

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?”



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

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



The site’s design is the result of input from its target audience.



TYPING TEST: If you thought Facebook was just for chitchat and snapshots, think again. DHMC's Blood Donor Program is part of a national pilot that's aiming to recruit younger donors using a Facebook application called Takes All Types.

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 Buckley, 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," Buckley 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 Buckley, "the impact of depression can be severe."

Despite the potential seriousness of the consequences, mood regulation problems often remain unrecognized and unad-

dressed. Within the space program, the physical and intellectual rigor required of astronauts means that emotional issues are sometimes overlooked.

Even if an individual does feel symptoms of depression, within that setting there can be a great unwillingness to come forth with this information. "You're dealing with a population that isn't going to want to talk about psychological problems," Buckley explains. "In some environments," he rues, "discussing psychological problems is sometimes viewed as a sign of weakness."

The result is that astronauts may not deal with these important issues "unless they absolutely have to," says Buckley. But, he adds, "if you waited for a problem to get so severe it needs urgent action, you've probably waited too long."

Buckley 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 sug-



MARK WASHBURN

Former astronaut Buckley hopes a depression-treatment program developed for space may one day be used on Earth.

gestions by breaking the problem into small steps. Buckley 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. Buckley 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

THEN & NOW

A reminder of the pace of change, and of timeless truths, from the November-December 1978 issue of "Hitchcock Highlights" newsletter:

"I was born at Mary Hitchcock, I grew up right behind it, and two of my children were born there, so naturally I can't help but have an active interest in the place," said new MHMH board member Joan "Posey" Fowler. "When I was seven years old," she added, "a friend and I got stuck waist-deep in clay while playing near [a Hitchcock] building site. . . . We couldn't move. . . . Some kind men from the Hospital's engineering services department got us out. . . . You can see [why] I have fond and special feelings about joining the board."



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.

THEN & NOW

A reminder of the pace of change, and of timeless truths, from the 1957-58 DMS Bulletin:

The first-year course in Human Histology is “devoted to the microscopy of the cells, tissues, and organs of the human body. . . . Each student is provided with a 300-slide loan collection containing material from all parts of the body. . . . In addition to the student sets, there is available a collection of many thousand slides of human and other vertebrate specimens which are used for demonstration.”



150

Number of slides per student in 2008-09—plus numerous “virtual microscopy” slides available on the web

139

Hours in the 1957-58 course

74

Hours in the equivalent course in 2008-09

Film chronicles the impact of chronic illness

Dr. 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 (CHaD).

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. Nor a crystal ball to see into Samuel’s—or his family’s—future.

Filiano could, however, offer an idea to Samuel’s father, Dan Habib, then the award-winning photography editor of the Concord, N.H., *Monitor*. The suggestion came near the end of another long siege at CHaD for then-four-year-old Samuel; that stay was due to pneumonia following a tonsillectomy.

Share: “He said, ‘Maybe you should document this,’” Dan Habib remembers Filiano suggesting. “‘Maybe you should take your background and share what it’s like to have a child with a chronic condition.’”

“At [that] point, I was just thinking about, ‘How do I get through this day?’” 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 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 filmmaker-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 includes Habib’s still photos as well as video footage, covers the ef-

forts of Habib; his wife, Betsy; and their older son, Isaiah, to carve out a life for Samuel—and themselves—within the Concord school system and the community at large.

Efforts: Habib also interviewed four other New Hampshire residents with physical and developmental disabilities and mental-health problems, documenting their struggles and the efforts of their families to find them a place in society.

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 Hofley, a pediatric gastroenterologist who treats Samuel at Dartmouth-Hitchcock Manchester. She says her children saw the



Isaiah Habib (right), then 7 years old, comforts his brother, Samuel, then 4, in the intensive care unit at the Children’s Hospital at Dartmouth. Samuel had just come out of a medically induced coma following a bout of pneumonia after complications from a tonsillectomy. The scene is from a film about the impact of chronic illness.

DAN HABIB (WWW.INCLUDINGSAMUEL.COM)

PAPER TRAIL: Research from DMS’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.



film at their junior high school.

And “it’s a good thing for medical students, nursing students to see,” Hofley adds. It helps health-care professionals to have “a sense of what is it 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 than 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 additional information about the film, as well as about upcoming screenings and discussions, see www.includingsamuel.com.)

Dan Habib credits DHMC caregivers like Filiano and Hofley with 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,” Habib says. “As we do so, Dr. Filiano is just like a dog with a bone and will not let go until he figures out what’s going on. At 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, ‘You should just enjoy what you have right now.’”

DAVID CORRIVEAU

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

Peter Wright, M.D., a professor of pediatrics, was named chair of the World Health Organization’s Polio Data and Safety Monitoring Board. He previously chaired the WHO Steering Committee for Measles, Polio, and Acute Respiratory Illness and served on the WHO Steering Committee for Epidemiology and Clinical Trials and the Polio Research Committee.

James Weinstein, D.O., a professor of orthopaedic surgery and director of the Dartmouth Institute for Health Policy and Clinical Practice, was named the Outstanding Physician in Practice by DMAA: The Care Continuum Alliance

(formerly the Disease Management Association of America) for his achievements in population-based care.

John Modlin, M.D., chair of the Department of Pediatrics, was appointed chair of the FDA Vaccines and Related Biological Products Advisory Committee.

William Edwards, M.D., a professor of pediatrics, was named a national director of the Vermont-Oxford Network of neonatology research programs.

Robert Drake, M.D., Ph.D., the Andrew Thomson Professor of Psychiatry, received the American Psychiatric Foundation’s

2008 Alexander Gralnick Award in recognition of his research on schizophrenia.

Jay Dunlap, Ph.D., chair of the Department of Genetics, received the Genetics Society of America’s 2009 George W. Beadle Award for his contributions to genetics research.

Richard Rothstein, M.D., a professor of medicine and chief of the Section of Gastroenterology, and **James Weinstein**, D.O., a professor of orthopaedic surgery, were ranked among the top five physicians in the Northeast in their respective specialties in the “America’s Top Doctors for Women” issue of *Women’s Health* magazine.

William A. Nelson, Ph.D., an associate professor of psychiatry, received the COMISS Medal for his contributions to health-care ethics scholarship, teaching, and advocacy. The COMISS Network was formerly known as the Council on Ministry in Specialized Settings.

John Hwa, Ph.D., an associate professor of pharmacology and toxicology, was the inaugural recipient of a special American Heart Association award for research on cardiovascular disease.

Pamela Jenkins, M.D., Ph.D., an associate professor of pediatrics, was named a Fulbright Scholar; she will work on quality improvement at St. John’s Medical College in Bangalore, India.

Arti Gaur, Ph.D., a research assistant professor of pediatrics, was granted the National Brain Tumor Society’s 2008 Daniel Paul Bogart Chair of Research.

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THEN & NOW

A reminder of the pace of change, and of timeless truths, from the Spring 1979 issue of this magazine:

In a feature on the effects of seasonal change on the human psyche, Dr. Peter Whybrow, a professor of psychiatry, wrote: “It is in our study of the brain and nervous system that an awareness of the rhythmic nature of many behavior patterns may bear the greatest fruit. . . . Disturbances of these sensitive mechanisms of integration and communication are thought to underlie most serious mental illnesses. . . . There seems to be a peak in the incidence of these illnesses in the spring.”



10,510

Number of outpatient psychiatric visits in 1979

38,293

Number of outpatient psychiatric visits in 2007