Health Briefs

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Model bicycle helmet program pays off

The Harborview Injury Prevention and Research Center (HIPRC) in Seattle reported that 60 percent of children and 70 percent of adults in the Seattle area wear bicycle helmets, according to Lisa Rogers, public education director for HIPRC.

"We showed significant improvement over last year's results, when only 40 percent of children and 56 percent of adults were wearing helmets," Rogers stated. She credited an 800 number telephone hotline and the least expensive helmet coupon ever offered by the program as major reasons for its steadily growing success. HIPRC is in the third year of an ongoing bicycle helmet safety campaign.

Rogers, Abraham Bergman, M.D., FAAP, and Frederick Rivara, M.D., FAAP, initiated efforts for the bicycle helmet campaign in 1986. Rogers said Dr. Bergman is the head of the prevention section of HIPRC and Dr. Rivara is Harborview's director. Gathering a coalition of health, bicycling, helmet industry and community-based organizations, the campaign was launched in 1991, focusing exclusively on getting children ages 5 years to 9 years to wear bicycle helmets.

The specific use focus group and the goal of the campaign, combined with a helmet coupon program, contributions from several organizations and strong media coverage made the program an enormous success, the campaign organizers said. First year results showed an increase in helmet usage from 5 percent to 33 percent among Seattle-area users. The full report on the strategies and implementation of the program can be found in the June 1991 issue of The Journal of Musculoskeletal Medicine.

An increase in bicycle helmet use is being attributed to a Seattle program featuring an 800 number and offering helmet coupons.

What parents want from pediatricians

In a recent survey conducted by Pediatric Management magazine, 636 parents who subscribe to Parents magazine were polled to find out what they most need from, and value in, their children's pediatricians.

Parents surveyed most value the physician's time, with 87 percent of those responding wanting their pediatrician to make time to listen to them and discuss their concerns.

Being a good listener in general was considered the second most valuable attribute of a good pediatrician, as voiced by 79 percent of respondents, followed by being at ease with children (76 percent), keeping up with medical advances (74 percent) and having above-average medical expertise (63 percent). Having a good personality and being easily reached by phone were sixth and seventh in importance to parents.

The poll also revealed that 45 percent of parents are likely to change pediatricians if they are dissatisfied with the quality of care they receive. The biggest reasons listed for changing physicians were failure to explain medical findings or listen to parental concerns, as well as a perceived lack of attention or thoroughness. Failure to return phone calls, waiting too long to see the physician and rudeness from non-physician members of the staff were also given as reasons to seek pediatric care elsewhere, according to the survey.

The full article on the survey results can be found in the September issue of Pediatric Management.

Environmental scientist Bernard Bourgoin of Ontario, Canada, surveyed 70 such supplements purchased in Canada and the United States and found that one-fourth of the products tested contained as much as six micrograms of lead, the maximum amount children age 6 years and younger can safely ingest per day, according to the U.S. Food and Drug Administration (FDA).

Since even low levels of lead have been reported to affect physical and intellectual growth in the very young, and since many women take calcium supplements during childbearing years, the FDA now plans to set limits on the lead content of calcium supplements. Until such checks are implemented, Bourgoin recommends staying away from "natural source" calcium supplements and substituting brands containing refined or purified calcium carbonate.

Index helps pediatricians identify behaviors problems

Behavioral and emotional problems are vastly underdiagnosed by pediatricians, according to a report in the October Journal of Developmental and Behavioral Pediatrics. The report finds that while pediatricians diagnose 4 percent to 7 percent of their patients as having behavioral and emotional problems, prevalence rates for these problems average 17 percent to 20 percent of children seen. Behavioral problems go undiagnosed both because parents do not voice their concerns and because they perceive a lack of time or appropriate expertise on the part of the pediatrician, the report states.

A case identification index, the Missouri Children's Behavior Checklist (MCBC), was given to 41 mothers and children during health supervision visits at the Pediatric Outpatient Clinic of Duke University Medical Center. Children ranged from 6 years to 12 years old, with 22 girls and 19 boys. The behaviors listed on the completed checklists were compared to pediatrician identification of behavioral and emotional difficulties within the group.

Although completion of the MCBC by both mothers and children clearly improved diagnosis of emotional and behavioral problems, its effectiveness was directly linked to the mother's educational level and the age of the child. The more education mothers had, the more accurately MCBC scores identified their children's behavioral problems. Problems of younger children were also more accurately identified, indicating that children's assessment of their own emotional health became more important as they grew older.

The report concluded that although the MCBC clearly offers a more accurate diagnosis of emotional and behavioral problems than pediatric evaluation alone, results were