PREVENTION report

U.S. Department of Health and Human Services Volume 13: Issue 1 1998

Put Prevention Into Practice
Teamwork Improves CPS Delivery

A growing body of evidence suggests that when people have confidence that they can improve their own health, they are more likely to take actions to do so. Yet there also is evidence that health providers are not communicating preventive messages as often or as effectively as they should. Additional evidence demonstrates the positive influence that health providers can have on the knowledge, attitudes, behavior, and health of their patients. This issue of Prevention Report *focuses on Put Prevention Into Practice, or PPIP. PPIP is an implementation program designed by the U.S. Public Health Service to encourage the clinical community and health consumers to work together to put prevention into practice.*

Death rates from heart disease in the United States have been declining since the mid-1960s for men and since the mid-1970s for women. In March, the first ever reported decline in cancer incidence rates made headlines.

These and other encouraging trends and developments have occurred amidst an apparent shortage of prevention counseling from health providers. For example—

- ❑ Although cardiovascular disease remains the leading cause of death in the United States, the majority of doctors are not counseling their patients about behavior changes that can cut their risk of heart disease.
- ❑ Many physicians are missing opportunities to help their patients quit smoking. One study showed that doctors counseled smokers to quit at only 21 percent of office visits.
- ❑ Obesity, like smoking, is a risk factor for many diseases, including diabetes, stroke, heart disease, and cancer. Today, nearly one-third of American adults are overweight, and the number is growing. Yet a recent study revealed that physicians counseled patients about exercise during only 19 percent of office visits, diet during 23 percent of office visits, and weight reduction during 10 percent of office visits. All three—diet, exercise, and weight reduction—are steps that individuals can take to reduce their risk of disease and death.

Findings like these are all the more significant given the potential

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Put Prevention Into Practice Adult and Child Timelines

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OFFICE OF DISEASE PREVENTION AND HEALTH PROMOTION

The mission of the Office of Disease Prevention and Health Promotion (ODPHP) is to provide leadership for disease prevention and health promotion among Americans by stimulating and coordinating Federal activities. *Prevention Report* is a service of ODPHP.

DEPARTMENT OF HEALTH & HUMAN SERVICES · USA

...25 years of this century's 30-year gain in life expectancy can be attributed to public health measures...

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influence of physicians and other health providers on personal health. Numerous studies have demonstrated the positive effect health providers can have on the health behavior of their patients, such as improving their dietary habits, increasing their physical activity, and helping them stop smoking. Clinical counseling programs have been shown to lower blood pressure, reduce the risk of certain forms of cancer, reduce pain and disability from arthritis, reduce the incidence of low birth weight babies, and improve blood glucose levels in people with diabetes.

As we approach the next century, it is becoming increasingly clear that improved health among Americans will be the result of teamwork between members of the clinical community and health consumers. At the beginning of the 20th century, the average American had a life expectancy of 45 years. Today the average lifespan has increased to 75 years. According to at least one study, 25 years of this 30-year gain in life expectancy can be attributed to public health measures, only 5 years to curative medicine.

Experts agree that additional gains in life expectancy and in the quality of those added years are still possible. Some 50 percent or more of all premature deaths are traceable to individual behaviors, such as poor dietary habits, lack of exercise, and smoking. Continued improvements in the health of all Americans will depend on cooperation between individuals and health providers.

Focus on Quality

Currently, over half of all privately insured Americans are covered by some form of managed care. Cost pressures brought on by the increased enrollment in managed care has raised concerns about quality of care and whether there is a trade-off between restraining costs and access to needed services. This concern has fueled the development of quality measures as a means to ensure the continued provision of high-quality services in this new health care environment. One example of such indicators are the HEDIS measures (**Health Plan Employer Data and Information Set**) created by the National Committee for Quality Assurance. The HEDIS measures include several measures that reflect the delivery of preventive services. The HEDIS 1999 proposed measures include: childhood immunization status, adolescent immunization status, advising smokers to quit, breast and cervical cancer screening, and yearly dental visits. Such indicators have increased awareness of prevention and its role as an integral component of quality.

Despite a trend toward improving preventive care, significant barriers remain. Among patients, barriers include

- ➜ Lack of knowledge or motivation
- ➜ Anxiety about procedures and possible results
- ➜ Costs
- ➜ Inconvenience
- ➜ Unrealistic expectations (leading to the overuse of some preventive services)

Among clinicians, barriers include

- ➜ Lack of training in preventive services
- ➜ Lack of "self-efficacy," or confidence that prevention interventions work
- ➜ Lack of time in the face of competing demands
- ➜ Confusion over conflicting recommendations
- ➜ Lack of knowledge about new tests
- ➜ Inadequate reimbursement for preventive services
- ➜ Liability concerns
- ➜ Patient demands and expectations

In clinics and other health care settings, barriers include—

- ➜ Lack of knowledge, motivation, readiness for change, or support among office staff members
- ➜ Clinical emphasis on curing illness and injury rather than prevention
- ➜ Inadequate systems for tracking, monitoring, and following up on the delivery of preventive services

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For more information about PPIP, contact Lynn Soban at the Agency for Health Care Policy and Research at (301) 594-1364, ext. 1379, or e-mail lsoban@ahcpr.gov. Organizations wishing to reprint PPIP materials can contact Judy Wilcox at (301) 594-1364, ext. 1389, to obtain computer disks and photographic negatives. Information also is available on the World Wide Web at www.ahcpr.gov/ppip/.

Task Force on Environmental Health and Safety Risks to Children

The Task Force on Environmental Health and Safety Risks to Children was established by Executive Order in April 1997. Co-Chaired by Donna E. Shalala, Secretary of Health and Human Services, and Carol M. Browner, Administrator of the Environmental Protection Agency, the Task Force has met twice since its inception, created a senior staff planning committee and two subcommittees, and identified four priority health conditions: asthma, unintentional injuries, cancers, and developmental disorders.

Members of the Task Force include:
Carol Browner, EPA
Donna Shalala, HHS
Richard Riley, Education
Alexis M. Herman, DOL
Janet Reno, DOJ
Federico Peña, DOE
Andrew Cuomo, HUD
Dan Glickman, USDA
Rodney Slater, DOT
Franklin Raines, OMB
Kathleen McGinty, CEQ
Ann Brown, CPSC
Gene Sperling, National Economic Council
Bruce Reed, Office of Domestic Policy/White House
Janet Yellen, Council of Economic Advisors
Neal Lane, OSTP

At its first meeting in October 1997, the Task Force created the Senior Staff Planning Committee, the Research and Data Needs Subcommittee, and the Program Implementation Subcommittee. At the second meeting, which occurred in April 1998, the Task Force reviewed the progress of the three groups, discussed the four priority health conditions identified by the Senior Staff Planning Committee, and came to agreement on focus areas and next steps.

Meanwhile, the Subcommittees have met independently several times and are working on specific projects. The Research and Data Needs Subcommittee is developing an inventory of research being conducted and supported by the Federal Government, as well as identifying data gaps. The Program Implementation Subcommittee created three teams—communication strategies, partnerships, and evaluation—to do the work in those areas. Both groups intend to make their results available online.

The Senior Staff Planning Committee has begun analyzing all pending legislation related to children's environmental health to provide guidance on which bills, or sections of bills, should receive the Administration's support.

Next Steps

Work groups, consisting of experts in the subject, have been created to map out action plans for the four priority areas. Plans are under way to submit FY 2000 budget proposals on at least one of these priority areas. (Because these four areas are in varying stages of development, different timelines may be required.) Several White House offices (in particular, the Vice President's Office, the Office of the First Lady, the Council on Environmental Quality, and the Office of Science and Technology Policy) have expressed interest in planning Presidential or Vice Presidential events around Task Force activities.

Priorities

Asthma

- Asthma impacts 5 million children and is the most common chronic condition among American children today.
- It has a disproportionate impact on African-American children.
- Despite many advances in diagnosis, treatment, and understanding of risk factors, there has been a continuous rise in asthma prevalence and mortality rates.
- There is an urgent need to establish a surveillance system to determine the basis for trends, and to monitor the impact of interventions.

Unintentional Injuries

- Injuries are the leading cause of childhood mortality.
- There is a good understanding of causes, risk factors, and interventions.
- What is needed is implementation and evaluation of effective interventions on a broader scale.

Cancer

- Cancer continues to be one of the leading causes of mortality in children.
- The extent to which environmental factors may be associated with childhood cancer is unclear.
- The incidence rates of testicular cancer and non-Hodgkin's lymphoma in adults have been increasing. The extent to which environmental exposures in utero or childhood may be associated with such increases is unclear.

Developmental Disorders

- Developmental disorders are a leading cause of morbidity in children.
- Two percent of children have mental retardation, cerebral palsy, hearing impairment, vision impairment, or autism.
- Ten percent of children receive special education services for developmental disorders.
- Birth defects, one developmental disorder, are a leading cause of mortality in children.
- Although some have been associated with environmental factors, the extent to which environmental factors impact developmental disorders is unknown.

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To overcome these barriers, the Office of Disease Prevention and Health Promotion (ODPHP) created Put Prevention Into Practice (PPIP). Launched in 1994, PPIP is a research-based program designed to expand the use of clinical preventive services such as screening, immunizations, and counseling. Earlier, the U.S. Preventive Services Task Force found solid evidence that a variety of clinical preventive services can delay or avoid many of the leading causes of death and disability.

After completing the 1997-98 revision of materials, PPIP recently was transferred from ODPHP to the Agency for Health Care Policy and Research, where it is now part of the agency's integrated program of clinical preventive services.

Comprehensive Preventive Services

Today, PPIP is the only national campaign that promotes a comprehensive noncategorical approach to preventive services, covering every stage of life and addressing the major health risks of the U.S. population. PPIP materials are aimed at three audiences—clinicians, medical office staff members, and health consumers.

The centerpiece of the program is the *Clinician's Handbook of Preventive Services.* This practical guide contains comprehensive information on the delivery of clinical preventive services. The *Handbook* is divided into separate sections for children and adolescents and for adults and older adults. Chapters in each section contain information on screening tests, immunizations, and counseling. Each chapter also includes a description of the target condition, risk factors for the condition, the effectiveness of the preventive service, instructions for performing the services, and listings of patient and provider resources.

The *Handbook* is the only resource available that provides a comprehensive listing of clinical guidelines from major authorities. Information is included only if recommended for routine use in the care of asymptomatic persons by a major U.S. authority such as the U.S. Preventive Services Task Force or other non-Federal expert panel, a Federal health agency, a national professional organization, or a national voluntary health organization. The recommendations and guidelines in the *Handbook* represent the consensus of these and other major authorities. Important clinical differences in the recommendations are included as well. The *Handbook* also identifies references, resources for patient education and provider materials, and Internet sites for locating additional information.

Additional PPIP Materials

In addition to the *Handbook,* PPIP materials include items for use by members of the office or clinic staff. For example:

- Patient chart flow sheets (adult/child/childhood immunization)—to prompt and track preventive services
- Patient reminder postcards (child/adult)—to remind patients to come in for preventive services
- Waiting room poster—to remind patients to come in for preventive services and to encourage patients to ask about preventive services
- Prevention care timeline posters (child/adult)—to remind clinicians, office staff members, and patients when preventive care is recommended

Other PPIP materials are designed for health care consumers. Included are two easy-to-read pocket-sized booklets—*Personal Health Guide* and *Child Health Guide.*

Aimed at adults, *Personal Health Guide* contains brief topical information on clinical preventive services. *Child Health Guide* contains information to help parents get their children off to a healthy start in life. Topics include tests and exams, immunizations, nutrition, vision and hearing, oral health, physical activity, growth and development, and safety. Each booklet features charts to prompt or record preventive services.

Looking to the 21st Century

As the 20th century draws to a close, health care planners and policymakers are already preparing for Healthy People 2010, the evolution of Healthy People 2000, the Nation's prevention agenda. Early drafts of 2010 materials indicate that the need for clinical preventive services and the quality of those services remain key issues. Only through teamwork among individuals, their clinicians, and the health care community will the full benefits of prevention be realized.

PPIP Designed for Various Settings

Numerous private, medical, and academic organizations and government agencies have incorporated Put Prevention Into Practice (PPIP) materials into national, regional, and local prevention-oriented clinical and educational activities. Three ongoing projects emonstrate PPIP's versatility.

Texas Funds Primary Care Sites
In 1994, the Texas Department of Health (TDH) made improving the delivery of preventive services a priority and established support systems throughout the State to encourage the implementation of PPIP. With that action, Texas became the first State to pilot the PPIP strategy within its own primary care sites. Since then, TDH has provided startup funds to large and small primary care sites statewide, including several Family Practice Residency Programs. In addition, specially trained registered nurses are available to provide one-on-one instruction of the materials and in PPIP implementation.

A partner in the original development, TDH continues to use the PPIP materials and has developed companion pieces, including a 20-item comprehensive health risk assessment, a 10-item targeted risk assessment, and a self-administered risk assessment that is currently being piloted in a rural setting. TDH will use research from the University of Texas to customize the Personal Health Guide to focus on Texans' specific health needs. For more information, contact Pam Mathison, R.N. (pam.mathison@tdh.state.tx.us), or Patsy Harper, R.N. (patsy.harper@tdh.state.tx.us) or call (512)458-7534.

STEP-UP Evaluates PPIP as Delivery Tool
Launched in 1997, STEP-UP (Study To Enhance Prevention by Understanding Practice) is a clinical trial through Case Western Reserve University designed to evaluate a preventive service delivery intervention that is tailored to the unique characteristics of each practice. Nurse facilitators for STEP-UP use the PPIP tools as examples of items that practices can use or modify to meet their own needs.

STEP-UP includes family practice physicians in 80 practices across Northeast Ohio, including urban, rural, and suburban areas, as well as areas with large Amish populations. STEP-UP includes small practices (solo physicians) and large groups of physicians (the largest has more than 10 physicians), as well as clinics.

STEP-UP nurse facilitators have made practice-specific modifications for flow sheets (typically adding or deleting a service not appropriate for a practice's population) and the post-it notes (one has been created one for adults and adolescents and another for children). Similarly, unique chart alert stickers have been developed (e.g., family history of colon polyps).

Air Force Improves Patient Participation
The United States Air Force has been using PPIP materials since the original launch in 1994. In particular, Air Force medical staff use the waiting room poster, Adult and Child Preventive Care timelines, and the pocket-sized Personal Health Guide and Child Health Guide to stimulate discussions with clients about recommended prevention screenings. The timeline posters are displayed in the examination room of every Family Practice Clinic. This way, clients can easily review the screening recommendations and discuss with their providers which screenings should be included as part of their current or future appointments.

Air Force medical staff have found the Health Guides, both adult and child, to be excellent discussion tools for health educators as part of a client's health risk assessment. The guides allow clients to actively participate in their own care by documenting the results of their screenings and future preventive care needs. The Air Force experience reinforces data that show many clients like the concept of a personalized guide.

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IN THE LITERATURE

Clinical Preventive Services

Listening to Parents: A National Survey of Parents With Young Children. K.T. Young, et al. *Archives of Pediatrics & Adolescent Medicine* 152 (March 1998): 255-62.
To better meet parents' needs for information and support on child-rearing, pediatric practices should consider creative ways to reconstitute and augment their current services and systems of care.

This study consisted of a series of 25-minute, in-depth structured telephone interviews with a nationally representative sample of 2,017 parents living with children aged birth to 3 years. The sample included mothers and fathers who were biological parents, stepparents, or guardians. The mother or father was randomly selected to complete the interview.

Most parents feel that pediatric health care system meets the health needs of their children, but that clinicians often fail to discuss nonmedical questions. Parents want more information and support on child-rearing: Seventy-nine percent reported that they could use more information in at least one of six areas of child rearing (such as discipline), and 53 percent wanted information in at least three areas. Forty-two percent had talked with their child's physician about nonmedical concerns. Such interventions can positively affect parental behavior. For example, breastfeeding and reading to the child on a daily basis were much more likely if a physician encouraged parents to do so. Changes in how pediatric care is practiced and in priorities of the routine visit may be required.

Ten-Year Risk of False Positive Screening Mammograms and Clinical Breast Examinations. J.G. Elmore, et al. *The New England Journal of Medicine* 338 (April 16, 1998): 1089-96.
Techniques are needed to reduce the false positive rates of breast cancer screening and their associated psychological and economic costs. Until such techniques are implemented, health care providers should educate women about the risk of a false positive result of breast cancer screening. Also, health care providers should be trained to deal with positive results of breast cancer screening tests when they occur.

This 20-year retrospective cohort study involved 9,762 screening mammograms and 10,905 screening clinical breast examinations performed on 2,400 women aged 40 to 69 years old. Of the women screened, 23.8 percent had at least one false positive mammogram, 13.4 percent had at least one false positive breast examination, and 31.7 percent had at least one false positive result for either test. The risk of a false positive test increased with the number of breast cancer screening tests, so that by the time a woman had undergone 10 tests, the estimated cumulative risk of at least one false positive mammogram was just under 50 percent and the estimated cumulative risk of at least one false positive breast examination was about 22 percent. For every $100 spent for screening, an additional $33 was spent to evaluate the false positive tests.

Relationship of Functional Health Literacy to Patients' Knowledge of Their Chronic Disease. M.V. Williams, et al. *Archives of Internal Medicine* (26 January 1998): 166-72.
To improve health outcomes and patients' understanding of their diseases, efforts are needed to use education techniques that increase comprehension among patients who are unable to understand written materials related to their ailments. These techniques include providing appropriately written materials, using oral communication, and improving visual presentation.

A sample consisting of 402 patients with hypertension and 114 patients with diabetes from hospitals in Atlanta, Georgia, and Torrance, California, were administered the Test of Functional Health Literacy in Adults (TOFHLA). Inadequate health literacy was evident in 49 percent of the patients with hypertension and 44 percent of the patients with diabetes. Twelve percent of the hypertension patients and 11 percent of the patients with diabetes had marginal health literacy, while the percentages for adequate health literacy were 39 percent and 45 percent respectively.

The patients in this sample were given oral examinations to test their knowledge of their diseases. Strong correlations between health literacy and knowledge of disease were evident for both the hypertension and the diabetes patients. Only 66.8 percent of the hypertension patients with inadequate literacy levels (as opposed to 91.7 percent of those with adequate literacy levels) were able to identify the fact that blood pressure can be lowered through weight loss. These correlations remained consistent for

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diabetes patients despite prior attendance in diabetes education classes by 73 percent of the patients. The authors emphasize that, because of the constant monitoring and medicating that patients with these diseases must perform, education on the specifics of the disease is imperative.

Health Insurance and Access to Primary Care For Children. P.W. Newacheck, et al. *The New England Journal of Medicine* 338 (February 19, 1998): 513-19.
Having health insurance predicts childrens' access to and use of primary care.

This study analyzed the effects of health insurance coverage on childrens' access to primary care, on the basis of a current and national representative sample of nearly 50,000 children from the 1993-1994 National Health Interview Survey (NHIS). Insured children were more likely to receive care in physicians' offices, private clinics, or health maintenance organizations (87 percent vs. 76 percent for uninsured children). In contrast, uninsured children were more likely to receive their care in community and other health centers (18 percent vs. 6 percent for insured children) and in hospital emergency rooms. Children without health insurance coverage were six times as likely as insured children not to have a usual source of care (24 percent vs. 4 percent). Uninsured children were almost twice as likely as insured children to have no identified regular physician or other medical provider at their usual site of care. In addition, families of uninsured children were about 40 percent more likely than families of insured children to report dissatisfaction with waiting times for appointments, the manner in which questions were answered by the practitioner, or the overall care received from their usual source of care.

The authors conclude that enactment of the State Children's Health Insurance Program under the Balanced Budget Act of 1997 might improve access to and use of primary care by children, depending on whether and how it is implemented in each State.

Improving Preventive Health Care in a Medical Resident Practice. L.J. Cardozo, et al. *Archives of Internal Medicine 158* (February 9, 1998): 261-64.
Interventions to improve preventive health service (PHS) performance rates have a better chance of success if they are simple, practical, and inexpensive.

This study compared PHS compliance rates in a resident practice (RP) with those of a collaborative nurse practitioner practice (NP), both serving inner-city patients. A total of 132 patient charts in the NP group and 111 in the RP clinic were reviewed. Data collected included six PHSs, such as pelvic exams and stool testing. A significantly lower PHS performance rate was documented in the RP, and an intervention to improve this process of care was implemented. The intervention required that following every resident-patient encounter, the resident present the current status of the patient's PHSs to the attending physician. In addition, as part of every clinic visit progress note, documentation of the patient's PHS status was required in the assessment and treatment plans. Following the intervention period (1994-1995), 100 charts from the RP and 116 charts from the NP were selected and data on the performance of six PHSs were abstracted. The intervention resulted in improved PHS performance rates in the RP, to a level nearly equal to the NP. From a teaching perspective, methods that use reinforcement techniques have been shown to enhance knowledge, attitudes, and clinical practice skills.

Communicating with Patients Who Have Limited Literacy Skills. Report of the National Work Group on Literacy and Health. The National Work Group on Literacy and Health. *The Journal of Family Practice* 46 (February 1998): 168-76.
Persons at all literacy levels have a better understanding of simple written materials compared with complex materials. The fifth grade readability level is an appropriate goal for most health care materials.

The average reading skill level of adult Americans is between grades 8 and 9, and the reading skills of Medicaid participants are at about the fifth grade level. Between 40 million and 44 million people (approximately one-quarter of the U.S. adult population) are at the lowest level of literacy, based on five functional levels developed by the 1993 National Adult Literacy Survey. These individuals have rudimentary literacy skills and are often unable to understand even basic written materials. For example, these persons would likely be unable to read and understand dosage, notes from their child's teacher, poison warnings or bottle directions for household cleaners, or a newspaper.

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In general, the adolescents studied had only limited knowledge for making informed lifestyle choices.

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Several studies have shown that individuals with poor reading skills have poorer physical and psychological health than subjects with better reading skills. One study showed that those with very low literacy skills had markedly higher health care costs than subjects with better skills ($12,974 per year vs. $2,969). Another study showed that individuals with low reading skills had an average of 2.3 more outpatient visits per year and a 52 percent greater likelihood of hospitalization. However, most patient information brochures are at the 10th grade level. Materials written at the lowest reading level at which the content can be coherently transmitted are appropriate for persons with limited literacy as well as those with well-developed reading skills.

Adolescents and Young Adults

Health Knowledge of Predominantly Mexican American High School Students. B.A. Smith, et al. *Journal of Health Education* 29 (January/February 1998): 21-25.
Improved health education and instructional strategies designed to increase health knowledge for Mexican-American adolescents is needed.

This study of 237 predominantly Mexican-American high school students (106 males, 131 females) in social studies classes used the Health Knowledge Inventory/Alpha (multiple-choice) to determine the students' knowledge in 11 health categories, such as accidents and safety, consumer health, physical fitness, and substance use/abuse. The overall test score for the students was 47.1 out of 110. The two items with the highest percentage of correct responses related to weight loss and mammograms.

In general, the adolescents studied had only limited knowledge for making informed lifestyle choices. There was a high percentage of incorrect responses by students on several items, such as: barbiturates, when combined with alcohol, were the most potentially lethal of the drugs listed (68.8 percent answered incorrectly); the obese are at higher risk for diabetes (65 percent answered incorrectly); and smoking during pregnancy increases risk of low birth weight babies (56.5 percent answered incorrectly). The authors recommend that high school curricula emphasize the health topics related to high-risk behavior of Mexican-American adolescents.

Women

Health-Related Behaviors of Women Physicians vs Other Women in the United States. *Archives of Internal Medicine* 158 (February 23, 1998): 342-48.
Women physicians' health behaviors may provide useful standards for other women in the United States.

The results of the Women Physician's Health Study (WPHS) and the 1992 Behavioral Risk Factor Surveillance System (BRFSS) survey were weighted specifically to oversample older female physicians. The sample was divided into three groups of women aged 30 to 70 years: female physicians (4,501 participants), women of average socioeconomic status (35,361 participants), and women of high socioeconomic status (1,316 participants). The groups were compared in terms of smoking prevalence and patterns,

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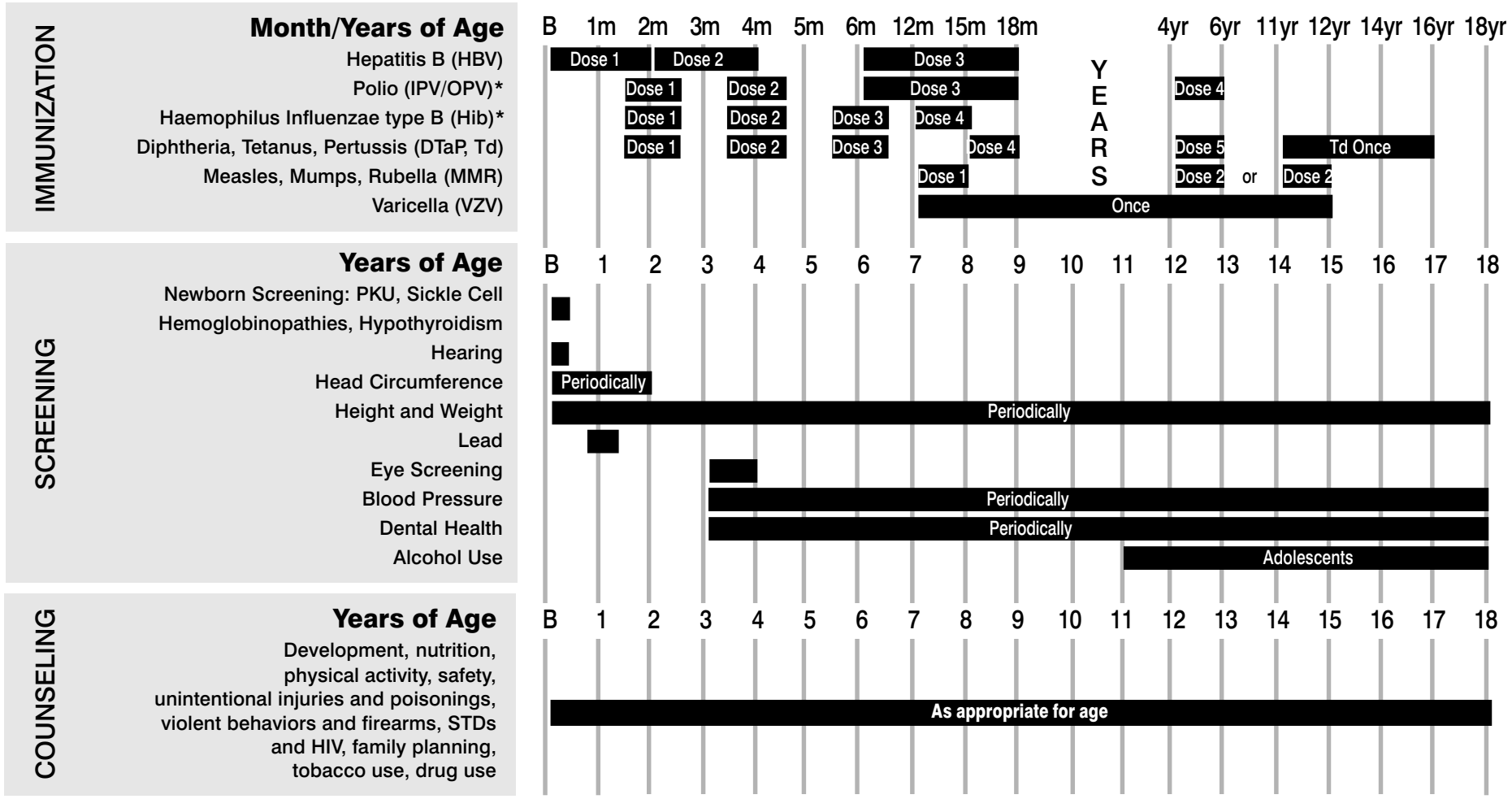
Clinical Preventive Services for Normal-Risk Children



Recommended by most U.S. authorities.

* Schedules may vary according to vaccine type.

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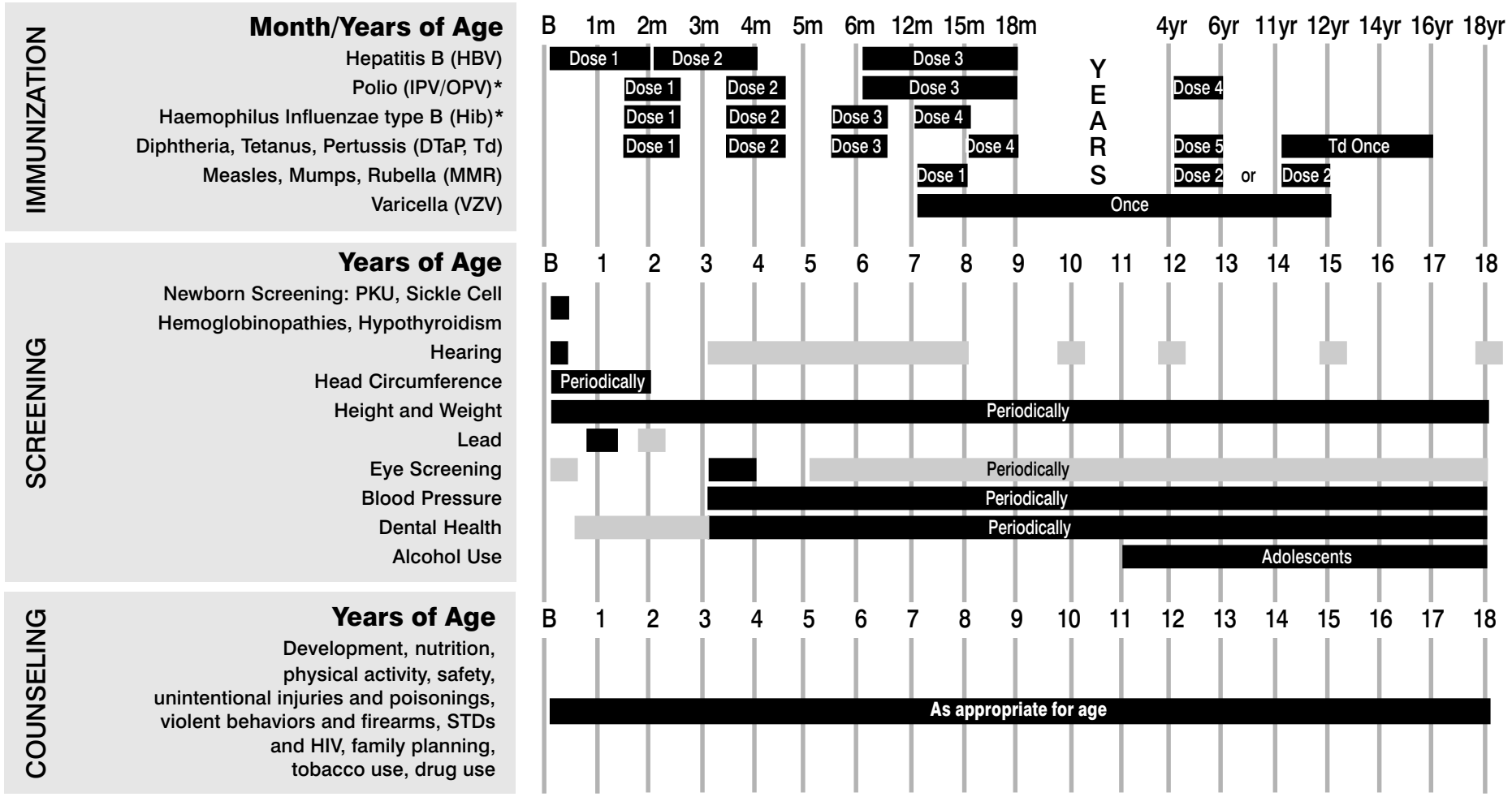
Clinical Preventive Services for Normal-Risk Children



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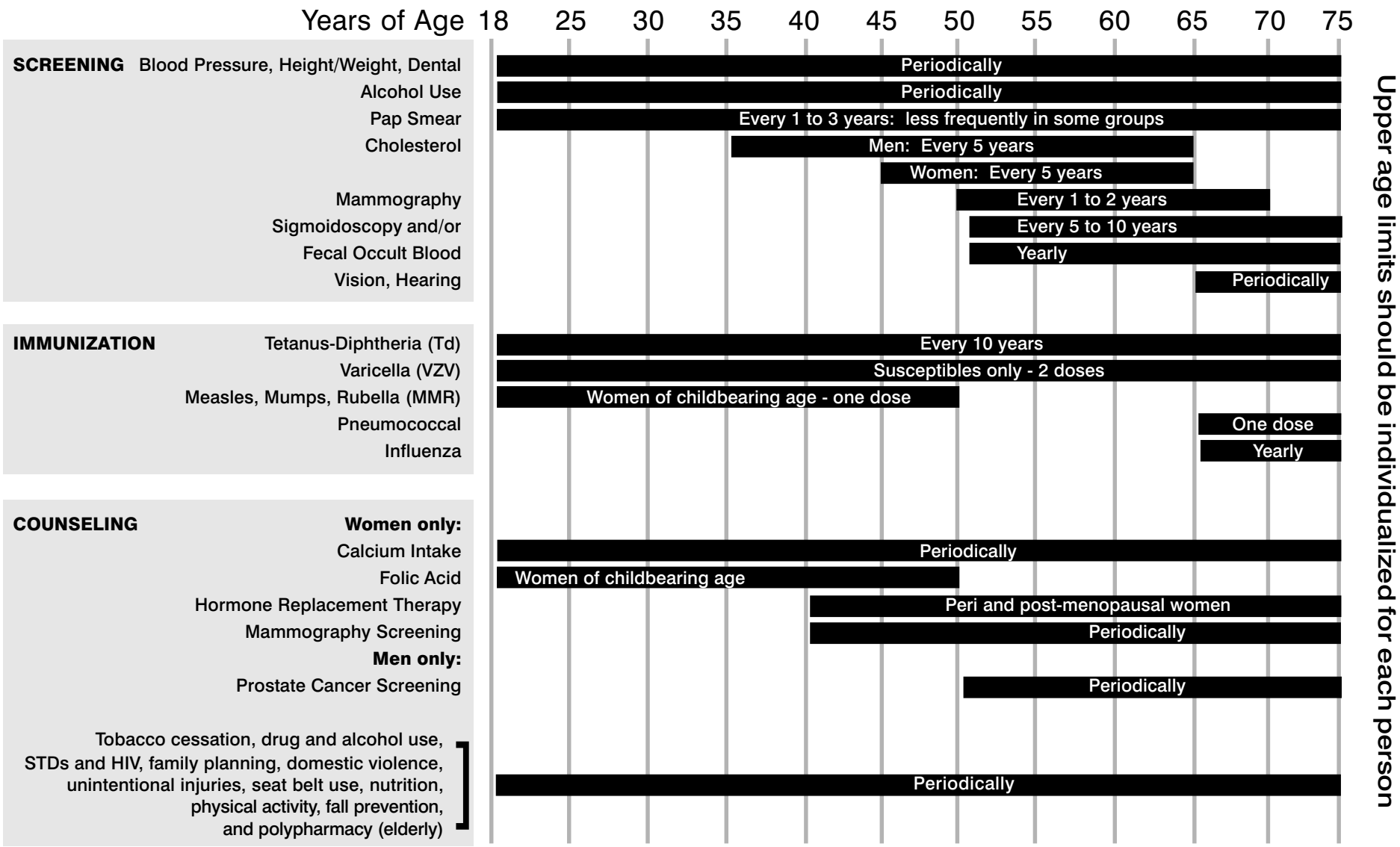

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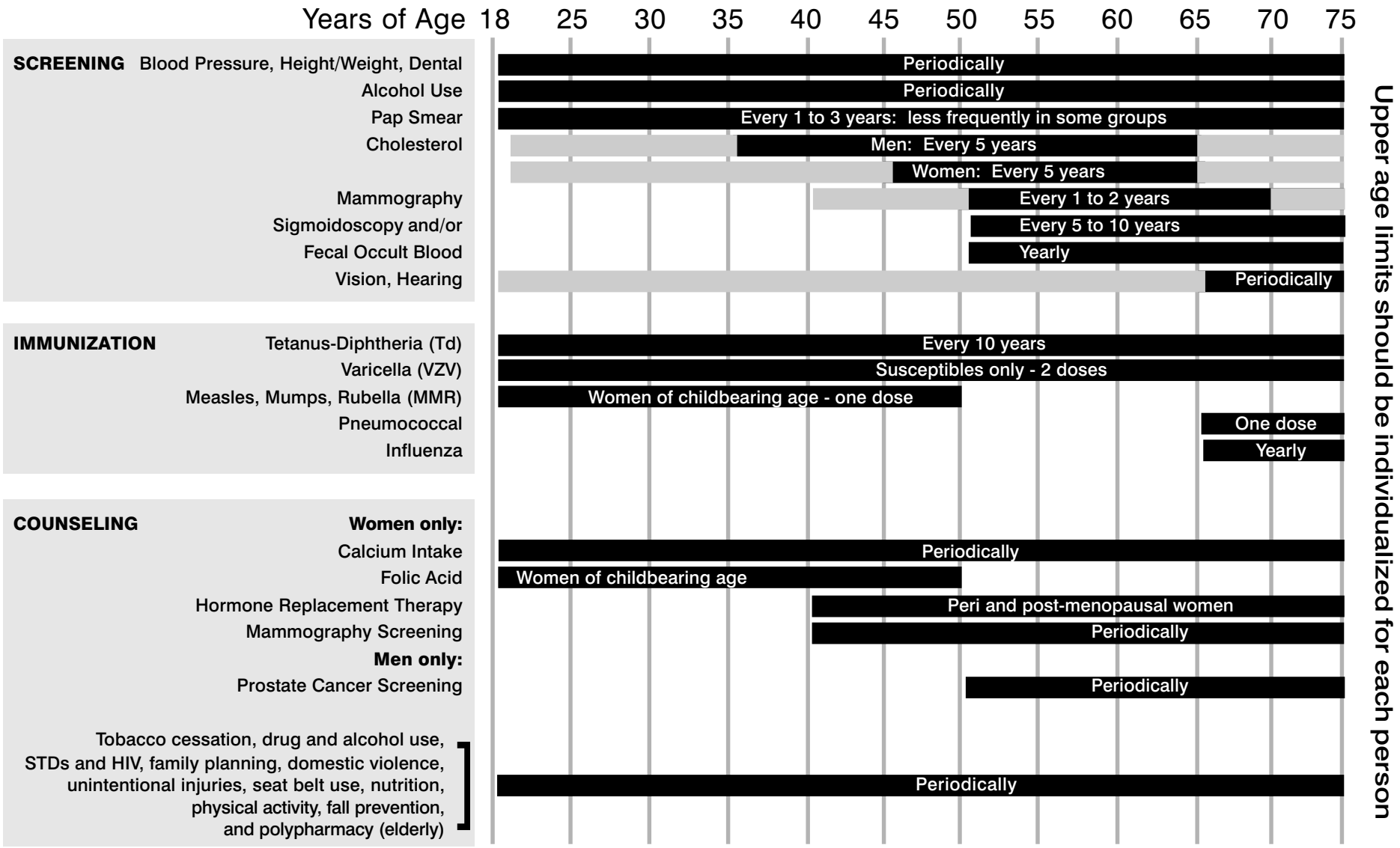

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...possession of or willingness to use a promotional item was even more strongly associated with future progression.

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alcohol consumption habits, and other health and safety habits. Additional comparisons among the groups were made regarding participation in health screenings such as mammography and Pap testing.

Women physicians generally had more healthy behaviors than their nonphysician counterparts. For example, women physicians were more likely to have never smoked (77.7 percent), to eat fruits and vegetables, and to always or nearly always wear a seat belt (96.3 percent). In addition, women physicians underwent screening or testing more recently than women in the general BRFSS population, except for blood pressure, for which the numbers were equal.

Tobacco

Tobacco Industry Promotion of Cigarettes and Adolescent Smoking. J.P. Pierce, et al. *Journal of the American Medical Association* 279 (February 18, 1998): 511-15.

To prevent addiction to smoking, it is necessary to understand the influences encouraging adolescents to begin smoking. Tobacco industry advertising and promotional activities can influence young people who never considered smoking to start.

This study evaluated the association between receptivity to tobacco advertising and promotional activities and progress in the uptake process, defined sequentially as: 1) never smokers who would not consider experimenting with smoking, 2) never smokers who would consider experimenting, 3) experimenters, and 4) established smokers. A group of 1,752 adolescents ages 12-17 who never smoked cigarettes and were not susceptible to smoking when first interviewed in 1993 were reinterviewed in 1996 to determine their susceptibility to smoking or experimenting. More than one-half named a favorite cigarette advertisement in 1993 with the Joe Camel advertisements the most popular.

Although having a favorite advertisement predicted which adolescents would progress by 1996, possession of or willingness to use a promotional item was even more strongly associated with future progression. Based on an attributable risk calculation, the authors estimate that 34 percent of all experimentation in California between 1993 and 1996 can be attributed to tobacco advertising and promotional activities. Nationally, this would be over 700,000 adolescents each year. This study focused on the influence of tobacco promotional activities on nonsusceptible never smokers. It is possible that these influences also encourage experimenters to continue smoking until they become addicted and act to prevent addicted adolescent smokers from quitting.

Family Planning

Impact of a High School Condom Availability Program on Sexual Attitudes and Behaviors. M.A. Schuster, et al. *Family Planning Perspectives* 30 (March/April 1998): 67-72.

Condom availability programs appear not to have increased sexual activity among high school students and appear to have led to improved condom use among males.

This pretest-posttest evaluation study of a condom availability program in a Los Angeles County high school consisted of an anonymous, self-administered baseline survey of 1,945 students in grades 9 through 12. The surveys were administered before the condom program started and a followup survey of 1,112 students was conducted a year later. The two surveys obtained information about the students' condom use, sexual behaviors, and knowledge, attitudes, and beliefs about sexually transmitted diseases, pregnancy, and contraception.

The percentage of males who reported using condoms every time they engaged in vaginal intercourse during the past year increased from 37 percent to 50 percent. The percentage of males who reported condom use at recently initiated first vaginal intercourse increased from 65 percent to 80 percent. Self-reported likelihood of using a condom for vaginal intercourse during the following year increased dramatically for those who had never had vaginal intercourse but did not change significantly for those who had had vaginal intercourse. Among those male and female students who had never had vaginal intercourse, the proportion of students who reported plans to use a condom at first intercourse increased from 62 percent to 90 percent among men and from 73 percent to 94 percent among women. Both before the program started and 1 year later, 10 to 13 percent of students said that they definitely would not have vaginal intercourse during the following year.

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Mental Health and Mental Disorders

Suicide After Natural Disasters. E.G. Krug, et al**.** *The New England Journal of Medicine* 338 (February 5, 1998): 373-78.

Providing social support and facilitating aid could help prevent suicide in victims of severe floods, hurricanes, and earthquakes.

This study reviewed data during the 36 months before and 48 months after events in 377 counties were declared Federal disasters between 1982 and 1989. The results show that suicide rates increase after severe floods, hurricanes, and earthquakes, with rates varying at different times. Overall, the suicide rate increased by 13.8 percent during the 4 years after a severe natural disaster. In the 4 years after floods, there was an increase of 13.8 percent; in the first 2 years after hurricanes, 31.0 percent; and in the first year after earthquakes, 62.9 percent. Increases in suicide rates were found for both sexes and for all age groups. The suicide rate increased 21.8 percent for men and 14.5 percent for women. The rate increased 24.9 percent in the 10-to-29 age group, 18.4 percent in the 30-to-59 age group, and 18.3 percent in the group 60 and older. Reasons for suicide after a natural disaster include loss of family members, friends, property, or jobs; long-lasting alterations of day-to-day life; and disruption of social networks. The authors recommend several specific prevention measures, including targeting disaster prone areas for programs that reduce the conditions that predispose people to commit suicide and preventing disasters through measures such as building flood walls and strengthening warning systems for hurricanes.

Children Who Prosper in Unfavorable Environments: The Relationship to Social Capital. D.K. Runyan, et al. *Pediatrics* (January 1998): 12-18.

Those interested in the healthy development of children need to find new and creative ways to support interpersonal relationships and strengthen the communities where families carry out daily activities.

Participants in the Longitudinal Studies of Child Abuse and Neglect (LONGSCAN) were included in this study. The data from these five ongoing studies of the causes and effects of child abuse were obtained through similar methods, differing only in the sample selection criteria. The study examined 667 children between the ages of 2 and 5 years from Baltimore, San Diego, North Carolina, and Seattle. Children were defined as "at risk" for a number of reasons, such as having low birth weight, having teenage mothers, being placed in foster homes before the age of 3½, and "failing to thrive" by the age of 2.

Social capital, the "benefits that accrue from social relationships in communities and families," was assessed through five factors: two-parent home, socially supported mother, no more than two children in the home, supportive neighborhood, and church attendance. The most prevalent indicator, neighborhood support, was found among 59 percent of the families of children doing well and 48 percent of other families. The least prevalent indicator, regular church attendance, was found in 37 percent of the entire sample. Only 16 percent of all study children reported the presence of at least four of the five indicators measured. Social capital emerged as an important predictor of child well-being after taking factors such as family income and site differences into account.

Violent and Abusive Behavior

The Frequency and Correlates of Violent Behaviors in a Statewide Sample of High School Students. *Family & Community Health* (January 1998): 38-53.

Health professionals working to prevent violent and aggressive behavior among adolescents need to incorporate identified risk factors (e.g., drug and alcohol use) into assessment and intervention efforts.

A sample of 1,679 high school students (ages 14 and older) was surveyed from a variety of high schools in the South Carolina Youth Risk Behavior Survey. Correlations were determined between students of varying race (black or white) and gender and engagement in risky behaviors. The study revealed the following: substance abuse was correlated most highly with all of the violent behaviors surveyed; history of sexual intercourse was correlated strongly with nearly all of the violent behaviors surveyed; white males were more likely than any other group to carry weapons both on and off school property (50 percent and 26 percent, respectively); black males were more likely to force someone into having sexual intercourse (9 percent); black females and males were more likely to be victims of forced sexual intercourse than their white counterparts;

The strongest, most consistent predictors of fighting were drug use and sexual activity.

a high percentage (39 percent) of the students who had forced someone into having sexual intercourse had been forced themselves.

The strongest, most consistent predictors of fighting were drug use and sexual activity. Infrequent attendance at religious meetings was correlated with increased likelihood of being in fights and, among female students, of carrying a weapon.

Environmental Health

Community Characteristics Associated With Elevated Blood Lead Levels in Children. B.P. Lanphear, et al. *Pediatrics* 101 (February 1998): 264-71.
Community characteristics can be used to develop screening strategies to identify children with elevated blood lead levels and increase efforts to identify houses with lead hazards before children are unduly exposed.

This study identified community characteristics associated with children having elevated blood lead levels (³10 mg/dL) and examined whether these characteristics can be used to identify such children. Data on 20,296 children were obtained from a countywide screening program in Monroe County, New York. Data for a sample of 1,144 children were reviewed.

More than 95 percent of all the children with elevated blood lead levels lived in the city of Rochester. Only 4 percent of children who lived outside the city had elevated blood lead levels, compared with 37 percent of those who lived in the city. The mean blood level and the percent of children having a blood lead level of 10 mg/dL or higher increased as the percentage of the population that was black or Hispanic rose and as poverty increased. Increased crowding, older age of housing, and the screening rate also were associated with higher blood lead levels.

The authors conclude that community characteristics can be used to predict elevated blood lead levels and are useful to target testing and hazard control programs. In combination with lead standards for house dust, paint, and soil, this type of analysis should enable communities to identify lead hazards in high-risk neighborhoods before a child is poisoned or has undue lead exposure.

Food and Drug Safety

Incidence of Adverse Drug Reactions in Hospitalized Patients. A Meta-Analysis of Prospective Studies. J. Lazarou, et al. *Journal of the American Medical Association* 279 (April 15, 1998) 1200-1205.
Because a large number of serious adverse drug reactions (ADRs) occur even when drugs are properly prescribed and administered, ADRs represent an important clinical issue.

To find the overall incidence of ADRs in hospitalized patients, a meta-analysis of data from 39 prospective studies from U.S. hospitals over a 32-year period combined the incidence of ADRs occurring while in the hospital with the incidence of ADRs causing hospital admission.

Serious ADRs were defined as an ADR that results in death, is permanently disabling, requires hospitalization, or prolongs hospitalization. In hospitalized patients the overall incidence of serious ADRs was 6.7 percent and of fatal ADRs, 0.32 percent. Overall, in 1994, the authors estimated that 2,216,000 hospital patients experienced a serious ADR and that 106,000 deaths were caused by ADRs. Fatal ADRs appear to be between the fourth and sixth leading cause of death, and their incidence has remained stable over the last 30 years.

Maternal and Infant Health

Universal Infant Hearing Screening by Automated Auditory Brainstem Response Measurement. J.A. Mason and K.R. Herrmann. *Pediatrics* 101 (February 1998): 221-28.
Mild, moderate, and severe bilateral, persistent hearing loss can be identified in the nursery by automated auditory brainstem response measurement in order to provide amplification as needed before age 6 months and thus optimize speech and language development.

This study involved 10, 372 infants born during a 5-year period. Universal hearing screening by automated auditory brainstem response was done in the nursery. Infants who failed the screening test were followed up diagnostically. Successful screening in the nursery was achieved for 96 percent of infants.

Hearing aids were recommended for those infants who had bilateral hearing loss. The incidence of bilateral loss requiring amplification was 1.4/1,000. The incidence of congenital bilateral hearing loss in the well population was 1/1,000 and in the neonatal intensive care unit population, 5/1,000. Amplification was recommended for 15 infants; well infants who used hearing aids before 6 months achieved age-appropriate speech and language development.

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The cost of screening was $17 per infant and the cost to identify each true bilateral hearing loss was $17,750.

The authors note that the cost of identifying infants' hearing loss at birth was a fraction of the anticipated cost of providing educational and community services to people whose hearing loss is found later. The authors recommend a two-stage universal newborn screening protocol, amplification before age 6 months, and regular attendance of infants at hearing therapy sessions.

Heart Disease and Stroke

Folate and Vitamin B_6 From Diet and Supplements in Relation to Risk of Coronary Heart Disease Among Women. E.B. Rimm, et al. *Journal of the American Medical Association* 279 (February 4, 1998): 359-70.

Intake of folate (folic acid) and vitamin B_6 above the current recommended dietary allowances appears to help prevent coronary heart disease in women.

This 14-year followup study involved 80,082 women with no previous history of cardiovascular disease in the Nurses' Health Study. Between 1980 and 1994, women completed a detailed food frequency questionnaire that asked how often on average during the previous year the responder had consumed a specified portion of each food. Food composition values for folate, riboflavin, vitamin B_6, vitamin B_{12}, methionine, and other nutrients were obtained from the Harvard University Food Composition Database.

The authors identified 658 incident cases of nonfatal myocardial infarction and 281 cases of fatal coronary heart disease. Graded associations were found between higher intakes of folate and vitamin B_6 and lower risk of CHD. Risk was lowest among women with the highest intake of both folate and vitamin B_6 (intake of folate above 400 µg/d and B_6 above 3 mg/d). The current recommended daily allowance for folate (180 µg/d) and for vitamin B_6 (1.6mg/d) deemed sufficient to prevent deficiency among nonpregnant women may not be sufficient to minimize risk of coronary disease.

Sexually Transmitted Diseases

Molecular Amplification Assays to Detect Chlamydial Infections in Urine Specimens from High School Female Students and to Monitor the Persistence of Chlamydial DNA after Therapy. C.A. Gaydos, et al. *The Journal of Infectious Disease*s 177 (February 1998): 417-24.

Use of urine amplification assays for sexually active adolescents has the potential to significantly improve the control of chlamydial infections.

This study compared two types of urine amplification assays (polymerase chain reaction [PCR] and ligase chain reaction [LCR]) for the diagnosis of Chlamydia trachomatis infections. Urine specimens from 408 high school female students were tested. Sixty-four patients were confirmed as infected. After therapy, urine specimens were tested to determine persistence of Chlamydia trachomatis DNA in urine. At 1 to 3 days after therapy, PCR and LCR were positive for 40 percent and 73.3 percent of patients, respectively. The percentage of positive results declined over time; none of the specimens collected 16 to 21 days after therapy and more than 21 days after therapy were positive.

Because chlamydial infections are highly prevalent in young adolescents and most are asymptomatic, active screening is strongly recommended by the Centers for Disease Control and Prevention. The authors believe urine amplification assays are cost-effective and can be used frequently throughout the adolescent years, when adolescents are at high risk of infection.

ACTIVITIES

Online

Clinical Preventive Services

MedMark, a web site with bookmarks to medical sites (http:/www.medmark.org/), has updated its Preventive Medicine links. Links include associations and societies, centers and institutes, colleges, education and training sites, information for consumers, government sites, guides and guidelines, hospitals and clinics, information sources such as databases, media outlets, lists of resources, other organizations, and programs and projects. The site also provides general links, such as MedWeb, WebDoctor, and HealthWeb.

Women

The National Women's Health Information Center (NWHIC) web site and toll-free number are available for the public, health care professionals, educators, and researchers. By organizing the vast array of health information for women to a single point of entry, NWHIC will provide easier access to information from Federal health clearinghouses and hundreds of private sector organizations. The toll-free number is (800) 994-WOMAN. The web address is http://www.4woman.org.

Substance Abuse: Alcohol and Other Drugs

A new interactive, multimedia series on CD-ROM is now available from The Bureau For At-Risk Youth for educators, prevention specialists, and other youth workers. These **interactive drug prevention programs** for grades 5-12 teach young people basic facts about drugs and empower them to make rational no-use decisions about drug use. The six titles in the series are for MAC or Windows systems: Drug Basics: What Everyone Needs To Know; Dangerous Drugs: Risks and Realities; Alcohol: More Dangerous Than You Think; Marijuana: Gateway to Disaster; Cocaine and Crack: Kicks That Kill; and Tobacco: Ashes to Ashes. Each program stresses the physical and psychological consequences of drug use and teaches peer refusal and positive life skills. For more information about Dangerous Drugs 101 multimedia series or for a free catalog, write to The Bureau For At-Risk Youth, P.O. Box 760, Plainview, NY 11803-0760, or call (800) 99-YOUTH.

Educational and Community-Based Programs

The National Library of Medicine is cosponsoring a project to train trainers of senior citizens in **how to access health information on the Internet**. NLM is coordinating the joint project with two other components of NIH, the National Heart, Lung and Blood Institute and the Office of Research on Women's Health, and the Health Care Financing Administration and the Office of Disease Prevention and Health Promotion. The project is administered by the SPRY (Setting Priorities for Retirement Years) Foundation in Washington, DC. For information, contact Robert Mehnert or Kathy Cravedi at (301) 496-6308.

In Print

Clinical Preventive Services

Two new reports are available from the California Center for Health Improvement (CCHI). One is on

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MEETINGS

Rehabilitation Engineering and Assistive Technology Society of North America Annual Meeting. Minneapolis, MN. For more information, contact RESNA at (703) 524-6686; TTY, (703) 524-6639; fax (703) 524-6630; Internet: www.resna.org/resna/
June 26-July 1, 1998.

27th Annual Meeting of the Association of American Indian Physicians. Albuquerque, NM. For information, call (405) 946-7072.
July 21-26, 1998.

National Association of Local Boards of Health 6th Annual Conference. St. Charles, IL. For more information, call (419) 353-7714, fax (419) 352-6278, or e-mail nalboh@wcnet.org.
July 29-August 1, 1998.

"International Conference on Women." Taipei, Taiwan. For information, contact Tourism Bureau, Republic of China, 9/F, Chunghsiao East Road, Sec 4, Taipei, Taiwan, phone 886 2 3491635 or fax 886 2 7735487.
August 1, 1998.

American Association of Diabetes Educators. Minneapolis, MN. For information, call (312) 644-2233. **August 20-23, 1998.**

"9th Annual Meeting of the North American Menopause Society." Toronto, Canada. For more information, contact NAMS, P.O. Box 94527, Cleveland, OH 44101-4527, or call (216) 844-8748; fax (216) 844-8708; or e-mail nams@apk.net. **September 17-19, 1998.**

Third Annual Scientific Conference on Prevention of Work-related Musculoskeletal Disorders. Marina Congress Center, Finland. For more information, contact Mirja Kallio, Finnish Institute of Occupational Health, Topeliuksenkatu 41 a A, FIN- 00250, Helsinki, Finland; phone, +358 9 47 471; fax +358 9 4747 548. **September 21-25, 1998.**

16th Annual Conference of the National Indian Health Board. Anchorage, AK. For information, call (303) 759-3075.
October 5-8, 1998.

"2nd World Congress on Stress." Melbourne, Australia. For more information, contact Dr. Graham Burrows, ICMS Pty Ltd, 2nd World Congress on Stress, 84 Queensbridge Street, Southbank, VIC 3006 Australia; phone +61 39682 0244; fax +61 39682 0288.
October 25-29, 1998.

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children's health coverage and the other is on **attitudes about health coverage and managed care**. *Parents Describe Barriers to Healthcare Services, Want Help to Keep Children Well* discusses the issues California parents say they face in obtaining healthcare services for their children. These include problems obtaining health care services for uninsured children, such as dental care, health information after hours, preventive care, and mental health services, and a need for more information from their health care providers about how to keep their children well. The report is part of the Growing Up Well series.

Task Force Survey Finds 76% of Insured Californians Satisfied, 42% Report Problems is a Survey Brief featuring findings from a survey about experiences with health coverage. The survey was commissioned by the State's Managed Care Task Force. Results showed that many Californians experience problems with health coverage, including delays in getting needed care, difficulties getting referrals to specialists, being forced to change doctors, insensitive or unhelpful health care staff, plans not providing needed benefits, and claims payment and billing problems. For more information, contact CCHI at (916) 646-2149, fax (916) 646-2151, e-mail cchi@quiknet.com, or visit their web site at http://www.webcom.com/cchi.

Older Adults

The National Institute on Aging offers a publication, **Talking With Your Doctor: A Guide for Older People**, to provide helpful solutions to the problems most older people have dealing with their doctors. Topics include: choosing a doctor you can talk to, tips for good communication, getting started with a new doctor, how to talk about your health issues, discussing sensitive subjects, involving family and friends, and a resource list. The 32-page booklet is available free from the NIA Information Center weekdays from 8:30-5:00 EST at (800) 222-2225.

People with Disabilities

Several new consumer education **fact sheets on hearing and speech disorders** are available from the National Institute on Deafness and Other Communication Disorders (NIDCD) Information Clearinghouse. The reproducible fact sheets are in a question-answer format, each containing a list of resources to contact for additional information. Topics include stuttering and other speech impediments, age-related hearing loss, noise-induced hearing loss, and Deafness and Communication Disorders Database. In addition, two new standard searches are available from the Deafness and Communication Disorders Database: Aphasia and Assistive Listening Devices. For more information, contact the NIDCD Clearinghouse, (800) 241-1044; TTY, (800) 241-1055; fax (301) 907-8830; e-mail nidcd@aerie.com; Internet: www.nih.gov/nidcd.

Nutrition

Fat replacers—**ingredients that can take the place of fats in food**—can make it much easier to lower total fat consumption, according to a panel of physicians and scientists affiliated with the American Council on Science and Health. For a copy of "Fat Replacers: The Cutting Edge of Cutting Calories," send $3.85 to The American Council on Science and Health, 1995 Broadway, 2nd Floor, New York, NY 10023-5860.

Tobacco

How can health care providers motivate clients to stop smoking? Several new pamphlets provide guidance. They are "Smoker: Tips for Quitting"; "Exercise: Finding the Time"; and "Exercise Your Stress Away." Free review copies of these pamphlets are available to health professionals and educators by calling (800) 775-1998, sending a fax to (408) 423-8102, or writing to Journeyworks Publishing, Dept. P7-Tobacco, P.O. Box 8466, Santa Cruz, CA 95061-8466. For information on bulk pricing, call (800) 775-1998. Prices start at $15 for 50 pamphlets.

Mental Health and Mental Disorders

A new bibliography for caregivers addresses **sexual issues affecting people with Alzheimer's Disease**. Part I, Intimacy, Sexuality, and Alzheimer's Disease, addresses intimacy needs of people with dementia, sexuality and older people, dealing with sexually disinhibited patients, and other issues. Part II, Hypersexuality and Dementia, contains items about how to manage sexually aggressive patients with dementia who become violent. For a free copy of the bibliography, Sexuality and Alzheimer's Disease (publication number X-22), call the Alzheimer's Disease Education & Referral Center at (800) 438-4380.

Oral Health

An explanation of the various types of salivary gland disorders and treatments is featured in a free patient

information leaflet, **"Salivary Glands: What's Normal, What's Abnormal?"** The leaflet describes the salivary glands, the four categories of abnormalities that can affect the glands, and the surgical and medical treatments available. For a free copy, send a self-addressed, stamped, business-size envelope to Salivary Glands c/o American Academy of Otolaryngology—Head and Neck Surgery, One Prince Street, Alexandria, VA 22314-3357.

Diabetes and Other Chronic Disabling Conditions

Asthma Awareness Day: A Planning Guide encourages organizations to plan asthma awareness events in their communities. These events help to teach children and their families how to take control and manage asthma. The kit contains step-by-step information on planning, promoting, and launching an Asthma Awareness Day event. Because asthma has the greatest impact on African-American and Hispanic children living in urban areas, a special effort has been made to include information relevant to planners interested in reaching these populations. The guide contains sample tools used successfully in other Asthma Awareness Day events throughout the country. For a copy, call (301) 496-5717 or write National Institutes of Health, National Institute of Allergy and Infectious Diseases (31/7A50), 31 Center Drive, MSC 2520, Bethesda, MD 20814-9692.

On Video

Women

The Society for the Advancement of Women's Health Research (SAWHR) and the Public Health Service's Office on Women's Health have collaborated to produce an award-winning health education video for women in their late teens and early twenties. **"Get Real: Straight Talk About Women's Health"** provides up-to-date information on topics such as alcohol use, depression, cancer prevention, contraception, sexually transmitted diseases, violence, eating disorders, HIV/AIDS, nutrition, smoking, and exercise. The "Get Real" package (videotape and facilitator's guide) is available for $49.95, including shipping and handling. Checks payable to SAWHR should be sent to SAWHR, 1828 L Street, NW., Suite 625, Washington, DC 20036, or call (202) 223-8224 for more information.

In Funding

Clinical Preventive Services

Community health providers in six Arizona counties will be able to build or renovate **clinics that will offer basic health care to the working poor**. The Arizona Department of Health Services has awarded $2.4 million in tobacco-tax funds. Health providers agreed that the facilities to be built or renovated will offer primary care services at reduced rates for at least 10 years to low-income, uninsured people who are not poor enough to enroll in Arizona's Medicaid program. Providers also agreed to contribute to the construction costs. Contracts were awarded to Ash Fork Development Association, Catholic Community Services of Southern Arizona, Chiricahua Community Health Centers, Clinica Adelante, Lake Powell Medical Center, and White Mountain Communities Health Care District.

Immunization and Infectious Diseases

As part of **an effort to fully immunize 95 percent of all Colorado children** from birth to age 13, the Colorado Children's Immunization Coalition has received a grant of $132,375 from The Colorado Trust. The coalition will coordinate and implement a strategy developed by the Colorado Immunization Planning Task Force in 1997. This strategy includes enhancing a statewide electronic immunization registry and tracking system, supporting immunization providers in offering accessible and affordable vaccinations, offering education for immunization providers and parents, and making recommendations for public policy changes.

Educational Aids

Tobacco

A new national campaign by the Food and Drug Administration will help **stop tobacco sales to children**. The educational campaign features radio, print, and billboard advertisements, as well as materials for retailers to display in their stores. The material uses humorous illustrations and messages to remind retailers, clerks, and customers about the law against selling tobacco to minors and the retailer's risk of fines. In addition, the campaign is designed to encourage customers to cooperate with retailers who are trying to comply with the law. The campaign was launched in Arkansas and will expand in the spring to California, Colorado, Florida, Illinois, Massachusetts, Minnesota, North Carolina, Pennsylvania, Texas, and Washington. FDA expects to have the advertising campaign in all 50 States by the end of the year.

ETCETERA

...PulseNet, a national computer network of public health laboratories that will help rapidly identify and stop episodes of foodborne illness, is up and running. The new system enables epidemiologists to move up to 5 times faster than previously feasible in identifying serious and widespread food contamination problems. PulseNet is the latest feature of the Clinton administration's initiative to improve food safety and detect foodborne disease. PulseNet is based on a molecular technology called pulsed-field gel electrophoresis (PFGE), standardized by the Centers for Disease Control and Prevention (CDC), that identifies distinctive "fingerprint patterns" of E. coli O157:H7. Under the new networked computer system, public health laboratories throughout the country can share information via the Internet to determine when foodborne disease outbreaks are occurring. The PFGE technology was first used by CDC in a foodborne illness outbreak in 1993, but lack of computer networking prevented the rapid response that is possible today.

...Boeing, IBM, First Chicago NBD Corporation, and Johnson & Johnson are winners in the second annual Corporate Health Achievement Award (CHAA) competition sponsored by the American College of Occupational and Environmental Medicine. The 1998 CHAA winners were recognized as the Nation's healthiest companies. The CHAA was created to provide national recognition and honor to companies that have superior employee health, safety, and environmental management programs. It also is intended to encourage corporate self-assessment and continuous improvement and to call attention to the importance of such initiatives.

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