PREVENTION report

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Networked Health Information Is Prevention Power!

Editor's Note: The traveler on the information superhighway has several choices in reading this and other issues of Prevention Report. *Before the printed version usually arrives by mail, the traveler can read this lead story online at the National Health Information Center's World Wide Web site (http://nhic-nt.health.org), print it out for reading later, or download the electronic file for use in another publication or form of communications. Any one of these options usually represents little or no cost to the reader—whether health professional or member of the public—and almost no cost per use for the Federal government. Most important, the content is available on demand to millions of Internet users throughout the world, making networked health information a truly powerful prevention tool.*

Half of all deaths in America can be attributed to factors that we, individually and as a society, can control. This means that we as individuals must assume more responsibility for our own health and make better informed decisions. But to manage our health we need adequate and accurate information as well as motivation and support. As we enter the 21st century, many experts foresee the information superhighway as a means of meeting this need, especially as the vision of universal electronic access is realized.

Essentially, networked health information is information accessible by means of an electronic network of two or more points and capable of transmitting text, sound, graphics, and/or video. As illustrated in *Spotlight,* networked health information abounds on the Internet—at international, national, regional, State, and community sites—and on other types of electronic communications systems such as bulletin boards. Coming

from both public and private sources, networked health information ranges from highly technical reports of scientific research findings to listings of local self-help groups.

Networked health information enhances the ability of people to communicate and expands the knowledge base available to these people, whether health professionals or consumers. In person or by telephone or even online, a parent can consult a pediatrician about recurring ear infections. The pediatrician can obtain electronic versions of clinical practice guidelines from the Agency for Health Care Policy and Research (AHCPR) and other sources; the parent can get the clinician's or the consumer version through an online service like Prodigy. Ideally, the physician and parent work as a team, with the doctor suggesting and encouraging the use of online resources.

The long-term vision calls for every individual to have access—through a computer, interactive television, or telephone—to any health information he or she needs. The expected result is improved health and a reduction in inappropriate health care utilization. The vision also calls for individuals to assume more responsibility for taking better care of themselves and their families and to make a range of decisions about medical care.

While cost-efficiency is a major driving force in greater use of networked health information, experts cite other benefits as well. Studies have shown that patients are more honest with

What's Inside

computers: an automated screening questionnaire identified more potential blood donors with HIV-related factors in their health histories than one-on-one interviews by health care providers. This honesty gives health care providers more accurate information for treating the individual and for aggregating clinical data

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Key Words

Online: Accessible via a computer or computer network.

Networked Information: Information available through an electronic system interconnected by telephone wires or other means in order to share information.

Internet: When capitalized, the global network of networks based on specific computer protocols.

The 'Net, the Net: A generic label for the world of online information.

URL (Uniform or Universal Resource Locator): the unique address of a document or location site on the Internet.

World Wide Web (WWW): A hypertext-based system for finding and accessing Internet resources. It is technology that allows retrieval and display of graphics, sounds, and text. In hypertext, selected words in the text can be expanded at any time to provide other information about the word. The expanded words are links to other documents that may be text, files, or pictures.

Home Page: A sponsor's opening page on the World Wide Web, which usually is linked to more sponsor pages or other sponsor sites.

FTP (File Transfer Protocol): An application that transfers files from one computer to another, regardless of where the two computers are located, how they are connected, or whether they are using the same operating system. FTP allows the transfer of both binary and ASCII files.

Gopher: A tool used to locate and retrieve information. It employs a basic, hierarchical, menu-driven interface that enables users to navigate easily through different networks and directories, regardless of the physical location of these resources.

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for broader preventive medical intervention. For example, a pattern of diarrheal infections could indicate a community water treatment problem.

For health communicators, network channels mean an opportunity to present very targeted and personalized messages and materials...to achieve the goal of getting the right information to the right people at the right time and in the right form. Audio and video magnify the power of the written word; connectivity and interactivity enhance the power of prevention via electronic communications.

Realizing the Vision

Realizing this vision of online prevention, professional and patient education, and management of health and disease requires an information infrastructure that links homes, hospitals, clinics, libraries, schools, worksites, and other community settings. Increasingly, individuals and organizations at the national, State, and local level are cooperating in efforts to make even more information available, accessible, and useful.

In one case, a group of 25 churches and other community-based organizations has created a computer-based information and referral program. Its electronic directory lists public and voluntary agencies in the metropolitan area, each enjoying the benefits of a common database of clients for referral, recording, identification of unmet needs, and reporting results and costs. The National Library of Medicine has funded an urban consortium for infrastructure development in AIDS information services. In Washington and Minnesota, public/private partnerships are developing comprehensive information systems to support the delivery and funding of medical care and population-based public health activities.

Players and Roles Are Varied

At the first Networked Health Information for the Public Conference many of the principal players in this emerging communication infrastructure came together:

- Government
- Health care providers
- Voluntary organizations offering information and services in specific fields
- Community-based organizations, including libraries, providing access to information
- Employers, insurers, and other organizations promoting wellness and general medical consumerism
- Industry—electronic publishers, interactive applications developers, telecommunications and computer companies

Other players include broadcast and print media and network providers ranging from bulletin board systems to online commercial services reaching many millions of people. (See the Partnerships '95 World Wide Web site for details: http://nhic-nt.health.org/nmp/conf.htm.)

Partnerships at the national, State, and local level are considered essential in developing the information superhighway to support the needs of public health in the future, particularly as governments and budgets shrink while health and health services inequities grow. Policymakers are calling for electronic linkages among public health and other government agencies, schools, libraries, health care organizations, and community-based organizations. When linked, these groups can better bridge the gaps between the individual, the community, and the Nation, especially in the near term

1995 HEALTHY PEOPLE 2000 Consortium Meeting

San Diego, California
"Healthy People in Healthy Communities"
October 28, 1995

SUMMARY OF THE PROCEEDINGS

James Harrell, Office of Disease Prevention and Health Promotion, U.S. Public Health Service, welcomed the participants. He noted that since the first Consortium meeting in 1987, the Federal government, States, communities, and private organizations have been partners on a course toward the beginning of a new century with a vision of healthier life for all Americans. We should congratulate ourselves at the midpoint of this 10-year race toward the year 2000. Although the Consortium organizations represent many categorical interests, we know we are stronger together than apart. We need to look for connections and new opportunities to collaborate.

The first speaker was **Len Duhl, Executive Director of the International Healthy Cities Foundation,** who noted that the Healthy Cities movement has its roots in history: the Koran talks about the need for clean water and privacy; the Jewish ghettos of Venice had housing codes to ensure safety; and the London settlement houses had sewage systems that improved the public's health. These and recent efforts provided the roots for the La Londe report, released 1974 in Ontario, which stated that medical care is not enough and public health and environment must be emphasized. A community is like an individual—all parts must work together to make the whole vital and healthy. Strong physical and social infrastructures are essential.

Tyler Norris of Tyler Norris Associates, Inc. suggested that efforts to improve health in communities must go beyond projects, interventions, or infusion of dollars. Communities must take ownership of the diseases, poverty, and environmental hazards that plague them. A civic culture of shared responsibility is essential to affect and sustain positive change. A Healthy City mobilizes the community's resources and creativity for local action. Participants in a successful Healthy City initiative have a clear vision of what they want and set benchmarks meaningful to the community to measure progress. There are as many ways to build a healthy city as there are communities.

Joan Twiss, Facilitator and Director of the California Healthy Cities Project; Doug Clark, City Manager of Escondido, California; Robert Ross, Director, San Diego County Department of Health Services; and Tracy Ream, Executive Director of the Escondido Community Health Center, described *Escondido—One California Healthy City.* As the first statewide Healthy Cities program in the United States, California Healthy Cities Project provides technical assistance, brokers resources, develops products, sponsors educational programs, and conducts awards programs. Escondido, a California Healthy City, is committed to promoting prevention. The city government has been the convener, facilitator, collaborator, and broker of alcohol prevention efforts with the city's not-for-profit agencies, supplying feedback and monitoring to service providers as needed. The city has banned

alcohol from its public parks and utilizes a not-for-profit sobering service for public inebriates. The community health center offers clients screening for alcohol and drugs and boasts a refusal rate of less than one percent. Dr. Ross defined leadership as collaboration. For government agencies, this means blending public dollars (e.g., probation, education, health, and social service dollars), giving the money away, and getting out of the way. Another role is to provide data on what is being done and evaluation of the difference programs are making.

Richard Wittenberg, President and CEO of the American Association for World Health, announced that the 1996 theme for World Health Day is "Healthy Cities— For a Better Life." AAWH offers a free action kit to promote World Health Day, April 7, and the Healthy Cities/Communities program.

Philip R. Lee, Assistant Secretary for Health, remarked that HEALTHY PEOPLE 2000 identifies measurable objectives in health improvement, while the Healthy Cities/Communities movement inspires the coalitions necessary to achieve these goals. The nexus between the two is performance measurement, which clarifies what we want to achieve, documents the contributions that coalition members make, and demonstrates returns on our investment in public health. A partnership process is underway involving the Federal government, States, and localities to develop a performance-based system for federally funded grant activity with mutually agreed-upon objectives. This collaborative process will empower communities to determine how best to

address their health needs and priorities. A performance-based system, with an incentive-based focus on outcomes, will enrich both the HEALTHY PEOPLE 2000 and Healthy Cities movements.

Dr. Lee also reviewed the Nation's progress on its disease prevention and health promotion objectives, sharing the challenges that remain in meeting HEALTHY PEOPLE 2000's three overarching goals:

Goal 1: Increase the span of healthy life for all Americans. Babies born in 1992 will live to almost 76 years; however, 11.4 of those years are estimated to be unhealthy, with limitations of self-care, recreation, and work.

Goal 2: Reduce health disparities among Americans. Across many health measures, differences between minorities and whites persist. For the United States as a whole, the age-adjusted years of potential life lost (YPLL) before age 75 is 8,384 per 100,000, while the rate for blacks is 15,468, and the rate for American Indians/Alaska Natives is 11,875. For Hispanics, YPLL is lower than the rate for the total population.

Goal 3: Increase access to preventive services for all Americans. 1993 Current Population Survey estimates showed that 15.3 percent of the total population were without health insurance. For blacks, 20.5 percent were uninsured and 31.6 percent of Hispanics had no health insurance coverage.

For more information, contact Ashley Coffield, (202)260–2322.

A Coalition Is...

In facilitated discussion sessions, Consortium members offered their perspectives on coalition-building and keeping projects on track. They defined what they believe a coalition to be and to have, and they discussed how HEALTHY PEOPLE 2000 *can serve as a basis for building and sustaining coalitions.*

A coalition is:
- Citizens participating collectively around issues through trust and commitment
- Inclusive
- Community-owned
- Culturally sensitive
- Process-centered and outcome-driven
- Empowerment to the community
- An integrator and catalyst
- People who recognize the problems and want solutions

A coalition has:
- A clearly defined purpose and commitment to a shared goal
- A dedicated and impartial facilitator
- Equity among individuals

A coalition should:
- Accomplish goals not individually attainable
- Change with changing conditions
- Reduce duplication of effort
- Identify and utilize the assets of the community

Using HEALTHY PEOPLE 2000 *as a framework for coalition activities:*
- Is a place to start in setting community-level objectives
- Provides a model for training coalition members to set measurable objectives
- Helps the coalition acknowledge progress and members' contributions

To keep projects on track a coalition must:
- Pursue time-limited tasks so members can see the results of their efforts
- Infuse the coalition with enthusiastic new members along the way
- Give feedback to members on the successes
- Engage in periodic "check-ups" on progress
- Have a process for sharing leadership among members to avoid "burnout"
- Give credit for behind-the-scenes work such as meeting planning

Evaluation of a coalition and its activities involves:
- Setting realistic objectives at the outset
- Choosing indicators that reflect community-felt needs
- Bringing together community members with evaluation researchers
- Assessing why members of the coalition drop out
- Looking for successes beyond the programmatic (e.g., relationship-building)
- Reaching consensus on the evaluation strategy to give the results credibility

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Point and Click for Diabetes Information

Writing or calling for health information still works, but a mere point and click of a mouse accesses the Internet's constantly growing resources. For example, a search of "diabetes" on Lycos (http://www.lycos.com), a free Internet catalog service indexing nearly 20 million sites, identifies some 4,000 documents. Another popular search engine, Yahoo (http://www.yahoo.com), locates a multitude of resources such as how people with diabetes can maintain a vegetarian diet.

The information is there because the need is there. A leading cause of death and disability, diabetes costs the United States nearly $93 billion each year. Treatment—as well as prevention of diabetes onset and complications—requires careful management of nutrition, physical activity, and often medication. The Internet provides information for doing so. It also serves as a starting point for people with diabetes-related risk factors—family history, overweight, race/ethnicity, and age—who are seeking information. Of the 16 million people with diabetes, about half are undiagnosed.

Federal resources on the Internet abound, and nearly all have hyperlinks to other sites. The **National Health Information Center** (http://nhic-nt.health.org) has a searchable online database of 1,100 organizations offering health information, including Federal clearinghouses and other places with toll-free numbers, plus the latest HEALTHY PEOPLE 2000 data on diabetes-related objectives.

The **National Institute of Diabetes and Digestive and Kidney Diseases** (http://www.niddk.nih.gov) home page links to nearly a dozen other Federal sites on the Internet, including the **Division of Diabetes Translation of the Centers for**

Disease Control and Prevention (CDC) (http://www.cdc.gov/nccdphp/ddt/ddthome.htm). The CDC page in turn links to more sites. The **National Eye Institute** (http://www.nei.nih.gov) offers information on the ocular complications of diabetes, the leading cause of blindness in adults. The site links to http://vision.arc.nasa.gov/VisionScience VisionScience.html with pointers to research institutes, bibliographies, journals, organizations, conferences, and newsgroups.

The American Diabetes Association (ADA) (http://www.diabetes.org) directs users to affiliates and chapters in more than 800 communities and describes an array of services available. ADA also hosts a forum on America Online, with online chats and self-help schedules. CompuServe, another commercial online service, offers a diabetes forum, and there are dozens of usegroups.

Online diabetes magazines, known as electronic or e-zines, cater to children with diabetes as well as adults. There is even a Virtual Diabetic Game (http://www.nd.edu/~hhowisen/virtual.html) whose "object is to get Derwood the Diabetic through 1 adventure-packed day without ending up in the hospital." The Diabetes Mall on the Net (http://diabetesnet.com) takes orders for products and services and presents information on research findings as well as recreational opportunities such as diabetes summer camps.

Many more sites are under construction or go online every day. CDC, for example, soon will unveil statistical information by State. All only a point and click away...

RESOURCES

The Internet grows exponentially, so every day there are more health information resources and services for consumers and health professionals. To avoid information overload, define terms carefully and start with indexing services like Lycos (http://www.lycos.com) or Yahoo (http://www.yahoo.com). Use directories and databases. Read the abstracts and click on links to sites of interest. Save the best sites as bookmarks. Remember to check gopher and FTP sites in addition to the World Wide Web. And try electronic mailing lists and usegroups, too.

Visit Internet sites sponsored by the Federal government, State health departments, and voluntary and professional organizations. Commercial companies, universities, and other nonprofit organizations abound on the 'Net as well. Some examples:

U.S. Department of Health and Human Services Home Page
http://www.os.dhhs.gov

National Health Information Center
http://nhic-nt.health.org

National Library of Medicine
http://nlm.nih.gov

New York State Department of Health
gopher://gopher.health.state.ny.us

Community Health Management Information Systems Resource Center
http://chmis.org

'96 Partnerships Conference: Partnerships for Networked Consumer Health Information, May 12–14, 1996, Rancho Mirage, CA.
http://odphp.osophs.dhhs.gov/confrnce/partnr96

FOCUS

when only a minority of people have home computers and modems for networked services. By providing public access, the groups can inform and support as well as deliver services. These kinds of partnerships and provision of access are critical to achieving the long-term vision.

With so much health information traveling over telephone wires, cable, and wireless systems, the challenge becomes how to build networks that support a collaborative and inclusive vision of public health in an electronic world. A sophisticated information system describing funding resources has little value to a community agency that is not networked. The administration's vision of the National Information Infrastructure (NII) calls for schools, libraries, clinics, and hospitals to be wired by the year 2000, an objective that would mean universal electronic access to public health information resources. Together with interactive health education materials and decision support programs available online or through standalone technology, such as nutrition management software on CD-ROM, individuals will have an array of ways to be involved in maintaining their own well-being.

With the NII target just a few years away, Federal, State, and local public health agencies and nonprofit organizations have launched networked health information projects. In collaboration with the Food and Drug Administration, the National Institute of Allergy and Infectious Diseases, and the National Library of Medicine, the Centers for Disease Control and Prevention (CDC) operates the AIDS Clinical Trial Information Service and the AIDS Treatment Information Service, both databases now acces-

sible on the World Wide Web. CDC also sponsors CDC WONDER, which enables public health practitioners to access the agency's data, and CDC INPHO, a new infrastructure that wires public health agencies, the academic community, and others. The U.S. Department of Health and Human Services' home page provides numerous links that enable agencies to serve their constituents better.

Issues Are Varied

The second Networked Consumer Health Information conference (see box on page 5) will cover progress on such projects. In addition to spotlighting breakthroughs, model projects and likely developments, the conference will address some of the key issues: equitable access, quality and integrity of information, liability, security/privacy/confidentiality, and intellectual property/copyright.

Equitable access involves a debate about how much government should be involved in helping to overcome barriers such as poverty or disabilities. At issue are funding mechanisms as well as channels. Consensus does not exist about who should provide and pay for networked health information systems.

One government study described **information quality** in terms of the potential for information to be incomplete, inappropriate, inaccurate, or outdated. Technological advances facilitate the retransmission or repackaging of information, which raises concerns about content integrity. Data censorship raises concerns about whether people can best judge for themselves. Some public health advocates do not accept notions of "leave it to the marketplace" or "let the buyer beware."

The label "uncharted waters" applies very much to **liability**. Issues range

from the problems of a consumer or health professional following outdated guidelines to information providers misrepresenting their qualifications. The latter becomes an increasing concern as more and more organizations join "the Net."

Security, privacy and confidentiality have long been standards of the Nation's libraries, government agencies, and other providers and receivers of information about individuals. Many believe that seekers of networked health information should have the same guarantees—but these are not built into existing systems.

Copyright laws for electronic media are still under discussion. The relative ease of copying and repackaging electronic files complicates the debate.

G**etting information from** the Internet has sometimes been characterized as "filling a water glass with a fire hose." Overload is a possible prognosis, forcing information users to be more selective and encouraging more collaboration among information providers.

Collaboration is the key. Former Surgeon General Dr. C. Everett Koop, in introducing the first Networked Health Information Conference, recalled that the private sector built the railroads and the government built the highway system. But he said the information superstructure is too important to leave to either alone. Without many different partnerships, the goals of access and equity, individual responsibility for one's own health and informed decisionmaking, cost-effectiveness, and well-being will not be achieved. The public health community can bring its experience in informing and educating the public into innovative activities with established partners—and with new ones.

Physical Activity and Fitness

Physiological predictors of increasing total and central adiposity in aging men and women. E.T. Poehlman, M.J. Toth, L.B. Bunyard, et al. *Archives of Internal Medicine* 155 (December 11/25 1995): 2443-48.
Increasing levels of physical activity helps to decrease total and central body fatness.

Healthy men (n=427) and healthy women (n=293) age 17-90 were measured for body fatness, waist circumference, peak volume of oxygen utilization (VO2), leisure-time physical activity (LTA), resting metabolic rate and respiratory quotients, and energy intake.

Fat mass increased with age, and women had a greater rate of increase. Increase in waist circumference was also greater in women. Both increases were strongly associated with declines in peak VO2 and LTA. Increase in fat mass was reduced from 17 percent to 3 percent per decade in men and from 26 percent to 5 percent in women when VO2 and LTA were controlled for. Similarly, waist circumference decreased from 2 percent to 1 percent in men, and from 4 percent to 1 percent in women. No other variables showed such a strong association, leading researchers to conclude that physical activity-related expenditures, more than resting energy expenditures, predict increases in total and central fatness with age.

Nutrition

US Adults' Fruit and Vegetable Intakes, 1989 to 1991: A Revised Baseline for the *Healthy People 2000* Objective. S.M. Krebs-Smith, A. Cook, A.F. Subar, et al. *American Journal of Public Health* 85 (December 1995): 1623-29.

Identification of the barriers to eating fruits and vegetables, and the development of strategies to overcome those barriers, are needed if Americans are to meet the HEALTHY PEOPLE 2000 objective of consuming five or more daily servings of vegetables (including legumes) and fruits.

Using dietary data from 8,181 participants in the U.S. Department of Agriculture's 1989-1991 Continuing Surveys of Food Intakes by Individuals, the authors disaggregated foods into their components, assigned weights that correspond to servings delineated in the current dietary guidelines, and tallied the number of servings.

Although intakes were close (4.3 servings per day) to meeting the objective, only 32 percent actually met the objective. In separate calculations that accounted for higher calorie levels and for balance between fruits and vegetables, even more people fell short of the recommendations.

The authors claim that their data were the most accurate for monitoring food intake because of the disaggregation and the adherence to definition of a serving as established in current dietary guidelines. They suggest that the data serve as revised estimates for the HEALTHY PEOPLE 2000 baseline period.

Tobacco

Tobacco information in two grade school newsweeklies: A content analysis. E.D. Balbach and S.A. Glantz. *American Journal of Public Health* 85 (December 1995): 1650-53.
To ensure that informational materials for children are consistent with public health messages, health educators and professionals must review not only "health" materials, but general use materials such as *Scholastic News* and *Weekly Reader*.

In this study of articles printed in the two general use school newsletters, each of which reach between 1 and 2 million fourth, fifth, and sixth grade students, researchers found that tobacco industry viewpoints prevailed over public health viewpoints, especially in *Weekly Reader*. *Weekly Reader* is owned by K-III, the firm that formerly owned RJR Tobacco. Over a 5-year period, *Weekly Reader* mentioned short-term consequences of using tobacco less often than *Scholastic News* (32 percent v. 64 percent), gave a clear "no-use" message less often (35 percent), and presented the tobacco industry position more often (68 percent versus 32 percent). No-use messages were less likely to appear in *Weekly Reader* after it was acquired by K-III.

Occupational Safety and Health

Occupational injuries in a poor inner-city population. H. Frumkin, M. Williamson, D. Magid, et al. *Journal of Occupational and Environmental Medicine* 37 (December 1995): 1374-82.
Better emergency department-based surveillance could provide a clearer understanding of people affected by occupational injuries and could aid in the development of more effective training and prevention measures.

Drawing on the Philadelphia Injury Prevention Report, this study characterized occupational injuries in a predominantly black, poor, inner-city population. One hundred and seven of 335 patients who had been treated at emergency departments in the previous 2 to 3 years were contacted by telephone. The patients, who were approximately 50 percent male with a median age of 32, were employed in a number of industries— mostly the health care industry and the service sector. Causes of injuries in-

cluded overexertion, contact with sharp objects, and falls, which resulted in sprains, strains, and lacerations. Although almost 40 percent of the participants reported ongoing health problems, only one quarter had received workers' compensation.

The authors recommend an increased use of emergency department personnel for occupational injury surveillance, noting that minority and underserved populations would benefit greatly because of preexisting social and financial insecurities that are exacerbated with loss of work.

Oral Health

Risk of fluorosis in a fluoridated population: Implications for the dentist and hygienist. D.G. Pendrys. *Journal of the American Dental Association* 126 (December 1995): 1617-24.
Dentists and hygienists can help to prevent caries and reduce the occurrence of fluorosis by educating patients on appropriate fluoride supplementation and brushing practices.

In this study of 916 subjects age 12 to 16 years, 146 subjects were found to have mild to moderate fluorosis. Of the fluorosis cases, 71 percent had brushed more than once a day with more than a pea-sized amount (the recommended amount) of toothpaste throughout the first 8 years of life. Brushing more than once a day with the correct amount was not associated with fluorosis. Twenty-five percent had received inappropriate fluoride supplements during the first 8 years of life.

Dentists and hygienists can help to prevent caries and reduce the occurrence of fluorosis by educating patients on appropriate fluoride supplementation and brushing practices.

Heart Disease and Stroke

The association between midlife blood pressure levels and late-life cognitive function: The Honolulu-Asia Aging Study. L.J. Launer, K. Mastic, H. Petrovitch, et al. *Journal of the American Medical Association* 274 (December 20, 1995): 1846-51.
In light of the aging U.S. population and the reduction in cognitive function that occurs with old age, a public health strategy may be necessary to reduce mildly elevated systolic blood pressure (SBP) and the cognitive impairment associated with it.

Researchers studied 3,735 Japanese-American men, all of whom were participants in the Honolulu Heart Program. Participants' cognitive function, scored by the 100-point Cognitive Abilities Screening Instrument (CASI), was good if it ranged from 92-100, intermediate between <92-82, and poor if <82. Midlife blood pressure values, both systolic and diastolic, were measured in 1965, 1968, 1971, and again in 1991-1993.

Controlling for age and education, the authors found that the risk for intermediate and poor cognitive function increased in accordance with increased midlife SBP. For every 10 mmHg increase in SBP there was an increase in risk for intermediate cognitive function of 7 percent and for poor cognitive function of 9 percent. Midlife diastolic blood pressure, however, was not associated with the level of cognitive function.

Cancer

Factors affecting cervical cancer screening behavior among Cambodian women in Houston, Tex. J.K. Yi. *Family and Community Health* 18 (January 1996): 49-57.

In order to reach the American Cancer Society's goal for the year 2000—that 80 to 90 percent of women will have Pap tests every 3 years—significant health education efforts will be needed for minority women, especially less acculturated women.

Findings from this study of cervical cancer screening among 216 Cambodian women in Houston, Texas, revealed that only about 25 percent of the women had had a Pap test. Those women had at least a high school education and had more children than women who had not obtained a Pap test. Written language was an independent predictor: women who could write in both Khmer and English were more likely to report having had a Pap test.

The authors note that health education materials are often printed materials, which pose a problem for women who are illiterate or who are not fluent in English. Alternative materials may need to be developed to educate minority populations about the benefits of clinical preventive services.

Sexually Transmitted Diseases

The prevalence of sexually transmitted diseases in children and adolescents evaluated for sexual abuse in Cincinnati: Rationale for limited STD testing in prepubertal girls. R.M. Siegel, C.J. Schubert, P.A. Myers et al. *Pediatrics* 96 (December 1995): 1090-94.

Testing for sexually transmitted diseases (STDs) in abused children should be limited to gonorrhea testing in prepubertal girls who present with a vaginal discharge, but pubertal girls should be tested according to American Academy of Pediatrics recommendations because of the high prevalence of asymptomatic infection.

Researchers studied 855 children (704 girls and 151 boys) over a 1-year period. The children ranged in age from 3 weeks to 18 years. Pubertal girls had an STD prevalence of 14.6 percent, compared with a 3.2 percent prevalence in prepubertal girls. In prepubertal girls with a vaginal discharge, the prevalence of gonorrhea was 11 percent; it was 0 percent for those without a discharge. Chlamydia was diagnosed in 7 percent of pubertal girls compared with 0.8 percent of prepubertal girls. No children tested positive for syphilis or HIV, and no males had an STD.

Immunization and Infectious Diseases

Continuing risk for hepatitis B virus transmission among Southeast Asian infants in Louisiana. F.J. Mahoney, M. Lawrence, C. Scott, et al. *Pediatrics* 96 (December 1995): 1113-16.

Prevention of hepatitis B virus (HBV) in Asian and Pacific Islander communities could be enhanced by ensuring that infants receive 3 doses of vaccine in the first 12 months of life and by vaccinating older children who were not immunized earlier.

In this study of a Southeast Asian community in Louisiana, researchers performed baseline serologic testing on 96 percent of the people in 225 households. Chronic HBV infection was found in 28 (4.1 percent) of 676 U.S.-born children. Sixty-one percent of the children with chronic HBV were born to hepatitis B surface antigen (HBsAg)-negative women. The prevalence of chronic infection increased with age, even among those children born to HBsAg-negative mothers. Children living with carriers were 5.4 times more likely to be infected than those who had no carriers in the household.

The researchers noted that the prevalence of HBV among U.S.-born Southeast Asian children approaches that of the countries of origin. They recommend not only vaccinating, but monitoring the vaccination programs, especially by race and ethnicity, to be sure that high-risk populations are effectively immunized.

Clinical Preventive Services

Annual screening mammography among diabetic women: Demographics, psychological stress, and family functioning. J.G. Spangler and J.C. Konen. *Family and Community Health* 18 (January 1996): 1-8.

Because of their frequent interaction with healthcare providers, women with chronic diseases such as non–insulin-dependent diabetes mellitus (NIDDM) offer physicians an opportunity to encourage healthy behaviors such as obtaining mammograms and clinical breast examinations as well as practicing monthly self breast examinations.

This study found the prevalence rate of screening mammography (SM) to be 48.8 percent—up to 9 times that of the general population—in this group of 129 women with NIDDM who were over the age of 49. Although the prevalence rate for SM was high in this group, family functioning influenced the women's behavior. Severe family dysfunction was found to be a barrier to obtaining mammograms. Education and age at first birth had positive correlations, but exercise had a negative correlation.

ACTIVITIES

MEETINGS

30th National Immunization Conference. Washington, DC. Sponsored by the National Immunization Program, Centers for Disease Control and Prevention. Larry Furphy, (404)639-8225. **April 9-12.**

National Cancer Pain Initiative Convention. Austin, TX. Sponsored by the University of Texas and the M.D. Anderson Cancer Center. P. Hamre, (713)792-2222. **April 11-14.**

Sixth Annual Meeting of the Society for Healthcare Epidemiology of America. Washington, DC. (609)845-1720. **April 21-23.**

American Occupational Health Conference. San Antonio, TX. American College of Occupational and Environmental Medicine, (708)228-6850. **April 26-May 3.**

American College of Obstetricians and Gynecologists. Denver, CO. R.W. Hale, (202)638-5577. **April 28-May 2.**

APA's 149th Annual Meeting. New York, NY. Gus Cervini, APA Media Coordinator, (202)682–6142; e-mail: acervini@psych.org. **May 4–9.**

'96 Partnerships Conference: Partnerships for Networked Consumer Health Information. Rancho Mirage, CA. (703)273–2552; http://odphp.osophs.dhhs.gov/confrnce/partnr96. **May 12–14.**

National Rural Health Association 19th Annual National Conference. Minneapolis, MN. Robert Quick, (816)756–3140. **May 15–18.**

"Conquering Distance: Teleinformatics–Telemedicine–Telehealth," 1996 AMIA Spring Congress. Kansas City, MO. (301)657–1291. http://amia2.amia.org. **June 5–8.**

Fast-Forward: Shaping Our Future. 47th Annual Clifford W. Beers National Mental Health Conference. Washington, DC. Sandra McElhaney, (703)838–7506. **June 6–8.**

1996 North American Stroke Meeting. Colorado Springs, CO. Thelma Edwards, (303)771–1700. **June 6–8.**

The 21st Annual National Wellness Conference. Stevens Point, WI. National Wellness Institute, Inc., (715)342–2969. **July 13–19.**

11th International Interdisciplinary Conference on Hypertension in Blacks. New Orleans, LA. (404)875–6263. **July 14–17.**

Consumer Health Information

Engines of Empowerment: Using Information Technology to Create Healthy Communities and Challenge Public Policy discusses how information technologies can be used to deliver community health services and improve the national standards of living. Case studies illustrate the social and economic benefits of information technology, especially among less advantaged groups. *Engines* also examines the policies that are shaping the National Information Infrastructure and raises the question of whether these essential community information tools will survive the current healthcare reform initiatives. To order, contact the Health Administration Press at (703)450–9952; $36.

Highway to Health: Transforming U.S. Health Care in the Information Age analyzes the impact of the National Information Infrastucture on the health care market and uncovers the potential it offers to increase access to higher quality, more cost-effective, patient-centered care for every citizen. To order, send $25.00 plus $3.50 shipping and handling to the Council on Competitiveness, 1401 H Street NW., Suite 650, Washington, DC 20005. Also available electronically at http://nii.nist.gov/coc_hghwy_to_hlth/temp_title_page.html.

Health and the New Media: Technologies Transforming Personal and Public Health, edited by Linda M. Harris, assesses the impact of new media on the health care system by looking at the juxtaposition of the two. The book offers a New Media and Health Care matrix of criteria for building and evaluating emerging health care systems. It also includes sections on the delivery of health care, the potential for extending

the traditional flow of health information, and integrating multimedia health programming for public schools. The book is available in cloth for $59.95 and in paper for $24.50 from Lawrence Erlbaum Associates, Inc., 10 Industrial Avenue, Mahwah, NJ 07430-2262; (201)236-9500; Fax (201)236-0072. E-mail to: orders@leahq.mhs.compuserve.com.

The same volume has stimulated the creation of a "Forum on Health and the New Media" on the World Wide Web (http://Health.Dartmouth.edu/New Media) which offers highlights of the book as well as links to the authors and related Web sites.

The *Dartmouth Atlas of Health Care in the United States* is the product of 10 years of research by a team led by medical care epidemiologist John E. Wennberg of Dartmouth Medical School. A 200-page volume, the atlas shows the geographic distribution of health care resources in the United States. It divides the country into 3,436 hospital service areas, which were aggregated into 306 hospital referral regions based on patterns of care. A collaborative effort among the American Hospital Association, Dartmouth Medical School, and the Robert Wood Johnson Foundation, the atlas is available by calling (800)AHA-2626 or writing to P.O. Box 92683, Chicago, IL 60675-2683. Ask for catalog #044100; $295 plus $17.95 shipping and handling for members, and $350 plus $20.95 shipping and handling for nonmembers.

The *1996 Consumer Health Informatics Directory*, edited by Tim Kieschnick, Linda Adler, and Holly Jimison, is a resource guide for the use of computers in patient education, health promotion, and informed patient deci-

sion making. The directory features product overviews and listings and research overviews for over 400 products. It is available for $39.95 by calling (800)638-0672 or faxing (800)447-8438.

In *Health Online,* Tom Ferguson explains how to get set up with a computer and modem, and takes readers on a step-by-step tour through the self-help neighborhoods of America Online, Compu-Serve, and Prodigy. He also gives extensive coverage of the most important groups and information sources on the Internet, including sites of the World Wide Web. The epilogue provides perspective on what all this means and speculates how online self-help may change our health care system. For more information contact Addison-Wesley at Jacob Way, Reading MA 01867, (617)944-3700 or 170 Fifth Avenue, New York, NY 10010, (212)463-8440.

In Video

Nutrition

Developed by the Food and Drug Administration, *The Food Label and You: Check It Out!* is a 7½-minute educational video that demonstrates how consumers can quickly and easily use the food label to meet their personal nutritional needs. Viewers are shown how to use the Nutrition Facts panel to make informed food choices. For more information about the content of the video, please contact Naomi Kulakow at (202)205-8682. To order the video, contact the Duplication Department of Interface Video Systems at (202)861-0500. The cost, including postage, is $8.95 per VHS copy. Payment can be made by MasterCard, VISA, check, or money order, payable to Interface Video Systems.

In Print

Nutrition

Produced by the U.S. Departments of Agriculture and Health and Human Services, *Nutrition and Your Health: Dietary Guidelines for Americans*, fourth edition, provides information on the kinds of foods to eat and how to eat in moderation. *Guidelines* also explains low-fat diets and food labels. To obtain a copy, write the National Health Information Center (NHIC) at P.O. Box 1133, Washington, DC 20013-1133; (800)336–4797. To receive or view an electronic version of *Guidelines* on the World Wide Web, go to http://odphp.osophs.dhhs.gov/pubs/dietguid/default.htm.

Substance Abuse: Alcohol and Other Drugs

George Mason University's Center for the Advancement of Public Health is working with Rutgers University's Center of Alcohol Studies to gather information about existing college campus programs on alcohol abuse. This project is designed to collect successful campus-based strategies, resources, and approaches. Researchers intend to publish descriptions of successful programs in the fall. Anyone aware of alcohol awareness programs on college campuses is asked to contact Ms. Aiyshen Stanley at (703)993-3697.

Food and Drug Safety

The Food and Drug Administration has released a number of new publications and reprints, including a publication entitled *If You Eat Raw Oysters, You Need to Know*, which cautions people with certain medical conditions about the dangers of eating raw seafood. Also available are three free *FDA Consumer*
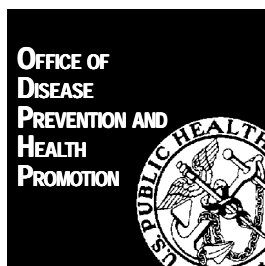
reprints on different topics. The titles and publication numbers are: *An FDA Guide to Choosing Medical Treatments* (FDA) 95-1223, *Keeping Medical Devices Safe from Electromagnetic Interference* (FDA) 95-1223, and *Public Affair Specialists: FDA's Walking Encyclopedias* (FDA) 95-1222. To order single copies, write to FDA, HFE-88, Rockville, MD 20857. To order 2 to 100 copies, write to FDA, HFI-40, at the same address, or fax your order to (301)443-9057. Include the publication number.

Diabetes and Chronic Disabling Conditions

Menopause and Osteoporosis: Choices for a Healthy Future offers information on the prevention, causes, and treatment of osteoporosis. The 20-page booklet also answers questions on menopause, estrogen replacement therapy, calcium, osteoporosis risk factors and more. To order a free copy of the brochure, call or write The National Osteoporosis Foundation at 1150 17th Street NW., Suite 500, Washington, DC 20036-4603; (202)223-2226.

Alzheimer's Disease Education & Referral Center (ADEAR), a service of the National Institute on Aging (NIA), has released its *Progress Report on Alzheimer's Disease, 1995*, which details the progress of federally supported Alzheimer's disease research. The report informs health professionals, researchers, family and lay caregivers, and the public about the directions and progress in research funded by the NIA and other institutes of health during the previous year. To receive a single copy free of charge, call the ADEAR Center at (800)438-4380.

ETCETERA

Dr. Claude Earl Fox, III, was appointed to the position of **Deputy Assistant Secretary for Health (Disease Prevention and Health Promotion)** on November 26, 1995. Dr. Fox earned his medical degree from the University of Mississippi and a master's in public health from the University of North Carolina. He did his pediatric residency at the University of Mississippi and John Hopkins Hospital and is board certified by the American College of Preventive Medicine. Prior to joining ODPHP, Dr. Fox was the Regional Health Administrator for HHS Region III in Philadelphia. He has also served as the State Health Officer in Alabama and as the Deputy State Health Officer in Mississippi. Among his affiliations and activities have been President of the Association of State and Territorial Health Officials, Chairman of the Alabama State Trauma Advisory Committee, Co-Chairman of the Governor's Task Force on Infant Mortality in Alabama, and Co-Chairman of the Alabama Legislative Advisory Commission on AIDS. He also served on the Executive Committee of the National Academy for State Health Policy and on the Board of Directors of the Alan Guttmacher Institute.

James Harrell, who served as Deputy Director of ODPHP since 1984, has left to assume a new position as the Deputy Commissioner, Administration on Children, Youth, and Families (ACYF). ACYF is the agency that administers Head Start; Child Welfare, including the Adoption Opportunities program; the National Center on Child Abuse and Neglect; the Child Care program; and a Family and Youth Services program (including runaway and homeless youth).

The Osteoporosis and Related Bone Diseases~National Resource Center (ORBD~NRC) links patients, health professionals, and the public with resources and information on osteoporosis and related bone diseases. Operating under a grant from the National Institute of Arthritis and Musculoskeletal and Skin Diseases, ORBD~NRC is run by the National Osteoporosis Foundation (NOF) in partnership with The Paget Foundation and the Osteogenesis Imperfecta Foundation. The goals of ORBD~NRC are to educate the public about bone diseases and specifically to increase accessibility of materials to populations with special needs. As part of the program, they have developed large print versions of several NOF publications. The Resource Center can be reached at (202)223–0344, (800)624–BONE, (202)223–2237 (fax), (202)466–4315 (TTY), and 1150 17th Street NW., Suite 500, Washington, DC 20036.

President Clinton has announced a new nationwide 24-hour toll-free **domestic violence hotline.** The voice number is (800)799–SAFE, and for the hearing impaired the TDD number is (800)787–3224. The hotline will provide immediate crisis intervention to those in need. Callers can also receive counseling and be connected directly to help in their communities, including emergency services and shelters. The hotline will be run out of Austin, Texas by the Texas Council on Family Violence which received a $1 million grant from HHS to administer it.

The *Partnerships for Networked Health Information for the Public* conference video contains presentations given at the opening plenary session of the 3-day Partnerships '95 conference at the Annenberg Center in Rancho Mirage, California, May 14–16, 1995. It features speeches by C. Everett Koop and Dr. Reed Tuckson. A single copy is available for $10. Please send your name, organization, address and zip code with your check or money order to: National Health Information Center (NHIC), P.O. Box 1133, Washington, DC 20013-1133. The Summary Conference Report from the Partnerships '95 conference is also available. See the NHIC home page at http://nhic-nt.health.org. Select Partnerships '95.