



**Partnerships Promote Global Health**

**World Health Report '02 Makes Prevention Top Global Priority**

by Dr. Derek Yach, Exec. Director, Noncommunicable Diseases and Mental Health, World Health Organization, Geneva

This year's World Health Report, "Reducing Risks, Promoting Healthy Life," ([www.who.int/whr](http://www.who.int/whr)) provides powerful reasons for greater investment in disease prevention and health promotion. The report documents the impact of major risks for death and disease, and provides a template to help policy-makers orient their work towards tackling major health risks. It also highlights the cost-effectiveness of many policy measures at population and

individual levels. In a report of the Macroeconomic Commission on Health, for example, Jeff Sachs placed the cost-effectiveness of tobacco control in developing countries at par with tuberculosis, malaria and measles control. And the World Health Organization (WHO) estimates that improved tobacco control could potentially avert most of the 5 million deaths attributed to tobacco use worldwide.

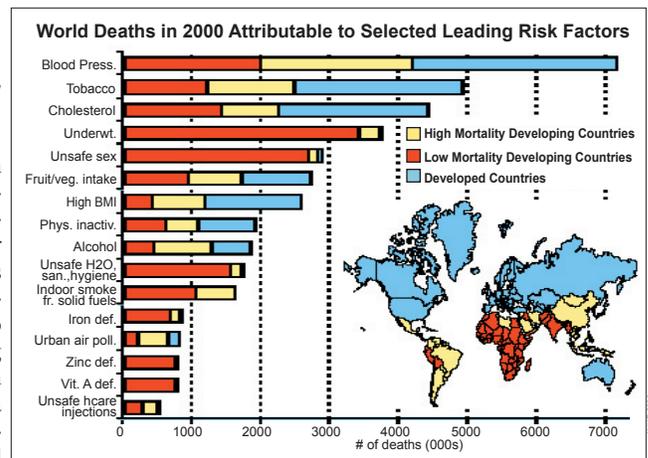
The report provides compelling data. In developed countries, and in lower middle-income countries such as Brazil, China and Thailand, six of the top 10 risks to health are directly related to cardiovascular disease

(CVD), cancers and other chronic diseases, it reveals. These risks include tobacco use, high blood pressure, high blood cholesterol, increased body mass, low fruit and vegetable consumption, excess alcohol intake and physical inactivity.

"More than 1 billion adults worldwide are overweight, and at least 300 million are clinically obese. Among these, about half a million people in North America and Western Europe combined will have died this year from obesity-related diseases," laments Gro Harlem Brundtland, director of WHO. And several of these same risk factors — high blood pressure, tobacco use and high cholesterol — have now emerged in the top 10 in sub-Saharan Africa and south Asia, where, combined with undernutrition and infectious diseases, they double the disease burden in these poorest of nations.

"The rapidly growing epidemic of non-communicable diseases, already responsible for some 60 percent of world deaths, is clearly related to changes in global dietary patterns and increased consumption of industrially processed fatty, salty and sugary foods," states Dr. Brundtland. "In the slums of today's megacities, we are seeing noncommunicable diseases caused by unhealthy diets and habits, as well as undernutrition."

Thus the report confirms that death and disease from CVD and diabetes have



Look for the all-new  
**MONITOR**,  
 debuting online  
 this spring.

**Russian Cancer Center to Motivate, Train Doctors in Tobacco Control**

by Dr. Vladimir Levshin, Russian Institute of Carcinogenesis, Moscow

Russia has one of the highest smoking prevalences in the world: 63 percent of men and 10 percent of women there smoke. Sadly, the percentage of smoking women aged 20-29 in Russia rose from 10 percent in 1985 to 30 percent in 2000, while overall tobacco consumption in the country is increasing 1.5 to 2 percent per year. Already, 30 percent of total male deaths and 4 percent of total female deaths in the country can be attributed to smoking.

Despite this health and human toll, however, efforts to control tobacco use in Russia are minimal and, for the most part, ineffective. In fact, the effect of tobacco addiction is underestimated, and little ces-

sation help is provided in-country — with no professional cessation counseling or assistance available in the national public health service at all. Moreover, smoking prevalence among Russian physicians mirrors that of the general population, hence the majority of them cannot model non-smoking behavior and maintain little or no interest in providing smoking cessation counseling to patients. Ironically, these same physicians may be the best source of a clear, strong and personalized cessation, or for that matter smoking prevention, message, especially since health professionals (doctors in particular) are traditionally perceived as the most valuable, credible and reliable source of health information.

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Since its formation in 1990, CECHE has spearheaded more than 30 major projects in information technology for health promotion and disease prevention. These efforts in partnership with scientists, journalists, media organizations, educators, nonprofits and others have reached millions in 16 countries, including Central and Eastern Europe, the former Soviet Union and Africa.

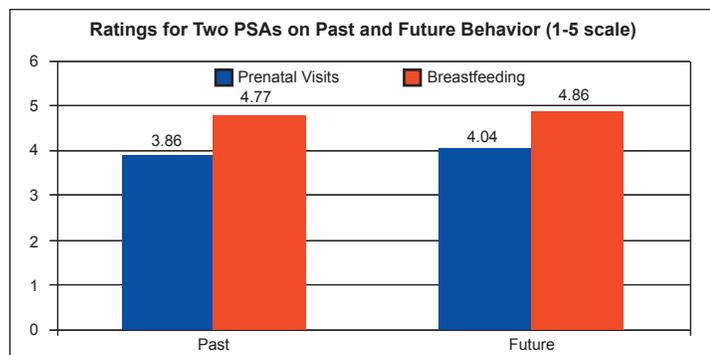
In 2000, CECHE adopted a partnership agenda that focuses on providing seed money for pilot projects rather than taking sole charge of implementing them. The following projects, co-produced with WHO, reflect our partnership agenda and CECHE's continuing commitment to empowering underserved communities worldwide to enhance their quality of life.

## PSA Testing in India Illustrates Urban-Rural Divide

In July 2000, CECHE tested the impact of four maternal and child health public service announcements (PSAs) on childbearing women in South India. Produced in 1998 as part of a series of television health promotion messages developed in CECHE's media training program in Punjab, India (see Monitor, Vol. 9.2, <http://www.ceche.org/publications/monitor/vol-9/9-2.htm>), these PSAs addressed: visiting a doctor during pregnancy, breastfeeding, preparing to use a trained birth attendant during birthing and oral rehydration. They featured vignettes about a mother and her pregnant daughter using a semi-dramatic format, and were broadcast on national television in Punjab and screened on television in local district health clinics. For use in South India, the PSAs were translated into Tamil and shown to socially and economically disadvantaged women from the urban slums of Chennai. The research objective was to assess whether exposure to a specific PSA would predispose the viewer to adopt the behavior promoted in the spot. Syracuse University Newhouse School-trained researcher Ms. Kalyani Subbiah conducted the fieldwork under the direction of Dr. Fiona Chew.

Results of the testing were finalized in 2002 and revealed:

- The PSAs on prenatal doctor visits and breastfeeding elicited high scores for past practice as well as future behavior (see chart), indicating that the viewers were knowledgeable and experienced in prenatal and infant health care, and motivated to use the advice, and that the PSAs served to reinforce existing behaviors.
- Past and future behavior scores for the PSA on using a birth attendant were low, which suggested that this practice was not common in Chennai, possibly because hospitals were easily accessible and birth attendants not used.
- The PSA on oral rehydration received moderate scores for past behavior and slightly higher scores for future behavior, suggesting that the women found this practice helpful and would employ oral rehydration if and when the need arose.



•Television is the most effective medium for reproductive health communication because more than 75% of the group watches television, and 58.8% took actions to improve their health, home, childcare, food shopping and traditional medicine based on what they heard or saw on TV.

The contrasting environments of the original rural target audience in Punjab and the current urban test subjects in South India may account for the minor impact of two of the PSAs. §

## CECHE's 2002 UDC Nutrition Scholarship Winners Honored

Prof. Prema Ganganna and her scholarship committee at the University of the District of Columbia (UDC) awarded three CECHE Nutrition and Food Science Scholarships for the 2002 academic year. The awardees were honored at a ceremony last April and included:

**Lisa D. Bethea**, a junior in UDC's Nutrition and Food Science Program who intends to pursue a dietetic internship, become a registered dietitian and work with schools to develop nutritionally balanced diets for school lunch programs. Bethea also plans to develop an outreach program to motivate underprivileged children and adults to make better food choices and improve their nutritional status.



Lisa D. Bethea

**Kathleen A. McGrath**, also a junior in the Nutrition and Food Science Program and a regular dean's list candidate with a GPA of 3.7. The recipient of a master's degree from Georgetown University, McGrath is studying at UDC to fulfill her dream of becoming a registered dietitian. Her long-term goal is to work in a hospital setting to educate patients about a healthy diet and lifestyle as a means of preventing nutrition-related diseases such as cancer, Type 2 diabetes mellitus, cardiovascular diseases and obesity.

**Abdallah Mkanda**, a sophomore majoring in Nutrition and Food Science. On UDC's dean's list with a GPA of 3.6, Mkanda's immediate goal is to become a dietitian/nutritionist, pursue graduate studies in nutrition or pharmacy, and work in a hospital or clinical setting to provide nutrition consultation to patients. Keen on improving food quality in general and food safety in particular, his long-term goal is to become a food technologist and work to improve food production and decrease environmental health standards. §

# Improve Lifestyles, Prevent Diseases

...emphasizing the use of mass media and efforts have been accomplished in partnership with policy-makers from over 100 organizations in the European Union, South Asia and the United States. ...grants and strategic assistance to catalyze projects, and this issue of the MONITOR ...dedication to public health promotion ...quality of life.

- Dr. Sushma Palmer, Chairman, CECHÉ



Tobacco billboards "push" smoking in Russia.

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There is a critical need for cost-effective, popular, available and applicable methods to encourage and train physicians in the Russian Federation to champion smoking cessation among patients.

The Russian Cancer Research Center is answering the call and is partnering with the Moscow Health Education Center, Russian Public Health Association and CECHÉ to design and implement a comprehensive 18-month program to motivate and train Russian physicians in smoking cessation assistance and noticeably enhance the number of knowledgeable, skilled tobacco-control clinicians in the country. This program will include the development, implementation and dissemination of:

- A cross-sectional survey of 1,000 physicians in 15 Moscow clinics
- A three-hour seminar in smoking cessation counseling
- A three-day course on tobacco-related health problems, tobacco-control measures, and methods of tobacco dependence treatment
- A manual for physicians with strategies and science-based methods for treating patients who smoke.

Five seminars and one course will be conducted per year. About 50 physicians will participate in each seminar, and about 20 physicians with particular interest in tobacco control and methods for treating tobacco dependence and nicotine addiction will participate in each course. The manual will be published, with 5,000 copies disseminated throughout the medical community via the seminars, courses and participating clinics.

The ultimate goal of the project is to effect a drop in smoking prevalence and a corresponding rise in health benefits and life span among the Russian population. As Russians queue to quit, the partners plan to expand the program to other regions of the Russian Federation. §

2003 World  
Health Day  
Promotes



**Healthy Environments for Children**

The greatest environmental threats to children's health lurk in the places that should be the safest — home, school and community. Every year, more than 5 million children die from diseases related to their environments. These diseases include diarrhoea, malaria and other vector-borne diseases, respiratory illnesses, neuro-behavioural disorders, and accidents and injuries.

On April 7, 2003, this year's World Health Day, entitled "Healthy Environments for Children," ([www.who.int/world-health-day/2003/](http://www.who.int/world-health-day/2003/)) will address this crisis by raising awareness, stimulating debate, motivating national movements and galvanising people into action to safeguard their children's environment. It will further enhance the Healthy Environments for Children Alliance (HECA) — an initiative presented at the World Summit on Sustainable Development in September 2002 by the World Health Organization and its partners (e-mail: [whd2003@who.int](mailto:whd2003@who.int) or [hcca@who.int](mailto:hcca@who.int)).

HECA is designed to catalyse joint action to tackle poverty-related environments and risks to children's health. The alliance will focus its actions on settings where children live, especially the home environment, which traditionally has been neglected. It will also promote effective interventions on policy, education, awareness, technology development and behavioural change — interventions to be implemented by policy- and decision-makers, householders, communities, educators, government officials and other stakeholders. The alliance will further support national and local movements that are visible and vibrant, while catalysing the efforts of interested parties, coordinating actions and strengthening networks.

# Can Information Technology and Other Media Provide Adequate Health Promotion Guidance to Patients?

by Dr. Fiona Chew, Assoc. Prof., S.I. Newhouse School of Public Communications, Syracuse University, Syracuse, N.Y.

The American public relies on family physicians more than any other source for health information. As the “most credible” source for their patients, physicians require access to current, accurate medical and health promotion information. Information technology is increasingly becoming a critical part of this equation.

To this end, a CECHE-funded pilot project at Syracuse University looked at how well information technology serves family physicians’ needs for patient health education and promotion and ways to update their knowledge. The 12-month study surveyed physicians’ use of information technology and related media, including the Internet, television, conferences, pharmaceutical brochures and academic journals.

## The Study

In spring 2002, a mail survey to assess information technology use in clinical practice was conducted among 101 primary-care and family-medicine physicians in Greater Syracuse. Backed by a predictability model (see chart), the four-page questionnaire asked physicians about their sources of medical information, optimal methods of communicating bioterrorist alerts by national health agencies, and perceptions of information technology. It focused on the use of computers and the Internet for clinical practice, as well as hand-held diagnostic computers and electronic patient records. E-mail communication with patients was also examined.

More than 60% responded. Over 70% were affiliated with a major teaching hospital. They comprised 58.6% male

and 41.4% female, and a majority (55.1%) completed their professional training more than 10 years ago.

## Results

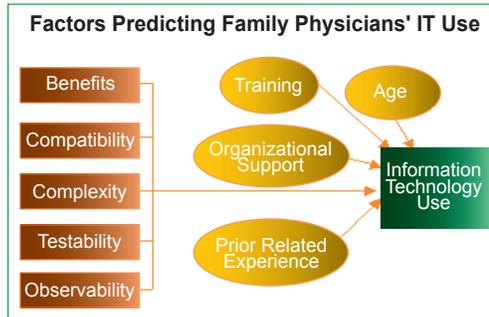
**Technological connectivity.** Nearly all the physicians reported having computers at work — three-fourths with Internet access. Hand-held computers, which assist in clinical diagnosis, were used by almost 30% and desired by a similar proportion.

Electronic record keeping was used by less than one-fifth, although desired by half.

**Patient communication, bioterrorism updates.** About one in four physicians reported receiving e-mails from patients, with over 20% e-mailing back. In addition, 14.1% e-mailed medically important information to patients. E-mail was also cited by nearly 40% as the best method of obtaining up-to-date information on bioterrorism agents.

**Sources of medical information.** Continuing medical education was considered the most helpful in keeping family physicians up to date in their medical practice, followed by medical journals, professional colleagues and the American Academy of Family Physicians Web site.

**Information technology perceptions.** More than 90% of respondents reported using computers; however, fewer than half felt that their Internet skills were excellent. Nearly 80% agreed that their colleagues benefit from Internet use. A majority agreed that Internet use has improved clinical practice and has advantages, such as providing a lot of useful information.



## Conclusions

The high prevalence of computer use and the Internet at work may reflect the large proportion of physicians in the sample that was affiliated with major teaching hospitals, where they often teach computer-literate medical students and residents. The current use of and interest in hand-held computers for clinical diagnosis and electronic record keeping may also reflect this trend. The proportion of physicians who reported receiving patient e-mail is consistent with national statistics.

Overall, the study revealed that family physicians who were more likely to perceive technology benefits, compatibility and ease of application integrated new information technology into their medical practices. In addition, most family physicians seemed aware of and to access the wealth of useful information available at specific Internet sites — thus confirming the value of online sources for these physicians. It is only a matter of time before a majority of physicians increasingly use information technology to improve their Internet skills, and provide better health education to their patients. §

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become commonplace in developing countries like India and China. Meanwhile, it reveals, few countries have policies for chronic disease control, and fewer provide basic diagnostic and treatment options in their primary health care settings.

The message is clear: risks for chronic diseases are now global — the capacity to address them is not. This poses an enormous challenge for developing countries, which need to invest in effective prevention now if future CVD and cancer epidemics are to be contained.

The good news is that major initiatives are now underway to address these associated risks and diseases in a more integrated and effective way. Here are three:

1. The Framework Convention on Tobacco Control (<http://www5.who.int/tobacco/>) is raising the level of priority for tobacco control worldwide. With the final negotiating round in early 2003, expectations are realistically high that a treaty will emerge that will substantially enhance tobacco control at country level.

2. A new strategy for promoting a healthy diet and physical activity (<http://www.who.int/hpr/NPH/docs/GlobalStrategy.pdf>) will lead to new global partnerships among food and related sectors, nongovernmental organizations (NGOs) and consumer groups, and the broader United Nations family and academic groups.

3. The move to transform health services from their current focus on acute,

episodic care towards an emphasis on the importance of prevention and long-term care is a revolution in evolution (<http://www5.who.int/noncommunicable-diseases/main.cfm?p=000000774>).

WHO alone cannot tackle the challenges described above; the organization seeks strong alliances with NGOs that support the same public health goals and principles it is advancing. CECHE has demonstrated its commitment to addressing tobacco control and promoting healthy diets in work that stretches over a decade, and WHO looks forward to strengthened collaboration with this NGO in tackling the major risks to global health. Together, we can make a global difference to future well-being. §