

HEALTH

HOW TO TALK WITH YOUR KIDS ABOUT SEX

Parents often are embarrassed to discuss sex with their children. But if you don't, someone else will, and sooner than you might think. Surveys have found that 80 percent of boys get their initial information from other boys.

You are more informed than the kids on the playground, so make sexual education a priority in your family, Joyce Brothers urges in the November 1992 *Reader's Digest*.

Here are six tips on how to approach the subject:

1. **Teach by example.** Children learn about the sex and morals by observing parents' attitudes and behavior. The example of a loving relationship is the strongest message about sex we can send.

2. **Keep it positive.** We've gone overboard with the scare stories. Of course there are dangers associated with sex to warn our kids about. But we

need to tell them that there is enormous delight and fulfillment in wanting to have sex with the person you love and are committed to for a lifetime.

3. **Start early.** Sitting down with a teenager for the potentially embarrassing "Big Talk" is precisely the wrong way to go about it. Sex education should be a continuous flow of information, starting in early childhood between ages 3 and 5. Treat the discovery of the sexual organs just as you treat the discovery of fingers and toes, and provide the correct names. If you talk about these things when your children are young, it's much easier to discuss sex when they are 15 or 18.

4. **Relax.** You've discussed a hundred things with your children that you're not an expert on, and yet you're not embar-

rassed about your qualifications. Stay open to discuss anything with your kids.

5. **Take kids' feelings seriously.** Your child's concerns and fears may seem irrational, but they are real to your child. If your child brings home a primitive drawing, you say how good it is and tape it to the refrigerator. Take your child's relationship—even if it's only "puppy" love—as seriously. If you don't, he or she will mistrust your advice later on—when it really matters.

6. **Be old-fashioned.** We hear about parents who let their kids have sex in their homes because they feel it's better than outside the home. This is nonsense. Kids who know your limits internalize those limits—even if they pretend not to. It's the kids who haven't been taught the limits who get into trouble.

HHS ANNOUNCES MINORITY HEALTH MANAGEMENT TRAINING PROGRAM

HHS Secretary Louis W. Sullivan, M.D., recently announced a pilot project to train minorities for management level positions in health maintenance organizations and other managed care institutions.

The Health Resources and Services Administration, an agency of the U.S. Public Health Service, has awarded a

\$100,000 grant to the Group Health Foundation to develop the program. GHF is the non-profit, educational arm of the Group Health Association of America.

The one-year program will combine on-the-job experience with classroom training, and will draw upon the resources of both the Johns Hopkins School of

Improving the health of all Americans will ensure better health for African-Americans, but because African-Americans lag so far behind, my department has invested millions of dollars in a number of programs—some of them newly initiated—aimed specifically at helping them bridge the decades-old white-black health status gap.

Many of the health, social services and welfare programs of the Department of Health and Human Services are designed to serve poor and disadvantaged persons. Those programs are being provided additional funding so they can help more people enjoy longer, healthier lives.

I have included an extra \$156 million in the 1993 fiscal year budget to further support my five-point plan to reduce minority health disparities.

The focus of the five-point plan will be on increasing access to appropriate primary and preventive care in urban and rural areas; increasing the supply of health professionals in underserved areas; encouraging early preventive care for children, including immunizations and screenings; improving health to enhance learning; and preventing hypertension through enhanced research and education.

You know about the sundry challenging problems our community faces in relationship to the general population: Our life expectancy is shorter; we suffer disproportionately from many conditions such as communicable childhood diseases, hypertension, heart disease, diabetes, stroke, cancer, HIV infection and AIDS; deaths linked to alcohol, drug abuse and violence are too high; and, as individuals we pay too little attention to preventive steps we could take.

To mention just a few of our special efforts planned for fiscal year 1993:

• Through our Healthy Start Initiative, we are reducing infant mortality by increasing prenatal care

Public Health and HMOs in the Baltimore-Washington area. During training participants, called fellows, will rotate through

and nutrition for more low-income pregnant women and children;

• Our "Project Awareness" provides free screenings and breast examinations to women in underserved minority communities;

• The Minority Male Initiative assists our young men to overcome special obstacles they face;

• To curb the spread of HIV infection and AIDS, this year the federal allocation is almost \$4.9 billion for research, treatment, income support and education programs. HHS alone is seeking nearly \$4.3 billion and almost \$200 million of that is directly targeted to minority populations;

• 111,000 drug abuse treatment slots, 17,000 more than last year, are being made available;

• \$12 million will fund a new grant to minority educational institutions to improve their research infrastructure; and,

• Funds for 130 new community and migrant health center sites, bringing the total to 1,634 sites.

However, when we examine the health problems plaguing our people, we see that much of the suffering, disability and death is preventable. With the federal government committed to a stronger more active role, prevention becomes a key to overcoming some of the health disparity African-Americans suffer.

This is no "cure their own self" admonishment. These are choices that can make a long-life or early-death difference:

Make a promise each day to choose to be healthier. Choose to visit a doctor regularly. Choose to cut fat, shake salt and reduce sugar from your diet. Choose to eat at least five fruits and vegetables a day. Choose to exercise regularly. Don't smoke and don't abuse alcohol or drugs.

If we all do our part, safer environments and longer, healthier lives will be the payoff.

(Dr. Sullivan is U.S. secretary of health and human services.)

three or four HMO job placements, providing exposure to different kinds of operations. The goal is to place fellows in permanent positions.

"According to estimates, less than 10 percent of HMO managers are minorities, so this new initiative breaks important ground," Dr. Sullivan said. "Both the public and private sectors are placing renewed importance on the role of managed care organizations in providing health care. These organizations must be prepared to deliver that care to a culturally diverse population, whose numbers are increasing. This pilot program will ensure that coordinated care plans will be able to provide health services that are both affordable and appropriate."

James H. Doherty, trustee of the Group Health Foundation and president and CEO of GHAA, noted, "This program demonstrates the commitment by HMOs to the employment of minorities in responsible management positions with unlimited career opportunities."

While minority applicants will (See Training, Page 22)

VIEW FROM HHS

by Louis W. Sullivan, M.D.



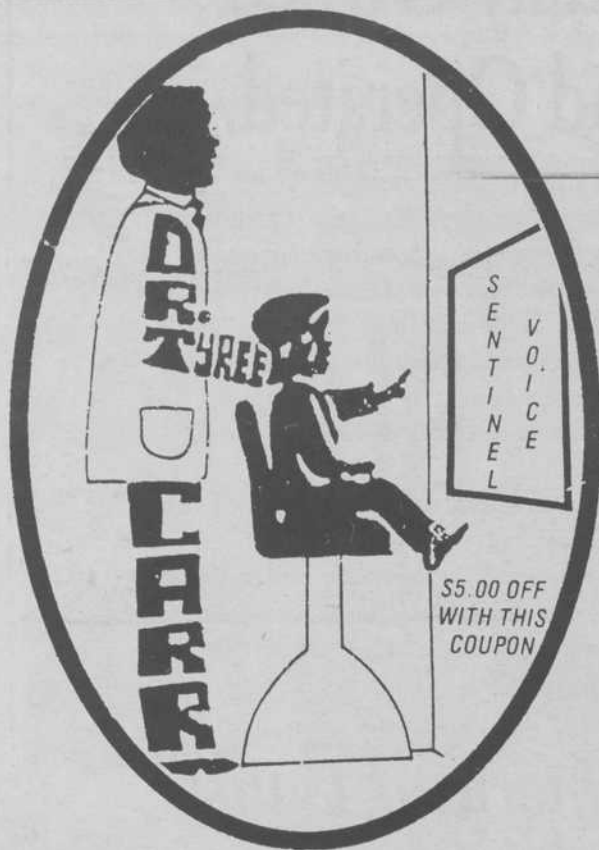
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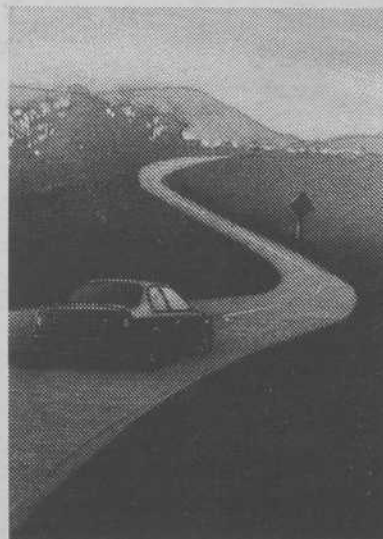
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