**VITAL SIGNS**

**CHINA PATTERN:** A health-care blogger noted that China faces many of the same health-care problems as the U.S., including overutilization of services and unaffordable coverage—and then mused, “How do you say ‘Dartmouth Atlas’ in Chinese?”

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**THEN & NOW**

_A reminder of the pace of change, and of timeless truths, from the 1981 DHMC Annual Review:_

“Short Stay Surgery offers healthy people an opportunity to have elective, non-emergency surgical procedures in a single day,” noted a description of one of DHMC’s then-new services, which opened in July 1980.

**1,400**

Approximate number of same-day procedures in 1981

**9,600**

Approximate number of such procedures in 2008

**15%**

Percentage of all surgical procedures done on a same-day basis in 1981

**53%**

Percentage done on a same-day basis in 2008

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**No butts about it on website aimed at girls**

For Dr. Henry Bernstein, the importance of not smoking is close to his heart. “When I was growing up,” he recalls, “my mom smoked, and [my siblings and I] tried desperately to get her to stop.” A professor of pediatrics at DMS, Bernstein now tries to keep his young patients from starting to smoke. That’s why he created nosmokingroom.org, a website for girls aged 8 to 11.

“It’s always been important to me to do things to promote the health and well-being of patients in the context of their family and in the context of their community,” Bernstein says. The website, which was launched a few months ago, aims to give girls and their families a fun, secure forum for discussing how to say no to smoking or how to stop if they’ve started.

**Videos:** Girls who visit the website can send e-cards, keep a journal, or create invitations and door signs—all while learning from quizzes and videos about the hazards of tobacco. Smokers are two to four times more likely than nonsmokers to develop coronary heart disease, for example, and 10 to 20 times more likely to have lung cancer.

The goal is to reach girls before their teen years, since some 4,000 young people between 12 and 17 start smoking each day, according to the Centers for Disease Control. The prospects are especially dire for women, for their rate of smoking is on the rise. And, Bernstein notes, “once women start to smoke, they find it more difficult to quit than do men, due to lack of social support for quitting.”

**Savvy:** Using the internet is especially germane given the audience Bernstein has targeted. “Young kids today are pretty technologically savvy,” he points out. “Kids used to play a lot of board games or be outside,” but now they spend much of their time on the web. Although pediatricians generally recommend limiting computer and television use, time in front of a screen can be valuable if it is in a controlled, educational setting, Bernstein believes.

To make the site as usable and appealing to young girls as possible, Bernstein and his collaborators sought input from focus groups through the national organization Girls Inc. They held additional focus groups in the two states with the highest smoking rates—Kentucky and Indiana. “It was important to us to go where smoking is really happening,” says Bernstein, “to try to understand what works best with this particular age group.” Nine of the girls who helped design the site now serve as an advisory board.

Bernstein doesn’t yet know how much traffic nosmokingroom.org is getting, but he hopes to soon evaluate various aspects of the site, including user satisfaction, knowledge acquisition, and success at preventing smoking. For now, Bernstein and his team are promoting the project at professional meetings, where it has garnered much interest, and distributing door signs with information about the site.

“Our plan is for these [door signs] to be in every pediatric office,” as well as schools and day-care centers, says Bernstein. (A related web project, aimed at training health professionals to counsel girls about not smoking, is at www.pediatricsinpractice.org.)

**Quit:** “I’ve always cared so much about not smoking,” Bernstein says. “Knowing my mom was smoking, it was [a] lifelong thing to get her to stop.” His mother was able to quit only after suffering a heart attack. Now Bernstein hopes to prevent others from reaching that stage.

_Boer Deng_
Feeling low? Help may soon arrive from on high

Psychiatrists’ couches could begin gathering a layer of dust if a new depression self-treatment program catches on. It was developed, with support from the National Space Biomedical Research Institute, by a team that includes Dr. Jay Buckey, a DMS faculty member and former astronaut.

Module: The program allows users to seek help confidentially, using a computer-based therapy module that is part of a multimedia initiative called the Virtual Space Station. Although developed for use by astronauts on long-duration space flights, the module may eventually become a tool to address mild to moderate depression in patients on terra firma.

“Depression is a problem with mood regulation,” Buckey explains. Though periods of high or low mood are normal, depression is considered to have set in when an individual loses the ability to emerge from very low periods. This begins to affect the individual’s motivation to perform and complete everyday tasks. In the context of a space mission, a depressive disorder could seriously affect the individual’s performance and even threaten the mission. “Though it’s not common” in astronauts, says Buckey, “the impact of depression can be severe.”

As a result, astronauts may wait too long to deal with depression.

Buckey hopes the confidential nature of the self-treatment module will help overcome the stigma that causes psychological issues to go unaddressed. The program begins with a questionnaire to help users understand the symptoms of depression, followed by suggestions based on their responses.

Steps: If users are suffering from mild or moderate depression, they’re guided through a problem-solving therapy program. This consists of a series of video sessions conducted by Dr. Mark Hegel, a psychologist at DMS. Hegel offers coping suggestions by breaking the problem into small steps. Buckey says when individuals are given discrete, tangible goals, they often “will start to feel better, . . . gain control over their lives, and improve their mood.” Users can also keep a confidential log of their experiences as part of the treatment module.

Earth: Since depression carries a stigma even on Earth, the team hopes the module can one day be used outside the space program. They have just finished developing a version aimed at a general, technologically literate audience that is now ready to be tested in a clinical trial.

The trial will compare the effectiveness of the self-treatment module against standard therapy methods. Buckey hopes that this new, confidential, interactive approach may change the structure of depression care, not only in space, but on the ground as well.

Boer Deng

2007 Year Fowler was named DHMC’s Outstanding Community Ambassador
**GREEN ACRES: DHMC became the first U.S. hospital to measure its ecological footprint (an estimated 13.8 acres per full-time staffer), after recycling manager John Leigh developed a spreadsheet-style analysis tool, thanks to a grant from the Maverick Lloyd Foundation.**

**PAPER TRAIL: Research from DHMC’s Department of Pathology was ranked among the top 10% in the world by the U.S. and Canadian Academy of Pathology, based on the number of papers accepted for presentation at the organization’s annual meeting.**

**VITAL SIGNS**

vertebrate specimens which collection of many thousand sets, there is available a addition to the student containing material from all 300-slide loan collection cells, tissues, and organs of man Histology is “devoted and of timeless truths, from the THENEW**

Number of slides per student Hours in the 1957-58 course

<table>
<thead>
<tr>
<th>Year</th>
<th>Slides</th>
<th>Hours</th>
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<tbody>
<tr>
<td>1957-58</td>
<td>139</td>
<td>150</td>
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**Films chronicles the impact of chronic illness**

Film chronicles the impact of chronic illness. D r. James Filiano could take samples of skin and blood and other bodily fluids from Samuel Habib, and then have them analyzed for clues as to what was causing the little boy’s cerebral palsy. He could recommend ways to regulate Samuel’s metabolism and refer him to other specialists who could prescribe treatments for complications of the condition—complications that forced Samuel to return again and again to the Children’s Hospital at Dartmouth (CHD). But Filiano, a pediatric neurologist at Dartmouth, couldn’t give Samuel’s parents a clear idea of what was causing the disconnect between the youngster’s brain and his muscles. Nor a cure. Not a crystal ball to see into Samuel’s— or his family’s—future.

Filiano could, however, offer as to Samuel’s father, Dan Habib, then the award-winning photography editor of the Concord Monitor. The suggestion came near the end of another long siege at CHD for four-year-old Samuel; that storm was due to another bout of pneumonia after complications out of a medically induced coma following a bout of pneumonia after complications from stable, middle-class families such as Samuel’s. Nevertheless, she notes, “the film is good about showing that families like the Habibs really struggle, too.” For (for information about the film, as well as about upcoming screenings and discussions, see www.includeSsamuel.com.)

Dan Habib’s DHMC caregivers including Filiano and Holley have looking at Samuel and his family as more than a set of symptoms or an interesting case study. “We’ve had some great experiences with the Dartmouth system,” Habib says. “We feel welcome and supported.”

Future And they continue to need that support as Samuel approaches age 9—and an uncertain future. “We will never stop looking for ways to keep Samuel healthy,” says Habib. “But it’s important to get a diagnosis so, Dr. Filiano is just like a dog with a bone and will not let go until he gets what he wants. On the same time, he’s a very spiritual person. He understands the idea of living every day as a human being, he’s really helped us come to terms with this. “It’s a matter,” Habib observes, “of how do we do this. Habib continues. “But it gave me an idea of something constructive. It was cathartic. It was something I could do.” More than four years—and then a new job—later, Habib is now touring the region and the nation with his 58-minute documentary film, including Samuel, sharing it with students, educators, and health-care professionals. Now the film maker is in residence at the University of New Hampshire’s Institute on Disability, Habib is scheduled to show the film in April to medical students, nursing students, and residents from around the Dartmouth-Hitchcock system and to lead a discussion after the screening. “Footage The film, which in cludes Habib’s still photos as well as video footage, covers the efforts of Habib, his wife, Betsy; and their eldest son, Isaiah, to carve out a life for Samuel—and themselves—within the Concord school system and the community at large.

Although the film focuses more on the educational system than on Samuel’s hospital stays, doctor’s appointments, and at home treatments, medical professionals can learn a lot from it, according to Dr. Pamela Holley, a pediatric gastroenterologist who treats Samuel at Dartmouth-Hitchcock Manchester. She says she heard children the film at their junior high school.

“...it’s a good thing for medical students, nursing students to see,” Holley adds. It helps health-care professionals to have “a sense of what it is like to have a child like this in your home . . . to see the child outside of the office environment.” She says that in her practice, she more often sees children from troubled backgrounds served by stable, middle-class families such as Samuel’s. Nevertheless, she notes, “the film is good about showing that families like the Habibs really struggle, too.” For (for information about the film, as well as about upcoming screenings and discussions, see www.includeSsamuel.com.)

Dan Habib says making the film “was wonderful,” and his family as more than a set of symptoms or an interesting case study. “We’ve had some great experiences with the Dartmouth system,” Habib says. “We feel welcome and supported.”

**Film credits:**

**Worthy of note: Honors, awards, appointments, etc.**

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