

# Health & SCIENCE



## A call for action against STDs

A landmark report by the Institute of Medicine calls for bold action at the national level to prevent sexually transmitted diseases. Calling STDs an epidemic of "tremendous health and economic consequences in the U.S.," the report links STDs with infertility, cancer and the spread of HIV/AIDS.

"The Institute of Medicine has sounded a national wake-up call by stating emphatically that business as usual is not acceptable," said Peggy Clarke, president of the American Social Health Association, an 82-year-old organization dedicated to stopping STDs. "The report is especially significant because it comes from the prestigious IOM, a private, nonprofit organization that advises the federal government on health policy."

Titled "The hidden Epidemic: Confronting STDs receive too little

recognition by the public and by health care professionals. "National action is urgently needed," it concludes.

According to the report, STDs have the greatest impact on women, infants and adolescents. At least 15 percent of all infertility cases among American women are caused by pelvic inflammatory disease, a complication of STDs. PID can also cause chronic pelvic pain and life-threatening tubal pregnancies.

Infants who acquire STDs during their mothers' pregnancy can suffer severe damage to the central nervous system. Adolescents, who account for one-fourth of all new STD infections each year, are at highest risk for STDs because they are biologically more susceptible to infection and more likely than adults to have frequent unprotected sex.

The report also emphasizes the

connection between STDs and cancer. Human papillomavirus, a widely prevalent STD that often has no symptoms, is closely linked with nearly all cancers of the cervix, vagina, vulva, anus and penis. Hepatitis B, which can be sexually transmitted, is a cause of liver cancer.

According to the report, many STDs, both those that cause sores and those that cause inflammations, increase the risk of HIV infection.

"The human tragedy associated with STDs is often overlooked," Clarke said. "For example, a teenage girl may get an STD with no noticeable symptoms. Her family doctor may not bring up the subject of STDs or offer testing, so she continues to harbor the infection without being aware of it. As a result, not only is she at higher risk for HIV, but she may also develop cancer or become infertile."

## Oregon Health Plan wins award

The Oregon Health Plan, a landmark initiative that expands health insurance coverage and sets explicit priorities for determining covered services, has been named a winner of a 1996 Innovations in American Government Award by Ford Foundation and the John F. Kennedy School of Government at Harvard University. The program was honored at the State Department in Wash-

ington, D.C., and received a \$100,000 award from the Foundation.

Noting that this is the Innovations program's 10th anniversary, Susan V. Berresford, president of the Ford Foundation, said "For 10 years the Innovations Awards have honored government at its best. These examples of effective government have produced extraordinary results for Americans. They are helping to re-

store faith in government's ability to solve tough problems."

Selected from more than 1,550 applicants, the 10 winning programs innovative solutions to some of the problems people care about most—solutions that save taxpayers' money, streamline services, help underserved populations, find novel uses for new technologies, or overcome bureaucratic gridlock.

## 1996 Oregon Population survey results

The Following is a factsheet on health care coverage:

The Oregon Progress Board, in cooperation with several other state agencies, contracts biennially for a survey of Oregon households. This survey documents demographic and socio-economic characteristics of Oregonians, and measures a wide range of their attitudes and values regarding such subjects as the environment, the Oregon lottery and quality of life in the state.

In 1996, Bardsley and Neidhart, a Portland-based research firm surveyed 5,249 households, representing approximately 14,000 people. For the first time, thanks to the generous support of the Robert Wood Johnson Foundation, detailed questions on health insurance coverage, cost and access were included

in the survey. The following is a sample of findings about health insurance coverage from the survey:

- 11% of Oregonians are currently uninsured (approximately 340,000) 1994 Oregon Population Survey estimated 14% (Given current population growth trends, 14% would now number 450,000 Oregonians) 1993 Rand survey estimated 17%.
- 18% of the uninsured are children.
- 57% of the uninsured reside in households with incomes below 200% Federal Poverty Level (194,000 people).
- 70% of the uninsured are "chronically" uninsured—defined as being continuously uninsured for 12 months or more.
- 14% of all minorities are uninsured and 22% of Hispanics are un-

insured, compared to 10% of non-minorities.

- 76% of employed, insured adults are offered insurance through their employers. 66% of insured adults accept insurance through an employer. Nationwide only 56% of adults accept employer-based insurance.
- 28% of employed, uninsured adults decline employer-offered insurance.
- Insufficient income still remains a substantial barrier to those below 200% of the federal poverty level. To be eligible for the OHP Medicaid Program, most people have to be below 100%. There are expectations for pregnant women and children under the age of six, where the income level then can be as high as 133% of the FPL.

## Keeping "Little People" safe with airbags

"Statistics overwhelming support that airbags do save our lives. In fact more than 1,100 lives were saved because of airbags in 1995," says Marianne Macina, CPCU, regional manager of the Western Insurance Information Service (WIIS). "With all the recent publicity over airbags and children, it's important to keep airbag benefits and risks in perspective."

According to Macina, people at risk of serious injuries from inflating airbags are children who are less than five feet tall (typically 12 years and younger), extremely petite women, and frail senior citizens. Also at risk is anyone who is not belted properly and drivers who sit with their faces and chests very close to the steering wheel.

WIIS volunteers are teaming up with Oregon Safe Kids, on November 27 and December 1, to provide motorists with information on child passenger safety. These traffic safety advocates will be both 1-5

Wilsonville rest areas (north and south) between 10 a.m. and 6 p.m.

"People need to remember that in most cases, other than children, the combination of seatbelts and airbags saves lives. Whether you sit in the front seat equipped with an airbag or in the back seat is a matter where you sit the key is to be "properly belted."

"Properly belted" means the shoulder strap should cross the collarbone and the lap belt should fit "snugly" and low over the hips. The shoulder strap should never abe slipped behind the back or under the arm—this could be extremely dangerous. "This is especially true in cars equipped with airbags," she explained. "Without the restraint of the shoulder strap, the passenger may fall forward into the airbag as it is deploying. This will cause injury. The shoulder strap worn in its proper place will keep you against the seat and prevent you from touching the airbag until it is deployed. That's when you receive the safety cushion benefit from the airbag

and not the injury."

According to the Insurance Institute for Highway Safety, short people, pregnant women and open heart surgery patients should sit as far back from the steering wheel as possible when driving an automobile. Some cars have steering wheels and telescoping adjusters that allow drivers to move the wheel away. People who sit close to the wheel just to see over it, may be able to raise their seat or tilt the wheel down instead of sitting so close.

Another option is pedal extenders. These allow drivers to sit farther away from the steering wheel. You may keep this in mind when shopping for a new car or have it installed in your current vehicle. Pregnant women who drive need to leave as much room as possible between their abdomens and the steering wheel (these pedal extenders may help). Women who cannot do this should have someone else do the driving.

## Coping: How to avoid a nervous breakdown

BY DR. CHARLES W. FAULKNER

Recently, I responded to a letter from a reader requesting information about "nervous breakdowns". Following is a self-evaluation quiz you can take to determine if you are in anger of having a "nervous breakdown". Remember, the term is a slang expression used by laymen to refer to acute physiological stress. Be sure to respond (yes or no) to each question based on your present condition.

1. Are you usually nervous and restless?
2. Do you feel rejected when other people criticize you?
3. Do you often contemplate suicide?
4. Have you lost interest in things that you previously enjoyed?
5. Do you find yourself being overly critical of people, things?
6. Are you fearful of having a nervous breakdown?
7. Do you often experience loss of temper?
8. Have you become dependent on drugs to help you cope?
9. Do you take life too seriously?
10. Do you think that other people are the cause to your problems?
11. Do you think you've lost the chance for happiness and success?
12. Have your concern in your appearance diminished?
13. Do you find that food tastes bland and unappetizing?

14. Are you frequently tired and sleepy?

15. Have you lost your ability to concentrate?

16. Do you feel life is an uncontrollable merry-go-round of confusion?

17. Do you constantly relive the past?

18. Do your moods go from real happy to real sad for no apparent reason?

19. Do you have trouble making decisions about relatively insignificant matters?

20. Are you deeply frightened at the thought of having to live day by day?

21. Is your health a major concern to you, do you feel its deterioration is affecting your regular activities?

22. Do you avoid your old friends?

23. Does the thought of being alone frighten you?

24. Do you sometimes feel you are losing your mind?

25. Do you spend long periods daydreaming and just staring into space?

How to score the quiz: Add up your "Yes" and "No" responses. If you have three or more "Yes" responses, you might well be on your way to a nervous breakdown. The "Yes" responses indicate serious emotional problems. Even a single

"Yes" could be indicative of trouble. If all of your responses are "No", you apparently have no emotional problems.

**Please note:** A single sleepless night, temper outburst, or momentary loss of memory is not in itself conclusive evidence of an emotional disorder. Emotional danger is indicated by patterns of regular occurrences of the behaviors indicated in the quiz. A capable counselor can be helpful in making an accurate assessment.

Here's how to avoid the pain of frustration which can lead to nervous breakdown:

1. Always have a goal or plan.
2. Mingle. Be friendly with people.
3. Maintain good health (perfect health impossible).
4. Focus on the good things in your life. Forget the bad.
5. Turn every negative thought immediately into a positive one.
6. Deal with problems as soon as they occur. Discuss them with a friend.
7. Help make someone else happy.
8. Take a break from your chores.
9. Don't overdo it. Be sensible about your work.

If you would like to contact Dr. Faulkner, write him at 1635 Nathaniel Mitchell Road, Dover, Del., 19901.

## Legacy announces three new board members

Three new people have been elected to the Legacy Health System Board of Directors for three-year terms—Steven R. Rogel, President and Chief Executive Officer, Willamette Industries, Inc.; Leon Smith, President and Chief Executive Officer, Albina Community Bank; and the Very Rev-

erend Anthony C. Thurston, Dean and rector, Trinity Episcopal Cathedral.

Board members are: John G. King, Judith A. Andersen, R.N., Carol S. Bogardus, M.D., Wilma G. Caplan, Larry N. Choruby, George M. Douglass, M.D., Charles L. Heinrich,

Lowell W. Johnson, C. William Knodell, R. Jay Lewis, III, Darrell R. Lockwood, M.D., Duncan R. Neilson, Jr., M.D. (vice chair), Mitchell J. Olejko, Philip F. Parsley, M.D., James A. Perry (chair), Y. Sherry Sheng, and Bishop Paul R. Swanson.

## Physician joins North Portland Kaiser

Kenrick Jones, MD, has joined Kaiser Permanente's medical group. He practices internal medicine at the HMO's East Interstate Medical Office in north Portland.

Born in the Caribbean island na-

tion of St. Kitts and Nevis, Dr. Jones is a graduate of the University of Washington Medical School in Seattle. He completed his internship and residency at Alameda County Medical Center in Oakland. He lives in Milwaukie.

Kaiser Permanente is a prepaid, group practice health maintenance organization serving the medical care needs of more than 395,000 people in Northwest Oregon and Southwest Washington.

## Medicare beneficiaries urged to get annual flu shot

The U.S. Department of Health and Human Services is urging older Americans to get their annual flu shots and avoid unnecessary illness, hospitalization or even death from the flu this winter. Despite the availability of preventive vaccines, flu and pneumonia remain the fifth leading cause of death among the elderly, taking as many as 40,000 lives each year. More than 90 percent of the deaths from flu and pneumonia occur among people 65 and older.

"Flu can result in pneumonia in the elderly, and these are the two leading infectious disease killers among older Americans," said HHS Secretary Donna E. Shalala. "Tragically, many deaths from these diseases could be prevented through immunizations."

The flu shot can prevent up to 70 percent of hospitalizations and 80 percent of deaths from influenza-related pneumonia among the elderly. And it's covered by Medicare, so it's free for beneficiaries.

This is the fourth year that Medicare is paying for influenza vaccinations, yet only about half of the nation's Medicare beneficiaries are taking advantage of immunization—par-

ticularly minorities and low-income people of all races who appear to get less preventive care than do whites and upper-income people in general. Recently released statistics show that 41 percent of all beneficiaries in traditional, fee-for-service Medicare programs, received shots in 1995. For African-American beneficiaries, the participation rate was one-half of white beneficiaries at 21.6 percent. That is expected to be even lower for the other ethnic minorities.

"We are making an extra effort to reach medically underserved groups and areas," said Bruce C. Vladeck, administrator of the Health Care Financing Administration (HCFA), the HHS agency that oversees the Medicare program. "For example, our Horizons Pilot Project is designed to increase flu vaccination rates among African-American Medicare beneficiaries."

In this project, HCFA is working together with Historically Black Colleges and Universities (HBCUs) and Peer Review Organizations to get ministers, family physicians and others at the community level to urge African-American beneficiaries to get their flu shot every year.

HCFA is also developing new initiatives with public health and provider organizations to make it easier for providers to administer flu shots and bill Medicare.

Information on the Medicare flu benefit is available in Spanish, Chinese, Korean and Vietnamese, and is being distributed through the combined efforts of HHS agencies, including HCFA's regional offices, the Administration on Aging, the Centers for Disease Control and Prevention, the National Coalition for Adult Immunization and more than 75 organizations dedicated to adult immunization. The Agency has set a goal of 60 percent

immunization rate for Medicare beneficiaries by the year 2000.

The flu shots are free for beneficiaries enrolled in Medicare B who receive them from Medicare "participating physicians." These participating physicians accept Medicare payment amounts as full payment for their services. Flu shots are given annually.

Medicare also covers vaccinations against pneumococcal pneumonia. A beneficiary who has not previously received the pneumonia vaccine can obtain it at the same time as the flu shot. For most beneficiaries, a pneumonia shot need not be repeated.

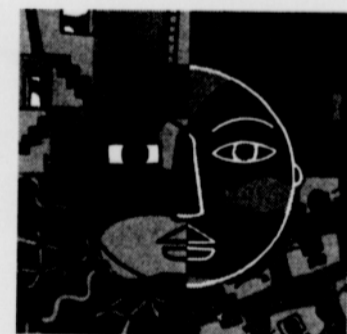
## Helping Sickle Cell families

Sickle Cell Disease is heredity and while it is seen predominantly in the Black population, it is also seen in many other populations, such as people from parts of Asia Minor, and Central India and bordering countries, Greece is seen in some Caucasians with above ancestry as well as many others. Sickle Cell is not contagious, affects approximately 1 in 400 black babies and 1 in 10 have Sickle Cell Trait, called carriers. If a person is born with a Sickle

Cell gene from one parent and an abnormal gene known as C trait, this person has a milder form of the disease called Sickle C Disease (SC Disease). Another form of Sickle Cell is Sickle Beta Plus or Zero Thalassemia. This occurs when a person inherits one Sickle gene and a Thalassemia zero trait. This form of Sickle Cell Disease affects approximately 1 in 10,000 babies each year and is clinically the same as Sickle Cell Anemia.

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