

uously during the conference. Paper and poster sessions will be arranged to promote interaction among scientists on a variety of topics.

The program is hosted by the Chemical Industry Institute of Toxicology; Health Effects Research Laboratory, U.S. Environmental Protection Agency; International Institute for Environmental Information and Communication; National Institute of Environmental Health Sciences; and the Department of Environmental Sciences and Engineering, School of Public Health, University of North Carolina at Chapel Hill.

*Those wishing to register for the symposium should contact the Office of Continuing Education, UNC School of Public Health, CB No. 8165, Miller Hall, Chapel Hill, NC 27599-8165. Tel.: (919) 966-4032.*

## **Educational Effort Encourages Weaning from Baby Bottle to Drinking Cup**

Prevalence of extensive tooth decay in primary teeth, known as baby bottle tooth decay (BBTD), is alarmingly high among Native American children, with rates of 50 percent or more.

This preventable dental disease results from inappropriate feeding practices, such as putting a child to bed or nap with a bottle that contains milk, juice, soda, or other sweetened liquid, or permitting a child to walk around with the bottle during waking hours. The fermentable sugars pool around the teeth and promote decay, beginning in the front teeth and eventually affecting the molars as they erupt.

Long-term effects of BBTD may include otitis media (ear infections), orthodontic problems, speech disorders, and psychosocial difficulties. Once disease has occurred, treatment is complex and expensive, ranging from \$700 to \$1,200 per child with moderate to severe decay. In addition, young children may require hospitalization and anesthesia for some procedures, which can double the cost of treatment.

In early efforts to design multidisciplinary, community-based interventions, researchers found that prolonged bottle feeding and children with decayed front teeth were so common among pilot communities that there was no peer pressure or community norm to encourage parents to wean

children from the bottle. To be successful, project leaders needed to document the problem in the community and then develop programs to involve the entire community, especially parents and caregivers, to change the habits leading to BBTD.

PHS agencies, such as the Indian Health Service; the Head Start Bureau of the Administration for Children, Youth, and Adults; and the Centers for Disease Control (CDC) are designing and implementing programs to reach high-risk populations. Even though the American Indian and Alaska Native populations have the highest incidence at present, evidence indicates high incidence (estimated at 1 to 11 percent) among other ethnic groups in U.S. cities, especially refugees from Southeast Asia and Central America.

One education effort is Parents Helping Parents, which provides informational materials, slides, posters, and bumper stickers. Many State, county, and local health departments have adopted the material, and the slide presentation created by the project has been translated into five languages.

Other successful interventions include providing toddler (tippee) cups through health fairs and swap meets (swap bottles for cups) to help wean children from the bottle; promoting community education campaigns with posters, special events, T-shirts, personalized photographs, and media coverage; and involving community leaders and volunteers in implementing prevention strategies.

Rates of BBTD are declining among some American Indian groups; however, continued efforts are required to eliminate this preventable problem. PHS has included BBTD among the national health objectives for the year 2000. The overall target is to increase to at least 75 percent the proportion of parents and caregivers who use feeding practices that prevent BBTD.

Among parents and caregivers with less than high school education and among American Indian and Alaska Native parents and caregivers, the goal is 65 percent. Many segments of the community, including dental professionals, nurses, physicians, preschool teachers, and others who interact with parents and caregivers, will need to be aware and reinforce healthy feeding and dental practices.

*Adapted from Prevention Report, December 1990, Office of Disease Preven-*

*tion and Health Promotion. Additional information on Parents Helping Parents and BBTD is available from CDC, Dental Disease Prevention Activity, 1600 Clifton Road NE, Atlanta, GA 30333; (404) 639-1830.*

## **Notice to Librarians: Public Health Reports Bound Volumes Available**

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Volumes and numbers of copies available are: vol. 98, 1983, 1 copy; vol. 99, 1984, 4 copies; vol. 101, 1986, 5 copies; vol. 102, 1987, 5 copies; and vol. 103, 1988, 3 copies.

## **Errata in Chernobyl Article**

There were mistakes in two tables accompanying "Consequences of the Nuclear Power Plant Accident at Chernobyl" by Harold M. Ginzburg and Eric Reis. The article appeared in the January-February 1991 issue of *Public Health Reports*.

The mistakes were as follows. The note below table 1 on page 33 should have defined MCI as megacuries, not millicuries. The unit of measurement in table 2, page 34 should have been  $\mu\text{Ci}$ , not MCI.

*Public Health Reports* regrets these errors.