New Report Cites Rural Health Problems, Needs

The 22.5 percent of Americans who live in rural areas have health problems, some of them unique, that are not being met adequately, according to a new report on rural health commissioned by the Public Health Service.

The 2-volume report of a congressionally mandated study by the National Rural Health Association of Kansas City, MO, also sets forth ways that rural health care needs can be met. It was submitted to the Congress May 5, 1992.

In a comprehensive look at rural health, the 400-page report focuses on three broad categories—Health Personnel Requirements: Supply and Adequacy, Needs of Special Populations, and Education and Training.

In the first, the report describes the numbers of health professionals practicing in rural areas and the projected needs for the year 2000 for rural health providers, allied health professionals, dentists, family and general practice physicians, general internists, general pediatricians, mental health providers, nurse midwives, nurse anesthetists, obstetrical providers, optometrists, pharmacists, physician assistants, podiatric physicians, registered nurses, and nurse practitioners.

In the Needs of Special Populations, the report cites the often critical health status of blacks, Native Americans, and Native Hawaiians compared with whites, and the fact that an increasing elderly population accounts for a disproportionate demand for health services.

Under Education and Training, the report calls for academic programs and field training in health care to be tailored more specifically to rural practice.

Copies of the executive summary can be obtained from Shirley Johnson, Office of Program Development, Bureau of Health Professions, Health Resources and Services Administration, Room 8A-55 Parklawn Building, 5600 Fishers Lane, Rockville, MD 20857; tel. 301-443-1590.

WHO Publishes First Worldwide Study on Women and Tobacco

Death rates of women from lung cancer, a very reliable marker of the evolution of the smoking epidemic, are rising virtually throughout the industrialized world. Over the next 30 years, tobacco-related deaths among women will more than double, so that by the year 2020, somewhat more than a million adult women will be dying every year from illnesses attributed to tobacco use.

These two statements can be found in "Women and Tobacco," a new publication of the World Health Organization (WHO) that was presented to the 8th World Conference on Tobacco or Health in April 1992 in Buenos Aires, Argentina.

The book, prepared by Dr. Claire Chollat-Traquet, a scientific specialist with the WHO Tobacco or Health Program, explores the many special issues that surround the impact of tobacco use on the health and well-being of women.

Noting that most tobacco control programs fail to address the distinct needs of women, the book concentrates on the identification of sex specific factors that help explain why girls and women smoke and how tobacco damages their health. A special effort is also made to cover all dimensions of the problem, ranging from conditions in developing countries that deter female smoking to the reasons why women may find it more difficult to quit than men.

Smoking Patterns and Trends

In developing countries, according to the book, tobacco consumption is now increasing at a rate of 2.1 percent a year. Data on tobacco use in most developing countries are incomplete, however, and the true extent of tobacco consumption by women is not accurately known. In general, surveys suggest a smoking prevalence by women of about 5-10 percent, but in some areas it is known to be as high as 25 percent, with a few relatively isolated examples of 80 percent of the women in an area being smokers. The low level of tobacco use in developing countries is not due to high awareness of the health damages of tobacco but merely a consequence of social traditions or shortage of economic resources. The more developed areas show often higher smoking rates than less developed areas in the same country.

Smoking prevalence rates among men and women are beginning to converge in many industrialized countries. While women and men in some countries may be quitting at the same rate, it is often the case that more young women than men are starting to smoke. If this trend continues, female smokers will outnumber male smokers in the near future, the WHO publication maintains.

At Added Risk

Until recently, the incidence and mortality rates from smoking related-diseases were low among women, leading to the assumption that women might be more resistant than men to the damage caused by tobacco. Data now make it clear that women are as vulnerable as men and face added risks as well, Dr. Chollat-Traquet writes.

She points out that female smokers are more susceptible to infections of the reproductive tract and more likely to suffer disorders of fertility. Menstrual disorders are also more common; onset of the menopause is typically 2 to 3 years earlier. Smoking during pregnancy is linked to premature delivery, spontaneous abortion, fetal and perinatal death, and increased risk of delivering a low birth weight baby.

Children who are constantly exposed to tobacco smoke may develop a series of health problems in the first years of life, including pneumonia, acute bronchitis, tracheitis, laryngitis, and other respiratory disorders. Several studies have also linked children's chronic middle ear effusions to parental smoking.

"Women Only"

The question of why women start and continue to smoke is explored in a special chapter of the book that re-

veals the importance of sex difference in the physiology and social psychology of smoking. Details range from the impact of tobacco products and advertising targeted at women through the need to address the fear of weight gain when helping women to stop smoking.

It is well known that psychosocial factors influencing the maintenance of smoking can be negative, such as to cope with stress, or positive, such as to obtain pleasure. The former seem to be the major influence in women, the latter in men. Women smokers report that smoking helps them cope with loneliness, sadness, grief, anger, and frustration.

Another sex specific feature is that once women start smoking, they may find it more difficult to quit than men. Disadvantaged women who live in particularly difficult circumstances are also less likely to give up smoking than better-off, middle-class women. Moreover, although many women manage to refrain from smoking for a long time, they may relapse in situations involving negative emotions, such as conflicts, stress, or loss. Men, on the contrary, tend to relapse in positive situations, such as social events.

Action Urgently Needed

In its conclusion, the study describes the actions that need to be taken by governments, policy makers, health professionals, and women's groups to prevent girls and women from starting to smoke and to plan cessation programs specifically designed to reach and influence women.

NCI Develops New Monographs on Control of Tobacco Use

The National Cancer Institute (NCI) has launched a new series of scientific monographs on smoking and tobacco control, beginning with "Strategies To Control Tobacco Use in the United States: a Blueprint for Public Health Action in the 1990's."

The first 298-page monograph covers a number of topics, including the evolution of smoking control strategies and evidence of their need based on the increase in smoking prevalence and lung cancer death rates.

The next monograph of the series, "Tobacco and the Clinician: Interventions for Medical and Dental Practices," will discuss intervention methods that have been successful and ways to expand and improve these interventions through a national program.

To receive copies of any of the monographs write to Donald R. Shopland, Smoking and Tobacco Control Coordinator, National Cancer Institute, EPN Room 241, 9000 Rockville Pike, Bethesda, MD 20892.

NCI Offers Fellowships in Cancer Prevention

The National Cancer Institute (NCI) is offering an opportunity for persons with doctoral degrees in medicine, dentistry, public health, or philosophy to train in the emerging discipline of cancer prevention and control with its Cancer Prevention Fellowship Program.

The 3-year program provides independent research opportunities within the Division of Cancer Prevention and Control (DCPC) at NCI. Many training opportunities are available, including an academic course covering the current principles, methods, and practice of cancer prevention and control.

A feature of the program is master of public health (MPH) training at accredited schools of public health during the first year for Fellows accepted into the program.

Applications are due September 1, 1992. Fellows begin July 1, 1993.

The program provides for

- master of public health training,
- participation in the DCPC Cancer Prevention and Control Academic Course,
- working at NCI directly with individual preceptors on cancer prevention and control projects, and
- field assignments in cancer prevention and control programs at other institutions.

Funding permitting, as many as 10 Fellows will be accepted for up to 3 years of training. Benefits include selected relocation and travel expenses, paid Federal holidays, and participatory health insurance.

Details on the program and an application catalogue may be obtained from Douglas L. Weed, MD, MPH, PhD, Director, Cancer Prevention Fellowship Program, Division of Cancer Prevention and Control, National Cancer Institute, Executive Plaza South, T-41, Bethesda, MD 20892, telephone (301) 496-8640 or 8641.

CDC Launches New Phase of AIDS Education Program

The aim of the new phase of the Centers for Disease Control (CDC) educational program, "America Responds to AIDS," is to convince anyone who engages in high-risk sexual or drug-use behaviors that they are at risk, regardless of age, sex, or residence. The campaign reflects surveys that show most Americans know the basic facts about AIDS but do not believe that people in their town or group are vulnerable.

The new campaign, "Americans Working Together to Prevent HIV Infection and AIDS," includes multimedia public service advertisements (PSAs) and a variety of print materials including a brochure entitled "Preventing HIV and AIDS: What You Can Do." The PSAs—radio and television announcements, print advertisements, and posters—have been produced in both English and Spanish.

The brochure provides specific activities and tips to help the public educate themselves, their families, and their communities about HIV prevention.

During 1992 alone, according to CDC estimates, 40,000 Americans will become infected with HIV, and as many as 40,000 will die as a result of AIDS. AIDS is now the third leading cause of death among adults ages 25-44. As of March 1992, 1 million in the United States had become infected with HIV, 1 in every 100 adult males and 1 in every 800 adult females.

CDC is the Public Health Service agency within the Department of Health and Human Services that manages the nation's HIV and AIDS prevention efforts. Its comprehensive program includes the "America Responds to AIDS" public education campaign; the CDC National AIDS Hotline; the CDC National AIDS Clearinghouse; coalition building with national, State and local organizations; and public health communications assistance to State AIDS programs.

A free copy of the new brochure, other

materials, referrals, and confidential AIDS counseling can be obtained by calling the toll-free CDC National AIDS Hotline (1-800-342-AIDS).

Johnson Foundation Booklet Describes AIDS Care Projects in 11 Communities

The experiences in caring for people with AIDS in 11 communities have been detailed in a new booklet published by the Robert Wood Johnson Foundation that funded care projects in the communities.

The 136-page booklet, "AIDS Health Services at the Crossroads: Lessons for Community Care," describes projects in King County (Seattle), WA; Dade, Broward, and Palm Beach Counties, FL; Nassau County, NY; Dallas, TX; New Orleans, LA; Atlanta, GA; New York City; and Jersey City and Newark, NJ.

With a preface by June E. Osburn, MD, Chair of the National Commission on AIDS and the National Advisory Committee for the Johnson AIDS projects, the booklet has chapters entitled

"Recognizing the Need,"
"Creating a Community Consortium,"
"Maintaining a Consortium,"
"Running an AHSP Project: Some Issues,"
"Case Management: Early Views,"
"The Challenge of Health-Related Services,"
"Two Other Essential Services: Prevention Education and Advocacy,"
"Problems and Strategies for Project Financing,"
"The Media: Observer or Player?"

A total of $17.1 million in foundation funds were awarded to 9 projects in these communities in November 1986. They competed for the grants with proposals based on the so-called San Francisco model that included out-of-hospital, community-based support services with in-hospital treatment.

The foundation projects, under the name AIDS Health Service Program, were an attempt to demonstrate whether and how the San Francisco model could be applied and adapted in different settings and localities.

Copies of the booklet, "AIDS Health Services at the Crossroads: Lessons in Community Care," can be obtained free from The Intelligent Services, 1115 Parkway Ave., Trenton, NJ 08628.

Most Cases of Urinary Incontinence Can Be Treated Successfully, Panel Says

A panel of private-sector medical specialists sponsored by an agency of the Public Health Service has found that 80 percent of cases of urinary incontinence can be significantly improved or cured, yet half of those affected never seek medical help.

In announcing a new guideline for detecting and treating urinary incontinence, the panel said that sufferers often ignore symptoms or rely on absorbent materials.

The guideline for medical practice, published by the Public Health Service's Agency for Health Care Policy and Research (AHCPR), says both patients and physicians need to know more about treatments that can work for the majority of patients such as

- bladder training (learning to urinate on schedule),
- pelvic muscle exercises, and
- several types of drugs for infections and other underlying conditions.

Surgery can be helpful in specific cases, following evaluation by a specialist, the 15-member panel said. But the first steps, the panel agreed, are for physicians and nurses to ask patients routinely and aggressively, "Are you having any bladder problems?" and then to test adequately to determine what is causing the problem. Incontinence can be caused by the side effects of drugs or other conditions, including urinary tract infection or stool impaction.

The disorder affects more than 10 million adults—most of them older women—but is widely underreported and underdiagnosed. Although most sufferers live in the community, urinary incontinence is a significant factor in decisions to move an older family member into a nursing home. Half the nation's 1.5 million nursing home patients suffer from the condition.

Urinary incontinence is a major factor in the development of pressure ulcers, a leading health problem among nursing home patients and other persons confined to beds or chairs. Urine's wetness and acidity can kill skin tissue, leaving the patient susceptible to infection and ulceration. Urinary incontinence can also lead to psychological problems, such as depression.

The guideline was developed by the AHCPR-sponsored panel over a 15-month period. The document was then tested in selected hospitals and clinics.

The document, which covers various types of urinary incontinence, provides a framework for selecting appropriate behavioral, pharmacologic, and surgical treatments, and evaluates the use of supportive devices.

The guideline recommends thorough medical history-taking and testing and urges clinicians to identify and treat transient causes of incontinence immediately. The guideline also provides indications for referring patients to specialists for further evaluation.

The panel consisted of experts in urinary incontinence including urologists, gerontologists, obstetrician-gynecologists, family practitioners, nurses, a psychologist, an occupational therapist and a consumer representative. Kathleen McCormick, PhD, RN, was the co-chair of the panel while serving as nursing research director at the National Institute on Aging. Dr. McCormick is currently director of AHCPR's Forum for Quality and Effectiveness in Health Care.

The group examined current needs, therapeutic practices and principles, and emerging diagnostic and treatment technologies by reviewing more than 7,000 studies and holding a public meeting before drafting the guideline. The document was then peer-reviewed and tested in physicians' offices, home health agencies, and other settings.

"Urinary Incontinence in Adults," a quick reference guide that summarizes the guideline, and a patient's guide are available free of charge from the AHCPR Publications Clearinghouse, P.O. Box 8547, Silver Spring, MD 20907; telephone 1-800-358-9295.

* U.S. G.P.O.:1992-312-088:60003