

News & Notes

DHHS LAUNCHES WEBSITE DEDICATED TO GLOBAL HEALTH ISSUES

DHHS has launched a new website that addresses the link between domestic and international health issues. The site, <http://www.globalhealth.gov>, provides information on the department's work on global health issues as well as worldwide health statistics, reports, and publications, and links to the department's global health partners.

DHHS works with partners from around the world to combat global health problems such as AIDS, malaria, tuberculosis, and tobacco use. The ease of travel in today's global economy means that no nation is isolated from global health threats. The movement of more than two million people each day across national borders and the growth of international trade in goods are responsible for increased health risks, including infectious diseases, contaminated foods, and biological and chemical threats.

The site was developed to be a portal of global health information for policy makers, researchers, doctors, and the general public.

"The global health challenges for this new century are daunting. These problems require a solution that is driven by compassion and that includes the very best research, practice, and service from HHS," said DHHS Secretary Tommy G. Thompson. "Because our health, economies; and humanitarian values have become truly global in nature, our responses must likewise be global in nature."

The new [globalhealth.gov](http://www.globalhealth.gov) website is administered by DHHS's Office of International and Refugee Health.

US SURGEON GENERAL RELEASES REPORT ON MENTAL HEALTH: CULTURE, RACE, AND ETHNICITY

US Surgeon General David Satcher recently released a detailed report discussing the disparities in access, quality, and availability of mental health services in the US. In 1999, the Surgeon General released a report on mental health discussing how culture and society affect the different mental health services people seek, as well as how mental health and mental illness are looked upon in America.

"While mental disorders may touch all Americans either directly or indirectly, all do not have equal access to treatment and services," said Dr. Satcher. "Critic-

cally, culture counts. That means we need to embrace the nation's diversity in the conduct of research, in the education and training of our mental health service providers, and in the delivery of services."

"Everyone in need must have access to high-quality, effective, and affordable mental health services. Too often, our mental health problems are left to play themselves out in the nation's streets, homeless centers, jails, and prisons," Dr. Satcher added.

The report highlights the following:

- Disproportionate numbers of African Americans are represented in the most vulnerable segments of the population—people who are homeless, incarcerated, in the child welfare system, and victims of trauma—all populations with elevated risks for mental disorders.
- As many as 40% of Hispanic Americans report limited English-language proficiency.
- The suicide rate among American Indians/Alaska Natives is 50% higher than the national rate; rates of co-occurring mental illness and substance abuse (especially alcohol) are also high among Native youth and adults.
- Many recent Asian American and Pacific Islander immigrants are refugees from Southeast Asia where they were exposed to extraordinary trauma, placing them at high risk for depression and post-traumatic stress disorder.

For a full copy of *Mental Health: Culture, Race, and Ethnicity*, visit <http://www.surgeongeneral.gov/>

AMERICA BECOMING MORE RACIALLY AND ETHNICALLY HETEROGENEOUS

Data from the 2000 Census confirm that high rates of immigration, declining birth rates among white Americans, and relatively higher birth rates among Hispanic Americans have poised America on the threshold of becoming a nation with no ethnic majority. By 2050, if not sooner, no group will constitute more than 50% of the population.

To examine racial and ethnic trends and their implications, the National Research Council, part of the National Academy of Sciences, assembled a distinguished group of scholars and experts on race and ethnicity. The two-volume compendium of studies that emerged from this gathering, *America Becoming: Racial*

Trends and Their Consequences, provides a comprehensive assessment of current research and analysis on American racial and social dynamics, with recommendations for ongoing research and implications for future policy. The collection illustrates that, while progress is being made in reducing inequalities and barriers to opportunity, troubling disparities across groups persist.

America Becoming: Racial Trends and Their Consequences is available online at: <http://www.nap.edu/books/030906838X/html/>

REPORT FROM THE URBAN INSTITUTE ON WORKERS WITHOUT HEALTH INSURANCE

An Urban Institute report on workers without health insurance suggests that the most efficient way to increase coverage is to target subsidies toward low-income workers. The report offers a detailed picture of the uninsured working population—now numbering more than 16 million—and compares the relative merits of two key vehicles for expanding coverage: tax credits or public programs.

Researchers Bowen Garrett, Len Nichols, and Emily Greenman characterize today's uninsured and examine the policy implications. The report, based on analyses of 1999 Current Population Survey data and a survey of the literature on the working uninsured, was developed for the W.K. Kellogg Foundation as part of its Community Voices: HealthCare for the Underserved initiative series.

The report is available as a PDF file [38p.] at: <http://www.urban.org/pdfs/workershealthins.pdf>

REPORT CITES EFFECTS OF WELFARE REFORM ON ADOLESCENTS

Adolescents whose parents are enrolled in welfare-to-work programs have been negatively affected by these programs, according to a report published by Child Trends. The authors state, "Our analysis leads us to conclude that welfare-to-work programs appear to be having some unfavorable impacts on the well-being of adolescent children of adult recipients, even in programs with favorable effects on younger children and increases in family income."

Experts on children and families expected the impact of the 1996 welfare reform law to be greatest on children who were not yet of school age. When their parents went to work, these children were expected to spend less time at home with their mothers and more time in child care. Also, it was expected that young children would be affected most by the increased fam-

ily income and employment benefits when their mothers went to work. Few of the experts expressed concern about how adolescents might be affected by the historic changes in welfare legislation.

The authors found, however, that adolescents whose parents were enrolled in three welfare-to-work programs ("precursors to welfare-to-work initiatives implemented under the new welfare law") experienced significant negative effects. These adolescents were compared to a control group of adolescents in welfare households in which parents were not enrolled in welfare-to-work programs. Adolescents in welfare-to-work households showed a decline in school achievement. In addition, the number of calls schools made to parents about the behavior of these adolescents increased, as did the likelihood of school suspensions. One particular group of families "headed by mothers who had worked more and spent less time on welfare at the start of the program," showed an increase in arrests, convictions, and involvement with police.

The authors suggest three possible reasons for the negative effects of these programs on adolescents: 1) an erosion in the quality of adolescent-parent relationships, 2) a decline in parental monitoring, and 3) a shift in adolescents' roles within their families. The working mother and father may parent less effectively, sometimes treating the adolescent more harshly; supervise the adolescent less and intervene less; and expect their adolescent to assume more "adult" responsibilities such as care for younger siblings and the home.

"Policy makers might want to consider a number of complementary approaches to lessen the potentially negative effects of welfare reform on adolescent children of adult welfare recipients." The authors suggest several possible solutions such as greater flexibility in job selection that will provide the opportunity for parents to supervise their adolescents, more after-school activities for adolescents, better child care for younger children so that adolescents will not have to care for their younger siblings, and guidance for parents about proper levels of responsibility and autonomy for adolescents.

Brooks JL, Hair EC, Zaslow MJ. 2001.

Welfare Reform's Impact on Adolescents: Early Warning Signs is available at <http://www.childtrends.org/pdf/welfareeditbrief.pdf>

CURRENT HEALTH INFORMATION AVAILABLE ON THE INTERNET

The Kaiser Family Foundation has launched an Internet resource offering current health information

for all 50 states, the District of Columbia, and US territories. The site provides data, by state, on population demographics, health status, health insurance coverage, Medicaid/CHIP, Medicare, health care costs, managed care/health insurance, providers and service use, women's health, minority health, and HIV/AIDS.

See: "State Health Facts Online" at <http://www.statehealthfacts.kff.org>

STUDY SHOWS HARDSHIPS FOR WORKING FAMILIES

The Economic Policy Institute has produced a new study showing that 29% of working families in the United States with as many as three children younger than age 12 do not earn enough income to afford basic necessities. The report examines the cost of living in every community in the US and determines separate "basic family budgets"—the amount a family would need to earn to afford food, housing, child care, health insurance, transportation, and utilities—for each community.

An online supplement, the Family Budgets Calculator, generates an itemized budget for more than 400 metropolitan areas by various family types. Available at: <http://www.epinet.org/datazone/fambud/index.html>

WHO AND TOP PUBLISHERS ENABLE ACCESS TO LEADING BIOMEDICAL JOURNALS FOR DEVELOPING COUNTRIES

The World Health Organization and the world's six biggest medical journal publishers announced an initiative that will enable institutions in close to 100 developing countries to gain access to vital scientific information that they otherwise could not afford.

The arrangement would allow almost 1000 of the world's leading medical and scientific journals to become available through the Internet to medical schools and research institutions in developing countries for free or at deeply-reduced rates.

Overseeing the signing of the Statement of Intent by senior executives of the publishers, Gro Harlem Brundtland, Director-General of WHO, said, "As a direct consequence of this arrangement, many thousands of doctors, researchers, and health policy-makers among others will be able to use the best-available scientific evidence to an unprecedented degree to help them improve the health of their populations. It is perhaps the biggest step ever taken towards reducing

the health information gap between rich and poor countries."

Until now, biomedical journal subscriptions, both electronic and print, have been priced uniformly for medical schools, research centers, and similar institutions irrespective of geographic location. Annual subscription prices cost on average several hundred dollars per title. Many key titles cost more than \$1,500 per year. This has made it all but impossible for the large majority of health and research institutions in the poorest countries to access critical scientific information.

Scheduled to start in January 2002, the initiative is expected to last for at least three years while being monitored for progress. It will benefit bona fide academic and research institutions, which depend on timely access to biomedical journals. Between now and the end of this year, these institutions will be identified individually and the process put in place so that they can receive and use access authentication. All parties—the publishers and the participating institutions—will learn from this experience. Decisions about how to proceed after the initiative will grow from the precedents it sets, and will be informed by the working relationships that develop among the partners.

The initiative is an important step in the establishment of the Health InterNetwork, a project introduced by United Nations' Secretary-General Kofi Annan at the UN Millennium Summit last year. Led by WHO, the Health InterNetwork aims to strengthen public health services by providing public health workers, researchers, and policy makers access to high-quality, relevant and timely health information through an Internet portal. It further aims to improve communication and networking. As key components, the project will provide training as well as information and communication technology applications for public health.

Working with the *British Medical Journal* and the Open Society Institute of the Soros foundation network, WHO approached the six biggest medical journal publishers—Blackwell, Elsevier Science, the Harcourt Worldwide STM Group, Wolters Kluwer International Health & Science, Springer Verlag, and John Wiley—with the aim of bringing them together with the countries concerned to seek a more affordable pricing structure for on-line access to their international biomedical journals.

The outcome is a tiered-pricing model developed by the publishers that will make nearly 1000 of the 1240 top international biomedical journals available to institutions in the 100 poorest countries free of charge or at significantly reduced rates.