Health & Science

"Prostate Cancer: Are You At Risk?"

Prostate cancer is the most common cancer affecting men, after skin cancer. In fact, it is estimated that 39,000 American men will die of prostate cancer in 1998. In this country, prostate cancer strikes African American men the hardest. African Americans not only have the highest risk of developing prostate cancer, they are the most likely to die from it—nearly twice as likely as other men who develop the same disease.

This year, an estimated 184,000 American men will be diagnosed with prostate cancer. Prostate cancer is the second leading cancer killer among men, and lst year claimed nearly as many lives as did breast cancer. Federal funding for prostate cancer research is the lowest per patient of all major cancer research.

To help increase awareness in our communities, Washington DC-based State of the Art, Inc. has produced a 30-minute television special that every man and his loved ones should watch. **Prostate Cancer: Are You At Risk?**, funded by the National Cancer Institute and distributed by the National Association of Broadcasters, is designed to air during Prostate Cancer Awareness Week (September 20-26) and throughout the year.

Hosted by General Colin Powell, the program features compelling stories of Americans who have survived prostate cancer, including former U.S. Senate Majority Leader Bob Dole. Through their eye and their experiences, the special provides viewers with specific information about prostate cancer, risk factors, screening, treatment options, new research, and the role of support in coping with a cancer diagnosis. In addition, **Take Charge**, a companion video and booklet, is available to support men newly diagnosed with prostate cancer and their families.

CDC Publishes National Data on HIV's Prevalence Among Disadvantaged Youth in the 1990's

Young disadvantaged women, particularly African American women, are being infected with HIV at younger ages and at higher rates than their male counterparts, according to a new CDC study published in the September 1998, issue of the *Journal of Acquired Immune Deficiency Syndromes and Human Retrovirology (JAIDS)*. The study presents data from 1990 through 1996 on the rates of HIV infection among entrants to the U.S. Job Corps program, a federally funded job training program for disadvantaged out-of-school youth from all 50 states and U.S. territories. While not representative of all youth, these data provide a snapshot of the continuing toll of HIV among the many young people in the United States who are economically and educationally disadvantaged.

The results indicate that of the over 350,000 16-21 years olds tested, more than 2 per 1,000 were HIV infected, with rates among young African American women exceeding 5 per 1,000. Young African American women had the highest HIV infection rate of any group.

Women at Greater Risk at Early Ages

One of the most alarming findings was the elevated risk among young women, compared to young men. During the seven year study period, HIV prevalence was 50% higher for women in the study than for men (3 per 1,000 versus 2 per 1,000) as a result of dramatically higher rates of infection among young women 16-18 years of age. With increased age, the differences in prevalence diminished, and at 19, 20 and 21, there were no significant differences between women and men. These findings point to the critical need to reach young women early and provide them the skills and information needed to protect themselves from infection. Many of these young women are likely infected by men older than themselves. Prevention programs for disadvantaged young women should include a focus on building the self-esteem and skill necessary to delay sexual intercourse and to negotiate condom use.

African American Women Disproportionately Affected

HIV prevalence among young African American women was 7 times higher than for young whit e women, and 8 times higher than for young Hispanic women (rates were 4.9 per 1,000, 0.7 per thousand, and 0.6 per thousand, respectively). By age 20, the HIV infection rate for African American women in the study was 7 per 1,000.

Greatest Impact in the South and Northeast

These data suggest that HIV prevalence among disadvantaged young women is highest in the District of Columbia (10.3 per 1,000), Florida (9.8 per 1,000), Maryland (9.1 per 1,000), South Carolina (8.2 per 1,000), and Louisiana (5.1 per 1,000). Rates among young men were highest in the District of Columbia (7.8 per 1,000), Florida (4.2 per 1,000), Maryland (3.9 per 1,000). Connecticut (3.8 per 1,000), and Virginia (3.7 per 1,000).

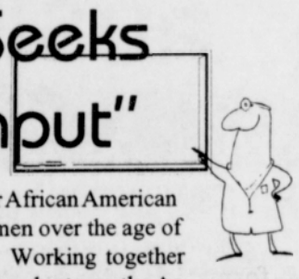
Implications for Prevention: Despite Declines Over Time, Far Too Many Infected at Young Ages

Looking at changes in HIV prevalence over time can provide an indication of the impact of prevention efforts. From the beginning of the study period to the end, HIV prevalence among young people in the Job Corps was cut in half. HIV prevalence among women dropped from 4 per 1,000 in 1990 to 2 per 1,000 in 1996, and HIV prevalence among men dropped form 3 per 1,000 in 1990 to 1.5 per 1,000 in 1996. These and other data suggest that HIV prevention has contributed to a significant slowing in the spread of the HIV epidemic. However, far too many young men and women continue to be infected with HIV, and this data indicates that much of the burden falls on our nation's most disadvantaged youth. Rates of HIV infection among Job Corps participants are more than 2 times higher than rates among youth seen in adolescent health clinics and more than 8 times higher than among young people of the same age applying for military service.

Comprehensive HIV prevention efforts for young people must be sustained and must include programs targeted to young people who are neither in school nor workplace settings. Several community-based programs for disadvantages inner-city young people have been found effective in reducing risk behaviors. It is critical that effective approaches be replicated more widely, particularly in areas of high prevalence among young people.

Despite signs of success, much remains to be done to reduce the toll of the epidemic among our nation's youngest and most vulnerable populations.

"What Do You Think?- American Diabetes Association Seeks Community Input"



The American Diabetes Association invites all who have an interest in increasing diabetes awareness and education in the African American Community to an interested parties meeting to be held September 1st at 6 pm at Neighborhood Health Clinic, 4945 NE 7th. The meeting offers an opportunity to discuss ideas and innovative ways to provide diabetes education in the community. Potential ideas could focus on nutrition, exercise, Diabetes Sunday or other presentation about diabetes management.

Diabetes affects one in ten African Americans and one out of every four African American women over the age of 55. Working together with volunteers, the Association can provide education programs that positively impact the lives of those who have diabetes, their families and all community members.

Education is the key to preventing or delaying life-altering complication such as blindness, heart disease, kidney failure and amputations. for more information about this meeting, please call Bev Bromfield at the American Diabetes Association, 736-2770 ext 22.

A Family Health Problem to Consider

DEFINITION--An ulcer is a small erosion in the gastrointestinal tract. The most common type, duodenal, occurs in the first 12 inches of small intestine beyond the stomach. Ulcers that form in the stomach are called gastric ulcers. An ulcer is not contagious or cancerous. Duodenal ulcers are almost always benign, while stomach ulcers may become malignant.

BODY PARTS INVOLVED--Gastrointestinal tract.

SEX OR AGE MOST AFFECTED--Both sexes (duodenal more common in males); all ages, but most common in adults.

SIGNS SYMPTOMS

> Pain that has the following characteristics:

A burning, boring or gnawing feeling that lasts 30 minutes to 3 hours (often interpreted as heartburn, indigestion or hunger). Pain is usually in the upper abdomen, but occasionally below the breastbone. Pain occurs in some persons immediately after eating; in others, it may not occur until hours later. It frequently awakens one at night. Pain comes and goes. Weeks of intermittent pain may alternate with pain-free periods. Pain may be relieved by drinking milk, eating, resting or taking antacids.Recurrent vomiting; blood in the stool; anemia.

CAUSES--The exact cause has not been fully established. An ulcer can develop wherever stomach acid comes in contact with the gastrointestinal lining--especially the lower end of the esophagus, the stomach and the duodenum. A person with an ulcer usually has an overactive stomach that manufactures too much hydrochloric acid.

RISK INCREASES WITH

Family history of ulcers; smoking; excess alcohol consumption

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Use of nonsteroidal anti-inflammatory medications (e.g., aspirin) Zollinger-Ellison syndrome.

Type O blood (for duodenal ulcers).Stress does not cause an ulcer, but may be a contributing factor.

HOW TO PREVENT--Avoid as many risk factors as possible.

What To Expect

DIAGNOSTIC MEASURES--Medical history and exam by a doctor. Laboratory blood and stool studies, endoscopy , x-ray studies with barium meal and sometimes, mucosal biopsy to rule out cancer.

APPROPRIATE HEALTH CARE

Self-care after diagnosis; doctor's treatment.Hospitalization for bleeding ulcer or severe perforation or obstruction. Surgery or other treatments (endoscopic cautery, direct injection of medications and use of lasers) for complications in some patients.

PROBABLE OUTCOME--Most ulcers heal within 2 to 6 weeks with treatment.

How To Treat

GENERAL MEASURES--

Reduce your use of aspirin or nonsteroidal anti-inflammatory medications.Don'tsmoke. Check your stool daily for bleeding. If the stool is black, save a sample for analysis.Reduce stress in your life

MEDICATION--Your doctor may prescribe:Antacids to neutralize excess stomach acid.H-2 blockers to reduce stomach acid.Medications to coat the ulcer area.Antibiotics for the bacteria infection.

ACTIVITY--Resume your normal activities as soon as symptoms improve.

DIET--

Eat a balanced diet of 3 regularly scheduled meals a day. A bland diet isnotnecessary.Avoid caffeine and any food that seems to make symptoms worse. Don't drink alcohol.

Free Vision Screenings Offered

The Pacific University College of Optometry Vision Centers are again providing a program of free back-to-school vision screenings for all ages including infants, preschoolers, school-age children, and adults.

According to eye doctors, vision screenings are especially beneficial in assuring proper development of learning skills for infants and children if they are received prior to or early in the school year. Screenings take about 30 minutes and provide important information about clarity of vision, eye health, and eye coordination—factors that are essential for good vision and healthy eyes. Screenings are especially beneficial for younger children whose learning skills-such as reading and writing-and self esteem in the classroom depend on good vision and healthy eyes. Screenings are also available for our schools, businesses and community organizations through Pacific's off-site screening program.

In addition to free screenings which are available throughout the year, Pacific's Vision Centers are providing $25 fee reductions on vision examinations and 25% savings on most eyewear. Free reductions are valid from now through October.

Pacific University's Vision Centers offer weekday, evening, and weekend hours, with locations throughout the greater Portland area including, downtown, southeast, and northeast Portland; Forest Grove, Cornelius and McMinnville. For more information and to schedule a screening at the Pacific University Vision Center near you, please call 357-5800.