

NIDCR COMBATS ORAL COMPLICATIONS OF Cancer Treatment

Most cancer patients don't know that visiting a dentist can make a difference in their cancer treatment.

A health awareness campaign from the National Institute of Dental and Craniofacial Research (NIDCR) explains how proper oral care can prevent or minimize painful complications in the mouth that affect up to one-third of patients undergoing treatment for cancer. NIDCR is conducting the campaign in partnership with the National Cancer Institute, the National Institute of Nursing Research, the Centers for Disease Control and Prevention, and Friends of the NIDCR.

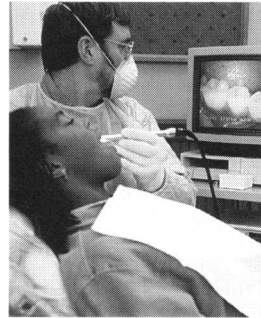
Of the 1.2 million Americans diagnosed with cancer each year, approximately 400,000 will develop oral complications from their treatments, according to NIDCR. Many patients, dentists, and oncologists, however, are unaware of the right steps to take to prevent or manage these potentially serious problems.

The goals of the campaign are to inform oncology and oral health professionals about the oral complications of cancer treatment, to encourage communication between oncology and oral health care providers, and to give patients the tools they need to be active participants in their cancer care.

Oral complications can result from many forms of cancer treatment, including radiation to the head and neck, chemotherapy, and bone marrow transplants. Among the most common complications are painful, inflamed gums; mouth ulcers; bleeding; infection; and salivary gland dys-

function leading to dry mouth and tooth decay. Oral side effects may be acute or long-term.

Oral complications can affect cancer treatment as well. These conditions can be so debilitating that patients may tolerate only lower, less effective doses of anticancer drugs, may postpone scheduled treatments, or may discontinue treatment entirely. Oral side effects can also be the source of systemic infections that may interfere with cancer therapy and even threaten patients' survival.



The patient is a key player in maintaining oral health during cancer treatment. Campaign materials for patients explain the importance of seeing a dentist to ensure a

healthy mouth before cancer treatment begins and how to care for the mouth during and after radiation or chemotherapy to help prevent complications.

Campaign materials for health professionals and patients are available from the National Oral Health Information Clearinghouse, Attn: OCCT, 1 NOHIC Way, Bethesda MD 20892; toll-free tel. 877-216-1019; e-mail: <nidr@aerie.com>; website www.aerie.com/nohicweb. ■

NIDR Is Now NIDCR

The National Institute of Dental Research (NIDR) has a new name, the National Institute of Dental and Craniofacial Research (NIDCR), which more accurately reflects the broad research base supported by the Institute.

The single word *craniofacial*, the focus of the name change, refers to the head, face, and neck. NIDCR research in this area covers the developmental processes that form the human face and the many diseases and disorders that involve dental, oral, and craniofacial tissues and structures.

Investigators began studying the most common craniofacial birth defect, cleft lip and cleft palate, in the early days of the Institute. Today, several hundred genetic conditions are known to produce craniofacial syndromes, and scientists have identified more than 100 associated regulatory and structural genes. It is now known that certain genes involved in craniofacial development have far-reaching effects, also directing the formation of distant parts of the body, including the limbs and heart.

The third oldest institute at the National Institutes of Health, NIDR came into being as a result of the appalling state of the nation's oral health at the beginning of World War II. Almost 10% of military age American men were ineligible for the draft because they had less than six opposing teeth in each jaw. The Institute's first major public health contribution was the discovery that fluoride added to drinking water significantly reduced dental caries. ■

Agencies Target Diabetes

HRSA's National Diabetes Collaborative

The Bureau of Primary Health Care (BPHC) of the Health Resources and Services Administration (HRSA) has launched the National Diabetes Collaborative, the first phase of a six-year strategy to address the care of patients with chronic disease.

Using a learning model developed by the private nonprofit Institute for Health Care Improvement, clinical teams at 100 health centers across the country will be implementing a best practice approach to the treatment of diabetes.

At a national kick-off conference in Washington DC in January, participants received instruction in the use of a model of chronic disease management that can be applied to diabetes as well as to other chronic conditions. Participants were also introduced to a process improvement model that will aid teams in implementing change and testing success.

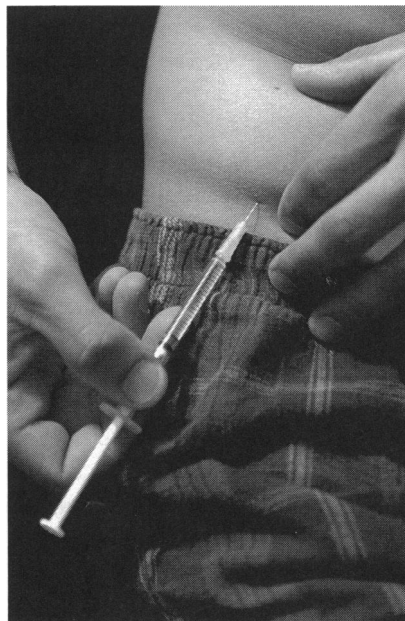
The campaign's goal is "to delay or decrease the complications of diabetes by excelling in patient self-management, clinical decision support, positive delivery system redesign, clinical information systems, and strong partnerships with local community organizations." The national measure of success during the first phase, through October 1999, will be meeting a goal of two HbA1c blood tests yearly, at least three months apart, for more than 90% of patients with diabetes in the

focus population. Individual sites will set additional goals chosen from a list of evidence-based standards of diabetes care.

Among the many national partners in this initiative are the Centers for Disease Control and Prevention's Diabetes Translation Program, the Migrant Clinicians Network, the National Homeless Clinicians Network, and the National Network for Oral Health Access.

Diabetes is one of six key health issues identified by the Department of Health and Human Services as the focus of a campaign to eliminate health disparities; the others are infant mortality, adult and pediatric vaccinations, cardiovascular disease, HIV, and cancer prevention.

Information about the Diabetes Collaborative is available on the Web at www.bphc.hrsa.gov/clinician. ■



CDC Launches Diabetes Research Program

The Centers for Disease Control and Prevention (CDC) have begun a five-year study designed to evaluate and improve the health care and health status of people with diabetes.

"We know many efficacious treatments for diabetes, and it is our challenge to see that they reach patients as soon as possible," said Dr. Venkat Narayan, principal investigator for this study. "Despite the value of these treatments, they are not currently used as much as they should be."

The study involves six research centers, located in California, Hawaii, Indiana, Michigan, New Jersey, and Texas. The six centers, along with a Coordinating Center, will work together to assess current diabetes treatments, develop new interventions, and measure how well they work.

"This is the largest study of its kind ever undertaken," says Rebecca Klemm, PhD, president of Klemm Analysis Group and principal investigator for the Coordinating Center. "This project will focus on the development of disease protocols appropriate across a wide range of health-care delivery systems."

Information about the CDC's Diabetes Translation Program is available on the Web at www.cdc.gov/nccddphp/diabetes.htm. ■

Health Education Guides Target HISPANIC AMERICANS

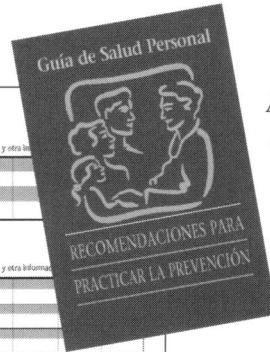
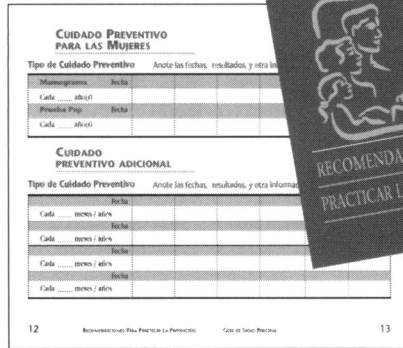
The Agency for Health Care Policy and Research (AHCPR) has produced two pocket-sized Spanish language guides containing the latest recommendations and other information related to prevention or early detection of illnesses such as breast cancer, heart disease, and lead poisoning as well as information on topics ranging from dietary guidelines to the warning signs of depression.

Guía de salud infantil (Child Health Guide) provides information on examinations and tests, child development, and nutrition and includes recommendations from medical societies and public health authorities.

Guía de salud personal (Personal Health Guide) offers information about a wide range of health-related issues including blood pressure, cholesterol, immunizations, tests for detecting cancer, dental care, nutrition, and AIDS.

This educational effort focusing on prevention of avoidable illness among Hispanic Americans is part of a national campaign, Put Prevention into Practice, an outgrowth of the US Preventive Health Services Task Force. The campaign's objective is to increase and improve the provision of clinical preventive services and to educate the public about the importance of prevention.

To order *Guía de salud infantil* (APPIP 99-0013) or *Guía de salud personal* (APPIP 99-0012) or the Eng-



lish-language versions, Child Health Booklet (APPIP 98-0026) and Personal Health Booklet (APPIP 98-0027), call 800-358-9295 or write

AHCPR Publications Clearinghouse, PO Box 8547, Silver Spring MD 20907. Spanish-speaking staff are available.

Health providers, employers, and social service agencies may order up to 200 copies free of charge. Larger quantities are available from the AHCPR Publications Clearinghouse. For information, call Global Exchange at 301-272-2458.

The guides can also be downloaded from AHCPR's website: www.ahcpr.gov/ppip/. ■

NIH Launches Interactive Asthma Exhibition

A unique interactive exhibition highlighting the experiences of people with asthma and efforts to understand and control the disease opened March 22, 1999, at the National Library of Medicine (NLM) in Bethesda, MD.

The exhibition, titled *Breath of Life*, will travel to other cities in the United States and Europe following its debut in Bethesda.

Developed by NLM in collaboration with the National Heart, Lung, and Blood Institute, the National Institute of Allergy and Infectious Diseases, and the National Institute of Environmental Health Sciences, the exhibition offers interactive experiences for visitors of all ages. For example, *Winning With Asthma* is an interactive soccer game for young people that highlights facts about exercise-induced asthma.

Another section of the exhibition, *Faces of Asthma*, celebrates the accomplishments of well-known contemporary and historical figures with asthma, including Charles Dickens, Ludwig von Beethoven, Leonard Bernstein, Helen Hayes, Bob Hope, John F. Kennedy, Liza Minnelli, Theodore Roosevelt, and Elizabeth Taylor.

Breath of Life will help educate visitors about current efforts by physicians and patients to manage the disease. Other sections will focus on answers to such questions as why more and more people getting asthma.

Guests at the opening of the exhibition in Bethesda included "Sesame Street" characters Rosita and Luis, who, along with Dani, a new Muppet with asthma, performed part of a bilingual childhood asthma educational campaign, *A Is For Asthma*. The *A Is For Asthma* interactive video was produced by the Children's Television Workshop with technical assistance from the American Lung Association. ■

EXHIBITIONS

WOMEN'S HEALTH EXHIBIT to Tour US

The *Changing Face of Women's Health*, the first major exhibition devoted exclusively to women's health issues made its debut in March at the Maryland Science Center in Baltimore's Inner Harbor and will begin a five-year tour to nine US cities in August.

The exhibit features up-to-date information and insights into women's health issues, using interactive and multimedia techniques, companion programs, educator outreach materials, and a complementary website to reach local and national audiences.

The exhibit is based on the concepts that women's health issues are created and shaped by society, biology,

and personal behavior; that women have a high level of interest in taking charge of their own health; and that this active approach is changing the way health studies are conducted, the way physicians and patients relate, and the way research is undertaken and interpreted.

The interactive exhibit covers four central themes—Detection, Prevention, Risk, and Control. Hands-on activities include:

Only You. Visitors log in eight genetically determined characteristics (eye color, hair color, sex, fingerprint type, position of thumb when hands are folded, tongue rolling ability, earlobe


attachment/detachment, ability to smell a freesia) and compare themselves with other visitors. This exercise illustrates how genetic inheritance determines certain aspects of health.

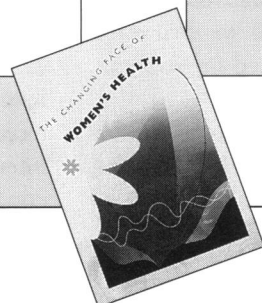
Visible Human Explorer. Visitors "fly through" anatomically detailed 3-D representations of female and male human bodies developed by the National Library of Medicine.

He Says, She Says. Visitors turn a large wheel to line up dialog between two people negotiating whether to have sex.

Hormone Replacement Therapy (HRT): A Very Personal Decision. Visitors literally weigh the pros and cons of HRT, using a mechanical balance and weighted tags representing the issues to be considered in making the decision. ■

THE CHANGING FACE OF WOMEN'S HEALTH EXHIBIT SCHEDULE

	J	F	M	A	M	J	J	A	S	O	N	D
1999			Maryland Science Center Baltimore, MD							The Centers for Disease Control & Prevention at SciTrek Atlanta, GA		
2000		New York Hall of Science New York, NY			Oregon Museum of Science & Industry Portland, OR				Exploratorium San Francisco, CA			
2001		National Museum of Health & Medicine Washington, DC							The Franklin Institute Science Museum Philadelphia, PA			
2002		Museum of Science Boston, MA								Museum of Science & Industry Chicago, IL		
2003			California Science Center Los Angeles, CA									



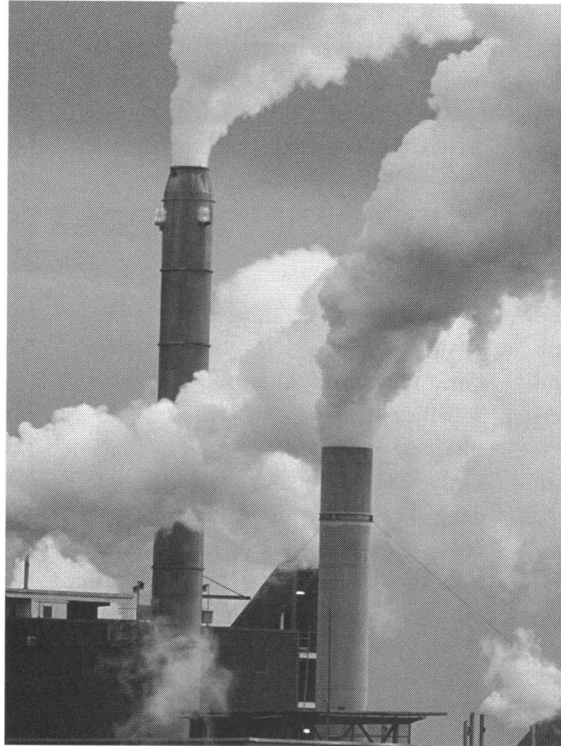
MORE RESEARCH NEEDED TO ENSURE Environmental Justice

Responding to concerns that industrial plants, waste facilities, and other potential polluters are more likely to be sited in poorer communities than in more affluent ones, the “environmental justice movement” seeks to ensure that no particular part of the population is disproportionately burdened by the negative effects of pollution.

However, research so far has not generally been able to tie the health problems of minority and poor communities to environmental stressors such as chemicals, noise, or air pollutants, according to a report from a committee of the Institute of Medicine. To fill this gap in the knowledge base, the report calls for more research that could help policy makers weigh the possible environmental risks of a facility against the positive benefits—such as jobs and tax revenue—that it might provide to local citizens.

Based on information gathered in site visits to Arizona, Illinois, Louisiana, Texas, and Washington as well as a review of the scientific literature, the committee concluded that there are identifiable communities of concern that are exposed to higher levels of pollutants than others and are not well-equipped to deal with them because of limited involvement in the political process.

The study was sponsored by the National Institutes of Health, the Department of Energy, the Environ-



mental Protection Agency, and the Centers for Disease Control and Prevention.

To increase the information available to all parties, the report recommends actions in four key areas—public health, research, education, and health policy.

Public health officials should rigorously apply the principles of risk assessment to identify the sources of potential problems; design and implement interventions to prevent them; and evaluate the effectiveness of those interventions in improving health. Federal, state, and local public health agencies need to work together more closely to collect and coordinate information on environmental health concerns and link it to affected popu-

lations and communities.

Researchers should acknowledge that environmental justice is a legitimate field of study and devote appropriate resources to it. They need to focus on four principles—improving the science base, trying to collect data that are relevant to policy makers, involving the concerned communities in their work, and communicating their findings to all stakeholders.

Educators should work to improve understanding of environmental justice issues among community residents and health professionals, including medical, nursing, and public health practitioners. They also should make efforts to increase the

number of health professionals specializing in environmental and occupational medicine.

Policy makers should take environmental justice concerns seriously, even if the field lacks a rigorous science base. They should be attentive to potential hazards and meticulous about involving the affected communities in the decision-making process.

Copies of Toward Environmental Justice: Research, Education, and Health Policy Needs are available from the National Academy Press, 2101 Constitution Ave. NW, Washington DC 20418; tel. 202-334-3313 or 800-624-6242; for \$37.95 (prepaid) plus shipping charges of \$4.50 for the first copy and 95 cents for each additional copy. ■

CDC Finds Low Breast-feeding Rates, More Children Overweight

The Division of Nutrition and Physical Activity at the Centers for Disease Control and Prevention (CDC) has released its 1997 annual report on the nutritional status of low-income children in the US. The Pediatric Nutrition Surveillance System 1997 (PedNSS) monitored low-income children in federally funded programs in 42 states, the District of Columbia, and under the jurisdiction of seven tribal governments, compiling nutrition data from approximately 8 million pediatric clinic visits.

Among the report's findings:

- The percentage of children who were overweight increased from 7% in 1989 to 8.6% in 1997.
- Breastfeeding rates increased from 35% in 1989 to 46% in 1997—still far below the national goal of 75%. The report documents that only 30% of African American children were breastfed.
- Anemia declined slightly, from 19.4% of young children in 1989 to 18.4% in 1997.

The report concluded that to improve the nutritional status of low-income children, programs that educate parents on health and nutrition, offer comprehensive health care to all children, and provide supplementary foods to children at risk should be continued and expanded. Additionally, programs should develop culturally appropriate strategies to promote and support breastfeeding among all women.

For a copy of the 1997 PedNSS report, call 770-488-5820. ■

TV Sex Misses Opportunities to Educate Audiences on SAFER SEX

Only 9% of TV shows containing sexual scenes include any reference to the possible risks of or responsibilities related to sexual activity, including such topics as contraception, waiting to have sex, or safer sex, according to a study by the Henry J. Kaiser Family Foundation.

The author of the study, which will be repeated every two years, analyzed more than 1300 shows across 10 channels during the 1997–1998 TV season. Data are reported for all genres of programming other than news-casts, sports, and children's shows.

"Surveys tell us that young people get a lot of their information and ideas about sex from TV," said Drew Altman, president of the Kaiser Family Foundation. "With the problems facing adolescents today, how sex is shown on TV is just as important as how much sex is shown on TV." Unfortunately, the study found that none of the scenes in which sexual intercourse was either depicted or strongly implied made even a passing reference to safer sex practices.

Among the various genres on TV, prime time dramas on the major networks had one of the best records, including some reference to sexual risks or responsibilities in 23% of the shows

with sexual content. Sitcoms mentioned these issues least often, including such topics in just 3% of all shows that contained sexual material.

Taking a closer look at shows with sexual content involving teen characters (8% of all shows), the study found that 18% of these shows made some reference to waiting to have sex, safer sex, or the risks of sexual activity, twice the rate of such references across the TV landscape as a whole.

More than half (56%) of all shows on TV contained sexual content, including talk about sex or depictions of sexual behavior. Two-thirds of all network prime time shows included sexual content, with those shows averaging more than five such scenes per hour.

In most genres, the majority of shows contained sexual material, including 85% of soap operas, 83% of movies, 78% of talk shows, 58% of dramas, 58% of news magazine shows, and 56% of sitcoms.

The study was conducted for the Foundation by Dale Kunkel, PhD, of the University of California, Santa Barbara.

Copies of the study are available on-line in PDF format from the Kaiser Family Foundation's website at www.kff.org or by calling the Foundation's publication request line at 800-656-4533. ■



WHO Launches Vision 2020 to Combat Avoidable Blindness

The World Health Organization (WHO) and a broad coalition of international, nongovernmental, and private organizations have launched a global initiative, Vision 2020: The Right to Sight, to eliminate avoidable blindness by 2020.

Of the estimated 180 million people worldwide who are visually disabled, between 40 million and 45 million meet the definition of blindness. Approximately 60% of blind people in the world live in sub-Saharan Africa, China, or India.

Five conditions have been chosen as immediate priorities within the framework of *Vision 2020*. These are cataract, trachoma, onchocerciasis, childhood blindness, and refractive errors and low vision. These conditions were identified based on the burden of blindness they represent and the feasibility and affordability of interventions to prevent and treat them.

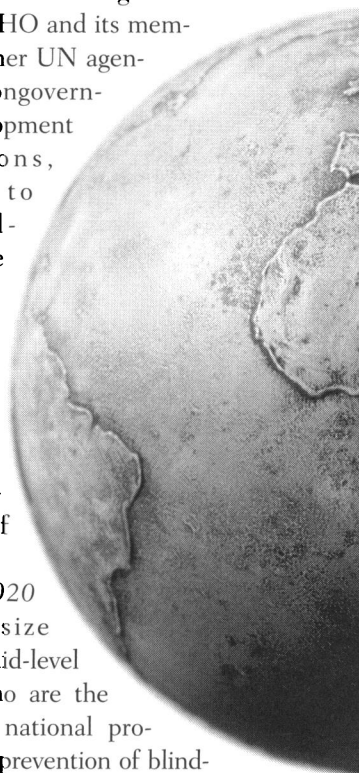
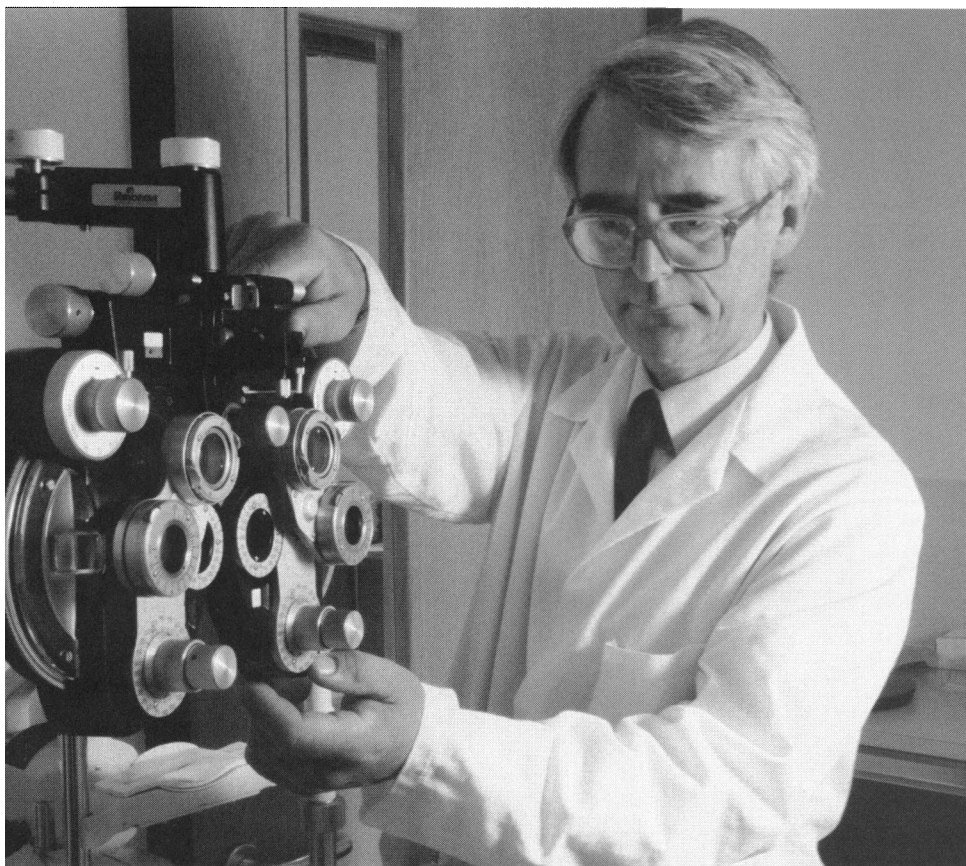
"Cataract is responsible today for close to 50% of global blindness," WHO Director General Dr. Gro Harlem Brundtland noted. Fighting cataract, she said, would be one of the

many international activities highlighted in 1999, the International Year of the Older Persons.

Significant progress in the prevention of avoidable blindness has already been made through efforts on the part of WHO and its member states, other UN agencies, and nongovernmental development organizations, according to WHO. Collectively, the nongovernmental organizations spend about \$80 million each year on the prevention of blindness.

Vision 2020 will emphasize training of mid-level personnel, who are the backbone of national programs for the prevention of blindness. In this respect, Africa is recognized as the priority region with the greatest need for such personnel. The transfer of technology to developing countries is another important element of the initiative.

Vision 2020 will be implemented through four five-year plans, the first one starting in 2000. The choice of the countries where *Vision 2020* will be implemented is to be prioritized based on the burden of blindness and available resources. ■



WHO Tags 1999–2000 Vaccine, PREPARES FLU PANDEMIC PLAN

Experts at the World Health Organization (WHO) have recommended that the 1999–2000 influenza vaccine for the Northern Hemisphere contain the following three components:

- An A/Sydney/5/97 (H3N2)-like virus
 - An A/Beijing/262/95 (H1N1)-like virus
 - A B/Beijing/184/93-like virus, or
 - A B/Shangdong/7/97-like virus.

WHO recommends that decisions about the most appropriate B component be made by national control authorities on the basis of epidemiologic data.

The three strains were chosen because influenza A(H3N2), A(H1N1), and influenza B viruses continued to circulate widely during the 1998–1999 influenza season. A(H3N2) and influenza B viruses predominated, while A(H1N1) viruses were isolated occasionally.

For the first time, WHO will distribute a pandemic plan that will emphasize the issues appropriate for the organization and its member states to consider in making prepa-

rations for an eventual influenza pandemic.

WHO's Global Surveillance Program for Influenza consists of 110 national influenza centers in 83 countries plus four Collaborating Centers for Virus Reference and Research, located in Australia, Japan, the United Kingdom, and the United States. WHO plans to strengthen global surveillance by establishing national influenza centers in countries that do not have them.

Despite three global influenza epidemics, in 1918, 1957, and 1968, more people have died in this century from influenza complications during seasonal epidemics than during pandemics. ■

WHO Pushes First Cervical Cancer Vaccine

There are several strong candidates for the first-ever genetically engineered cervical cancer vaccine, according to scientists participating in a World Health Organization (WHO) meeting in February 1999 on the current status of development of a prophylactic vaccine against human papillomavirus (HPV) infection.

If successful, this will be the second vaccine against a major human cancer. (The first was hepatitis B vaccine, which prevents primary liver cancer.)

In North America and Western

Europe, cancers attributable to HPV represent from 3% to 5% of all cancers in women, but in Latin America, Southwest Asia, and sub-Saharan Africa, the proportions reach 20% to 24%.

HPV's role in triggering cervical cancer was discovered in 1983. WHO's International Agency for Research on Cancer in Lyon, France, has been a leader in the epidemiologic and laboratory studies needed to understand the disease. Today, researchers in several countries are working on the prototype vaccine. They have chosen different paths, but most are based on genetically engineered

VLPs (virus-like particles) composed of the outer structural proteins of HPV. Some groups are trying to create a prophylactic vaccine, while others are developing a therapeutic vaccine for women who are already infected. Others are combining the two approaches.

Participants at the WHO meeting agreed that in terms of public health prevention, a prophylactic vaccine should be given priority. Dr. Theresa Aguado, WHO Department of Vaccines and Other Biologicals, explained, "A prophylactic vaccine would ideally be targeted to a young population that has not yet become sexually active, although older people may also benefit from such a vaccine." ■