

person. The journal currently is not indexed in any of the major bibliographic databases.

The week of 24 September–1 October 2004, Goehl, Sidibé, and *AJPH* editor-in-chief Mary E. Northridge met at the *EHP* offices in Research Triangle Park, North Carolina, to develop a plan of action for the African journal. Of the four African partner journals, *Mali Médical* is the only one from a francophone nation. With *EHP* and *AJPH* both being English-language journals, language is a challenge—especially in some training efforts—but has not dampened the enthusiasm and resolve of the three partners.

Mali Médical will soon be equipped with hardware and software, and staff will be trained in their use. Through funding from the partnership, a full-time managing editor will be hired for desktop publishing and office administration. The journal also has a new website, <http://www.malimedical.org/>, which is currently hosted by *EHP*. The website contains articles archived from 2003 to the present, and will eventually be housed on *Mali Médical*'s own server.

Once all the basic necessities for efficient management are gathered, the journal can begin to focus on raising its recognition. Efforts to this end will include copublication of research articles in *EHP* and *AJPH*, as well as exploration of online manuscript submission and peer review, says Sidibé.

Looking Ahead

The members of the partnership are forging ahead with their goals. Representatives from each partner journal, the FIC, the NLM, and the CSE met during the May 2005 CSE annual meeting to review the first year's activities and plan for the upcoming year.

All agreed that much progress has been made. All of the tasks defined by the partnership are being addressed, and the African partners have embraced the project. With funding assistance from the FIC, the NLM, and the NIEHS, the four African journals will copublish review articles on several “neglected” diseases, illnesses that generally affect poor people in poor countries and thus may not garner as much research attention from more affluent nations. These articles will appear in both English and French in each journal's September 2005 (or equivalent) issue. With help from FAME, they have also been able to develop training sessions for editors and research paper writers.

The partners also refined certain original tasks set for the program. For example, instead of training African journal staff in a breadth of skills, a consensus was reached

to develop focused training that concentrates on one aspect of the publication process (such as manuscript handling, or marketing and public relations). This concentrated training will help the African journals obtain skills and strengthen their operations at a more accelerated pace.

The participants also agreed they must emphasize public relations to secure more funding. More funding, in turn, will help the African partners achieve and maintain a more regular publication schedule.

Three of the African journals cannot yet be abstracted in MEDLINE, but they have learned they can still submit their content to PubMed Central for archiving, allowing their articles to be read worldwide. Participation in PubMed Central is open to any life sciences journal that meets NLM's standards for scientific and editorial quality of its content and technical quality of its digital files. Having stable websites could help the journals publish online on time, increasing their chances acceptance into MEDLINE.

The editors themselves will obtain additional help from ScholarOne, a provider of web-based applications to improve the workflow for scholarly journals. ScholarOne has offered software and training services free of charge for five years for each African journal, so the journals can set up and maintain their own online manuscript submission and review systems. SPI Publisher Services has also offered its services free of charge for five years. This company will convert each journal's files to XML format, a flexible website code required for MEDLINE and PubMed Central that allows for more sophisticated website navigation.

The African Medical Journal Editors Partnership Program began with one good idea shared by editors thousands of miles apart. Through the dedication and enthusiasm of the partners and their supporters, great strides have been made in just a short time. Goehl thinks even greater strides are yet to come. “It is a committed one-on-one partnership,” he says, “that is the key to the success of journal capacity building in the developing world.” —Tanya Tillett

BEYOND THE BENCH

Promoting Health in Texas Colonias

Sometimes the best educational resources can be found in your own backyard. Staff at the Community Outreach and Education Program (COEP) of the NIEHS Center for Environmental and Rural Health at Texas A&M University recognize how true that can be. Concerned with the health of residents in local *colonias* (poor, unincorporated neighborhoods along the Texas–Mexico border whose residents are largely of Mexican origin), COEP staff have created a dynamic program that trains *promotoras*—residents of the *colonias*—to serve as a link between communities and health educators.

The effort began six years ago as a way to educate *colonia* residents near Laredo about pesticides and other hazards. These residents lived near farm fields, and pesticides were showing up in house dust and hand-rinse samples. The program now includes a comprehensive environmental health educational program reaching *colonia* residents in areas bordering Laredo, McAllen, and Bryan.

The *promotoras* are crucial to the success of the *colonia* outreach program because they are better able to establish a dialogue with community members.



Neighborly advice. A program along the Texas–Mexico border trains community members to be health advocates.

Families then often feel freer to express their concerns with regards to environmental health and more receptive to health education materials. The *promotoras* usually live in the same neighborhood they provide outreach to, lending a sense of trust and familiarity to their interactions with other residents.

Promotoras are recruited through the Center for Housing and Urban Development at Texas A&M University and through the South Texas Association of *Promotoras*. According to COEP director Carmen Sumaya, it takes a special person to be a *promotora*. Although they vary in age from 25 to 60, with consequent variations in life experience, all *promotoras* are natural community advocates. These volunteers are willing to devote the time to absorb environmental health information and make it relevant to their neighbors so they can take something useful back to their communities.

Melly Tamez, a Laredo *promotora*, is a dedicated community advocate who sees a need for such information in her community and works to provide it. "The people in my neighborhood need help in health issues, and I want to improve the quality of their lives by instructing them on how to avoid environmental health risks. I take great pride in my role as *promotora*," says Tamez.

The first phase of the program involves COEP staff and the *promotoras* meeting with families at local community centers so residents can identify any environmental health concerns they have. The second phase involves training the *promotoras* to use flip charts and other materials to convey relevant environmental health information (for example, safe drinking water and food safety practices). The *promotoras'* feedback is important at this stage because they can help clarify how health messages can be presented most effectively. In the third phase, the *promotoras* schedule and conduct visits with their neighbors to provide culturally relevant environmental health education.

In a typical visit, two *promotoras* come to the home of a resident who has invited at least two neighbors to participate. While one *promotora* presents environmental health information to the adults, the other engages the children of the household with coloring books and other fun activities. After the presentation, the *promotoras* answer any questions the residents might have and schedule follow-up visits for one and three months later.

To date, about 15 *promotoras* have been trained by the COEP. Sumaya acknowledges their value to the COEP's environmental health campaign. "*Promotoras* open the door for us to the people of the *colonias*. They play a pivotal role in the success of our outreach programs," she says. —Tanya Tillett

Headliners

NIEHS-Supported Research

Reproductive Health



Effects of Organochlorine Compounds on Menstrual Cycles

Windham GC, Lee D, Mitchell P, Anderson M, Petreas M, Lasley B. 2005. Exposure to organochlorine compounds and effects on ovarian function. *Epidemiology* 16:182–190.

Over the past 20–30 years, environmental health scientists have expressed increasing concern about endocrine disruptors, chemicals that appear to disrupt hormonal activity in humans and animals. Research has shown that women exposed at various life stages to endocrine disruptors may have increased risk of menstrual cycle irregularities, infertility, endometriosis, autoimmune disorders, and cancers of the reproductive system. Now NIEHS grantee Gayle C. Windham of the Department of Health Services in Oakland, California, and colleagues have found that the pesticide DDT and its metabolite DDE were associated with menstrual length differences in a population of immigrant women from Southeast Asia.

DDT was one of the first chemicals to be shown to have adverse endocrine effects. In wild birds, especially those high on the food chain, DDT was linked with weakened eggshells, which caused large drops in the numbers of some species of raptors including the bald eagle. DDT was shown to interfere with the deposition of calcium as the developing egg passes through the bird's uterus. For this and other reasons, its use was banned in the United States in 1972.

The California researchers studied 50 Laotian women of reproductive age currently residing in the San Francisco Bay area. The team examined serum samples for suspected endocrine disruptors including DDT, DDE, 4 other chlorinated pesticides, and 10 polychlorinated biphenyls. They found that serum samples from all the women in the study had detectable concentrations of DDT and DDE, with mean levels higher than typical of U.S. women.

Menstrual cycle length was approximately four days shorter for women with the highest DDT and DDE levels compared to women with the lowest levels. With each doubling of serum DDE (though not DDT), cycle length decreased by a little more than one day. Also, as DDE level increased, progesterone metabolite levels decreased. There was no significant association between polychlorinated biphenyl levels and changes in cycle length or hormone levels.

These results indicate an effect of DDT exposure on ovarian function and menstrual cycle length, potentially contributing to problems with fertility, pregnancy, and other aspects of reproduction. The findings need to be duplicated because of the small size of the study population, but they do suggest that DDT exposure may be an important factor in reproductive problems. These human health effects also have implications for the continued use of DDT and similar compounds in other parts of the world. —Jerry Phelps

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