

# HEALTHBOUND

COMMUNITY HEALTH CONNECTION

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NEWSLETTER

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## Family Education Materials for Childhood Asthma

Asthma is common in childhood, and CHC's see their share of cases. However, successful asthma control depends on two factors: good medical care *and* family cooperation.

To enhance the latter, program manuals that CHC staff can use to teach asthma management skills to children and parents have been developed by the National Heart, Lung, and Blood Institute (NHLBI). The programs are entitled **Air Wise, Air Power, Open Airways**, and **Living with Asthma**. All emphasize prevention and control skills that help children manage the asthma better on a day-to-day basis and avoid serious attacks. Also stressed are social skills and coping skills that help normalize family life and reduce the negative impact of asthma on the development of the child. Proper medicine taking and communication with the doctor are also stressed. With their wealth of practical, background information, useful take home materials, and attractive posters, these manuals are valuable tools for patient and community education and for staff education as well.

Each manual is a teaching package that contains everything a CHC would need to conduct a program. Since there are no copyright restrictions, materials may be reproduced locally. They are useful for providing basic information to newly diagnosed asthma patients or for giving helpful tips during routine care. Children with frequent asthmatic emergencies would especially benefit from a program.

Although all four teach the same basic information and skills, each has unique differences in materials, complexity, and suitability for different groups.

**Open Airways** was especially designed for use with families having low income and low education levels. It addresses many of the concerns of these families related to asthma and is written in simple language. **Living with Asthma** helps improve behavior and attitude problems related to asthma and teaches many valuable parenting skills in addition to asthma management skills.

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## HEALTH PROMOTION FOR OLDER AMERICANS

The Health Promotion Program for Older Americans (HPOA) is a collaborative effort of the American Red Cross (ARC), the American Association of Retired Persons (AARP), and the Dartmouth Institute for Better Health (DIBH). The program is designed to enable older Americans to maintain the capacity for independent living through 1) the acquisition of knowledge concerning good health practices and the availability of community services and health care resources and 2) the development of skills related to the adoption and maintenance of a healthy lifestyle and the appropriate use of service agencies. More than 4,000 senior citizens are expected to participate in group educational sessions conducted by local ARC and AARP volunteers over a period of a year.

The HPOA program is provided by delivery teams consisting of two instructors and one facilitator. Each class will have approximately 20 par-

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## HEALTHBOUND YEAROUND

The Healthbound Yearound Calendar of 1986 National Health Events and Resource Guide went on sale this past January. We would like to thank everyone for their support in making this edition a success. Copies are still available for purchase. If you are interested in obtaining this valuable piece of information, please write to the National Association of Community Health Centers, Inc., 1625 I Street, N.W., Suite 420, Washington D.C. 20006, or telephone (202) 833-9280.

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## Childhood Asthma

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**Air Wise** is effective for hard-to-manage cases and is designed for one-on-one teaching with an individual child. **Air Power** is a general purpose group program.

However, if your CHC does not have the staff to organize a group program, the manuals can supply valuable handouts and visuals. These can be given to asthma patients or used as reading materials for the waiting room. The posters when enlarged and colored, also can decorate your CHC.

Manuals may be purchased at cost from the U.S. Government Printing Office. Although *Living with Asthma* is currently in press, it should be ready by May 1986. If you wish to review the materials before deciding on a program, you can borrow copies from the offices of the State Associations. These have been sent to all the State Associations under the joint auspices of the National Association of Community Health Centers and the Asthma Project of the National Heart, Lung, and Blood Institute.

For the CHC's that desire help in starting programs, training workshops will be held in 14 states during 1986 under sponsorship of local chapters of the American Lung Association (ALA). Workshop attendees may apply for mini-grants to defray partial costs of putting on asthma education programs based on NHBLI or ALA materials. The grants are being offered through the ALA and Boehringer Ingelheim Pharmaceuticals. In addition, 15 other states already have programs in operation in hospitals, and the state ALA can help a CHC start a program.

The NHLBI has other resources for staff orientation including a slide-speech kit, available on a loan basis, and a matrix for quickly understanding the teaching aspects of the programs. For more information on the 1986 workshops or for sources of assistance, contact: **Asthma Project, National Heart, Lung, and Blood Institute**, Building 31, Room 4A-21, Bethesda, Maryland 20892, phone: (301) 496-4236.

## HEALTH CARE FOR THE HOMELESS

Beginning in January, Kansas City's estimated 10,000 homeless men, women and children now have access to medical and mental health services at four areas shelter sites, through a program administered by Swope Parkway Comprehensive and Mental Health Center. Historically, the homeless have been unable to afford or to seek out medical care in traditional settings, or have delayed seeking care until minor problems developed into emergencies. The availability of care at the shelter sites drew 70 persons in the first days of operation, with many more temporarily turned away due to limited staff.

Through the generosity of the Speas and Oppenstein Brothers Foundations, members of the Jackson County Legislature, and members of the City Council of Kansas City,

Missouri, a mobile health team is providing on site primary health care, follow-up care for medical and mental health problems, and assistance in securing social services to Kansas City's homeless. Follow-up care is provided by Swope Parkway Comprehensive and Mental Health Center, Truman Medical Center, Wayne Miner Health Center, and Western Missouri Mental Health Center.

**Who Are the Homeless?** A December 1985 study on *Homelessness in Missouri* by the Missouri Association for Social Welfare describes the homeless. "There are whole families, women and children, workers displaced . . . older persons . . . mentally ill . . . those in search of jobs . . . victims of the newly recognized epidemic of domestic violence . . . people uprooted by farm failure, runaway youth and those rejected or bewildered by inadequate and/or bureaucratic safety net programs. The roads to homelessness are many and diverse."

Kansas City's homeless include many who have been forced into the situation as a result of unemployment or economic conditions or personal and family crises. Among Kansas City's homeless, over 64 % have lived in the city five years or more.

Due to inadequate shelter, exposure to untreated contagious persons, reliance upon drugs or alcohol, emotional problems and the inability to afford or access medical care, the homeless are at high risk for a number of illnesses which include:

- tuberculosis
- pneumonia
- hepatitis
- malnutrition
- skin disorders
- dental disease
- ulcers, and
- mental illness

Poor health is but one of a complex of very serious problems faced by the homeless. Yet, a 1984 Demonstration Project with the Salvation Army in Kansas City indicates that 30% of 100 persons receiving timely and consistent medical and mental health care returned to work within a one year period.

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## Older Americans

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Participants who will meet twice a week for 11 two-hour sessions in which specific topics such as health care, medications, chronic conditions, lifestyle and exercise, will be discussed. The course will stress individual responsibility for personal health, and will focus on gaining experience to build skills necessary to accomplish this goal.

Twenty-one (21) sites will be implementing the program during 1986. Local AARP and ARC Chapters will sponsor the program, however, other community agencies can serve as co-sponsors. Guidance and direction for implementation of the program in the community will be offered by a steering committee.

NACHC is providing the ARC with the community health centers in the particular sites targeted for implementation. Contact will be made with each center through the ARC local chapters to encourage involvement of the health centers. CHC's should welcome this opportunity to work together with the ARC as an example of the joint efforts expected from the Cooperative Agreement signed between NACHC and the ARC.

The persistence of the "Health Care for the Homeless Coalition"—the 24 agencies who worked for a two year period—and the commitment of the funding bodies have enabled this community to begin to address the health needs of the homeless on an ongoing basis. To ensure continuation and expansion of the project for next year, the Coalition will seek the help of the community for funding, supplies, services and volunteer medical personnel. It is our intent that medical and mental health care become a permanent part of the continuum of services available to Kansas City's homeless men, women, and children.

## DEMOGRAPHICS

Kansas City statistics are similar to national statistics:

	<i>Kansas City</i>	<i>National</i>
Age	26 - 40	mid 30's
Sex	twice as many men	15 - 25% women
Race	evenly balanced	40 - 50% minorities
Education	1/2 - 2/3 finished high school	same
	data collection in progress	25% - 30% finished college
Families	20 - 30% are in family groups	same
History of mental illness	30 - 40%	50%

## Businesses Join NCPPIE Campaign to Reduce Health Care Costs of Employees, Retirees and Customers

Exxon Corporation, Honeywell, Inc., The Campbell Soup Company, REVCO Drug Stores, Inc., NYNEX, and the New York Business Group on Health are helping launch NCPPIE's new campaign designed to reduce health care costs by improving communication about prescription medicines. The "Get the Answers" worksite campaign will reach large numbers of employees, dependents, retirees, and customers through the widespread participation of corporations and unions. Funding was provided by a grant from Exxon Corporation.

In announcing the campaign, former Congressman Paul G. Rogers said, "Americans spend \$17 billion of prescribed medicines annually, but up to half of these medicines are taken incorrectly. For U.S. businesses and unions, this means that over 95 million employees and members are ill longer, experience avoidable side effects and interactions, make repeated visits to physicians, receive additional unnecessary prescriptions, are absent from work or have difficulty concentrating as well as increase their chances of hospitalization. This campaign can help employees, their dependents, retirees and customers get the information they need to use their medicines safely and effectively."

Campaign kits prepared by NCPPIE contain guidance on organizing the campaign and provide camera ready artwork to assist in printing wallet

cards, brochures, posters, paycheck /bill stuffers, print ads, and cafeteria table cards. Companies and unions can receive one kit free by writing to: NCPPIE Worksite Campaign, 1625 I Street, N.W. Suite 1010, Washington, D.C. 20006. Quantity orders are available at discount.

In addition to launching its third campaign in three years, the Council used the occasion of its 4th Annual Meeting to announce a major initiative scheduled for October, 1986. "National Prescription Medicine Awareness Month" will bring together professionals from a variety of organizations nationwide to help focus attention on the need for improved communication between patients and health care practitioners about prescription medicines.

NCPPIE will plan and coordinate Prescription Medicine Awareness Month and welcomes the involvement of all individuals and organizations in this important public education event. "By joining forces in a national public awareness event, all participating organizations will be better able to get their messages across," said Chairman Rogers.

Other high points of NCPPIE's successful 4th Annual Meeting included:

- A keynote address by FDA Commissioner Frank E. Young on the "Near Future of Patient Information and Education". Copies of

the address are available from NCPPIE.

- The election of officers and two new members to the Board of Directors. Hon. Paul G. Rogers was re-elected Chairman; Allan H. Bruckheim, M.D. of the American Academy of Family Physicians was elected Vice-Chair; William M. Heller, Ph.D., Executive Director of the U.S. Pharmacopeial Convention, was re-elected Treasurer; and Frances M. West, J.D., Secretary, Delaware Department of Community Affairs, was elected Secretary. The American Society of Internal Medicine and the American College of Health Care Administrators were elected to terms on the Board of Directors.
- The distribution of the first NCPPIE Directory of Prescription Drug Information and Education Programs and Resources, produced with the assistance of the Food and Drug Administration. This 238 page directory presents the programs and resources of 150 organizations nationwide. Copies are available at \$5.00 per book by writing NCPPIE Directory, 1625 I Street, N.W., Suite 1010, Washington, D.C. 20006.
- The distribution of the NCPPIE's 1984-85 Annual Report describing the activities of the Council and its members in their efforts to expand the dialogue about prescription medicines. Copies are available from NCPPIE.

## "SNACK-A-THON"

The Roberta O. Watts Neighborhood Health Clinic in Gadsden, Alabama sponsored a "Snack-A-Thon" in the fall of the year. This innovation met with great success and warranted being shared. The following will provide some key considerations of the program:

- The community was exposed to the program through the local newspaper.
- Participants had an increased awareness of "Wise Snacks"—ones rich in nutrients such as protein, calcium, vitamins, and minerals. Children need snacks between meals. They often cannot make it from meal to meal without the added "fuel". This is why children's snacks need to be planned to select food from the four food groups—fruits and vegetables, bread and cereals, meats, and dairy products. If snacks are chosen wisely, between meal nibbling can give a child 100% of his basic diet requirements.
- Participants had an increased awareness of "Unwise Snacks"—sweet snacks are the worst enemy. They dull the appetite, cause tooth decay, and add weight. Check package labels when buying snacks, and if sugar is listed as one of the first three ingredients **DO NOT BUY IT!** Americans spend about 5.7 billion dollars each year on poor snack foods. This part of the food dollar is being spent on "junk foods" like potato chips, skins, cakes, pies, cookies, corn chips and soda pop. All of these foods are poor nutritionally and also high in calories and cost.
- Participants were given suggestions and handouts for good snacks. There are many tasty and nutritious snacks. The following are some suggestions for good snacks, depending on what you are in the mood to eat.

### Juicy Snacks:

Oranges, grapefruit, berries, tangerines, tomatoes, plums, peaches, apricots, cantaloupe, watermelon, other melons, fresh

pineapple, apples, pears, dill pickles, canned fruit (without sugar, or canned in its own juice).

### Crunchy Snacks:

Carrots, radishes, turnips, rutabagas, potato, cauliflower, cabbage wedges, green peppers, celery, onions, popcorn,\* cucumbers, lettuce wedges, broccoli, crackers.

### Snacks For When You're Thirty:

Water, orange juice, tomato juice, V-8 juice, apple juice, pineapple juice, pineapple-orange juice, whole milk, skim milk, 2% milk, buttermilk.

### Snacks For When You're Really Hungry:

Eggs—hard boiled, deviled, cheese cubes, cottage cheese, yogurt plain, or with your own fruit added, nuts:\* peanuts, walnuts, sunflower\* seeds, meat cubes, whole wheat or enriched bread, peanut butter, milk shakes,

jerky, sandwiches: meat, chicken, turkey, tuna fish, egg salad, cheese.

Parents need to promote good nutrition by setting good examples for their children. If we select and enjoy wise snacks, our children are easily convinced that they are delicious ... and we feel better and be healthier too.

\*Not recommended for children under 5 years of age.

*This program has great potential for replication in other communities. For further information, please contact:*

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## National Center for Health Education Publishes Newsmagazine on Education for Health

"As part of its nationwide initiative of increasing the capacity of Americans to improve and maintain their personal health, the National Center for Health Education (NCHE) will publish, beginning in March, **HealthLink**, the national education for health newsmagazine", according to Clarence Pearson, President of the National Center for Health Education and Director of Health and Safety Education at Metropolitan Life Insurance Company.

"As a key to the NCHE networking and communication initiative," Pearson said, "**HealthLink** magazine is designed to bridge the gap between volunteers and professionals who conduct education for health programs across the country." **HealthLink** magazine will provide key communication links not only to readers in their own profession but to those in related fields; will stimulate exchange of experiences, ideas, and techniques in education for health; and will report on national trends. Its Current Resources section will review new publications and audiovisual material.

**HealthLink** Editor, Jerry Delaney said, "We are providing an essential

link in the chain of events we call networking, the collective effort to foster better health for people everywhere."

The National Center for Health Education is a not-for-profit corporation focusing on improving the health of all Americans through nationwide strategies and cooperative efforts.

For further information contact:

**National Center for Health Education**  
30 East 29th St.  
New York, NY 10016

## NACHC MIGRANT HEALTH CONFERENCE

The National Association of Community Health Centers' Ninth Annual Migrant Health Conference will be held at the AMFAC Hotel in Minneapolis, Minnesota on April 17-20, 1986. This year's theme will be "Migrant Health ... America's Third World."

For additional information about the Conference please call (202) 833-9280 or write, **NACHC**, 1625 I Street, N.W., Suite 420 Washington, D.C. 20006.

## High Blood Pressure Activities in Eastern Virginia

Throughout Eastern Virginia many local health departments, voluntary agencies and hospitals are actively involved in high blood pressure control activities. In the Peninsula community, several organizations expressed concern to the area's Area Health Education Centers (AHEC) Program for coordinating these high blood pressure activities. In response, the Peninsula Area Health Education Center (PAHEC) explored the interest of many community organizations to convene a networking coalition to specifically increase communication and coordination between organizations actively involved in high blood pressure control. Hence, the Peninsula Networking High Blood Pressure Committee was developed in January, 1985.

Twelve organizations are represented on the committee including an urban community health center, the Peninsula Institute for Community Health (PICH). Based on community needs and organizational interest, subcommittees were formulated and were charged to develop short and long term objectives. These objectives focus primarily on activities related to education, marketing and health fairs.

The Peninsula Networking High Blood Pressure Committee has stimulated ongoing communication between participating organizations and initiated new activities to increase visibility of high blood pressure programs and services through the local media.

In the past, organizations were unaware of other existing high blood pressure services in the community, sources of referral, referral criteria and available resources for educational programs. Today, these same organizations are sharing information and contracting each other to collaborate on screening and educational programs.

For example, the high blood pressure staff at the PICH Clinic and the Peninsula Health Department developed and implemented a series of ongoing bi-monthly high blood pressure group classes for patients and their family members. Convenient

morning and evening classes and free transportation provided by the CHC made these classes accessible to community residents. These group classes utilized a variety of teaching strategies and educational tools which were favorably received by participants. Hypertensive patients attending educational sessions were more likely to achieve their blood pressure goal within a reasonable time frame than those not participating. These collaborative working relationships between organizations positively affect patients and also provide additional resources and options for program planning.

Because the committee is in its first year of operation, it is difficult to assess whether or not these activities have impacted on the blood pressure control status of Peninsula residents. However, each organization collects

specific data reflecting numbers of people screened and blood pressure control status which can be analyzed for these results.

Developing an evaluation component to determine the impact of the committee and its activities on the community is a major task planned for the upcoming year. The increased communication and coordination between organizations have decreased duplication of efforts. Follow up strategies of getting elevated hypertensives into medical care have also increased.

To date, the best evaluation the committee has regarding its activities includes a variety of new opportunities being offered to Peninsula health professionals and residents and the achievement of measurable objectives.

For more information, contact PAHEC:

PAHEC  
P.O. Box 311  
Hampton, Virginia 23669  
Phone: (804) 722-2549

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## "Aging in a Technological Society" Theme of Joint ASA-MGS Conference

The American Society on Aging, in conjunction with the Minnesota Gerontological Society, will sponsor a two-day practice-oriented update on the present and future of aging in a technological society, for health and social service providers, administrators, educators and marketing and R&D executives. The conference will be held on May 5-6 in Minneapolis.

The conference will focus on the impact of new technologies—including robotics, artificial intelligence, computers, and architectural innovations—on health-care delivery, institutionalized and in-home long-term care, recreation and education. In addition, the capability of new technologies to compensate for declining human abilities will be discussed, as will the ethical and economic implications for a society that is becoming increasingly older and increasingly technological.

For information and registration, contact the **American Society on Aging**, 833 Market Street, San Fran-

cisco, CA 94103; (415) 543-2617; in Minnesota, call the Minnesota Gerontological Society at (800) 722-9289 or (507) 387-5643.

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## Upcoming Events

"Controlling Hypertension in Blacks ... Stage Approach to Treatment" The Georgia Association for Primary Care will sponsor a national mini-conference on hypertension for community and migrant health centers, primary care providers and community leaders April 3-4, 1986 in Atlanta, Georgia at the Hyatt Regency Hotel. Workshop sessions will focus on the causes, detection, treatment and prevention of hypertension in the Black population.

For further information contact:

**Primary Health Care, Inc.**  
878 Peachtree Street, Suite 101  
Atlanta, GA 30309  
(404) 894-6427

## ASA REGIONAL SEMINARS IN CHICAGO AND PHILADELPHIA

The American Society on Aging (ASA) will sponsor two Regional Seminars this year on "The Future of Aging in America." The seminars will be held on May 8 in Chicago and on May 9 in Philadelphia. The Chicago seminar will be chaired by Paul A. Kerschner of the National Foundation for Long-Term Care in Washington; the Philadelphia seminar will be chaired by Elias Cohen of the Community Services Institute in Narberth, Pennsylvania.

"The Future of Aging in America" is being presented in response to demographic and other changes that are altering the face of aging in the United States. During the coming years, family, cultural and economic institutions will have to accommodate the needs, challenges and potential of a society that is shifting rapidly from being a youth-oriented culture to one wherein the fastest growing segments of the population are made up of middle-aged and older people.

These first annual Regional Seminars are programs of ASA's newly established Training Center on Aging, a center without walls dedicated to making quality professional educa-

tion in aging widely accessible throughout the United States. In addition to the Regional Seminar, ASA's Training Center on Aging sponsors annual Fall Training Conferences, a Summer Series on Aging and low-cost community-based training through its Community Education in Aging Program.

For information and registration, contact the **American Society on Aging**, 833 Market Street, San Francisco, CA 94103, or call (415) 543-2617.

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## NACHC Clinical Directors Conference

The **National Association of Community Health Centers** will sponsor its Fifth Annual Clinical Directors Conference in Philadelphia, Pennsylvania on June 19-21, 1986. This year's theme will be "Maximizing Quality Health Care in Community-Based Programs." The Keynote speaker will be Therman Evans, MD, Medical Director of the CIGNA Corporation.

## NRHCA Annual Conference

The National Rural Health Care Association will sponsor its Ninth Annual National Conference on Rural Health devoted to addressing rural health issues and the educational needs of those who practice or work in rural areas, as well as others with an interest in rural health.

The Conference will be held May 21-24, 1986 in San Diego, CA. This year's conference will provide participants the opportunity to:

- Develop skills in management, organization, administrative research, policy analysis and clinical techniques.
- Discuss the dynamics of rural practice and develop new approaches.
- Build on organizational coalitions, partnerships, and networks through formal and informal participation, and
- Communicate about national regional and local trends, problems and solutions.

For additional information, please contact **NRHCA**, 2220 Holmes, Kansas City, MO 64108, (816) 421-3075.