

PREVENTION

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Dr. David Satcher, ‘The Surgeon General Who Listens’

David Satcher, M.D., Ph.D., was nominated for Surgeon General on September 12, 1997. The Senate confirmed his nomination on February 10, 1998, and he was sworn in 3 days later. This issue of Prevention Report focuses on the new Surgeon General and how he views his role as the Nation’s leading and most visible health advocate.

When Dr. David Satcher was sworn in as the Surgeon General at a White House ceremony on February 13, 1998, he became the 16th person to occupy the post and the first African American man to hold the position since it was created shortly after the end of the Civil War.

In addition to his title as Surgeon General, Dr. Satcher was named Assistant Secretary for Health in the Department of Health and Human Services (DHHS). The two positions were last occupied by one person when Dr. Julius B. Richmond served as Surgeon General and Assistant Secretary for Health during the Carter Administration.

Dr. Satcher previously headed the Centers for Disease Control and Prevention (CDC), one of the eight operating divisions of DHHS that Dr. Satcher now leads as Surgeon General and Assistant Secretary for Health. He also oversees the U.S. Public Health Service, which recently celebrated its bicentennial (see *Spotlight*).

Advocating Disease Prevention

Under Dr. Satcher’s leadership, CDC increased its emphasis on disease prevention. The number of children immunized rose from 55 percent in 1992 to 78 percent in 1996. Today, vaccine-preventable childhood diseases are at their lowest point in history.

In addition, CDC’s comprehensive breast and cervical cancer screening program expanded from 18 States to all 50. CDC also expanded the capability of the Nation’s health care system to respond to new, emerging, and reemerging infectious diseases and created a new warning system to detect and prevent foodborne illnesses.

As the Surgeon General and Assistant Secretary for Health, Dr. Satcher is continuing to serve as an advocate for disease prevention at the national level. Dr. Satcher, like his predecessors, is using the high visibility of the Surgeon General’s office to

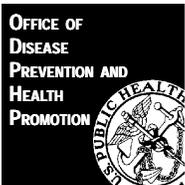
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Serving as the Surgeon General and Assistant Secretary for Health is the latest milestone in a career Dr. Satcher has devoted to medicine and public health.

While directing CDC, Dr. Satcher also served as the administrator of the Agency for Toxic Substances and Disease Registry (ATSDR). ATSDR is the Superfund agency created to combat the adverse health effects and diminished quality of life caused by exposure to hazardous substances in the environment.

Before becoming director of CDC in 1993, Dr. Satcher was the president of Meharry Medical College for 11 years. Located in Nashville, Tennessee, Meharry is the largest private historically black medical school in the United States.

Dr. Satcher has held several other positions in academic medicine. At Morehouse School of Medicine in Atlanta, he was professor and chairman of the Department of Community Medicine and Family Practice. He also served on the faculty of the UCLA School of Medicine and the King-Drew Medical Center in Los Angeles, chairing its Department of Family Medicine and serving as the interim dean of the Charles R. Drew Postgraduate Medical School.

Dr. Satcher graduated from Morehouse College in 1963 and received his M.D. and Ph.D degrees from Case Western Reserve University in 1970.

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educate the public about present and future health risks and scientifically based methods to reduce those risks.

Reports of the Surgeon General historically have proved effective as methods of health advocacy, dating back to the landmark 1964 Surgeon General's report on cigarette smoking and lung cancer. In April, Dr. Satcher released his first Surgeon General's report, *Tobacco Use Among U.S. Racial/Ethnic Minority Groups*, the 24th Surgeon General's report to focus on tobacco use since the 1964 report.

Rapid increases in smoking by teenagers from racial and ethnic minorities threaten to reverse the progress in combating lung cancer that occurred in the first half of this decade. This latest Surgeon General's report recommended expanding prevention research to learn the patterns of tobacco use and the factors that influence young people from minority groups to start smoking.

An upcoming report of the Surgeon General will address mental health. This report, the first to focus exclusively on mental health and mental illness in the United States, will examine the latest research and recommend ways to improve the prevention, diagnosis, and treatment of mental health problems among Americans of all ages.

Evolving Priorities

Addressing the problems of mental illness is one of five public health priorities Dr. Satcher has identified in speeches and public announcements since becoming Surgeon General. He is quick to note, however, that he has brought no fixed agenda to his new job and that his priorities are evolving.

Saying he wants to be known as the Surgeon General who listens, Dr. Satcher expects these priorities to evolve on the basis of what he hears from people as he travels around the country.

In addition to mental health, Dr. Satcher's other four current priorities consist of giving children a healthy start in life, getting people to take responsibility for their own health, improving our understanding of the health care system, and eliminating health disparities related to race and minority status.

Giving children a healthy start in life encompasses not only the health of infants and children before and after they are born, but also the health of their parents. Specific problems include HIV transmission from mother to infant, teenage pregnancy, fetal exposure to crack cocaine, and the newborn baby's early environment.

The concept of taking personal responsibility for our own health is a fundamental principle of disease prevention, according to Dr. Satcher. Included are such factors as proper nutrition, physical activity, sexual behavior, and the avoidance of toxins, especially tobacco.

Disease prevention and personal responsibility for health apply to all stages of life, from childhood to old age. Every 18 seconds, someone in the United States turns 50 years old as the baby boom generation continues to age. Over the next 30 years, older Americans will make up the largest single age group in this country.

Scientific evidence demonstrates that physical activity and good nutrition can go a long way toward improving the health, quality of life, and

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Secretary's Council Reviews Plans for Healthy People 2010

The Secretary's Council on Health Promotion and Disease Prevention Objectives for 2010 held its second meeting on April 30, 1998, in Washington, DC. Established by charter on September 5, 1996, the Council advises the Secretary of Health and Human Services on Healthy People 2010, the Nation's prevention agenda—goals and objectives for health improvement in the first decade of the 21st century.

Vice Chair David Satcher, Assistant Secretary for Health and Surgeon General, presided at the meeting, and Secretary Donna Shalala, the Chair, also participated.

The Council reviewed progress in Healthy People 2010 development since its inaugural meeting in April 1997 and addressed a number of issues in the Healthy People 2010 draft document, which will be presented for public comment this fall. For example, in considering the overarching goal to eliminate health disparities, the members affirmed that one target should be set for all population groups.

During a 3-month period in the fall of 1997, over 700 comments from the public were received on the Department's proposed framework for the 2010 objectives. The Council considered options for the proposed framework and a table of contents for organizing the chapters. A revised diagram emerged from the meeting that incorporated the two overarching goals—increase years of quality and healthy life and eliminate health disparities—and three sections—

promote healthy behaviors, promote healthy communities, and prevent and reduce diseases and disorders.

Heads of the Department's lead agencies presented proposed objectives for the Council's consideration. These presentations and the ensuing discussions among the Council members occupied the major portion of the day's proceedings.

The Council also heard presentations from invited guests on enhancing the use of Healthy People 2010 as a communication tool. A representative of the National Academy of Sciences discussed the development of leading health indicators, i.e., the set of selected objectives to be chosen for their potential to attract maximum attention and involvement of community leaders and opinion-makers. The Chair of the newly established Healthy People Business Advisory Council discussed plans to increase the business community's involvement in developing and implementing national health promotion and disease prevention policies. The president of the Institute for Alternative Futures presented possible scenarios that may threaten or bolster the likelihood of achieving the 2010 goals.

The Council's recommendations will be used in the Healthy People 2010 draft document that will be released in the fall of 1998 for public comment. Guided by public input, the heads of the Department's operating divisions will develop a final set of objectives for the Secretary's Council to review at its next meeting in April 1999. Guidance and updates on all

aspects of the 2010 process can be accessed on the Internet at <http://web.health.gov/healthypeople/>. A transcript of the April 30 meeting is posted on this Internet site.

The Secretary's Council on Health Promotion and Disease Prevention Objectives for 2010

Participants at the April 30, 1998, Meeting

Chair

Donna E. Shalala, Secretary

Vice Chair

David Satcher, Assistant Secretary for Health and Surgeon General

Former Assistant Secretaries for Health

Edward N. Brandt
Merlin K. DuVal
Julius B. Richmond
Robert E. Windom

HHS Operating Division Heads

James Harrell (Representing Olivia Golden)
Administration on Children and Families

Jeanette C. Takamura
Administration on Aging

Claude Earl Fox
Health Resources and Services Administration
Kermit Smith (Representing Michael Trujillo)
Indian Health Service

William Harlan (Representing Harold Varmus)
National Institutes of Health

Paul Schwab (Representing Nelba Chavez)
Substance Abuse and Mental Health Services Administration

Michael A. Friedman (Acting)
Food and Drug Administration

Claire Broome (Acting)
Centers for Disease Control and Prevention
John Eisenberg
Agency for Health Care Policy and Research

Barbara Cooper
(Representing Nancy-Ann Min DeParle)
Health Care Financing Administration

*...taking personal responsibility for our own health is a
fundamental principle of disease prevention...*

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independence of older people. Health providers, health officials, and the public need to work together to help people become aware of and apply health concepts such as physical activity and nutrition that are under their control.

That task is not a simple one, given the complexities of today's health system and overabundance of often conflicting health information. The 1990s have witnessed dramatic changes in the way health services are organized, administered, delivered, and paid for. Coupled with these changes are rapid advances in medical science and technology that threaten to outpace the public's ability to comprehend their meaning and their significance for individual health consumers.

In this complicated and changing environment, Dr. Satcher believes another priority of the Surgeon General is to communicate with the American people about the health care system—how to access it and how to make it work for them and their families. At the same time, the Surgeon General needs to keep Congress and the Administration informed about what Americans need that will assure them of access to adequate health services.

Combating Health Disparities

Despite the medical breakthroughs of the 20th century and despite new approaches to health delivery, disparities remain between the health status of the general population and minority populations in the United States.

Infant mortality among the black population, for example, is twice that of whites in the first year of life. Hispanics and American Indians are twice as likely as whites to have diabetes, a chronic condition that can lead to other serious and costly health problems, such as blindness, amputations, kidney disease, stroke, and heart attack.

Eliminating health disparities in minority populations is another of Dr. Satcher's priorities. In addition to infant mortality and diabetes, he has targeted four other areas where significant disparities exist—cervical cancer, cardiovascular disease, HIV/AIDS, and immunization. The goal is to eliminate the disparities in these six areas by the year 2010.

All six of these minority health target areas, as well as Dr. Satcher's other evolving priorities, are included in Healthy People 2010, the latest version of the health objectives for the Nation. The next draft of Healthy People 2010 will be posted for public comment in September on the Healthy People Web site (web.health.gov/healthypeople).

Dr. Satcher has been actively involved in the development of Healthy People 2010 and will continue his involvement as the Nation's chief public health official and advocate. According to Dr. Satcher, public health in the end amounts to healthy people who live in healthy communities, the concept that forms the foundation for the goals and objectives contained in Healthy People 2010.

Surgeon General's Priorities

- Addressing Mental Illness
- Giving Children a Healthy Start
- Getting People to Take Responsibility for Their Own Health
- Improving Our Understanding of the Health Care System
- Eliminating Health Disparities Related to Race and Minority Status

Public Health Service Celebrates Bicentennial

The Public Health Service (PHS) celebrated its 200th anniversary in July with a gathering in Philadelphia, at which all eight PHS operating divisions provided information about their activities and services.

PHS was established on July 16, 1798, by an Act of Congress as a pre-paid hospital program for merchant seamen. Since then, PHS has grown from a handful of contract physicians to more than 50,000 health care professionals and a 6,000-member all-officer Commissioned Corps. Together, they account for more than 90 percent of the Department of Health and Human Services' full-time personnel. PHS expenditures have grown from \$75,000 in 1798 to about \$25 billion during fiscal year 1998.

During its 200-year history, PHS has provided vital services such as quarantines to control the spread of disease, medical inspection of immigrants, education of health professionals, and basic and clinical research to improve and protect the Nation's health. Since the Civil War, PHS has been particularly active in promoting progress in public health and medicine. Highlights include:

- Nobel Prize-winning research on the leading causes of death, including cardiovascular disease, injuries, cancer, and HIV/AIDS. Public education campaigns have been conducted based on research results, such as the campaign to achieve a smoke-free society.
- Pioneering regulation to ensure the safety of the Nation's food supply, as well as the safety and efficacy of pharmaceuticals and medical devices. In addition, PHS participates in the new Food Safety Initiative

and the Partnership for Food Safety Education.

- Cutting-edge surveillance of communicable diseases such as Hanta virus infections, influenza, and tropical parasitic diseases and successful campaigns against smallpox, polio, and malaria. In addition, immunization rates continue to increase among children, with rates for some vaccines exceeding the Healthy People 2000 objective.
- Grants for health professions education, hospital construction, and medical services to improve the Nation's health care system.
- Sanitation programs to bring clean water and sewage disposal to tens of thousands at home and abroad.
- Delivery of health care to people in need, including programs to expand treatment for mental illness and substance abuse.

PHS often has had to undertake difficult and unpleasant tasks. In the years during World War I, for example, PHS staff members helped prepare rat poison to combat an outbreak of bubonic plague. Another problem during the 19th and early 20th centuries was typhoid fever. PHS assisted in providing inoculations. The fight against the spread of communicable disease has always been one of PHS's major goals. In the 1950s, mobile immunization clinics were used to reach populations who had difficulty getting immunized.

PHS's success can be seen in many areas. Age-adjusted death rates are down for leading causes of death such as heart disease, stroke, pneumonia/influenza, diabetes, and liver

disease. Almost half of these gains can be attributed to public health measures. PHS's role in promoting health and preventing disease will be even more critical in the future as the number of underserved people grows and expenditures for health care remain constrained.

PHS Operating Divisions

National Institutes of Health: A major medical research organization, supporting 30,000 projects nationwide on diseases such as cancer, diabetes, and AIDS.

Food and Drug Administration: Ensures the safety of foods and cosmetics and the safety and efficacy of pharmaceuticals, biological products, and medical devices.

Centers for Disease Control and Prevention: Monitors and prevents disease outbreaks, maintains national health statistics, and supports research.

Agency for Toxic Substances and Disease Registry: Prevents exposure to hazardous substances from waste sites.

Indian Health Service: Provides health services to 1.4 million American Indians and Alaska Natives.

Health Resources and Services Administration: Provides health resources for medically underserved populations and builds the health care workforce.

Substance Abuse and Mental Health Services Administration: Works to improve substance abuse prevention, addiction treatment, and mental health services.

Agency for Health Care Policy and Research: Supports crosscutting research on health care systems, health care quality and cost issues, and effectiveness of medical treatments.

IN THE LITERATURE

Crosscutting

Hospitalization Costs Associated with Homelessness in New York City. S.A. Salit, et al. *New England Journal of Medicine* 338 (June 11, 1998): 1734-40.

Homelessness is associated with substantial excess costs for hospital stays; housing and supportive services for the homeless may improve their health and reduce the need for costly hospitalizations.

This study compared hospital discharge data on 18,864 hospital admissions of homeless adults in New York City for 2 years (1992 and 1993) with 383,986 admissions of other low-income adults who were not homeless. Admissions related to childbirth were excluded from the study.

The results revealed significant differences between the two populations. Treatment for substance abuse and mental health problems accounted for 51.5 percent of the admissions of homeless people compared with 27.8 percent of the other low-income populations; 80.6 percent of the admissions involved a principal or secondary diagnosis of substance abuse or mental illness, roughly twice the rate of other patients. Potentially preventable conditions such as trauma, respiratory disorders, skin disorders, and infections (excluding AIDS) and parasitic diseases were responsible for almost 20 percent of the admissions among the homeless. This rate was significantly higher than that found in the comparison population. In addition, homeless patients had longer and costlier hospitalizations than those in the comparison groups.

Physical Activity and Fitness

Is School Sports Participation a Protective Factor Against Adolescent Health Risk Behaviors? R.M. Page, et al. *Journal of Health Education* 29(May/June 1998): 186-92.

Participation in school sports may act as a protective factor against risk behaviors such as cigarette smoking, illegal drug use, and weapon carrying.

This study used the national, school-based Youth Risk Behavior Survey (YRBS). The sample included 12,272 students in grades 9 through 12. School sports participation was assessed by the following question: "During the past 12 months, on how many sports teams run by your school did you play?" This did not include physical education classes. The relationship was calculated between school sports participation and health risk behaviors.

Among both males and females, those participating on one or two teams and three or more teams were significantly more likely to have not ever tried cigarette smoking; ever smoked cigarettes regularly; smoked cigarettes in the past 30 days; ever used cocaine; ever used marijuana; and ever used an illegal drug other than cocaine and marijuana. Sports involvement, however, appeared to increase the risk for males of using smokeless tobacco products. Only 12.5 percent of students not participating on sports teams used smokeless tobacco products, compared to 17.5 percent of those involved in one or two teams and 20.1 percent involved in three or more teams. Compared to nonparticipants, females participating on one or two teams were found to be 1.7 times more likely to have not ever had a sexually transmitted disease and

1.5 times more likely to have not been pregnant. Students participating on one or two teams were significantly less likely to have carried a weapon during the past 30 days and to have attempted suicide in the past 12 months.

Alcohol and Other Drugs

Alcohol Screening Questionnaires in Women. A Critical Review. K.A. Bradley, et al. *Journal of the American Medical Association* 280 (July 8, 1998): 166-71.

Routine screening programs that identify patients with alcohol abuse or dependence increase the proportion of women with alcohol-related problems who are counseled.

This review summarizes the published, peer-reviewed literature regarding the performance of screening questionnaires for heavy drinking and/or alcohol abuse or dependence in general clinical populations of women in the United States. The review was limited to questionnaires with 10 or fewer items.

The review indicated that the CAGE (Cut Down, Annoyed, Guilty, Eye Opener), AUDIT (Alcohol Use Disorders Identification Test), and TWEAK (Tolerance, Worried, Eye Openers, Amnesia, Kut Down) were the optimal tests for identification of alcohol dependence in women. The sensitivity of screening questionnaires for alcohol dependency may be affected by the race or ethnicity of the screened population. Although the CAGE questionnaire has performed adequately in predominantly black populations of women, it has had a sensitivity of only 0.50 for past-year alcohol abuse and dependence in white female emergency department

patients. Fewer data are available for the AUDIT or TWEAK questionnaires in predominantly black or white populations, but in emergency department patients, the AUDIT and TWEAK questionnaires tended toward increased sensitivity for alcohol dependence in black women.

Based on the data reviewed, the five-item TWEAK questionnaire appears to be the optimal screening questionnaire for identifying women with drinking problems or alcohol abuse and dependence in racially mixed populations. However, screening is only the first step in the assessment of alcohol problems. Other assessment areas include current drinking practices and symptoms of dependence.

Unintentional Injuries

Dog and Cat Bites: Epidemiologic Analyses Suggest Different Prevention Strategies. G.R. Patrick and K.M. O'Rourke. *Public Health Reports* 113 (May/June 1998): 252-57. Effective bite prevention programs need to address the finding that both restrained and unrestrained dogs may bite even when unprovoked and that unrestrained cats usually bite when provoked.

This study examined 300 randomly selected dog bite cases out of 2,177 reported and 343 cat bite cases (all reported cases) in El Paso, Texas, in 1995. The data included the breed of dog, whether the bite was provoked, and whether the animal was restrained. Provocation was defined as the animal having been picked up, petted, hit, kicked, or struck by a person with any object or part of the person's body or any part of the

animal's body having been pulled, pinched, or squeezed.

The majority of cat bites (89.4 percent) were provoked, with females (57.5 percent) and adults (68.3 percent) more likely to be victims than males or children. Just under half of dog bites (44.6 percent) were provoked, with males (65.6 percent) and children (63 percent) more likely to be victims than females or adults. The majority of cat bites (79.2 percent) involved unrestrained animals, while the majority of dog bites (55.7 percent) occurred either on the owner's property or while the dog was leashed. The highest percentages of bites were from German shepherds (25.2 percent) and chow chows (18.5 percent).

Bite prevention recommendations include educating the public about the magnitude of the problem, increasing enforcement of leash laws, teaching children how to behave around dogs and cats, and encouraging owners to take more responsibility in training their pets.

Occupational Safety and Health

Occupational Skin Diseases in Washington State, 1989 Through 1993: Using Workers' Compensation Data to Identify Cutaneous Hazards. J.D. Kaufman, et al. *American Journal of Public Health* 88(July 1998): 1047-51.

Workers' compensation data identify known and emerging workplace cutaneous hazards and show promise for targeting prevention efforts.

Worker's compensation claims filed for skin disease in the Washington State Fund were analyzed for

1989 through 1993. Incidence rates for occupational skin disorders among all employers were calculated, as well as industry-specific rates. Cutaneous hazards associated with the highest rates of disease were identified.

In the 5-year study period, 7,445 claims for occupational skin disorders were filed, representing 7,058 individuals. Nearly 90 percent of these claims were for dermatitis. Total medical bills were \$1.22 million and time loss payments were \$1.23 million. Most claims involved disorders affecting the hands, wrists, and/or fingers (39.5 percent) or the arms (17.8 percent). In 26.8 percent of claims, multiple body parts were affected. Among the major industrial sectors, the highest rates of accepted occupational skin disorder claims were in agriculture/forestry/fishing (2.8 per 1,000 full-time equivalent employee-years), manufacturing (1.8), and construction (1.3).

Environmental Health

Exposure of Young Infants to Environmental Tobacco Smoke: Breast Feeding Among Smoking Mothers. M.A. Mascola, et al. *American Journal of Public Health* 88 (June 1998): 893-96.

Because breastfeeding may expose infants to the products of tobacco smoke, health care providers need to encourage mothers to stop smoking after their babies are born, especially mothers who plan to breastfeed.

This study examined the differences in exposure to tobacco smoke among breastfed infants whose mothers smoked and bottle-fed infants whose mothers smoked. In addition, the study collected data on infants in

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both categories according to whether other smokers were present in the household, regardless of whether their mothers smoked. The study population consisted of 330 mother-infant pairs from an urban clinic in Boston. Of these, 103 mothers smoked; 90 of the mothers who smoked bottle fed their infants, and the remaining 13 breastfed their infants. Exposure to nicotine was determined on the basis of the levels of cotinine in the infants' urine. Urine samples were collected and analyzed one or more times during the first 12 months of life.

Results indicated that breastfed infants of mothers who smoked had median levels of cotinine up to 10 times higher than their bottle-fed counterparts (400 ng/mg vs. 53 ng/mg). Infants of nonsmoking mothers who were exposed to environmental tobacco smoke in the household had higher levels of cotinine than the infants from nonsmoking households, but there was no significant difference between the bottle-fed and breastfed infants in this group.

According to this study, for infants of smoking mothers, breast-feeding is the most important determinant of urine cotinine levels. It is possible that adverse health consequences attributed solely to environmental tobacco smoke exposure by inhalation also may result from exposure to both environmental tobacco smoke and the breast milk of smoking mothers.

Oral Health

Knowledge, Opinions and Practices of General Dentists Regarding Oral Cancer: A Pilot Survey. J.

Yellowitz, et al. *The Journal of the American Dental Association* (May 1998): 579-83.

Armed with current information about practitioners' knowledge, opinions, and practices regarding oral cancer, dental educators can develop and initiate appropriate educational interventions.

This study examined 243 usable responses to a pilot survey completed by a random sample of 500 general dentists. The findings of this 43-item questionnaire indicate that although dentists understand the health risks associated with oral cancer and the importance of early detection, they are inconsistent in their dental practices. For example, 90.8 percent and 99.6 percent of respondents identified alcohol use and tobacco use as risk factors for oral cancer, respectively, but only 45 percent ask their patients about alcohol use and only 86 percent inquire about tobacco use. In addition, nearly all respondents (97.6 percent) said that oral cancer exams should be provided annually for patients 40 years and older, yet only 70 percent reported that they conducted such exams at initial visits and only 59 percent conducted such exams at repeat visits.

Incorrect responses to some questions regarding possible oral cancer risks, such as low fruit and vegetable consumption, indicates that many general dentists require more current information on the disease.

Heart Disease and Stroke

Effects of Diet and Exercise in Men and Postmenopausal Women With Low Levels of HDL Cholesterol and High Levels of LDL Cholesterol.

M.L. Stefanick, et al. *New England Journal of Medicine* 339 (July 2, 1998): 12-20.

Physical activity plays an important role in the treatment of elevated LDL cholesterol levels; dietary changes alone will not lower cholesterol.

This study examined plasma lipoprotein levels in 180 postmenopausal women (45-64) and 197 men (30-64) who had low high-density lipoprotein (HDL) cholesterol levels (<44 mg/dL in women and <59 mg/dL in men) and moderately elevated levels of low-density lipoprotein (LDL) cholesterol (>125 mg/dL but <210 mg/dL in women and >125 mg/dL but <190 mg/dL in men). The subjects were randomly assigned to aerobic exercise, the National Cholesterol Education Program (NCEP) Step 2 diet, diet plus exercise, or a control group that received no intervention.

Dietary intake of fat and cholesterol decreased during the 1-year study, as did body weight, in women and men in either the diet group or the diet-plus-exercise group, compared with the controls and the exercise group, in which dietary intake and body weight were unchanged. The serum level of LDL cholesterol was significantly reduced among women (a decrease of 14.5±22.2 mg/dL) and men (a decrease of 20.0±17.3 mg/dL) in the diet-plus-exercise group, compared with the controls (women had a decrease of 2.5±16.6 mg/dL and men had a decrease of 4.6±21.1 mg/dL). The reduction in LDL cholesterol in

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men in the diet-plus-exercise group was also significant compared with that among the men in the exercise group (3.6 ± 18.8 mg/dL). In contrast, changes in LDL cholesterol levels were not significant among the women (a decrease of 7.3 ± 18.9 mg/dL) or the men (10.8 ± 18.8 mg/dL) in the diet group, compared with the controls. Significant changes in HDL levels were not observed for either sex, which indicates that despite some concerns, exercise does not lower HDL levels.

Because the benefits of exercise in reducing the risk of cardiovascular disease extend beyond improvements in the lipoprotein profile, increased physical activity is recommended for patients at all cholesterol levels.

Diabetes and Chronic Disabling Conditions

Obesity Without Sleep Apnea Is Associated With Daytime Sleepiness. A.N. Vgontzas, et al. *Archives of Internal Medicine* 158 (June 22, 1998): 1333-37.

Daytime sleepiness is a morbid characteristic of obese patients with a potentially significant impact on their lives and public safety.

This study examined sleep patterns of 73 obese patients without sleep apnea, upper airway resistance syndrome, or hypoventilation syndrome who were consecutively referred for treatment of their obesity and 45 controls matched for age. All patients and healthy controls were monitored in the sleep laboratory for 8 hours at night and at two daytime naps, each for 1 hour the following day.

Obese patients compared with controls were sleepier during the day and their nighttime sleep was disturbed. In the morning nap, 100 percent of obese patients and 28.1 percent of the controls had some sleep. In the afternoon nap, 100 percent of obese patients and 80.4 percent of controls had some sleep. Wake time after sleep onset was significantly lower for obese patients (4.7 vs. 1.4 minutes), as was total wake time (18.5 vs. 2.6 minutes). The percentage of sleep time was significantly higher (69.3 vs. 49.4 minutes). During the nighttime testing, obese patients compared with controls demonstrated significantly higher wake time after onset of sleep (82.4 vs. 46.1 minutes) and a lower percentage of sleep time (75.5 percent vs. 84.9 percent).

The primary finding of this study is that severe obesity even in the absence of sleep apnea or other breathing disorders in sleep is associated with increased daytime sleepiness. An analysis of the relation between nighttime and daytime sleep suggested that daytime sleepiness in obese patients is a result of a circadian abnormality rather than just being secondary to nighttime sleep disturbance. Addressing this problem is important because of the negative consequences of fatigue, such as motor vehicle crashes.

Adolescents and Young Adults

The Association Between Health Risk Behaviors and Sexual Orientation Among a School-based Sample of Adolescents. R. Garofalo, et al. *Pediatrics* (May 1998): 895-902. Because gay, lesbian, and bisexual (GLB) youth are more likely than

their heterosexual counterparts to engage in a variety of high-risk behaviors, efforts to educate about the hazards of these risky behaviors and to remove the stigma placed on homosexuality will play critical roles in the physical and emotional development of GLB youth.

This study was conducted on an anonymous representative sample of 4,159 high school students from Massachusetts' expanded Youth Risk Behavior Survey. A question pertaining to sexual orientation was included. The survey offered data presenting the association between being a GLB youth (2.5 percent of the survey sample) and possessing certain high-risk behaviors such as substance abuse, sexual activity, violence, and suicide attempts. Use of cocaine before age 13 was strongly associated with GLB orientation (odds ratio, 6.10). Early initiation of sexual intercourse (odds ratio, 2.15), marijuana use (odds ratio, 1.98), and alcohol use (odds ratio, 1.82) also were associated with GLB orientation. Other areas associated with GLB orientation included frequency of crack cocaine use (odds ratio, 1.38), inhalant use (odds ratio, 1.30), and number of sexual partners (odds ratio, 1.27). In addition, having one's property stolen or deliberately damaged was associated with GLB orientation (odds ratio, 1.23). Overall, GLB respondents engaged disproportionately in multiple risk behaviors compared with the rest of the student population.

The findings suggest that educational efforts, prevention programs, and health services must be designed to address the unique needs of GLB youth.

MEETINGS

National Organization for Rare Diseases.

Memphis, TN. For information, call (800) 999-NORD or TTY (203) 746-6927, fax (203) 746-6481, e-mail orphan@nord-rdb.com, or visit the web at www.NORD-RDB.com/~orphan.
October 9-12, 1998.

“4th National Roundtable on Managed Care in Child Welfare Services.” Sponsored by the American Humane Association. Denver, CO. For more information, call (303) 792-9900, fax (303) 792-5333, e-mail mickey@americanhumane.org, or write Mickey Shumaker, AHA Children’s Division, P.O. Box 3597, Englewood, CO 80155-3597.
October 22-23, 1998.

“Caring for Community/The Horizon for Health.” Sponsored by the National Perinatal Association. Providence, RI. For more information, call (813) 971-1008, fax (813) 971-9306, e-mail npaonline@aol.com, or write Alan Fontana, NPA Office, 3500 East Fletcher Avenue, Suite 209, Tampa, FL 33613.
November 12-15, 1998.

“Building Healthier Communities: Ten Years and Learning.” Joint conference of the National Civic League, Coalition for Healthier Cities and Communities, and others. Washington, DC. For more information, contact the National Civic League at (303) 571-4343.
November 13-15, 1998.

“Public Health and Managed Care.” 1998 Annual Meeting. Sponsored by the American Public Health Association. Washington, DC. For more information, call (202) 789-5600, fax (202) 789-5661, or visit www.apha.org.
November 15-19, 1998.

“Engaging America’s Communities: Joining Together for Safe Children & Strong Families.” Sponsored by the National Center on Child Abuse and Neglect. Cincinnati, OH. For more information, contact the Twelfth National Conference on Child Abuse and Neglect, 8484 Georgia Avenue, Suite 1000, Silver Spring, MD 20910-5604, (301) 589-8242 or fax (301) 589-8246.
November 16-21, 1998.

American Speech-Language-Hearing Association. San Antonio, TX. For information, call (301) 897-5700 or (800) 638-8255, fax (301) 571-0457, or visit www.asha.org.
November 19-22, 1998.

“Ending Violence Against Women.” 9th International Nursing Conference. Cohosted by the Nursing Network on Violence Against Women International and the Migrant Clinicians Network. Austin, TX. For more information, call (512) 327-2017.
December 11-13, 1998.

Online

Crosscutting

The National Eye Institute (NEI) has added a **new interactive, searchable clinical trial database** to its web site (www.nei.nih.gov). The database provides detailed information on ongoing and completed clinical trials supported and conducted by NEI since 1970. Each trial description includes information on the background and purpose of the study, patient eligibility criteria, patient recruitment, current status of the study, results to date, a bibliography, and implications for clinical practice. Listings are included for the study chairperson, participating clinical centers, resource centers, and NEI staff representatives. A trial can be searched by key word, eye disease, or location. Information also is provided on how to participate in a trial and how to refer a patient to a trial.

Mental Health and Mental Disorders

Clinicians and consumers seeking information on bipolar disorders can now access a new web site. **The Bipolar Disorders Information Center** (www.mhsource.com/bipolar) includes a weekly online feature, “Ask the Bipolar Expert.” The host, a practicing psychiatrist, will answer bipolar-related questions submitted by e-mail. Visitors may also join online mailing lists, read full-text articles from *Psychiatric Times* and the quarterly supplement *Bipolar Disorders Letter*, access a bipolar search engine, or connect with important organizations. Clinicians have the opportunity to earn Category 1 continuing medical education credit online at no charge.

Educational and Community-Based Programs

The ERIC Clearinghouse on Information & Technology has introduced the **Gateway to Educational Materials (GEM)**, a one-stop web site for teachers looking for educational materials or lesson plans on the Internet. The web address is www.geminfo.org/catalog/start.html. GEM brings together Internet-based educational materials prepared by a consortium of more than 25 organizations. It now links to more than 700 resources and expects to add many new resources and participating organizations. GEM enables educators to access Internet-based educational resources of participating GEM members and to link directly to full-text material on particular topics. Teachers may want to browse the Gateway and explore lists organized by subject, key word, grade, or education level. This project is sponsored by the U.S. Department of Education’s National Library of Education.

Violent and Abusive Behavior

Join Together Online Gun Violence (www.jointogether.org) is an electronic action center that offers daily news summaries, tips about how to take action to reduce gun violence, funding information, and in-depth feature stories. It provides information about support for survivors and their families, positions taken by Federal and State legislators and ways to contact them, and the latest research findings. The site also provides information on taking action and finding resources.

Immunization and Infectious Diseases

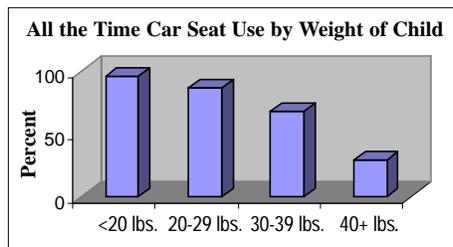
The web site of WHO's Global TB Programme (www.who.ch/gtb) is an online resource to promote information sharing on tuberculosis among those interested in the latest issues in TB control. The site was recently upgraded with a newly revised *Tuberculosis Fact Sheet*, late-breaking news items, press releases, and publication ordering information. In addition, past issues of the *TB Treatment Observer* and the *WHO Report on the Global Tuberculosis Epidemic* are available.

In Print

Mental Health and Mental Disorders

The American Academy of Child and Adolescent Psychiatry now offers **Facts for Families in Spanish**. The fact sheets were prepared in a universal translation and reviewed by several different language experts to ensure understanding by speakers of various Spanish dialects. The fact sheets provide parents, families, and schools with information about psychiatric disorders affecting children and adolescents. The 61 topics include depression, teen suicide, television watching, violent behavior, obsessive-compulsive disorder, and divorce. Available in a camera-ready set of glossy black-and-white pages or in a spiral bound set, the cost is \$20 for Academy members and \$30 for nonmembers. All orders must be prepaid to AACAP Public Information, P.O. Box 96106, Washington, DC 20090. For more information, call (202) 966-7300, ext. 124, or e-mail kwoodham@aacap.org.

Unintentional Injuries



For more information, write the Office of Research and Traffic Records, National Highway Traffic Safety Administration (NHTSA), NTS-31, 400 7th Street, SW., Washington, DC 20590, or send a fax to (202) 366-7096. Alan Block, the contract manager of this project, can be reached by e-mail at ablock@nhtsa.dot.gov.

Maternal and Infant Health

ZERO TO THREE has produced a new resource on assessment titled ***New Visions: A Parent's Guide to Understanding Developmental Assessment***. Written for parents, the materials are a companion piece to a volume for professionals. The parent materials are now available at no charge on ZERO TO THREE's web page (www.zerotothree.org) in the Parents' Section. The materials were created for parents who are concerned about their child's development and are about to go through an assessment or already have had experience with assessments. The guide includes an overview of developmental assessments, information about how to plan and prepare for a child's assessment, a glossary, and a resource list. For more information, contact Tom Salyers or Claire Lerner at (202) 638-1144 or e-mail 0to3@zerotothree.org. For orders, call (800) 899-4301.

Cancer

Diet and Health Recommendations for Cancer Prevention is now available from the American Institute for Cancer Research. The 36-page guide provides recommendations related to diet, body weight, physical activity, fruits and vegetables, alcohol, meat, fat, salt, food storage, risk factors, cooking methods, dietary supplements, and tobacco. For more information, write to the American Institute for Cancer Research, 1759 R Street, NW., P.O. Box 97167, Washington, DC 20090-7167, or call (800) 843-8114 or (202) 328-7744. The booklet costs 45 cents for single copies or 40 cents each for 25 copies or more.

Clinical Preventive Services

The ***Directory of the Public Housing Primary Care Programs 1998*** provides information about 21 programs funded by the Health Resources and Services Administration, Bureau of Primary Health Care, to improve the health status of residents in public housing. The directory is intended as a reference tool for those who are interested in learning more about the scope of services offered in these programs. The directory offers summary information. The Bureau of Primary Health Care believes these programs offer effective models of primary health care delivery at the community level and that much can be learned and replicated from their experiences. For copies, contact the Public Housing Primary Care Information Resource Center at (800) 277-3281.

(continued on page 12)

(continued from page 11)

Adolescents and Young Adults

Adolescent Transitions: Risk-Taking and Health highlights the perspectives of Californians about issues affecting the health of adolescents, including teen pregnancy, substance abuse, and the role communities play in helping young people grow up well. The report is based on a recent survey of California adults and reflects high levels of concern among all Californians about threats facing adolescents. For more information, contact the California Center for Health Improvement at (916) 646-2149, fax (916) 646-2151, e-mail polycymatters@cchi.org, or write CCHI at 1321 Garden Highway, Suite 210, Sacramento, CA 95833-9754. The web address is www.polycymatters.org.

In Funding

Crosscutting

A 1-year grant from the California Endowment to the Center for Civic Partnerships is providing **enhanced support to four healthy cities and startup funding for two communities**. Each community will receive technical assistance, consultation, and funding to achieve locally driven goals and objectives. Baldwin Park is addressing underemployment and the need for technology skills. Berkeley is addressing pedestrian and bicycle injuries and fatalities. Montclair is looking at alternatives to the traditional "case management" model and will involve families and public, non-profit, and private agencies and community-based organizations in decisions related to support services for parents and children. Tulare is ex-

panding Take Stock in Tulare, an innovative community mobilization program. Victor Valley is launching a community-building effort with St. Mary's Regional Medical Center to address concerns about family communication, teen pregnancy, and lack of entertainment as a contributor to at-risk behavior among youth. Finally, West Sacramento is expanding its Volunteers in Policing program, in which seniors partnered with the Police Department to reduce crime. For more information, contact Shirley Duma at the California Healthy Cities Project, (916) 646-8680.

Family Planning

The Arizona Department of Health Services (ADHS) has awarded contracts totaling nearly \$1.6 million to 13 community-based organizations **for programs to promote sexual abstinence until marriage**. Organizations winning contracts include health foundations, educational institutions, religious organizations, and community partnerships. Their proposed projects include training to resist social and peer pressure, refusal skills development, and parent workshops. ADHS also awarded a \$300,000 contract for an extensive statewide evaluation of the entire abstinence until marriage campaign. The National Center for Health Statistics recently reported that Arizona's 1995 teen birth rate was the fourth highest in the Nation. For more information, contact Brad Christensen, Communications Director, (602) 542-1001, or Marianna Bridge, Office of Women's & Children's Health, (602) 220-6550.

Surveillance and Data Systems

The National Institutes of Health (NIH) is funding three new types of career development awards aimed at **increasing the participation of clinical researchers in medical research and enriching the pipeline of people properly trained to do clinical research**. The new awards, which NIH expects to begin funding in fiscal year 1999, will support young investigators who have just completed specialty training and midcareer investigators; institutional curriculum awards will be offered to help teach the essentials of clinical research to young trainees and junior faculty. The first type of award is the Mentored Patient-Oriented Research Career Development Award, focused on providing didactic training and mentored research experience for up to 5 years. Medical doctors, dentists, osteopaths, chiropractors, optometrists, and others certified to perform clinical duties are eligible. The second award is the Mid-Career Investigator in Patient-Oriented Research Award. Developed for midcareer clinical scientists, it provides support for up to 5 years. The Institutional Curriculum Award is designed for institutions with a substantial clinical research portfolio and a critical mass of individuals in clinical research training and career development. The maximum award for a program, which may not exceed 5 years, will be \$200,000. More information is available on the web at www.nih.gov/grants/policy/policy.htm.

People With Disabilities

NEC Foundation of America has announced grants totaling \$190,000 to seven organizations that demonstrate a common focus on **science and**

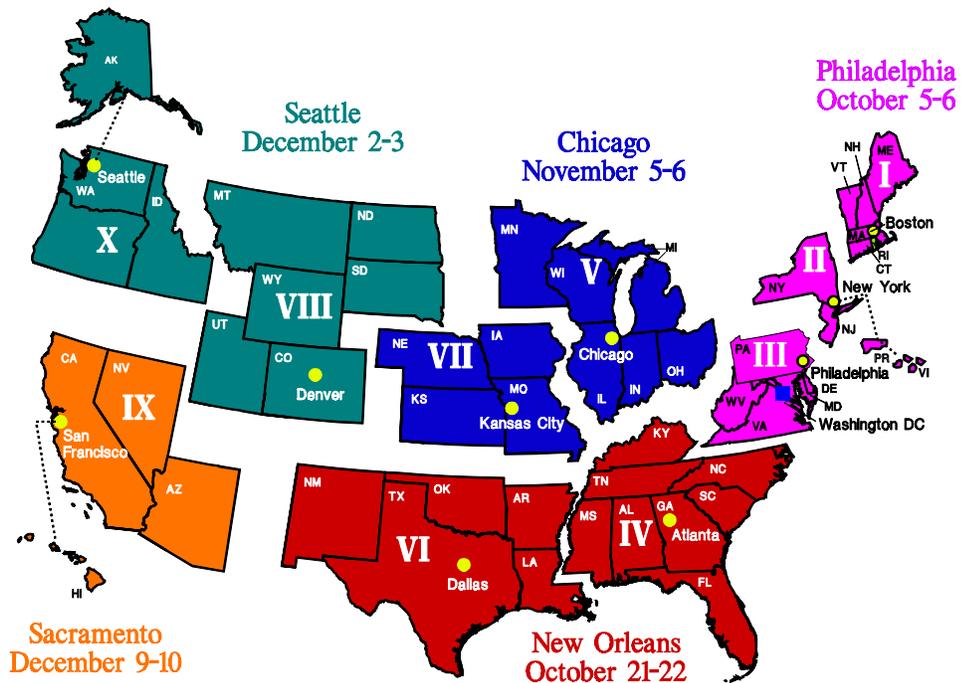
Regional Meetings for Healthy People 2010 October - December 1998

technology education and assistive technologies for people with disabilities. The recipients and projects include Alabama Institute for Deaf and Blind, Woods Center of Excellence in Science (www.aidb.al.state.us); California State University, Northridge Foundation Center for Disabilities (www.csun.edu/cod/center); Center for Applied Special Technologies, Peabody, Massachusetts (www.cast.org); Challenger Center for Space Science Education, Alexandria, Virginia (www.challenger.org); Public Education Network, Washington, DC, Technology Front and Center project (<http://publiceducation.org>); United Cerebral Palsy Association (www.ucp.org); and Valencia Community College Foundation, Inc., Orlando, Florida (<http://The-Center.Valencia.cc.fl.us>).

Educational Aids

Cancer

“Choose Your Cover” is a new national initiative to prevent skin cancer among Americans. The campaign, sponsored by the Centers for Disease Control and Prevention (CDC), educates, encourages, and empowers people to protect themselves from the sun’s ultraviolet rays by practicing sun-safe behaviors. The “Choose Your Cover” public service announcements target 18- to 25-year-olds, who spend many hours out in the sun. The campaign also will reach out to 9- to 18-year-olds, because individuals in this age group set patterns of behavior that they carry with them into adulthood. The 5-year campaign will build on the current messages and expand to reach other age groups. For more information, visit www.cdc.gov/ChooseYourCover or call (888) 842-6355.



Healthy People 2010 Regional Meetings and Public Hearings

Purpose

All Americans are invited to contribute to Healthy People 2010, the Nation’s prevention agenda for the 21st century. On September 15, 1998, a draft of the objectives for 2010 will be published for public comment. As part of the public comment period, five Regional Meetings and Public Hearings will be held to gain input from State and local constituents about developing national health goals for the year 2010.

Participants

Participants may be individuals from State and local agencies in the public health, mental health, and environmental sectors; academia; businesses; the faith community; health care providers; advocacy groups; community-based organizations; and nonprofit and voluntary agencies.

These meetings provide a forum where:

- State and local constituents can give feedback on the draft objectives.
- Participants can interact with representatives from the agencies responsible for developing Healthy People 2010.
- Sectors not traditionally involved in public health planning can participate in the Nation’s health agenda for the 21st century.

Format

Each Regional Meeting will begin with a half-day afternoon session where participants will discuss the successes and challenges of meeting goals for the year 2000, as well as critical issues related to improving health by the year 2010. The second day of each meeting will be a public hearing to solicit comments from participants about the draft objectives.

Dates

The schedule for the Regional Meetings is:

October 5-6	Philadelphia (Regions I, II, and III)
October 21-22	New Orleans (Regions IV and VI)
November 5-6	Chicago (Regions V and VII)
December 2-3	Seattle (Regions VIII and X)
December 9-10	Sacramento (Region IX)

Contact

For information about Healthy People 2010 Regional Meetings, contact Sheila Fleckenstein at the Office of Disease Prevention and Health Promotion (ODPHP): E-mail sfleckenstein@osophs.dhhs.gov; phone (202) 205-2317; or fax (202) 690-7054. Or write to ODPHP, U.S. Department of Health and Human Services, Hubert H. Humphrey Building, Room 738G, 200 Independence Avenue SW., Washington, DC 20201.

ETCETERA

The Federal Government has hired more than 3,600 former welfare recipients, putting the Government ahead of schedule in meeting the goal of hiring 10,000 by the year 2000. In a congratulatory letter to HHS Secretary Donna Shalala, Vice President Gore noted that HHS' effort to integrate this initiative into its Quality of Worklife Strategy has been a model for the rest of the Federal Government.

The National Reading Panel will study the effectiveness of various approaches to teaching children how to read and will report on the best ways to apply these findings in classrooms and at home. The panel was requested by Congress and created by the director of the National Institute of Child Health and Human Development in consultation with the Secretary of Education. Members of the panel include reading researchers,

teachers, child development experts, leaders in elementary and higher education, and parents.

The panel will determine the readiness for application in the classroom of the results of recent research studies, identify appropriate means to facilitate effective reading instruction in the schools, and identify gaps in the knowledge base for reading instruction and the best ways to close these gaps.

The National Heart, Lung, and Blood Institute has released **the first Federal obesity guidelines**, in cooperation with the National Institute of Diabetes and Digestive and Kidney Diseases. These clinical practice guidelines are designed to help physicians address overweight and obesity, a growing public health problem that affects 97 million American adults, or 55 percent of the population. These individuals are at increased risk of

illness from hypertension, lipid disorders, type 2 diabetes and its numerous complications, coronary heart disease, stroke, gallbladder disease, osteoarthritis, sleep apnea and respiratory problems, and certain cancers.

The guidelines are based on the most extensive review of the scientific evidence on overweight and obesity conducted to date. They present a new approach for the assessment of overweight and obesity and establish principles of safe and effective weight loss. For example, the 24-member expert panel that developed the guidelines recommends that body mass index (BMI), one of the key determinants of overweight, be measured in all adults and that people of normal weight have their BMI reassessed in 2 years. The most successful strategies for weight loss include calorie reduction, increased physical activity, and behavior therapy designed to improve eating and physical activity habits.

OFFICE OF DISEASE PREVENTION AND HEALTH PROMOTION

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<http://odphp.osophs.dhhs.gov>



DO YOU HAVE EMAIL?

Due to budget constraints, ODPHP will be reducing its actual print run of Prevention Report effective October 1, 1998. We are happy to send out email advisories of its web posting...but you must supply your email address. Please clip your mailing label, write your email address on it and return it to the address above.

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