

HEALTH

Smoking Biggest Cause Of Early Death

Sunrise Hospital Provides Information Week Highlights Cancer Awareness For Minorities

In conjunction with National Minority Cancer Awareness Week (NMCAW), April 16-22, Sunrise Hospital and Medical Center will offer free information to increase awareness and knowledge of cancer within minority communities.

An educational resource center will be available from 8:30 a.m. to 3:30 p.m. in the main lobby of the hospital, 3186 So. Maryland Parkway. The resource center will include literature on early detection of specific types of cancer, good nutrition, survivorship issues, stopping smoking and other tobacco-related issues, and preventative care information. Nurses and other oncology personnel will be available to answer questions. For information, call 732-8788.

"The goal of National Minority Cancer Awareness Week is to send important messages about cancer prevention and detection to minority communities which continue to have disproportionately high cancer incidence and mortality rates," said Marla Weber, oncology program coordinator at Sunrise Hospital.

Specific NMCAW objectives include raising awareness among African Americans, Hispanics, Asian Americans and Native Americans regarding:

breast cancer, especially for women aged 50 and over;

* Early detection in the successful treatment of cervical cancer;

* Avoiding tobacco use and being aware of the health risks smoking poses to individuals and their families; and

* Making healthier food choices and modifying traditional foods for high fiber and low fat content.

According to the American Cancer Society, 120,000 African Americans will be diagnosed with cancer in 1995. Other minorities will account for 35,000 cases. In Nevada, nearly 7,000 new cancer cases will be reported; approximately 8 percent of those patients will be African American.

The incidence rate is higher for African Americans than Caucasians at 439 per 100,000 as compared to 406 per 100,000. Additionally, the African American mortality rate is higher and survival rate is lower than those of Caucasians. The mortality rate differential is 228 per 100,000 compared to 170 per 100,000 and the survival rate differential is 34 percent compared to 55 percent, respectively.

Weber said the lower African American survival rate is mainly due to late diagnosis.

Cigarette smoking is still the nation's largest cause of premature death: More than 400,000 Americans will die this year of smoking-related diseases.

Tobacco and the Clinician—Interventions for Medical and Dental Practice is the fifth and latest monograph in NCI's Smoking and Tobacco Control series. It provides important and useful information for physicians, dentists, and other health care professionals interested in reducing the tremendous burden of diseases caused by cigarettes and other tobacco products.

The 389-page monograph is divided into five chapters, written and edited by more than 87 experts on smoking cessation counseling, prevention and control, and featuring topics such as pediatric medicine and adolescent smoking prevention.

The monograph also provides many practical tips for involvement in community-based smoking control programs.

"We need to become smoking experts within our communities to counter the tobacco industry's misrepresentation of scientific fact," said Philip R. Lee, M.D., assistant secretary for health, Department of Health and Human Services. "Health professionals have a responsibility to ensure that the 50 million people who continue to smoke fully understand the health consequences of their behavior, and to provide direct assistance to help these people become nonsmokers."

In 1984, NCI funded a series of 12 clinical trials in an effort to develop more effective ways for physicians, dentists, and other health care professionals to help their patients who smoke.

More than 100,000 patients and 6,100 physicians were involved in these trials.

The monograph distills from these and related studies a clear picture not only of which interventions work but also how to recruit and motivate physicians to provide assistance, and how to institutionalize the provision of cessation assistance within the health care delivery system. Included in the monograph is a foreword by Lee, profiling early cigarette advertising strategies during the first half of this century. Some

ads were intended to convince the public that smoking was safe by using models portraying physicians, dentists, and nurses. One of these ads states: "According to a recent nationwide survey, more doctors smoke Camels than any other cigarette."

The other monographs in this series are: Monograph 1: Strategies to Control Tobacco Use in the United States: A Blueprint for Public Health Action in the 1990s. NIH Publication 92-3316

Monograph 2: Smokeless Tobacco or Health: An International Perspective.

NIH Publication 93-3461
Monograph 3: Major Tobacco Control Ordinances in the United States.

NIH Publication 93-3532
Monograph 4: Respiratory Health Effects of Passive Smoking: Lung Cancer and Other Disorders. The Report of the U.S. Environmental Protection Agency.

NIH Publication 93-3605
Future monographs are planned on state and local legislative action to reduce
(See Smoking, Page 24)

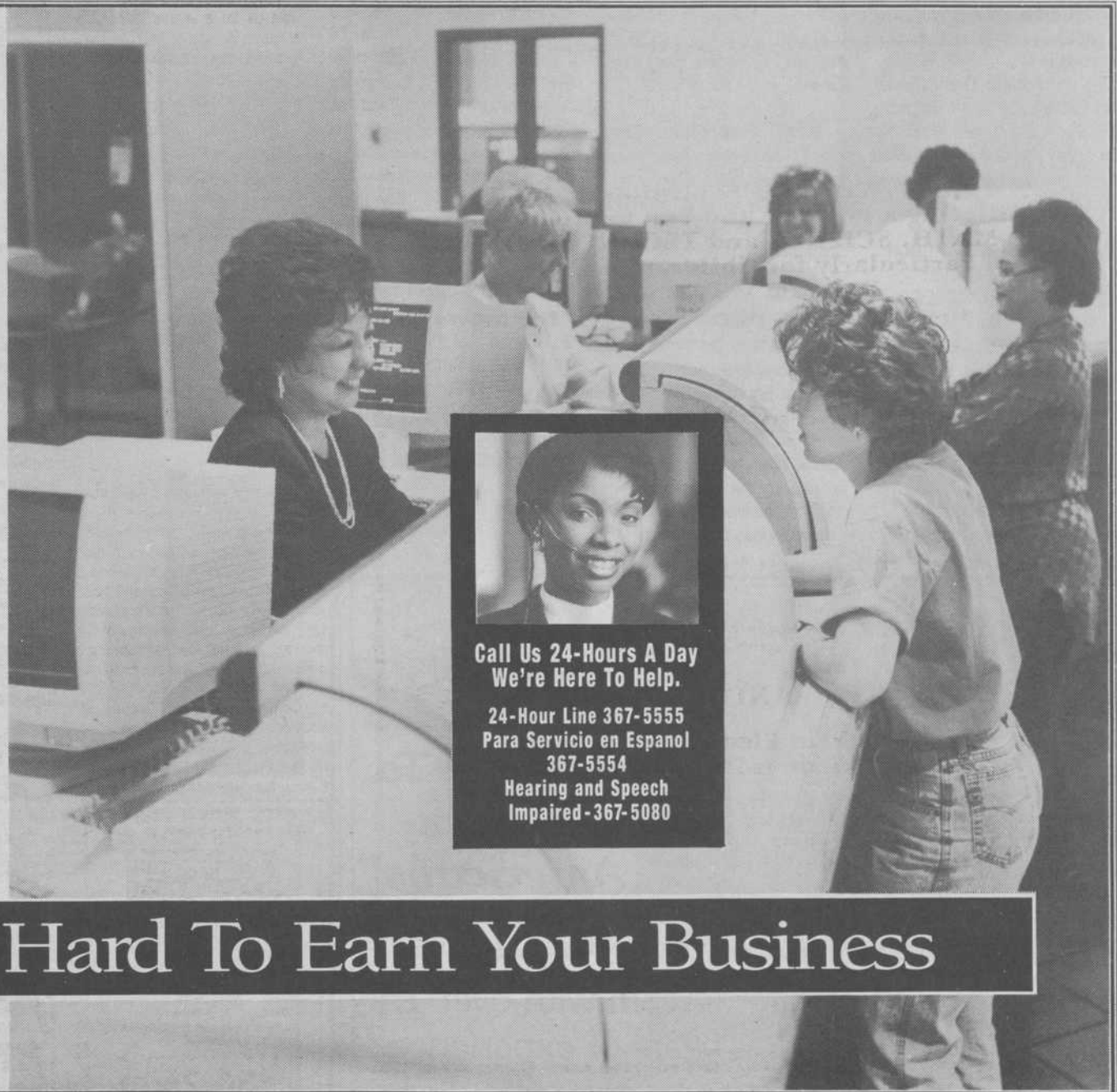
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