



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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Exploring Links Between Food Insecurity and Obesity

At a time when overweight and obesity are commanding attention, it is easy to overlook the fact that “food insecurity continues to be a significant (and in recent years growing) public health problem as well,” the Food Research and Action Center (FRAC) reported at its annual conference in Washington, D.C., February 27.

“Food insecurity,” defined as “not having enough money to buy food” was first measured nationally in 1995 and showed a downward trend until 2000, when it began to climb again, reaching 11.9 percent of all households in the year 2005, according to the Bureau of the Census Current Population Survey. In the same period of time, rates of overweight and obesity grew.

In a report that looked for possible linkages between those statistics, FRAC found that both food insecurity and overweight/obesity rates were highest for low-income people, particularly women, and a striking finding was that the two conditions—weight gain and food insecurity—“can affect the same individuals and households, as well as communities.”

“For poor people and communities, food insecurity and obesity are a kind of negative ‘double whammy.’ This dual nutrition problem thus is an enormous challenge for policy-makers, communities, and practitioners. How can these two public health problems be dealt with simultaneously, in an effective and sensitive manner?”

Not that everyone, adult or child, who is overweight is also poor, the FRAC report is careful to point out. There are many and complicated variations. For children, as income increases, the risk of obesity decreases for white girls and boys but increases for Hispanic boys. Asian boys have lower rates of obesity at both low and high incomes, compared with middle-

income Asian families. The rate of obesity among African-American boys varies very little by family income but the prevalence of obesity among African-American girls is lowest for those from middle-income families and highest for girls from families with low and high incomes. Asian girls have lower obesity prevalence overall, while Hispanic girls at all incomes have comparatively high rates of obesity.

What Do We Know about Obesity?

Until very recently, the FRAC report points out, the primary and sometimes only cause of obesity in the minds of many people was lack of personal responsibility. “According to this belief, the prescription for change was individual—nutrition education, improved parental responsibility, and increased strength of character.”

But while not losing sight of the important role of individual parental and child responsibility, researchers have now identified a range of environmental or external causes and changes in recent decades that have contributed to the obesity epidemic by contributing to increased food intake (and especially less intake of healthful foods) and to decreased physical activity.

The FRAC report outlines some of the conditions that contribute to overweight: “Children have less physical education at school and face the temptations of vending machines and high-fat snack sales in schools at all hours. Entertainment, for both children and adults, as well as children’s schooling and adults’ work experience, tend to be more sedentary, with multi-channel televisions, computers, and other engaging electronic gadgets. Many communities are laid out in ways that discourage physical activity, and parents are often fearful about children walking home from school or playing outside, for safety

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reasons and because parents are not at home after school. Large amounts of super-sized tempting high-fat foods are readily accessible all around us—at every shopping mall, in many public buildings, and, it sometimes seems, on every street corner—and are advertised to both children and adults on television and in many other venues.”

The report points out that low-income families and neighborhoods “face all of these challenges and more.” Low-income neighborhoods lack full-service grocery stores and those stores that do exist are more likely to offer high-calorie foods than fruits, vegetables, or skim milk. There may be few safe or attractive places to be physically active, and under-funded schools may lack suitable cafeterias or physical education facilities.

The report also notes that schools and school districts in both high- and low-income communities “have entered into contracts for the sale of certain products in vending machines that end up bringing cash resources to the school at the expense of children’s nutrition. Schools may also choose for financial reasons to sell profitable items in cafeteria ‘a la carte’ lunch lines (additional lines that sell individual foods, sometimes of questionable healthfulness, in competition with the school lunch program). The foods on these a la carte lines, like the contents of school vending machines, are not controlled by strong nutritional standards.”

The FRAC report also points out that social and emotional factors may be causes of obesity among children. “Several studies have shown an association between depression in children and the development of obesity. Moreover, some researchers are beginning to suggest that the brain’s response to stress may lead to central fat deposition and insulin resistance in adults. Stress could also affect children in similar ways.”

What Is Hunger?

“It is difficult for people to believe that hunger exists in the United States in the 21st century,” the report acknowledges. “Food and images of food are everywhere we look, and obesity is the major nutrition concern being expressed. Our country is extraordinarily wealthy.”

Yet hunger persists, the report points out, “not as often the nutritional deficiency diseases physicians saw in the 1960s, but rather a chronic, cyclical, poverty-related inadequacy in household food supplies.” To try to measure that new form of hunger, the Food Research and Action Center developed the first national survey of families with at least one child below the age of 12, using a new definition of the term “food insecurity” to mean that “the availability of nutritionally adequate and safe foods is limited or uncertain.” “Hunger” was defined as “the uneasy or painful sensation caused by lack of food.”

What the surveys found was that low income (due to low wage jobs, involuntary part-time or part-year work, job loss, unemployment, illness, inadequate public income supports, etc.) often leaves household with insufficient money or other resources to obtain enough food. In the United States, according to the latest data available (2004), that’s 11.9 percent of households—7.4 million adults and 3.3 million children.

And recent research has uncovered that one of the potential consequences of food insecurity is obesity, the report states. The authors concede that “At first blush, it is counterintuitive that hunger and food insecurity can co-exist with obesity in the same individual,” and they concede that there is only a limited amount of research on that connection in children. They note, however, that the effects of food insufficiency may affect children “directly in food intake, indirectly in learned food patterns, and potentially indirectly in ways not yet understood, with lifelong consequences.”

In a lengthy discussion of the current status of federally subsidized food programs for children—subsidized lunch and breakfast, after-school snacks and meals, the summer food service program, the child and adult care food program for preschoolers, and WIC (the Special Supplemental Food Program for Women, Infants, and Children)—the FRAC report concludes that these programs, if fully implemented, could play a large role in reducing food insecurity and obesity.

“There are still many children who are not receiving the benefits of these programs. Barriers to participation must be overcome to ensure that all children and especially low-income children can take full advantage of the nutritious meals and snacks offered by these programs. If seen and utilized as important allies in the battles against obesity and food insecurity, the child nutrition programs can help lead many low-income households on a healthier path.”

The report “Obesity, Food Insecurity and the Federal Child Nutrition Programs” is available online at www.frac.org.

See also Childhood Overweight What the research tells us at <http://www.healthinschools.org/sh/obesityfs.asp> and Keeping Kids Healthy: Overweight, Nutrition & Physical Activity at <http://www.healthinschools.org/sh/obesity.asp>

Debate Grows on Requiring Flu Shots for Health Workers

If children are required by law to receive a number of vaccinations before they may enter school, to control the spread of infections, shouldn’t healthcare workers be required to receive annual

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influenza immunizations, to prevent their passing the flu along to patients?

The federal Centers for Disease Control and Prevention (CDC) called attention to that question February 9, when the CDC's Advisory Committees on Immunization Practices and Healthcare Infection Control Practices joined to urge flu shots for all healthcare workers. The advisory committees stopped short of recommending compulsory vaccination, but they cautioned that with fewer than half of healthcare workers currently receiving flu shots, the scene is set for influenza outbreaks in hospitals and other sites in which providers come into contact with patients.

A few months earlier, the Society for Healthcare Epidemiology cited the same figures in a position paper, saying that despite repeated recommendations by the CDC since 1984, "the percent of healthcare workers vaccinated annually remains unacceptably low."

The disease that vaccination may help to prevent is no small matter, the position paper points out. "Influenza infection causes an average of 36,000 excess deaths and nearly 226,000 excess hospitalizations annually in the United States alone." The paper also notes that healthcare transmission of influenza has been documented in many different patient populations and clinical settings, including neonatal intensive care units, pediatric wards, infectious disease units, general medical wards, oncology units, and emergency departments, as well as outpatient facilities such as clinics and doctors' offices.

There are ways to reduce the risk of healthcare-associated influenza—including adherence to universal respiratory hygiene/cough etiquette, use of rapid diagnostic tests for patients, prompt treatment, and antiviral medication—but "the cornerstone of efforts and the most effective measure to prevent healthcare-associated transmission of influenza is healthcare worker vaccination with an effective influenza vaccine." In a list of 100 references, the position paper cites evidence that flu vaccination "reduces morbidity, antibiotic use, and absenteeism in healthy adults" and mortality in vulnerable populations such as the elderly.

So, if the Advisory Committee for Immunization Practices has been recommending annual flu vaccination since 1984, why are so many healthcare workers not immunized? The authors point out that studies have shown healthcare workers have varied concerns about flu shots, including the possibility of adverse effects ("shots give you the flu"), fear of injections, perceived lack of vaccine efficacy, busy schedules, inconvenience, failure of employers to cover the cost of vaccine, and opposition to vaccination in general. In addition, a surprising number of healthcare workers "do not recognize their role in the transmission of influenza to their patients."

"They don't realize that you can pass the infection for 24 hours before you develop symptoms and for four or five days after-

ward," says Dr. William Schaffner, chairman of the department of preventive medicine at Vanderbilt University. And healthcare workers may not realize how easily flu is transmitted. Large infectious droplets can spread two or three feet with every cough, and the smallest droplets even further, and the virus can live on a doorknob for hours.

There is also the persistent belief that you can get the flu from a flu shot, which Schaffner calls "a myth." "The injected vaccine is not a live virus. It can't and won't give you the flu." He speculates that the misconception may persist because so many respiratory illnesses are around during every flu season, and many people may come down with some other bug just at the time they receive a flu shot, leading them to incorrectly see a connection between the vaccine and their illness.

What to Do

The Society for Healthcare Epidemiology says it is convinced that vaccination is effective in reducing influenza, and that it has been shown that vaccinating healthcare workers "can have a dramatic effect on the safety of the workers and their patients." The society therefore strongly recommends "active efforts to improve HCW vaccination rates," including providing targeted information, increasing vaccine access, and emphasizing the ethical responsibility healthcare workers have to protect themselves and their patients. "These recommendations apply to all types of healthcare facilities, including acute care hospitals, long-term care facilities, and ambulatory settings, including free-standing clinics, outpatient surgery and dialysis centers, physicians' offices, and homecare agencies."

The society also recommends that healthcare workers who decline to receive vaccination after receiving an educational program be asked to sign a declination each year. A suggested form for "Declination of Annual Influenza Vaccination" is available online at the society's website, www.SHEA.online.org.

Corresponding author of the position paper, "Influenza Vaccination and Healthcare Workers," which was published in the November 2005 issue of the journal Infection Control and Hospital Epidemiology, is Dr. Thomas Talbot. He can be reached at tom.talbot@vanderbilt.edu.

See also CDC Says More Healthcare Workers Need to Get Flu Shots at http://www.healthinschools.org/2006/feb10c_alert.asp and Flu Season and Schools <http://www.healthinschools.org/sh/influenza.asp>.

What's for Dinner to Prevent Diabetes?

The American Diabetes Association (ADA) urges Americans to

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make food choices that can help prevent obesity, the leading risk factor for developing type 2 diabetes. The ADA recommends diets with reduced calories and low in saturated fat. So, if you were to attend an ADA meeting or catered function, what would you expect to be given to eat? At a press briefing in Washington, D.C., February 21, the ADA offered the following “general guiding principles” that it says must be observed at all ADA events:

Preparation: Entrees, side dishes, salads, and salad dressings should be prepared using unsaturated oils such as olive oil, canola oil, and corn oil.

Entrees: Six ounces or smaller portions of lean meat, fish, or poultry prepared using low-fat methods such as grilling, broiling, sautéing, poaching, roasting, baking, stewing, stir frying, microwaving, or braising. A low-fat vegetarian alternative must be available at all meals.

Sauces/Dressings: Dressings and sauces should not be served directly on food. These items should be passed separately. Offer oil and vinegar in separate containers as an alternative salad dressing. Butter and margarine can be served. No cream sauces.

Vegetables: All are acceptable.

Soups: No cream-based soups.

Salads: No high-fat meats, only reduced-fat cheese.

Dairy: No table cream. Whole and 2 percent milk are acceptable. Skim milk must be served for coffee or tea. Only reduced-fat yogurt or reduced-fat cheese. Only reduced-fat sour cream. Only reduced- or low-fat ice cream.

Breads/Cereals: All breads are acceptable. No cereal where there is added sugar (e.g., Sugar Pops, Frosted Flakes).

Dessert: All desserts must be low- or reduced-fat. Fresh fruit must be served at every meal.

Beverages: No regular calorie soda. Teas, coffee, diet soda, water, and real fruit juices are acceptable. Provide decaffeinated coffee and teas as well as regular selections.

A plated meal consisting of appetizer, soup, entrée, salad, side dishes, and dessert cannot have more than 1,000 calories, and whenever possible the total number of calories in the food should be displayed.

The ADA also recommends that ADA meetings should have “some period at which moderate exercise is encouraged.”

In overall messages about diabetes, the ADA estimates the total number of Americans with diabetes at 20.9 million, with another

41 million in the category “pre-diabetes.” That’s a 14 percent increase over the past two years. The ADA also estimates that 33 percent of all children born in 2000 will develop diabetes at some time in their lives. Increasing numbers of children are being diagnosed with type 2, and African Americans, Latinos, Native Americans, and Asian American/Pacific Islanders seem to be at special risk.

Type 2 diabetes, which is the most common form, occurs when either the body does not produce enough insulin or the cells ignore it. “Insulin is necessary for the body to be able to use sugar,” the ADA points out, and sugar is the basic fuel for all the cells of the body. Insulin takes sugar from the blood into the body’s cells. When that process is interrupted, glucose builds up in the blood instead of going into the cells, starving the cells for energy and causing the high glucose build-up to damage eyes, kidneys, nerves, or the heart.

Type 1 diabetes, formerly called “juvenile onset” diabetes, is a condition usually diagnosed in children, in which the body does not produce insulin at all, requiring patients to continuously monitor their blood sugar and inject insulin.

Information about both type 1 and type 2 diabetes is available at the ADA’s website, www.diabetes.org, and on the federal government’s health information website, www.medlineplus.gov.

See also [Diabetes and Schools at <http://www.healthinschools.org/sh/diabetes.asp>](http://www.healthinschools.org/sh/diabetes.asp).

IN CONGRESS

The 109th United States Congress reconvened February 27/28 after an extended break for the Presidents’ Day holiday. Congress is expected to be preoccupied in this session with questions of national security, but several pieces of health-related legislation already introduced could be considered by House or Senate committees.

Biodefense and Pandemics

Playing into the national security theme, several bills call for improving countermeasures to possible bioterrorism attacks or influenza pandemics.

S. 1880, introduced last October by Senator Edward Kennedy (D-MA), would amend the Public Health Service Act to encourage development of drugs that may be useful in the event of an attack or a pandemic and would give the Secretary of Health and Human Services broad authority to support the cost of screening, research, development, testing, and initial manufacture of potential candidates. That’s similar to another Senate bill, **S. 1873**,

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introduced by a group of Republican senators, that calls for a biomedical advanced research and development agency.

Several bills specifically address the possibility of an influenza pandemic, including **H.R. 4062**, the Pandemic Preparedness and Response Act, introduced in November by Representative Nita Lowey (D-NY) and 65 co-sponsors, which would create a national director of pandemic preparedness and response and would authorize public education and awareness and health professional training. Another influenza-related bill, **H.R. 4245**, introduced by Representative Jerry Lewis (R-CA), calls for increasing supplies of vaccines and antivirals and creating a national stockpile for use in an influenza pandemic. In the Senate, **S. 2112**, the “Seasonal Influenza and Pandemic Preparation Act of 2005,” introduced by Senator Tom Harkin (D-IA), would increase influenza vaccination rates through the provision of free vaccines.

Medicare for All

Senator Edward Kennedy (D-MA) in January introduced the most comprehensive health care reform bill of this session. His bill, **S. 2229**, calls for extending Medicare to all Americans, from birth to the end of life, starting with children up to the age of 20 and persons 55 to 65 years of age. The program would be financed by payroll taxes and general revenues and would require that medical records for individuals be maintained electronically. Introducing his bill, Kennedy said, “We all know that Medicare is one of the most successful social programs ever enacted. It makes no sense to make it available only to senior citizens.”

Testing for Performance-Enhancing Drugs

S. 1974, the “Drug-Free Varsity Sports Act of 2005,” introduced in November by Senator Bill Nelson (D-FL), would establish a grant program in the Office of Safe and Drug-Free Schools to allow state educational agencies to test secondary school students for performance-enhancing drug use. States would be required to provide “recovery, counseling, and treatment programs” for students who tested positive.

Methamphetamine

Two bills, **H.R. 3755** and **H.R. 3756**, both introduced by Representative David Reichart (R-WA), would increase penalties for methamphetamine traffickers and persons who commit crimes related to methamphetamine.

Bills referred to in this article can be read and tracked on the Congressional Record website at <http://lthomas.loc.gov>.

WORTH NOTING

Campaign Aims to Prevent Pregnancy Risks from Acne Drug

March 1 is the startup date for a program to educate women about the risk of becoming pregnant while taking the drug Accutane and its generics. The federal Food and Drug Administration (FDA) says it is working with the manufacturers of the drug and its vendor to maintain “a critical balance” between protecting access to the drug by patients who need it and insuring that it is used safely. Isotretinoin, the active ingredient in Accutane, is used to treat severe recalcitrant nodular acne but carries significant risk of birth defects if taken during pregnancy, the FDA points out. The new education campaign, called iPledge, is asking prescribers, wholesalers, and pharmacies to inform women of childbearing age about the risks of taking Accutane and to require consent forms and pregnancy testing before providing the drug. Information about the iPledge program is available at www.ipledgeprogram.com.

FDA Approves Generic Version of Flonase

The manufacturer of a generic version of the popular allergy spray Flonase began shipping the generic to pharmacies in February after the federal Food and Drug Administration (FDA) approved a generic version for sale in the United States. The FDA, which has been under criticism for reputedly dragging its feet on approving generic drugs in general, called an unprecedented news conference to announce its decision on Flonase, which is manufactured by the British pharmaceutical giant GlaxoSmithKline. Under the FDA’s procedures, companies can apply to market generic forms of drugs after patent protections for the original drugs expire, a process that can take many months. In the case of Flonase, described as “one of the most popular drugs in the world,” GlaxoSmithKline stands to lose at least part of \$1.14 billion in annual sales of the drug; the introduction of a generic version of any drug usually causes the price of the brand-named drug to tumble as much as 90 percent.

March is School Breakfast Month

The School Nutrition Association (SNA), which represents school food service directors around the country, has invited schools to celebrate National School Breakfast Week, March 6 through 10. The SNA launched the annual event in 1989 to call attention to the availability of breakfast for students at school and the link between eating a good breakfast and cognitive growth. A survey by the Food Research and Action Center (FRAC) found that a record 9.2 million children participated in the federally subsidized breakfast program in the 2004-2005 school year, and the SNA claims that 70 percent of school districts are making some effort at offering breakfast. Resources to help plan special breakfast events in schools are available at www.schoolnutrition.org/nsbw.

February News Alerts

The following information appeared during the month of February 2006 in the News Alerts section of the website of the Center for Health and Health Care in Schools, at www.healthinschools.org.

February 8, 2006 Study Finds Little Effect of Low-Fat Diet on Heart Attacks, Cancer

A major eight-year study in which women either ate a low-fat diet or ate whatever they pleased reported today that the low-fat diet did not seem to protect the postmenopausal women from breast or colorectal cancer, cardiovascular disease, coronary heart disease, or stroke. The study did not question, however, that there may be other health benefits from a reduction in dietary fats, particularly the saturated fats found in many meats and the trans-fats that are common in processed foods. Considered a gold standard among clinical trials, the long-running Women's Health Initiative Dietary Modification Trial advised women in the low-fat group to reduce total fat intake to 20 percent of energy and to consume at least 5 servings of fruits and vegetables and 6 serving of grains daily. Results of the study were published in today's issue of the *Journal of the American Medical Association*.

February 9, 2006 Grants to States May Address Childhood and Underage Drinking

The federal Substance Abuse and Mental Health Services Administration (SAMHSA) announced today that up to \$33 million is being made available to governors' offices in 12 to 15 states for programs that prevent the onset and reduce the progression of substance abuse, including childhood and underage drinking. A minimum of 85 percent of a state's grant must be allocated to community-level organizations for community activities. Details about eligible states and how to apply are available from www.samhsa.gov. States are cautioned that the deadline for applying for these grants is May 1.

February 10, 2006 FDA Advised to Add 'Black Box' Warnings to Ritalin, Other Stimulants

An advisory panel to the federal Food and Drug Administration (FDA) said yesterday it is recommending that the FDA require manufacturers of widely prescribed stimulants for attention deficit and hyperactivity disorder such as Ritalin, Adderall, and Concerta to place the most serious type of warning on the drugs, to indicate they may increase the risk of strokes and cardiac arrhythmias in children and adults. The advisors cited reports of sudden deaths of people taking the drugs and suggested the stimulants

may increase heart risks more than two-fold. Stimulants are widely used to reduce childhood behavioral problems such as attention deficit hyperactivity disorder (ADHD) and are increasingly being prescribed for adults; data presented to the advisory panel suggested that 2.5 million children and 1.5 million adults currently take them. Members of the advisory panel apparently agreed that a "black box" warning might prompt families to explore behavioral treatments as an alternative to drugs in controlling childhood ADHD, and they agreed that parents of children with pre-existing heart conditions should consult their doctors before giving stimulants. The FDA is not required to implement the recommendations of its advisory panels, but usually does so. FDA officials were said, however, to be "taken aback" by yesterday's recommendations, and it was not clear whether the suggested actions would be taken.

February 10, 2006 CDC Says More Healthcare Workers Need to Get Flu Shots

Currently, fewer than half of healthcare workers get annual vaccinations for seasonal influenza, and that poses health risks to their patients, the federal Centers for Disease Control and Prevention (CDC) said February 9. In "enhanced recommendations" announced yesterday, the CDC's Healthcare Infection Control Practices Advisory Committee and the Advisory Committee on Immunization Practices are recommending that flu shots be offered at healthcare workplaces during all shifts and at no cost to employees, and that healthcare workers be given information "to combat fears and misconceptions about influenza and influenza vaccines." It's also suggested that employers get a signed form from staff who decline vaccination for reasons other than medical, as a way of identifying and overcoming employees' concerns. The CDC has recommended since 1984 that healthcare personnel be vaccinated annually against influenza, and past influenza outbreaks in hospitals and long-term care facilities have been associated with low vaccination rates among staff.

February 16, 2006 Foundations, Heart Association Offer Schools Help with Overweight, Obesity

The Alliance for a Healthier Generation, a collaboration between the William J. Clinton Foundation and the American Heart Association, announced this week that the Robert Wood Johnson Foundation is providing an \$8 million grant to support a new program aimed at helping schools address student overweight and obesity. The Healthy Schools Program will initially make grants to approximately 300 schools in 12 states, with emphasis on schools with limited resources that serve children of disadvantaged economic status. The program will help the schools develop wellness plans; will help them work with stakeholders such as school boards, teacher unions, and

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PTAs to implement the programs; and will provide curriculum materials on good nutrition and physical activity. Goals of the Healthy Schools Program will include improving the nutritional value of food served in and out of cafeterias, increasing physical activity during the school day and after school, implementing classroom lessons on healthy lifestyles, and developing staff wellness programs. Announcing the new program, former President Bill Clinton said, "Every school day, 54 million young people attend nearly 123,000 schools across the country. Influencing and enhancing the ability of schools to provide environments could be one of the most effective ways to shape the health, education, and well-being of our next generation." Applications for the Healthy Schools Program will be available beginning July 1, 2006, at www.healthiergeneration.org. Additional information is available at www.rwjf.org.

**February 21, 2006
Supreme Court to Rule on Partial-Birth Law**

The United States Supreme Court said today that the justices will hear arguments in a case to decide whether the federal government can constitutionally ban second- or third-trimester abortions in which a fetus is partially removed from the womb and the skull is punctured or crushed. The Partial-Birth Abortion Ban Act was enacted several years ago but has never gone into effect because a number of federal courts have declared it to be unconstitutional. The case now before the Supreme Court, *Gonzales v. Carhart*, was brought by doctors in Nebraska who perform the procedure and argue that it is the safest method of abortion when the mother's health is threatened by heart disease, high blood pressure, or cancer. Fifteen states—Alabama, Arkansas, Colorado, Florida, Idaho, Kansas, Michigan, Missouri, Ohio, Pennsylvania, South Carolina, South Dakota, Texas, Utah, and Virginia—joined in asking the Supreme Court to review the case.

**February 23, 2006
Advisory Committee Calls for Flu
Shots for Children to Age Five**

At a meeting to determine immunization practices for the coming influenza season, the Advisory Committee on Immunization Practices (ACIP) to the Centers for Disease Control and Prevention (CDC) recommended February 3 that influenza vaccination be routine for all children up to five years of age and for anyone who cares for children of that age, either at home or out-of-home. That would replace previous ACIP recommendations that called for flu shots for infants under the age of two. The new schedule is expected to reduce use of health care and lost work time by parents, and since children are principally responsible for spreading the flu virus, it's hoped that keeping young children well may help to curb the disease. Adding children up to age five to the pool of potential flu vaccine recipients would require 20 million to 30 million more doses of the vaccine, if all eligible children were vaccinated, but the ACIP points out that in last year's flu season, slightly less than half of children up to age two were actually immunized. Vaccination makers have told the government they can make 100 million to 120 million doses next season. In today's announcement, the CDC stressed that vaccination is strongly recommended for children of all ages who have chronic medical conditions such as asthma, diabetes, kidney disease, or weakened immune systems. Children under nine years of age who are receiving the influenza vaccine for the first time should receive two doses. The 2006-2007 flu vaccine will contain two new strains, an A/Wisconsin/67/2005(H3N2)-like virus and a B/Malaysia/2506/2004-like virus. One strain from the 2005-2006 vaccine, the A/New Caledonia/20/99(H1N1)-like virus strain will remain in the upcoming vaccine.