PREVENTION report

U.S. Department of Health and Human Services Volume 12: Issue 2 1997

Immunization…Not Just Kids' Stuff

As the U.S. population ages, increasing levels of adult immunization—particularly against influenza and pneumococcal disease—is taking on critical importance. Influenza and pneumonia combined remain the fifth leading cause of death among elderly persons. Both influenza and *Streptococcus pneumoniae*, the most common cause of pneumonia leading to hospitalization, may be preventable by vaccination. Indeed, the National Institute on Aging promotes the vaccine to prevent pneumococcal disease with this simple message: "It's Worth a Shot." The same can be said for other adult immunizations.

In its 1994 report on the status of adult immunization, the National Vaccine Advisory Committee (NVAC) cited the fewer than 500 deaths annually from vaccine-preventable diseases of childhood. By comparison, as many as 50,000 to 70,000 adults die each year of complications of influenza, pneumococcal infections, and hepatitis B.

According to the draft Adult Immunization Action Plan of the Department of Health and Human Services (HHS), the annual cost of complications due to influenza, pneumococcal infections, hepatitis B, and other vaccine-preventable diseases of adults tops $10 billion, not including the value of years of life lost. In sum, shots save lives. They can help avoid needless suffering and unnecessary costs caused by complications from various infectious diseases, and, as many family members and health care workers know, they can prevent infection of others. However, despite the availability of safe and effective vac-

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Older Americans Need A Shot in the Arm

This *Prevention Report* draws attention to adult immunization before the start of the influenza season and the congressionally declared National Adult Immunization Awareness Week, October 12-18, 1997. The influenza vaccine generally is available to health departments and other providers in September. The influenza season may start as early as November, so now is a good time to plan. Expected to be available by this publishing date is the National Coalition for Adult Immunization's campaign kit, which can serve as a starting point for getting the adult immunization message to as many people as possible. (Note: Although immunization is best before influenza season, even after influenza starts in a community, CDC advises that it is *still not too late* to get an influenza shot. People who receive the influenza vaccine should be checked for pneumococcal vaccine status. Both shots can be administered at the same time—but in separate arms.)

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OFFICE OF DISEASE PREVENTION AND HEALTH PROMOTION

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DEPARTMENT OF HEALTH & HUMAN SERVICES · USA

It's Never Too Late ... To Immunize for Chickenpox

Adults who get chickenpox (varicella) are at much greater risk of complications and death than children. According to the Centers for Disease Control and Prevention (CDC), three women have died this year of chickenpox after being infected by young children. Although more than 95 percent of adult Americans have had this highly contagious disease, adults who are not sure should be tested and vaccinated.

CDC's Advisory Committee on Immunization Practices recommends that all children be vaccinated at 12 to 18 months of age. Vaccination also is approved for children under 13 who have not had chickenpox and for people over 13 who come in close contact with persons at high risk for serious complications (health care workers and family contacts of people whose immune systems are suppressed, such as AIDS and cancer patients).

For more information about vaccine-preventable diseases, contact CDC's National Immunization Hotline at (800)232-2522 (English) or (800)232-0233 (Spanish).

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cines, a substantial portion of susceptible adults are not being immunized.

For shots to work, however, people have to roll up their sleeves and get them. The Adult Immunization Action Plan, which follows the NVAC 1994 report cited above, will be coordinated by the HHS National Vaccine Program Office. The plan identifies five goals and specific action steps for HHS agencies to address the high mortality from vaccine-preventable diseases and the low immunization coverage levels among adults in the United States. The goals are to increase the demand for adult vaccination by improving provider and public awareness; increase the capacity of the health care delivery system to deliver vaccines effectively to adults; expand financing mechanisms to support the increased delivery of vaccines to adults; monitor and improve the performance of the Nation's immunization program; and enhance the capability and capacity to conduct research on vaccine-preventable diseases of adults, adult vaccines, adult immunization practices, new and improved vaccines, and international programs for adult immunization. HHS also emphasizes continued vigilance in childhood immunization (see *Spotlight*).

The plan's action steps will further recent and ongoing efforts of the public and private sector, with emphasis on the collaborative achievement of shared goals. For example, "Partners Promoting Adult Immunization" was the theme of the Health Care Financing Administration's (HCFA) March Influenza and Pneumococcal Adult Immunization Conference cosponsored by the Centers for Disease Control and Prevention (CDC) and the National Coalition for Adult Immunization, an umbrella organization representing over 95 professional, medical, and health care associations, advocacy groups, voluntary organizations, vaccine manufacturers, and government health agencies. In April, CDC cohosted a satellite videoconference on "Adult Immunization: Strategies That Work" and has changed its Federal grant guidance for State immunization programs to invite specific proposals for adult immunization. Last year in its continuing efforts to increase flu immunization rates, HCFA released the first-ever public service advertising campaign through the World Wide Web. (Increasingly, the web is a rich resource of immunization information: see *Resources*.) HCFA enlisted advice columnist Ann Landers' help to encourage older Americans to get their annual flu shots. The agency addresses supply as well as demand strategies by providing technical assistance for becoming a Medicare provider, thus enabling increasing numbers of physicians to provide vaccinations free of charge to Medicare recipients.

Programs and Strategies

Successful immunization programs begin by defining objectives and designing strategies. Program planners need to set specific objectives for enhancing services to well-defined audiences and for filling information gaps. Providers need to become more aware of the vaccination needs of their adult patients. Because patients are concerned about potential complications from immunizations, providers and planners need to emphasize the safety and necessity of adult immunizations, as well as directly address misperceptions, such as "flu shots give you the flu." Planners also need to consider barriers, resources, and ways to measure results.

The CDC immunization teleconference covered successful strategies for practitioners in each of these settings: private practice, managed care, hospital, long-term care, and public health. Vaccinating medical staff is a strategy appropriate for every setting. Admission to a nursing home can include a review of the resident's pneumococcal vaccination status, as well as a standing order for the person's annual flu shot. Discharge planning in hospitals may include standing orders to assess vaccination status and to provide shots as needed. Emergency departments can do similar checking and immunization. Indeed, immunization record keeping is a key element in raising immunization

levels among adults as well as children. Increasingly, medical settings and communities are using computerized tracking systems to help monitor immunization coverage.

Healthy People 2000 sets several objectives tied to adult immunization, including pneumococcal disease. During the period 1980-1992, pneumonia accounted for 85 percent of fatal respiratory infections among persons aged 65 and older. Although the pneumococcal vaccine is safe, efficacious, and cost effective, only 30 percent in this age group have been vaccinated. The Advisory Committee on Immunization Practices guidelines recommend that all persons in this age group and others at increased risk for pneumococcal disease receive the vaccination. (CDC published these revised recommendations in April. See page 7.) In the case of residents of chronic-care facilities, vaccine coverage is well below the Healthy People 2000 objective of 60 percent. Some of the reasons are tied to poor record keeping, a lack of emphasis on the need for vaccination administration by health care providers, and incomplete vaccination histories.

Who Should Get Shots?

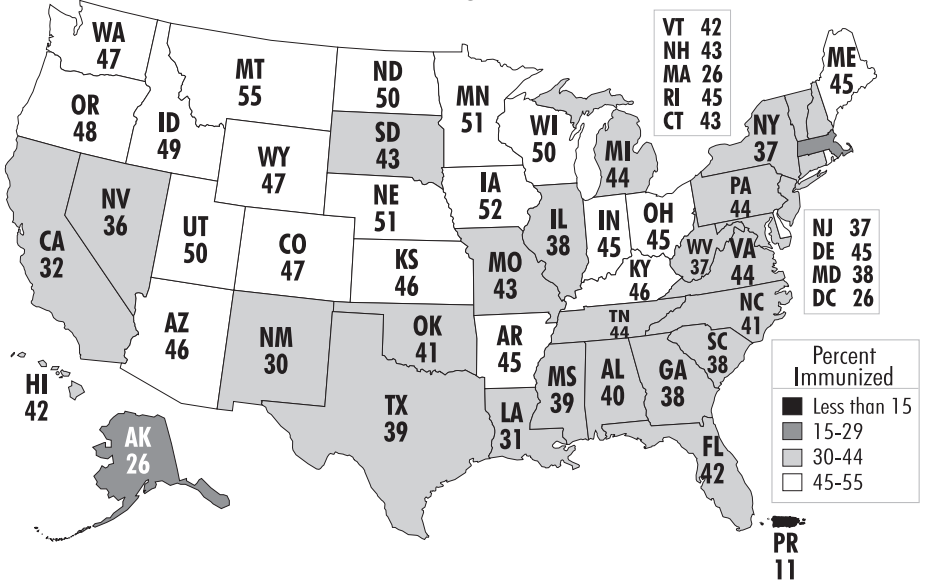
Unlike childhood immunization, adult immunization has no statutory requirements. Different vaccines have different target groups among adults. From the annual flu shot to the once-in-a-lifetime pneumoccocal vaccine, shots for adults vary in terms of when they are given and how often (for the Adult Immunization Schedule, see **http://www.cdc.gov/nip/adult.htm**). The *Guide to Clinical Preventive Services,* 2nd edition, a report of the U.S. Preventive Services Task Force, provides recommendations covering adult immunizations against influenza, pneumococcal disease, tetanus, and diphtheria; measles, mumps, and rubella; hepatitis B; hepatitis A; and varicella. Other government and professional organizations have issued adult immunization guidelines. The Advisory Committee on Immunization Practices sets Federal vaccine policy, which differs very little from guidelines published by the American College of Physicians/Infectious Disease Society of America, the American Academy of Pediatrics, and the American Academy of Family Physicians. The American College of Obstetricians and Gynecologists has issued detailed guidelines on the use of vaccines during pregnancy.

Everyone aged 65 and older should get the pneumococcal vaccine once; some experts say anytime after age 50. Anyone over the age of 2 years with a chronic disease or a weak immune system also should get the vaccine. One shot lasts most people a lifetime although some people may need revaccination upon their physician's advice. The shot does not protect against viral pneumonia or other pneumonia-causing bacteria.

Influenza vaccine, unlike the pneumococcal vaccine, must be given every year: each season's vaccine is especially tailored to that season's viruses. Recommendations are essentially the same as the pneumococcal vaccination—everyone aged 65 and older and anyone over the age of 2 years with a chronic disease or weakened immune system. CDC also recommends the influenza vaccination for pregnant women and for residents of nursing homes, health care workers, nursing home staff, and volunteers who provide home care to people in the above groups; plus other at-risk groups.

1995 Influenza Immunizations Paid for by Medicare

Percent of all beneficiaries with Medicare-paid immunizations aged 65 or older



These data reflect claims paid by Medicare for non-HMO beneficiaries only.
Total immunization rates may be higher in those areas with free or publicly supported programs.

Source: Health Care Financing Administration, administrative claims data files, September 1–December 31, 1995.

Flu shots are free for beneficiaries who receive them from Medicare-participating physicians. Medicare also covers a vaccination against pneumococcal disease. Public and private groups urge all health insurance plans to include adult coverage for flu, pneumococcal, and hepatitis B shots.

Progress in Flu Immunization

The rates for adult flu immunization are improving: The 1994 National Health Interview Survey, which reports the most recent data, indicates a 55 percent immunization rate, which is approaching the year 2000 target. Medicare reimbursement for flu vaccination, which began in 1993, has helped boost the immunization rate, putting the Nation close to the Healthy People 2000 objective of a 60 percent annual immunization rate for those 65 and older. Preliminary results from HCFA's Horizons Pilot Project, designed specifically to increase the flu vaccination rate among African Americans, indicate an increase in flu immunizations in such target areas as Mississippi. Horizon partners, including Historically Black Colleges and Universities, are using lessons learned from the 1996 flu shot season in their 1997 efforts.

In 1995, the Medicare reimbursement program paid for 11 million shots, resulting in an estimated 5,000 fewer hospitalizations and $25 million in savings to the Medicare program. Still, only half of the Medicare beneficiaries were immunized, with much lower rates among African Americans. (See map on page 3.) HCFA has intensified efforts to reach underserved populations.

Information Is Prevention

Programs for childhood immunization have lowered health care costs and improved the well-being of the Nation's children. The same results can be realized for adults. Vaccine-preventable diseases are significant adult health problems, and vaccines for adults are available, safe, and effective.

As the HHS Adult Immunization Action Plan indicates, disseminating information in print, on the air, and electronically is not the only strategy to be pursued. Changes in clinical practice, increased financial support, improved surveillance, and support for research are needed. Certainly, the programs under way prove, "It's Never Too Late To Immunize."

Select Immunization Resources

Adult Immunization Schedule
(800)232-2522
http://www.cdc.gov/nip/adult.htm

All Kids Count
(404)371-0466
(404)371-1087 (Fax)
http://www.allkidscount.org

American Academy of Pediatrics
(800)433-9016
National Headquarters:
(847)228-5005
(847)228-5097 (Fax)
E-mail: kidsdocs@aap.org
http://www.aap.org

Every Child by Two
(202)651-7226
(202)651-7001 (Fax)
E-mail: ECBT@ana.org
http://www.ecbt.org

Immunization Action Coalition
(612)647-9009
(612)647-9131 (Fax)
E-mail: editor@immunize.org
http://www.immunize.org/

Manual for the Surveillance of Vaccine-Preventable Diseases
Go to http://www.dynares.com/nip/manual.htm for links to the first four (of five) sections of the *Manual for the Surveillance of Vaccine-Preventable Diseases* and for access to other materials. The manual can be used by nurses, physicians, sanitarians, infection control practitioners, laboratorians, epidemiologists, disease reporters, and others involved in surveillance and reporting. A fifth section of the manual, not on the web site, contains appendixes, including worksheets, reporting forms, *MMWR* documents, immunization program manager and epidemiology program office phone lists, and other reference documents. A print copy (including appendixes) may be ordered from the National Immunization Program, Information and Distribution Center, fax: (404)639-8828; e-mail: nipinfo@cdc.gov.

Medicare Billing Made Easy for Influenza and Pneumococcal Pneumonia Vaccinations Informational Kit
Health Care Financing Administration
(703)920-1234

Morbidity and Mortality Weekly Report
http://www.cdc.gov/epo.mmwr/mmwr.html

National Child Care Information Center
(800)616-2242
E-mail: Anne Goldstein, Director, at agoldstein@acf.dhhs.gov
http://ericps.ed.uiuc.edu/nccic/abtnccic.html

National Council of La Raza
(202)785-1670
http://www.hispanic.org/nclr.htm

National Immunization Program
Centers for Disease Control and Prevention
(800)CDC-SHOT
http://www.cdc.gov/nip/default2.htm

National Institute on Aging
http://www.nih.gov/nia/

National Institute on Aging Information Center
(800)222-2225
E-mail: niainfo@access.digex.net

To receive a free copy of the ***1997 Resource Guide for Adult Immunization*** or a free brochure on the **1997 Campaign Kit** (kit is $10.95), contact:
National Coalition for Adult Immunization
4733 Bethesda Avenue, Suite 750
Bethesda, MD 20814-5228
(301)907-0878 (Fax)
E-mail: adultimm@aol.com
http://www.medscape.com/Affiliates/NCAI/

Vacunas desde la cuna (National Hispanic Immunization Hotline)
(800)232-0233

COMMITTEE ACTIONS

Developing Healthy People 2010

The Secretary's Council on Health Promotion and Disease Prevention Objectives for 2010 held its inaugural meeting April 21, 1997. Established by charter on September 5, 1996, the Council will oversee the development of Healthy People 2010, the Nation's prevention agenda of goals and objectives for the first decade of the 21st century. This initiative builds on the success of Healthy People 2000 which, by 1997, already had met 13 percent of its targets and was showing movement in the direction of the objectives in 43 percent of the others.

Jo Ivey Boufford, Acting Assistant Secretary for Health, chaired the meeting, and Secretary Donna Shalala participated.

The Council reviewed the lessons learned from the Healthy People initiative to apply to 2010. It also heard a report on the discussions of several focus groups. Focus group members were drawn from the Healthy People 2000 Consortium, an organization of State and territorial public health, mental health, substance abuse, and environmental agencies, as well as national membership organizations.

Several themes emerged from the focus group discussions—the need to address morbidity, as well as mortality, in setting objectives; the value of packaging the 2010 information in different formats for multiple audiences; the necessity of linking objectives to community-based health improvement initiatives and accountability; and the importance of using language that the public understands.

Proposed Framework

The Council reviewed the proposed framework for 2010: Two overarching goals—Increase years of healthy life and Eliminate health disparities—are proposed. These would be supported by four enabling goals—promote healthy behaviors, protect health, achieve access to quality health care, and strengthen community prevention. Objectives would be grouped into 25 focus areas, which would be a reordering of the year 2000 priority areas plus new areas.

The Council also discussed data issues to support this framework. A new strategy needs to be developed to improve data collection, particularly at the community level. Steps to improve information for consumers and for measuring access to and quality of health services need to be identified. Also, efforts to link performance measurement activities under the Government Performance and Results Act with the 2010 goals and objectives need to be clarified.

Work groups already have begun to develop objectives. A call for public comment on the proposed framework and submission of objectives will be published in the *Federal Register* this fall and announced in *Developing Objectives for Healthy People 2010* which will be available in August on the Internet at **http://odphp.osophs.dhhs.gov/pubs/hp2000**. The development process will culminate in release of the Healthy People 2010 document in the year 2000.

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

PARTICIPANTS AT THE INAUGURAL MEETING APRIL 21, 1997

Chair

Donna E. Shalala, Ph.D., *Secretary*
Kevin Thurm, J.D., *Deputy Secretary*

Vice Chair

Jo Ivey Boufford, M.D., M.P.H., *Acting Assistant Secretary for Health*

Former Assistant Secretaries for Health

Merlin K. DuVal, M.D.
Philip R. Lee, M.D.
Julius B. Richmond, M.D.
Robert E. Windom, M.D.

HHS Operating Division Heads

Olivia Golden, Ph.D. (Acting), *Administration for Children and Families*
William F. Benson (Acting), *Administration on Aging*
John Eisenberg, M.D., *Agency for Health Care Policy and Research*
David Satcher, M.D., *Centers for Disease Control and Prevention*
Michael Friedman, M.D. (Acting), *Food and Drug Administration*
Sally Richardson, *Health Care Financing Administration* (Representing Bruce Vladeck, M.D.)
Claude Earl Fox, M.D., M.P.H. (Acting), *Health Resources and Services Administration*
Craig Vanderwagen, M.D., *Indian Health Service* (Representing Michael Trujillo, M.D.)
William Harlan, M.D., *National Institutes of Health* (Representing Harold Varmus, M.D.)
Paul Schwab, *Substance Abuse and Mental Health Services Administration* (Representing Nelba Chavez, Ph.D.)

Members Not in Attendance

Edward N. Brandt, Jr., M.D., Ph.D.
Former Assistant Secretary for Health
Charles C. Edwards, M.D.
Former Assistant Secretary for Health
James O. Mason, M.D., Dr.P.H.
Former Assistant Secretary for Health

SPOTLIGHT

It Takes a Village:
Childhood Immunization Is Ongoing Priority

Every Child by Two. Shots for Tots. All Kids Count. Together for Tots. Baby Track. Head Start Sibling Immunization Drive. These are just some of the program titles in the array of local, State, and Federal efforts targeting the immunization of infants and children.

Such public health efforts are essential for several reasons:

- A new cohort of children is born every year, and they all need immunizations.
- Many children have been missed because of problems ranging from overlooked opportunities by health care providers to inadequate services for needy families to poor record keeping. For example, some of today's preteenagers were not targeted by infant immunization efforts when the chickenpox vaccine was made available in March 1995. Now, these children need immunization (see box on page 2, "It's Never Too Late…To Immunize for Chickenpox").
- Recommendations may be revised from time to time, as is the case for the poliovirus vaccine policy.*

**The Advisory Committee on Immunization Practices (ACIP) announced in January the most substantive change in policy since the introduction of oral poliovirus vaccine (OPV) in 1961, with three options now recommended: sequential vaccination with inactivated poliovirus vaccine (IPV) followed by OPV, OPV alone, or IPV alone. For overall public health benefit, ACIP recommends a sequential vaccination schedule of two doses of IPV followed by two doses of OPV for routine childhood vaccination.*

Although progress in improving immunization rates has been significant, about 1 million children under age 2 are not fully immunized. One Healthy People 2000 immunization objective is to increase basic immunization levels for children under age 2 to at least 90 percent from 1985's baseline of 64 percent; at the midcourse review, the halfway mark had not been achieved.

As reported in *Progress Review: Immunization and Infectious Diseases*, efforts to achieve the objective include targeting specific populations and linking immunization services to other important services for children. Indeed, linkage and interagency cooperation have become key elements, as reflected in the coordinated public outreach effort known as the Children's Health Care Initiative (CHCI), for which HHS Secretary Shalala serves as the national spokesperson. The Health Care Financing Administration (HCFA) and Health Resources and Services Administration (HRSA) are the co-lead agencies for CHCI. Other participating agencies include the Administration on Children and Families (ACF), which promotes immunization as an integral component of the healthy and safe development of young children in child care; the Agency for Health Care Policy and Research, which is investigating the impact of managed care on services provided to children; and CDC, which has a number of child-related programs.

The CHCI builds on existing programs, including President Clinton's Children's Immunization Initiative, to improve immunization services for needy families; reduce vaccine costs for lower income and uninsured families; increase community outreach, participation, and partnerships; and enhance vaccines and vaccine use. Specific immunization programs feature community-based and collaborative activities. For example:

- CDC provided a community guide in its kit for this year's National Infant Immunization Week. With the theme of "Don't Wait—Vaccinate," the kit contained many suggestions for activities that public and private organizations could cosponsor.
- Immunization information and vaccine schedules are available in English at (800)232-2522, in Spanish at (800)232-0233, and on CDC's home page (**http://www.cdc.gov/**).
- CDC and HCFA are providing technical assistance to immunization projects and State Medicaid programs.
- ACF's Child Care Bureau and HRSA's Maternal and Child Health Bureau sponsor the Healthy Child Care America Campaign and help communities follow the *Blueprint for Action*. Immunization strategies encompass training, technical assistance, information dissemination, and collaboration.

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IN THE LITERATURE

Immunization and Infectious Diseases

Prevention and Control of Pneumococcal Disease: Recommendations of the Advisory Committee on Immunization Practices (ACIP). *MMWR Morbidity and Mortality Weekly Report* 46 (April 4, 1997): Entire issue.
ACIP recommends administration of the pneumoccocal polysaccharide vaccine to all persons in groups at increased risk for pneumococcal disease, including adults aged ≥65 years and all persons aged ≥2 years with certain underlying medical conditions, such as HIV infection, liver disease, and sickle cell disease.

Each year in the United States, pneumococcal disease accounts for 3,000 cases of meningitis, 50,000 cases of bacteremia, 500,000 cases of pneumonia, and 7 million cases of otitis media. Annually, pneumococcal infection causes an estimated 40,000 deaths in the United States, more deaths than any other vaccine-preventable bacterial disease. Approximately half of these deaths could be prevented through the use of vaccine.

The report updates ACIP recommendations from 1989 and contains information and findings on risk factors, antimicrobial resistance among pneumococci, vaccine effectiveness and cost-effectiveness, indications for vaccination, guidelines for revaccination, strategies for improving delivery of vaccine, and development of penumococcal conjugate vaccine.

Prevention and Control of Influenza: Recommendations of the Advisory Committee on Immunization Practices (ACIP). *MMWR Morbidity and Mortality Weekly Report* 46 (April 25,1997): Entire issue.
Vaccinating persons at high risk before the influenza season each year is the most effective measure for reducing the impact of influenza and its complications, especially among persons aged ≥65 years. For the 1997-98 influenza season, ACIP has changed recommendations for pregnant and breastfeeding women and updated information about effects and adverse reactions.

Because of their increased risk for influenza-related complications, women who will be in the second or third trimester of pregnancy during the influenza season are among the ACIP's target groups for special vaccination programs. Other target groups include residents of nursing homes and other chronic-care facilities that house persons of any age who have chronic medical conditions, and adults and children who have chronic disorders of the pulmonary or cardiovascular systems. ACIP also recommends the vaccine for people who can transmit influenza to persons at high risk, including their household members and health care providers. For the general population, ACIP advises that physicians should administer influenza vaccine to any person who wishes to reduce the likelihood of becoming ill with influenza.

American Journal of Preventive Medicine, 13 (March/April 1997).
Theme Articles: **Childhood Immunizations: American College of Preventive Medicine Practice Policy.** R. Patel and L. Kinsinger. 74-77. The Ad Hoc Working Group for the Development of Standards for Pediatric Immunization Practice has developed 18 standards that constitute essential vaccine policies for improving childhood immunization coverage, including providers implementing tracking systems and following only true contraindications. The group has suggested these enhancements for compliance, especially for preschool children: vaccination registries, followup and reminder systems, incentives, and performance measures.
Development and Multicenter Evaluation of Multistation Clinical Teaching Scenarios on Immunization: The ATPM-CDC Teaching Immunization for Medical Education (TIME) Project. R.K Zimmerman et al. 78-83. Developed by a multidisciplinary team at the University of Pittsburgh, case-based immunization education materials substantially increased knowledge among medical students and primary care residents. Furthermore, both learners and facilitators gave favorable ratings to these extensively tested materials.
Immunization Rates Among Young Children in the Public and Private Health Care Sectors. D.M. Simpson, L. Suarez, and D.R. Smith. 84-88. Both public and private sectors need to improve immunization rates, which are well below the national objective of 90 percent coverage in 2-year-olds. This study showed

Except for blood pressure checks and tobacco advice, only 7 to 30 percent of patients needing a service were recommended to receive it during the opportunity of a clinic visit.

that implementing local standards or care or community initiatives will have an effect on all children regardless of source of care.

Barriers to Measles and Pertussis Immunization: The Knowledge and Attitudes of Pennsylvania Primary Care Physicians. R.K. Zimmerman et al. 89-97. Free vaccine supplies and increased provider education are needed to achieve national immunization objectives. In a survey of 268 family physicians, pediatricians, and general practitioners younger than 65 years of age, many respondents lacked knowledge about vaccine contraindications even though most felt that the vaccines are safe and efficacious. Physicians who did not receive free vaccine were more likely to refer uninsured children to public vaccine clinics.

Incidence of Infectious Disease and the Licensure of Immunobiologics in the United States. D. Campos-Outcalt and M. Aickin. 98-103. According to historical data, effective mass immunization is associated with the rapid decline of measles, pertussis, and polio after vaccines were introduced. Lack of national data prevents analysis of similar trends for rubella and mumps, although local data, where available, support the same conclusion about the substantial benefits of mass immunization policies.

Clinical Preventive Services

Are physicians less likely to recommend preventive services to low-SES patients? L.I. Solberg, M.L. Brekke, and T.E. Kottke. *Preventive Medicine* 26 (May/June 1997): 350-57. Health care professionals should increase their efforts to recommend and provide needed preventive services to all patients.

Randomly identified clients of 22 private primary care clinics in the greater metropolitan Minneapolis-St. Paul area were surveyed within 2 weeks of a visit to measure their self-reported need for the eight preventive services targeted in the study and the clinic activities related to those services during the visit. The questions for both men and women focused primarily on when the subject had last received each of the preventive services and whether at the visit the service was recommended or provided. The number of usable responses was 4,245, with 1,684 in the low-SES group. In that group, 34.7 percent had medical assistance, 38.5 percent had no insurance, 9.9 percent were on Medicare, 16.8 percent had other insurance. In the non-low-SES group of 2,561, 1.53 percent were on Medicare, and the balance had other insurance.

The findings were robust. While low-SES patients were just as likely to receive recommendations for needed preventive services, in both groups, the rates of recommendation and receipt of preventive services needed improvement. Except for blood pressure checks and tobacco advice, only 7 to 30 percent of patients needing a service were recommended to receive it during the opportunity of a clinic visit. The only differences were for tobacco identification and advice to quit, with low-SES patients reporting *more* frequent service. Differentiating the two groups most significantly was the magnitude of the need for preventive services, not physicians' advice, income, or insurance status. For example, low-SES patients were 20 to 30 percent less up to date on such target preventive services as mammograms and cholesterol screenings.

Physical Activity and Fitness

Training physicians to conduct physical activity counseling. B.H. Marus et al. *Preventive Medicine* 26 (March/April 1997): 382-88. Physician-delivered physical activity counseling, customized to the motivational level and lifestyles of sedentary individuals aged 50 and older, produces improvements in patients' accumulation of moderate activity throughout the day.

In this study, physician intervention was designed to increase activity in adults through physician training in counseling, algorithms to facilitate customized counseling, patient manuals, and followup visits. Forty-four subjects completed the study—19 who received counseling (experimental) and 25 in the control group who did not receive counseling. A 6-week followup revealed differences in the increase in activity between the experimental and control groups. The increase in physical activity was greatest for patients receiving a higher level of specific activity counseling.

The U.S. Preventive Services Task Force recommends that clinicians counsel all patients to engage in a program of regular physical activity, tailored to their health status and personal lifestyle. This study suggests that brief exercise counseling (3 to 5 minutes) by physicians is both acceptable and feasible.

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Drowning is the second leading cause of death by unintentional injury in the pediatric population (aged 0 to 19 years), accounting for more than 2,000 deaths each year.

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Nutrition

Fruit-vegetable consumption self-efficacy in youth. K.R. Heatey and D. L. Thombs. *American Journal of Health Behavior* 21 (May/June 1997): 172-77.

Youth are more likely to eat fruits and vegetables if they develop self-efficacy skills for selecting foods in varied social and institutional settings.

A convenience sample of 393 New York adolescents, with a mean age just above 13, answered questions to assess perceptions of their ability to make healthy food choices in social settings and their 24-hour food intake.

Findings indicate that nutrition education programs should enhance skills in two areas: resisting negative environmental influence, or being confident in one's ability to eat fruit and vegetables despite inhibiting social conditions, and persuading others to eat fruits and vegetables when selecting foods together.

New evidence on antioxidant nutrients: guidelines for health education. L.W. Turner et al. *American Journal of Health Behavior* 21 (May/June 1997): 216-21.

Until clinical studies can clarify and confirm the benefit from taking antioxidant supplements, health professionals would be irresponsible in recommending them.

Diets high in fruits, vegetables, and grains have been associated with reduced risk for life-threatening diseases, such as cancer, diabetes, and heart disease. This benefit is attributed to the ability of antioxidants to neutralize damage-causing free radicals. Under extensive study are the antioxidant roles of several nutrients found in plant foods, including beta-carotene and vitamins A, C, and E. However, foods deliver thousands of chemicals, and researchers must be careful in giving credit for a particular benefit to any one nutrient. Antioxidant nutrients behave differently at various levels of intake. At physiological levels typical of a healthy diet, they may act as antioxidants, but at pharmacological doses typical of supplements, they may act as *pro-oxidants, stimulating* the production of free radicals, especially when metal ions such as iron (also often found in supplements) are present. Vitamin toxicity is a risk. The long-term consequences of taking large amounts of antioxidants are not known.

The Food and Drug Administration and the National Academy of Sciences have stated that they do not recommend increases in vitamins C and E and beta-carotene and believe more complete antioxidant research is needed.

The best way to supplement antioxidant nutrients is to eat five generous servings of fruits and vegetables daily, especially citrus fruits and green and yellow vegetables.

Unintentional Injuries

Prevention of pediatric drowning and near-drowning: a survey of members of the American Academy of Pediatrics. J.E. O'Flaherty and P.L. Pirie. *Pediatrics* 99 (February 1997): 169-74.

By providing their patients and parents with information and guidance about prevention of drowning, pediatricians could save children's lives.

Drowning is the second leading cause of death by unintentional injury in the pediatric population (aged 0 to 19 years), accounting for more than 2,000 deaths each year. Although pediatricians have been effective child advocates in a number of injury prevention areas, drowning has not been widely addressed in their practices or formal training.

Of the 560 pediatricians questioned about their knowledge, beliefs, and practices concerning drowning prevention, only 4.1 percent were personally involved in community education or legislative efforts to prevent childhood drowning. Yet, 85 percent of the respondents believed pediatricians have a responsibility to do so. Three-fourths of all respondents agreed that education on prevention of childhood drowning and near-drowning would be useful.

The Consumer Product Safety Commission estimated that at the time of drowning, 69 percent of young children were being supervised by one or both parents and that a lapse of supervision occurred for only a few minutes. Pediatricians are in an ideal position to make these facts known to parents and should advise them to fence all pools, learn CPR, and teach children over 3 years old to swim.

Approximately the same number of children drown in residential swimming pools each year as the number who died in the year before the Poison Prevention Packaging Act, which pediatricians were instrumental in passing in 1970. Clinicians can combat childhood drowning by making prevention a practice priority.

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Cancer

Summer sun exposure: knowledge, attitudes, and behaviors of midwest adolescents. J.K. Robinson, A.W. Rademaker et al. *Preventive Medicine* 26 (May/June 1997): 364-72. Teenagers can prevent skin cancer and sunburn by using adequate quantities of sunscreen prior to sun exposure, by wearing protective clothing, and by ceasing deliberate tanning. Parents and physicians should encourage and ensure teen sun-prevention behavior, and parents should serve as role models.

Experts hypothesize that 90 percent of the cases of nonmelanoma skin cancer and two-thirds of the cases of melanoma may be attributed to excessive sunlight exposure. Since the average American obtains most of his lifetime sun exposure prior to age 21, adequate sun protection by teens will reduce their lifetime risk of developing skin cancer.

Six hundred and fifty-eight Illinois youth between ages 11 and 19 participated in a telephone survey of their knowledge and attitudes about sun exposure and protection, sources of information, current sun exposure, and types of protection used. Respondents reported extensive summer outdoor exposure and sunburning.

Eighty-five percent of respondents reported that too much sun is harmful, causing skin cancer and sunburn. Sunburn was mentioned more often by respondents with skin types that burn easily and tan poorly, girls, and those with higher socioeconomic status. A majority of respondents associated improved appearance, feeling better, and socialization with outdoor summer activities. Only 26 percent of subjects reported using sunscreen daily, whereas 49 percent used it a few times a year. The frequency of tanning parlor use by girls at high risk to develop skin cancer was alarming.

Crosscutting

Determining effective follow-up of e-mail surveys. M.J. Kittelson. *American Journal of Health Behavior* 21 (May/June 1997): 193-96. Followup memos improve the response rate for e-mail surveys, which offer potential for quick and easy data collection by health professionals.

In this quasi-experimental study, the 276 individuals listed in the *International E-Mail Directory for Health Educators* were divided into four groups and sent questionnaires. Three of the four groups received reminders by memos and a copy of the original survey, with one, two, or three memos sent depending on the group assignment. The overall survey response was 47.5 percent; the response rate doubled when subjects received followup memos.

Researchers caution that even with followup, an e-mail survey may not yield a sufficiently high response rate. E-mail surveys should be kept short and nonintrusive, with only one or two followup memos recommended.

The frequency of tanning parlor use by girls at high risk to develop skin cancer was alarming.

ACTIVITIES

Online

Crosscutting
A product of the National Council for Community Behavioral Healthcare, this web site provides a medium to convey timely behavioral health care news, as well as information on products and services, policy positions, and related information. The interactive and user-friendly site contains both public and "members only" sections, offers educational and membership resources, and is a venue for ordering publications. The site is located at **http://www.nccbh.org**.

Physical Activity and Fitness
Weight-control Information Network (WIN) offers information on obesity, nutrition, and related topics for health professionals and the public. Materials including information on weight control and eating disorder programs can be downloaded free of charge, and there are links to other weight- or nutrition-related sites. Go to: **http://www. niddk.nih.gov/NutritionDocs.html**.

In Print

Crosscutting
The *HealthyLife® Self-Care Guide* offers tips to consumers and focuses on specific health topics. It includes a checklist for making better medical decisions, an expanded emergency care section, and 21 illustrations. Medicaid, Medicare, and Spanish editions are available.

Designed to provide consumers with preventive and self-care information to reduce health care costs, the flow chart format helps readers determine what a medical emergency is, when to call a doctor, what self-care procedures to use, and more. Each publication can be used as a workshop tool, in conjunction with an instructor's guide and video. For more information, contact the American Institute for Preventive Medicine, 30445 Northwestern Highway, Suite 350, Farmington Hills, MI 48334, or call (248)539-1800.

Environmental Health
Childhood Lead Poisoning Prevention: Strategies and Resources describes the threat to the well-being of children who come in contact with lead. It describes intervention strategies for regional, State, and local health professionals, as well as gives information to parents. For a single copy, available at no cost, write to National Maternal and Child Health Clearinghouse at 2070 Chain Bridge Road, Suite 450, Vienna, VA 22182-2536, or call (703)821-8955, or fax (703)832-2098.

On Disk

Crosscutting
Health at Home has been converted into two software programs available for Intranet, Internet, and PC use. These interactive programs assist hospitals and managed care organizations that market their services and who want to provide consumers with self-care information. One package is written in hypertext markup language and can be loaded onto the Intranet or an organization's Internet home page. For a preview disc, write to the American Institute for Preventive Medicine, 30445 Northwestern Highway, Suite 350, Farmington Hills, MI 48334, or call (248)539-1800.

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MEETINGS

4th Annual Congress on Health Outcomes and Accountability. Washington, DC. American Pharmaceutical Association, Thomas Jefferson University, Jefferson Medical College. General information: Elaine Mellis, (415)495-2450; registration information: (800)270-8440. **September 7-10, 1997.**

15th Annual Occupational Health and Safety Institute and First Annual Environmental Health Policy Institute. Minneapolis, MN. Environmental Health Policy Institute and Occupational Health and Safety Institute, University of Minnesota. (612)221-3223. **September 8-19, 1997.**

Catch the Magic: ASPO/Lamaze 37th 1997 Annual Conference. Lake Buena Vista, FL. American Society for Psychoprophylaxis in Obstetrics, Inc./Lamaze. (800)368-4404 or (202)857-1128. **September 12-14, 1997.**

National Conference on Women. Phoenix, AZ. Substance Abuse and Mental Health Services Administration (SAMSHA). Program information contact Pam McDonnell, SAMSHA, (301)443-7625; e-mail: pmcdonne@ngmsmtp.samhsa.gov. Logistics information: Raquel Vaughn, (301)495-1596, x338; e-mail: rvaughn@kra.com. **September 21-24, 1997.**

The Third National Primary Care Behavioral Healthcare Summit. Chicago, IL. Institute for Behavioral Healthcare, Primary Care/Behavioral Healthcare Partnership, CentraLink. (415)851-8411; fax: (415)851-0406. **November 10-12, 1997.**

American Public Health Association 12th Annual Meeting and Exposition. Indianapolis, IN. (202)789-5670. **November 9-13, 1997.**

NAHDO's 12th Annual Meeting: Health Initiatives. Baltimore, MD. National Association of Health Data Organizations. (703)532-3282; e-mail: nahdo@pipeline.com. **November 17-18, 1997.**

Cardiovascular Health: Coming Together for the 21st Century. A National Conference. San Francisco, CA. National Heart, Lung, and Blood Institute; Cardiovascular Disease Outreach, Resources, and Epidemiology; University of California–San Francisco; California Cardiovascular Disease Prevention Coalition. (415)476-5808; http://cme.ucsf.edu. **February 21, 1998.**

The video introduces children's and adolescents' mental health issues, including the fact that children with mental health problems can and do get better.

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Educational Aid

Physical Activity and Fitness
A variety of health and fitness campaigns are available through a Midland, MI, organization to assist health promotion professionals in motivating Americans to adopt healthy lifestyle habits. One of Health Enhancement Systems' most recent projects is a 90-day campaign developed to decrease the costs and other consequences of inactivity through an incentive program to get people up and walking daily. Wellness coordinators implement "Walk This Weigh" with a custom kit containing a variety of camera-ready materials, including flyers, log forms, and promotion activities. For more information, call (800)326-2317.

Maternal and Infant Health
A new educational outreach program attempts to help women care for themselves while balancing work and family. Educational materials are aimed at improving the use of FDA-regulated products, such as medicines, health screenings, and food labels. The program targets midlife and older women and puts special emphasis on reaching underserved populations. Fax requests for information to the FDA Office of Women's Health at (301)827-0926.

Diabetes and Chronic Disabling Diseases
A diabetes prevention and management program to help reduce overall blood sugar levels and improve knowledge about diabetes management targets three main groups: employees in the early stages of diabetes, employees whose health has experienced significant erosion, and individuals at higher risk for complications. The tools used include risk assessment instruments and videos and a CD-ROM on topics, such as meal planning, as well as counseling with certified diabetes educators, phone support, and other services. For more information on the PCS Diabetes Management Program, write to Kevin Hanna, PCS Health Systems, 9501 E. Shea Boulevard, Scottsdale, AZ 85260-6719, or call (800)223-7745, or **http://www.pcshs.com**.

Toll-Free

Maternal and Infant Health
Pregnant women can obtain proper prenatal information through a toll-free telephone line linked to information and referral services nationwide and in Puerto Rico. Launched by the Department of Health and Human Services, this system automatically connects women to their State maternal and child health hotline or to one of the 22 Healthy Start prenatal care hotlines. The toll-free number is (800)311-BABY. For information in Spanish, call (800)504-7081.

In Funding

Educational and Community-Based Programs
A new 3-year, $675,000 Colorado initiative—"Colorado Healthy Steps"—is designed to foster healthy growth and development among children from birth to age 3. Families, to be recruited by Western Colorado Pediatric Associates before or immediately after their baby is born, will be offered services to enhance their children's physical, emotional, and intellectual growth and development. Services will include primary health care, home visits, a child health and development record, handouts for parents, parent groups, assessment of child development at 6-month intervals, and linkages to community resources. This initiative is a product of The Colorado Trust, which joins the Commonwealth Fund.

On Video

Violent and Abusive Behavior
A three-video series entitled, "Cancelled Lives: Letters From the Inside," chronicles the experiences of youth living in juvenile facilities and adults serving hard time in prison. The goal of this series is to open the eyes of at-risk, predelinquent, and other juvenile viewers. Each of the three videos, chronicling the lives of real people and featuring well-known celebrities, stands alone and focuses on experiences in one of three areas: violence and gangs, substance abuse, or what life is like when your are "doing time." For more information about "Cancelled Lives" or to request a free 96-page catalog describing videos, posters, books, and other educational resources, write to The Bureau For At-Risk Youth, 135 Dupont St., P.O. Box 760, Plainview, NY 11803-0760, or call (800)99-YOUTH.

Mental Health and Mental Disorders

"Voices of Strength: An Inside Look at Children's Mental Health" is a new video produced by the Substance Abuse and Mental Health Services Administration's Center for Mental Health Services public education campaign, CARING FOR EVERY CHILD'S MENTAL HEALTH: Communities Together. The 20-minute video highlights the stories of young people with serious emotional disturbances and their families.

The purpose of the video is to introduce children's and adolescents' mental health issues, including the fact that children with mental health problems can and do get better. Additionally, the video introduces the principles and values of the "system of care" approach to serving children and adolescents with serious emotional disturbances and their families.

The video is targeted to a broad-based audience, including families who have children with mental health problems, child-serving professionals, community leaders, policymakers, and the public. Copies of the video are available for a cost-recovery fee through CMHS National Mental Health Services Knowledge Exchange Network at (800)789-2647. A free copy of the video is available to members of the media by calling Michelle Herman at (301)443-2792.

State Initiatives

Immunization and Infectious Diseases

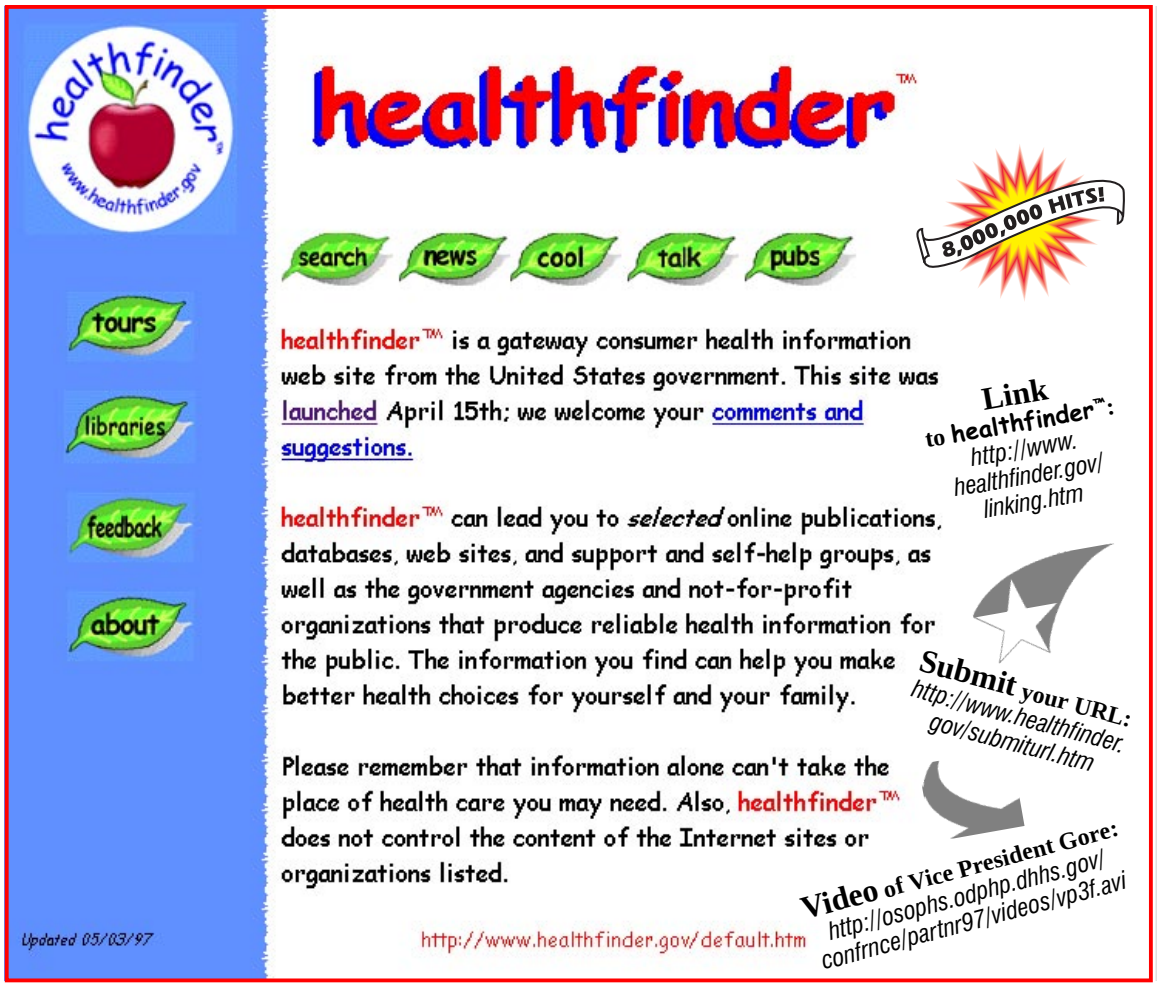
Children in Arizona entering kindergarten and first grade or other institutions providing instructional or custodial care are subject to a new rule regarding additional immunizations. The State of Arizona has added hepatitis B to the list of diseases for which children must be immunized, as well as a second measles, mumps, and rubella (MMR) vaccination. Addition of the MMR vaccination as a requirement came about because of a recent outbreak of mumps in that State.

Cook County in Illinois has also taken measures to ensure vaccination for hepatitis B. A new State mandate requires a three-dose immunization series against hepatitis B for all children entering 5th grade, as well as those children over age 2 entering prekindergarten. This initiative will immediately affect 15,000 children, and that number is expected to climb.

(Spotlight *continued from page 6)*

- The Guardian Angel project, a cooperative effort with the Arkansas Department of Health, the City of Little Rock, and various organizations, such as Rotary International, emphasizes taking the vaccines to children, especially in underserved areas. The project has enlisted more than 50 child care facilities, including Child Development Centers, Head Start programs, and pediatric treatment centers, in identifying children who are due or behind with immunizations. Vaccinations are later administered on site. The result is vastly increased immunization rates.
- Through CDC's National Immunization Outreach Program:
  - → McDonald's printed immunization information on tray liners;
  - → Rotary Club members in New Jersey distributed immunization flyers and t-shirts;
  - → Kmart, in cooperation with Procter & Gamble, provided diaper coupons to clients whose children were up to date on immunizations; and
  - → Country singer Bonnie Raitt promoted infant immunization during her national tour.

Similar success is being reported throughout the country as communities adopt the "It Takes a Village" concept in improving children's immunization rates.



Introducing healthfinder™, a new web site coordinated by the National Health Information Center. Launched April 15th, the site has received rave reviews from health professionals, as well as the public. For more information, visit **http://www.healthfinder.gov**, e-mail **healthfinder@health.org**.

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