical Industry of the Russian Federation A.D. Tsaregorodtsev. After attending the committee's morning session, the students commented on the very broad understanding of health issues and policies required of a high-level government health official.

The two Oregon seniors, who were enrolled in advanced Russian language and culture classes, had worked with the two Russian students on creating a culturally appropriate workshop on youth health issues. These issues centered primarily on smoking, alcohol, and sexually transmitted diseases. The students described their efforts to ensure cultural sensitivity of the materials and determined that some topics were inappropriate for either school.

The students gave the workshop in Oregon and in Volgograd as part of the youth exchange program of the U.S. Information Agency (USIA). The School

Linkage Program is supported by the Freedom Support Act Secondary School Initiative administered by USIA. The American Council of Teachers of Russian coordinates the Medford-Volgograd linkage.

The Health Committee meeting coincided with 10 Volgograd students' 3-week exchange to the United States. As part of their 3-day trip to Washington, DC, the students and their school director enjoyed VIP tours, visited museums, attended a seminar on individual rights and responsibilities, and did volunteer work for the homeless. In Medford, they stayed with local families and attended school as well as visited major attractions, such as Crater Lake and the San Francisco Bay Area.

During their 2-week stay in Russia in the spring, seven St. Mary's students attended classes and toured Moscow sites. They presented the youth health project to a large group of Russian students.

Founded in 1865, St. Mary's School is a college preparatory day school with grades 6 through 12 and an enrollment of 329 students. The school has its own World Wide Web site (<http://www.stmarys.medford.or.us>) where the Russian program is highlighted. Volgograd Gymnasium #13, formerly called Volgograd School #28, is a special English school. The two schools have had a partner relationship since spring 1990 and have participated in four exchanges.

RESOURCES

The place to start looking for international health-related resources is right on the Internet—on the World Wide Web site of the Health Committee of U.S.-Russia Joint Commission on Economic and Technological Cooperation: <http://odphp.osophs.dhhs.gov/russia> (see *Focus*).

Hyperlinks appear for 10 areas, including diabetes and tuberculosis treatment and control. Public and private resources are listed, such as HyperDOC, the World Wide Web server of the National Library of Medicine, and the University of Washington Health Sciences Center.

The health information seeker first must identify the specific need, conduct an online search, and e-mail for other information if necessary. For example, the Health Committee page points to four locations for tuberculosis, each suggesting more resources. A popular Internet search engine identified the University of Columbia's "External Tuberculosis Resources" web page, <http://www.cpmc.columbia.edu/tbcpp/> with 36 hyperlinks to sites with information for patients and health care providers and lists of other resources.

Office of Disease Prevention and Health Promotion Healthy People 2000 Home Page: <http://odphp.osophs.dhhs.gov/pubs/hp2000>

Agency for International Development Cooperation Agency
U.S. Department of State Building, 320 21st Street NW, Washington, DC 20523, (202)647-4000; <http://www.info.usaid.gov/>

Centers for Disease Control and Prevention
U.S. Department of Health and Human Services, Mail Stop D25, 1600 Clifton Road NE., Atlanta, GA 30333, (404)639-3534; <http://www.cdc.gov/>

Food and Drug Administration
U.S. Department of Health and Human Services, Office of Consumer Affairs, 5600 Fishers Lane, (HFE-88), Rockville, MD 20857, (301)443-3170; <http://www.fda.gov/>

National Center for Health Statistics
Centers for Disease Control and Prevention, 6525 Belcrest Road, Room 1064, Hyattsville, MD 20782, (301)436-8500; <http://www.cdc.gov/nchswww/nchshome.htm>

U.S. Environmental Protection Agency,
Public Information Center, 401 M Street SW., Washington, DC 20460, (202)260-2080; <http://www.epa.gov>

IN THE LITERATURE

Health in Russia

Addressing the epidemiologic transition in the former Soviet Union: Strategies for health system and public health reform in Russia.

T.H. Tulchinsky and E.A. Varavikova. *American Journal of Public Health* 86 (March 1996): 313-20.

The health system in Russia is in crisis but there is potential for change by the year 2000.

A 3-year study of statistical information and historic and recent developments on Russian health status revealed that from 1960 to 1992 total mortality increased by 65 percent. The overall life expectancy in Russia was 69 years. Trauma (accidents, homicide, suicide, and poisoning) was the leading cause of years of potential life lost by 1993, with cardiovascular disease second and neoplastic disease third. Infant mortality remained static during 1970-92, but maternal mortality rates increased. Birth rates dropped to less than 9 per 1,000 population, and abortion was the leading choice for birth control and a major contributor to the high maternal mortality rate. Inadequate food supply and poor nutrition were chronic problems. Alcoholism was epidemic, and deaths from alcohol-related diseases, accidents, and injuries were common. Infant immunization programs were deficient, and there were extraordinarily high levels of air and water pollution.

Even with these problems, the authors conclude that Russian health status may improve if basic public health problems are addressed. Adequate public financing, improved standards of education in all fields of health education, and adoption of European Region World Health Organization Health-for-All Targets are needed.

The nutritional status of the elderly in Russia, 1992 through 1994.

B.M. Popkin, N. Zohoori, and A. Baturin. *American Journal of Public Health* 86 (March 1996): 355-60.

To date, Russian economic reform has had no major adverse effects on the nutritional status of the elderly population overall.

A 2-year survey of 2,932 persons age 60 and older found that those living alone fared better than those living with families. A modest shift to diets lower in fat affected only a few seriously. More underweight elderly gained weight than lost. Those under 70 and underweight did not have further significant weight loss. Generally, weight distribution of elderly Russians is close to that of elderly Americans, despite reduced spending on nutrition.

By 1994, the poverty level for this group was higher than in 1992 and 1993. For this reason, the researchers recommend that the health and welfare of this group be monitored continuously.

The first year of hyperinflation in the former Soviet Union: Nutritional deprivation among elderly pensioners, 1992.

D. Rush and K. Welch. *American Journal of Public Health* 86 (March 1996): 361-67.

In a 1992 survey of 2,281 urban elderly pensioners, researchers found that 50 percent of the respondents reported a weight loss of 5 or more kilograms in the 6 months prior to the survey.

The majority of respondents, 75 percent, were women. Only 19 percent were still married, as compared to 70 percent of the men. About 57 percent of all respondents reported not having enough money to buy food. Forty percent were eating less than a half kilogram of

meat per week; 50 percent consumed less than a half kilogram of fruit; and about one-third consumed less than a liter of milk and 2 kilograms of bread. Weight loss was significant among this group and those with concurrent illness. Thirty-nine percent could not afford to buy medicines they needed. For both men and women, there were strong and significant relationships between weight loss and economic conditions.

The researchers point out that in the year this survey was undertaken, deaths among this age group increased dramatically, by as much as 15 percent. They suggest that similar studies need to be made to determine whether economic conditions improve for those elderly on fixed and declining incomes when they do for the general population.

Physical Activity and Fitness

A multisite field test of the acceptability of physical activity counseling in primary care: Project PACE.

B.J. Long, K.J. Calfas, W. Wooten, et al. *American Journal of Preventive Medicine* 12 (March/April 1996): 73-81.

The Physician-based Assessment and Counseling for Exercise (PACE) program was found to be a potentially important part of the national effort to enhance adults' physical activity, as outlined in the HEALTHY PEOPLE 2000 objectives.

Twenty-seven primary care providers at four diverse sites participated in the multisite field test. Primary care providers and office staff were trained in the use of PACE, which promotes the adoption and maintenance of physical activity in adults. The providers' evaluations of the training session were almost uniformly positive. The three most important barriers to physical activity counsel-

ing were lack of time, reimbursement, and support staff. The providers found that only 35 percent of staff members were able to adapt to the program without difficulty, although 80 percent of the staff thought the implementation of PACE went well. Among the patients, self-reported physical activity increased following PACE counseling. The contemplator patients (those who did little or no exercise but were interested in becoming more active) were urged to set realistic goals and taught problem-solving techniques for potential barriers.

Family Planning

Pregnancy, abortion, and birth rates among US adolescents—1980, 1985, and 1990. A.M. Spitz, P. Velebil, L.M. Koonin, et al. *Journal of the American Medical Association* 275 (April 3; 1996): 989-94.

Pregnancy and birth rates for U.S. adolescents continue to be the highest in the developed countries. Increased efforts are needed to prevent these adolescent pregnancies, 95 percent of which are unintended.

The total estimated rates among U.S. adolescent girls aged 13 to 19 years old were based on census data and intercensal estimates. Between 1980 and 1990, pregnancy and birth rates among adolescent girls 15 to 19 years old increased by 8 and 13 percent, respectively, but abortion rates remained quite stable. The pregnancy and abortion rates for the adolescent girls in this group who were sexually active declined by 8 and 14 percent, respectively. For girls younger than 15, the pregnancy and birth rates increased by 13 and 30 percent, respectively. In the second half of the decade, abortion rates among this group declined by 13 percent while pregnancy rates

remained nearly stable, which contributed to a 26-percent increase in the birth rate. The researchers concluded that, based on these data from the 1980s, the related public health goals for the year 2000 are most likely unachievable.

Unintentional Injuries

Young black males and trauma: Pre-disposing factors to presentation in an urban trauma unit. D.T.J. Godbold, M. Grant, R. Rydman, et al. *Journal of the National Medical Association* 88 (May 1996): 273-75.

In an urban trauma unit, young black males were admitted at a rate disproportionately high compared to other racial and ethnic groups. Finding a solution to economic and educational inequities that affect this group may help to reduce the incidence of trauma.

Three hundred males between 18 and 40 years old who were admitted to the Cook County Hospital trauma unit over an 8-week period during 1992 were given a 20-question survey. The survey covered type of trauma, demographic data, educational background, employment status, and family educational background. A majority of the patients, 87 percent of whom were black, were victims of penetrating trauma (53.2 percent) or blunt trauma assault (33.5 percent). The highest unemployment rate was found among the victims of these two assaults. Among all patients, 66 percent reported that there was an adult male in the house while they were growing up; 93 percent reported the presence of the biological mother. There was a significant correlation between the young black male presenting to an urban trauma unit and unemployment and low educational level. Households run by single-parent mothers and young black males present-

ing to urban trauma units also showed a significant correlation.

Occupational Safety and Health

Personal health-risk predictors of occupational injury among 3,415 municipal employees. B.G. Forrester, M.T. Weaver, K.C. Brown, et al. *Journal of Occupational and Environmental Medicine* 38 (May 1996): 515-21.

In a historical cohort study of municipal employees, the risk of occupational injury was found to be significantly associated with nonoccupational risk-taking behavior.

The Good Health Program for city employees in Birmingham, AL, guided by the HEALTHY PEOPLE 2000 objectives, used periodic health-risk appraisals and screenings, citywide campaigns and contests, monthly health-promotion messages, and quarterly newsletter articles as components of its approach to changing behavior. The study population was 3,415 workers who took part in medical screenings in 1992 and 1993. Among these workers, nonoccupational risk-taking behavior was associated with increased occupational injury. This finding might suggest that persons who engage in risk-taking behavior continue that pattern at work, or that risk-takers may be assigned to or volunteer for jobs with greater risk of injury or illness. Men had an increased risk of occupational injury, even when controlling for nonoccupational risk-taking behaviors, smoking, and job type. Cardiovascular disease risk and psychosocial risk factors did not raise the risk of occupational injury. Further studies should be done to better define the factors associated with increased risk of injury and to evaluate interventions intended to decrease risk-taking behaviors that occur at work.

Worker participation in an integrated health promotion/health protection program: Results from the Well-Works project. G. Sorensen, A. Stoddard, J.K. Ockene, et al. *Health Education Quarterly* 23 (May 1996): 191-203.

Researchers found worksites to be potentially important channels for disease prevention and health promotion efforts in this cancer prevention intervention.

Employees (n=2,578) at 24 worksites participated in the WellWorks program in Massachusetts. The study examined the workers' participation in health promotion and disease prevention programs and whether the workers believed that management made changes to reduce potential occupational exposures. Participation in program activities ranged from 34 percent for smoking cessation to 49 percent for nutrition activities. Participation in any intervention was significantly associated with perceived employer changes to reduce occupational exposures. Blue-collar workers were less likely than white-collar workers to participate in health promotion activities, but they were more likely to participate in programs related to occupational exposures. Collaboration between health promotion and health protection efforts may offer opportunities for reaching blue-collar workers, for whom health promotion programs are least effective.

Effect of organization-level variables on differential employee participation in 10 Federal worksite health promotion programs. C.E. Crump, J.A. Earp, C.M. Kozma, et al. *Health Education Quarterly* 23 (May 1996): 204-23.

Participation in worksite health promotion programs remains low, even among those at greatest risk. In a study of Federal health promotion programs, researchers found that policy and envi-

ronmental conditions that support health are necessary for individual behavior change.

Researchers gathered quantitative data from an employee survey (n=3,388) of 10 Federal agencies and qualitative data from individual interviews and focus groups to determine whether organizational context and implementation process affected participation in health promotion and disease prevention programs. The average percentage of employees participating in agency-supported fitness programs was 17 percent, with a range of 5 to 27 percent across all 10 agencies. For health risk assessment programs, the average percentage of employees participating was 40 percent, with a range of 17 to 72 percent. Two agencies had more than 60 percent of their employees participating in the health risk assessment programs. More employee participation in fitness activities was found in agencies that did a better job of reducing barriers to participation or marketing their program. Employees participated in agency-supported programs when the manager and coworkers supported health promotion and disease prevention activities. Minority employees and those in lower level jobs participated more when the agencies had a more comprehensive program structure, engaged in more marketing activities, gave more time off, or had on-site facilities.

Oral Health

The impact of edentulousness on food and nutrient intake. K.J. Joshipura, W.C. Willett, and C.W. Douglass. *Journal of the American Dental Association* 127 (April 1996): 459-67. Male health professionals who are edentulous (toothless) eat less healthy diets than men with teeth. These findings

could have implications for the risks of cancer and cardiovascular disease.

From the Health Professionals Follow-Up Study, 49,501 males (58 percent dentists) were recruited to participate in this study. These men were sent questionnaires about 131 food items and supplements and asked how often they consumed the food over the past year. Researchers calculated nutrient intakes and daily intake of fruit and vegetables. Participants with more teeth generally consumed fewer calories, more vegetables, fiber, and carotene, and less cholesterol and saturated fat. The greatest difference between dentate and edentulous respondents involved hard-to-chew foods such as apples, pears, and carrots, which are most likely to be affected by tooth loss. No major differences were detected in the consumption of total fruit and vitamin C. Analysis of data by profession showed more differences in diet between edentulous men and men with 25 or more teeth among nondentists. After adjusting for age, profession, exercise level, and smoking status, the mean differences between the dentate and edentulous groups were small, but the investigators believe the differences are likely to be higher in the general population.

Heart Disease and Stroke

Physical activity and stroke incidence in women and men: The NHANES I Epidemiologic Follow-up Study. R.F. Gillum, M.E. Mussolino, and D.D.

Ingram. *American Journal of Epidemiology* 143 (May 1, 1996): 860-69.

Risk of stroke may be reduced by regular physical activity in both women and men.

The study group was the National Health and Nutrition Examination Survey I (NHANES), from which 5,081 white persons and 771 black persons remained for analyses after exclusions. Nonfatal

and fatal incident cases of stroke were the main outcome measure. The outcomes were obtained from death information coded from death certificates and from discharge diagnoses from hospital and nursing home records during the followup period (1971 through 1987). There were 249 incident cases of stroke found in white women, 270 in white men, and 104 in blacks. Self-reported sedentary behavior was associated with an increased risk of stroke for all groups. The association was particularly strong for white women aged 65 to 74 years old, even after controlling for risk factors such as age, smoking, history of diabetes, history of heart disease, education, systolic blood pressure, total serum cholesterol, body mass index, and hemoglobin concentration. An elevated resting pulse rate was not an independent risk factor for whites, but it was for blacks.

Prior to use of estrogen replacement therapy, are users healthier than non-users? K.A. Matthews, L.H. Kuller, R.R. Wing, et al. *American Journal of Epidemiology* 143 (May 15, 1996): 971-78. In a prospective study, the subsequent users of estrogen replacement therapy (ERT) had a better cardiovascular risk profile before menopause than nonusers of ERT.

The study population was 541 premenopausal women who were evaluated for cardiovascular risk factors and psychosocial characteristics. After about 8 years, 355 women became postmenopausal, and 157 women reported ERT use during the study period. The women had telephone interviews to determine eligibility, followed by home interviews and clinical evaluations. Compared to nonusers, ERT users were better educated (81 percent with some college vs. 63 percent). Before ERT use, these women had higher

levels of high-density lipoprotein, leisure physical activity, and alcohol intake and lower levels of blood pressure (systolic and diastolic), weight, and fasting insulin. These women also reported more awareness of their feelings, motives, and symptoms and exhibited more of the traits of Type A behavior. The results of the study suggest that women who use ERT in the early postmenopausal period have a better cardiovascular risk factor profile before hormone use and when still premenopausal than nonusers of hormones.

Diabetes and Chronic Disabling Conditions

Practice patterns of rural family physicians based on the American Diabetes Association standards of care. R.J. Zoorob and A.G. Mainous III. *Journal of Community Health* 21 (June 1996): 175-82.

Rural family physicians do not consistently follow the American Diabetes Association (ADA) standards of care in caring for patients who have non-insulin dependent diabetes mellitus, one of the most common chronic diseases.

Twenty records of diabetic patients from each of five physicians in Brown County, Ohio, were chosen randomly for the study. Data were collected using a standardized collection protocol based on the ADA standards of medical care approved in October 1988. All patients had blood pressure and weight measurements; 73 percent had a skin examination; and 64 percent had a foot examination, despite the fact that foot pathology is the most common cause of diabetic complications leading to hospitalization. Patient records demonstrated 66 percent compliance with dietary counseling, and only 33 percent received counseling about exercise. None received dilated

fundoscopic examinations. While 96 percent of patients received fasting blood sugar measurement and 70 percent urinalysis, considerably fewer had hemoglobin A1c measurement, lipids measurements, and electrocardiograms.

Clinical Preventive Services

Universal newborn hearing screening: Feasibility in a community hospital. M.T. Huynh, R.A. Pollack, R.A.J. Cunningham. *Journal of Family Practice* 42 (May 1996): 487-90.

To detect hearing loss, universal newborn hearing screening using transient evoked otoacoustic emissions (TEOAE) can be done in community hospitals. The detection and treatment of infants with sensorineural hearing impairment before 12 months of age is a goal of HEALTHY PEOPLE 2000.

In a U.S. Air Force hospital, a team consisting of a family practice physician, family medicine resident, audiologist, and four technicians was established to perform and interpret TEOAE. The training process included attendance at Walter Reed Army Medical Center, background reading, videotapes, discussion on the use of TEOAE, and application of the course material. Between November 1, 1994, and May 31, 1995, 627 infants (98 percent) were screened before hospital discharge. Most of the infants passed the test (90.4 percent). With a second test for those who failed, 11 (1.8 percent) were referred for additional screening. These infants were found to have conductive hearing loss (5), sensorineural hearing loss (1), normal hearing (4), or the results were pending (1). The technicians were able to perform the TEOAE screening accurately and reliably. These results point to parental education as a benefit of early detection of the babies' hearing loss.

MEETINGS

National Conference on Federal Employee Assistance and Health Enhancement Programs. Washington, DC. U.S. Office of Personnel Management; (202)401-9138 or 9421. **July 30–August 2.**

COSSMHO's 11th National Biennial Conference on Hispanic Health and Human Services. Santa Fe, NM. Sponsored by COSSMHO; (202)387-5000. **September 9–12.**

Eleventh National Conference on Child Abuse and Neglect. Washington, DC. National Center on Child Abuse and Neglect; Thalia Grace. (301)589-8242, ext. 338. **September 16–21.**

The Tenth Annual California Conference on Childhood Injury Control. Sacramento, CA. Sponsored by the California Center for Childhood Injury Prevention; (619)594-3691. **September 16–19.**

AHCPH Smoking Cessation Guideline—Goals and Impact. Washington, DC. Sponsored by the Robert Wood Johnson Foundation, the Centers for Disease Control and Prevention, Office on Smoking and Health, and the National Cancer Institute. (301)718-8440. **September 17–18.**

Association of Mental Health Administrators (AMHA). New Orleans, LA. Sponsored by AMHA; A. Brown, (708)480-9626. **September 28–October 16.**

STAT-96 (Stop Teenage Addiction to Tobacco)—The Sixth International Conference of the Tobacco Control Movement. Austin, TX. Sponsored by the Texas Department of Health, Office of Smoking and Health, (413)732-STAT. **October 4-6.**

37th Annual Meeting—American College of Nutrition. San Francisco, CA. American College of Nutrition; (212)777-1037. **October 11-13.**

Forum '96: Exceptional Parent Live, A 25th Anniversary Celebration! Anaheim, CA. *Exceptional Parent Magazine*, Sandy Scheps, (800)E-PARENT. **October 17-20.**

Closing the Gap, 14th Annual Conference—Microcomputer Technology in Special Education and Rehabilitation. Minneapolis, MN. (507)248-3294. **October 24-26.**

In Funding

University of Texas Southwestern Medical Center at Dallas has won a \$2.9 million grant from the **National Institutes of Health** to form a Specialized Center of Research (SCOR) on ischemic heart disease in blacks. The effect of obesity-related diabetes as a cause of ischemic heart disease will be investigated. UT Southwestern brings the specialties of cardiology and diabetes together and will unite researchers from four research units and three core units. For more information, contact UT Southwestern Medical Center at Dallas, Office of News and Public Information at (214)648-3404, or visit its web site at <http://www.swmed.edu/news/newspubs.htm>.

In Multimedia

HealthSTAR is a new database being created in a joint venture by the National Library of Medicine (NLM) and the American Hospital Association (AHA); it will combine the Health Planning and Administration database (Health) and the Health Services/Technology Assessment Research database (HSTAR) from NLM and contains nearly 2.5 million citations from a variety of materials ranging from monographs, journal articles, and government reports to conference papers, book chapters, and newspaper articles. HealthSTAR will incorporate the subject scopes of both parent databases. Topics include health care administration, economics, planning, and policy; health services research; clinical practice guidelines; and health care technology assessment. For more information, contact National Library of Medicine's National Information Center on Health Services Research and Health Care Technology (NICHSR) at (301)435-2241 or e-

mail nichsr@nlm.nih.gov, or contact the American Hospital Association Resource Center at (312)422-2009, e-mail rc%aha@mcimail.com.

In Print

Family Planning

Targeted towards young fathers from ages 13-25, *What it Takes: A Survival Guide for Young and Teen Dads-To-Be* provides information, encouragement, and support to young fathers who want to help raise their newborn child. Why fathers are important, thoughts and feelings young dads experience, getting along with the mother's family, caring for a crying baby, and planning for a career and education are just some of the topics covered. The *Guide* includes listings of young father programs, hotlines, recommended reading, and videos. For 1-9 books, the cost is \$3.95 each; 10-100, \$3.80 each; and 101-500, \$3.65 each. To order, contact For Teen Moms Only at (815)464-5465.

Unintentional Injuries

The National Highway and Traffic Safety Administration (NHTSA) has sponsored the development of a manual to help Emergency Medical Services (EMS) providers and other health professionals in rural and urban areas educate the public on how to prevent serious injuries. *Safety Advice from EMS (SAFE): A Guide to Injury Prevention* was designed to make it simple for EMS personnel and other health professionals to talk with their communities on selected traffic safety topics, including occupant protection, impaired driving, speed, and bicycle and pedestrian safety. The guide includes lesson plans that can be customized to meet individual needs. Ideas for

administrative activities and resources are also included. For additional information or to order a copy of the *Guide*, write to Emergency Medical Services Division, NHTSA, Room 400 Seventh Street SW, Washington, DC 20590.

Sexually Transmitted Diseases

Speaking of Sex, a series of 12 pamphlets, answers teens' most-asked questions and discusses about the choices they face and about the changes they are experiencing. Intended for use in health offices, in schools, youth and parenting centers, and counseling centers, each pamphlet focuses on a specific issue such as Abstinence, Birth Control, Teen Pregnancy, STDs, HIV/AIDS, Sexual Orientation, Decision Making, Values, Building Healthy Relationships, and others. For more information or to order a free 84-page catalog featuring a description of the *Speaking of Sex* series, write to the Bureau For At-Risk Youth, 645 New York Avenue, Huntington, NY 11743. or call 800-99-YOUTH.

Immunization and Infectious Diseases

The Centers for Disease Control and Prevention's (CDC) National Immunization Program distributes materials that cover a variety of topics relating to immunizations and infectious diseases. These materials, many offered free of charge, focus on childhood immunizations, immunizations for the over 65 generation, pediatric immunization practices, and materials such as posters to promote a call to action to get immunized. To find out more about the materials, write to the Information/Distribution Center, National Immunization Program, MSE-34, CDC, 1500 Clifton Road, Atlanta, GA 30333.

Surveillance and Data Systems

Lack of education may result in lack of health care, according to a report by the National Center for Health Statistics. *Health, United States, 1994* indicates that people between the ages of 25 and 64 with less than a high school education had more than double the death rate of those with at least 1 year of a college education. It also shows that women who do not complete high school are nearly eight times as likely to smoke during pregnancy as women who graduate college. The report indicates that women who smoked during pregnancy dropped from 20 percent in 1989 to 17 percent in 1992. For a free copy of the report, contact the NCHS Data Dissemination Branch, Room 1064, Hyattsville, MD 20782; telephone (301)436-8500; Internet <http://www.cdc.gov/nchswww/chshome.htm>.

Cross-Cutting

The American Institute for Preventive Medicine offers a **customized wellness guide** that can be tailored to the needs of specific organizations. There are over 300 health conditions and wellness topics in its database, from which a custom guide can be developed to address an organization's unique needs based upon, for example, the most frequently used ICD-9 codes, conditions common to geographic region, or illnesses that address special populations such as women, children, older Americans, pregnant women, Hispanics, or Medicaid recipients. For more information and a list of topic areas available, contact the American Institute for Preventive Medicine, 30445 Northwestern Highway, Suite 350, Farmington Hills, MI 48334; (810)539-1800.

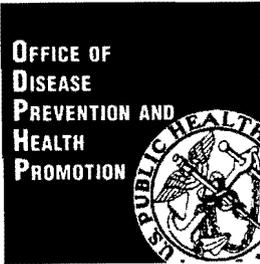
Women's Health Source Book, a 400-page, spiral-bound resource for women's health care providers, is now available from American Health Consultants, publishers of *Employee Health and Fitness*. Designed for clinicians, health care educators, and administrators, *Women's Health Source Book* offers hundreds of resources on improving quality of care, patient satisfaction, and staff education. The source book is organized into two sections. The first, *Clinical Reviews in Women's Health*, provides up-to-date information on the latest clinical developments in gynecologic oncology, mid-life health, obstetrics, and reproductive health. The second section, *Providing Comprehensive Women's Care: Selected Topics for Women's Health Practices*, includes information on breast health and mammography, incontinence, infertility, and mid-life health. For more information or to order, contact AHC Customer Service at (800)688-2421.

MARK YOUR CALENDARS NOW!

Cardiovascular Health: Coming Together for the 21st Century
February 19-21, 1998

Cardiovascular Health: Coming Together for the 21st Century will be a major event in 1998 marking the 50th anniversary of the National Heart, Lung, and Blood Institute (NHLBI). This national conference, to be held February 19-21, 1998, at the Hyatt Regency Embarcadero Center in San Francisco, will be cosponsored by the NHLBI and the California Cardiovascular Disease Prevention Coalition.

To submit an abstract or to be put on the conference mailing list, contact Greg Oliva, Conference Planning Manager, CORE Program, California Department of Health Services, 601 North Seventh Street, MS 725, P.O. Box 942732, Sacramento, CA 94234-7320; e-mail: goliva@hw1.cahwnet.gov.



The mission of the Office of Disease Prevention and Health Promotion (ODPHP) is to provide leadership for disease prevention and health promotion among Americans by stimulating and coordinating Federal activities. ODPHP is organized into five areas: prevention policy, clinical preventive services, nutrition policy, health communication, and community action.

Committee Oversight

National Coordinating Committee
on Clinical Preventive Services

National Coordinating Committee
on School Health

Prevention Report is a quarterly service of the Office of Disease Prevention and Health Promotion, U.S. Department of Health and Human Services, Humphrey Building, Room 738G, 200 Independence Avenue SW., Washington, DC 20201;
World Wide Web Home Page:
<http://odphp.osophs.dhhs.gov>

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World Wide Web Home Page:
<http://nhic-nt.health.org>

ETCETERA

The Society for Prospective Medicine (SPM) has published the latest edition of *SPM Handbook of Health Risk Appraisals* (HRAs), which is designed to be the only resource necessary to understand and select a health risk appraisal. The 400-page handbook is intended for providers and consumers of health services including employers, insurers, managed care organizations, health maintenance organizations, clinics, hospitals, community organizations, and others. The handbook lists HRAs and includes the organizations from which they are available, contacts, telephone and fax numbers, general description of the HRAs, and target audiences. One section includes background information on each HRA vendor, its products and services, the science used in developing the HRA, and the price of the appraisal. For more information on the handbook, contact SPM at (402)292-3297.

Employees with child or eldercare responsibilities suffer from higher levels of stress at work than those of their colleagues due in part to their concerns over adequate care and assistance for their family members. (Stress also results from work interruptions that affect productivity and performance.) These are among the key findings in a survey conducted by Chicago-based Reid Psychological Systems on child/eldercare issues in the workplace. The study found 90 percent of employees with family responsibilities believe their concerns regarding care options during family illnesses cause stress at work. According to the study, the number of interruptions and days missed from work cost businesses a significant amount of money. For more information, contact Gary W. Koeb, Reid Psychological Systems, 200 S. Michigan Avenue, Suite 900, Chicago, IL 60604; (312)938-9200.

The Centers for Disease Control and Prevention (CDC) has awarded SmithKline Beecham a contract for hepatitis A vaccine. The award was made under the Vaccines for Children Program (VFC), which guarantees Federal support to supply vaccines of sufficient quantities to the States for a defined group of children. Under the VFC program, *Havrix*, the world's first vaccine for hepatitis A, will be made available to all eligible children and adolescents, ages 2 to 18 years, who live in communities with high rates of hepatitis A virus infection and periodic hepatitis A outbreaks, as determined by public health officials.

The CDC contract comes at a time when the number of hepatitis A cases in cities across the United States is growing. Recently affected geographic regions, according to news reports, include Memphis and Knoxville, TN; Salt Lake City, UT; Butte, MT; McAlester, OK; Portland, OR; and San Antonio and El Paso, TX. Immunization programs targeted to children in certain communities, such as Memphis and Knoxville, TN, have already been put into effect.

The National Breastfeeding Media Watch campaign, sponsored by the Texas Department of Health, is an ongoing project of the Bureau of Nutrition Services. Its purpose is to identify references to breast and formula feeding in the media. It also provides information to the public about the benefits of breastfeeding. For information, contact Ms. Laurie Coker, Breastfeeding Promotion Specialist, at (512)406-0744.