



# 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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## Study Finds One-Third of Young Women Have HPV

Many more women than previously thought are infected at some time in their lives, and particularly in the early years of sexual activity, with the human papillomavirus (HPV), according to a study published in the February 28 issue of the *Journal of the American Medical Association*.

Using data from the National Health and Nutrition Examination Survey (NHANES), in which females aged 14 to 59 years were examined at mobile centers and provided self-collected vaginal swab specimens, the study found the overall prevalence of HPV in women aged 14 to 24 years was 33.8 percent.

Broken down by age groups, HPV was prevalent in 24.5 percent of women ages 14 to 19 years. Prevalence then rose sharply, to 44.8 percent, in women 20 to 24 years old. For women aged 25 to 59 years, HPV prevalence ranged from 19 percent to 25 percent.

The report indicates that HPV types 6 and 11, which are known to cause approximately 90 percent of genital warts, and types 16 and 18, which cause approximately 70 percent of cervical cancers, were detected in only 3.4 percent of the female participants. HPV-16 and HPV-18 were found in 1.5 percent and 0.8 percent of the women, respectively.

A newly available HPV vaccine, Gardasil, produced by the pharmaceutical company Merck, protects against HPV types 6, 11, 16, and 18. The vaccine is currently the subject of controversy

over whether states should mandate vaccination of 11- to 12-year-old girls against HPV as a condition of school attendance. Currently, one state—Texas—has mandated vaccination and another—Virginia—is considering such a proposal. Some 20 states are considering whether to adopt similar mandates, according to the National Conference of State Legislatures.

Here is some of the information about the human papillomavirus that has emerged from recent studies:

- HPV is estimated to be the most common sexually transmitted infection, with prevalence highest among young persons within the first few years after sexual debut.
- General HPV types are characterized according to their epidemiological association with cervical cancer. Infection with low-risk types of the virus can cause benign or low-grade changes in cells of the cervix, genital warts, and recurrent respiratory papillomatosis. High-risk types of the virus can cause cervical, anal, and other genital cancers. High-risk HPV types are detected in 99 percent of cervical cancers.
- Although HPV infection is common, approximately 90 percent of infections clear within two years as a woman's immune system rallies against the virus.
- Clinical studies of the quadrivalent HPV vaccine now available show close to 100 percent efficacy in preventing infection and disease (cervical cancer precursors and genital lesions) associated with

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four specific types of the virus.

In an editorial accompanying the research report, the Journal notes that it is very difficult to assess the prevalence of HPV in the United States, but the data reported in the current study are consistent with other studies that have found young women at greater risk of HPV infection than older women.

The editorial notes that the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention has provisionally recommended the HPV vaccine for adolescent girls between the ages of 11 and 12 years, with catch-up vaccination for those between 13 and 26 years. The editorial also points out that it will now be important to assess the cost-effectiveness of the vaccine, using the new prevalence data.

*The research report, "Prevalence of HPV Infection Among Females in the United States," and the editorial, "Estimating the Population Prevalence of HPV," were published in the February 28, 2007, issue of the Journal of the American Medical Association.*

Also see:

"Vaccine Will Protect Against Some Kinds of HPV,"  
[http://www.healthinschools.org/2006/June9\\_alert.asp](http://www.healthinschools.org/2006/June9_alert.asp)  
"HPV Vaccination: Should States Make It Compulsory?"  
<http://www.healthinschools.org/ejournal/2007/Jan2.htm>

## More Thoughts on Teen Motor Crashes

Closely following a report on teens' attitudes about driving published in February in *Health and Health Care in Schools*, the National Academy of Sciences last month released the findings of a workshop that met last year to discuss ways of preventing teen motor crashes.

The workshop report leaves no doubt that "Driving is dangerous, and especially so for new drivers." And since most Americans learn to drive before they become adults, the report concentrates on what it is about adolescent new drivers that makes them especially prone to accidents.

The sobering realities:

- Motor vehicle crashes are the leading cause of mortality and serious morbidity for young people ages 4 through 34, and rates are highest during new drivers'

first few months of driving on their own. In fact, during their first six months of solo driving, newly licensed drivers are about eight times more likely to be involved in fatal crashes than are more experienced drivers, according to the Insurance Institute for Highway Safety. And even after more than six months licensed to drive alone, teens are two to three times more likely to be in fatal crashes than are the most experienced drivers. "From a public health perspective, motor vehicle crashes are among the most serious problems facing teenagers," the report concludes.

So what would it take to help teens drive more safely? The report lists five critical elements:

- Acquiring the skills to operate the vehicle and to recognize hazards;
- Knowledge of traffic rules and operating procedures;
- Experience, including sufficient practice;
- Maturity, including a capacity for reasoning, judgment, and decision-making; and
- The environment—safe surroundings in which to learn to drive.

Whether any or all of those elements will be present is complicated by the special nature of adolescence itself, the report notes.

In a chapter called "Characteristics of Adolescents That Can Affect Driving," researcher Ronald Dahl describes what he calls "the health paradox of adolescence"—it's the healthiest period of the life span physically, a time when young people are close to their peak in strength, reaction time, immune function, and other health assets. But while they enjoy such excellent health, adolescents have a 200 percent increase in morbidity and mortality from their childhood years, with the primary causes of death and disability related to problems with control of behavior and emotion.

"A complex web of physiological, psychological, and environmental conditions contributes to impulsivity in adolescents and influences both decision-making and regulatory functions that affect driving as well as other adolescent behaviors," Dahl noted. "Indeed, a hallmark of this stage of life, not only in humans but also in other mammals, is the tendency toward increased risk-taking and novelty-seeking, as well as an increased focus on social context."

Among the factors that cause risky behavior in adolescents

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are the onset of puberty, with its increased emotional intensity, and another fact—that cognitive development is not complete until the early 20s, long after the period in which most young people in America are learning to drive.

“A key difference between adolescent and adult brains is in their capacity to manage multiple tasks at once. The capacity known as executive function, which is the key to judgment, impulse control, planning and organizing, and attention, is situated in the prefrontal cortex, which is still under construction during the teen years. In the absence of stress and distraction, most teens function well, but this regulatory capacity can be easily overwhelmed by strong emotions, multitasking, sleep deprivation, or substance abuse. The particular risks posed to teen drivers by extra passengers, music, cell phones, and other sources of stimulation or distraction begin to make sense when this aspect of teen development is understood.”

Some other characteristics of adolescence also operate in decisions about driving, the report notes.

- Adolescents, like many adults, tend to have what’s known as “the optimistic bias,” meaning that while they know and understand the hazards of driving, they are overconfident of their ability to control those risks—they overestimate their own driving skills.
- Adolescents are intensely attuned to social interactions with their peers, and driving can play an important role in peer interactions, by allowing them to demonstrate maturity or to enhance status and membership in a group, often by hosting the social event that a group trip can be. “They key point in terms of driving safety is that when driving with peers, teens are undertaking two separate, challenging, and complex tasks: they are keenly attuned to the behavior of and interactions among their peers while also operating the vehicle and attending to road and traffic conditions.”
- Teens differ from adults in their need for sleep and in the factors that keep them from getting as much sleep as they need. The report indicates that adolescents need nine hours of sleep a night but generally get between seven and seven-and-a-half hours, with school bus schedules, academic obligations, social opportunities, and electronic devices in their bedrooms contributing to loss of sleep. “The effects of sleepiness on driving are striking. Teens are at their sleepest in the morning, and the rate of fall-asleep crashes for 16-to-25-year-olds confirms this, peaking between 6 and 8 in the morning.”

### *Strategies to Improve Safety*

“The extent to which the characteristics of adolescents and their developmental processes are not adequately taken into account in drivers’ education, licensing, and supervisory practices for young drivers was a persistent theme throughout the workshop,” the report concludes.

Driver education programs first developed in the 1930s were widespread in the United States between the 1940s and 1970s, often with 30 hours of classroom instruction in public high schools, plus six hours of instruction behind the wheel. Those programs did not seem, however, to reduce crashes by beginning drivers, and many state have dropped training as a condition of licensure before age 18. The National Highway Safety Administration (NHTSA) is currently considering new curricula and standards for teachers.

Meanwhile, the report notes, many states have adopted what is known as “graduated driver licensing” or GDL, which typically has three phases—an extended practice stage for teens with learners’ permits, a provisional period during which restrictions on driving are imposed, and then full licensure. GDL depends on parents and law enforcement officials for its effectiveness, the report points out, and even with parental supervision, “supervised practice driving has not yet demonstrated safety effects on its own in the United States,” possibly because parents haven’t been given sufficient guidance on how to make best use of this time. A program called Checkpoints, developed by researchers at the National Institute of Child Health and Human Development, provides a structure in which parents can work with their teens during the first 12 months of driving, but it’s not yet clear whether the program reduces teen crashes.

In particular, the report points out, health care providers aren’t doing their part to provide prevention messages to teens and their parents, an absence that’s particularly notable in light of the fact that counseling by health care providers has had positive effects in other areas, such as reducing smoking. Driving safety isn’t “a prominent topic” during medical students’ training in pediatrics, so even experts in adolescent medicine report that they infrequently give teenagers information about the risk of having passengers in a car, for example, in their practices.

Whether technology can help to reduce dangerous adolescent driving practices is still unclear, the report notes, though some cars now include devices that make it im-

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possible to start the vehicle if the driver is intoxicated, or devices that report on road conditions ahead, or “driving report cards” that enable parents to know their teens’ driving habits. One area in which technology may help is computer-assisted driver education, which allows novice drivers to practice handling dangerous situations without endangering their lives.

Overall, the report concludes, with respect to adolescent driving and its dangers, “a wealth of information is available that has not been brought to bear on a public health issue of immense proportions.”

*The full text of the report, “Preventing Teen Motor Crashes: Contributions from the Behavioral and Social Sciences: Workshop Report” is available in PDF at <http://www.nap.edu/catalog/11814.html>*

*Also see:*

*“Teens Report on Teen Driving—Speed, Passengers, Seat Belts, Cell Phones,”*  
<http://www.iom.edu/CMS/12552/31491/40475.aspx>

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## The Tobacco Wars Heat Up

At a hearing before the Senate Health and Education Committee February 26, Senator Ted Kennedy (D-MA) signaled his intention to try again to give the federal Food and Drug Administration (FDA) authority to regulate tobacco products.

It may be too late to help the more than 40 million people who are already “hooked on this highly addictive product,” Kennedy said, but the FDA could “play a major role in breaking the gruesome cycle that seduces millions of teenagers into a lifetime of addiction and premature death.”

Kennedy noted that a “bipartisan, bicameral” bill that has been introduced in the House and Senate is “familiar”—“It is the same bill that passed the Senate in 2004 and that we introduced in the last Congress. However, in this new Congress, the likelihood of passage is greatly enhanced. We believe that 2007 is the year that legislation empowering the FDA to regulate tobacco products will finally become law.”

Kennedy noted that it is not possible to ban cigarettes entirely---“a ban that would leave 40 million people without

a way to satisfy their drug dependency.” But he pointed out that the tobacco industry is well aware that most of the people who smoke began to do so as children, and the industry’s future depends on making tobacco products appealing to today’s young people.

With that in mind, the bills now before Congress concentrate on giving the FDA authority to ban tobacco advertising aimed at children and to enforce seriously laws and regulations already in place that are supposed to make it impossible for children under 18 to buy cigarettes face-to-face, or to obtain them from vending machines and self-service displays. The bills also call for stronger warnings on all cigarettes and smokeless tobacco packages, and in all print advertisements, that will explicitly describe the medical problems that can result from tobacco use. The FDA would be able to change those warning labels periodically, “to keep their impact strong.”

Kennedy charged that tobacco companies chemically manipulate the nicotine in their products to make them more addictive, and he cited a recent study by the Harvard School of Public Health that found the average increase in cigarette nicotine yield between 1998 and 2005 was 11 percent. Under the proposed legislation, the companies would have to submit to the FDA for analysis any “reduced risk” cigarettes they develop, in the same way drug manufacturers must submit new drugs.

Kennedy noted that tobacco companies have frequently testified before his and other congressional committees in past years on proposals to give the FDA regulatory authority, and he said this time around he plans to go directly to committee markup of the legislation, the final step before the bill comes to the floor for a vote. The Senate bill, S. 625, and the House bill, H.R. 1108, can be read and tracked at <http://thomas.loc.gov>.

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## SAMHSA Provides State-Level View of Substance Use and Mental Health

Underage drinking (ages 12 to 20), as reported by past-month behavior, was lowest in Utah (21.3 percent) and highest in Wisconsin (39.5 percent) in 2004-2005, says the newest state-by-state report on substance use and mental health from the Substance Abuse and Mental Health Services Administration (SAMHSA).

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While there was no significant change at the national level for past-month underage drinking between 2003-2004 and 2004-2005, six states had significant decreases—Hawaii, Michigan, New Hampshire, New Mexico, North Dakota, and Washington—and Texas and Utah had significant increases.

The report, “State Estimates of Substance Use from the 2004-2005 National Surveys on Drug Use and Health” provides state-level rates for 23 measures of substance use and mental health problems, including underage drinking, binge drinking, use of illegal drugs, serious mental illness and tobacco use.

### ***Binge Drinking***

“Too many Americans are in denial about teen drinking,” said John Walters, Director of the Office of National Drug Control Policy. “We need to stop looking the other way and pretending that it’s just a rite of passage. Let’s face facts: When teens drink, they drink to get drunk.”

As if to demonstrate this point, in 2004-2005 almost a quarter (22.7 percent) of all persons 12 or older reported that they had participated in binge drinking during the past month. Binge drinking is defined as having five or more drinks on the same occasion on at least one day in the 30 days prior to the survey. Utah had the lowest rate of past-month binge drinking (16.3 percent) during that time and North Dakota had the highest rate (31.5 percent).

### ***Illegal Drug Use***

Use of illegal drugs in the past month for all persons age 12 or older ranged from a low of 5.9 percent in Iowa to a high of 12.2 percent in Alaska. Colorado, Oregon, Rhode Island and Vermont were in the highest quintile for persons 12 or older and for all age subgroups.

Among teenagers, five states contributed significantly to a national decline in the percentage of 12- to 17-year-olds who used illicit drugs: California (from 12.1 to 10.6 percent), Michigan (from 12.3 to 10.6 percent), New Mexico (from 16.2 to 13.0 percent), North Dakota (from 10.8 to 8.5 percent), and Washington (from 11.7 to 9.6 percent).

### ***Tobacco***

The national percentage of past-month tobacco use by persons age 12 or older was stationary between 2003-2004 and

2004-2005, but the prevalence of use among youths age 12 to 17 declined slightly from 14.4 percent to 13.8 percent during the same period. Kentucky, Louisiana, Michigan, and North Dakota showed declines in the 12- to 17- age group.

### ***Mental Health***

Two mental health measures for those 18 and older—serious psychological distress and major depressive episodes—also appear in this new report. Hawaii had the lowest rate of serious psychological distress (9.8 percent) and major depressive episodes (6.7 percent) in the past year. West Virginia had the highest rate (15.3 percent) of past-year serious psychological distress, and Utah had the highest rate (10.1 percent) of past-year major depressive episodes.

“*State Estimates of Substance Use from the 2004-2005 National Surveys on Drug Use and Health (NSDUH)*” is available on the Web at <http://oas.samhsa.gov/2k5/state/toc.cfm>

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## **WORTH NOTING**

### **SCHIP Funding Shortfalls Get Attention**

Governors of states that have used up all of the federal contribution to their State Children’s Health Insurance (SCHIP) programs are urging Congress to provide interim funding to carry them over until SCHIP is reauthorized later this year. The governors have warned that if no new federal money is forthcoming, they will be forced to cut back existing SCHIP entitlements and stop enrolling new children in the program. SCHIP was enacted by Congress in 1997 as a way of providing health insurance to children in families whose incomes are too high for Medicaid but too low to enable them to buy private health insurance—the so-called “working poor.” In a statement this month, the Robert Wood Johnson Foundation noted that most of the 8 million uninsured children in the U.S. are eligible for either Medicaid or SCHIP, but many Americans are not aware of the health coverage available for children in working families. Legislation to provide supplemental federal funds for SCHIP has been introduced in both houses of the U.S. Congress but has not yet been passed, and the Bush administration has urged states that have not used all their current SCHIP money to pass it along to states with deficits. For information on the coming reauthorization of SCHIP and

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budget shortfalls, see previous articles in Health and Health Care in Schools, at [www.healthinschools.org](http://www.healthinschools.org).

## A Statement on Junk Food in Schools

Noting that the Institute of Medicine is expected this month to propose new standards for foods sold in America's public schools, U.S. Senator Tom Harkin (D-IA) called the coming standards "The latest effort to address America's epidemic of poor nutrition, childhood obesity, and diabetes—an epidemic which, for the love of our children, we can and must stop." Harkin pointed out that over the last three decades the obesity rate has doubled among adolescents and tripled for kids between the ages of 6 and 11, and he said, "Surely if there's one place where a precautionary principle should be in effect, it is in our public schools." Harkin pointed out that as the result of a decades-old court decision and subsequent congressional inaction, the United States Department of Agriculture (USDA), which has responsibility for school lunch and breakfast programs, "is virtually powerless to prevent sales from vending machines and other sources." The senator and several co-sponsors say they will introduce a bill to be called the Child Nutrition Promotion and School Lunch Protection Act, that would require the USDA to update its current nutrition standards and would allow USDA to set standards for all foods sold in schools, including in vending machines and snack bars. The Harkin bill, when it is introduced, will appear at <http://thomas.loc.gov>.

## HHS, Ad Council Partner on Child Obesity Ads

A series of public service announcements designed to get children involved in physical activity will be airing in a number of media outlets beginning this month, with the blessings of Pepsico, General Mills, Kraft Foods, Kellogg, Coca-Cola, McDonalds, and the American Heart Association. Media companies including Nickelodeon, the Outdoor Advertising Association, Univision Communications, Turner Broadcasting, and Discovery say they will donate time and space for the PSAs as part of the U.S. Health and Human Services Department's childhood obesity prevention campaign. Titled "Be a Player: Get Up and Play an Hour a Day," the PSAs will feature characters from DreamWorks' Shrek who will encourage children 6 to 9 years old to get up and play for at least one hour every day and will demonstrate the fun kids can have doing that. Children and their families are invited to visit the HHS's newly redesigned website, [www.HealthierUS.gov](http://www.HealthierUS.gov) and a kid's website

at [www.smallstep.gov](http://www.smallstep.gov), for suggestions on games and activities to support the new PSAs.

## February News Alerts

The following information appeared during the month of February 2007 in the News Alerts section of the website of the Center for Health and Health Care in Schools at <http://www.healthinschools.org>.

### February 5, 2007 NIH Cites Disproportionate Burden of HIV/AIDS on African Americans

Noting that February 7 is the seventh annual National Black HIV/AIDS Awareness and Information Day, the director of the National Institute on Allergy and Infectious Diseases in the National Institutes of Health said today that although African Americans are 13 percent of the American population, in 2005 they represented approximately 50 percent of new HIV/AIDS diagnoses. "African Americans have long been disproportionately affected by HIV/AIDS, and that disparity has only deepened over time," Anthony Fauci said. Fauci pointed to intensive efforts now under way to improve the treatment of HIV-infected people by developing new drugs and defining the best ways to use currently available drugs, but he said that some of the biggest challenges facing researchers today are the "misperceptions and lack of knowledge about HIV/AIDS and fear related to clinical research, particularly among African Americans." He urged African Americans to take part in the research effort as scientists, clinicians, community educators, advocates, and study volunteers, to assure that all racial and ethnic groups are included in clinical trials. Further information about National Black HIV/AIDS Awareness and Information Day is available at <http://www.blackaidsday.org>.

### February 8, 2007 Survey Finds Many Doctors Refuse Information, Referrals on Controversial Procedures

Many physicians do not consider themselves obligated to provide information or to refer patients to other doctors when the physicians decline on moral or religious grounds to perform certain controversial procedures, such as administering terminal sedation to dying patients, providing abortions, or prescribing birth control to adolescents

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without parental approval, according to a survey reported in today's issue of the *New England Journal of Medicine*. Those doctors may be in the minority, the survey found, since most (63 percent) of the doctors who responded to the survey believe it's permissible for doctors to explain their moral objections to patients; 86 percent believe doctors must present all options to the patient; and 71 percent say doctors have a responsibility to refer a patient to another clinician who does not object to the requested procedure. But because that leaves a large number of physicians who do not feel obligated to provide patients with those alternatives, it is important for patients who want access to controversial procedures to inquire up-front whether their doctors will accommodate their requests, the survey advises. The article, "Religion, Conscience, and Controversial Clinical Practices," is published in the February 8, 2007, issue of the *New England Journal of Medicine* and is available free at <http://content.nejm.org/cgi/content/full/356/6/593?query=TOC>.

### **February 12, 2007** **Puerto Rican Children Seem to Have More Asthma**

The latest issue of *Morbidity and Mortality Weekly Report* cites National Health Interview Surveys for the years 2003-2005 that show a higher prevalence of asthma in Puerto Rican children than in Mexican-American, non-Hispanic white, or non-Hispanic black children. The report concedes that it's not known why the disparity exists, but notes that it was found in children of all economic levels--poor, near poor, or not poor. Next highest rates of asthma were found in black, non-Hispanic children and the incidence was lowest in Mexican American children. The statistics were determined by the number of positive responses given to two questions asked during household interviews of a sample of the civilian, non-institutionalized U.S. population: "Has a physician or other health professional ever told you that your child has asthma?" and "Does your child have asthma?"

### **February 13, 2007** **NIDA Explains 'Science of Addiction'**

A 30-page, full-color booklet, "Drugs, Brains and Behavior: The Science of Addiction," being released today by the National Institute on Drug Abuse (NIDA), is written in plain language that laymen will be able to understand; and NIDA hopes the publication, together with an upcoming HBO documentary on addiction, will help to reduce stigma

against addictive disorders. NIDA explains that science has revolutionized understanding of drug addiction as a brain disease that affects behavior. "Like diabetes, asthma, or heart disease, drug addiction is a chronic disease that can be managed successfully," with treatment, the NIDA press release says. The new publication can be downloaded in PDF at <http://www.drugabuse.gov>. The 90-minute HBO documentary is scheduled to air March 15 from 9:00 to 10:30 p.m. ET/PT.

### **February 14, 2007** **Bill Would Assure Medicaid Reimbursement for School-Based Health Services to Children with Disabilities**

Senator Edward Kennedy (D-MA) said yesterday that legislation he has proposed in the Senate "recognizes the importance of schools as a site of delivery of health care" and would ensure that children with disabilities can obtain health services during the school day. Kennedy said his bill, S. 578, the "Protecting Children's Health in Schools Act," is a reaction to provisions in the Bush administration's proposed budget for 2008 that would end Medicaid reimbursements to schools "for support services they need in order to provide medical and health-related services to disabled children." Kennedy charged that the administration's budget "says NO to any legitimate reimbursement to schools for costs incurred for administrative duties related to Medicaid services" and for services to children such as specialized transportation. Kennedy also said that the budget decision by the administration "follows years of resisting Medicaid reimbursements to schools that provide these services, without clear guidance on how schools should appropriately seek reimbursement." He said his bill calls for "clear and consistent guidelines to be established, so that schools can be held accountable and seek appropriate reimbursement." He estimated that \$3.6 billion in Medicaid funds would be involved over the next five years. The bill, S. 578, can be read and followed at <http://thomas.loc.gov>.

### **February 15, 2007** **Legislation Would Provide Federal Funds for SBHCs**

Senators Gordon Smith (R-OR) and Christopher Dodd (D-CT) yesterday introduced legislation that would authorize \$50 million a year in federal funding to support school-based health centers (SBHCs)—an investment that Senator

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Smith said “could lead to a return many times over.” Noting that there are approximately 1,700 SBHCs operating across the country, the sponsors of the School-Based Health Clinic Act of 2007 pointed out that the centers currently receive little or no federal support, with most of their funding coming from state and local resources, patient revenue, and private contributions. “To realize their full potential, the federal government needs to establish a separate authorization for SBHCs,” Smith said. “Even a small amount of federal support can serve as much-needed seed money to attract funding from other sources.” Senator Smith pointed out that there are 44 SBHCs in Oregon, and Senator Dodd noted that Connecticut has 73. Smith said communities around the country are beginning to realize the “enormous benefits” of school-based health centers, “not only to the health of children, but to the broader healthcare system,” with studies showing SBHCs can help curtail inappropriate emergency room use, reduced Medicaid expenditures, and prevent costly hospitalizations. Both senators noted that Congress this year will be re-authorizing the State Children’s Health Insurance Program (SCHIP) and said the School-Based Health Clinic Establishment Act “would be a good complement to SCHIP.” The bill, S. 600, can be read and tracked at <http://thomas.loc.gov>.

### **February 21, 2007** **Merck Ends Lobbying for School-Entry HPV Vaccination**

Pharmaceutical manufacturer Merck & Co. said February 20 that it will no longer try to persuade state legislatures to make vaccination against the sexually transmitted human papillomavirus (HPV) a requirement for school entry for girls 11 and 12 years old. One state has adopted and at least 20 others have been considering adding the HPV vaccine to the list of immunizations required for school attendance, and Merck has been lobbying state legislatures to put such a mandate in place. Merck manufactures the only HPV vaccine currently approved by the federal Food and Drug Administration (FDA)—Gardasil, a three-dose immunization expected to cost \$400. The push to vaccinate young girls was justified as a way to protect them from the potentially serious HPV—which proceeds to cervical cancer in some women—before they become sexually active, but Merck’s push for immunization was criticized by many parent groups on moral grounds and by public health officials who favor the vaccine but believe the controversy about giving it to school-age girls might impair wider use of the

vaccine. Gardasil has been recommended for administration to women 11 to 26 years of age by the Advisory Committee on Immunization Practices, but the committee left it up to states to decide whether to make vaccination a school-entry requirement.

### **February 22, 2007** **ADHD Drugs Must Warn of Possible Adverse Effects**

The federal Food and Drug Administration (FDA) yesterday directed the manufacturers of all drug products approved for the treatment of attention deficit hyperactivity disorder (ADHD) to develop patient medication guides to alert patients to possible cardiovascular risks and the risk of adverse psychiatric symptoms associated with the medicines and to advise them of precautions that can be taken. “Medicines approved for the treatment of ADHD have real benefits for many patients but they may have serious risks as well,” said Steven Galson, director of the Center for Drug Evaluation and Research in the FDA. Patient medication guides are handouts given to patient, families, and caregivers when a medicine is dispensed. The FDA had earlier directed manufacturers of ADHD medications to revise product labeling for doctors to reflect concerns about possible cardiovascular or psychiatric events. The medications that must now have both revised labels and the new patient medication guides include Adderall, Adderall XR, Concerta, Daytrana, Desoxyn, Dexedrine, Focalin, Focalin XR, Metadate, Methylin, Ritalin, Ritalin SR, Ritalin LA, and Strattera. The patient medication guides for each product can be found at <http://www.fda.gov/cder/drug/infopage/ADHD/default.htm>.

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