Mobile Outreach Program Provides Health Services to Sheltered Homeless Children in New York City

The New York Children's Health Project is a special program designed to provide comprehensive health services to children of homeless families sheltered in New York City. More than 11,000 infants, children, and adolescents live in the 84 hotels and shelters of the system. The project is an outreach program of New York Hospital-Cornell University Medical Center's Department of Pediatrics.

The project draws on the considerable child health resources of the institution and has emerged as an innovative model of child health services to one of the most needy populations of children in the country. Singer-composer Paul Simon was instrumental in the creation and development of the project and donated its two Medical Mobile Units (MMU).

The units operate daily to serve the 5,000 to 6,000 children living in 23 hotels and shelters. The first unit, whose route is mainly in Manhattan, has provided services since November 1987. Unit 2 has provided services primarily in Queens and Brooklyn since May 1988. A three-person outreach and coordinating team performs extensive followup to encourage client compliance after consultative and referral visits.

Adolescent health services are coordinated by a physician specializing in treating that age group. Services include prenatal care for pregnant teenagers, identifying and treating health problems of adolescents, identifying potential substance abuse problems, and referring such patients for appropriate care. Psychological services include screening, evaluation, and treatment by the project psychologist under the direction of the developmental pediatrician. Child abuse prevention and identification services are being implemented.

Those who come to a MMU for treatment are registered as New York Hospital patients and have immediate access to its facilities and clinics. The Department of Pediatrics has broadened its capabilities to provide more extensive facilities and personnel at the hospital for the care of homeless children on both an inpatient and ambulatory care basis.

During the first year

- More than 3,000 children were seen and 6,750 patient encounters logged, including about 6,200 medical visits and 550 followup and expanded service contacts. Patient ages ranged from 1 week to 20 years. About 75 percent of the patients were infants and preschoolers.
- About 60 percent of the medical visits were for evaluation of acute or chronic illness. Common problems included skin disease, ear infection, respiratory illness, gastrointestinal illness, and anemia.
- More than 200 Women, Infants, and Children Program (WIC) certifications and day care and school physical examinations were performed each month. Up to 45 percent of those seen were underimmunized or unimmunized, and more than 2,000 children were immunized.
- The project attained a 50 percent rate of compliance with followup treatment for children requiring specialty care. About 275 children were referred to backup hospitals for special consultations, procedures, or treatment. Fifteen children required admission to the hospital for such conditions as severe facial infection, pneumonia, severe endocrinologic problems, growth failure, accidental injury, and respiratory failure. More than 30 children were referred to hospital emergency rooms for critical evaluation and treatment.

The project maintains a computerized system (Children's HealthNet) that organizes, monitors, and enhances the collection and maintenance of medical information for the population served. The data can be accessed onsite at the MMU either as medical records for providers or as data for research and reporting needs.

The project's Pediatric Services Network is an innovative, computer-based link of major pediatric facilities and departments in New York City providing health services to homeless children. The network is designed to ensure the effectiveness of a relatively comprehensive health-safety net for the children by tracking the moves of families within the system until a permanent home has been found. Each hotel and shelter is covered by at least one pediatric health care provider. The provider is informed of family movement in and out of the facilities and provided with medical information and access to the families. The Network is intended to fill the services gap for an estimated 6,000 or 7,000 children not directly served by the project.

The project's substance abuse prevention component has developed and initiated a pilot program for adolescents in a New York City shelter for homeless families. A series of interviews and focus groups with adolescents were conducted to explore the feasibility of working with children at various ages in a relatively unstructured community setting.

Based on the information obtained, a skills-based prevention intervention was developed for an adolescent group. The objective was to promote the development of adolescents' skills and to foster their sense of affiliation and acceptance through group membership Two age groups were established, one up to age 13 years, and one 14 through 20. The school-based program, Life Skills Training, which emphasizes self-improvement and developing personal and social skills, is a model for the group. While the focus of the program has been on the individual, it has had some impact on the environment. For example, the junior group developed paintings as posters for display around the shelter, created cartoons for the teen newsletter, and contributed articles as well. The materials promote an anti-substance abuse norm. Staff members of the project are preparing a report of the activities of the first year.

The New York Children's Health Project has received partial support for the past 2 years from the Health Resources and Services Administration's Health Care for the Homeless Program, administered under the Stewart B. McKinney Homeless Assistance Act.

—ELAINE A. DENNIS, Homeless Program Coordinator, Division of Special Populations, Bureau of Health Care Delivery and Assistance, Health Resources and Services Administration.

Task Force Evaluates Clinical Effectiveness of Preventive Services

The majority of deaths of Americans younger than 65 years are preventable. Of these, many are preventable through interventions best provided in a clinician's office.

While the means have been available to prevent many premature deaths, injuries, and other types of morbidity, a scientific basis for recommending many clinical preventive practices has been lacking. In 1984 the Department of Health and Human Services charged a task force with reviewing the scientific evidence in support of clinical preventive services and with developing age- and sex-specific recommendations for their delivery.

The U.S. Preventive Services Task Force, a 20-member, non-Federal panel, developed and applied a rigorous analytic framework by which 300 reviewers evaluated 2,400 scientific articles, in what is believed to be the most comprehensive evaluation and synthesis of preventive interventions to date. The resulting recommendations are related to nearly 100 interventions for 60 potentially preventable diseases and conditions, and they offer an operational blueprint for delivering interventions.

The scientific base provided by the Task Force is expected to facilitate efforts to improve the health of the people through the delivery of effective services for disease prevention and health promotion. The clinical recommendations are to be published in the summer of 1989 as the 294-page "Guide to Clinical Preventive Services: Report of the U.S. Preventive Services Task Force."

The Chairman of the Task Force is Robert S. Lawrence, MD, who is Chief of Medicine of Cambridge Hospital, and Director of the Division of Primary Care, Harvard Medical School.

The Guide's recommendations offer the Task Force members' best judgment, based on the evidence, of the clinical preventive services that prudent clinicians should provide their patients in the course of routine clinical care. The recommendations are grouped by age, sex, and other risk factors. The quality of the evidence supporting each recommendation, as well as the recommendations of other authorities, are listed wherever appropriate, so that the reader may judge whether specific recommendations are appropriate. The problems addressed are common, those seen every day by primary care providers.

Sections of the Guide provide recommendations for preventive services related to vascular diseases, neoplastic diseases, metabolic disorders, infectious diseases, hematologic disorders, ophthalmologic and otologic disorders, prenatal disorders, musculoskeletal disorders, and mental disorders and substance abuse. There are separate sections on counseling and immunizations and chemoprophylaxis.

Among the Task Force's basic findings are, first, that a selective periodic health examination tailored to individual risks is a more appropriate clinical strategy than the annual physical examination in which the same battery of tests is performed routinely on all patients.

Second, there is a need for greater selectivity in the use of screening tests, with tests chosen on the basis of the unique risk profile of the individual patient.

Third, review of the data has confirmed that addressing the personal health behaviors of patients through education and counseling is one of the most effective forms of prevention available to the clinician.

Fourth, the findings suggest that the roles of both clinicians and patients will continue to undergo important changes in the near future as patients assume greater responsibility for their own health and clinicians develop new skills in risk assessment, counseling, and patient education.

Information is available from the Task Force at 330 C St. SW, Room 2132, Washington, DC 20201; tel. (202) 245-0180. Publication information is available from William and Wilkins Publishers, P.O. Box 1496, Baltimore, MD 21298-9724; tel. (1-800) 638-0672.

Advocacy and Coordinating Group in PHS Urged for Victims of Rare and Orphan Diseases

As many as 20 million Americans suffer from rare diseases and need an advocacy office within the Federal Government, according to a report issued by the National Commission on Orphan Diseases. The Commission, established by Congress in 1985, recommended the creation of a Central Office of Orphan and Rare Diseases (COORD).

The report, representing the Commission's final recommendations, cites an array of problems plaguing the nation's efforts to combat rare diseases, including a lack of funding for research and development of treatments; a lack of information on rare diseases, causing delays in proper diagnosis; and patient difficulty in obtaining health insurance, either because health insurance fails to cover rare diseases or because many rare diseases are regarded as pre-existing conditions.

Rare diseases are defined as those affecting no more than 200,000 persons in the United States. Orphan diseases are defined as those rare diseases that have no parent organization, investigator, pharmaceutical company, or agency committed to research on the prevention, diagnosis, or treatment of the disease. Some rare diseases, such as autism, multiple sclerosis, and Tay-Sachs disease, are relatively well-known. Others, such as Wilson's disease, a hereditary disease that causes liver and brain damage; Prader Willi syndrome, which involves childhood obesity and mental retardation; and hemochromatosis, a serious disorder of iron metabolism, are obscure. Some, such as cholera, affect few persons in this country, but are common in the third world.

The Food and Drug Administration's Office of Orphan Products Development allocates about $5 million per year to research. There are about 5,000 known rare diseases. Rep. Henry Waxman, Chairman of the Subcommittee on Health and Environment of the House Energy and Commerce Committee, has called the current approach to rare disease research "unorganized and inadequate."

The report recommends that COORD be placed in DHHS's Public Health Service under the Office of the Assistant Secretary of Health to coordinate all rare disease-related activities in the public and private sectors. COORD would work to

- Increase funding for biomedical research, training, fellowships, and clinical research centers
- Provide access to affordable health care for all and eliminate health insurance restrictions on pre-existing conditions
- Speed the government approval process for medications designed to help victims of rare diseases

• Create a centralized information database on rare diseases.

To develop its recommendations, the Commission conducted a 2-year series of public meetings, hearings, interviews, work group meetings, round table discussions, and surveys of patients, physicians, researchers, Federal agencies, voluntary organizations, private foundations, and the pharmaceutical industry.

"The Report of the National Commission on Orphan Diseases" and an executive summary containing the recommendations, are available as order number HRP-0907248 from the National Technical Information Service, Springfield, VA 22161; tel. (703) 487–4650.

HHS Secretary Sullivan Endorses Goal to Eliminate Tuberculosis in U.S.

HHS Secretary Louis W. Sullivan, MD, has endorsed an HHS Advisory Committee goal to eliminate tuberculosis from the United States by the year 2010.

Secretary Sullivan called upon the public health community to carry out a recommended strategy for eradication, saying, "It is unacceptable that tuberculosis continues as a public health problem in the United States. Although the days of the mobile X-ray vans and mountain-top sanitoria are behind us, more than 22,000 men, women, and children developed active tuberculosis during 1988."

The impetus for a plan to eliminate tuberculosis was provided by Dr. James O. Mason, Director of the Public Health Service's Centers for Disease Control in the period 1983–89, and now Assistant Secretary for Health. An Advisory Committee for Elimination of Tuberculosis was established by HHS in 1987. The committee's plan calls for more effective use of existing prevention and control methods, especially in high-risk populations; development and evaluation of new technologies for treatment, diagnosis and prevention; and rapid assessment and transfer of newly developed technologies into clinical and public health practice.

National organizations which have endorsed the goal to eliminate TB and are committed to participate in its achievement include the American Medical Association, the American Lung Association, the American Public Health Association, and the American College of Preventive Medicine.

"I am pleased to add my voice to those of others calling for the elimination of tuberculosis and urge all Americans to support this effort," Secretary Sullivan said.

Federal Employee Physical Fitness Standards Issued

Standards for the development of Federal physical fitness programs have been developed by the Health Resources and Services Administration as a part of its mandate to provide technical assistance to Federal agencies. The standards are intended as guides for Federal managers in considering the physical fitness needs of their employees. The standards are expected to be useful to employers outside the Federal system.

Copies of the 20-page publication, "Standards and Criteria for the Development and Evaluation of Comprehensive Federal Physical Fitness Programs," may be obtained from the Division of Federal Occupational and Beneficiary Health Services, Bureau of Health Care Delivery and Assistance, 5600 Fishers Lane, Room 7-36, Rockville, MD, tel. (301) 443-5627.

Outreach Program Trains Community Residents as Health Workers to Aid Poor

A new approach to providing health care to the poor is being tried by the New York State Health Department, which is funding community programs to bridge the gap between people and services.

The approach involves door-to-door home visits and referrals by health care providers, as well as by specially trained community residents, who may be family members or neighbors of those needing services. Community health workers will reach out to families in high health risk areas, those with high infant mortality and illness, or poor socioeconomic status, or wherever families may not be receiving needed services.

"This program fills a significant void in many low-income communities," according to Dr. Linda A. Randolph, Director of the Department's Office of Public Health. "With home visits, community residents trained as health workers can relate well with their peers and provide health education information and continuing motivation, support, and advocacy to those families who, for many reasons, experience difficulty in getting access to the health, community, and social services necessary for a health family," she said.

Community health workers will arrange referrals to needed health and social services, followup, and continuing support of individuals and families, with a focus on the needs of pregnant women, and on infants and young children. They also will act as interpreters for non-English-speaking persons.

The health workers, who will come from the communities to be served, will be specially trained in communication skills, community organization, interviewing, and basic public health education. They will be employed by local sponsoring agencies, and will work closely with community service agencies responsible for housing, transportation, financial assistance, health, nutrition, mental health, social services, and legal aid.

Local program contractors in the Community Health Worker Program are Buffalo, St. Augustine's Center, $122,820; Rochester, Monroe County Health Department, $102,810; Oneida and Herkimer Counties, Oneida County Health Department, $102,110; St. Lawrence, Jefferson, and Lewis Counties, Planned Parenthood of Northern New York, $102,810; Westchester County, Westchester County Health Department, $93,840; Bronx, Bronx Perinatal Consortium, $151,800; Queens, Caribbean Women's Health Association, Inc., $151,800; Manhattan, New York City Department of Health, $151,800.

Organ Transplant Costs Surveyed Nationwide

Medicaid programs in 49 States and the District of Columbia offered coverage for one or more types of organ transplantation in 1987, according to a recent study. Only Wyoming offered neither full nor partial coverage for any surgical costs of transplantation. The study was prepared for the Health Resources and Services Administration's Division of Organ Transplantation.

Some $22.7 million in transplant costs was approved for payment by Medicaid programs in 1987, led by the $7.5 million paid through California's Medi-Cal. In 1987, Medicaid paid costs associated with 273 kidney, 208 bone marrow, 120 liver, 94 heart, 9 pancreas, and 5 heart-lung transplants. The 39-page report, "Medicaid Coverage and Payment Policies for Organ Transplants: Findings of a National Survey," includes information on cornea transplants, Medicaid coverage restrictions, and case studies of four States' experiences with Medicaid payment for transplants.

Copies are available from Intergovernmental Health Policy Project, 2011 I St., NW, Suite 200, Washington, DC 20036; tel. (202) 872-1445.

FDA Approves Treatment IND Status for Pentamidine

The Food and Drug Administration has granted permission for expanded distribution of an experimental, aerosolized version of the drug pentamidine to help prevent *Pneumocystis carinii* pneumonia, a potentially life-threatening infection that often afflicts AIDS patients.

Under the conditions of the FDA-approved protocol, the drug will be recommended for use by AIDS virus-infected patients who have had at least one episode of the pneumonia or who have T4 helper cell counts of 200 per cubic millimeter or less. T4 helper cells are white blood cells that are critical components of the body's immune system; they are destroyed by the AIDS virus. Healthy persons usually have T4 helper cell counts of 1,000 or more.

The drug should be administered to patients through the Respirgard II nebulizer at a recommended effective dose of 300 milligrams (mg) every 4 weeks, based on recently available clinical data from the comparative dose trial conducted by the San Francisco Community Consortium, a group of physicians with experience treating people with AIDS. In the study, headed by Bruce Montgomery, MD, David W. Feigel, MD, MPH, and Gifford Leoung, MD, patients with the AIDS virus who were at high risk of developing the pneumonia had a lower incidence of infection when treated with this dose than similar patients treated with lower doses. The regimen differs from that used by many physicians who have tried the therapy on individual patients. This is the first treatment IND emanating from a clinical trial sponsored jointly by a community research initiative and a pharmaceutical company. An epidemiologic study supported by the National Institute of Allergy and Infectious Diseases (NIAID) helped to determine the patient population that might benefit the most from the use of aerosolized pentamidine.

Injectable pentamidine, as distinct from aerosolized pentamidine, was approved in 1984 for the treatment of those already suffering from *Pneumocystis carinii* pneumonia. FDA's announcement will make the aerosolized product available under the agency's treatment IND regulations, a plan for the use of an investigational new drug (IND) in selected patients facing serious or life-threatening conditions.

FDA Commissioner Frank E. Young, MD, PhD, estimated that perhaps 50,000 AIDS patients would benefit from the treatment IND. The San Francisco Community Consortium initiated the clinical study of AIDS-infected persons at high risk for developing *Pneumocystis carinii* pneumonia in 1987. The clinical study compared the safety and efficacy of aerosolized pentamidine at 30 mg every 2 weeks, 150 mg every 2 weeks, or 300 mg every 4 weeks, and it showed effective results with the last regimen. That dose did not provide complete protection, but did demonstrate the capability of significantly reducing the incidence of the pneumonia. A large, long-term epidemiologic study undertaken by NIAID showed that a significant percentage of persons who have been infected with the AIDS virus and who have T4 helper cell counts of 200 or less are at risk of developing *Pneumocystis carinii* pneumonia even if they have no symptoms of HIV infection.

Anthony S. Fauci, MD, NIAID director, said, "NIAID is sharing these important study results before scientific publication to speed patients' access to this 'state of the art' therapy. We believe that aerosolized pentamidine will help to prevent recurrent episodes of *Pneumocystis carinii* pneumonia and also help prevent initial occurrences of the infection."

In addition to sponsoring the epidemiologic study, NIAID, through its AIDS Program, provided technical assistance in formulating and developing the treatment IND protocol. Aerosolized pentamidine can provoke severe wheezing and coughing. The long-term risks associated with aerosolized pentamidine are unknown. LyphoMed, Inc., of Rosemont, IL, which markets pentamidine, partially underwrote the San Francisco Community Consortium study and will sponsor the treatment IND protocol. The company has filed a new drug application with FDA seeking marketing approval for this version of the drug. Aerosolized pentamidine is the third AIDS-related therapy to have received treatment IND status under new FDA regulations. Physicians interested in learning about the details of the protocol may call the company at 1-800-PCP-7003. The Respirgard II nebulizer, a filtered system used in the studies, is manufactured by the Marquest Corp, of Engelwood, CO.

Annual Drug Use Survey Shows Downturn Among High School Seniors

A national survey of the high school senior class of 1988 shows drug use in this group at its lowest level since the survey began in 1975, and significant decrease in cocaine use for the second year in a row. The survey results were released by Dr. Frederick K. Goodwin, Administrator of the Alcohol, Drug Abuse, and Mental Health Administration (ADAMHA).

From 1987 to 1988, the proportion of seniors who have used cocaine at least once dropped by one-fifth, from 15 percent in 1987 to 12 percent in 1988. Current use of cocaine (at least once in the last 30 days) declined from 4.3 percent in 1987 to 3.4 percent in 1988.

"This news about the decrease in cocaine use is encouraging," Dr. Goodwin said, "but the survey found that 40 percent of seniors who tried cocaine also have used crack, a smokeable and highly addictive form of cocaine. Fortunately, crack use may also be moving in the right direction. Those reporting using it at least once decreased from 6 percent in 1987 to 5 percent in 1988."

Dr. Charles R. Schuster, director of the National Institute on Drug Abuse, a component of ADAMHA, and the sponsor of the survey, said, "We can safely say that these decreases suggest that high school seniors, a very important population to the future of our country, are hearing the messages about cocaine's dangers and are avoiding drug

use in general. While crack cocaine is very available, high school seniors appear to be concerned about its addictive qualities and are less likely to try or continue use." The survey is the 14th in a series conducted annually since 1975 by the University of Michigan Institute for Social Research under grants from NIDA.

In addition to cocaine, the 1988 survey found a decrease in the proportion of seniors who said they had ever used each of the other 18 drugs included in the survey. Furthermore, there was a significant reduction in those reporting current use of any illicit drug, from 25 percent in 1987 to 21 percent in 1988. Dr. Schuster noted, however, that almost 54 percent of seniors had tried an illicit drug by the time they graduated from high school. And large percentages of young people are still experimenting and using many illicit drugs, including marijuana, stimulants, and inhalants, he said.

Marijuana use decreased significantly between 1987 and 1988, yet the rate remains unacceptably high, especially in light of recent data on its harmful effects on brain functioning, Dr. Schuster said. In the class of 1988, 47 percent of seniors reported its use at least once, 33 percent reported use in the past year, and 18 percent reported use in the past 30 days. The 1988 survey also reported that 20 percent of high school seniors used stimulants and 18 percent used inhalants at least once. Despite a steady decline in drug use among high school seniors, there are still large subgroups in the general population whose drug use patterns are becoming more compulsive and more damaging, he said.

"We are very concerned about these subgroups, especially adolescents who are dropping out of school and becoming involved with drugs. We have heard of major metropolitan areas reporting dropout rates as high as 40 to 50 percent. These young people are more likely to become involved with the criminal justice system and experience problems with drugs," he said.

Data from NIDA's Drug Abuse Warning Network (DAWN), which collects information on negative health consequences and deaths due to drug abuse, show more than 46,000 emergency room cases involving cocaine in 1987, up from 25,000 in 1986. Cocaine related emergency room cases involving smoking crack or other forms of cocaine increased from 21 percent in 1986 to 30 percent in 1987. The high school senior survey found increases in seniors concerned about the negative effects of marijuana, PCP, and cocaine. Almost 32 percent of seniors saw great risk from even occasionally smoking marijuana, and 77 percent felt that smoking marijuana regularly is harmful. The study also showed increases in the percent of seniors who disapproved of people older than 18 smoking marijuana, and a significant increase in seniors saying their close friends would disapprove if they were to use drugs even once or twice.

Survey director Dr. Lloyd Johnston pointed to newly emerging concerns among seniors about drugs and their effects as important factors accounting for decreases in experimentation and use. The survey found overall rates for alcohol use decreased, yet still remaining high, with 92 percent of seniors trying alcohol at least once and 35 percent reported have five or more drinks in a row in the last 2 weeks. Cigarette smoking by seniors also remains a problem, with 66 percent having tried smoking at least once and 18 percent smoking daily, according to the survey.