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## Welcome New Clients!

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

- Bingaman & Son Lumber Company, Inc.
- Columbia County Head Start
- Michael Foods
- Penn State Schuylkill
- Pottsville Area High School
- Schuylkill Chamber of Commerce
- Tamaqua Chamber of Commerce

## April is National Donate Life Month

**30 Days to Help Save a Life: What to do in April.** National Donate Life Month was established in 2003. Every day in April, people across the U.S. make a special effort to celebrate the tremendous generosity of those who have saved lives by becoming organ, tissue, marrow, and blood donors and to encourage more Americans to follow their fine example.

**Make it known: I want to be a donor.**

- Register with your State Donor Registry, if available.
- Say YES to donation on your driver’s license.
- Tell your family,

friends, physician, and faith leader that you want to be a donor.

- Fill out and sign a donor card, have it witnessed, carry it with you.

**Tell someone: The need is great and growing.**

- More than 98,000 people are in need of an organ for transplant.
- Each day, about 77 people get the organ transplant that gives them a special chance, but 17-19 others die because they did not receive an organ transplant.
- More than half the people on the waiting list for a donated organ are racial or ethnic minorities. Chances of getting a transplant in-

crease if donor and recipient share the same racial / ethnic background.

**Get involved: Become a donation advocate.**

- Encourage your company, association, union, or other organization to which you may belong to join the Workplace Partnership for Life.
- Promote and support work site donation campaigns.
- Tell your local high school about “Decision Donation”, a school program that educates students about donation.
- Participate in local National Donate Life Month events.

Source: [www.organdonor.gov](http://www.organdonor.gov)



|   |         |
|---|---------|
| Waiting List Candidates (as of 01/21/09)  | 100,565 |
| Transplants Jan-Oct 2008 (as of 01/09/09) | 23,288  |
| Donors Jan - Oct 2008 (as of 01/09/09)    | 11,813  |

## May is Better Sleep Month

### Sleep.

It refreshes us like nothing else. It can be occasionally elusive, almost always comforting, and definitely essential to our survival. And although we spend 33% of our lives asleep, we barely give it a moment's notice....until we *can't* sleep. Then we think about it to the point of obsession.

For millions of people, the consequences of a poor night's sleep – higher stress, increased mistakes, difficulty concentrating – are every day occurrences. But it doesn't have to be this way.

### Sleep Tips

It's important to make an overall commitment to healthy, restorative sleep. Here are some tips from the Better Sleep Council for maintaining a healthy sleep cycle and ensuring the best night's rest:

**Make sleep a priority** by keeping a consistent sleep (bedtime) and wake schedule, including weekends

**Create a bedtime routine that is relaxing.** Experts recommend reading a book, listening to soothing music or soaking in a hot bath.

Transform your bedroom into a haven of comfort. **Create a**

**room that is dark, quiet, comfortable and cool** for the best possible sleep.

**Evaluate your mattress and pillow to ensure proper comfort and support.** If your mattress is five to seven years old, it may be time for a new one. In general, pillows should be replaced every year. **Keep work materials, computers and televisions out of the bedroom;** it should be used for sleep and sex only.

**Exercise regularly,** but complete workouts at least two hours before bedtime.

**If you sleep with a partner, your mattress should allow**

**each of you enough space to move easily.** Couples who've been sleeping on a "double" (full size) may think they have enough room, until they learn that each person has only as much sleeping space as a baby's crib!

**Avoid nicotine** (e.g., cigarettes, tobacco products). Used close to bedtime, it can lead to poor sleep.

**Avoid caffeine and alcohol** (e.g., coffee, tea, soft drinks, chocolate) close to bedtime. It can keep you awake.

**Finish eating at least two to three hours before bedtime.**

Source: [www.bettersleep.org](http://www.bettersleep.org)

## Preventing and Controlling High Blood Pressure

There are several things that you can do to keep your blood pressure healthy. These actions should become part of your regular lifestyle. You should discuss with your health care provider the best ways for you to address these issues.

### Maintain a Healthy Weight

Being overweight or obese can raise your blood pressure, and losing weight can help you lower your blood pressure. Healthy weight status in adults is usually assessed by using weight and height to compute a number called the "body mass index" (BMI). BMI is used because it relates to the amount of body fat for most people. An adult who has a BMI of 30 or higher is considered to be obese. Overweight is a BMI between 25 and 29.9. Normal weight is a BMI of 18 to 24.9. Proper diet and regular physical activity can help to maintain a healthy weight. Other measures of excess body fat may include waist measurements or waist and hip measurements. .

### Be Active

Being physically inactive is related to high blood pressure, and physical activity can help to lower blood pressure. The Surgeon General recommends that adults should engage in moderate-level physical activities for at least 30 minutes on most days of the week. .

### Maintain a Healthy Diet

Along with healthy weight and regular physical activity, an overall healthy diet can help to maintain healthy blood pressure levels. This includes eating lots of fresh fruits and vegetables and lowering or cutting out salt or sodium and increasing potassium. High salt and sodium intake and a low potassium intake (due to not eating enough fruits and vegetables) can increase blood pressure. You need to watch the sodium that is already included in processed foods and to avoid adding sodium or salt in cooking or at the table. Low saturated fat and cholesterol are also part of an overall healthy diet. Recent studies such as the Dietary Approaches to Stop Hypertension (DASH)

trial show that blood pressure can be significantly lowered through diet. .

### Moderate Alcohol Use

Excessive alcohol consumption is related to increased blood pressure. People who drink alcohol should do so in moderation. Based on current dietary guidelines, moderate drinking for women is defined as an average of one drink or less per day. Moderate drinking for men is defined as an average of two drinks or less per day.

### Prevent & Control Diabetes

People with diabetes have a higher risk of high blood pressure, but they can also work to reduce their risk. Recent studies suggest that all people can take steps to reduce their risk of diabetes. These include a healthy diet, weight loss and regular physical activity.

### No Tobacco

Smoking injures blood vessels and speeds up the process of hardening of the arteries. Further, smoking is a major risk for heart disease and stroke. If you don't smoke, don't start. Quitting smoking lowers

one's risk of heart attack and stroke. Your doctor can suggest programs to help you quit smoking. .

### Medications

If you develop high blood pressure, your doctor may prescribe medications, in addition to lifestyle changes, to help bring it under control. Once your blood pressure is controlled continuing your medication and doctor visits is critical to keep your blood pressure in check. The lifestyle changes noted above are just as important as taking your medicines as prescribed.

### Genetic Factors

Genes can play a role in high blood pressure. It is also possible that an increased risk of high blood pressure within a family is due to factors such as a common sedentary lifestyle or poor eating habits. Therefore, lifestyle factors should be considered for preventing and controlling high blood pressure.

Source: <http://www.cdc.gov/bloodpressure/prevention.htm>

## Key Strategies for Schools to Prevent Obesity

### The Impact of Childhood Obesity



Obesity is a serious health problem in the United States, affecting adults and children of all races, ethnicities, and income levels. Childhood obesity is associated with numerous physical and mental health problems.

Among children aged 6 to 11 years, the prevalence of obesity has more than doubled over the past three decades, rising from 6.5% in 1980 to 17.0% in 2006. The rate among adolescents aged 12 to 19 years has more than tripled during the same period, increasing from 5.0% to 17.6%. Childhood obesity has both immediate and long-term health impacts:

- Young people who are obese are at greater risk for bone and joint problems and sleep apnea.

- Obese children and adolescents can suffer social and psychological problems, such as stigmatization and poor self-esteem.



- Young people who are obese are more likely than children of normal weight to become overweight or obese adults.
- Six in ten obese young people have at least one additional risk factor for heart disease, such as high cholesterol or high blood pressure.

Good eating habits and regular physical activity are critical for maintaining a healthy weight. Unfortunately, less than 25% of adolescents eat enough fruits and vegetables, and only a third of adolescents get the recommended 60 minutes or more of physical activity daily.

### The Role of Schools in Preventing Childhood Obesity

Reversing the obesity epidemic requires a long-term, well-coordinated approach to reach young people where they live, learn, and play. Schools are key partners in this effort:



- More than 95% of young people in the United States are enrolled in schools.
- Students have the opportunity both to eat a large portion of their daily food intake at school and to be physically active there.
- Schools are an ideal setting for teaching young people how to adopt and maintain a healthy, active lifestyle.
- Research shows that well-designed, well-implemented school pro-

grams can effectively promote physical activity and healthy eating.

- Emerging research documents the connections between physical activity, good nutrition, physical education and nutrition programs, and academic performance.

Working with other public, voluntary, and private sector organizations, schools can help reshape children's social and physical environments and provide information, tools, and practical strategies to help students adopt healthy lifestyles.

To assist schools in these efforts, CDC reviews scientific evidence to determine which school-based policies and practices are most likely to improve key health behaviors among young people, including physical activity and healthy eating. On the basis of these reviews, CDC has identified 10 strategies to help schools prevent obesity by promoting physical activity and healthy eating. CDC and its partners have also developed user-friendly tools that can help schools implement each of the strategies effectively.

### 10 Key Strategies

#### Build a Strong Foundation

1. Address physical activity and nutrition through a coordinated school health program.
2. Designate a school health coordinator and maintain an active school health council.
3. Assess the school's health policies and programs and develop a plan for improvements.
4. Strengthen the school's nutrition and physical activity policies.

#### Take Action

5. Implement a high-quality health promotion program for school staff.
6. Implement a high-quality course of study in health education.
7. Implement a high-quality course of study in physical education.
8. Increase opportunities for students to engage in physical activity.
9. Implement a quality school meals program.
10. Ensure that students have appealing, healthy choices in foods and beverages offered outside of the school meals program

## April is National Autism Awareness Month

### What is autism?

Autism is one of a group of disorders known as autism spectrum disorders (ASDs). ASDs are developmental disabilities that cause substantial impairments in social interaction and communication and the presence of unusual behaviors and interests. Many people with ASDs also have unusual ways of learning, paying attention, and reacting to different sensations. The thinking and learning abilities of people with ASDs can vary—from gifted to severely challenged. An ASD begins before the age of 3 and lasts throughout a person's life.

ASDs include [autistic disorder](#), [pervasive developmental disorder - not otherwise specified \(PDD-NOS\)](#), including atypical autism), and [Asperger syndrome](#). These conditions all have some of the same symptoms, but they differ in terms of when the symptoms start, how severe they are, and the exact nature of the symptoms. The three conditions, along with [Rett syndrome](#) and [childhood disintegrative disorder](#), make up the broad diagnosis category of pervasive developmental disorders.

### Who is affected?

ASDs occur in all racial, ethnic, and socioeconomic groups and are four times more likely to occur in boys than in girls. CDC's Autism and Developmental Disabilities Monitoring ([ADDM](#)) Network released data in 2007 that found about 1 in 150 8-year-old children in multiple areas of the United States had an ASD.

### When can autism spectrum disorders be detected?

ASDs can often be detected as early as 18 months. While all children should be watched to make sure they are reaching developmental milestones on time, children in high-risk groups—such as children who have a parent or brother or sister with an

ASD—should be watched extra closely. A child with any of the [warning signs of ASDs](#) should be checked by a health care professional.

Research shows that early intervention can greatly improve a child's development.<sup>[1],[2]</sup> CDC is working with national partners on a public awareness campaign to educate parents about how important it is to track their child's development in the first few years of life. The campaign, "[Learn the Signs. Act Early.](#)" teaches parents, health care professionals, and child care providers about early childhood development, including early warning signs of autism and other developmental disabilities.

### Is autism a new disorder?

Autism may seem like a modern disorder, but it's not. People have probably lived with what we know today as autism spectrum disorders throughout history. Some of the earliest published descriptions of behavior that sounds like autism date back to the 18th century. But the disorder did not have a name until the middle of the 20th century.

Autism was first identified as a specific disorder in 1943 by child psychiatrist Dr. Leo Kanner. Based on a study of 11 children, Dr. Kanner published the first description of what he called "autistic disturbances of affective contact."<sup>[3]</sup> At about the same time, German scientist Dr. Hans Asperger, based on his study of 400 children, described another form of autism that became known as Asperger syndrome.<sup>[4]</sup>

The criteria used to diagnose ASDs have changed many times since Kanner's original description. Click [here](#) to see those changes.

### What causes autism?

We have learned a lot about the

symptoms of ASDs and have improved efforts to track the disorders, but we still don't know a lot about the causes of ASDs. Scientists think that both genes and the environment play a role, and there might be many causes that lead to ASDs.

Family studies have been most helpful in understanding how genes contribute to autism. Studies have shown that among identical twins, if one child has autism, then the other will be affected about 75% of the time. In non-identical twins, if one child has autism, then the other has it about 3% of the time. Also, parents who have a child with an ASD have a 2%–8% chance of having a second child who is also affected.<sup>[5],[6]</sup>

For most people with ASDs, the cause is not known. But ASDs tend to occur more often than expected among people who have certain other medical conditions, including [Fragile X syndrome](#), [tuberous sclerosis](#), [congenital rubella syndrome](#), and untreated [phenylketonuria \(PKU\)](#). Some harmful drugs taken during pregnancy also have been linked with a higher risk of autism, specifically, the prescription drug [thalidomide](#). [CDC's Centers for Autism and Developmental Disabilities Surveillance and Epidemiology \(CADDRE\)](#) are working together on a large, population-based study to better understand the possible risk factors for and causes of autism. Called the Study to Explore Early Development ([SEED](#)), this project will help answer the many questions needed to find the causes of autism and—if possible—come up with strategies to prevent this complex disorder. <sup>[1]</sup> Handleman, J.S., Harris, S., eds. *Preschool Education Programs for Children with Autism* (2nd ed). Austin, TX: Pro-Ed. 2000. <sup>[2]</sup> National Research Council.

*Educating Children with Autism*. Washington, DC: National Academy Press, 2001.

<sup>[3]</sup> Kanner, L. Autistic disturbances of affective contact. *Nervous Child* 1943; 2:217-250.

<sup>[4]</sup> Asperger, H. Die "Autistischen Psychopathen" Kindesalter. *Arch Psychiatr Nervenkr* 1944; 117:76-136.

<sup>[5]</sup> Boyle C, Van Naarden Braun K, Yeargin-Allsopp M. The Prevalence and the Genetic Epidemiology of Developmental Disabilities. In: *Genetics of Developmental Disabilities*. Merlin Butler and John Meany eds. 2004 (Table 3, p. 716-717).

<sup>[6]</sup> Muhle R, Trentacoste V, Rapin I. The Genetics of Autism. *Pediatrics* 2004;113:472-486

Source:

<http://www.cdc.gov/ncbddd/autism/overview.htm>

### Statement from the Department of Health and Human Services Regarding the Decisions of the U.S. Court of Federal Claims in the Omnibus Autism Proceeding

As these cases illustrated, there's no doubt that autism and autism spectrum disorders place a heavy burden on many families. That is one reason why the U.S. Department of Health and Human Services continues to support research to better understand the cause of autistic disorders and develop more effective methods of treatment.

The medical and scientific communities have carefully and thoroughly reviewed the evidence concerning the vaccine-autism theory and have found no association between vaccines and autism. If parents have questions or concerns about childhood vaccines, they should talk with their child's health care provider. Hopefully, the determination by the Special Masters will help reassure parents that vaccines do not cause autism.

To read the U.S. Court of Federal Claims decision:

<http://www.uscfc.uscourts.gov/node/5026>

## May is Asthma and Allergy Awareness Month

Asthma is a major public health problem of increasing concern in the United States. CDC conducts surveillance on asthma in several ways, including collecting data on state-level adult asthma prevalence rates; days of restricted activity, days in bed, days of work or school lost, physician visits, and hospitalizations due to asthma; and collecting in-depth state and local asthma data through development and testing of a National Asthma Survey. CDC's analyses of asthma data on the national level show that between 1980 and 1995, the 12-month prevalence of asthma in the United States increased from 2.9% to 5.0% among adults and from 3.5% to 7.5% among children. Although there has been no discernable change in asthma attacks since 1997 or in current asthma prevalence from 2001 to 2004, low-income populations, minorities, and children continue to experience disproportionately higher morbidity and mortality attributable to asthma. Additionally, as the figure below shows, for the 3-year period 2001–2003, higher percentages of children than adults who currently have

asthma reported having had an asthma attack. The small differences between males and females and between blacks and whites are not significant.

From 2001–2003, an average of 4,210 deaths were associated with asthma annually, with approximately 50% occurring among persons aged 65 years or younger. In 2005, an estimated

- 32.6 million Americans had been diagnosed with asthma during their lifetimes;
- 22.2 million Americans currently were diagnosed with asthma; and
- 12.2 million Americans experienced an asthma attack in the previous year.

Each year, an average of 504,000 Americans are hospitalized for asthma-related symptoms. In 2004, in the United States asthma accounted for

- 13.6 million doctor visits;
- 1.1 million hospital outpatient visits; and
- 1.8 million emergency department visits.

During 2001–2003, current asthma prevalence was higher for children (8.5%) than for adults (6.7%); it was also higher for females (8.1%)

than for males (6.2%); for blacks (9.2%) than for whites (6.9%); for those of Puerto Rican descent (14.5%) than for those of Mexican descent (3.9%); for those below the federal poverty level (10.3%) than for those at or above the federal poverty level (6.4% to 7.9%); and for those residing in the Northeast (8.1%) than for those residing in other regions (6.7% to 7.5%).

Among children under 18,

- Physician office visits due to asthma have increased from under 40 visits per 1,000 children in 1990 to 89 visits per 1,000 in 2004.
- The asthma death rate increased steadily between 1980 and 1998, but it has declined since, falling from 3.0 deaths per 1,000,000 in 1999 to 2.5 per 1,000,000 in 2004.

Annually, among those who report at least one asthma attack in the previous year, approximately 11.8 million days of work absences are attributed to asthma, as are approximately 14.7 million days of school absences.

An important way that CDC collects data on state-level prevalence rates of asthma in adults is through the Behavioral Risk Factor Surveillance

System (BRFSS). BRFSS data are collected by telephone survey from adults age 18 and older about a variety of health-related behaviors. Since 2000 the survey has included two questions related to asthma:

- Have you ever been told by a doctor, nurse, or other health professional that you had asthma?

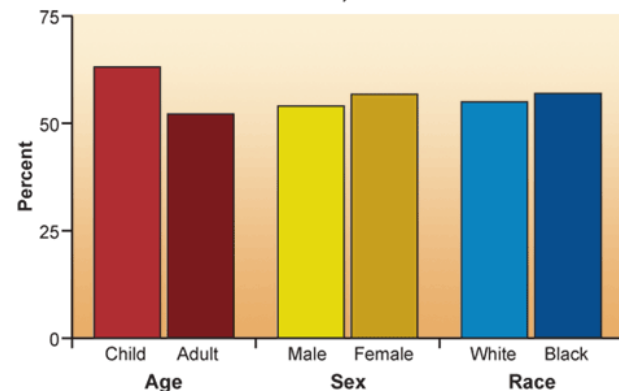
- Do you still have asthma?

Current asthma is defined by a “yes” response to both of the asthma questions, meaning these adults report previous physician-diagnosed asthma and also report they still have asthma.

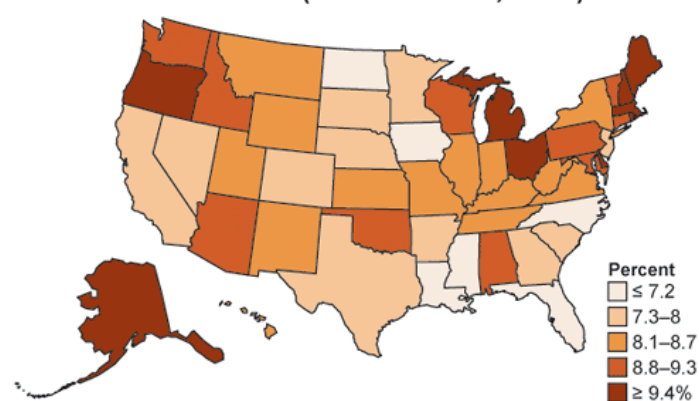
In six states (Florida, Iowa, Louisiana, Mississippi, North Carolina, and North Dakota), 7.2% or fewer of surveyed adults reported current asthma. In thirty-five states, 7.3% to 9.3% of adults reported current asthma. In nine states (Alaska, Delaware, Maine, Massachusetts, Michigan, New Hampshire, Ohio, Oregon, and Rhode Island), 9.4% or more of those surveyed reported current asthma.

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

Estimated percentage of persons with current asthma who reported having had an asthma attack, by age, sex, and race —United States, 2001–2003



Adults who have been told they currently have asthma (United States, 2006)



**APRIL 2009**

Alcohol Awareness Month  
 Counseling Awareness Month  
 National Occupational Therapy Month  
 National Donate Life Month  
 Women's Eye Health and Safety Month  
 Irritable Bowel Syndrome Awareness Month  
 National Autism Awareness Month  
 National Youth Sports Safety Month  
 Sexual Assault Awareness Month  
 Sports Eye Safety Month  
 Foot Health Awareness Month  
 National Facial Protection Month  
 Cesarean Awareness Month  
 National Child Abuse Prevention Month

**MAY 2009**

Lyme Disease Awareness Month  
 National Sight-Saving Month: Ultraviolet Awareness Month  
 National Neurofibromatosis Month  
 National Trauma Awareness Month  
 Older Americans Month  
 Melanoma / Skin Cancer Detection & Prevention Month  
 Asthma & Allergy Awareness Month  
 Better Hearing & Speech Month  
 Better Sleep Month  
 Multiple Chemical Sensitivity Awareness Month  
 National High Blood Pressure Education Month  
 Tuberous Sclerosis Awareness Month  
 Health Vision Month  
 National Physical Fitness & Sports Month  
 National Bike Month  
 National Osteoporosis Awareness & Prevention Month  
 Clean Air Month  
 Mental Health Month

**JUNE 2009**

Vision Research Month  
 Home Safety Month  
 Fireworks Safety Month  
 National Scleroderma Month  
 National Aphasia Awareness Month  
 Myasthenia Gravis Awareness Month

SOURCE:



Edward G. Rendell, GOVERNOR

[www.dsf.health.state.pa.us](http://www.dsf.health.state.pa.us)***May is Healthy Vision Month***

Vision impairments can cause significant suffering, disability, loss of productivity and diminished quality of life for millions of people. Healthy Vision Month is an opportune time to learn more about how good vision and eye health benefits people of all ages.

Vision impairment and blindness often results from allowing common eye problems to go undetected at treatable stages or not adequately protecting the eyes in hazardous situations. According to the National Eye Institute (NEI) at the National Institutes of Health (NIH), more than 3.4 million (3%) Americans 40 years and older are either blind or are visually impaired and millions more are at risk

for developing vision impairment and blindness.

The leading causes of blindness and vision impairment in the United States are primarily age-related eye diseases including age-related macular degeneration, cataract, diabetic retinopathy, and glaucoma. By 2020, the number of people with visual impairment and eye diseases could increase by 50% or more. Annually, the cost of vision impairment is \$54 billion.

Many disorders including diabetes, high blood pressure and other chronic diseases have significant vision and eye health consequences that are necessary to check on a regular basis. It is important



to remember that most eye diseases have no early warning signs or symptoms and most can be adequately managed with early detection and timely treatment.

Visual impairment affects people differently across the

lifespan. Efforts to curb the debilitating effects of vision impairment vary depending on a person's age.

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

*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](http://www.COGInc.org) in our A-Z Library.