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Wellness World



DECEMBER 2009

Inside this issue:

January is Cervical Health Awareness Month	2
Gather and Share Your Family Health History	2
Teen Misuse of Prescription Drugs	3
January is National Birth Defects Awareness Month	4
March is National Nutrition Month	5
February is National Children's Dental Health Month	5
February is National Polycystic Ovarian Syndrome Awareness Month	6
March is Workplace Eye Health and Safety Month	7
Calendar	7

Welcome New Clients!

Clinical Outcomes Group, Inc. (COGI) would like to take this opportunity to say "Thank You!" and recognize the following additional companies for partnering with COGI during the last quarter to offer Workplace Wellness services to their employees.

Hampton Inn

Press Enterprise

Remit Corporation

2009 H1N1 & Children: Is My Child at High Risk for Complications from the Flu?

Children and adolescents with certain high-risk medical conditions can get seriously ill when infected with the 2009 H1N1 influenza virus (sometimes called "swine flu") and seasonal influenza virus. Learn about these high-risk medical conditions and how to protect your child this flu season.

Children and adolescents with certain medical conditions (*see below*) are at higher risk of having complications from flu. **All children under the age of 2 are also at a higher risk for flu complications.** A flu complication is a severe illness, like pneumonia, that can lead to hospitalization or death.

There are several important things to do to protect your child this flu season:

1. **Vaccinations:** Your child should receive both the 2009 H1N1 flu shot and the seasonal flu shot. Your child should also be up to date on his or her routine vaccinations.
2. **Contact Your Doctor:** If your child is at high risk for flu complications and develops flu-like symptoms, contact your child's doctor immediately. The doctor may want to begin antiviral medications as quickly as possible.

Plan Ahead: Have a plan for what to do if your child develops flu-like symptoms. Discuss this plan with your child's doctor and school.

Source: <http://www.cdc.gov/Features/ChildrenH1N1/>

For more information visit the Centers for Disease Control website at www.cdc.gov or contact the Pennsylvania Department of Health.

**Wellness World
 Publication Dates:**

March 2010

June 2010

September 2010

December 2010

**On behalf of the Board of Directors and Staff of Clinical Outcomes Group, Inc.
 Happy Holidays from Our Family to Yours!
 Wishing you health and happiness in 2010!**

January is Cervical Health Awareness Month

Some **gynecologic cancers** are caused by **human papillomavirus (HPV)**, a very common sexually transmitted infection. There is a vaccine that protects against the HPV types that most often cause cervical, vaginal, and vulvar cancers. It is recommended for 11- and 12-year-old girls. Ideally, girls should get three doses of this vaccine before their first sexual contact. It also can be given to females who are 13–26 who did not get any or all of the shots

when they were younger. If you or someone you care about is in this age range, talk with a doctor about it. Learn more about **HPV** and the **HPV vaccine**.

One of the gynecologic cancers—cervical cancer—has a screening test (the Pap test) that can find this cancer early, when treatment can be most effective. The Pap test can also prevent cervical cancer by finding precancers, cell

changes on the cervix that might become cervical cancer if they are not treated appropriately. In addition to the Pap test, which is the main test for cervical cancer, there is a test that looks for HPV. It may be used for screening women aged 30 years and older, or at any age for women who have unclear Pap test results.

There is no simple and reliable way to test for the other gynecologic cancers in women who do not have any signs or

symptoms. That is why it is important to know about the cancers, recognize warning signs, and learn what you can do to reduce your risk. Talk with your doctor if you believe that you are at increased risk for gynecologic cancer and ask what you might do to lower your risk.

Source:

http://www.cdc.gov/cancer/gynecologic/basic_info/prevention.htm

Gather and Share Your Family Health History

If you are concerned about a disease running in your family, talk to your doctor at your next visit. A doctor can evaluate all of the risk factors that may affect your risk of some diseases, including family history, and can recommend you a course of action to reduce that risk.

The US Surgeon General has declared Thanksgiving to be National Family History Day, encouraging Americans to share a meal and their family health history. (You can choose another day / holiday that best suits you.) Family health history information can help health care providers determine which tests and screenings are recommended to help family members know their health risk. This year the Surgeon General updated and improved the My Family Health Portrait tool, which can help individuals collect and organize family history information. Learn more about family health history.

Family members share genes,

behaviors, lifestyles, and environments, which together may influence their risk for developing chronic diseases. Most people have a family health history of common chronic diseases (e.g., cancer, heart disease, or diabetes) and other health conditions (e.g., high blood pressure and high cholesterol). A person with a close relative affected by a chronic disease may have a higher risk of developing that disease than a person who doesn't.

Americans know that family history is important to their health. One survey found that 96 percent of Americans believe that knowing their family history is important. Yet, the same survey found that only one-third of Americans have ever tried to gather and write down their family's health history. Are you ready to collect your family health history but don't know where to start?

Make a list of relatives.
Write down the names of blood relatives you need to

include in your history.

- The most important relatives to talk to for your family history are your parents, your brothers and sisters, and your children.
- Next should be grandparents, uncles and aunts, nieces and nephews, and any half-brothers or half-sisters.
- It is also helpful to talk to great uncles and great aunts, as well as cousins.

Prepare your questions.

Among the questions to ask are:

- Do you have any chronic illnesses, such as heart disease, high blood pressure, cholesterol or diabetes?
- Have you had any other serious illnesses, such as cancer or stroke?
- How old were you when you developed these illnesses?

Also ask questions about other relatives, both living

and deceased, such as:

- What is our family's ancestry - what country did we come from?
- What illnesses did your late relatives have?
- How old were they when they died?
- What caused their deaths?

To organize the information in your family history you could use a free web-based tool such as My Family Health Portrait.

Family history can give you an idea of your risk for common diseases like cancer, heart disease and diabetes, but it is not the only risk factor. If you are concerned about a disease running in your family, talk to your doctor at your next visit. A doctor can evaluate all of the risk factors that may affect your risk of some diseases, including family history, and can recommend you a course of action to reduce that risk.

Source:

<http://www.cdc.gov/Features/FamilyHealthHistory/>

Campaign Launches to Sound Alarm on Misuse of Prescription Drugs Amongst Teens

New Resources Equip Parents, Teachers, Coaches, Health Professionals and Other Teen Influencers with Tools to Prevent Teens from Abusing Prescription Drugs

The National Council on Patient Information and Education (NCPIE), along with the Substance Abuse and Mental Health Services Administration (SAMHSA) and representatives from 15 nationally recognized prevention, health professional and child advocacy organizations, are launching *Maximizing Your Role as a Teen Influencer: What You Can Do to Help Prevent Teen Prescription Drug Abuse*.

Although the use of tobacco, alcohol and illicit drugs among youth has declined from 2002 through 2008, over this time many teens have turned to misusing prescription drugs, according to SAMHSA's National Survey on Drug Use and Health. In fact, prescription drugs are misused more by this age group than any illicit drug, except marijuana. The nonmedical use of these medicines—the very same drugs used to legitimately relieve pain, and treat conditions like anxiety, depression, sleep disorders, or ADHD in some people—is a growing and under-recognized problem that puts young lives at risk.

“Prescription drugs found in home medicine cabinets across the country have become the new drug of choice among teens, and every teen is at risk,” says Ray Bullman, Executive Vice President of NCPIE. “This initiative gives teen influencers—anyone who interacts with teens on a regular basis and can have a positive influence—the tools to help prevent prescription drug abuse in their school districts and communities. It also provides tips for delivering consistent prevention messages to teens at home, at school, on the field or during health-related visits.”

“While the National Survey on Drug Use and Health shows recent, significant declines in misuse of prescription drugs, we must maintain our focus and continue to drive the rates down even further,” says Eric Broderick, D.D.S., M.P.H., SAMHSA's Acting Administrator. “Joining forces with NCPIE will help continue the

momentum.”

“These tools are essential for engaging youth and the adults who come in contact with them through a solid message that prescription misuse is dangerous and can be fatal,” adds H. Westley Clark, M.D., J.D., M.P.H., CAS, FASAM, Director of SAMHSA's Center for Substance Abuse Treatment.

Unlike other forms of adolescent drug use, the desire to feel good or get high ranks much lower as a motivation for prescription drug misuse. Experts note that adolescents are turning to prescription drugs not just for recreational use—they are turning to prescription drugs to help manage their daily lives. The reasons include to lower stress and anxiety, boost their mood, stay up all night studying for an exam, or to enhance academic or athletic performance. According to the 2007 Partnership Attitude Tracking Study conducted by the Partnership for a Drug-Free America, dealing with pressures and managing school-related stress is cited as the number one reason teens use prescription drugs.

The statistics regarding teen drug use are startling. Consider these facts:

- More than 1 in 10 teens (or 2.8 million) have abused prescription drugs in their lifetimes according to SAMHSA's National Survey on Drug Use and Health.
 - 1 in 3 teens report knowing someone who abuses prescription drugs according to the Partnership for a Drug-Free America's 2007 Partnership Attitude Tracking Study.
 - 1 in 3 teens surveyed says there is “nothing wrong” when using prescription drugs “every once and a while.” according to the Partnership for a Drug-Free America's 2007 Partnership Attitude Tracking Study.
 - Every day, 2,700 teens abuse a prescription drug for the first time according to SAMHSA's National Survey on Drug Use and Health.
- 8 out of 10 teens who misuse prescription drugs get the drugs from friends or relatives through a number of means including stealing, buying or simply asking for the drugs according to the Partnership for a Drug-

Free America's 2007 Partnership Attitude Tracking Study.

The comprehensive online resource, *Maximizing Your Role as a Teen Influencer*, offers a complete workshop module to educate and equip teen influencers—parents, grandparents, teachers, coaches, community and school-based healthcare providers and others—with credible information about teen prescription drug abuse and effective strategies to take action to help prevent it.

The *Maximizing Your Role as a Teen Influencer* toolkit includes complete workshop materials and instructions, as well as real-life scenarios, warning signs and symptoms, common myths about teen prescription drug abuse, brochures and sample promotional materials. This resource was developed with the guidance and insight of an esteemed group of experts, and is available for download at <http://www.talkaboutrx.org/>.

This initiative is made possible by SAMHSA and additional grant funding from Purdue Pharma LP and the National Association of Chain Drug Stores Foundation.

NCPIE and SAMHSA are solely responsible for the content, and maintain editorial control, of all materials and publications produced.

January is National Birth Defects Prevention Month

What causes birth defects?

We do not know what causes most birth defects. Sometimes they just happen and are not caused by anything that the parents did or didn't do. Many parents feel guilty if they have a child with a birth defect even if they did everything they could to have a healthy child. If you have a child with a birth defect, it might be helpful to talk with other parents who have had a child with the same condition. Sometimes the causes of birth defects are figured out after the baby is born. Whenever possible, it is important to know what you can do for a better chance of having a healthy child in the future. Some actions might increase the chances of having a baby with a birth defect. The questions and answers that follow talk about some of these known risks.

Does Alcohol Cause Birth Defects?

There is no known safe amount of alcohol to drink while pregnant. There is also no safe time during pregnancy to drink and no safe kind of alcohol. **CDC urges pregnant women not to drink alcohol any time during pregnancy.**

Women also should not drink alcohol if they are planning to become pregnant or are sexually active and do not use effective birth control. This is because a woman could become pregnant and not know for several weeks or more. In the United States half of all pregnancies are unplanned.

FASDs are 100% preventable. If a woman doesn't drink alcohol while she is pregnant, her child cannot have an FASD.

Why Alcohol is Dangerous

When a pregnant woman drinks alcohol, so does her unborn baby. Alcohol in the mother's blood passes through the placenta to the baby through the umbilical cord. Drinking alcohol during pregnancy can cause miscarriage, stillbirth, and a range of lifelong disorders, known as fetal alcohol spectrum disorders (FASDs). Children with FASDs might have the following characteristics and behaviors:

- Abnormal facial features, such as a smooth ridge between the nose and upper lip (this ridge is called the philtrum)

- Small head size
- Shorter-than-average height
- Low body weight
- Poor coordination
- Hyperactive behavior
- Difficulty paying attention
- Poor memory
- Difficulty in school (especially with math)
- Learning disabilities
- Speech and language delays
- Intellectual disability or low IQ
- Poor reasoning and judgment skills
- Sleep and sucking problems as a baby
- Vision or hearing problems
- Problems with the heart, kidney, or bones

Does smoking cause birth defects?

A woman who smokes while she is pregnant has a greater chance of having a premature (early) birth, a small baby, or a stillborn baby. If the mother smokes while pregnant, there is also an increased risk of the baby dying during the first year of life. Some types of birth defects have been linked to the mother's smoking. Birth defects that may be increased when the mother smokes include: cleft lip, cleft palate, clubfoot, limb defects, some types of heart defects, gastroschisis (an opening in the muscles of the abdomen that allows the intestines to appear outside the body), and imperforate anus (there is no opening from the intestines to the outside of the body to allow stool or gas to be passed). Talk with your health care provider about ways to help you quit smoking if you are pregnant or can get pregnant.

Do illegal drugs cause birth defects?

Women who use illegal drugs, or "street drugs," can have babies who are small, premature, or have other health problems, such as birth defects.

Women who use cocaine while pregnant are more likely to have babies with birth defects of the limbs, gut, kidneys, urinary system, and heart. Other drugs,

such as marijuana and ecstasy, may also cause birth defects in babies.

Women should not use street drugs while they are pregnant. It is also important that women not use street drugs after they give birth because drugs can be passed through breast milk and can affect a baby's growth and development. Talk with your health care provider about ways to help you quit using street drugs **before** you get pregnant.

Does exposure to the MMR vaccine cause birth defects? Other vaccines?

The MMR is a vaccine for measles, mumps, and rubella. If a woman gets one of these viruses while pregnant, it may cause her to have a miscarriage or to have a baby with birth defects. The MMR, like some other vaccines, is made with viruses that are alive but very weak. Because these viruses are alive, there is a very slight chance that they may cause harm to the baby. For this reason, a woman who may be pregnant should not get an MMR or other vaccine unless she is at high risk of getting a serious illness without it. She should talk about the risks and benefits of getting the vaccine with her doctor. A woman who has just gotten the vaccine and then learns she is pregnant should also talk with her doctor. Vaccines such as those for tetanus and hepatitis are made from dead viruses or parts of dead viruses and do not cause infection in the mother and should not harm the fetus.

Source: Centers for Disease Control <http://www.cdc.gov/ncbddd/bd/faq2.htm#causeofBD>



March is National Nutrition Month - Start Preparing Now with Health Holidays

The holiday season is in full swing. This means a lot of holiday gatherings with large amounts of food. During the holiday season we tend to eat and drink a lot more calories. As you enjoy the holidays, remember to balance the calories you consume with the calories you burn.

Family, fun...and FOOD! It's what the holidays are all about, right? But that doesn't mean you have to pack on the holiday pounds. Balance the calories you consume with the calories you burn, and avoid any holiday weight gain.

Take the Extra Calories Out of Cooking!

- If you're heading out to a party — holiday, birthday or any sort — eat a light, healthy snack before you go. Broth-based soups, cereal with skim milk, or just plain fruit are all good options! This will help curb your hunger and decrease your visits to the buffet table.
- Modify recipes to reduce the amount of fat and calories. For example, when making lasagna, use part-skim ricotta cheese instead of whole-milk ricotta cheese. Substitute shredded vegetables, such as carrots, zucchini, and spinach for some of the ground meat in lasagna.
- Bring a low-fat, holiday dish to the party. Need some suggestions? Visit CDC's [Healthy Recipes](#) for details.

- When eating or snacking in front of the TV, put the amount that you plan to eat into a bowl or container instead of eating straight from the package. It's easy to overeat when your attention is focused on something else.

You've tried the leftover turkey sandwich, right? Now try the leftover turkey salad! Add a few pieces of turkey to a generous portion of mixed greens, tomatoes, raw broccoli, carrots, or any of your favorite vegetables. Toss with a light salad dressing and some dried cranberries for an authentic holiday taste.

Rethink Your Drink!

- Choose water, diet, or low-calorie beverages instead of sugar-sweetened beverages.
- For a quick, easy, and inexpensive thirst-quencher, carry a water bottle and refill it throughout the day.
- Limit your alcoholic beverage intake. Alcoholic drinks can have many calories, especially holiday favorites like eggnog. Try to drink water or low calorie beverages instead.

Get Active, Healthy, and Happy!

Make a goal with a friend to achieve the new Physical Activity Guidelines! Visit CDC's [Physical Activity for Everyone](#) for



details.

- Regular physical helps with weight control, reduces the risk for many diseases, and strengthens muscles, bones and joints.
- Sign up for a 5K walk or run to keep your mind focused on physical activity goals. Maintain your physical activity during the holidays — better yet, try and get *more* active!

Find fun, creative ways your friends and family can spend time being active instead of eating.

Source: CDC

Page last updated: November 23, 2009

Content source: Chronic Center and Division of Nutrition, Physical Activity and Obesity

<http://www.cdc.gov/nccdphp/dnpao/index.html>

Page maintained by: [National Center for Health Marketing, Division of eHealth Marketing](#)

URL for this page:

<http://www.cdc.gov/Features/HealthyHolidays/>

February is National Children's Dental Health Month

HOW TO FLOSS

1. Use about 18 inches of floss wound around one of your middle fingers, with the rest wound around the opposite middle finger.
2. Hold the floss tightly between the thumbs and forefingers and gently insert it between the teeth.
3. Curve the floss into a "C" shape against the side of the tooth.

4. Rub the floss gently up and down, keeping it pressed against the tooth. Don't jerk or snap the floss.

5. Floss all your teeth. Don't forget to floss behind your back teeth.

HOW TO BRUSH

1. Place the toothbrush at a 45-degree angle to the gums.
2. Move the brush back and forth gently in

short strokes.

3. Brush the outer surfaces, the inside surfaces and the chewing surfaces of all teeth.

4. To clean the inside surface of the front teeth, tilt the brush vertically and make several up-and-down strokes.

5. Brush your tongue to remove bacteria and keep your breath fresh.

Source: American Dental Association – www.ada.org

February is Polycystic Ovarian Syndrome Awareness Month

DEFINITION

Polycystic ovary syndrome (PCOS) is the most common hormonal disorder among women of reproductive age. The name of the condition comes from the appearance of the ovaries in most, but not all, women with the disorder — enlarged and containing numerous small cysts located along the outer edge of each ovary (polycystic appearance).

Infrequent or prolonged menstrual periods, excess hair growth, acne and obesity can all occur in women with polycystic ovary syndrome. Menstrual abnormality may signal the condition in adolescence, or PCOS may become apparent later following weight gain or difficulty becoming pregnant.

The exact cause of polycystic ovary syndrome is unknown. Women with polycystic ovary syndrome may have trouble becoming pregnant due to infrequent or lack of ovulation. Early diagnosis and treatment of polycystic ovary syndrome can help reduce the risk of long-term complications, such as type 2 diabetes, heart disease and stroke.

SIGNS AND SYMPTOMS

Polycystic ovary syndrome signs and symptoms often begin soon after you first begin having periods (menarche). In some cases, PCOS develops later on during your reproductive years, for instance, in response to substantial weight gain.

Signs and symptoms vary from person to person, in both type and severity. To be diagnosed with the condition, your doctor looks for at least two of the following:

- **Menstrual abnormality.** This is the most common characteristic. Examples of menstrual abnormality include menstrual intervals longer than 35 days; fewer than eight menstrual cycles a year; failure to menstruate for four months or longer; and prolonged periods that may be scant or heavy.

- **Excess androgen.** Elevated levels of male hormones (androgens) may result in physical signs, such as excess facial and body hair (hirsutism); adult acne or severe adolescent acne; and male-pattern baldness (androgenic alopecia). However, the physical signs of androgen excess vary with ethnicity, so depending on your ethnic background you may or may not show signs of excess androgen. For instance, women of Northern European or Asian descent may not be affected.

- **Polycystic ovaries.** Enlarged ovaries containing numerous small cysts can be detected by ultrasound. Despite the condition's name, polycystic ovaries alone do not confirm the diagnosis. To be diagnosed with PCOS, you must also have abnormal menstrual cycles or signs of androgen excess. Some women with polycystic ovaries may not have PCOS, while a few women with the condition have ovaries that appear normal.

Other conditions associated with PCOS

- **Infertility.** Women with polycystic ovary syndrome may have trouble becoming pregnant because they experience infrequent ovulation or a lack of ovulation. PCOS is the most common cause of female infertility.

- **Obesity.** About half the women with polycystic ovary syndrome are obese. Compared with women of a similar age who don't have polycystic ovary syndrome, women with PCOS are more likely to be overweight or obese.

- **Prediabetes or type 2 diabetes.** Many women with polycystic ovary syndrome are insulin resistant, which impairs the body's ability to use insulin effectively to regulate blood sugar. This can result in high blood sugar and type 2 diabetes. Prediabetes is also called impaired glucose tolerance.

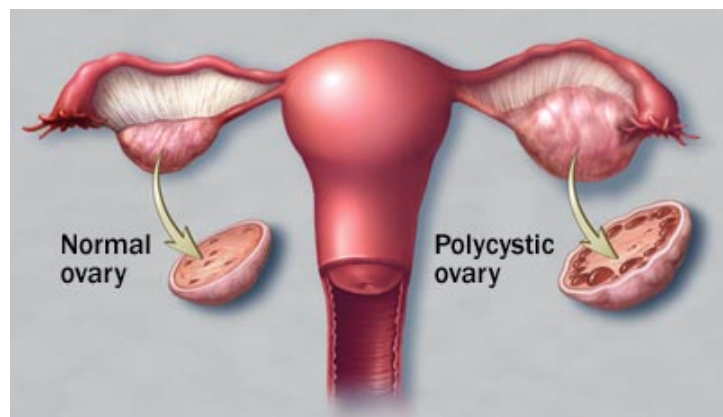
- **Acanthosis nigricans.** This is the medical term for darkened, velvety skin on the nape of your neck, armpits, inner thighs, vulva or under your breasts. This skin condition is a sign of insulin resistance.

When to see a doctor

Early diagnosis and treatment of polycystic ovary syndrome may help reduce your risk of long-term complications, such as type 2 diabetes, high blood pressure, heart disease and stroke.

Talk with your doctor if you have menstrual irregularities — such as infrequent periods, prolonged periods or no menstrual periods — and have excess hair on your face and body or acne.

Source: The Mayo Clinic
www.mayoclinic.com



January 2010

- ◆National Birth Defects Prevention Month
- ◆Cervical Health Awareness Month
- ◆National Volunteer Blood Donor Month
- ◆Thyroid Awareness Month
- ◆Mental Retardation Awareness Month
- ◆Cataract Awareness Month
- ◆National Glaucoma Awareness Month

February 2010

- ◆National Children's Dental Health Month
- ◆AMD / Low Vision Awareness Month
- ◆Polycystic Ovarian Syndrome Awareness Month

March 2010

- ◆National Kidney Month
- ◆National Colorectal Cancer Awareness Month
- ◆National Eye Donor Month
- ◆National Nutrition Month
- ◆Workplace Eye Health and Safety Month
- ◆National Brain Injury Awareness Month
- ◆National Multiple Sclerosis Education and Awareness Month
- ◆Source: www.dsf.health.state.pa.us

January 2010

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February 2010

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March 2010

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March is Workplace Eye Health and Safety Month**EYE SAFETY CHECKLIST****1. Create a safe work environment**

- Minimize hazards from falling or unstable debris.
- Make sure that tools work and safety features (machine guards) are in place.
- Make sure that workers (particularly volunteers) know how to use tools properly.
- Keep bystanders out of the hazard area.

2. Evaluate safety hazards.

- Identify the primary hazards at the site.
- Identify hazards posed by nearby workers, large machinery, and falling/shifting debris.

3. Wear the proper eye and face protection.

- Select the appropriate Z87 eye protection for the hazard.
- Make sure the eye protection is in good condition.
- Make sure the eye protection fits properly and will stay in place.

4. Use good work practices.

- Caution—Brush, shake, or vacuum dust and debris from hardhats, hair, forehead, or the top of the eye protection before removing the protection.
- Do not rub eyes with dirty hands or clothing.
- Clean eyewear regularly.

5. Prepare for eye injuries and first aid needs. Have an eye wash or sterile solution on hand.

Source: National Institution for Occupational Safety and Health

Wellness World is a quarterly publication of Clinical Outcomes Group, Inc. and is intended to provide information on important health topics in the news. More information on these and other health topics are available at www.COGInc.org in our A-Z Library.