



Health and Health Care in Schools

A report from the Center for Health and Health Care in Schools on the policies, politics and financing of health programming in schools

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The First 25 Years of AIDS--Looking Back and Ahead

There were five cases, all puzzling and all seeming to involve some defect or interruption of the immune system.

The doctor to whom the cases had been reported, a young assistant professor specializing in immunology at the University of California Los Angeles (UCLA), had asked his colleagues to watch for interesting "teaching cases" in the field of immunology, and he sensed something unusual in the illnesses of five gay men with chronic fevers, dramatic weight loss, swollen lymph nodes, diarrhea, and thrush, who were also found to have a rare skin cancer known as Kaposi's sarcoma, a rare form of pneumonia known as *Pneumocystis carinii*, and the DNA virus cytomegalovirus (CMV). All the patients appeared to have severely damaged immune systems.

Michael Gottlieb thought the cases sufficiently unusual to be reported to a professional journal, and he contacted the *New England Journal of Medicine*, which agreed that the cases should be publicized but told him that publication in the journal would take a minimum of three months. Meanwhile, they advised Gottlieb, he should submit a brief to the *Morbidity and Mortality Weekly Report* (MMWR), published by the Centers for Disease Control and Prevention.

So, in a terse announcement in the June 5, 1981, issue of MMWR, the world got its first official notice of a new disease, later to become known as HIV/AIDS, which the MMWR in a retrospective calls "perhaps the defining public health issue of our times."

This summer marks the 25th anniversary of the publication of that initial report in 1981, and an estimated 40 million people or more are now living with HIV infection worldwide, with 5 million of them infected during the year 2005 alone.

"The explosive trends in the global epidemic have also occurred in the United States," an editorial in the June 2006 issue of *American Journal of Public Health* points out. "An estimated 925,000 to 1,025,000 HIV-seropositive persons resided in the United States in 2003. Unless we find ways to field effective AIDS prevention and treatment programs on a global basis, we will continue to stand witness as a dangerous epidemic spins out of control, with tragic repercussions for the rest of this new century."

The *American Journal of Public Health* editorial notes some of the most important attributes of AIDS that are evident at the quarter-century milestone:

- AIDS emerges first in marginalized communities, where because of drug use patterns, alternative sexualities, gender, racial minority status, or lower socioeconomic status, socio-cultural processes operate to create health disparities;
- AIDS is a disease of denial because of the stigmatizing aspects of the epidemic, making effective prevention and treatment responses more difficult;
- AIDS prevention works; meta-analyses of trials has shown that prevention models that directly target safe sexual practice or drug use have significant positive effects. Structural interventions such as testing the supply of transfused blood to eliminate HIV-infected plasma and the use of antiretroviral medications to interrupt vertical HIV transmission from mother to child are among successful prevention strategies.
- Biomedical responses may not be enough to end the epidemic. Vaccines, microbicides, and antiretroviral treatment have great appeal, but they may not be enough to overcome the potent socio-cultural forces that shape the epidemic.

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Wondering how history will judge our actions so far, in the first quarter-century of the AIDS epidemic, the *Journal* editorial compares it to the way medieval Europeans combated the Black Plague. “Certainly future historians will have ample evidence that we recognized that AIDS was one of the great public health catastrophes of our time and that, whatever else motivated our responses, we were not ignorant of the dangers of the disease, of the means by which it was transmitted, of the groups that were at gravest risk of transmission, or of effective strategies to prevent further HIV transmission.”

An editorial, “A Quarter Century of AIDS,” and an article, “Michael Gottlieb and the Identification of AIDS,” appear in the June 2006 issue of the American Journal of Public Health. Requests for reprints of the editorial should be addressed to rstall@pitt.edu. Reprints of the article are available from free@mail.nih.gov.

The Maryland Story: How One State Is Ending Scoliosis Screening

In May this year, Maryland became the first state to repeal a law requiring schools to screen for scoliosis in students. Pediatricians from the Maryland Chapter of the American Academy of Pediatrics Committee on School Health were able to persuade Maryland’s legislature and governor to abandon a long-standing scoliosis screening requirement, after the U.S. Preventive Services Task Force in 2004 recommended against routine screening of asymptomatic adolescents for idiopathic scoliosis. The Association of County Health Officers also strongly supported the appeal.

In its 2004 recommendation, the Preventive Services Task Force noted that the accuracy of the most common screening test—the forward-bending test with or without a scoliometer—is “variable” in identifying students with scoliosis. The task force also found evidence of poor follow-up of adolescents who are identified with idiopathic scoliosis in community settings and said that even with treatment there is only modest evidence of health benefits such as decreased pain and disability. In fact, the task force found that treatment of adolescents whose idiopathic scoliosis is detected through screening “leads to moderate harms, including unnecessary brace wear and unnecessary referral for specialty care.”

The Preventive Services Task Force refers throughout its recommendation to “idiopathic scoliosis,” a condition defined in the MedlinePlus medical dictionary as “a lateral curvature of the spine arising spontaneously from an obscure or unknown cause.”

Assuming that most cases of idiopathic scoliosis detected through screening will not progress to a clinically significant form of scoliosis and that scoliosis needing aggressive treatment such as surgery will usually be detected without screening, the task force concluded that the harms of screening adolescents exceed the

potential benefits.

Removal of the mandate for scoliosis screening as of October 1 next school year will free school nurses in Maryland to give more attention to the needs of students with chronic health conditions such as diabetes and asthma, said Anne Arundel County Department of Health pediatrician Dr. Lani Wheeler. Health officials and school nurses know that many cases of asthma are not adequately managed, even in districts with strong school health programs. Anne Arundel, for example, has full-time nurses in all secondary schools and shared nurses who divide their time between limited numbers of elementary schools, along with health aides in all schools.

Regarding the new stance on scoliosis screening as an example of evidence-based school health practice, Wheeler welcomed removal of the requirement, saying, “We think school nurses should prioritize their efforts to improve the health of students, especially those with chronic conditions that are not under good control, such as asthma.”

The U.S. Preventive Services Task Force is a group of physicians and clinicians assembled by the Agency for Healthcare Research and Quality (AHRQ) in the federal Department of Health and Human Services (HHS). The task force notes that its 2004 recommendation on scoliosis screening was based on a targeted review of the literature published on the topic between 1994 and 2002, with the research limited to randomized controlled trials, meta-analyses, systematic reviews, well-designed observational studies, and editorials and commentaries concerning the critical key questions. The review was conducted by the RTI-International-University of North Carolina Evidence-Based Practice Center.

The full text of the recommendation is available on the AHRQ website at www.preventiveservices.ahrq.gov under the topic heading “Idiopathic Scoliosis in Adolescents.”

The Shape of the Nation’s Children

The “calories in” part of the “calories in-calories out” formula for managing overweight in children got special attention last month, in the form of a policy statement on active healthy living for children from the American Academy of Pediatrics (AAP) and a once-in-five-years report from the National Association of Sport and Physical Education on what states do and do not mandate for school physical education.

Both reports pointed out that it is hard to ignore childhood overweight, which has increased exponentially in the past decade, to the point that 16 percent of children between the ages of 6 and 19 years are now overweight. That is more than 9 million young people, the National Association noted; and the AAP called the situation “an epidemic driven by multiple factors,” among them marked declines in the amount of physical activity children engage in, both in school and out of school.

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Active Healthy Living

In its policy statement, “Active Healthy Living: Prevention of Childhood Obesity Through Increased Physical Activity,” the American Academy of Pediatrics urged pediatric health care providers and public health officials to advocate for increased physical activity for children and teenagers in a number of ways, including improving access to physical education at school on a daily basis. The Academy notes that schools alone cannot solve the overweight and obesity crisis, but since children spend most of their waking hours at school, “the availability of regular physical activity in that setting is critical.”

A study in 2000 found that only 8 percent of American elementary schools, 6.4 percent of middle schools, and 5.8 percent of high schools with existing physical education requirements actually provided daily PE classes for all grades for the entire year. Add to that the fact that a poll of parents of children 9 to 13 years old found that 61.5 percent of the youngsters did not participate in any organized physical activities after school and 22.6 percent didn’t engage in non-organized physical activity after school hours, and you have a picture of across-the-board inactivity, both in school and out, the AAP pointed out.

And while physical activity needs to be promoted at home and in the community, “school is perhaps the most encompassing way for all children to benefit,” the AAP said. The policy statement noted that there is an opportunity for pediatricians to get involved with school districts on this issue, under a federal revision of child nutrition programs that calls for every school receiving funding from the National School Lunch and Breakfast Programs to develop a local wellness policy by the beginning of the 2006-2007 school year, with goals for physical activity as well as nutrition. “In light of the school wellness policy, many schools are looking to modify their present PE programs to improve physical activity standards,” the policy statement said.

The AAP policy statement is critical of past physical education programs that used calisthenics and acquisition of sports-specific skills to promote fitness. Instead, the statement calls for curricula and instruction that emphasize knowledge, attitudes, and motor and behavioral skills required to adopt and maintain lifelong habits of physical activity. That could include aerobics and strength training, the report suggests, and walking and dancing.

Among the most difficult but most important challenges in an effort to increase childhood physical activity are making exercise alternatives as attractive, exciting, and enjoyable as video games; convincing school boards that PE and other school-based physical activities are as important to long-term productivity as are academics; and engineering physical environments to promote physical activity, the AAP concluded.

The Shape of the Nation

In its first report since 2000, the National Association for Sport and Physical Education gave states and the federal government a failing grade on physical education in the American school system. Noting that no federal law requires that physical education be offered in schools or provides any incentive for physical education programs, the report says states too are dodging the issue, with many setting some general or minimum requirements but delegating responsibility for meeting those standards to individual school districts.

In detailed tables put together during the winter of 2006, the Association in cooperation with the American Heart Association reported on the status of physical education in each state and the District of Columbia in the areas of:

- time requirements;
- exemptions, waivers, and substitutions;
- class size;
- standards, curriculum, and instruction for physical education;
- student assessment and program accountability;
- physical education teacher certification and licensure;
- national board certification in physical education;
- whether there is a state physical education coordinator; and
- whether the state requires collection of body mass index (BMI) data.

State profiles of what is currently required in each of those areas show that while most states mandate physical education, most do not require a specific amount of instructional time, and about half allow exemptions, waivers, and/or substitutions, loopholes that the report notes “significantly reduce the effectiveness of the mandate.” And even within states there are “very diverse patterns of delivery” of physical education, as the result of commitment to local control of education, which leaves specific decisions regarding time, class size, and student assessment to local school districts or even schools.

At the federal level, the report notes that five years after a U.S. Surgeon General’s Call to Action to Prevent and Decrease Overweight and Obesity put forth quality daily K-12 physical education as key action, a federal law, the No Child Left Behind Act, is actually threatening the amount of time available for physical education, with schools concentrating on assessing student achievement in defined core academic subjects. “As states conduct standardized tests to hold schools and students accountable, content that is not tested, such as physical education, has become a lower priority.”

In one surprising development, the survey found that almost one-fourth of states now allow required physical education credits to be earned through what the report calls “online physical education courses.” Of the 12 states (Alaska, Connecticut, Florida, Indiana, Kentucky, Minnesota, New Hampshire, North Dakota, Oregon, South Carolina, Utah, and Virginia) with online options,

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six offer comprehensive physical education (defined as addressing all state and national standards), five offer online personal fitness/wellness courses, and two offer online sports and weight training courses. In six of the states, all students are allowed to take the courses; in others, students must request permission and be approved.

The American Academy of Pediatrics policy statement, "Active Healthy Living: Prevention of Childhood Obesity Through Increased Physical Activity," was published in the May 2006 issue of the journal Pediatrics. The 2006 report of the National Association for Sport and Physical Education, "The Shape of the Nation," will be available for downloading at www.naspeinfo.org.

See also:

"Experts Cite Physical Activity as Key in Preventing Childhood Obesity," at <http://www.healthinschools.org/ejournal/2005/dec2.htm> Parents Resource Center: Sports, Physical Exercise, and Fitness, at <http://www.healthinschools.org/parents/sports.htm> Keeping Kids Healthy: Overweight, Nutrition & Physical Exercise, at <http://www.healthinschools.org/sh/obesity.asp>.

Parental Reports Give Clue to Autism Prevalence

Based on parental responses to two population-based federal surveys, it appears that autism spectrum disorders affect between 3.4 and 6.7 children in every 1,000 children in the United States, according to a May 5, 2006, report by the Centers for Disease Control and Prevention (CDC).

Defining autism as "a lifelong neurodevelopmental disorder characterized by early onset of impairments in social interaction and communication and unusual, stereotyped behaviors," in-person surveys and random-digit-dialed telephone surveys asked parents if a doctor or healthcare provider has ever told them their 4-to-17-year-old child has autism or either of two related but less severe conditions—Asperger disorder and pervasive developmental disorder not otherwise specified. The three constitute the autism spectrum disorders and all are diagnosed exclusively on development pattern and behavioral observation.

The estimates from the two surveys are very similar and suggest that, as of 2003-2004, autism had been diagnosed in at least 300,000 U.S. children aged 4 to 17 years, the CDC said. Since parental reports of autism were associated with reported social, emotional, and behavioral symptoms and specialized needs, the CDC speculated that the results may be useful in assessing the health, education, and social services needs of children with autism.

In an editorial note accompanying the May 5 report, the CDC said that because diagnosis of autism is made only by assessment of developmental patterns and observations of behavioral symptoms, it is difficult to track prevalence. The findings of the parental reports of diagnosed autism, however, complement other CDC studies of the prevalence of autism, including surveillance conducted in Atlanta and other areas of the United States that comprise the Autism and Developmental Disabilities Monitoring Network, which review the medical and educational records of children 8 years and older.

The CDC also notes that because autism is defined behaviorally, it is usually not diagnosed before age 4 years, so the years between 6 and 11 may be "peak ages for diagnosis and treatment." The CDC also noted that whether parents report diagnoses of autism depends on whether the parents have access to appropriate health or educational services for diagnosis and communication of that diagnosis to the parents.

The American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR, 2000) identifies "autistic disorder" as qualitative impairment in social interaction, as manifested by:

- marked impairments in use of multiple non-verbal behaviors, such as eye-to-eye gaze, facial expression, body postures, and gestures to regulate social interaction;
- failure to develop peer relationships appropriate to developmental level;
- lack of spontaneous seeking to share enjoyment, interests, or achievements with other people (e.g., by a lack of showing, bringing, or pointing out objects of interest);
- lack of social or emotional reciprocity.

A diagnosis calls for at least two of those impairments to be present.

A diagnosis also calls for "qualitative impairments" in communication involving two of the following:

- delay in or total lack of the development of spoken language not accompanied by an attempt to compensate through alternative modes of communication such as gestures or mime;
- in individuals with adequate speech, marked impairment in the ability to initiate or sustain a conversation with others;
- stereotyped and repetitive use of language or idiosyncratic language; or
- lack of varied, spontaneous make-believe play or social imitative play appropriate to the developmental level.

A diagnosis may also take into account "restricted, repetitive, and stereotyped patterns of behavior, interests, and activities, as manifested by at least one of the following:

- encompassing preoccupation with one or more stereotyped and restricted patterns of interest that is abnormal either in intensity or focus;
- apparently inflexible adherence to specific, non-functional routines or rituals

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- stereotyped and repetitive motor mannerisms (e.g., hand or finger flapping or twisting or complex whole-body movements);
- persistent preoccupation with parts of objects.

The diagnostic manual notes that autistic disorder is one of the autism spectrum disorders categorized within five pervasive developmental disorders in the manual, which also include Asperger disorder, pervasive developmental disorder not otherwise specified, Rett disorder, and childhood disintegrative disorder.

The CDC report, "Mental Health in the United States: Parental Report of Diagnosed Autism in Children Aged 4-17 Years—United States, 2003-2004," appeared in Morbidity and Mortality Weekly Report May 5, 2006, and is available online at <http://www.cdc.gov/mmwr>.

See also:

InFocus: The Autistic Child, at <http://www.healthinschools.org/focus/2005/no2.htm> CHHCS News Alert, May 12, 2006: Study Finds Delays in Diagnosing Autism, at <http://www.healthinschools.org/2006/may12b.alert.asp>.

WORTH NOTING

Panel Has Mixed Thoughts on Multivitamins

An independent panel convened by the National Institutes of Health concluded May 17 that there is no evidence so far whether the multivitamin/minerals taken by half of all healthy American adults are protecting them against chronic diseases, or whether people may in fact be getting too much of some nutrients. Since people who take multivitamins usually engage in other positive health behaviors such as regular exercise and eating a healthy diet, it's hard to tease out the effects of the vitamins themselves, the panel said. In those cases where benefits are known, however, the panel urged continued use of combined calcium and vitamin D supplementation for postmenopausal women to protect bone health, use of anti-oxidants and zinc by non-smoking adults to help prevent age-related macular degeneration, and use of daily folate by pregnant women to prevent neural tube defects in their babies. The panel found no evidence to recommend beta carotene supplements, a form of vitamin A, for the general population and strongly cautioned smokers against taking them because of a suspected link to lung cancer. The panel's recommendations will be available online at <http://consensus.nih.gov>.

Program Deals with Teen Dating Violence

"Choose Respect," a program of the federal Centers for Disease Control and Prevention (CDC) aimed at helping teens to develop appropriate dating behavior, is being pioneered in 10 U.S. cities

this summer, where the CDC is working with community agencies to create awareness of the issue in 11- to 14-year-olds and their parents. The CDC notes that one in 11 adolescents reported being hit, slapped, or physically hurt by a boyfriend or girlfriend in the 2003 Youth Risk Behavior Survey, and a study published in the May 17 issue of *Morbidity and Mortality Weekly Report* cited links between physical dating violence and other behaviors that can put students' health and well-being at risk. Online materials available at www.chooserespect.org include games and interactive learning tools, a 30-minute video with stories of real teens who have experienced dating abuse, and television and radio spots.

Report Looks at Sub-Specialty Pediatric Care

Noting factors that make it hard to access sub-specialty care for children, a report published by the Maternal and Child Health Policy Research Center cites some promising approaches that address referral, consultation, and shared management of cases. A strategy for providing targeted child psychiatry services, for example, is described in detail, along with nine examples from other fields. The report, which includes evaluation findings, outcome results, and program contact information, is available online at www.mchpolicy.org.

May News Alerts

May 2, 2006 Growing Up in North America

A new report highlights the conditions of children in the three countries—Canada, Mexico, and the United States—that make up North America and finds that the 120 million North American children are one-quarter of the people who live on this continent. The United States and Canada are "receiving countries," with more than 200 different ethnic origins in Canada and 39 percent of U.S. children described as "of color." Mexico, on the contrary, has one of the world's lowest percentages of foreign-born residents. Children in the three nations are increasingly exposed to similar consumer goods, media messages, and social trends, but it is the sheer scale of migration from Mexico to the United States and, to a lesser extent, Canada, that is most changing the face of the region and the lives of thousands of children, according to a report sponsored by the Annie E. Casey Foundation. In all three countries, most children live in two-parent households, though the number of single-parent households in Mexico continues to rise. Most children in the three countries live in urban areas. Serious disparities among groups of children persist: "Within nations, not all children have the same opportunity to thrive," the report points out. Infant mortality has declined in all three nations, and the rate of asthma in children has increased. Canadian children have universal access to publicly funded health services, but 11 percent of U.S. children under the age of 18 have no health coverage, and one-third of Mexican children had no access to either public or private health insurance in the year 2000. The report

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released today, “Growing Up in North America: Child Well-Being in Canada, the United States, and Mexico,” is available online at www.childreninnorthamerica.org.

May 4, 2006 **Bottlers Agree to Limit Soft Drinks in Schools**

In an agreement with organizations committed to reducing childhood obesity, three beverage companies that supply 95 percent of the soft drinks now sold in schools said May 3 that they will remove sweetened beverages such as Coke and Pepsi from school cafeterias and vending machines and will reduce serving sizes of lower-calorie and nutritional beverages. The bottlers said, however, that their initiative depends on the willingness of school boards to amend existing contracts with soft drink manufacturers and distributors, some of which extend for five years or more.

A coalition of the William J. Clinton Foundation, the American Heart Association, and the Robert Wood Johnson Foundation noted that the voluntary guidelines now adopted by the bottlers will affect at least 35 million students across the country. Former President Clinton said the coalition, called “Alliance for a Healthier Generation,” has been talking to the beverage companies for months to gain their cooperation. Other groups active in the beverage-reform movement note that the bottlers may also have been motivated by the threat of litigation by a group of lawyers who succeeded in obtaining a settlement with tobacco companies several years ago. A public interest attorney warned school boards that they may be subject, as a group and individually, to liability if they fail to go along with the industry’s proposals. Noting that the agreement represents the first “clear consensus” that sale of sugary soft drinks in schools is a health hazard to children, Professor John Banzhaf of George Washington University cautioned school boards and attorneys that, if they fail to take action, “the lawyers committed to ending the sale of such beverages—previously by suing the bottlers—will now be free to turn their attention and legal actions to any recalcitrant school boards and their members.”

May 4, 2006 **Food Marketing to Children Linked to Obesity**

In the second report in six months to criticize the way the food industry markets high-calorie and high-sugar products to children, the Federal Trade Commission (FTC), which monitors advertising in the U.S., and the Department of Health and Human Services (HHS) recommended May 2 that food companies take a variety of steps, including:

- adopting minimum nutrition standards for foods they market to children;
- reviewing and revising policies for foods sold in schools;
- exploring ways to educate the public about nutrition and fitness;
- creating new products and reformulating existing ones to make them lower in calories and more nutritious;

including smaller portion sizes in single-serving food items. FTC Chairman Deborah Platt Majoras, while noting that the report calls only for voluntary self-regulation on the part of food companies, said the FTC “plans to monitor the industry efforts closely” and expects to see “real improvement.” HHS Secretary Mike Leavitt said, “Businesses need to work with mothers and fathers to bring America’s epidemic of childhood overweight under control.” The FTC/HHS recommendations follow a report by the Institute of Medicine last year that found 80 percent to 97 percent of the food products aimed at children and teenagers were of “poor nutritional quality.” The full text of the FTC/HHS report is available at <http://ftc.gov/opa/2006/childhoodobesity.htm>.

May 5, 2006 **HHS Funds Push for Cell-based Influenza Vaccines**

The U.S. Department of Health and Human Services (HHS) announced yesterday that it has awarded more than a billion dollars in grants to five pharmaceutical companies to speed up development of a cell-based influenza vaccine. The technique of manufacturing vaccines in a cell culture is already used to make a number of vaccines, but so far flu vaccine has been produced by cultivating the virus in specialized chicken eggs, a process that would be too slow to assure a supply of vaccine in the case of a flu pandemic, HHS Secretary Mike Leavitt said. In the cell-based process, the virus grows in large tanks containing cells that float in a nutrient broth, a process sometimes likened to brewing beer. The five new grants are in addition to \$97 million the HHS awarded in April 2005 to the pharmaceutical company Sanofi Pasteur to develop the cell-based method. The companies named as grantees yesterday are GlaxoSmithKline, MedImmune (the company currently makes the nasal flu vaccine FluMist), Novartis Vaccines and Diagnostics, DynPort Vaccine, and Solvay Pharmaceuticals. Together, if all goes well, the companies, most of which do their manufacturing in countries other than the United States, may be able to make some 300 million doses of vaccine in a timeframe of six months—which would be enough to immunize every U.S. resident. The grants awarded yesterday, however, do not actually buy any vaccine and are intended simply to accelerate the development of the new manufacturing techniques.

May 9, 2006 **FDA Looks at New Studies of Artificial Sweetener Aspartame**

Responding to a European study that has found the low-calorie artificial sweetener aspartame—the ingredient of popular products such as NutraSweet and Splenda—to be carcinogenic, the U.S. Food and Drug Administration (FDA) said May 8 that it continues to believe aspartame is safe for human use. The agency said, however, that it is reviewing data it has received on the European Food Safety Authority’s findings and will announce its conclusions when the review is complete. As of now, the FDA said in a press release, “the agency has not been presented with scientific

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information that would support a change in our conclusions about the safety of aspartame.” Aspartame is the most popular of a class of sugar substitutes known as high-intensity sweeteners; the group includes saccharine and five other artificially derived sugar substitutes that have been approved by the FDA. Aspartame was reportedly discovered in 1965 by a scientist working on an anti-ulcer drug who accidentally spilled some aspartame on his hand and when licking his finger, noticed that it had a sweet taste. Since that time, there have been questions about its safety, but the FDA says its current approval of aspartame is based on more than 100 toxicological and clinical studies of the sweetener’s safety.

May 10, 2006 Almost Half of Preschoolers Are Minorities, Census Bureau Says

The Census Bureau said today that 45 percent of the U.S. population under the age of five years belong to minorities. The Census describes as “minority” persons who are other than single-race non-Hispanic white. The new figures make preschoolers the largest and fastest growing group of minorities in the U.S. population, with implications for education, the workforce, and Social Security in the coming decades. The Census Bureau reported U.S. population as a whole was 296.4 million in 2005, with Hispanics the largest minority group (42.7 million), followed by blacks (39.7 million), Asians (14.4 million), American Indians and Alaska natives (4.5 million), and native Hawaiians and other Pacific islanders (990,000). Hispanics are the fastest-growing group, increasing by 3.3 percent between July 1, 2004, and July 2, 2005, largely as the result of “natural increase” (births minus deaths) of 800,000 persons, plus immigration of 500,000. The Census Bureau report with tables is available at www.census.gov/Press-Release/www/releases/archives/population/006808.html.

May 11, 2006 In Preschoolers, Inhaled Medication Does Not Prevent Later Asthma

Treatment with inhaled corticosteroids “is associated with significant improvement in various measures of asthma control” in school-age children, and researchers wondered if receiving an inhaled corticosteroid would also reduce the likelihood of asthma in preschoolers who have frequent wheezing or other risk factors for asthma. But a multicenter, double-blind, placebo-controlled, parallel-group trial of inhaled fluticasone in children two to three years old found that, while the children had more episode-free days during treatment, when the treatment was stopped after two years there was no significant difference in the later development of asthma symptoms. “These findings do not provide support for a subsequent disease-modifying effect of inhaled corticosteroids after the treatment is discontinued,” researchers said. They noted that studies of the natural history of asthma show that initial symptoms commonly occur during the first year of life, and children who have frequent wheezing without colds or who have

personal or family histories of asthma or atopic dermatitis are believed to be at special risk of developing asthma. The research report, “Long-Term Inhaled Corticosteroids in Preschool Children at High Risk for Asthma,” is published in the May 11, 2006, issue of the *New England Journal of Medicine*.

May 12, 2006 Study Finds Delays in Diagnosing Autism

Children are often first diagnosed as having autism spectrum disorders (ASD) after they display language or general developmental delays, and 24 percent of the children diagnosed with ASDs are identified at schools, according to a study reported in an April supplement to the *Journal of Developmental and Behavioral Pediatrics*. The study also found that there is often a long delay—an average of 13 months—between the time the children are initially evaluated and the time they are actually diagnosed as having autism. Children with the more severe symptoms tended to be diagnosed somewhat earlier, but even for those children the average age of diagnosis is three and a half years, and many are not diagnosed until age four and a half. This is of concern, said the federal Centers for Disease Control and Prevention (CDC), because early identification of ASD can lead to earlier entrance into intervention programs that can improve developmental outcome. “It is important for parents and healthcare professionals to recognize early symptoms of ASDs,” the CDC said. “It is also important that children with identified delays be administered routine developmental and autism-specific screenings.” *The Journal of Developmental and Behavioral Pediatrics* can be accessed at www.jmidbp.com. Information about the early signs of autism is available at www.cdc.gov/actearly.

May 15, 2006 HIV Vaccine ‘Eludes Us,’ NIH Says

Basic research has shown how HIV causes AIDS and how the immune system tries to contain infection, but despite almost 100 clinical trials since 1987, “an effective vaccine eludes us,” the director of the federal National Institutes of Health said in a statement today. Noting that May 18 will be the 9th annual HIV Vaccine Awareness Day, Dr. Anthony Fauci called for continued basic and clinical research to design promising new vaccine candidates and to test their potential for preventing HIV infection. He urged supporters to show support for HIV vaccine research by wearing their AIDS ribbon upside-down to symbolize a “V” for vaccine. “Please take this opportunity to learn more about HIV vaccine research and to educate someone you know about the importance of developing a vaccine for HIV,” Fauci said. Further information about HIV Vaccine Awareness Day is available at <http://www3.niaid.nih.gov/new/events/HVAD>.

May 17, 2006

Calories In, Calories Out: A Report on Food and Exercise in Public Elementary Schools

Noting that one way to address obesity among school-age children is to emphasize an “energy balance” approach—calories in, calories out—the National Center for Education Statistics in the U.S. Department of Education in 2005 surveyed a statistically representative sample of public elementary schools to see what foods are available outside of full school meals, the opportunities students have to engage in physical activity, and whether schools measure the height, weight, or body mass index of students.

Some of the survey findings:

- 88 percent of public elementary schools offered both healthy and less nutritious foods for sale outside of full school meals at one or more locations in the school, with many offering the food in the cafeteria or lunchroom;
- 22 percent of elementary schools offered at least one nondairy beverage or snack food in vending machines and 31 percent sold the food at snack bars or school stores. In schools with vending machines, 33 percent had vending machine food available during mealtimes;
- Across elementary grades, 7 percent to 13 percent of schools had no scheduled recess;
- 99 percent of elementary schools reported that they scheduled physical education, but only between 17 percent and 22 percent of schools said physical education was offered daily, with an average of 2.4 to 2.6 times per week;
- 64 percent of schools said they used nontraditional physical education such as dance or kick-boxing to make physical education enjoyable, and at least half used other types of programs during or outside the school day to encourage physical activity;
- Two-thirds of schools never calculated students’ body mass index (BMI) in 2005 and 28 percent never measured students’ weight;
- Of public elementary schools that measured students’ height or weight, 39 percent sent this information to parents, and 49 percent of schools that measured BMI sent that information to parents.

An executive summary and the full text of the report, “Calories In, Calories Out: Food and Exercise in Public Elementary Schools,” are available online at <http://nces.ed.gov>.

May 18, 2006

As Asthma Inhalers Are Phased Out, Shortages, Price Rises Expected

The leading prescription treatment to open constricted airways during an asthma attack will be phased out by the end of 2008, which is the federal government’s deadline for ending use of an ozone-depleting propellant gas currently found in almost all inhalers. The federal Food and Drug Administration (FDA) alerted consumers in March that a transition to other drugs may cause

spot shortages of inhalers, and consumers also report that prices of inhalers are rising as the result of the change, in which albuterol containing chlorofluocarbons (CFC) is being replaced with albuterol containing the more ozone-friendly propellant hydrofluoroalkane (HFC). CFCs are being phased out to comply with the Montreal Protocol, a global treaty to save the earth’s outer ozone layer. Any rise in the price of inhalers may affect especially families living below the poverty level, in which asthma prevalence is high, but many asthma patient groups say they see the transition as an opportunity to move to drugs such as inhaled steroids that can prevent asthma attacks in the first place. For more information, go to <http://www.fda.gov/bbs/topics/ANSWERS/2005/ANSO1349.html> and <http://www.fda.gov/cder/md/default.htm>.

May 22, 2006

Child Trends Cites Data on Teen Childbearing

While teen birth rates have declined continuously since 1991, the downward trend has slowed, giving reason to remain concerned about teen sexual activity and childbearing, according to a summary of recent data released by the organization Child Trends. Here are some of the facts reported by Child Trends:

- The U.S. teen birth rate varies greatly by state, ranging from a low of 18 births per 1000 females 15 to 19 years old in New Hampshire to a high of 63 in Texas;
- Between 2003 and 2004, the number of births to teens under age 15 and to teens ages 18-19 increased, as did the number of births to Hispanic teens. In addition, the percentage of teen births that are repeat births increased slightly between 2003 and 2004;
- One-quarter of females and 28 percent of males ages 15-17 have not talked with parents or guardians about saying no to sex or about birth control, condoms, or sexually transmitted diseases;
- The proportion of teen births that occur within marriage decreased from 49 percent in 1982 to 18 percent in 2002, reflecting the decreasing proportion of nonmarital conceptions that result in a marital birth (that is, fewer unmarried pregnant teens are marrying the fathers of their babies);
- Young people between the ages of 15 and 24 account for almost one-half of all newly acquired sexually transmitted diseases in the United States.

Child Trends also reported some positive trends, noting that in 2003, more than half of students in grades 9-12 reported that they had abstained from sex, and two-thirds of students in those grades who were sexually active said they had used a condom the last time they had sex. The publication “Facts at a Glance” is available at www.childtrendsdatabank.org.

May 24, 2006

Studies See Link Between Sleep Loss and Obesity

A report in today’s issue of the Journal of the American Medical Association notes that while it’s “far from conclusive” that lack

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**The Center for
Health and Health Care
in Schools**

At the: School of Public Health
and Health Services
The George Washington
University Medical
Center

2121 K Street, NW, Suite 250
Washington, DC 20037
202-466-3396 fax: 202-466-3468
www.healthinschools.org

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Newsletter Editor
Virginia Robinson
robinsoneditor@attglobal.net

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of sleep contributes to weight gain and obesity, we do know that Americans are sleeping fewer hours per night at the same time that obesity is increasing. A study has shown that individuals with “partial sleep deprivation,” meaning they slept less than seven hours a night, had higher body mass index (BMI) and were more likely to be obese than persons who reported sleeping seven hours or more, researchers pointed out; and studies first reported in 1999 show partial sleep deprivation disrupts endocrine, metabolic, and immune function. The researchers explained that sleep loss alters the ability of leptin (a hunger-suppressing hormone) to accurately signal caloric need and increases appetite for high-carbohydrate calorie-dense foods such as cake, chips, and bread. That fact, along with other aspects of the environment, including lack of opportunities for exercise in schools and elsewhere, and home air-conditioning that keeps people inactive indoors for long periods of time, may be contributing to current rises in obesity, they said. The article, “Rx for Obesity: Eat Less, Exercise More and—Maybe—Get More Sleep,” appears in the May 24/31 issue of the *Journal of the American Medical Association*.

May 30, 2006

Shortage Defers Meningococcal Vaccination of 11-12-Year-Olds

Faced with a shortage of a recently licensed new vaccine against meningococcal disease, the Centers for Disease Control and Prevention (CDC) last week asked providers to postpone vaccinating 11- and 12-year-old children in order to make the vaccine available for adolescents at high school entry and college freshmen living in dormitories. It’s expected that demand will outpace supplies of the vaccine, tetravalent polysaccharide-protein conjugate (MCV4), marketed as Menactra, at least through summer this year, said the manufacturer, Sanofi Pasteur, Inc., of Swiftwater, Pennsylvania. Providers are asked to track the 11- and 12-year-olds whose vaccinations are deferred and recall them when the supply of vaccine improves. The CDC said that for most persons, MCV4 is preferable to an earlier tetravalent meningococcal polysaccharide vaccine (MPSV4), marketed as Menomune, which is also made by Sanofi Pasteur; but the CDC pointed out that Menomune is also highly effective in preventing certain types of meningococcal disease and “is an acceptable alternative” to the newer vaccine, particularly for persons who have brief elevations in risk, such as travel to places where meningococcal disease is epidemic. The CDC said, however, that supplies of MPSV4 are also limited. Periodic updates of vaccine supply will be available at <http://cdc.gov/nip/news/shortages/default.htm>.