

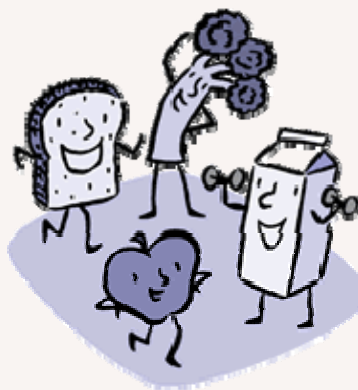
**WELCOME TO THE CENTER FOR HEALTH PROMOTION
NETWORK!**

A Monthly Newsletter Compiled By
THE CENTER FOR HEALTH PROMOTION
April 2007



ANNOUNCEMENTS

**WHAT IS HEALTHY EATING? NIH NEWS: HOW TO FOLLOW ALL THAT
ADVICE THAT YOU HEAR**



You want to live longer. You want to feel healthy, energetic and vigorous as you age. Your doctor says you should start eating better. You've heard that before, of course, but do you know what it really means?

Research is teaching us more about what a healthy diet is. And studies show that healthier eating habits may help lower your risk for type 2 diabetes, heart disease, stroke, cancer and many other health problems. The sooner you improve your eating, the better off you'll be. So start reaping the rewards of this research and learn how to eat healthier now.

"In general Americans are not eating enough fruits, vegetables and whole grains, and eating too much fat and salt," says Dr. Susan Z. Yanovski, director of NIH's Obesity and Eating Disorders Program. "There's a lot of room for improvement in the American diet."

Begin, Yanovski advises, by eating more fruits and vegetables. They naturally contain vitamins, minerals and fiber that help protect you from disease. Compared with people who eat only small amounts of fruits and vegetables, those who eat more have a reduced risk of cancers, stroke and other cardiovascular diseases.

Fruits and vegetables with different colors tend to have different levels of important nutrients, such as folate, potassium and vitamins A and C. So when you go to the grocery store, walk down the produce aisle and fill your cart or basket with a variety of colors.

Next, get into the habit of eating more whole grains.

digestion, and are rich in important nutrients. You can easily add whole grains to your diet by choosing breads and cereals made with whole grains. But be careful of products with claims like, “now with whole grain.” Some cereals marketed for children, for example, may contain whole grain, but not much—and they might have way too much sugar.

“You have to become a label reader,” Yanovski says. “Look on the label, and one of the first few ingredients should say something like ‘whole wheat’ or ‘whole grain.’ It should be one of the first ingredients, and it should have the word ‘whole’ in it.”

In fact, Nutrition Facts labels have lots of information to help you become a healthier eater. The U.S. Food and Drug Administration has a website to teach you to use and understand labels at <http://www.cfsan.fda.gov/~dms/foodlab.html>.

One thing to look for on food labels is calcium, a particularly important nutrient for young people who are still growing and building their bones. Most Americans don’t get enough calcium to grow or maintain strong bones. For instance, studies show that fewer than 1 in 10 girls and only 1 in 4 boys ages 9 to 13 are getting enough calcium.

To get more calcium into your diet, choose low-fat or nonfat dairy products like milk, cheese and yogurt. Other good sources of calcium are tofu (check the label for added calcium), calcium-fortified juices, soy- or rice-based beverages with added calcium (milk substitutes) and calcium-fortified cereals and breads.

Nutrition labels can also help you avoid the things we eat too much of. Too much saturated fat, trans fat and cholesterol can raise your blood cholesterol, a risk factor for heart disease. Too much salt (which appears on the label as “sodium”) can contribute to high blood pressure, another risk factor for heart disease and stroke. Too much sugar adds empty

calories and helps contribute to obesity.

Sometimes, unfortunately, it's not easy to find healthy foods. Karen Donato, coordinator of NIH's Obesity Education Initiative, says, "Feeling pressed for time, many people turn to prepared food, which can be high in saturated fat, sodium and calories—and often come super-sized. But you can have convenience and good health by making wise choices."

When you go to restaurants, ask for their healthier dishes. Many restaurants now highlight them in the menu. When you buy prepared foods at the store, check the labels for foods that are lower in sodium, saturated fat, trans fat, cholesterol and calories.

Yanovski says, "The good news is that there are a lot of good choices out there. The food industry has been making it easier by making packages with smaller portions and healthier products for people who don't have a lot of time to prepare."

You can do the same in your home. Make healthy eating convenient, and your family will be more likely to choose healthier foods. Start with small changes, like giving your kids whole wheat bread, which has more whole grain than traditional white bread. Have more fruit sitting out on the table—and nuts, if weight control isn't a problem for your family. Make healthier foods easier to get to than less healthful foods.

For meals, add more vegetables to your favorite dishes. Choose lean meats, poultry and fish. Add more beans to the mix.

Don't wait any longer. Start your family eating healthier now. If you have children, set a good example. Help them learn healthy eating habits early to prevent health problems later in life. NIH has a wealth of information to help you and your family eat better and stay healthier, including recipe books, an online menu planner and many other tools

and portions. Talk to your doctor about fine-tuning your diets to your bodies' needs.

Finally, don't forget that physical activity is the other key to healthier living. Eating a healthy diet and getting enough physical activity helps you feel well as you get older. Read the next story in this issue for tips on how to get more active.

CHECK UP AMERICA

Certain health problems put you at higher risk for diabetes and heart disease. Keeping an eye on these problems -- keeping them "in check" -- can help you prevent diabetes and heart disease. These problems include being overweight, unhealthy cholesterol, smoking, high blood glucose, high blood pressure, and physical inactivity. These are all problems that you can manage. There are other things that may raise your risk that you can't control, such as age, race, gender, and family history. What can you do to help prevent diabetes and heart disease? Learn more about the problems you can control and find out what you can do to lower your risk.

[What is your cardiometabolic health?](#)

Learn more about the conditions that put you at higher risk for diabetes and heart disease and what you can do to live a longer, better life.

[Understand high blood glucose](#)

If you have high blood glucose, you could have pre-diabetes or diabetes.

[Manage your cholesterol](#)

High blood cholesterol is one of the major risk factors for heart disease. In fact, the higher your blood cholesterol level, the greater your risk for developing heart disease or having a heart attack.

[Lower high blood pressure](#)

If you have high blood pressure, your heart has to work harder and your risk for heart disease and diabetes goes up.

[Be physically active](#)

Exercise is an important part of managing your cardiometabolic health and can do a lot for your health. Learn what to do, how much to do, and how to get started.

[Quit smoking](#)

Smoking raises your risk for heart disease, heart attack, stroke, and peripheral arterial disease. Learn more and get ideas for how to quit.

[Learn how family fits in](#)

It's important to know whether diabetes and heart disease run in your family. Knowing the facts helps you do everything you can to lower your risk.

[Are you ready to change?](#)

Making a few small changes to eat healthier and be more active can have a big effect on your health. Going slowly raises your chances of being able to stick with your changes. Learn how to get started.

Track your health

The best way to keep tabs on your health is to talk with your doctor about scheduling a check up. Start watching your cardiometabolic risk factors early and you can lower your risk for diabetes and heart disease. Not sure how often you should see your doctor?

- [Download our CheckUp Chart](#) (PDF)

NEWS



HEART ATTACK RISK FACTORS IDENTIFIED IN LATINOS

NEW YORK (Reuters Health) - The biggest risk factors for heart attack in Latin Americans -- obesity, high cholesterol levels, and smoking -- can all be addressed with lifestyle changes, new research shows. According to the report, which appears in a special Latin America-themed issue of the journal *Circulation*, roughly 78 percent of heart attack risk in the region is due to obesity, high cholesterol levels, or smoking.

The findings stem from a sub-analysis of the INTERHEART study, an international study that looked at heart attack risk factors in all major regions of the world. The sub-analysis, the largest study of heart attack risk factors in Latin America, included data from six countries -- Argentina, Brazil, Colombia, Chile, Guatemala, and Mexico. Risk factors were identified by comparing 1,237 people who had experienced a heart attack with 1,888 people of similar age and gender who had not.

At the population level, obesity, high cholesterol levels, and smoking had the biggest impact on heart attack risk. At the individual level, however, persistent psychological stress and high blood pressure had the strongest effect, each raising the risk of heart attack by about 2.8-fold.

Diabetes had the next strongest effect, increasing the odds by 2.59-fold, followed by smoking, obesity, and high cholesterol, all of which more than doubled the risk. As might be expected, consuming a diet high in fruits or vegetables and regular exercise had just the opposite effect, reducing the risk of heart attack by 37 and 33 percent, respectively.

In a related editorial, Dr. Sidney C. Smith, from the University of North Carolina at Chapel Hill, comments that "it is clear that a worldwide emphasis must be placed on changing lifestyles, and this emphasis should include nutrition, physical activity, and avoidance of tobacco products."

SOURCE: *Circulation*, March 6, 2007.

MINORITY HEALTH UPDATES: KAISER.EDU

A large and growing body of research indicates that race/ethnicity continues to matter in the U.S. health care system. About 1 in 3 residents of the United States self-identify as either African American, American Indian/Alaska Native, Asian/Pacific American, or Latino. Racial/ethnic background is associated with health status, health insurance coverage, and health care access and quality, with people of color consistently faring poorer on many health outcomes. Eliminating these disparities has become a national priority, and the U.S. Department of Health and Human Services has set a national goal of eliminating health disparities by the end of this decade. This has promoted greater accountability and helped to focus public and private sector attention on racial/ethnic disparities in the nation's health and thus, health care system. Although attention to racial/ethnic disparities in care has increased among a growing constituency base, including health plan purchasers, payers,

providers of care, and policymakers, there is little consensus on what can or should be done to reduce these disparities.



Tutorials

- [Race, Ethnicity and Health Care](#)



Reference Libraries

- [Immigrants: Coverage & Access to Care](#)
- [Race, Ethnicity, and Health Care: The Basics](#)

CHICKENPOX VACCINE BOOSTER SHOT A GOOD IDEA: PROTECTION FADES AFTER FIRST IMMUNIZATION, STUDY SHOWS



WEDNESDAY, March 14 (HealthDay News) -- Protection against chickenpox slowly fades in children immunized against the disease, suggests a study that adds support to a recommendation for a booster shot of the vaccine.

The study found the incidence of chicken pox increased over time among vaccinated children -- from 1.6 cases per person-year one year after immunization to 9 cases per person-year five years later and more than 58 cases per person-year nine years later, according to the report.

A vaccine against varicella, the medical name for chickenpox, was introduced in 1995 with a recommendation that it be given during the first year of life. Last year, a recommendation for a second shot at 4 to 6 years of age was added by the American Academy of Pediatrics and other medical bodies.

"No vaccine we have is 100 percent perfect," explained Dr. Robert Frenck, a professor of pediatrics in infectious diseases at Cincinnati Children's Hospital and a member of the American Academy of Pediatrics committee for infectious diseases. "You have people who don't respond or lose immunity over time."

Chickenpox is rarely fatal, but it can cause an outbreak of hundreds of temporarily disfiguring open sores. The cases found in the study -- which focused on immunized children in Antelope Valley, Calif., northeast of Los Angeles -- tended to be relatively mild, Seward

said. "In general, the cases were very modified from natural varicella," she said. "So, the vaccine does appear to stand up."

"The important thing is that the [first-shot] protection is about 90 percent effective," Frenck said. "There was an 85 percent reduction in cases of varicella over 10 years." A new multiple vaccine, approved last year, should make it easier for children to get both the first and recommended second shot, Frenck said. Protection against chicken pox has been added to the MMR vaccine, aimed at measles, mumps and rubella (German measles). A second shot offers advantages in addition to protection against a childhood outbreak, Seward said, since chickenpox can occur in adults. "There is definitely improved immune response after the second dose. There is better immunity in the long term," she said.

HealthDay

BRIEFING TO RELEASE NEW STUDY OF TELEVISION FOOD ADVERTISING TO CHILDREN

With policymakers and health advocates searching for ways to fight childhood obesity, the issue of food advertising to children has come under increasing scrutiny. In this context, Kaiser will release the largest study ever conducted of TV food advertising to children on Wednesday, March 28 at 9:30 a.m. ET in Washington, D.C. The study combines content analysis of ads with detailed data about childrens viewing habits to provide an estimate of the number and type of TV ads seen by children. Senator Sam Brownback will provide opening comments to kick-off the forum. Vicky Rideout, vice president and director of Kaisers Program for the Study of Entertainment Media and Health, who directed the study and was a co-author, will provide opening remarks about the study and how it relates to the current policy environment, and Walter Gantz, Professor, Indiana University, and a co-author of the report will present key findings. Jackie Judd, Kaiser vice president and senior advisor for communications, will moderate the panel discussion that will include: Michael McGinnis, chair, Institute of Medicine Committee on Food Marketing to Children; C. Lee Peeler, CEO, new food industry initiative on marketing to children, and CEO, National Advertising Review Council; Nancy Green, vice president for health and wellness, PepsiCo; Margo Wootan, director of Nutrition Policy, Center for Science in the Public Interest; and Dale Kunkel, professor, University of Arizona, and member IOM Committee. To RSVP, contact Theresa Boston at tboston@kff.org or (650) 854-9400.



PHYSICAL ACTIVITY UPDATES

WALKING HELPS SHED POST-BABY POUNDS

NEW YORK (Reuters Health) - New moms who take walks instead of watching TV may lose those post-pregnancy pounds more easily, according to researchers.

In a study that followed 900 women for a year after childbirth, researchers found that those who regularly walked were less likely to retain their extra pregnancy weight. The same was true of women who watched TV less often and those who ate less trans fat -- artery-clogging fats found in a range of packaged snack foods and commercial baked goods. What's more, the study found, the benefits of walking, limiting TV and shunning trans fats were cumulative -- suggesting that women who do all of these things may get back in pre-baby form more easily.

Dr. Emily Oken and colleagues at Harvard Medical School in Boston report the findings in the American Journal of Preventive Medicine. "The childbearing years are a time of particular risk for weight gain in women," Oken said in a statement. "Modifiable behaviors in that early postpartum period -- such as diet, television viewing and walking -- can influence a woman's risk of retaining weight."

The study included 902 women who reported on their diet, exercise habits and TV viewing 6 months after giving birth. In general, Oken's team found, women who walked at least 30 minutes a day, watched TV less than 2 hours a day and ate relatively little trans fat were least likely to still have their pregnancy pounds one year after giving birth.

Compared with women who favored TV over walking, they were 77 percent less likely to retain 12 pounds or more.

The results are good news, according to Oken's team, because they suggest that busy new mothers need not work out for hours to shed their pregnancy pounds. A daily walk, whether on the treadmill or outside pushing a baby stroller, might be enough.

SOURCE: American Journal of Preventive Medicine, April 2007.

LOW-IMPACT EXERCISE MAY WARD OFF INCONTINENCE

NEW YORK (Reuters Health) - Active women are less likely to develop urinary incontinence as they age, a new study shows. Fewer than one in three women 65 and older exercise for at least half an hour at least five days a week, and fear of incontinence has been suggested as one reason to explain why older women are not more active, according to Dr. Kim Danforth of Harvard Medical School and colleagues.

But it's likely that exercising could actually reduce incontinence risk by strengthening the pelvic floor muscles, Danforth and her team point out. To investigate, they looked at data from the Nurse's Health Study, which includes more than 100,000 women followed since 1976. In 2000, the women ranged in age from 54 to 79 years, and 2,355 reported developing urinary incontinence between 2000 and 2002. The more active the women were, the less likely they were to develop incontinence, according to the study reported in the journal *Obstetrics and Gynecology* this month.

The most active women were 15 to 20 percent less likely to report leaking urine than the least active women. Women who reported the most walking -- the most common type of physical activity among the women -- had a 26 percent lower risk of urinary incontinence than those who walked the least.

The association between exercise and lower incontinence risk was strongest for stress urinary incontinence, in which a person leaks urine due to stresses such as sneezing, coughing or lifting a heavy object. The most active women were 30 percent less likely to report stress incontinence than the least active women.

The link was seen among women at all categories of body weight; even slim women who were inactive were at greater risk of incontinence than active, lean women. This supports the idea that exercise helped prevent incontinence not by promoting weight loss, but by strengthening the pelvic floor muscles, the researchers note.

"Our results suggest that women who avoid exercise due to concern about becoming incontinent might be reassured that low-impact activity does not appear to increase the risk of developing incontinence," Danforth and colleagues conclude.

SOURCE: *Obstetrics & Gynecology*, March 2007.



HIV/AIDS UPDATES

HIV TREATMENT MAY HELP REDUCE SEVERITY OF MENTAL IMPAIRMENT IN CHILDREN WITH HIV INFECTION

During the first few years of life, children born with HIV infection are most susceptible to central nervous system (CNS) disease, and can develop impaired cognitive, language, motor and behavioral functioning. However, NIH-funded researchers have found that among children with HIV infection, treatment with a protease inhibitor-(PI) based highly active antiretroviral therapy (HAART) helped protect against cognitive and motor difficulties compared to a control group of age-matched children who were born to HIV-infected mothers but who did not contract the virus themselves (e.g., HIV-exposed).

The findings are part of the large-scale, longitudinal study conducted within the Pediatric AIDS Clinical Trials Group (PACTG) Network and are published in the March 2007 issue of *Pediatrics*. This particular protocol within PACTG is designed to follow HIV-exposed and infected infants, children and adolescents from birth to age 24 and tracks long-term benefits or any harmful effects of medications or vaccines developed to prevent or treat HIV. Jane C. Lindsey, ScD, of Harvard School of Public Health and colleagues examined the effects of HIV infection and the impact of PI-based HAART on the neurodevelopment of infants and children during the first three years of life. They compared infants and children infected with HIV who were born after June 1997—when PI-based HAART became available for use in children—with a control group of children who were exposed but did not contract the virus from their infected mothers.

Before one year of age, children with HIV infection had lower mental and motor skills than their HIV-exposed but uninfected counterparts. However, using standardized tests, the researchers found that the mental and motor skills of uninfected children appeared to decline with age—likely resulting from the complex interplay between genetic and environmental factors. In contrast, test scores of the children with HIV infection for mental skills declined less than expected, and their scores for motor skills actually improved slightly. HIV-infected children who were born prior to 1997 and therefore did not receive PI-based HAART continued to decline in mental and motor skills.

The results offer encouragement for treating infants and young children with HIV infection, who are at the highest risk for neurodevelopmental difficulties. However, more research is needed to better understand how PI-based HAART intersects with genetic, health, and environmental factors to affect neurodevelopment in these children. The study was co-sponsored by the National Institute of Mental Health, the National Institute of Allergy and Infectious Diseases, and the National Institute of Child Health and Human Development.

Lindsey JC, Malee KM, Brouwers P, Hughes MD, for the PACTG 219C Study Team.
[Neurodevelopmental functioning in HIV-infected infants and young children before and after the introduction of protease inhibitor-based highly active antiretroviral therapy.](#) *Pediatrics.* 2007 Mar; 119(3): E681-E693

CANCER UPDATES



FDA APPROVES TYKERB FOR ADVANCED BREAST CANCER PATIENTS

The Food and Drug Administration (FDA) approved Tykerb (lapatinib), a new targeted anti-cancer treatment, to be used in combination with capecitabine (Xeloda), another cancer drug, for patients with advanced, metastatic breast cancer that is HER2 positive (tumors that exhibit HER2 protein). The combination treatment is indicated for women who have received prior therapy with other cancer drugs, including an anthracycline, a taxane, and trastuzumab (Herceptin). According to the American Cancer Society, about 180,000 new cases of breast cancer are diagnosed each year. Approximately 8,000 to 10,000 women die from metastatic HER2 positive breast cancer each year.

Tykerb, a new molecular entity (NME), is a kinase inhibitor working through multiple pathways (targets) to deprive tumor cells of signals needed to grow. Unlike, for example, trastuzumab — a monoclonal antibody, which is a large protein molecule that targets the part of the HER2 protein on the outside of the cell — Tykerb is a small molecule that enters the cell and blocks the function of this and other proteins. Because of this difference in mechanism of action, Tykerb works in some HER2 positive breast cancers that have been treated with trastuzumab and are no longer benefiting.

The approval of Tykerb was based on a randomized clinical trial in about 400 women with advanced or metastatic breast cancer that was also HER2 positive. In the trial, half the patients received Tykerb with capecitabine and half received capecitabine alone. Compared to patients receiving capecitabine alone, the group of patients receiving Tykerb with capecitabine had a statistically significant improvement in the time to tumor progression. In addition, the tumor response rate was higher in the group of patients receiving Tykerb with capecitabine (24 percent vs. 14 percent). The survival data are not yet mature.

The most commonly reported Tykerb-related side effects included diarrhea, nausea, vomiting, rash and hand-foot syndrome which may include numbness, tingling, redness, swelling and discomfort of hands and feet. Generally reversible decreases in heart function (that can lead to shortness of breath) have also been reported in a small percentage of patients. Patients should talk to their doctor about potential side effects, potential drug interactions, and other medical conditions including heart and liver problems. Tykerb is available in tablets of 250 mg. An undivided dose of 1,250 mg should be taken orally once daily for 21 days and in combination with capecitabine on days 1-14 of a 21 day cycle.

Tykerb will be distributed by GlaxoSmithKline, of Research Triangle Park, North Carolina



CHILD HEALTH UPDATES

BOOSTER SEAT LAWS KEEP KIDS SAFE: MORE YOUNGSTERS ARE BEING PROPERLY RESTRAINED TO PREVENT INJURY, RESEARCHERS SAY

WEDNESDAY, March 7 (HealthDay News) -- State booster seat laws may be saving the lives of young children, a new study finds. Researchers at the University of Pennsylvania School of Medicine and The Children's Hospital of Philadelphia found that kids aged 4 to 7 are more likely to be properly restrained in car crashes in states that have the booster seat laws in place.

Reporting in the March issue of the *Archives of Pediatrics & Adolescent Medicine*, they analyzed data on 6,102 children in 5,198 vehicles involved in crashes from December 1998 through December 2004. The data came from the District of Columbia and 16 states in the four regions (East, Midwest, South and West) of the United States. Seven of the states and the District of Columbia have booster seat laws that went into effect during the study. The other nine states had no such laws.

"Between the first six months of 1999 and the last six months of 2004, appropriate restraint use increased from 21.5 percent to 74.8 percent for children aged 4 to 5 years and from 3 percent to 22.9 percent for children aged 6 to 7 years," the study authors wrote. Children in states with booster seat laws were 39 percent more likely to be appropriately restrained in crashes than youngsters in states with no booster seat laws.

The study authors noted that 350 children aged 4 to 7 were killed in motor vehicle crashes in the United States in 2004 and that booster seats are an inexpensive, easy-to-use and effective way of protecting children. "Our data suggests that booster seat provisions for children aged 4 through 7 years will have some effect on all children in this age range," the researchers concluded. "Given the current greater use of appropriate restraints for 4- to 5-year-olds compared with older children, future upgrades to child restraint laws should target all children through at least age 7 years to achieve the greatest effect on overall child restraint use."

HealthDay

PARENT EDUCATION HELPS YOUNG KIDS LOSE WEIGHT

NEW YORK (Reuters Health) - Giving parents the skills to cope effectively with their young children's weight problems can make it easier for these kids to slim down, a study from Australia shows.

Forty-five percent of children whose parents received skills training, along with intensive lifestyle interventions, experienced a significant drop in their body mass index (BMI) after one year, compared to 24 percent of those who received the lifestyle interventions alone and 19 percent of those who received no intervention.

"Parenting-skills training combined with promoting a healthy family lifestyle may be an effective approach to weight management in prepubertal children, particularly boys," Dr. Rebecca K. Golley of Flinders University in Adelaide and colleagues write in the journal *Pediatrics*.

While parents may have the knowledge necessary to help promote a healthier lifestyle for their children, they may not have the skills to help them adopt and stick to these healthier behaviors, the authors note.

To see whether giving parents these skills might help their kids lose weight, the researchers randomly assigned families of 111 overweight children, 6 to 9 years old, to a parenting skills training program, skills training plus intensive lifestyle intervention, or a control group who received no intervention.

The parental skills training program consisted of four weekly two-hour group sessions followed by seven individual telephone sessions. In the lifestyle intervention program, parents took part in seven group sessions including information on healthy eating, reading food labels, promoting exercise, and more, while the children participated in supervised play sessions.

Twelve months later, children whose parents received both skills training and the lifestyle intervention showed a roughly 10 percent reduction in their body weight, compared to 5 percent for kids in the lifestyle intervention-only group and the wait listing group.

Average waist circumference score fell for both intervention groups, but not for the control group. The effect of both interventions was more powerful for girls than boys. The significant weight loss seen in the control group makes it more difficult to generalize the findings to other settings, the researchers note; "however, in the current obesity epidemic environment and associated media coverage, such bias may be difficult to avoid."

SOURCE: *Pediatrics*, March 2007.

IBUPROFEN BEST IN RELIEVING CHILDREN'S PAIN: STUDY

CHICAGO (Reuters) - Ibuprofen was superior to acetaminophen and codeine in relieving the pain from a broken bone or serious sprain suffered by children brought to the emergency room, Canadian researchers said on Monday.

A single dose of ibuprofen, sold generically and under the brand name Advil by Wyeth, relieved the pain within an hour in 52 of 100 injured children.

Ibuprofen also eased more of the pain than the two other medications, according to the study published in *Pediatrics*, the journal of the American Academy of Pediatrics.

A total of 300 children, aged 6 to 17, participated in the study comparing painkillers administered orally.

They received either a 10-milligram dose of ibuprofen; 15 milligrams of acetaminophen, sold generically and under the brand name Tylenol by Johnson & Johnson; or 1 milligram of codeine. Thirty-six of 100 injured children who took acetaminophen and 40 out of 100 who took codeine reported pain relief.

Since only about half of the children reported adequate pain relief from ibuprofen, the medication alone may not be enough, said study author Dr. Eric Clark of the University of Ottawa, in Ontario. "Numerous studies have shown that analgesia is not adequately provided to both pediatric and adult (hospital emergency department) patients," he wrote.

The study was supported by a research grant from Children's Hospital of Eastern Ontario Research Institute. Ibuprofen has been shown in previous studies to relieve pain better than acetaminophen for tonsillitis or migraines, the study said.

Reuters Health

FDA OKS GLUCOSE MONITORING DEVICE FOR CHILDREN: THE PRODUCT OFFERS 'REAL TIME' READOUT ON BLOOD SUGAR LEVELS



MONDAY, March 12 (HealthDay News) -- The U.S. Food and Drug Administration approved on Monday a real-time glucose-monitoring device for children ages 7 to 17 with type 1 diabetes.

The device, previously approved only for adults with type 1 diabetes, is called a REAL-Time continuous glucose monitoring (CGM) system, which warns about dangerously high or low glucose levels, manufacturer Medtronic Inc. of Minneapolis said. It is a specially designed pediatric model of the MiniMed Paradigm REAL-Time System and Guardian REAL-Time System, the company said in a prepared statement.

Clinical studies showed that REAL-Time continuous glucose monitoring devices help reduce the duration of hypoglycemic events and lower HbA1c levels by as much as 2 percentage points. For every 1 percentage point drop in HbA1c, there is a 35 percent reduction in

diabetes-related complications such as blindness, amputation and organ failure, the company said.

"Diabetes management is especially difficult for pediatric patients, and Medtronic REAL-Time CGM therapy could benefit thousands of children and their families who struggle to maintain control of their disease," Dr. Bruce Buckingham, director of pediatric endocrinology at Lucille Packard Children's Hospital at Stanford University, said in a prepared statement.

More than a million people in the United States have type 1 diabetes, including more than 175,000 younger than age 20.

HealthDay



WOMENS' HEALTH UPDATES

NONE TO REPORT THIS MONTH

CONFERENCES



National Network of Public Health Institutes 6th Annual Conference May 21-23, 2007 New Orleans, Louisiana

The National Network of Public Health Institutes (NNPHI) is proud to announce its 6th annual conference, **Partnering for Public Health Systems Improvement**, to be held on **May 21st-23rd, 2007** at the [Wyndham Canal Place](#) in New Orleans, Louisiana.

Registration

Registration for the conference will be open through **April 23rd, 2007**.

www.nnphi.org

Creating a Culture of Wellness Conference November 27-29, Hyatt Regency Capitol Hill, Washington, DC

<http://www.cdc.gov/cochp/conference/index.htm>



CALENDAR OF EVENTS

April 2007

1 - 30

Alcohol Awareness Month

SAMHSA's National Clearinghouse for Alcohol
and Drug Information

P.O. Box 2345

Rockville, MD 20015

(800) 729-6686

(240) 468-2600

(240) 468-7394 Fax

info@health.org

ncadi.samhsa.gov

Materials available

Contact: None designated

1 - 30

Cesarean Awareness Month

International Cesarean Awareness Network,
Inc.

1304 Kingsdale Avenue

Redondo Beach, CA 90278

(800) 686-ICAN (4226)

info@ican-online.org

www.ican-online.org

Materials available

Contact: Tonya Jamois

1 - 30**Counseling Awareness Month**

American Counseling Association
 5999 Stevenson Avenue
 Alexandria, VA 22304-3300
 (800) 347-6647
 (800) 473-2329 Fax
jgaskins@counseling.org
www.counseling.org
 Materials available
 Contact: Jean Gaskins

1 - 30**Irritable Bowel Syndrome Awareness Month**

International Foundation for Functional
 Gastrointestinal Disorders
 P.O. Box 170864
 Milwaukee, WI 53217-8076
 (888) 964-2001
 (414) 964-1799
 (414) 964-7176 Fax
iffgd@iffgd.org
www.aboutibs.org
 Materials available
 Contact: Nancy Norton

1 - 30**National Child Abuse Prevention Month**

Children's Bureau
 Administration for Children and Families
 1250 Maryland Avenue SW
 Washington, DC 20024
 (800) 394-3366
 (703) 385-7565
 (703) 385-3206 Fax
info@childwelfare.gov
www.childwelfare.gov/preventing
 Materials available
 Contact: Customer Services Department

1 - 30**National Facial Protection Month**

American Association of Oral and Maxillofacial
 Surgeons
 American Academy of Pediatric Dentistry
 American Association of Orthodontists
 9700 West Bryn Mawr Avenue
 Rosemont, IL 60018
 (847) 678-6200
inquiries@aaoms.org
www.aaoms.org
 Materials available

1 - 30**Foot Health Awareness Month**

American Podiatric Medical Association
 9312 Old Georgetown Road
 Bethesda, MD 20814
 (301) 581-9227
 (301) 530-2752 Fax
elwendel@apma.org
www.apma.org
 Materials available
 Contact: Erin Wendel

1 - 30**National Autism Awareness Month**

Autism Society of America
 7910 Woodmont Avenue, Suite 300
 Bethesda, MD 20814-3067
 (800) 3-AUTISM (328-8476)
 (301) 657-0881
 (301) 657-0869 Fax
mcolston@autism-society.org
www.autism-society.org
 Materials available
 Contact: Marguerite Colston

1 - 30**National Donate Life Month**

Division of Transplantation, OSP, HRSA
 U.S. Department of Health and Human
 Services
 Parklawn Building, Room 16C-17
 5600 Fishers Lane
 Rockville, MD 20857
 (301) 443-7577
ask@hrsa.gov
www.organdonor.gov/donatelife.htm
 Materials available
 Contact: Division of Transplantation Staff

1 - 30**National Youth Sports Safety Month**

National Youth Sports Safety Foundation
 One Beacon Street, Suite 3333
 Boston, MA 02108
 (617) 367-6677
 (617) 722-9999 Fax
nyssf@aol.com
www.nyssf.org
 Materials available
 Contact: Rita Glassman

1 - 30

Occupational Therapy Month

American Occupational Therapy Association
4720 Montgomery Lane
P.O. Box 31220
Bethesda, MD 20824-1220
(301) 652-6611 x2963
(800) 377-8555 TDD
(301) 652-7258 Fax
praota@aota.org
www.aota.org
Materials available
Contact: Rob Black

1 - 30

Women's Eye Health and Safety Month

Prevent Blindness America
211 West Wacker Drive, Suite 1700
Chicago, IL 60606
(800) 331-2020
(847) 843-8458 Fax
info@preventblindness.org
www.preventblindness.org
Materials available
Contact: PBA Consumer and Patient Hotline

1 - 30

Sports Eye Safety Month

American Academy of Ophthalmology
P.O. Box 7424
San Francisco, CA 94120-7424
(415) 447-0213
(415) 561-8533 Fax
eyemd@aao.org
www.aao.org/eyemd
Materials available
Contact: Georgia Alward

1 - 7

Root Canal Awareness Week

American Association of Endodontists
211 East Chicago Avenue, Suite 1100
Chicago, IL 60601
(800) 872-3636
www.aae.org
Materials available
Contact: Dan Aske

2 - 8**National Public Health Week**

American Public Health Association
800 I Street NW
Washington, DC 20001-3710
(202) 777-APHA (2742)
(202) 777-2500 TTY

nphw@apha.org
www.apha.org/nphw

Materials available
Contact: None designated

5**National Alcohol Screening Day**

Screening for Mental Health, Inc.
1 Washington Street, Suite 304
Wellesley Hills, MA 02481
(781) 239-0071
(781) 431-7447 Fax

nasd@mentalhealthscreening.org
www.nationalalcoholcreeningday.org

Materials available
Contact: Jillian Barber

21 - 28**National Infant Immunization Week**

National Center for Immunization and Respiratory
Diseases
Centers for Disease Control and Prevention
1600 Clifton Road NE, MS E-05
Atlanta, GA 30333
(800) CDC-INFO (232-4636) English/Spanish
(888) CDC-FAXX (232-3299) Free fax-back
(404) 639-8905

nipinfo@cdc.gov
www.cdc.gov/nip/events/niiw/

Materials available
Contact: Michelle Basket

28 - May 6**National SAFE KIDS Week**

Safe Kids Worldwide
1301 Pennsylvania Avenue NW, Suite 1000
Washington, DC 20004-1707
(202) 662-0600
(202) 393-2072 Fax

smorton@safekids.org
www.safekids.org

Contact: Suzanne Morton

5**A Day To End Sexual Violence**

National Sexual Violence Resource Center
123 North Enola Drive
Enola, PA 17025
(877) 739-3895
(717) 909-0710
(717) 909-0714 Fax

resources@nsvrc.org
www.nsvrc.org/saam

Materials available
Contact: Eboni Braxton

7**World Health Day**

WHO Regional Office for the Americas
Pan American Health Organization
525 23rd Street NW
Washington, DC 20037-2895
(202) 974-3000
(202) 974-3663 Fax

www.who.int/world-health-day/

Materials available
Contact: None designated

23 - 29**Cover the Uninsured Week**

Robert Wood Johnson Foundation
1010 Wisconsin Avenue NW, Suite 800
Washington, DC 20007
(202) 572-2928
(202) 338-2334 Fax

info@covertheuninsured.org
www.covertheuninsured.org

Materials available
Contact: National Office

28 - 29**2007 WalkAmerica**

March of Dimes Birth Defects Foundation
1275 Mamaroneck Avenue
White Plains, NY 10605
(888) MODIMES (663-4637)
(800) 525-WALK (9255)
(914) 997- 4617

walkamerica@modimes.org
www.walkamerica.org

Materials available
Contact: Katrina Edwards

We welcome your participation. If you have news to share about publications, workshops, conferences, or know of others that would like to join the network, please e-mail

Irene Felicetti (ilf@umich.edu).
The Center for Health Promotion
<http://www.nursing.umich.edu/chp/>
