



SEPTEMBER 2008

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:

Boyer’s Food Markets	Keystone Forging
CPARC	Kleerdex
Guilford Mills	SAPA
Guthrie Health Systems	Spring Creek Health & Rehab
ITT / Gould’s Pump	Sunbury Textile Mills

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October is Sudden Infant Death Syndrome (SIDS) Awareness Month



Sudden Infant Death Syndrome (SIDS) is the leading cause of death among infants aged 1 to 12 months, and is the third leading cause overall of infant mortality in the United States. Although the overall rate of SIDS in the United States has declined by more than 50% since 1990, rates have declined less among non-Hispanic Black and American Indian/Alaska Native infants. Preventing SIDS remains an important public health priority.

SIDS is defined as the sudden death of an infant less than one year of age that cannot be explained after a thorough investigation is conducted, including a complete autopsy, examination of the death scene, and review of the clinical history.

Risk Factors for SIDS

- 1. Tummy (prone) or side sleeping** Infants who are put to sleep on their tummy or side are more likely to die from SIDS than infants who sleep on their backs.
- 2. Soft sleep surfaces** Sleeping on a waterbed, couch, sofa, or pillows, or sleeping with stuffed toys has been associated with an increased risk for SIDS.
- 3. Loose bedding** Sleeping with pillows or loose bedding such as comforters, quilts, and blankets increases an infants risk for SIDS.
- 4. Overheating** Infants who overheat because they are overdressed, have too many blankets on, or are in a room that is too hot are at a higher

risk of SIDS.

5. Smoking Infants born to mothers who smoke during pregnancy are at increased risk of SIDS. Also, infants exposed to smoke at home or at daycare are more likely to die from SIDS.

6. Bed sharing The safest place for an infant to sleep is in their own crib or other separate safe sleep surface next to the parent or caregiver’s bed.

7. Preterm and low birth weight infants Infants born premature or low birth weight are more likely to die from SIDS

Source: www.cdc.gov

October is Domestic Violence Awareness Month - Stop the Anger

Domestic violence encompasses a wide range of acts committed by one person against another in an intimate relationship or within a family. It is a pattern of coercive behavior that is used by one person to gain power and control over another. This may include physical violence, sexual, emotional and psychological intimidation, verbal abuse, stalking and economic control. It may take the form of breaking objects, hurting/killing pets, yelling, driving recklessly to endanger or scare the victim, isolating the victim from friends and family members and controlling resources like money, vehicles, credit, medications and time. In same gender relationships, it can include threats to out the victim.

Domestic violence can happen to people of all racial,

economic, educational, religious backgrounds and in heterosexual and same gender relationships. While both men and women may be victims of domestic violence, research shows that the overwhelming majority of adult victims are women and that domestic violence is a major cause of injury to women. Findings from the National Violence Against Women Survey (July 2000) indicate that domestic violence is pervasive in U.S. society. Analysis of the survey data from calls to 8,000 U.S. women and 8,000 U.S. men, produced the following key results:

- Nearly 25% of women and 7.6% of men said they were raped and or physically assaulted by a current or former spouse, cohabitating partner or date in their lifetime.
- Almost 5% of women

and 0.6 % of men experienced stalking by a current or former spouse, cohabitating partner or date in their lifetime.

- Women experience more chronic and injurious physical assaults at the hands of intimate partners than do men.
 - Slightly more than 11% of lesbians experienced rape, physical assault and/or stalking by a female cohabitant.
 - Approximately 15% of gay men experienced rape, physical assault and/or stalking by a male cohabitant.
- Most intimate partner victimizations are not reported to the police

Disagreements develop from time to time in relationships. Domestic violence is not a disagreement. It is learned behavior (through observation, experience, reinforcement, culture, family, community)

and is rarely caused by substance abuse, genetics, stress, illness or problems in the relationship, although these factors are often used as excuses and can exacerbate violent behavior. The goal of an abusive person is to establish and maintain control over his or her partner.

Domestic violence is reinforced when abusers are not arrested, prosecuted or otherwise held responsible for their acts. Without intervention, the violence can become more destructive and sometimes lethal over time. To monitor this lethality, PCADV collects newspaper clipping to chronicle domestic violence-related [fatalities](#) that occur in the Commonwealth.

SOURCE: www.pcadv.org/Domestic-Violence-Learning-Center

November is American Diabetes Month

Diabetes is a disease in which the body does not produce or properly use insulin. Insulin is a hormone that is needed to convert sugar, starches and other food into energy needed for daily life. The cause of diabetes continues to be a mystery, although both genetics and environmental factors such as obesity and lack of exercise appear to play roles.

There are 23.6 million children and adults in the United States, or 7.8% of the population, who have diabetes. While an estimated 17.9 million have been diagnosed with diabetes, unfortunately, 5.7 million people (or nearly one quarter) are unaware that they have the disease.

In order to determine whether or not a patient has pre-

diabetes or diabetes, health care providers conduct a Fasting Plasma Glucose Test (FPG) or an Oral Glucose Tolerance Test (OGTT). Either test can be used to diagnose pre-diabetes or diabetes. The American Diabetes Association recommends the FPG because it is easier, faster, and less expensive to perform.

With the FPG test, a fasting blood glucose level between 100 and 125 mg/dl signals pre-diabetes. A person with a fasting blood glucose level of 126 mg/dl or higher has diabetes.

In the OGTT test, a person's blood glucose level is measured after a fast and two hours after drinking a glucose-rich beverage. If the two-hour blood glucose level is be-

tween 140 and 199 mg/dl, the person tested has pre-diabetes. If the two-hour blood glucose level is at 200 mg/dl or higher, the person tested has diabetes.

Major Types of Diabetes

Type 1 diabetes

Results from the body's failure to produce insulin, the hormone that "unlocks" the cells of the body, allowing glucose to enter and fuel them. It is estimated that 5-10% of Americans who are diagnosed with diabetes have type 1 diabetes.

Type 2 diabetes

Results from insulin resistance (a condition in which the body fails to properly use insulin), combined with relative insulin deficiency. Most Americans who are diagnosed



with diabetes have type 2 diabetes.

Gestational diabetes

Immediately after pregnancy, 5% to 10% of women with gestational diabetes are found to have diabetes, usually, type 2.

Pre-diabetes

Pre-diabetes is a condition that occurs when a person's blood glucose levels are higher than normal but not high enough for a diagnosis of type 2 diabetes. There are 57 million Americans who have pre-diabetes, in addition to the 23.6 million with diabetes.

Source: www.diabetes.org

Recognize and Prevent MRSA Infections

As kids head back to classrooms and sports venues, parents are encouraged to learn how to recognize and prevent skin infections caused by methicillin-resistant *Staphylococcus aureus* (MRSA), a type of staph bacteria that is resistant to certain antibiotics.

It is estimated that Americans of all ages visit the doctor more than 12 million times per year for skin infections that are typical of staph, more than half of which are MRSA. The good news is that a few simple steps can help parents protect their families.

Learn about MRSA

The National MRSA Education Initiative provides materials to help parents and healthcare providers recognize, prevent, and treat MRSA skin infections. Visit www.cdc.gov/MRSA for posters, fact sheets, e-cards, graphics and more.

MRSA is methicillin-resistant *Staphylococcus aureus*, a potentially dangerous type of staph bacteria that is resistant to certain antibiotics and may cause skin and other infections. As with regular staph infections, recognizing the signs and receiving treatment for MRSA skin infections in the early stages reduces the

chances of the infection becoming severe. MRSA is spread by:

- Having direct contact with another person's infection
- Sharing personal items, such as towels or razors, that have touched infected skin
- Touching surfaces or items, such as used bandages, contaminated with MRSA

Recognize the Signs and Symptoms of Infections

Most staph skin infections, including MRSA, appear as a bump or infected area on the skin that may be:

- Red
- Swollen
- Painful
- Warm to the touch
- Full of pus or other drainage
- Accompanied by a fever

Take Action if You Suspect an MRSA Skin Infection

Cover the area with a bandage and contact your healthcare professional. It's especially important to contact your healthcare professional if signs and symptoms of an MRSA skin infection are accompanied by a fever.



Protect Yourself and Your Family from MRSA Skin Infections

- Know the signs of MRSA skin infections and get treated early
- Keep cuts and scrapes clean and covered
- Encourage good hygiene such as cleaning hands regularly
- Discourage sharing of personal items such as towels and razors

National MRSA Education Initiative

The National MRSA Education Initiative is a comprehensive public education campaign to help parents and healthcare providers recognize, treat, and prevent MRSA skin infections in their families and patients. Through the Initiative, parents, healthcare providers and organizations have access to education materials – including printed posters, fact sheets, brochures and flyers, and Web-based e-cards, content and graphics. To access materials, visit www.cdc.gov/MRSA.

Source: www.cdc.gov/MRSA

Great American Smokeout - November 20, 2008

In the Beginning

The idea for the Great American Smokeout grew out of a 1974 event when Lynn R. Smith, editor of the Monticello Times in Minnesota, spearheaded the state's first D-Day, or Don't Smoke Day. Previously, in 1971, Arthur P. Mullaney of Randolph, Massachusetts, had asked people to give up cigarettes for a day and donate the money they would have spent on cigarettes to a high school scholarship fund. The idea caught on, and on November 18, 1976, the California Division of the American Cancer Society succeeded in getting nearly one million smokers to quit for the day. That California event marked the first Great American Smokeout, which went nationwide in 1977.

Some of America's most popular celebrities joined the cause as event chairs, including Sammy Davis, Jr., Edward Asner, Natalie Cole, Larry Hagman, Surgeon General C. Everett Koop, Christy Turlington, and "spokespud" Mr. Potato Head, who gave up his pipe for the cause.

The Smokeout has been celebrated with rallies, parades, the distribution of quitting information, and even "cold turkey" menu items in schools, workplaces, military installations, and legislative halls throughout the US.

The Great American Smokeout Today

Now that many more Americans understand the dangers associated with tobacco use, cigarette smoking among adults aged 18 and older has declined by nearly half between

1965 and 2005 - from 42% to 21%. An estimated 45 million adults are now former smokers, and per-capita cigarette consumption is currently lower than at any point since the start of World War II. Nonetheless, roughly 1 in 4 adults and 1 in 5 teenagers in the U.S. are current smokers, and lung cancer remains the number one cancer killer among men and women. This year alone, approximately 213,380 new cases of lung cancer will be diagnosed in the US, and an estimated 160,390 people will die from the disease. Smoking is also associated with increased risk for cancers of the mouth, larynx, pharynx, esophagus, kidney, bladder, pancreas, and cervix and has more recently been associated with colorectal cancer, myeloid leukemia, as well (continued on page 5)

Fire Prevention and Burn Injuries

Background Information

- On average in the United States in 2004, someone died in a fire every 135 minutes, and someone was injured every 30 minutes (Karter 2005).
- Each year in the United States, 1.1 million burn injuries require medical attention (American Burn Association, 2002).
- Approximately 50,000 burn injuries require hospitalization;
- Approximately 20,000 are major burns involving at least 25 percent of the total body surface;
- Approximately 4,500 of these people die.
- Up to 10,000 people in the United States die every year of burn-related infections.
- Only 60 percent of Americans have an escape plan, and of those, only 25 percent have practiced it (NFPA, 1999).
- Smoke alarms cut your chances of dying in a fire in half (NFPA, 1999).

Escape Information - Safeguard Your Home

- Install smoke alarms on each floor of your home. One alarm must be outside a bedroom where you sleep.
- Change batteries in smoke alarms at least once a year. (**Never** borrow smoke alarm batteries for other purposes).
- Keep emergency phone numbers and other pertinent



information posted close to your telephone.

- Draw a floor plan and find two exits from each room. Windows can serve as emergency exits.
- Practice getting out of the house through the various exits.
- Designate a meeting place at a safe distance outside the home.
- Respond to every alarm as if it were a real fire.
- Call the fire department after escaping. Tell them your address and do not hang up until you are told to do so. Let them know if anyone is trapped inside.
- Never go back into a burning building to look for missing people, pets, property, etc. Wait for firefighters.

Hotel & Workplace Fire Safety

- Become familiar with exits and posted evacuation plans each time you enter a building.
- Learn the location of all building exits. You may have to find your way out in the dark.
- Ensure that fire exits are unlocked and clear of debris.
- All buildings, whether homes, workplaces or hotels, should have working smoke alarm systems. Make sure you know what the alarm sounds like.



- Respond to every alarm as if it were a real fire. If you hear an alarm, leave immediately and close doors behind you as you go.
- Establish an outside meeting place where everyone can meet after they have escaped.
- Call the fire department after escaping. Tell them your address and do not hang up until you are told to do so. Let them know if anyone is trapped inside.
- Never go back into a burning building to look for missing people, pets, property, etc. Wait for firefighters.

If You Are Trapped in a Burning Building

- Smoke rises, so crawl low to the ground where the air will be cleanest.
- Get out quickly if it is safe to leave. Cover your nose and mouth with a cloth (moist if possible).
- Test doorknobs and spaces around doors with the back of your hand. If the door is warm, try another escape route. If it is cool, open it slowly. Check to make sure your escape path is clear of fire and smoke.
- Use the stairs. **Never** use an elevator during a fire.
- Call the fire department for assistance if you are trapped. If you cannot get to a phone, yell for help out the window. Wave or hang a sheet or other large object to attract attention.
- Close as many doors as possible between yourself and the fire. Seal all doors and vents between you

and the fire with rags, towels, or sheets. Open windows slightly at the top and bottom, but close them if smoke comes in.

First Aid

What you do to treat a burn in the first few minutes after it occurs can make a huge difference in the severity of the injury.



Immediate Treatment for Burn Victims

1. "Stop, Drop, and Roll" to smother flames.
2. Remove all burned clothing. If clothing adheres to the skin, cut or tear around burned area.
3. Remove all jewelry, belts, tight clothing, etc., from over the burned areas and from around the victim's neck. This is very important; burned areas swell immediately.

Source:

<http://emergency.cdc.gov/masscasualties/burn.s.asp>



(continued from page 3 - Great American Smokeout

as cancers of the liver, stomach, and nasal sinuses. Smoking is also a major cause of heart disease, cerebrovascular disease, chronic bronchitis, and emphysema.

Statistics illustrate what battles still must be fought, but we have won many important victories. In 1977, Berkeley, California, became the first community to limit smoking in restaurants and other public places. A federal smoking ban on all interstate buses and domestic flights of six hours or less was passed in 1990. And in 1999, the Department of Justice filed suit against cigarette manufacturers, charging the industry with defrauding the public by lying

about the risks of smoking.

Also in 1999, the landmark Master Settlement Agreement (MSA) was passed, requiring tobacco companies to pay \$206 billion to 45 states by the year 2025 to cover Medicaid costs for treating smokers. The MSA also closed the Tobacco Institute and ended cartoon advertising and tobacco billboards. In 2001, the Philip Morris Companies officially apologized for a study commissioned by an international affiliate that concluded the Czech Republic benefited financially from the premature deaths of smokers.

Source: <http://acsf2f.com/gaso/index.html>

For More Information Regarding Great American Smokeout Events, contact your local chapter of the American Cancer Society or visit their website at www.cancer.org.

You can also contact Clinical Outcomes Group, Inc. at 1-800-264-1290 for more information on any local events. Visit our website at www.COGInc.org for additional information.

December is National Drunk and Drugged Driving Prevention Month

December is [National Drunk and Drugged Driving Prevention Month](#) (3D Month) by [Presidential Proclamation](#). Though thousands of people die or are injured in alcohol-related motor vehicle crashes each year in the United States, effective measures to prevent these deaths and injuries do exist.

Quick Facts About Drunk and Drugged Driving

- In 2005, 16,885 people died in alcohol-related motor vehicle crashes, accounting for 39% of all traffic-related deaths in the United States (NHTSA 2006).
- An alcohol-related motor vehicle crash kills someone every 31 minutes and nonfatally injures someone every two minutes (NHTSA 2006).
- Drugs other than alcohol (e.g., marijuana and cocaine) are involved in about 18% of motor vehicle driver deaths. These other drugs are generally used in combination with alcohol (Jones et al. 2003).
- Each year, alcohol-related crashes in the United States cost about \$51 billion (Blincoe et al. 2002).
- Most drinking and driving episodes go undetected. In 2005, nearly 1.4 million drivers were arrested for driving under the influence of alco-

hol or narcotics (Department of Justice 2005). That's less than one percent of the 159 million self-reported episodes of alcohol-impaired driving among U.S. adults each year (Quinlan et al. 2005).

- There are actions that work to prevent injuries due to impaired driving. To further decrease alcohol-related fatal crashes, communities need to implement and enforce strategies that are known to be effective, such as:
 - **Sobriety checkpoints.** Fatal crashes thought to involve alcohol dropped a median of 22% (with random breath testing) and 23% (with selective breath testing) following implementation of sobriety checkpoints.
 - **0.08% BAC laws.** Fatal alcohol-related crashes showed a median decrease of 7% following the implementation of 0.08% BAC laws in 16 states.
 - **Minimum legal drinking age (MLDA) laws.** Raising the MLDA, such as from 18 to 21, decreases crash-related outcomes a median of 16% for the targeted age groups.
 - **"Zero tolerance" laws for young drivers.** One study found that fatal crash outcomes decreased 24% after implementation of "zero tolerance" laws (Elder et al. 2002, Howat et al. 2004, Shults et al. 2001, Shults et al. 2002).

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SOURCE: www.cdc.gov

October 2008

- ◆Celiac Sprue Awareness Month
- ◆Domestic Violence Awareness Month
- ◆Healthy Lung Month
- ◆National Family Sexuality Education Month
- ◆National Lupus Awareness Month
- ◆National Physical Therapy Month
- ◆National Spina Bifida Awareness Month
- ◆Rett Syndrome Awareness Month
- ◆SIDS Awareness Month
- ◆National Glaucoma Awareness Month
- ◆Clean Air Month
- ◆Health Literacy Month
- ◆National Medical Librarians Month
- ◆National Orthodontic Health Month
- ◆National Brain Injury Awareness Month
- ◆National Liver Awareness Month
- ◆National Down Syndrome Awareness Month
- ◆Children’s Health Month

October 2008

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November 2008

- ◆Diabetic Eye Disease Month
- ◆National Alzheimer’s Disease Awareness Month
- ◆American Diabetes Month
- ◆Great American Smokeout
- ◆National Hospice Month
- ◆Pancreatic Cancer Awareness Month
- ◆Lung Cancer Awareness Month
- ◆National Adoption Month
- ◆National Healthy Skin Month
- ◆Jaw Joints - TMJ Awareness Month
- ◆COPD Awareness Month
- ◆Pulmonary Hypertension Awareness Month

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December 2008

- ◆National Drunk and Drugged Driving (3D) Prevention Month
- ◆Safe Toys and Gifts Month

December 2008

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SOURCE:



Edward G. Rendell, GOVERNOR
www.dsf.health.state.pa.us



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.