

Health Information

Interested in a Health Career?

Once again the University of Oklahoma is offering the Headlands Indian Health Careers Summer Program to American Indian students interested in a health career. Students need to be either in their senior year of high school or freshman year of college to attend.

The program is designed to increase the science and mathematics backgrounds and communication skills of students. Courses are offered in mathematics, chemistry, physics, biology and communication.

All expenses are paid including room, board, tuition, round trip airfare, plus a \$300 stipend. Classes at the 8-week session are held at Mackinaw City, Michigan.

What a great opportunity! Call the office for more details.

Health Professions Pre-graduate Scholarship Program

This program provides financial support for Indian students only to enroll in courses leading to a baccalaureate degree in specific pre-professional areas.

For the 1991-1992 scholarship cycle, an applicant must be accepted by and/or enrolled in a program beginning in Fall 1991 for one of the priority career categories of: Pre-medicine/Pre-dentistry - The applicant must be enrolled in a bachelor degree program which will, upon its completion, prepare him/her for entry into an accredited medical, osteopathic, or dental school. Within this category, priority is given to students in their junior and senior year, with freshman and sophomores funded only if there are remaining funds available.

Community Health Representative Program

The CHR program was started in June, 1990 as a component of the Tribal Health Program. Three positions are funded by Indian Health Service through a contract with the Tribe.

The CHR's are Darlene Aaron, who works with Tribal members in Marion and Polk County, Joe Brisbois, who works in Multnomah and Washington County and Bonnie Martin, covering Tillamook and Yamhill County.

These are some of the kinds of duties a CHR may perform:

DIRECT PATIENT CARE

Home visits - monitoring patient health status.

Assist in Tribal Health Clinic

PATIENT ADVOCACY

Interpretation

Health liaison for continuity of care

Community liaison (community resource)

PATIENT EDUCATION

Provide information to patients, families, and other community groups.

Monitoring patient self-care

Listening, advising, counseling

HEALTH PROMOTION/DISEASE PREVENTION

Assessing community health needs and environmental health conditions

TRANSPORT

Transportation to medical providers for eligible members who do not have transportation available

If you have questions please call the Tribal Office at 879-5211.

Experts Link Price to Alcohol Abuse

The Washington Post

For as long as people have missed work because of a hangover, died prematurely of liver disease or crashed their cars while drunk, health-policy experts have argued about how best to control the drinkers who regularly and dangerously abuse alcohol.

Now, as a result of congressional passage last year of the largest increase in federal beer, wine and liquor taxes since 1951, one of the more controversial of those theories will be put to the test: Does raising the price of alcohol reduce alcohol abuse?

Clearly, experts say, higher prices will cut the total amount of alcohol consumed. As with many products, the demand for beer, wine and spirits is said by economists to be elastic, meaning that on average people will buy more of it when it is cheap and less of it when the price rises.

But is the behavior of the small percentage of problem drinkers as elastic as that of the average consumer? Is a teen-ager less likely to get drunk on a Saturday night, or an alcoholic less likely to drink a fifth of Scotch because each of their drinks costs them a few pennies more?

What has made this issue controversial is the fact that in recent years the taxes placed on alcohol by federal, state and local governments have never kept up with inflation (not even after the recent federal-tax hike).

For example, if the federal taxes on liquor had been adjusted for inflation from 1951 on, a standard-size bottle of scotch would today cost an extra \$5.50.

For those who see no correlation between alcohol prices and alcohol abuse, this steady decline in the relative price of beer, wine and liquor is of little more than anecdotal interest.

But for the handful of economists, social-policy experts and consumer groups, such as the Center for Science in the Public Interest, who contend that prices matter even to hard-core drinkers, this phenomenon has been little short of a social catastrophe, resulting in far more deaths, economic damage and social disruption than would have been the case otherwise.

"The irony is that at a time when concern over the damage done by alcohol abuse is peaking, (we) have nonetheless failed to act on the single most effective measure for actually doing something about it," Duke University economist Philip Cook said.

At the heart of the idea that prices matter is the notion that drinkers, even those addicted, aren't entirely immune to outside influences on their behavior.

"People start with an image of what it means to be alcohol dependent, that an alcoholic is beyond choice," Cook said. "But the other side is that the career of a heavy drinker is a day-to-day thing...and attaching immediate consequences to the decision of whether or not to drink appears to have considerable influence even on chronic alcoholics."

According to data derived from measuring the change in consumption patterns in states that raise their alcohol taxes, for example, heavy-drinking young people are very susceptible to outside factors such as price.

Michael Grossman, City University of New York economist, used that data to calculate what would have happened had federal beer taxes been adjusted for inflation and raised to match liquor taxes (two steps that combined would raise the federal tax on a six-pack from 32 cents to \$2.52).

He estimated that about 32 percent of heavy-drinking 16 to 21 year-olds (those who drink four to seven times a week) would have cut their drinking dramatically, to one

to three times a week.

Grossman ran the same kind of analysis for auto accidents. Here he calculated that simple indexing of the beer excise tax from 1951 onward (equal to raising the federal tax on a six-pack to 76 cents) would have so reduced heavy-drinking episodes among young people that it would have saved roughly 1,000 18 to 20 year-olds a year in reduced car accidents.

Young people generally don't have much money and haven't necessarily established a permanent drinking habit, so their sensitivity to price makes sense. But evidence exists that hardened adult drinkers also change.

Cook, for example, has looked at how mortality rates from cirrhosis of the liver - a chronic disease commonly but not exclusively related to alcohol abuse - change when states raise alcohol taxes.

Cirrhosis is a good measure, he said, because it is a disease that only the heaviest drinkers get. It is also a degenerative disorder, the progress of which can be interrupted if alcohol consumption is slowed. In other words, if hardcore drinkers cut back their drinking because of higher prices, that would be reflected almost immediately in lower death rates.

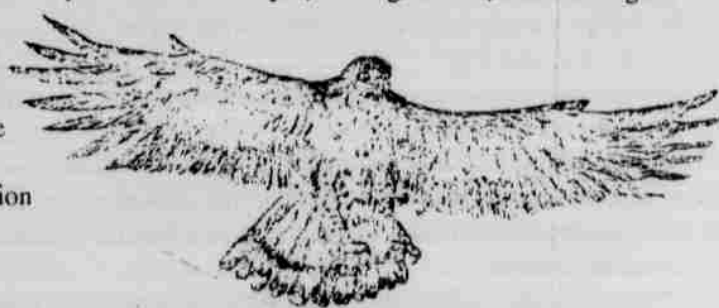
When Cook looked at states that raised their liquor taxes, that is exactly what he found.

Cook's research is controversial. First, cirrhosis rates have been falling steadily during the past 20 years, which makes it difficult to figure how much of a state's decrease is due to higher taxes, and how much due to overall improvement in the national health.

Second, even though only heavy drinkers tend to get cirrhosis of the liver, the disease only strikes about 10 percent of the heavy-drinking population.

The data of Grossman and Cook also measure the effects of very small hikes in alcohol prices. What is not clear is whether the same favorable trends would continue with more tax increases.

The experience of some European countries, for example, is that boosting prices too high encourages the production of cheaper, bootleg alcohol, undermining the



aim of a price increase.

Some analysts worry, too, that greatly increased alcohol prices would encourage the "forbidden-fruit" syndrome, inadvertently increasing the social perception of alcohol's value.

The most serious objection to the work of Grossman and Cook, however, concerns the definition of a hardened drinker.

"Anyone who has studied and understood people with these problems as I have knows this (idea) is a mythology," said Morris Chafetz, founding director of the National Institute on Alcoholism and Alcohol Abuse and President of the Health Education Foundation.

"People come up with mathematical formulas and forget that (alcoholics) don't follow mathematical formulas. ...Kitty Dukakis said that when she couldn't get alcohol, she drank rubbing alcohol. Even people on skid row manage to get alcohol. Their need is so great that they are simply not price sensitive."