



U.S. Surgeon General Dr. David Satcher Visits HDHHS

U.S. Surgeon General David Satcher, MD, PhD was the distinguished keynote speaker at the HDHHS presentation entitled *Ethnic Diversity and Diverse Health Outcomes* where he addressed about 1,000 public health professionals on core issues affecting community health. He also spoke at the Mayor's Executive Forum and toured the HDHHS La Nueva Casa Health Center on September 16.

"Nearly one-third of Americans are less physically active than in years before," Dr. Satcher said. "In 1996, the overall level of physical inactivity among adults 18 years and older was nearly 30 percent—almost twice the national year 2000 health objective of 15 percent." The Surgeon General talked about two goals for the year 2010: increasing the quality of life and eliminating disparities in health among different racial groups.

"People are not as concerned about how they are going to die, but rather more concerned about how they are going to live longer and better." In order to achieve this there are six core health issues affecting communities nationwide that must be addressed. They are diabetes, HIV/AIDS, child and adult immunizations, cancer, infant mortality and cardiovascular diseases.

Surgeon General Satcher stressed that the rate of diabetes in American Indians and Hispanics needs to be greatly reduced. Almost 16 million Americans have diabetes and one-third of them are not aware they have it. Research shows that American Indians have the highest prevalence rate of diabetes in this country. However, diabetes is just as prevalent in Hispanics, who have twice the risk of developing the disease as Anglos.



U.S. Surgeon General Dr. David Satcher visited HDHHS on September 16. He addressed HDHHS employees and other health professionals at the Hornberger Center in the Texas Medical Center. Satcher visited La Nueva Casa de Amigos Health Center, the Mayor's Executive Forum and Houston Community College. Pictured with the Surgeon General is HDHHS Director Dr. M. desVignes-Kendrick.

"We need to ensure early and equal access of health care to enhance the quality of life and appropriate drug therapies for at least 75 percent of the low-income people living with HIV/AIDS," said Satcher. HIV/AIDS is the leading cause of death for all persons 25 to 44 years old.

The Surgeon General says, "We also need to achieve and maintain at least 90 percent coverage for all recommended childhood immunizations and increase pneumococcal and influenza immunizations in adults aged 65 and older to 60 percent."

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Leadership Training Conference

The seventh annual Leadership Training Workshop for volunteers and staff will be held Saturday, November 20, from 7 a.m. to 1 p.m. at the West End Multi-Service Center, 170 Heights Blvd. The workshop will focus on diversity. Confirmed speakers are Dr. Stephen L. Klineberg, who will present *The New Diversity: Coming to Grips with Houston's Ethnic and Economic Transformation* and Houston Chronicle writer Julie Mason who will analyze the November election results. A lunch of beef lasagna and salad is available for \$7. Certificates of participation will be given to all who attend. Contact Rita Rodriguez at 713-798-0887 for more information.

Surgeon General, continued ... Satcher wants to increase the level of breast exams and mammograms in women in all ethnic groups aged 50 and older, greatly reduce the rates of infant mortality, especially among African-Americans by at least 22 percent and reduce cardiovascular disease rates among African-Americans, Mexican-Americans and American-Indians.

Satcher says people need to make time for at least 30 minutes of exercise a day and greater emphasis should be placed on eating healthier. Doing these two things can help in reducing the level of disparities and living longer and happier lives. Satcher is the 16th U.S. Surgeon General to be appointed in the nation and the second ever to hold this position concurrently with the position of Assistant Secretary of Health.

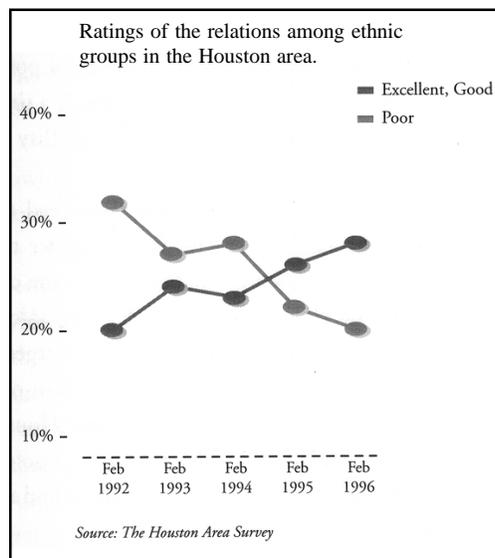
Houstonians Embrace Diversity

Dr. Stephen Klineberg opened the *Ethnic Diversity and Diverse Health Outcomes* presentation by presenting an overview of Houston's diverse population and concerns. Klineberg is a Professor of Sociology at Rice University and has been conducting annual surveys of the city's ethnic make-up and behaviors for the last 18 years. According to Klineberg, "Houstonians are embracing diversity more than ever now."

Houston's population is comprised of about one-third Asian and Black, one-third Hispanic and one-third White. According to Klineberg's statistics, we now live in a majority-minority county. That is to say, that the minority population has superseded that of the Anglo population. Ethnic diversity has certainly made great strides. Just nine years ago Houston was a city where the Anglo population was by far the majority.

According to an 1890 census, about 15.9 million Americans came from the southern and eastern portions of Europe. Klineberg said, "Eighty-two percent of all human beings on the face of this earth that came to American shores during 1492 through 1965 were from Europe. And we operated the last 40 years of that period under one of the most vicious and racist laws Congress ever passed. It was the National Origins Quota Act of 1924 which sought to freeze the ethnic composition of that time." Between 1924 and 1965 there were

other challenges that many minority populations faced. According to Klineberg, "Jews, Slavs and Italians were thought to be inferior human beings. In 1906, the *Gentleman's Agreement* declared Asians to be inferior human beings as well. Congress even went so far as to say Asians would never be allowed to become Americans." Finally, in 1965, Congress decided to, "stop making these terrible distinctions between human beings," Klineberg said. The



process of making visas available to countries recognized by the United Nations started. Klineberg says, "the United States is the first nation in the history of the world that can say with some honest truth and degree of accuracy we are a free people and now we come from everywhere!"

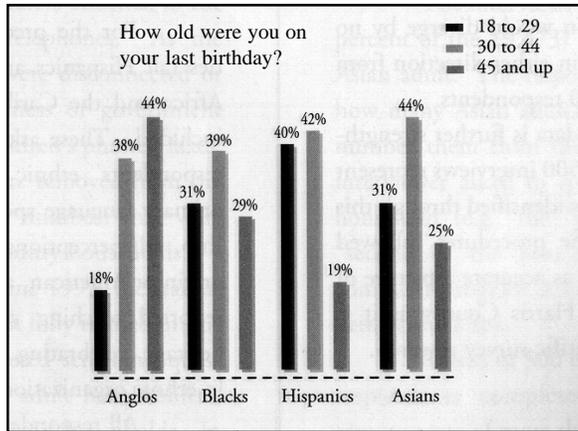
People from all over the world were migrating to the United States,

especially to cities like Chicago, New York and Los Angeles. But, Houston received the most striking influx of immigrants during the 1970's. Houston had its greatest growth spurt due to the tremendous job availability and competitive salaries. Between 1970 and 1982, one million people moved into Harris County. Most of the newcomers were Anglos from other states. "They were coming at the rate of 1,380 people a week. We were adding about 230 cars and trucks to the streets of Houston everyday," Klineberg said. Houston was booming.

After 1982, the migration by Anglos came to a standstill. The biggest influxes of people coming to Houston were Asians and Hispanics, and continues today. Klineberg says, "Virtually all of the population growth that Harris County has experienced in the past fifteen years is attributable to the arrival of new immigrants from Asia and Latin America. The surveys indicate that 90 percent of all Asian adults now living in the county are first-generation immigrants, as are 56 percent of Hispanic adults." His surveys also indicate there are now far less anti-immigrant attitudes in Houston than in any other city where immigration is widely seen and felt. "We are a multi-ethnic, multi-cultural society where no one gender or ethnic group will ever again predominate," says Klineberg. But what does the future hold for Houston? Klineberg's research shows

that not only is the city becoming more ethnically diverse, but that Anglos are aging more than any other ethnic group.

The fastest growing group of people aging are those over the age of 85. The next fastest aging group is people 65 to 85 years old. While Anglos are aging, research shows that African-Americans and Hispanics are not.



Klineberg says, “The future of America and the future workforce of this city will be overwhelmingly non-Anglo. The ability of Houston to compete successfully in a global economy will have everything to do with the kind of opportunities that we provide Black and Hispanic kids, who will be the predominant workforce of Houston in the 21st century. If you could close the borders today and allow no new immigrants to come, this would still be the future.”

The educational attainment by African-American and Hispanic students will be vital for Houston’s future. According to Klineberg, “Houstonians of any ethnicity who do not have college educations or high levels of technical training have little chance to succeed today, no matter how admirable their values or how strong their determination.”

Comparing the educational attainment of first-generation, foreign-born Asian and Hispanic immigrants to the U.S-born Anglos, African-Americans and Hispanics of Houston,

Asians come out on top. Klineberg’s research shows that 57 percent of all the Asian immigrants residing in Harris County have college degrees; 43 percent of the American born Anglos are college-educated, as well as 23 percent African-American, 16 percent U.S.-born Hispanics and 9 percent of the Hispanic immigrants.

Asian immigrants have been relatively successful attaining prosperity because they come from families in their countries of origin whose educational and occupational attainments far exceed the average for native-born Americans. “When asked what occupation their fathers had when they themselves were 16 years old, 36 percent of Houston’s Asian population said their fathers were doctors, lawyers,

professors, engineers, corporate managers or other professionals. Only 20 percent said their fathers were in lower status occupations,” says Klineberg.

In comparison, 28 percent Anglos, 19 percent of Blacks and 13 percent of Hispanics said their fathers were professionals when they were 16 years old. And 46 percent of Anglos, 60 percent of Blacks and 67 percent of Hispanics said their fathers were working lower-status jobs.

According to the results of Klineberg’s surveys, there has actually been more upward mobility among Houston’s Anglos, Blacks and Hispanics from one generation to the next than in the Asian community.

“As children of fathers who were predominantly in high-prestige occupations themselves, it is not surprising that only 26 percent of Asian adults in Houston were in positions of higher prestige than those their fathers occupied. But this was the case for 43 percent of Anglos, 48 percent of Hispanics and 55 percent of African-Americans,” he said.

Klineberg acknowledges that most immigrants make the difficult passage to America in the expectation that their children will have a better future. Indeed, his graphs show that Hispanics who were born or grew up in the U.S. reported higher levels of educational and occupational status and greater personal and household incomes than did the Hispanics who immigrated to this country as adults. On the other hand, no indicators of improving circumstances were found among the Asians.

According to Klineberg, we all need to fully understand the nature of the challenges that lie ahead. He says, “Hispanics are projected by the U.S census to be the largest of Houston’s four ethnic communities by the turn of the century.”

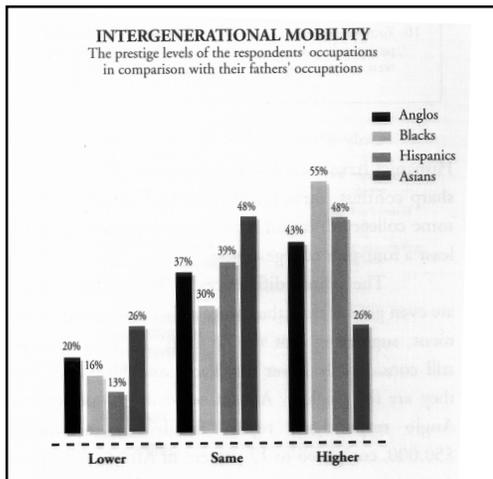
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Dr. Stephen Klineberg at the HDHHS Presentation

Klineberg, continued ...

What leadership roles will Hispanic Houstonians be prepared to play in the new economy, if only a little more than 10 percent of them have college degrees and more than 40 percent are high school dropouts?" According to his surveys, today's Hispanics who are the third generation in their families to live in America are not staying in school longer than second-generation Hispanics, nor earning higher wages in more desirable jobs.



If the minority communities are not prepared to succeed in the new economy, it is hard, according to Klineberg, to envision a prosperous future for Houston. Furthermore, he says, "The measure of leadership for the rest of our life time will have to do with building the bridges of mutual understanding and sharing perspectives to shape a common future."

HDHHS To Receive Funding For Syphilis Elimination in Houston

HDHHS expects to receive funds from the Texas Department of Health later this year to begin designing and implementing syphilis elimination strategies in Houston/Harris County. Houston qualifies for funding for syphilis elimination as a high morbidity area. Twenty-eight counties in the US accounted for half of the reported infectious syphilis cases reported in 1998 and Harris County is one of those. In 1998 Houston/Harris County ranked 12th in the nation in the number of primary and secondary syphilis cases reported.

Infectious syphilis rates have declined dramatically since the early 1990s in the US and in Houston. Houston/Harris County has experienced a 95 percent decline in the number of reported cases between 1991 and 1998. In 1991 there were 1,638 cases of primary and secondary syphilis reported in Houston/Harris County. By 1998 that number had dropped to only 99 cases. This presents a great opportunity to actually eliminate syphilis in Houston/Harris County.

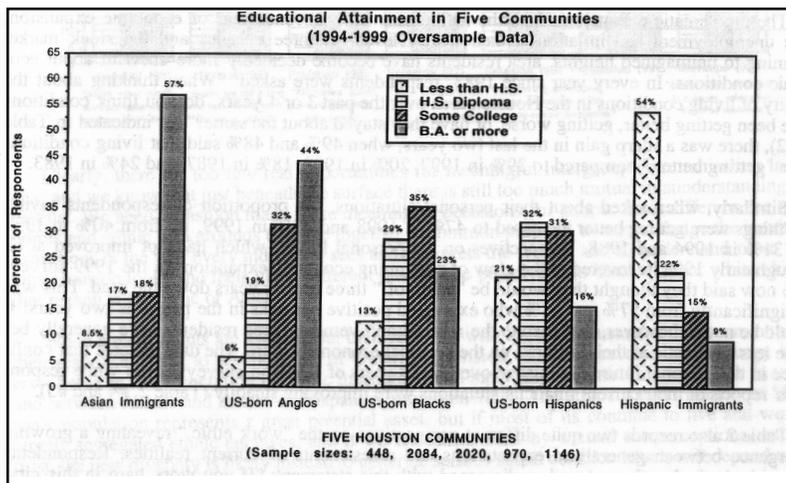
Syphilis elimination will require community involvement especially from the communities most affected by syphilis. Twenty five percent of the funds Houston receives for syphilis elimination will go to community organizations to assist with the syphilis elimination activities.

HDHHS is looking to expand awareness of syphilis not only in the general public but also among health care providers. Communicable disease specialists are developing a survey to administer to providers early in 2000 to gauge their knowledge and practice regarding not only syphilis but also other STDs.

Enhanced syphilis screening, treatment, surveillance and case management are critical activities which need to occur to achieve the goal of syphilis elimination.

The benefits of syphilis elimination include reducing one of the most glaring racial disparities in health, decreasing HIV transmission (syphilis infection can increase HIV transmission at least 2-5 fold) and to improve infant health. In 1998 there were 57 cases of syphilis reported in Houston/Harris County among newborns whose mothers passed the infection to them during pregnancy.

The rate of congenital syphilis in Houston/Harris County is five times higher than the national rate. The HDHHS, in collaboration with our community, medical providers and academic institutions hopes to achieve the goal of syphilis elimination over the next five years.



HDHHS: From the Past to the Present

About a century ago, the profession of public health focused primarily on engineering interventions, such as sewer development, sanitation and purification of water. After 1951, the goal, according to Harvard Professor Harvey Fineberg, “was to make possible the highest state of health for the greatest number, most prominently by ensuring the purity of whatever people ate, drank and breathed.”¹ Now, according to William Foege, from the Carter Center in Atlanta, “Every problem is a public health problem. Public health today embraces so many difficult problems because the public health approach offers promising prospects for solutions where others have failed.”²

The institutional development of public health in Houston before 1865 is difficult to trace due to the scarcity of documents and information available. However, “The first evidence to institutionalized public health in the city of Houston appeared in 1839. In the spring of that year, the mayor was asked to have the Board of Health report to city council in relations to their privileges and duties in regard to their presenting nuisances within the bounds of the city.”³ Exactly when the Board was created, how many members it included, and the powers and responsibilities the Board held are unknown.

In 1839, the Board of Health and the Houston City Hospital were developed after a yellow fever epidemic ravaged Houston. Over 200 lives were lost and 1,000 people were infected out of a population of little over 2,000. Officials and residents were caught off-guard with the influx of yellow fever cases. Rumors of the epidemic killing people in Galveston, before arriving in Houston, were ignored. A month later, the Board of Health found it difficult to keep count

of the sick and to bury the dead. From 1865 to 1900, Boards of Health acted as temporary committees and usually functioned only during epidemics. This was due to the boards receiving little support from the general public, business leaders and municipal officers of that time. Health officers during the early and late 1800’s had a tough time combating disease. They had no financial help, nor support from the community to do their jobs efficiently. Most residents were living in inadequate homes and unsanitary conditions. In addition, there was little knowledge of germs and disease making conditions ideal for an escalation of health problems. Tuberculosis, malaria, dengue fever, typhoid fever, small pox, the plague and of course yellow fever were the main epidemics to hit Houston between the late eighteenth to early twentieth century.

In 1861, two significant ordinances were passed with regard to public health. In one, the city council made it an offense for a resident to leave his/her property unclean. Secondly, appointed members to the Board of Health were to seek out any nuisances on properties. The members were comprised of ordinary citizens from three different Wards who had the power to go onto any property to inspect for unsanitary conditions. It was not until December, 1861 that a building and lot were provided for the City Hospital with the Mayor having the exclusive rights to admit the patients.

“From these enactments, it might seem that the Board of Health and the City Hospital were finally on firm institutional footing. Actually, the development of these municipal agencies was only beginning by 1865. It would take three more serious yellow fever epidemics, a cholera scare, an economic depression and the

maelstrom of Reconstruction politics to bring Boards of Health and the City Hospital to positions where they could materially improve the health of Houston.”⁴

The year 1902 was a busy one for Houston. The City Health Officer of that time, Dr. W. M. Brumby, submitted his annual report to Mayor O.T Holt with hopes of improving the Health Department’s capabilities. Brumby was surprised that only 474 births were reported that year. Midwives were doing their job by reporting births to the Health Department, but physicians were not. Apparently, physicians had the impression reporting births was an option they had. Brumby knew there were more births than deaths that year and if the vital statistics had been kept track of properly, there would have been a 50 percent increase in the number of newborn children registered. Brumby also believed parents should have been held accountable by law to report their child’s birth.

Yellow fever ravaged and killed many people in the 1800’s, and tuberculosis was the leading killer in 1902. One-seventh of the world’s mortality rate was due to TB and at least 150,000 people were dying from it annually in the United States. Because of the seriousness of tuberculosis, there was an ordinance against spitting on sidewalks or public places since it was believed that the wind would blow the germs onto passersby who in turn would contract TB and die from it. In Houston, 115 people died of TB that year, 70 were reported to have died of malarial fevers and four died of smallpox. Smallpox cases declined because the School Board started requiring all children to bring certificates of

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Countdown to Y2000 As of November 2, 99: 20th Century --- 59 days left in 1999

Medical Milestones of the 1900s

1900-1950

1901	Major blood types identified
1903	Invention of first electrocardiograph
1910	Development of magic bullet treatment for syphilis
1912	Term vitamin introduced
1921	Insulin isolated
1928	Discovery of Penicillin
1932	Discovery of first antibiotic
1933	Development of Pap test
1944	First blue-baby operation
1948	Creation of World Health Organization
1948	Cortisone used for arthritis

1951-Present

1952	First successful open-heart surgery
1953	Another structure theory introduced for DNA
1953	Preliminary results for new polio vaccine
1965	Medicare takes effect
1967	First human heart transplant
1972	CAT scan introduced
1973	Heimlich maneuver devised
1978	First test-tube baby born
1981	CDC identifies Acquired Immune Deficiency Syndrome

Past to Present, continued ...

successful vaccination before entering school. In addition, all vaccinations were free.

Dr. Brumby recommended that instead of his work being limited to administering to the sick, that it be expanded to a higher level of looking to the welfare of the community from a health standpoint; i.e., preventing disease within the community, rather than treating a person on an individual basis.

From the late 1880's to about 1912, many visible changes occurred. Streets were cleaner, garbage and filth were less apparent, ordinances were passed to protect the City's water supply and in 1907 it had become a misdemeanor to throw waste material into the bayou. Improving the state of sanitation in the city made conditions better for living healthier lives.

Where at one time government showed little or no support, today only government has the incentive to ensure that public health services exist for all people in all communities. Only government has the resources adequate to conduct the studies necessary to identify health risks and solutions. Only government has the mechanisms to create compliance from all stakeholders in the community, state or nation. Moreover, where at one time health officers reacted to disease whenever there were epidemic outbreaks, today public health is in the business of prevention of disease, disability and death.

¹ Robin Matantz Henig, "The People's Health" (1997), p. 3.

² Robin Matantz Henig, "The People's Health" (1997), p. 4.

³ "The Houston Review 2," (1980), p. 131.

⁴ "The Houston Review 2," (1980), p. 127.

⁵ "The Houston Review," (1980), p. 130.

Holiday Planning

As the holiday season approaches, it's time to plan. Trick-or-treaters will soon be knocking on doors asking for candy. Grocery and retail stores across the country will be hiring extra help to take care of last minute shoppers. Loved ones will wear themselves out just trying to think of that perfect gift to buy and on top of all that is the worries of the Y2K glitch (if there is one). *Yikes!*

Does this sound like you sometimes? Here is some advanced advice; PLAN AHEAD! We've all heard that before, but it's amazing what you can actually accomplish and how much more peaceful preparing for the holidays can be.

Buying the perfect turkey or ham is sometimes a feat in itself. What kind of turkey or ham should I buy? How many pounds should the turkey or ham be? Should I buy it frozen or fresh? Do I want leftovers? Plan your menu ahead. Ask yourself these questions before going out to shop. According to food experts the main difference between a frozen turkey and a fresh one is personal preference.

Storing leftovers properly:

- Do not leave food on the counter for more time than necessary.
- Cut the turkey into small pieces.
- Refrigerate turkey and stuffing separately.
- Eat leftover turkey or stuffing within 3 to 4 days.
- Reheat turkey or stuffing to 165 degrees or until hot and steaming.

Cooking With Kids

Parents often look forward to spending time with their children during the holidays. Parents should remember that children are just as anxious to spend quality time with their family. So think about ways to include the little holiday helpers in the picture. For kids of all ages, first things first, remember to wash those hands before handling any type of food.

Children ages two-and-a-half to three years old can often handle washing fruits and vegetables, stirring batter, or fetching the cans from kitchen cabinets. Greasing pans, snipping herbs for salads or cooking, can normally be handled by children between four and five years old. Six to eight year olds can take part in planning an entire meal, setting the table or making the salad. So when your children ask you what they can do to help, put them to work. They like to feel useful.

For any questions on food safety call the toll-free USDA Meat and Poultry Hotline at 1-800-535-4555. Between the hours of 9am to 3pm (CT) you can talk to a live person. If you call after-hours, there is a 24-hour food safety recording when using a touch-tone phone.

Turkey Purchases and Cooking Tips

Use the following charts in your turkey preparations:

Purchase Planning

Whole bird	1 lb per person
Boneless breast	1/2 lb per person
Breast w/bone	3/4 lb per person
Prestuffed whole bird	1 1/4 lbs. per person



Thawing and Cooking

Size of Turkey	Thawing In Refrigerator	Thawing In Cold Water	Cooking Time
8-12 lbs.	1-2 days	4-6 hours	2 3/4 - 3 hours
12-16 lbs.	2-3 days	6-8 hours	3 - 3 3/4 hours
16-20 lbs.	3-4 days	8-10 hours	4 1/4 - 4 1/2 hours
20-24 lbs.	4-5 days	10-12 hours	4 1/2 - 5 hours

The day before you cook the turkey, whether it be Thanksgiving, Christmas or New Year's Eve, make sure you have everything you need. *Be sure to thoroughly rinse fresh or frozen turkeys prior to cooking!*

- Use a meat thermometer to check the internal temperature, include the chest, thigh, wings.
- As soon the all parts checked reached 160 degrees, it is safe to eat.
- The safe temperature for stuffing is 165 degrees, whether cooked inside the turkey or out.
- Let turkey stand 20 minutes before removing stuffing or carving.

Education and Preparedness for Y2K

HDHHS encourages education and preparedness about Y2K. The following suggestions may be helpful, and make sense regardless of the potential problem. Additional information is available on the Internet at <http://www.redcrossstexas.org/Y2K.htm>.

- Check with manufacturers of any essential computer-controlled electronic equipment in your home to see if that equipment may be affected. This includes fire and security alarm systems, programmable thermostats, appliances, consumer electronics, garage door openers, electronic locks and any other electronic equipment in which an “embedded” chip may control its operation.
- Stock disaster supplies to last several days to a week for yourself and those who live with you. This includes having nonperishable foods, stored water and an ample supply of prescription and nonprescription medications that you regularly use.
- As you would in preparation for a storm of any kind, have some extra cash or travelers checks on hand. Keep your automobile gas tank above half full.
- In case the power fails, plan to use alternative cooking devices in accordance with manufacturer’s instructions.
- Never use open flames or charcoal grills indoors.
- Have plenty of flashlights and extra batteries on hand. Don’t use candles for emergency lighting.
- Examine your smoke alarms now. If you have smoke alarms that are hard-wired into your home’s electrical system (most newer ones are), check to see if they have battery back-ups. Every fall, replace all batteries in all smoke alarms as a general fire safety precaution.
- Be prepared to relocate to a shelter during a prolonged power outage or if for any other reason local officials request or require that you leave your home. Listen to a battery-operated radio or television for information about where shelters will be available.
- If you plan to use a portable generator, connect what you want to power directly to the generator; do not connect the generator to your home electrical system. Keep the generator in a well-ventilated area - either outside or in a garage, keeping the door open. Never put a generator inside your house.
- Check with the emergency service providers in your area to see if there is more information available on any potential problems. Support efforts by the local police, fire and emergency management officials to ensure that their systems will be able to operate at all times.

HDHHS Holiday Schedule

The Houston Department of Health and Human Services will observe the following City of Houston holidays:

Thursday, November 11 -- Veterans Day

Thursday, November 25 and Friday, November 26 -- Thanksgiving

Friday, December 24 -- Christmas Eve

Monday, December 27 -- Christmas Day

Friday, December 31 -- New Year’s Eve

Monday, January 17, 2000 -Martin Luther King Jr. Birthday

Diabetes On The Increase

Symptoms

- Frequent urination
- Excessive thirst
- Unexplained weight loss
- Extreme hunger
- Sudden vision changes
- Tingling or numbness in hands or feet
- Feeling very tired frequently
- Very dry skin
- Sores that are slow to heal
- More infections than usual
- Nausea
- Vomiting
- Stomach pains

Prevention

- Regular exercise routine
- Eating nutritious meals

Treatment

- To keep blood glucose levels near normal levels at all times
- Treatment must be individualized
- Treatment must address medical needs
- Treatment must address psychosocial and lifestyle issues

Flu Risks and Diabetes

- Flu season generally runs from November through March.
- People with diabetes are encouraged to get a flu shot before the start of the season.
- According to CDC, people with diabetes are three times more likely to die from influenza and pneumonia, yet more than half of people with diabetes do not get flu shots.