

HEALTH

EIGHT INSTITUTIONS AWARDED GRANTS TO STUDY CORONARY HEART DISEASE IN BLACKS

The National Heart, Lung, and Blood Institute (NHLBI) has awarded 5-year grants totalling \$10.2 million to scientists at eight research institutions to study coronary heart disease (CHD) in the African-American population.

The eight institutions are: the Johns Hopkins Hospital, Baltimore; the Henry Ford Hospital, Detroit; The George Washington University, Washington, D.C.; Columbia University, New York; Albany Medical College; the University of Alabama at Birmingham (UAB); Emory University, Atlanta; Charles Drew University of Medicine and Science, Los Angeles.

The primary goal of this grant program is to determine whether and how specific factors contribute to heart damage in African-Americans. Substantial numbers of African-Americans with CHD will be recruited in these studies. The grant project will investigate specific hypotheses

exploring physical factors such as atherosclerosis (clogging of the artery), ventricular hypertrophy (thickening of the heart muscle), and blood clotting and conventional risk factors including diabetes and elevated cholesterol. Better understanding of these factors in African Americans will provide more precise strategies for prevention and treatment.

CHD is the leading cause of death in both white and black populations in this country and is a major cause of excess deaths among blacks 20-64 years old.

"This grant program is one expression of the NHLBI's commitment to minority health," said NHLBI Director Dr. Claude Lenfant. "The research sponsored by these grants will be an important step towards reducing the disparities in morbidity and mortality rates."

Dr. Patrice Desvigne-Nickens, the grant program adminis-

trator, stressed the need for more research in this area: "Disparity in the health status of minorities as compared to whites has been documented; but the reasons for the differences are multiple, complex and poorly understood."

According to Dr. Nickens the available data suggest the presentation, course and outcome of cardiovascular and other diseases vary by minority groups. "Programs such as this one," continued Dr. Nickens, "targeted for a specific minority group or problem, should serve as a model for future research which may provide strategies for narrowing the health gap between minorities and the majority population."

Following is a complete list of the individual grant projects and principal investigators:

— "Coronary Artery Disease Mechanisms in High Risk Families: Racial Differences;" Dr. Lewis C. Becker, Johns Hopkins Hospital.

— "Acute Myocardial Infarction and Left Ventricular Hypertrophy;" Dr. Fareed Khaja, Henry Ford Hospital.

— "Insulin and Pathogenesis of Atherosclerosis in Blacks;" Dr. Richard J. Katz, The George Washington University.

— "Lipoprotein (a) and Coronary Artery Disease in Black v. Whites;" Dr. Thomas A. Pearson, Columbia University.

AMERICAN LUNG ASSOCIATION OF NEVADA STOP SMOKING CLASSES

Keep your New Year's Resolution this year with help from the American Lung Association's popular freedom from smoking classes. Two, six week sessions being offered. The first session begins Tuesday, January 5th, and the other Thursday, January 7th, at the Care Unit Hospital, 5100 West Sahara. Evening classes begin at 7:15 to 8:45 p.m. For more information please call the American Lung Association at 454-2500.

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STD INFORMATION TO GO 'ON LINE' JAN. 1ST; ONE THOUSAND PHARMACIES NATIONWIDE TO PROVIDE CONSUMER ACCESS

RESEARCH TRIANGLE PARK — Questions about chlamydia? Concerned about gonorrhea? How about herpes, hepatitis or even genital warts?

Everything you've ever wanted to know about sexually transmitted disease — and probably some things you haven't wanted to know but should have been looking into — is now right around the corner.

Confidential, easily accessible information about a wide range of sexually transmitted diseases (STDs) could be as close as your neighborhood pharmacy — especially if your neighborhood pharmacy is one of the more than 1,000 drug stores around the country to house one of Healthtouch's touch-screen consumer-interactive computers.

Starting January first, the American Social Health Association (ASHA) will join the American Heart Association, the American Diabetes Association, among other health organizations and companies, in providing health information databases for consumer access on the Healthtouch system.

"We're thrilled that so many more people will now be able to get information about this threat to their health," said Peggy Clarke, executive director of the 80-year-old health education agency.

Healthtouch is an electronic magazine of health for direct consumer access on display at various retail and health facilities nationwide. The electronic magazine is published by Medi-

cal Strategies, Inc.

In a recent study of their end users, Medical Strategies discovered that STDs were a subject about which the people queried wanted more information.

In the three years since the electronic magazine's development, approximately ten million people have already used it to access health, beauty, nutrition and fitness advice, as well as find out more about the 5,000 prescription and over-the-counter drugs listed there.

Begun in 1914, ASHA is still the only national nonprofit agency dedicated solely to the prevention of all sexually transmitted disease. The agency operates three national STD hotlines — the National AIDS Hotline (800-342-2437) the National STD Hotline (800-227-8922), and the National Herpes Hotline (919-361-8488.)

In addition, ASHA funds STD research, and maintains a multi-faceted public information effort, including the publication of a wide range of STD educational materials.

As part of its advocacy program for sound STD public policy, ASHA chairs the Coalition to Fight Sexually Transmitted Disease, a group of national organizations committed to improved funding and other program efforts to reduce STD.

For more information about the American Social Health Association's STD education materials, write the agency at P.O. Box 13827, Research Triangle Park, NC 27709.

VIEW FROM HHS

by
Louis W. Sullivan, M.D.



Disease prevention and health promotion has been a major priority of mine during my tenure as secretary of health and human services. I'm pleased and thankful that over the past 18 months many of the member papers of the National Newspaper Publishers Association have devoted space to my column as partners in the effort to get out the disease prevention message.

In a nutshell, here's how important prevention is to improving the health and well-being of the American people: As many as 900,000 of the 2.2 million deaths in the nation each year could be prevented.

From the time I took office in 1989, I've taken the message everywhere I've been: Our daily habits and lifestyle choices can dramatically improve our chances for good health.

Here's how important these personal choices can be: Personal decisions to control fewer than 10 common risk factors could prevent between 40 percent and 70 percent of all premature deaths, a third of all cases of acute disability and two-thirds of all cases of chronic disability. These include use of tobacco, abuse of alcohol and illegal drugs, careless eating habits, infrequent exercise, high-risk sexual activity, failure to wear seat belts, and ignoring necessary medical examinations and vaccinations.

Too often we don't stop to fully consider the consequences to ourselves and our loved ones of not actively seeking—day in and day out—to prevent disease and improve our health.

Consider this: Poor diet and sedentary habits result in 300,000 to 400,000 deaths each year; smoking costs more than 435,000 deaths each year, including 21 percent of

all deaths from heart disease and 87 percent of all deaths from lung cancer.

Of course, the responsibility for healthy lifestyles doesn't rest exclusively on the individual. In all our communities, we need to support healthy choices.

And the government role is important. The HHS budget for this year reflects the priority this federal agency places on disease prevention and health promotion. We plan to spend \$8.7 billion—an increase of 56 percent since 1989.

As one who has had a life-time commitment to improving the health of my fellow citizens, especially those in minority communities, I firmly believe it is important that we all adopt that renewed sense of responsibility that I have called a new "culture of character." Unless we do, we will not be able to achieve the desired improvement in our health status, no matter how much money we spend or how successful we are in reforming the American health care system.

To be sure, we have initiated special programs to help eliminate the unacceptable gap between the health status of white citizens and African-Americans. But these will pay dividends much faster if each of us strives to avoid unhealthy activities and lifestyles.

The vision of a healthier America, in which every citizen has access to appropriate and affordable health care, is increasingly a priority of our nation. I wish the incoming administration the best as it moves to the forefront in this endeavor. And I hope it will keep a strong focus on preventing disease and supporting healthy individual choices.

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



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