The Portland Observer **New Mammography Guidelines Issued**

New clinical practice guidelines released by Public Health Services' Agency for Health Care Policy and Research (AHCPR) recommend ways to improve the quality of mammography and its potential for reducing deaths from breast cancer. The guidelines clearly outline the roles and responsibilities of each health worker involved in the mammography process and of the woman undergoing mammography.

Health and Human Services (HHS) secretary Donna E. Shalala said, "A key recommendation is that mammography facilities give the woman the results of her test in writing on site or by mail, usually within 10 days." Shalala said many women never get their mammogram results or get them late due to communications breakdowns or confusion as to

who will deliver the results.

"Such errors are unacceptable," she said. "They can cause a woman needless anxiety over a mammogram that is perfectly normal, or worse yet, can result in treatment delays or other consequences for a woman whose mammogram is abnormal."

Philip R. Lee, M.D. HHS assistant secretary for health and director of the Public Health Service said, "The guidelines will strengthen the ability of women to interact with their provider, fully aware of the type and level of service to which they are entitled. These guidelines will also strengthen the effectiveness of the Mammography Quality Standards Act. The act, which went into effect Oct. 1, establishes quality standards for mammography equipment, personnel, radiation dose,

record keeping and reporting and requires facilities to be certified by the Food and Drug Administration."

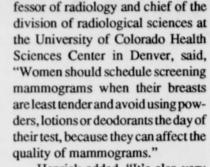
According to AHCPR Administrator Clifton R. Gaus, Sc. D., one goal of his agency is to increase customers' ability to make sound choices in health care. He said, "Women can and should influence the quality of their mammograms. Some ways a woman can do this are by making sure the facility is FDA-certified, asking when she'll get the results, and writing down the name of whom she should call if she doesn't. Never assume that no news is good news."

AHCPR and FDA are widely distributing a consumer version of the new guidelines in English and Spanish. The professional versions are intended for family physicians and other providers who refer women for mammography, radiologists and other facility staff.

Lawrence W. Bassett, M.D., the Iris Cantor professor of breast imaging at the UCLA School of Medicine's department of radiological sciences, was co-chair of the private-sector panel of health experts and consumers that developed the guidelines, said, "Painful breast compression can be a problem. Even one bad experience with mammography can dissuade a woman from having future screenings."

According to Dr. Bassett, the guideline panel took a broad view of mammography services, starting with the time a woman or her health care provider calls to schedule mammography and ending with tracking, monitoring and follow-up.

Panel co-chair R. Edward Hendrick, Ph. D., an associate pro-



Henrick added, "It's also very important to bring as much information as possible about previous mammograms, along with copies of the x-rays when possible, and the name and address of the providers who ordered the tests." He said women should follow their health care provider's recommendations for follow-up health care and ask any questions they have.

mammography should be performed only with high-quality, modern, dedicated x-ray equipment and with film processors set up specifically for the mammography film being used.

Single copies of "High-Quality Mammography -- Information for Referring Providers: Quick Reference Guide for Clinicians" and "Things to Know About Quality Mammograms: A Woman's Guide" (in Spanish) "Lo que la mujer debe saber sobre los mammograms (rayosx del seno)," are available free of charge from the AHCPR Publications Clearinghouse 1-800-358-9295, P.O. Box 8547, Silver Spring, Md. 20907. These documents also are available free from AHCPR Instant Fax (301-594-2800) 24-hours a day, seven days a week.



Business And Health Care Leaders Say Smith Ad Has No Basis In Fact

The guidelines also say that

candidate for governor Denny Smith, leaders of the health care community held a press conference today at Oregon Health Sciences University to demand that Smith pull his untrue

The television ad shows black and white footage of a depressionera" gravy train" and claims that "all kinds" of people who have never lived in Oregon or paid taxes will flock to the state to take advantage of the Oregon Health Plan, increasing personal income taxes by 15 percent.

"There is absolutely no data to support ex-Congressman Smith's assertions. We're calling on him today to pull the ad," said Dr. Paul Kirk, chairman of the Health Ser-

Center; 1820 N.E. 40th Ave.; 288-

November 17; Sherwood Senior

Center; 855 N. Sherwood Blvd.;

Legacy VNA's Senior Health

Screening program conducts 25

screenings a year at senior and com-

munity centers located throughout

the Portland metropolitan area. The

screening team includes registered

nurses, respiratory therapists, po-

diatrists, dentists, pharmacists,

medical laboratory technologists, ophthalmologists and dietitians.

Senior Health Screening program

and dates and locations of future

screenings, call 225-6300.

For more information about the

8303; 9am to noon

625-5644; 9am to noon

Health Screenings

Available For Seniors

vices Commission, "For him to try to undermine the Oregon Health Plan is simply irresponsible."

Dr. Kirk also took issue with the ad's implications that homeless people are flocking to Oregon to take advantage of the Health Plan. "There is actually a very broad spectrum of people benefiting from the Oregon Health Plan. Many of them are twoparent families, some people in rural communities, single women who previously only received coverage if they had children," said Kirk.

Marina Antilla, single mother whose children receive coverage under the Health Plan, also participated in the press conference. Despite an income below the federal poverty level, her family was denied Medicaid coverage because she had a part-time job.

"From the practicing physician's point of view, we have not seen influx of people from out of state to take advantage of the Oregon Health Plan," said Bob Dernedde, executive director of the Oregon Medical Association."The suggestions that that's happening is simply not supported. A recent study by the Adult and Family Services Quality Control Unit concluded that only 1.6 percent of the people on the Oregon Health Plan had recently moved to Oregon, and that there was no indication that those people moved here specifically to obtain medical coverage."

Chiropractic College Offers Health Check-Ups For Women

A low-cost health check-up for women will be given from 9 a.m. to 1 p.m., Saturday, Nov. 12, 1994, at Western States Chiropractic College Clinic. The \$20 examination fee will cover the cost of a pelvic exam with pap



U.S. Surgeon Joycelyn Elders pitches a strong message against chewing tobacco, while former St. Louis Cardinals catcher and broadcaster Joe Garagiola fields the hard pitch. Looking on are former Detroit Tigers outfielder Bill Tuttle Hall of Famer and former Atlanta Brave, Henry "Hank" Aaron; and Hall of Famer Mickey Mantle.

HMO Oregon Announces Expansion Of Statewide Pharmacy Network

Latest Smith Ad Accused of Inaccuracy Angered by the latest lies and misrepresentations of Republican

Health Maintenance Organization (HMO) Oregon subscribers throughout the state now have the choice of many more participating pharmacies to have their prescriptions filled. About 60 new independent pharmacies have been added to the network, plus all Oregon pharmacies located in Fred Meyer, Albertson's and Safeway stores.

The pharmacy network already included many other independent pharmacies plus all Pay Less, Thrifty Drug and Bi-Mart stores. The addition of the new locations brings the total number of HMO Oregon pharmacy outlets to more than 350.

The pharmacies were added in order to assure convenient access for all HMO Oregon subscribers. The number of additional pharmacies was carefully matched with HMO Oregon's membership in communities across the state.

In addition, the pharmacies accepted into the network had to meet objective performance standards that included their operating hours, drug counseling for customers, emergency delivery services and multi-lingual capabilities.

Health Maintenance Organizations emphasize health, wellness and disease prevention, in addition to providing insurance coverage for necessary physician and hospital services. They control costs by coordinating care through a member's Primary Care Physician, and by establishing participating networks of medical service providers.

Legacy Visiting Nurse Association is offering during November, Health Screenings for adults 55 and older.

The free screenings may include general physical assessment, nutrition testing, blood pressure check, foot care evaluation, medication review, pulmonary functions, cancer education, and vision, glaucoma, and hearing tests. Blood tests are optional at a \$5 fee.

Appointments are necessary and may be made by calling the following screening sites:

- November 3; Tigard Senior Center; 8815 S.W. O'Mara St.; 620-4613; 9am to noon
- November 11; Hollywood Senior

New Multi Ethnic Mural At Garlington Center

Continued from Metro

Consumers designed and created the project under the supervision of artist Lorenzo Guel (pronounced Gwell). Guel worked on the project through the City of Portland's Arts-In-Education program.

The consumer mural is twelve-

feet by eight-feet with rich, warm colors and depicts a sense of community. It will be mounted on the outside south wall of the Garlington adult building and will be visible to those walking or driving north on Martin Luther King Boulevard.

The mural project was used as a form of therapy for consumers who

participate in Garlington's Rehabilitation Day Treatment Program. Mental health therapists have found that incorporating art therapy into the overall treatment can be both healthy and productive for consumers.

One consumer expressed enthusiasm at being a participant in the project and hope to break down ste-

reotypes regarding mental illness. "I want to express that mental illness doesn't inhibit one from being a part of the human race," said the consumer

Garlington Center Community Mental HealthCare serves children, families and adults with mental illness

Social Security: Questions And Answers

Ouestion: I heard that Social Security is going to start sending a statement that shows the earnings you wave credited to your Social Security account and estimates of social Security benefits. Is this true?

Answer: It's true that Social Security is sending out a statement next year called a "Personal Earnings and Benefit Estimate Statement."It will not be mailed to everyone, but to approximately 6.7 million people who are 60 or older and not receiving Social Security benefits based on their own earnings. This statement shows how much a person earned over his working life, the taxes paid, and estimates of the benefits for which a worker and his or her family might quality.

In each year from 1996 through 1999. Social Security will send statements to individuals as they reach age 60. Beginning in the year 1999, most American workers will receive an

earnings and benefit estimate statement from Social Security every year.

In the meantime, if you'd like a benefit estimate statement, you can request it by calling social Security.

Question: I always thought that the retirement age for Social Security was 65 years old but a friend of mine said that a person has to be 67 years old to retire. Who's correct?

Answer: It depends--if you were born before January 2, 1938, you will be eligible for your full Social Security benefit at the age of 65. However, because of longer life expectancies, the full retirement age will be increased in gradual steps until it reaches age 67 by 2027. This change starts in the year 2000 and affects people born in 1938 and later. No matter what your "full" retirement age is, you may start receiving a reduced retirement benefit as early as 62.

Question: I applied for Social

Security disability benefits. If I'm eligible, when will my benefits begin? Answer: If social Security determines that you are disabled, your monthly benefits will begin with the sixth full month of your disability. Question: I am 50 years old an

I receive Social Security disability benefits. When will I be eligible for Medicare? Do I need to contact Social Security to apply?

Answer: You will be eligible for Medicare after you receive disability benefits for 24 months. You will get information about medicare several months before your Medicare coverage starts.

Question: I'm divorced. Will I be eligible for any social Security benefits on my ex-husband's Social Security record.

Answer: if you and your exhusband were married for at least 10 years and if you are at least 62 years of

age and currently unmarried, you will be eligible to receive divorced wife's benefits based on his Social Security work record. If your ex-husband is at least 62, you can receive divorced wife's benefits even if he is still working and not yet drawing his own Social Security retirement benefit if you've been divorced from him at least two years.

Question: Are my Social Security retirement benefits figured on my last five years of earnings?

Answer: No. Retirement benefits are calculated on total earnings during a lifetime of work under the Social Security system. years of high earnings will increase the amount of the benefit, but no group of years counts more than another group.

For Social Security or Supplemental Security Income Assistance, call 1-800-772-1213. For speech & hearing impaired assistance, call 1-800-325-0778.

smear, breast exam with instructions on self examination and spinal evaluation. The health screen also includes a urinary lab test and a blood pressure check. The check-ups are administered by fourth-year interns under the supervision of chiropractic physicians.

Women are encouraged to call early for appointments at 255-6771 as openings are limited. The clinic is in the Parkrose area of Portland at 2900 NE 132nd Ave.

Established in 1904 and accredited by the Northwest Association of Schools and Colleges, Western States Chiropractic College grants a fouryear doctor of chiropractic degree.

Stopping Tobacco Sales To Minors

Increasingly common across Oregon, store clerks are responding to new enforcement of state law prohibiting the sale of cigarettes and other tobacco products to minors.

The law is being enforced when a teenager who is (and looks) no older than 16, accompanied by a plain-clothes retired state police officer, attempts to buy tobacco from Oregon retailers. These unannounced visits will occur during the next 12 months in each of Oregon's 36 counties.

If the clerk declines to sell to the minor, he or she will receive a certificate of appreciation; if the sale is made, the clerk will be cited. The penalty is a fine of up to \$500.

Already, stores and clerks are responding. Signs are going up in stores alerting minors that they will be asked for ID. Clerks at some stores are wearing buttons that read "No ID, No Sale, No Way." And PayLess Drug stores will award a \$5 gift certificate to every clerk who refuses to sell tobacco to minors, even to clerks at other stores.

Enforcement has begun in response to new federal law that says any state failing to enforce its ban on tobacco sales to minors will lose a share of federal dollars to fight alcohol and other drug use, potentially millions of dollars. Many people are surprised that to bacco-caused deaths outnumber the combined deaths from alcohol, drugs, AIDS, fires, auto accidents, homicides and suicides.

Add to that cost the medical expense (for cancer, heart and lung disease) associated with tobacco, a price borne by insurance ratepayers and taxpayers. Oregon's most recent survey shows that 24 percent of Oregon 11th graders report having smoked in the past month. This is greater than the percentage of adults who smoke regularly.

Moreover, tobacco is what is called a "gateway drug": Most people who use marijuana, heroine or cocaine get their start with cigarettes. Yet surveys by Oregon Research Institute have shown that, at least until now, minors were able to buy tobacco 60 percent of the time.

"Why worry about a little teenage smoking?" some people asks. It's a fact that most people who smoke regularly as adults started as teenagers; few people take up smoking as adults.

The state Office of Alcohol and Drug Abuse Programs has attempted to provide all tobacco vendors with information about the inspection visits, information for their employees, signs to post for customers and other materials. In making these unannounced inspections, their goal is not to catch clerks selling tobacco to minors. Their goal is to catch clerks not selling. The results will be available to Oregonians, a large majority of whom want this law to be enforced.