

HEALTH & WELLNESS

Healthbeat

Forsyth Medical meditation room receives piece of art

The Forsyth Medical Center Foundation has received a gift of a painting by Chapel Hill artist Jacob Cooley for the hospital's intensive care unit meditation room.

The large landscape piece – titled “Meander” – is a contemplative coastal scene of wetlands that might be viewed along the coast or by a river or a marsh. The five foot by four foot oil on canvas, which was commissioned specifically for this site, makes a strong statement on the bay window wall.

Dr. and Mrs. Malcolm Brown, who selected the work as a focal point for the meditation room, donated the piece. The room was dedicated in 2007 to Dr. David Collins for his medical guidance, consultation and dedication to providing superior pulmonary care for our community.

NMA honors Fraser-Howze for commitment to fight AIDS

Debra Fraser-Howze, vice president of External Affairs at OraSure Technologies and founder and former CEO of the National Black Leadership Committee on AIDS, was honored last month by the National Medical Association (NMA) during a gathering of members of the African-American doctors organization in Las Vegas.

Fraser-Howze received the NMA's highest honor, the Scroll of Merit for her important contributions to the fight against HIV/AIDS in the African-American community.

When she founded the National Black Leadership Commission on AIDS (NBLCA) in 1987, she became the first leader to mobilize a broad coalition of prominent African-American clergy members, political leaders, community organization leaders and medical professionals to discuss how to fight HIV/AIDS.

Fraser-Howze has also advised two U.S. presidents while serving on the Presidential Advisory Council on HIV/AIDS from 1995-2001; served as vice chair of the HIV Human Services Planning Council in New York City; and chaired the National Institute of Health's Public Education Technology Committee. In 2003, she was appointed to the New York City Commission on AIDS and in 2007 to the New York State Governors Health Advisory Council.

She joined Bethlehem, Penn.-based OraSure Technologies in January 2008. The company is best known for its assortment of oral HIV tests that provide results in minutes.



Fraser-Howze

Most state emergency personnel have completed safety program

North Carolina's Executive Committee for Highway Safety announced today that nearly 90 percent of the state's fire and rescue departments have completed the N.C. Responder Safety Program, which aims to educate emergency responders on how to quickly and safely clear incidents on the highway to minimize their impact on traffic.

The N.C. Responder Safety Program was provided to all fire departments in North Carolina and will be distributed to an additional 2,235 first responder agencies, including law enforcement agencies, emergency medical services and towing operators across the state.

As an incentive for completing the training, more than 7,000 fire and rescue vehicles across the state will receive five 28-inch reflective banded traffic cones at no charge.

The training program includes a 30-minute DVD written and produced by the ECHS that lays out standard response methods for the most common types of incidents and educates personnel on how to clear them quickly and safely while minimizing their effect on traffic. In addition, the program provides reference cards for responders to put inside their vehicles to serve as on-the-scene guides pointing out key safety tips such as where to most effectively park response vehicles and how to appropriately position traffic cones. They also feature several state statutes, including the Quick Clearance and Move Over laws, which help protect first responders.

Prejudice blamed for spike in AIDS among gay African men

(GIN/NNPA)

A study published in the medical journal Lancet attributes the soaring HIV rates among gay men in Africa to prejudice that leads to isolation and harassment, in turn, encouraging high-risk sexual behavior.

Gay men contending with social stigma were more likely to be involved in sex work, have multiple partners and experience contact with intravenous-drug use.

Male-male sex is a criminal offense in some 31 sub-Saharan African countries. It even draws the death penalty in a few – on the books, at least – if hardly ever in practice.

Release of the study coincides with the 5th International Conference on HIV, Treatment and Prevention, which was recently held in Cape Town, South Africa, with the participation of at least 5,000 delegates of over 100 countries.

College kids at high risk for secondhand smoke

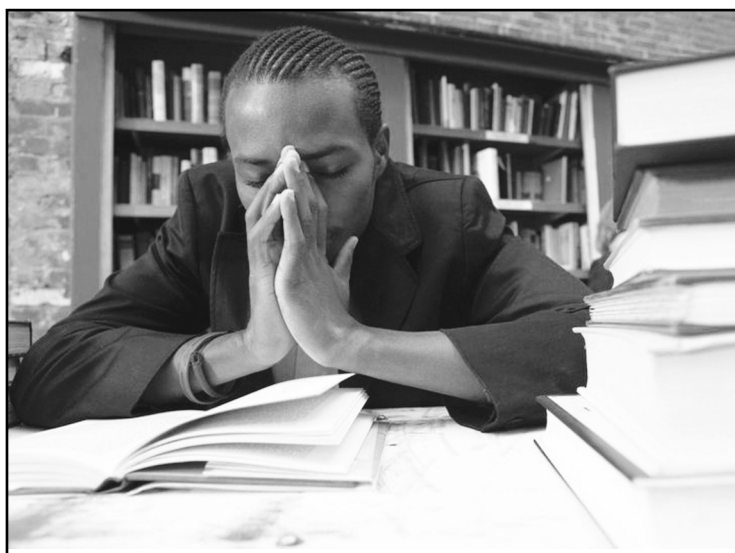
SPECIAL TO THE CHRONICLE

Secondhand smoke (SHS) is not only a nuisance, but a potential health concern for many college students, and administrators should be taking steps to reduce students' exposure, according to a new study by researchers at Wake Forest University School of Medicine.

It is the first study to provide evidence of the high rates of SHS exposure, and correlates of exposure, among college students in the United States.

Funded by the National Institute on Alcohol Abuse and Alcoholism, the study can be found online today and will appear in the July 23 issue of Nicotine & Tobacco Research, a publication of the Society for Research on Nicotine and Tobacco.

“It is well-known that there are some serious health issues surrounding secondhand smoke,” said Mark Wolfson, Ph.D., lead



author on the study, professor and section head for the Section on Society and Health in the Department of Social Sciences and Health Policy. “While some college campuses are smoke free, others have virtually no restrictions on smoking, not even in the residence halls. There is a grow-

ing national movement to move away from that, but it still very much varies by campus. In this first study to evaluate SHS exposure among college students, we were really kind of floored to see how many, and how frequently, students are exposed to it.”

For the study, researchers sur-

veyed 4,223 undergraduate college students from 10 North Carolina universities – eight public and two private. They were asked questions about their drinking and smoking habits, demographics (age, gender, race, parents' education level), lifestyle (residence on- or off-campus, living in a substance-free dormitory, participation in a fraternity or sorority) and SHS exposure.

Of the participants, 83 percent reported having been exposed to SHS at least once in the seven days preceding the survey. Most of those exposures (65 percent) happened at a restaurant or bar, followed by exposure at home or in the same room as a smoker (55 percent) and in a car (38 percent).

Daily and occasional smokers were more likely than non-smokers to report exposure, perhaps not surprising given that they are more likely than other

See SHS on A7

Protect Your Kids: Back-to-School Vaccinations

August is an exciting time as children, young adults, and their families prepare to start school. An important part of that preparation involves ensuring your children have received all the vaccines that can protect them from illness. Did you know that approximately one-third of African-American children do not receive the necessary vaccinations? Read on to learn about why it is important to vaccinate your children and what vaccines are appropriate for children and young adults.

When and why should I vaccinate my children?

It is important to vaccinate children because there are many diseases that still exist and are always at risk for returning and causing severe illness and outbreaks. It is essential to vaccinate your children during infancy, continue immunizations until the child begins school, during school, and re-vaccinate with appropriate boosters thereafter. Frequently, several doses of a particular vaccine are necessary to provide protection against that disease. The American Academy of Pediatrics recommends the following vaccines:

Children aged 0-6 years

Vaccine Name	Number of Doses and When to receive each dose
Hepatitis B	Dose #1 – Birth Dose #2 – between 1-2 months Dose #3 – between 6-18 months
Rotavirus	Dose #1 – 2 months Dose #2 – 4 months Dose #3 – 6 months
Diphtheria, Tetanus, Pertussis (DTaP)	Dose #1 – 2 months Dose #2 – 4 months Dose #3 – 6 months Dose #4 – between 15-18 months Dose #5 – between 4-6 years
Haemophilus influenzae type B	Dose #1 – 2 months Dose #2 – 4 months Dose #3 – 6 months Dose #4 – between 12-15 months
Pneumococcal (Pneumonia)	Dose #1 – 2 months Dose #2 – 4 months Dose #3 – 6 months Dose #4 – between 12-15 months
Inactivated Poliovirus (Polio)	Dose #1 – 2 months Dose #2 – 4 months Dose #3 – between 6-18 months
Influenza	Yearly, beginning at age 6 months
Measles, Mumps and Rubella (MMR)	Dose #1 – between 12-15 months Dose #2 – between 4-6 years
Varicella (Chicken Pox)	Dose #1 – between 12-15 months Dose #2 – between 4-6 years
Hepatitis A	2 Doses between the ages of 12-24 months. The doses should be at least 6 months apart.
Meningococcal (Meningitis)	1 Dose – age 2-10 years. This could change if your child has other illnesses or is at risk for meningitis for other reasons – check with your child's doctor.

Children and adolescents aged 7-18 years

Vaccine Name	Number of Doses and When to receive each dose
Diphtheria, Tetanus, Pertussis (DTaP)	Booster Dose – between 11-12 years Can be made up between ages 13-18 if needed.
Human Papillomavirus (HPV)	3 Dose series – between 11-12 years. Dose #2 two months after Dose #1. Dose #3 6 months after Dose #2 Can be made up between ages 13-18 if needed.
Meningococcal (Meningitis)	1 Dose – between 11-12 years (if not received before) Can be made up between ages 13-18 if needed.
Influenza	Yearly
Hepatitis B	Can be made up between 7-18 years if not received before.
Inactivated Poliovirus (Polio)	Can be made up between 7-18 years if not received before.
Measles, Mumps and Rubella (MMR)	Can be made up between 7-18 years if not received before.
Varicella (Chicken Pox)	Can be made up between 7-18 years if not received before.
Hepatitis A	May be recommended for young adults in high risk groups – discuss with your doctor if your child is in one of these groups.
Pneumococcal (Pneumonia)	May be recommended for young adults in high risk groups – discuss with your doctor if your child is in one of these groups.

Advice for parents on vaccinations:

You should always talk to your pediatrician about vaccinating your child. While most chil-



Photo courtesy of UNC

Dr. Agnes Moses (left) and Laura Guay, VP of research for the Glaser Foundation

UNC doc receives honor for AIDS work in Africa

CHRONICLE STAFF REPORT

Dr. Agnes Moses received the 2009 International Leadership Award (ILA) from The Elizabeth Glaser Pediatric AIDS Foundation last month at the International AIDS Society (IAS) Conference in Cape Town, South Africa.

A senior investigator at the UNC Project-Malawi, Dr. Moses has played a key role in the design and implementation of many of Malawi's prevention of mother-to-child transmission (PMTCT) programs. UNC Project-Malawi is a research, care and training facility that is a collaboration between Kamuzu Central Hospital, which is in the southeastern African nation, and the University of North Carolina School of Medicine.

In addition to having one of the world's lowest physician-to-patient ratios, Malawi lacks the capacity to offer medical residency training. UNC Project-Malawi financed Dr. Moses's education in internal medicine at University of the Witwatersrand in Johannesburg, South Africa.

“I have benefited immensely from generous external training programs,” said Dr. Moses, a native of Malawi who is committed to living and practicing medicine in her home country.

“This award is a perfect opportunity for Dr. Moses to realize her full potential in medicine and public health and as a leader in the Malawi health sector,” said Irving Hoffman, U.S. Director of UNC Project-

Malawi and Research Associate Professor in the UNC School of Medicine. “Agnes would be the first to acknowledge that her ability to win this award was a team effort, and it will be a team effort to improve the health of mothers and children in Malawi.”

Created in 2002, the International Leadership Award (ILA) supports physicians and scientists worldwide who have the training and potential to develop pediatric HIV programs, but lack the financial resources to do so. To date, the ILA has provided nearly \$6 million in awards. The Elizabeth Glaser Pediatric AIDS Foundation was founded in 1988 by Glaser, her husband, actor/director Paul Michael Glaser, after Elizabeth Glaser contracted HIV through a blood transfusion. She unknowingly passed the virus to her daughter through breastfeeding and to her son while he was in her womb. She died in 1994.

The award will provide Dr. Moses with funding over a three-year period for a project aimed at improving the effectiveness of prevention of mother-to-child transmission (PMTCT), and improving maternal and infant HIV diagnosis, care, treatment and support in Lilongwe District of Malawi. PMTCT services expand to additional health centers.

“I consider it an honor and privilege to get this award,” Dr. Moses said. “I accept it with humility and commitment to the cause of reducing pediatric and maternal HIV in Malawi.”

CDC encouraged by slowing child obesity rate

CHRONICLE STAFF REPORT

According to new numbers from the Centers for Disease Control and Prevention, obesity among children may be becoming less of an epidemic. While one in 7 low-income, preschool-aged children is still obese, it appears that progress is being made to curb those numbers.

The prevalence of obesity in low-income two-to-four year-olds increased from 12.4 percent in 1998 to 14.5 percent in 2003, but rose to only 14.6 percent in 2008, said a report based on CDC's Pediatric Nutrition Surveillance System (PedNSS). The study is in the July 24, 2009 Morbidity and Mortality Weekly Report.

“These new data provide some encouragement, but remind us of two things – one, too many young children are obese, and two, we must not become complacent in our efforts to reduce obesity among young children,” said Dr. William H. Dietz, director of

CDC's Division of Nutrition, Physical Activity and Obesity. “Childhood obesity remains a major public health problem that increases the risk of developing serious chronic diseases such as type 2 diabetes, cardiovascular disease and adult obesity.”

In fact, a study released late last month by Wake Forest University Baptist Medical Center found that the rates of severe childhood obesity have tripled in the last 25 years.

“Children are not only becoming obese, but becoming severely obese, which impacts their overall health,”

said Dr. Joseph Skelton, lead author of the study and director of the Brenner FIT (Families in Training) Program at Wake Forest University Baptist. “These findings reinforce the fact that medically-based programs to treat obesity are needed throughout the United States and insurance companies should be encouraged to cover this care.”

