

AHCPR SAYS: MILLIONS FACE BARRIERS TO MEDICAL CARE

Nearly 13 million of the roughly 110 million families in the United States—11.6% of all families—experienced difficulty or delays in obtaining medical care or did not get the care they needed during 1996, according to new estimates from the Agency for Health Care Policy and Research (AHCPR) of the Public Health Service.

These estimates are from the 1996 Medical Expenditure Panel Survey (MEPS). AHCPR designed MEPS—the successor to its National Medical Expenditure Survey—to provide policy makers and others with up-to-date, highly detailed information on how Americans as a whole, as well as different segments of the population, use and pay for health care. This ongoing survey also looks at insurance coverage and other factors related to access to health care.

The most common barrier, experienced by 7.6 million families or roughly 60% of all those reporting difficulty with access, was not being able to afford care they needed. Other barriers included insurance-related problems such as not being able to obtain referrals, transportation problems, or not being able to find child care.

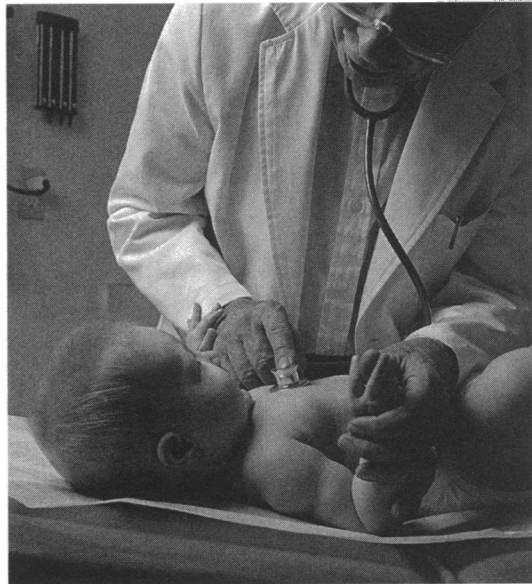
The 3.3 million uninsured families were more likely than the average family to experience problems in obtaining needed health care. Hispanic families were more likely than white or black families to encounter problems: roughly 1.4 million Hispanic families (15% of all Hispanic families) reported barriers. For

almost 7 in 10 of these families, the problem was the cost of health care.

Eight-two percent of Americans reported that they had a usual source of care: nearly 9 of every 10 said they used office-based providers, and the rest said they got their care from hospital outpatient departments, clinics, or hospital emergency rooms. (See *NCHS Dataline* for more statistics on ambulatory care in the United States.) The most commonly used office-based providers were group or clinic practices and family or general practitioners.

The remaining 18% of Americans (more than 46 million people) had no usual source of health care in 1996. This figure is relatively unchanged from AHCPR estimates derived from 1987 data. The groups most likely to be without a usual source of health care were uninsured people younger than age 65 (16.7 million, or 38% of people in this age group), young adults ages 18 to 24 (8.5 million, or 34% of young adults), and Hispanics (8.4 million, or 30% of Hispanics). While young children and the elderly were more likely than adults younger than age 65 to have a usual source of care, there were still 1.3 million children younger than age 6 and 2.9 million people ages 65 and older with no usual source of care.

The Balanced Budget Act of 1997 created a new Federal-state Children's Health Insurance Program under Title XXI of the Social Security Act. This program sets aside \$24 bil-



lion over five years for states to initiate and expand health insurance coverage for uninsured children.

The Health Insurance Portability and Accountability Act of 1996 is designed to improve the availability of health insurance to working families and their children. It includes new protection for an estimated 25 million Americans who move from one job to another, who are self-employed, or who have pre-existing medical conditions.

Both Access to Health Care in America—1996: MEPS Highlights (AHCPR Pub. No. 98-0002) and Access to Health Care in America—Sources and Barriers: 1996: MEPS Research Findings (AHCPR Pub. No. 98-0001) are available from the AHCPR Publications Clearinghouse by calling 800-358-9295 or writing to PO Box 8547, Silver Spring MD 20907. The publications are also available through AHCPR's website at www.ahcpr.gov/ as are microdata files for those wishing to conduct their own data analyses. ■

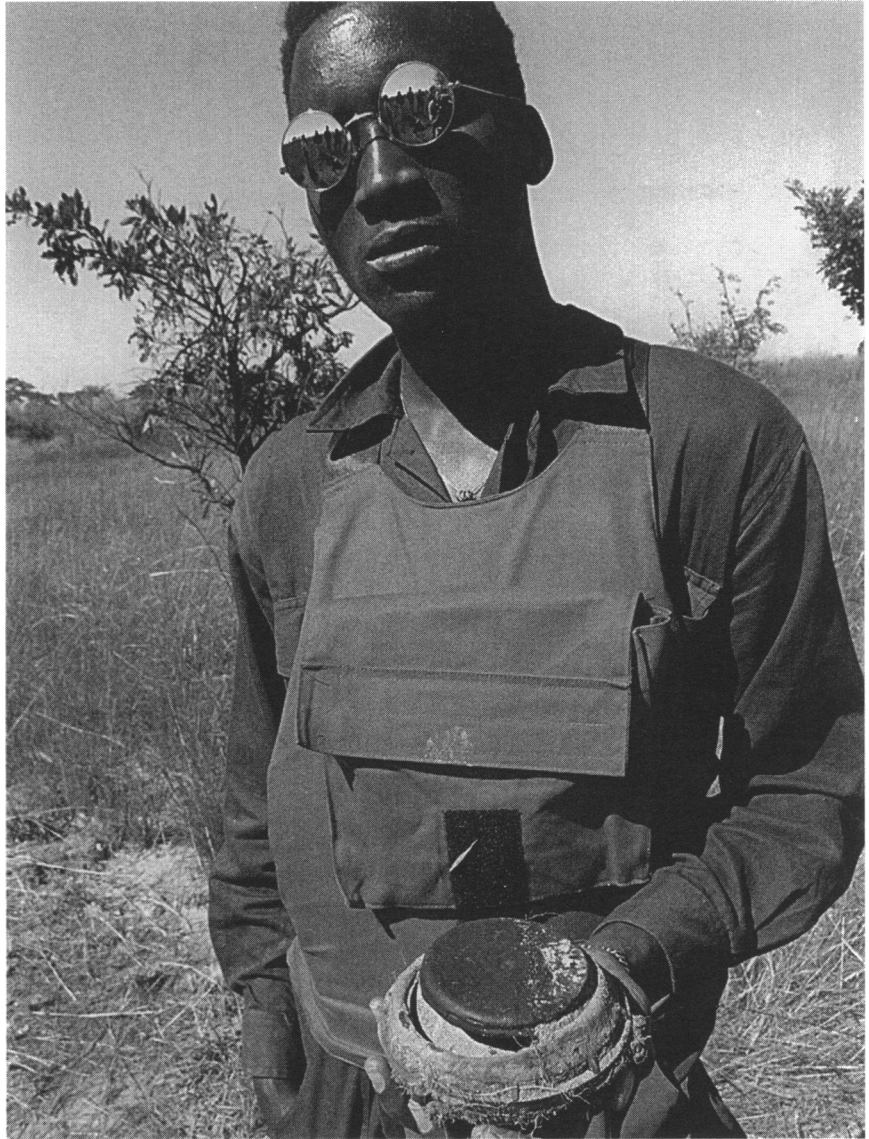
WHO to Address Health Consequences of **LAND MINES**

One hundred million land mines are spread through 70 countries, triggered to kill and severely disable. In addition to the obvious, these mines have myriad indirect consequences for the health of a country's people. Hidden mines limit access to water, food, arable lands, or basic health services, hamper mass immunization efforts, create conditions that favor the reemergence of infectious diseases, and put strains on scarce health system resources.

Recognizing the wide repercussions on a nation's health, the more than 120 signatories to the Convention on the Prohibition of the Use, Stockpiling, Production and Transfer of Anti-Personnel Mines and on their destruction have called for expanded humanitarian assistance for land mine victims, including help with their medical care and rehabilitation.

The cumulative cost of prevention, care, and support for land mine casualties can be high. For an estimated 250,000 amputees, the overall cost of surgery and rehabilitation procedures is calculated at about \$750 million.

Under current circumstances, the number of amputees is expected to increase by about 800 every month. This places a great strain on scarce resources and staff in coun-



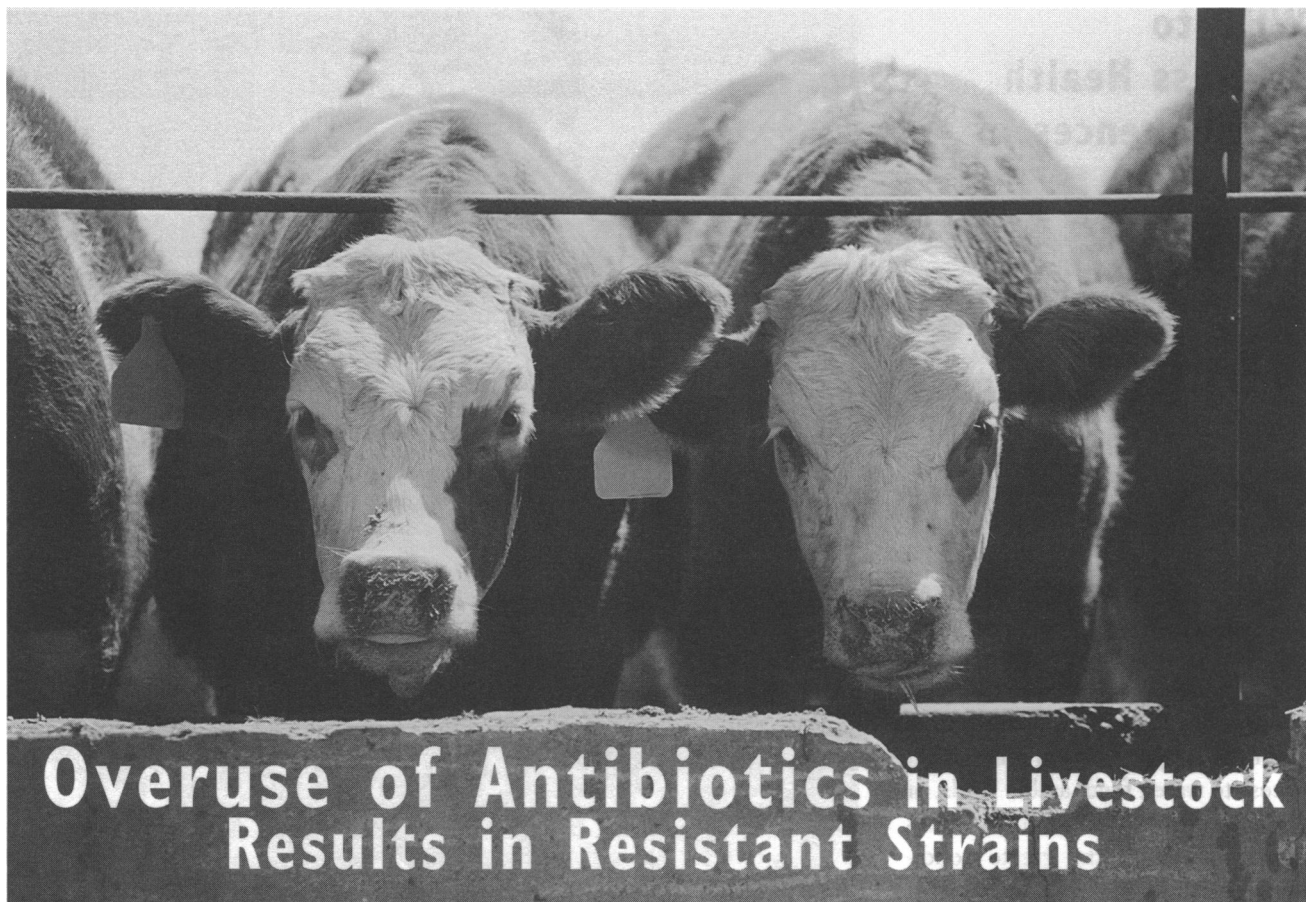
JAMES FREDERICK HOUSEL

tries where health infrastructure and essential services have already been severely affected by war.

The World Health Assembly—the supreme governing body of the World Health Organization (WHO)—endorsed a strategy for responding to the health consequences of violence in May 1997. WHO's Plan of Action on Violence and Health will use a public health approach to strengthen a country's ability to identify the nature and size of the land mine problem and develop effective responses. The four phases of the plan are surveillance, identifi-

cation of risk factors, development of a plan for intervention, and development of broad alliance to implement programs.

Specific activities will include developing national surveillance systems for land mine injuries, integrated into a broader system of injury surveillance; promoting prevention and awareness measures; developing national standards and programs for case management of acute land mine injuries; and elaborating national standards and programs for the physical and psychosocial rehabilitation of land mine victims. ■



Overuse of Antibiotics in Livestock Results in Resistant Strains

While fears about accelerated onset of puberty or inappropriate hair growth from consuming meat laced with growth hormones have been present for more than a decade, there is a new reason to worry about the overuse of antimicrobials (especially growth promoters) in animals destined for human consumption.

Antimicrobials are medicines vital for the treatment of human infections, but their effectiveness is threatened by over- and inappropriate use that contribute to the growing resistance of bacteria. Resistant microbes can be transferred from livestock to humans through the food chain.

To date, four resistant strains of bacteria that cause disease in

humans have been transmitted from animals to humans and have been shown to have negative consequences for human health: *Salmonella*, *Campylobacter*, *Enterococci*, and *E. coli*.

Direct evidence that antibiotic use in food-producing animals results in resistant *Salmonella* infections in humans was presented at a meeting of 70 health experts convened by WHO. The experts cited the widespread use of fluoroquinolones (an important group of medical antibiotics) in food animals as a particularly important issue. Fluoroquinolone-resistant *Campylobacter* has been detected in foods and has also been associated with treatment failure in humans infected with this organism.

Healthy practices in animal husbandry reduce the need for anti-

otics, the experts emphasized, and antibiotics should never be used as a substitute for inadequate hygiene.

A decrease in use of antibiotics as growth promoters does not need to entail reduced productivity and economic losses to the food producer or increased prices for consumer. It will also not necessarily result in the increased use of other drugs in the place of antibiotics, the experts said. Research on alternative methods to improve animal growth and feed efficiency was recommended.

Participants in the WHO meeting further agreed that there is a great need for monitoring the presence or emergence of antibiotic-resistant bacteria in livestock and food of animal origin, with quantitative data being collected from all points along the food chain. ■

FDA Approves Meat Irradiation for Pathogen Control

The Food and Drug Administration (FDA) has approved irradiation of fresh and frozen red meats such as beef, lamb, and pork to control disease-causing microorganisms.

The approval is based on the FDA's scientific review of a studies conducted worldwide on the effects of irradiation on a wide variety of meat products. The studies included examination of the chemical effects of radiation, the impact on the nutrient content of irradiated products, potential toxicity concerns, and effects on microorganisms in or on irradiated products.

The FDA concluded that irradiation is safe in reducing disease-causing microbes in or on meats and that it does not compromise the nutritional quality of treated products. The FDA had previously approved irradiation of: poultry to control



pathogens; pork for control of the trichina parasite; foods such as fruits, vegetables, and grains to control insects; and spices, seasonings, and dry enzymes used in food processing to control microorganisms.

Food products are treated by subjecting them to radiation from radioactive or machine sources, which kills significant numbers of insects, pathogenic bacteria, and parasites. Irradia-

tion does not make food radioactive, nor does it noticeably change taste, texture, or appearance. Disease-causing microorganisms that can be controlled by irradiation include *E. coli* 0157:H7 and *Salmonella* species.

Irradiation of food products to control foodborne disease in humans has been generally endorsed by WHO and the American Medical Association. ■

MSHA Help for Diesel Equipment Compliance

Nearly 3000 diesel units—mostly personnel carriers, utility trucks, and tractors—currently operate in underground U.S. coal mines, compared to approximately 150 in 1974. New regulations have been developed to help avoid potential hazards in underground coal operations—such as fires, explosions, and toxic gases.

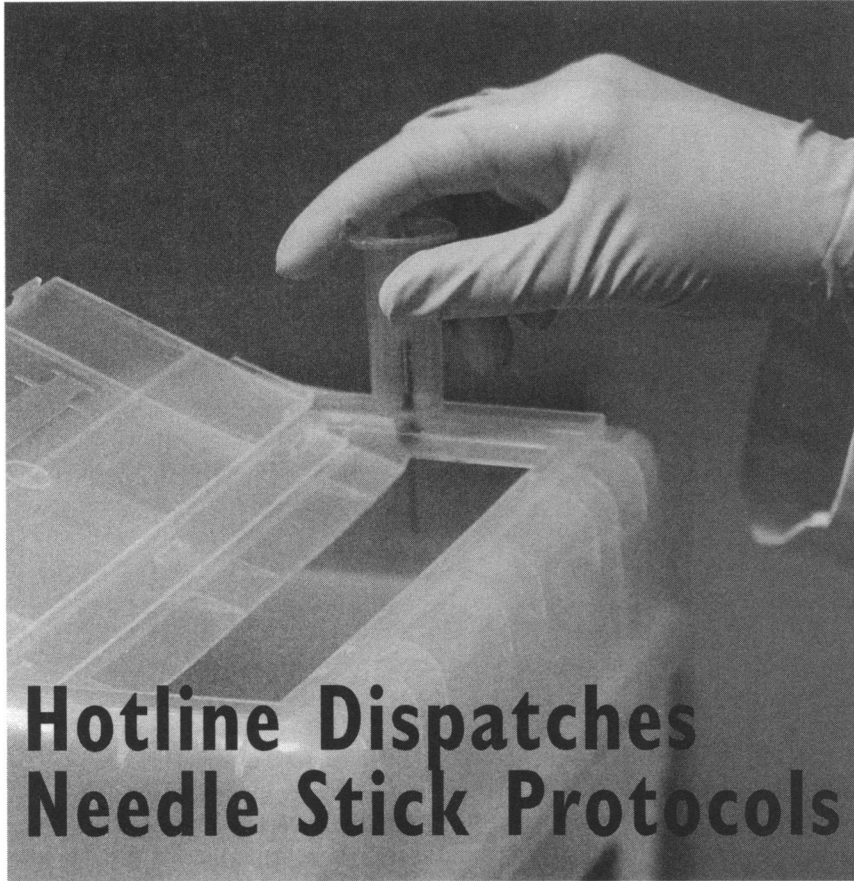
The Mine Safety and Health Administration (MSHA) will consult with underground coal mine operators to help in their efforts to comply with regulations on diesel-powered equipment that became effective on November 25, 1997.

J. Davitt McAteer, Assistant Secretary of Labor for Mine Safety and Health, announced that MSHA inspectors

will make pre-compliance visits to all coal mines that use diesel-powered face haulage equipment to examine the mines' overall diesel operation. The inspectors will identify potential problems and discuss solutions.

Operators, or representatives of miners, at other underground coal mines using diesel equipment can also request MSHA consultations by contacting the nearest MSHA Coal Mine Safety and Health District office.

Copies of a compliance guide for the new diesel regulations are available from MSHA's district offices or from MSHA's website at www.msha.gov. ■



Hotline Dispatches Needle Stick Protocols

The Centers for Disease Control and Prevention (CDC) estimates that at least 5000 HIV needle exposures occur annually, with hepatitis and HIV infection posing the greatest risk to exposed health care workers. Antiretroviral therapy should be started as soon as possible after an exposure and is a potential lifesaver.

To speed access to counseling and treatment, the Department of Health and Human Services (DHHS) has established a national toll-free hotline, accessible 24 hours a day. The National Clinicians' Post-Exposure Prophylaxis Hotline (PEpline) is staffed by physicians trained to offer information, counseling, and treatment recommendations for workers who have needle-stick injuries and other serious occupational exposures to bloodborne microorganisms.

The PEpline is a joint project of two Public Health Service agencies—the Health Resources and Services Administration (HRSA) and CDC—in collaboration with the San Francisco Department of Public Health and the University of California, San Francisco.

The new hotline combines and expands two existing programs at San Francisco General Hospital: the National HIV Telephone Consultation Service, or Warmline, funded by HRSA's AIDS Education and Training Center Program, and the UCSF/SFGH Epidemiology and Prevention Interventions Center Needle-Stick Hotline.

The National Clinicians' Post-Exposure Prophylaxis Hotline (PEpline) can be reached at 888-448-4911 from anywhere in the United States 24 hours a day. ■

Community Health Guide Being Developed

A Task Force on Community Preventive Services has been appointed under the auspices of the Public Health Service to develop a *Guide to Community Preventive Services* summarizing what is known about the effectiveness of population-based prevention and control interventions.

Intended to help public health practitioners, health policy makers, and payers develop the most effective and cost-effective approaches for their local communities and states, the complete *Guide* is expected to be published by July 1, 2000. Individual components will be published as they are completed.

The community guide will complement the *Guide to Clinical Preventive Services*, first issued by the U.S. Preventive Services Task Force in 1989, which helped practitioners decide which clinical preventive services, such as screening, immunization, chemoprophylaxis, and counseling, to provide to patients. The *Guide to Community Preventive Services*, on the other hand, will provide recommendations for community, occupational, and school-based approaches to public health services.

The Task Force's 15 members and four consultants are drawn from a variety of settings and disciplines, including state and local health departments, managed care, behavioral and social sciences, information systems, primary care, and management and policy. The Task Force is an outgrowth of meetings and discussions that have taken place at CDC and DHHS since 1991 and has garnered support from the Kellogg Foundation in collaboration with Federal, state, and local public health agencies.

More information is available at web.health.gov/community/guide/. ■

TB “Hot Zones” Emerging

“HOT ZONES” OF DRUG-RESISTANT tuberculosis are emerging around the world, leaving people almost helpless to protect themselves. Airborne transmission could soon ignite a new wave of virtually incurable tuberculosis worldwide. This science thriller plot comes not from a popular paperback but from an unprecedented joint report by top U.S. and international health agencies.

Anti-Tuberculosis Drug Resistance in the World was prepared by the World Health Organization (WHO), the Centers for Disease Control and Prevention (CDC), and the International Union Against Tuberculosis and Lung Disease with financial support from the U.S. Agency for International Development.

The study was based on quality control and proficiency testing performed by an international network

of 22 prestigious laboratories as well as surveys of 50,000 TB cases in 35 countries.

In each of the “hot zones,” the disease is often resistant to the commonly prescribed drugs isoniazid and rifampicin. This makes TB an incurable disease for anyone who does not have access to the most sophisticated and expensive health care—up to \$250,000 per patient.

In industrialized countries, multidrug-resistant TB can raise treatment costs 100-fold. One-third of the countries surveyed reported multidrug-resistant TB in between 2% and 14% of all TB cases. This would suggest that there are already many countries with 1000 or more cases of drug-resistant TB. On page 128 of this issue, *PHR* takes a close look at solutions now in the pipeline to address drug resistance.

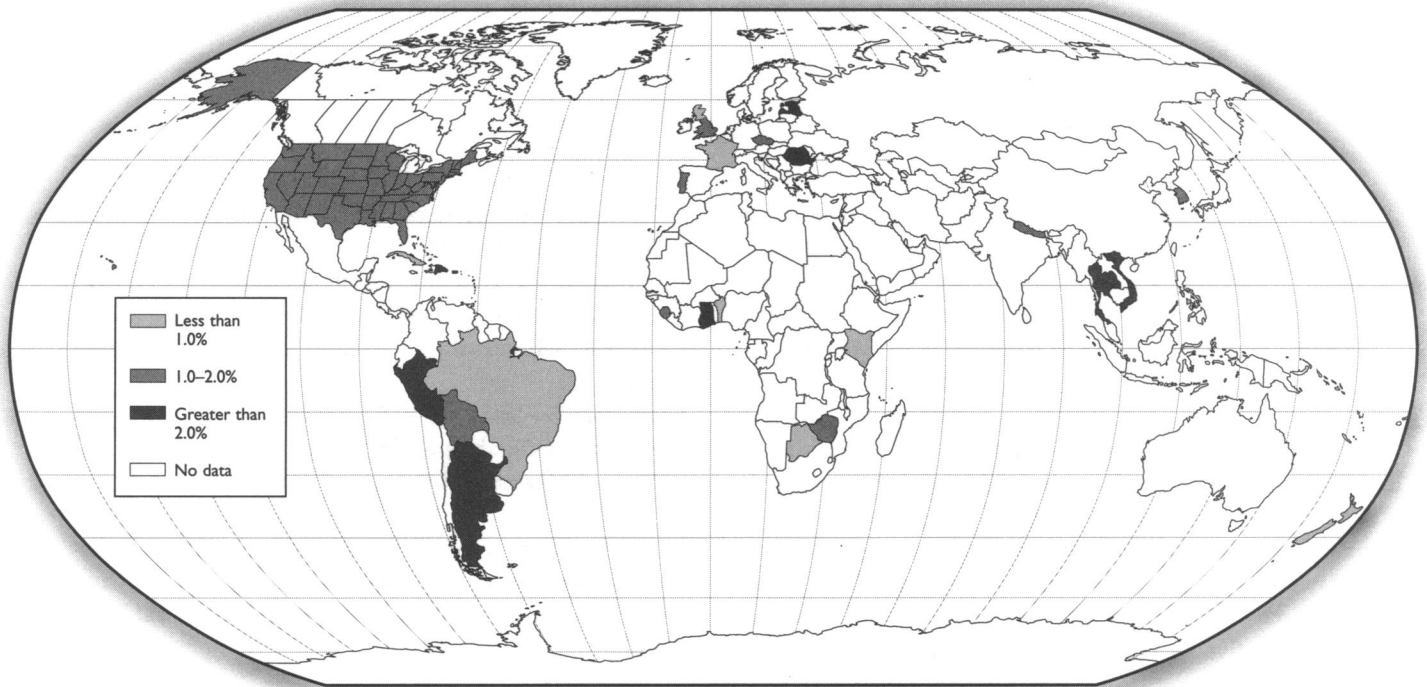
The “hot zones” identified in the report include India, Russia, Latvia, Estonia, the Dominican Republic, Argentina, and the Ivory Coast. Sci-

entists expressed concern that many of the zones are regional centers of travel, emigration, and international economic activity and admitted that little can be done to prevent people infected with drug-resistant TB from traveling and spreading the bacilli to other countries.

The study found that levels of resistance to a single drug—usually isoniazid—are alarmingly high. Presence in the community of single drug resistance means that the tuberculosis bacillus has to mutate just once more to achieve multidrug-resistance, making the disease even more deadly and difficult to treat.

The United States is not immune to the dangers of drug-resistant TB. CDC has released a separate study that found drug-resistant TB in 42 states. Although the number of people infected with drug-resistant TB in the United States has declined, the number of states where drug-resistant TB was identified grew from 13 to 42 over the last six years. ■

Figure 1. Prevalence of primary multidrug-resistant tuberculosis in 32 countries and regions participating in the WHO/IUATLD Global Project, 1994-1997



I N B R I E F

Dog Bites. Half of all American children are bitten by dogs before age 13. In a creative effort to reduce the incidence of dog bites, two students from Auburn University's College of Veterinary Medicine have developed a coloring/activity book for elementary school children. *Fido! Friend or Foe? Reducing Dog Bite Injuries in Children through Public Education* relates the rules of dog safety in simple statements and sketches.

The coloring book is available in English and Spanish. Contact Charles Hendrix; tel. 334-844-2688; e-mail <hendrcm@vetmed.auburn.edu>.

Drug Addiction. Despite dramatic breakthroughs in the scientific understanding of substance abuse, inadequate public understanding of the field threatens to impede future progress in developing effective prevention and treatment techniques, according to a report from a commit-

tee of the Institute of Medicine.

The report calls for new ways to increase public awareness that addiction is treatable and preventable. It outlines steps designed to spur interest in addiction research and to encourage support for careers in the field.

Copies of Dispelling the Myths About Addiction are available for \$39.95 plus shipping charges of \$4 for the first copy and 50 cents for each additional copy (prepaid) from the National Academy Press; tel. 202-334-3313 or 800-624-6242.

Healthy People 2000 Review.

The most recent summary review of progress in the national strategy to improve the health of the American people was spelled out in the original *Healthy People 2000: National Health Promotion and Disease Prevention Objectives*. The 1997 report highlights sub-objectives for people with disabilities.

Healthy People 2000 Review 1997 is available at no charge from the

Data Dissemination Branch, NCHS, 6525 Belcrest Rd., Rm. 1064, Hyattsville MD 20782; tel. 301-436-8500; e-mail <nchsquery@cdc.gov>.

Local Boards of Health.

CDC has released the findings from its 1996 national survey of local boards of health. Objectives of the survey were to better describe the roles, responsibilities, and authorities of local boards of health throughout the United States; to identify the telecommunications capacities and needs of local boards of health; and to identify areas in which boards need training, information, or technical assistance.

The National Profile of Local Boards of Health, September 1997, is available from Charles F. Bacon, CDC, 4770 Buford Highway NE, MS K39, Atlanta GA 30341-3714; tel. 770-488-2490; fax 770-488-2489; e-mail <cfb2@cdc.gov>.

Lupus. The National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS) has made

SAMHSA Funds States' Substance Abuse Prevention Efforts

To support planning for coordinated substance abuse prevention services, the Substance Abuse and Mental Health Services Administration (SAMHSA) of the U.S. Public Health Service has awarded a total of \$15 million in grants to governors' offices in five states. The first five states to receive incentive grant awards were Vermont, Kentucky, Kansas, Illinois, and Oregon. Each will receive about \$3 million per year for three years. A full 85% of these funds will be directed to community prevention programs.

Another \$5 million was awarded to five regional centers, which will help the states implement research-based substance abuse prevention strategies. The five regional center awarded grants were:

- Northeast—Educational Development Center, Inc., Newton, Massachusetts
- Southeast—Developing Resource Education in America (DREAM), Inc., Jackson, Mississippi
- Central—Minnesota Institute of Public Health, Anoka
- Southwest—Southwest Prevention Center at the University of Oklahoma, Norman
- West—University of Nevada, Reno

Each will receive about \$1 million per year for three years. SAMHSA expects to make incentive grant awards to additional states during fiscal year 1998. ■

available a comprehensive booklet, *Handout on Health: Systemic Lupus Erythematosus*, for people with lupus, their family members and friends, and others who want to understand more about the autoimmune disease.

The 33-page booklet contains information about diagnosis and treatment as well as current research supported by NIAMS and other components of the National Institutes of Health.

The new publication defines lupus and talks about health care, pregnancy, medical treatment, quality of life, diagnostic tools, drug treatments, warning signals, prevention, working with physicians, and promising areas of research.

Copies of Handout on Health: Systemic Lupus Erythematosus are available from the National Arthritis and Musculoskeletal and Skin Diseases Information Clearinghouse, 1 AMS Circle, Bethesda MD 20892; tel. 301-495-4484; fax 301-587-4352; website www.nihs/gov/niams/healthinfo/slehandout.

Maternal and Child Health. Summaries of 46 new and continuing research projects to promote and improve the health, education, and well-being of children and families are included in a report from the National Center for Education in Maternal and Child Health at Georgetown University. The report includes an analysis of selected performance indicators and pre-award evaluations of each project.

Single copies of Maternal and Child Health Research Program: Active Projects FY 1994 and FY 1995 are available at no cost from National Maternal and Child Health Clearinghouse, 2070 Chain Bridge Rd., Suite 450, Vienna VA 22182-2536; tel. 703-356-1964; fax 703-821-2098. ■

UPCOMING CONFERENCES

In celebration of its 25th anniversary, the National Health Service Corps' year-long initiative focusing on issues related to health care for underserved and vulnerable populations in the United States will culminate with a national conference to be held in Washington DC on April 23-25, 1998. For more information: tel. 301-443-4000; website www.clinicians.org/nhsc25.html.

The National Media Education Conference: A Paradigm for Public Health will be held on June 28-July 1, 1998 in Colorado Springs, CO. Contact: Conference Office, 303-756-8380.

The 32nd National Immunization Conference will be held on July 21-24, 1998, in Atlanta, GA. Contact: Elizabeth Perry, 404-639-8638. ■

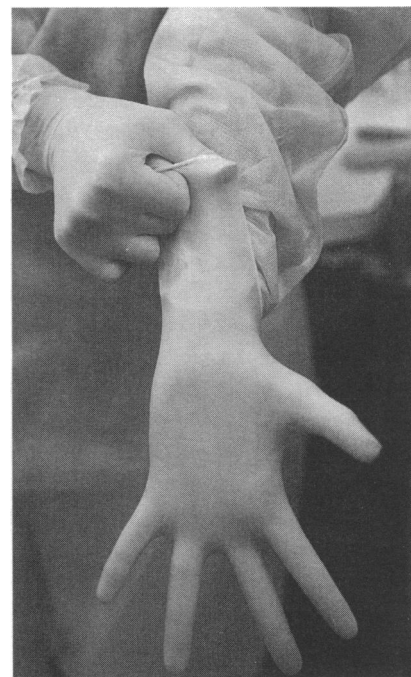
GOVERNMENT ISSUE

**WARNING!
on Rubber
Latex Allergies**

The National Institute for Occupational Safety and Health (NIOSH) has released a NIOSH Alert "warning sheet" for workers exposed to latex gloves and other products containing natural rubber latex. Allergic reactions such as skin rashes; hives; nasal, eye, or sinus symptoms; asthma; and (rarely) shock have been reported.

The document lists products containing latex, recommendations for preventing latex allergies in the workplace, and references on latex allergies. It also describes risk factors, reactions, and case reports of six of the most serious types of reactions after occupational exposures.

NIOSH Alert: Preventing Allergic Reactions to Natural Rubber Latex



in the Workplace (DHHS Publication No. 97-135) is available from Publications Dissemination, EID, NIOSH, 4676 Columbia Parkway, Cincinnati OH 45226-1998; tel. 800-356-4674; fax 513-533-8573; e-mail<pubstaff@niosdt1.em.cdc.gov>. ■