

A Note from the Executive Director

By Jim Smith

Air Georgia recently banned smoking on all of its flights. Last year, Ukraine's parliament voted to ban all cigarette and alcohol advertising. And grocery store shelves in the Czech Republic now boast low-fat, meatless alternatives to traditional artery-clogging fare.

With the rate of deaths from heart disease nearly twice as high in some CEE countries as in Western Europe and a growing number of teen and women smokers adding to the already high numbers of men who smoke, simple lifestyle changes can make a big difference in the health of populations across the NIS and CEE. In view of the extreme cost pressures that our partners are facing, health promotion activities may be the most realistic strategy for achieving these improvements.

In Croatia, for example, partners at Zadar General Hospital have begun an education campaign to persuade their patients to take steps to prevent heart disease. An outgrowth of the partner program in Dubna, Russia has established an innovative alcohol treatment project. Smokers in Central Asia are encouraged to stub out their cigarettes, thanks to public service announcements and other educational tools. Experts in micronutrient issues from Emory University and the Centers for Disease Control will travel to the Republic of Georgia this spring to help assess the extent of iodine deficiency disorder and help implement plans to fortify salt with iodine.

Articles about these efforts and those by other private, voluntary organizations paint an encouraging picture of the potential for health promotion programs in the CEE and NIS.

But whether physicians are trying to advise their patients about the effects of antioxidants in preventing cancer or to identify the appropriate treatment for heart disease, clinical decision making amidst reams of seemingly conflicting data can pose a challenge. In this issue of *CommonHealth*, we introduce the topic of evidence-based medicine, an approach to improve health care decisions through systematic review of the avalanche of clinical knowledge, integrated with individual clinical expertise.

Evidence-based approaches are being discussed and debated all over the world by those who are interested in health care reform. Physicians in the NIS and CEE should be part of that debate, so that they can decide for themselves how best to adapt evidence-based strategies to improve health care in their countries. At the CEE conference in May and at the NIS conference in October, we will be exploring both the potential of evidence-based medicine and its limitations. I hope that from sharing experiences and learning together, partners will be able to enrich their practices and help their patients lead healthier lives.