

Improving the Health of Minorities

Demonstration, evaluation, and research projects designed to provide information and understanding of the critical health issues facing the U.S. population have been funded and otherwise supported by the Public Health Service (PHS) and its agencies down through the years. Many of these projects have specifically addressed priority health issues in minority populations. PHS projects have at various times addressed questions concerning (a) the delivery of health care services, (b) the prevention of disease, (c) the promotion of positive health behavior, (d) appropriate approaches for reducing the barriers to accessing preventive health services (including specific disease related screening programs), and (e) the best methods for providing state-of-the-art treatment to underserved populations. This issue of *Public Health Reports* reports on a number of projects that have focused specifically on minority health issues and been supported by the PHS.

The publication of these articles is particularly timely as we in the PHS are now preparing our evaluation of where we stand nationally in meeting "the 1990 health objectives" established in 1980. It would appear that a failure to close the gap between U.S. general and minority health parameters is one of the more important reasons why many 1990 objectives were not to be met. Concurrent with this evaluation we are developing new national health goals and objectives for the year 2000. As Assistant Secretary for Health, nothing would please me more than to make specific recommendations that would put in place, early in 1990, effective intervention strategies and programs to reduce the disparities in health status indicators that exist between minority populations and the general U.S. population.

By reading the articles contained in this issue, it is clear that a great deal has already been done to document the special health needs and problems of minority populations. You will also learn of progress made in designing, implementing, and evaluating creative intervention strategies or programs for use with specific minority groups. Many useful and concrete suggestions are made in these articles on topics as diverse as (a) how to organize

minority communities in support of health programs, (b) the necessary elements and cultural considerations for preparing media programs, (c) how to reach the hardest to reach individuals in minority groups, and (d) how to prepare culturally sensitive education and program evaluation materials. The information contained in this collection of articles will be useful to all persons with special interests in minority health issues.

Three articles in the journal describe projects designed to test educational intervention strategies to reduce barriers to screening for breast and cervical cancer in black female populations. In each study a different educational strategy is tested. In Detroit (1) a physician reminder system is being tested to determine whether simple chart reminders, incorporated into existing clinical practice, are useful for increasing mammography screening in high risk age groups. In inner city Chicago (2) and North Carolina (3), community organization and educational programs designed to increase appropriate use of cervical and breast cancer screening have been developed and implemented in the communities. The description of preliminary data from each project is encouraging and indicates that many of the community organization and education techniques described in the projects would be useful in other black communities.

The Office of Minority Health (OMH) provides a description of the Minority HIV Education/Prevention Grants Program (4). The program was designed to provide funds in support of HIV educational intervention projects for minority populations. The article outlines the rationale and strategy used by the OMH and provides a brief description of each of the funded projects. The materials and strategies developed and evaluated in these education programs will be useful in planning national strategies to reduce HIV transmission in all minority groups.

Two articles address smoking in minority populations. Botvin and associates (5) describe encouraging test results from a school-based smoking prevention project in New Jersey. The implications for implementing a successful smoking prevention program with black students are great. If we are to

reduce the overall smoking rate in the black population to the level established for the white population, the prevention of smoking among young people of all racial and ethnic groups is critical. School-based prevention programs have been successful in white student populations. This article indicates that the same success can be expected with black students. Escobedo and his associates (6) discuss the smoking issue for subgroups of the Hispanic population. The message presented is clear: the Hispanic population is not only the fastest growing population in the United States, but also Hispanics are not homogeneous. At a minimum, to ensure that the smoking rate in the Hispanic population does not increase beyond the rate in whites, we must take steps to get the anti-smoking message to all subgroups within the Hispanic population. Ways of reaching the Hispanic populations with health messages are explored in the paper, "Reaching Hispanics with Messages to Prevent Alcohol and Other Drug Abuse" (7). These guidelines should prove useful for anyone developing health messages for use in Hispanic communities.

A program in Kansas City, MO, to organize the community to fight black-on-black homicide is described by Dr. Mitchell and Dr. Daniels (8). While the results to determine the long-term effectiveness of the program are not available, the authors provide information which, if adopted, could be useful in other communities where homicide and violence are major public health concerns. The importance of programs such as this cannot be overemphasized, given the complex problems associated with violence and drug abuse which many of our communities face.

Maternal and child health programs in the Public Health Service have long provided a mechanism for serving minority populations. Hutchins and Walch describe the rationale for using such programs as well as descriptions of several ongoing programs (9).

Specific intervention programs are discussed in two additional papers. Lasco and associates describe a community weight loss intervention for inner city blacks (10). The community organization techniques and intervention-specific suggestions provided, combined with the success achieved by participants, will serve as a guide for persons interested in developing such programs. The other paper, describing a program to prevent baby bottle

tooth decay in American Indians and Alaska Native communities, offers a number of strategies which, if implemented, could eliminate this problem in many other populations (11).

The remaining articles document specific health problems and provide the basic foundations from which other intervention programs can be developed. The range of topics is great, but no greater than the range of health problems affecting minority populations. Papers include the use of the 1990 National Pregnancy and Infant Health Objectives to measure program success in an American Indian community (12), the effect of sexually transmitted diseases on minority populations (13,14), drug use, health status, and involvement in violence of Mexican American and white American school dropouts (15), research on alcohol metabolism among Asians (16), risk factors for suicide among adolescents attending an Indian boarding school (17), the increasing rate of tuberculosis in minority populations (18,19), and chronic diseases in American Indians and Alaskan Natives (20,21).

As I mentioned at the beginning of this editorial, the timing for publication of these articles could not be better. The information in this issue provides the starting point from which we can begin to implement intervention programs to help reduce the disparities that exist in health status indicators between white and minority populations. The publication of the year 2000 health objectives in early 1990, with specific objectives for minority populations, will give us goals to work toward. The information contained in this issue of *Public Health Reports* will allow us to get an early start at implementing effective programs to bring about the personal behavior and health care system changes required to improve the health status of minority populations and meet the year 2000 minority health objectives.

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LETTER TO THE EDITOR

Sign Ordinance Aimed At Alcohol Use by Young Adults In Two Florida Counties

The Lake County Citizens Committee for Alcohol Health Warnings thanks *Public Health Reports* for its November-December 1988 issue, which has been a help to us in the past year in the alcohol health warnings effort. Our experience with the effort may be of interest to your readers involved in similar community efforts.

Beginning September 15, 1986, a City of Leesburg (FL) ordinance required the posting of a health warning sign at all alcoholic beverage points-of-sale. This was the first comprehensive (broader than birth defects only) health warning sign required by law in any city in the United States. The sign is now required at all alcoholic beverage points-of-sale in Lake and Citrus Counties, in 20 or more cities and towns. Efforts are in progress for sign ordinances in three larger counties, Hillsborough (Tampa), Marion (Ocala), and Dade (Miami).

Posted at every alcohol point-of-sale, the sign is exposed to everyone who shops for food and beverages, about 95 percent of the families in any community. During the past 3 years, in our test cities, the sign has proved its effectiveness in generating awareness, attitude change, and behavior change; and it has proved its cost efficiency, using the basic media coverage yardsticks of reach, frequency, and cost-per-thousand potential readers. The sign is now endorsed for statewide use by the Florida State Health Office, Florida Medical Association, Florida Public Health Association, and Florida Dietetic Association.

The text is based on the preventive education recommendations of the National Council on Alcoholism. Because we aim the message at young people, including young women of child-bearing age, we omitted the mature drinkers' long-term hazards of cirrhosis, heart disease, and cancer. We did not limit our warning to birth defects, because to do so would fail to recognize drunk