

News and Notes

APHA ADOPTS CODE OF ETHICS FOR PUBLIC HEALTH PROFESSION

The American Public Health Association (APHA) has announced its endorsement of a set of principles that spells out ethical conduct for public health professionals and organizations. The Public Health Leadership Society led the development of the Public Health Code of Ethics with input from people and organizations including local and state public health officials, the Association of Schools of Public Health, the Centers for Disease Control and Prevention, and APHA.

Information on the Public Health Code of Ethics is available on the APHA website at www.apha.org/codeofethics/.

REPORT ON WOMEN'S HEALTH

Women's Health USA 2002, a new statistical report on the health status of America's women by the Maternal and Child Health Bureau of the Health Resources and Services Administration, highlights current and historical data on some of the most pressing health challenges facing women and their families.

Data on health and health-related indicators are organized into three categories: population characteristics, health status, and health services utilization. The report includes the most recent federal data available from the Departments of Health and Human Services, Justice, and Agriculture.

The publication is available on-line at <http://mchb.hrsa.gov/data/women.htm>. Free hard copies are available from the HRSA Information Center; call 888-ASK-HRSA or visit the website at www.ask.hrsa.gov.

WEBSITE OFFERS DATA ON CHILD WELL-BEING

The Child Trends Databank provides on-line access to continuously updated data on more than 70 key indicators of child and youth well-being, including information on health, social and emotional development, income and work, education, demographics, and families and communities. Estimates in the databank come from federal reports and websites as well as from original analyses of national datasets by the staff of Child Trends, a nonprofit research organization. The databank, designed for researchers, policy makers, ser-

vice providers, journalists, students, advocates, parents, young people, and the general public, can be accessed at www.childtrends.databank.org.

2002 KIDS COUNT DATA BOOK

The *2002 KIDS COUNT Data Book*, the latest in a series of annual analyses of child well-being in America published by the Annie E. Casey Foundation, offers data on 10 measures of child well-being as well as supplemental data on education, health, and the economic conditions of families.

Seven of the 10 indicators of child well-being showed that conditions improved from 1990 to 1999, while two indicators (the percentage of low birthweight babies and the percentage of families with children headed by a single parent) showed that conditions worsened. All *2002 KIDS COUNT* data are available in an on-line database that allows users to generate custom graphs, maps, ranked lists, and state-by-state profiles or download the entire *KIDS COUNT* dataset as delimited text files. The *2002 KIDS COUNT Data Book Online* is available at www.aecf.org/kidscount/kc2002/.

IOM STUDY: UNINSURED DON'T GET NEEDED HEALTH CARE

The lack of health insurance in America leads to delayed diagnoses, life-threatening complications, and ultimately 18,000 premature deaths each year, according to a report released by the Institute of Medicine (IOM).

In a study of the medical consequences of going without insurance, researchers found that "being uninsured for even a year appears to diminish a person's general health."

Although it is widely believed that uninsured Americans simply walk into hospitals for medical services, the study found that vast majority go without health care until an illness becomes too serious to ignore. "Because we don't see many people dying in the streets in this country, we assume that the uninsured manage to get the care they need, but the evidence refutes that assumption," said Mary Sue Coleman, President of the Iowa Health System and co-chair of the committee that wrote the report. "The fact is that the quality and

length of life are distinctly different for insured and uninsured populations.”

Many of the 30 million working Americans without insurance may go their entire lives without receiving treatment for conditions such as arthritis or asthma, the authors found. The central message of the report is that prevention and early diagnosis have a large impact on mortality, quality of life, and even costs.

Care Without Coverage: Too Little, Too Late is the second of a series of six reports on uninsurance in the United States issued by the Committee on the Consequences of Uninsurance. The committee examined the consequences of being uninsured for people suffering from cancer, diabetes, HIV/AIDS, heart and kidney disease, mental illness, traumatic injuries, and heart attacks. Uninsured cancer patients die sooner than people with insurance do, largely because of delayed diagnosis, the committee found. The uninsured are less likely to receive timely screening services such as mammograms, Pap tests, and colon exams. By the time cancer is diagnosed in uninsured patients, it is more likely to be at an advanced, often fatal, stage. Likewise, uninsured patients tend to reach severe renal failure before they begin kidney dialysis.

The longer diabetics go without health insurance, the greater the chance they will experience uncontrolled blood sugar levels, the report says. The committee cites research showing that 25% of adult diabetics who were uninsured for a year or more went without a checkup for two years, compared with 5% of diabetics with insurance. Uninsured diabetics also are less likely to receive regular foot and eye exams, which can help prevent blindness and amputations.

Uninsured adults with HIV infection or AIDS are less likely to receive the highly effective “drug cocktails” that have become the standard treatment in the past five years, the report says. And when they do get the newer drug therapies, their wait to receive treatment has been an average of four months longer than that of patients with private insurance. Providing health insurance to HIV and AIDS patients has been shown to significantly reduce death rates.

“It wasn’t difficult for us to conclude that if the uninsured became insured on a continuous basis, their health would improve and they would live longer,” said committee co-chair Arthur Kellermann, Professor and Chair, Department of Emergency Medicine, and director, Center for Injury Control, Emory University School of Medicine, Atlanta.

Mentally ill patients with insurance that covers their treatment are more likely to receive appropriate care than those with no insurance, the report says. Even when health insurance does not specifically cover

mental health expenses, being insured increases the likelihood that someone with depression or anxiety will receive some care.

To see how uninsured patients fare in a hospital setting, the committee focused on two conditions for which most people are treated regardless of insurance status: traumatic injuries and heart attacks. The evidence shows that uninsured individuals with traumatic injuries are less likely to be admitted to the hospital, receive fewer services if they are, and are more likely to die than insured victims. Research also shows that uninsured patients hospitalized for a heart attack have a greater risk of dying during their hospital stay or shortly thereafter than patients with private insurance. They also are less likely to go to a hospital that performs angiography or other catheterization techniques, and even if they do, they are less likely to receive these procedures.

Studies that have monitored the health of people who had no insurance or temporarily lost it for a period of one to four years show that a person’s overall well-being suffers during the time they lack coverage. The decline in health caused by a lack or loss of coverage is most profound for adults ages 55 to 65 years, the report says.

Health insurance strategies that target the entire uninsured population are more likely to produce improve health and increase life expectancy than “rescue” programs aimed only at the seriously ill, the committee said.

The committee noted that the research literature on which it based its findings probably understates the differences in health outcomes between insured and uninsured adults. The studies do not address the experiences of those who do not seek treatment, and uninsured adults are less likely to seek treatment than are those who have insurance.

The full text of *Care Without Coverage: Too Little, Too Late* is available on the IOM website at www.iom.edu. The report can be purchased from the National Academy Press; tel. 202-334-3313 or 800-62406242; website www.nap.edu.

WHO GLOBAL STRATEGY ON TRADITIONAL AND ALTERNATIVE MEDICINE

Traditional medicine is becoming more popular in developed countries, while in developing countries, as many as 80% of people use traditional modes of care as part of their primary health care, according to the World Health Organization (WHO). This situation has given rise to safety concerns on the part of health practitioners and consumers as well as questions re-

lated to appropriate regulation, preservation of biodiversity, and preservation and protection of traditional knowledge.

The WHO has developed a global strategy that offers a framework to help countries regulate traditional or complementary/alternative medicine to make its use safer, more accessible, and sustainable.

“Traditional or complementary medicine is victim of both uncritical enthusiasts and uninformed skeptics,” notes Yasuhiro Suzuki, WHO Executive Director for Health Technology and Pharmaceuticals. “This strategy is intended to tap into its real potential for people’s health and well-being, while minimizing the risks of unproven or misused remedies.”

According to Ebrahim Samba, the WHO’s Regional Director for Africa, about 80% of people in African countries use traditional medicine. “It is for this reason that we must act quickly to evaluate its safety, efficacy, quality, and standardization—to protect our heritage and to preserve our traditional knowledge. We must also institutionalize and integrate it into our national health systems.”

In developing countries, where large numbers of people may lack access to essential medicines, the provision of safe and effective traditional/alternative therapies could become a critical tool to increase access to health care, the WHO points out. But while traditional medicine has been fully integrated into the health systems of China, North and South Korea, and Vietnam, many countries have not collected and standardized evidence on this type of health care.

The global market for traditional therapies totals US \$60 billion a year and is steadily growing. There is a risk that further commercialization through unregulated use will make these therapies unaffordable to many who rely on them as their primary source of health care. For this reason, policies on the protection of indigenous or traditional knowledge are necessary, according to the WHO.

About 25% of modern medicines are descended from plants first used traditionally. The WHO strategy takes into account the positive effect that traditional medicine can have on both chronic conditions and infectious diseases. In Africa, North America, and Europe, three out of four people living with HIV/AIDS use some form of traditional or complementary treatment, according to the WHO. The organization also cites evidence that the Chinese herbal remedy *Artemisia annua* is effective against resistant malaria and could prevent many of the 800,000 deaths among children from severe malaria each year.

The WHO strategy aims to assist countries in developing national policies on the evaluation and regula-

tion of traditional and alternative medicine; in creating a stronger evidence base on the safety, efficacy, and quality of traditional and alternative products and practices; in ensuring the availability and affordability of these products and practices, including herbal medicines; and in promoting the therapeutically sound use of these products and practices by providers and consumers.

The strategy, a working document for adaptation and regional implementation, and more information can be found on-line at www.who.int/medicines/organization/trm/orgtrmmain.shtml.

UN/WHO REPORT CITES EFFECT OF POLLUTION ON CHILDREN’S HEALTH

Every day 5,500 children die from diseases caused by consuming water and food polluted with bacteria, according to a study released by three UN agencies. *Children in the New Millennium: Environmental Impact on Health* shows that children are the greatest victims of environmental degradation worldwide. The diseases largely influenced by pollution, most notably diarrhea and acute respiratory infections, are among the leading causes of child mortality.

“We have made great strides over the last decade. Children are healthier today. There is more access to clean water. But these disturbing figures show we have barely started to address some of the main problems,” said Carol Bellamy, Executive Director of UNICEF. “Far too many children are dying from diseases that can be prevented through access to clean water and sanitation.”

The 140-page report, jointly produced by the United Nations Children’s Fund (UNICEF), the UN Environment Programme, and the World Health Organization (WHO), was released during the May 8–10, 2002, UN General Assembly Special Session on Children.

According to the WHO, almost one-third of the global burden of disease can be attributed to environmental risk factors. More than 40% of this burden falls on children younger than five years of age, who account for only 10% of the world’s population. A major contributing factor to these diseases is malnutrition, which affects about 150 million people worldwide. Malnutrition and diarrhea form a vicious cycle; the organisms that cause diarrhea harm the walls of a child’s gut, preventing adequate digestion and absorption of food, causing even greater malnutrition and vulnerability to disease.

The report identifies other major environmental problems directly affecting children, such as high levels of toxic chemicals and the degradation and deple-

tion of natural resources. Lead in the environment—much of it from leaded gasoline—causes permanent neurological and developmental disorders in children. Millions of children work in agriculture, putting them at high risk of pesticide poisoning. Children are also disproportionately vulnerable to global environmental problems such as climate change, the depletion of the ozone layer, and the loss of the planet's biological diversity.

More information on the UN Special Session on children can be found at www.unicef.org/specialsession/index.html. The full text of *A World Fit for Children*, the outcome document approved on May 10, 2002, is available in Word or pdf format at www.unicef.org/specialsession/press/outcomedocument.htm.