PHS Promotions Ready

Public Health Challenges Addressed

Surgeon general of the Public Health Service Dr. C. Everett Koop has eschewed politics in favor of a strong bent toward the issues surfacing in public health today—the rising incidence of violence in American society, for example. He also has questioned the wisdom of raising a generation glued to video screens (an issue he stresses needs more study).

In the following remarks, excerpted from an interview, Dr. Koop describes some of the preventive measures he believes are important in today's world and tells how the Department of Health and Human Services, with its Commissioned Corps, intends to tackle them.

Contrary to the rumors, I have seen nothing in the fiscal 1984 budget passback from the Office of Management and Budget to indicate there will be another attempt to eliminate the Commissioned Corps.

That's all I can say about this for now (the President's budget request is scheduled to be sent to Congress next week).

The Commissioned Corps *is* becoming more closely allied with the other uniformed services for a number of reasons.

First of all, there has been an extraordinary camaraderie among the federal chiefs since I have been in this job, and we have a better appreciation, I think, than has been the case of each other's problems.

I believe there should be maximum cooperation among the uniformed services, and we all share a concern about health, particularly in times of emergency, whether we're talking about military emergencies or civilian emergencies, that it just makes sense for each of us to know as much about the other's needs as possible and to be able to backfill those needs.

I guess the most satisfying aspect of all this is the enthusiasm of the reserve officers of the Public Health Service Commissioned Corps to serve the other uniformed services with their expertise.

•••

The secretary's (HHS secretary Richard S. Schweiker) initiative for health promotion and disease prevention will really get underway early in the year.

One of the big factors in that is the "healthy mothers, healthy babies" campaign. That's going to be in six phases.

Each month there will be a new directive. Part of that will be radio public service announcements from me. Another part will be beautiful posters that will be set up around the country where teenagers gather.

We're trying to reach those most likely either to be pregnant, plan pregnancy or get pregnant and produce a low-birth-weight baby.

If we can encourage the things we're stressing in our campaign, we can cut down on the low-birth-weight baby. That's where most of our problems occur in terms of morbidity in the first year of life.

First of all, we're zeroing in on, "See your doctor early and often." In addition, we're stressing, "Don't smoke. Don't drink. Get adequate exercise. Eat a balanced diet. Don't take medication unless you've talked to your doctor."

Rather than flood the world with six different things on these posters, we'll do one a month. The posters are large and are the ones our marketing experts have told us are most attractive to the teenagers we're trying to reach.

Little copies, postcard size, will be available to any girl who goes to a clinic where she might be getting information about a pregnancy. On the back of it will be the written instructions that go with that message.

—U.S. Medicine photo

Dr. C. Everett Koop

Uniformed services should work together

(Continued on page 85)

PHS Ready To Launch New Health Promotion

(Continued from page 83)

So that's one part of our preventive campaign.

•••

The secretary as you know has been very much concerned about drunk driving and has talked a lot about this to the press and on television.

We have been concerned at the Centers for Disease Control with what we call premature death. And violence has a tremendous amount to do with premature death in this country.

Driving and drinking is a kind of nonpremeditated violence which is very much responsible for a lot of premature deaths in this country, especially among teenagers.

It's very encouraging to see states like New Jersey raise the drinking age, as it did last month, back to 21. As you know, the states that have done this have seen a change in the morbidity and mortality of teenagers from that cause.

•••

We'll be bringing out our smoking and health report in the early weeks of this year. We'll focus not on cancer as we did last year but on the relationship of smoking to cardiovascular health.

This is important, because studies show that most people know that there is a relationship between smoking and cancer, but not that many are aware of the fact that there is a relationship between smoking and cardiovascular disease.

It still is our biggest public health problem in this country, and we do predict 300,000 deaths a year from smoking—deaths that are preventable.

The secretary will be pushing nutrition, exercise, not smoking and alcohol in moderation.

•••

One of the things the secretary and I have talked about, and are now working on, is the prevention of incontinence by the use of biofeedback techniques.

We are working with the National Institute on Aging, National Gerontology Institute and Baltimore City Hospital, mounting a program that will test the use of biofeedback to prevent incontinence in bed patients.

It already has been demonstrated that you can have a 70 per cent success rate with biofeedback techniques in incontinent adults, that is, incontinent people between the ages of 70 and 90.

Our concern was—can you do the same thing if the patient is in bed?

That is the purpose of this short-term research project, and we are tying in the teaching nursing homes as well to be in on the ground floor of the knowledge that is accumulated. We look to people who are developing their skills in master's and doctoral programs in the universities that have connections with teaching nursing homes as being those individuals who will carry this message out to nurses.

It is my hope that the nursing profession—especially those interested in gerontology—will pick up this challenge, because I think they are in the ideal position to be on the spot and teach the biofeedback methods, which aren't that difficult to learn.

•••

The most difficult thing about prevention is that you cannot assess the results of a prevention campaign early on. It takes time.

Prevention and changes in lifestyle are not glamorous, innovative things.

They are tremendously effective, we know, but they're difficult to measure. It takes a long time to get an answer.

•••

We held an interesting, and I think exciting, surgeon general's conference in Philadelphia last month on the general subject of handicapped children and their families, using the respirator-dependent child as a model.

There were 10 extraordinarily competent, hard-working groups in workshops.

The reason we used the respirator-dependent child as a model is that it is the most complex medical problem to transfer from institutionalized care to home care.

It is also the most expensive, per diem, of any of the things we deal with.

Therefore, if we can address this complex, expensive problem, the spinoff to all sorts of other handicapping situations that could be treated as well, or better, in the home can be very readily addressed.

We should have a report on this conference available within about 30 days. It will chart the course, in a sense, for the management of these issues.

Our biggest problem is that we do not have a data base on which to base national projections.

There's only one state in the union where we know for sure how many patients are respirator-dependent, and that's Pennsylvania.

That's why we held the conference in Philadelphia.

We have 235 respirator-dependent patients in the commonwealth of Pennsylvania. The definition of "respirator-dependent" is respirator-dependent for 28 days in any one year.

The basic annual cost for those people in Pennsylvania is at the very minimum $7 million.

Reference: U.S. Medicine, pp. 83 & 85, January 15, 1983.