

# Public Health Views... and News

A Newsletter for Regional Health Professionals

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*From the Desk of  
Dr. Jeff Phillips*  
**Medical Director for  
The Branch-Hillsdale-St.  
Joseph Community Health  
Agency**

## **MICHIGAN CARE IMPROVEMENT REGISTRY – FOCUS ON ADOLESCENTS**

There have been unprecedented additions to the list of recommended immunizations in the last few years. This in addition to costs of maintaining vaccine inventories, the higher costs for the patient, and state restrictions on use of the VFC stock have made it difficult to achieve high immunization levels in our area. A push to immunize Michigan was very successful in the 1990's, but local immunization rates are starting to fall behind again.

A new resource to reverse this trend is the expanded statewide immunization data bank – previously called the Michigan Childhood Immunization Registry (MCIR), but now changed to the **Michigan Care Improvement Registry** (still

MCIR). This new registry will allow recording of adult vaccination status as well as childhood shots. All medical facilities should be utilizing MCIR printouts with each patient encounter to remind the provider to give the recommended vaccines. The physician's staff should update MCIR with historical vaccine records from the patient's chart. Patient callback is a feature of MCIR.

The area **Immunization Coalition** is now concentrating on adolescent vaccines. Guidelines from CDC and ACIP now include these routine immunizations to be given to children at age 11-12 years:

1. Gardasil (HPV vaccine series) for girls (age 9-26)
2. Tdap (tetanus, diphtheria, and pertussis vaccine)
3. Menactra (MCV4-conjugated meningococcal vaccine).
4. If prior doses have been missed, the Hepatitis B, MMR, and varicella series (two varicella doses are now routinely

recommended) should be updated.

Physicians are encouraged to contact parents to bring in their child for a pre-middle school physical examination (age 11-12 yrs.). The focus of this visit would be to discuss puberty and general health issues and to administer the recommended vaccines. Staff should again update the MCIR database. If logistics could be arranged, the high school sports physical would also be a great time to check and update MCIR.

Setting up and using MCIR requires an internet connection and instructions for you and your staff. Please contact your local health department (Community Health Agency) office and ask for assistance. Janet Breneman is the Agency immunization coordinator and main contact at 517-437-7395.

1. Sturgis – 269-659-4013
2. Three Rivers – 269-273-2161
3. Coldwater – 517-279-9561
4. Hillsdale – 517-437-7395

Your local health department is committed to work with you to promote wellness and prevent illness by achieving high vaccination levels in our community.

James Phillips, MD, MPH – Medical Director for the BHSJ Community Health Agency

### **CDC/FDA Health Warning Regarding Cold Medicine and Children**

Nearly every year, about 7,000 children ages 11 and younger go to hospital emergency rooms after taking cold and cough medicines, about two in three ingested the medicine without a

parent or caregiver nearby, according to a recent CDC study. Children between the ages of 2 and 5 are most often affected. Unfortunately, past studies have also uncovered a number of deaths in very young children who were inadvertently given too much of these medicines.

Safety concerns about cold and cough medications for young children prompted the U.S. Food and Drug Administration (FDA) to recommend that parents forgo using these types of drugs in children less than age 2.

FDA's recommendation is based on both the review of the information we received about serious side effects in children and the discussion and recommendations made at its public advisory committee meeting in October of 2007, at which this issue was discussed. FDA strongly supports the actions taken by many pharmaceutical manufacturers to voluntarily withdraw cough and cold medicines that were being sold for use in this age group.

FDA has not completed its review of information about the safety of OTC cough and cold medicines in children 2 through 11 years of age. FDA is aware of reports of serious side effects from cough and cold medicines in children 2 years of age and older. FDA is committed to completing its comprehensive and thorough review of the safety of OTC cough and cold medicines in children 2 years of age and older as quickly as possible and expects to communicate recommendations to the public in the near future.



Pending completion of FDA's ongoing review, if parents and caregivers use OTC cough and cold medicines in children 2 years of age and older, FDA recommends:

- Checking the "active ingredients" section of the DRUG FACTS label.
- Being very careful if you are giving more than one OTC cough and cold medicine to a child.
- Carefully following the directions in the DRUG FACTS part of the label.
- Only using the measuring spoons or cups that come with the medicine or those made specially for measuring drugs.
- Choosing OTC cough and cold medicines with childproof safety caps, when available, and store the medicines out of the reach of children.
- Understanding that using OTC cough and cold medicines are intended only to treat your child's symptom(s).
- Not using these products to sedate a child or make children sleepy.
- Calling a physician, pharmacist, or other healthcare professional if you have any questions about using cough or cold medicines in children 2 years of age and older.

## Public Health Dental Clinic Opens in Three Rivers

Dental Clinics of Southwest Michigan, in cooperation with the Branch-Hillsdale-St. Joseph Community Health Agency has Clinic in Three Rivers, Michigan. The clinic has 6 chairs, a full time dentist and expects to have two dentists by the end of the year. This building is a



partnership with the Three Rivers Rural Health Clinic run by Three Rivers Area Health. The clinic is located adjacent to Three Rivers High School. A few questions and answers about this new clinic.

**Who are the clients of this clinic?** The clinic will serve any local Michigan who has Medicaid but cannot find a dental provider or who is financially qualified and signs up for the Southwest Michigan Dental Plan.

**When did the clinic open?** Staff began taking calls from clients in late December of 2007 and officially began seeing patients in Early January of 2008.

### Services Provided Include:

Oral Exam/ Cleaning  
Fluoride Treatment  
Fillings  
Education  
Other Dental Procedures

### How do clients pay for services?

Dental health services may be provided to children and adults who have Medicaid, Delta Dental

(Healthy Kids Dental and MICHild) or the Southwest Michigan Dental Plan.

### Location:

Dental Clinics of Southwest Michigan – Three Rivers Site  
721 Sixth Avenue  
Three Rivers, MI 49093  
(Directly South of Three Rivers High School)  
Main Line – 269-273-3247  
Toll Free -877-283-8889

Clinic Hours: 8:00am to 5:00pm

### A Little Regular Exercise Extends Men's Lives

Even a moderate amount of exercise can dramatically prolong a man's life, new research on middle-aged and elderly American veterans reveals.

The government-sponsored analysis -- the largest such study ever -- found that a regimen of brisk walking 30 minutes a day at least four to six days a week was enough to halve the risk of premature death from all causes.

As you increase your ability to exercise -- increase your fitness - - you are decreasing in a step-wise fashion the risk of death.

That conclusion applies more or less equally to white and black men, regardless of their prior history of cardiovascular disease. That may be because the veterans in the study all received the same level of care, regardless of income.

This evened the playing field, giving great confidence in the results, which will be published in the Feb. 5 issue of *Circulation* and were released online Jan. 22.

The study team reviewed information gathered by the VA

from 15,660 black and white male patients treated either in Palo Alto, Calif., or in Washington, D.C.

The men ranged in age from 47 to 71 and had been referred to a VA medical facility for a clinically prescribed treadmill exercise test sometime between 1983 and 2006. All participants were asked to run until fatigued, at which point the researchers recorded the total amount of energy expended and oxygen consumed.

The numbers were then crunched into "metabolic equivalents," or METS. In turn, the researchers graded the fitness of each man according to his MET score, ranging from "low-fit" (below 5 METS) to "very-high fit" (above 10 METS).

By tracking fatalities through June 2007, it was found that for both black and white men it was their fitness level, rather than their age, blood pressure or body-mass index, most strongly linked to their future risk for death.

Every extra point in MET conferred a 14 percent reduction in the risk for death among black men, and a 12 percent reduction among whites. Among all participants, those categorized as "moderately fit" (5 to 7 METS) had about a 20 percent lower risk for death than "low-fit" men. "High-fit" men (7 to 10 METS) had a 50 percent lower risk, while the "very high fit" (10 METS or higher) cut their odds of an early death by 70 percent.

It takes relatively little exercise to achieve the benefits found. Approximately two to three hours per week of brisk walking per week. That's just 120 to 200 minutes per week. And this can be split up throughout the week,

and throughout the day. So it's doable in the real world.

Alice H. Lichtenstein, director of the Cardiovascular Nutrition Lab at Tufts University's USDA Human Nutrition Research Center in Boston, agreed.

"What this finding demonstrates is that levels of physical activity that should be achievable by anyone can have a real benefit with respect to risk reduction," she said.

"What's really important to understand is that you don't need special clothes, special memberships, special equipment," added Lichtenstein, former chairwoman of the American Heart Association's nutrition committee. "It's something everyone can engage in. And although we don't know from this research that this applies to women as well, there's no reason to suspect that it wouldn't."

### **Talk Early, Talk Often continues in Michigan**

The nationally recognized Talk Early & Talk Often parent education initiative aimed at helping parents of middle school youth talk with their child about abstinence and sexuality is once again available to any parent group in the school, community, health care or church setting. The free 90-minute workshop is aimed at helping parents recognize opportunities to open the door for conversation, listening, and responding with greater confidence and skill.

Parents are the primary abstinence and sexuality educators of their children," said Project Coordinator Barbara Flis. "Continued communication at home is vital in helping our young people avoid sexual

relationships they are not yet prepared for that may have serious consequences including pregnancy, HIV and sexually transmitted infections."

In the fall of 2005, a pilot program was held in 60 communities across Michigan. Talk Early & Talk Often has received high praise from parents, educators and community leaders. The program continues to be implemented statewide.

For more information on hosting a Talk Early & Talk Often workshop, please go to [www.michigan.gov/miparentresources](http://www.michigan.gov/miparentresources)

### **February is American Heart Month – Fact or Fiction?**

In honor of February being American Heart Month (fact), here are a few of the prevailing myths about heart disease, followed by the real stories.

**FICTION or FACT:** If your parents had heart disease, you'll get it too.

**Fiction.** Heart disease does run in families and your doctor should know if one or both of your parents had heart disease before age 55. But heredity is not destiny. You can still control risk factors like smoking, obesity, diet and cholesterol. The choices you make can still reduce your risk of getting heart disease.

**FICTION or FACT:** Heart disease can begin very early in life.

**Fact.** Teenagers can already have streaks of fat in their major arteries. Childhood obesity and diabetes are the first acts in what can be a lifelong cardiac drama.

Following a sensible diet is vital for people at any age.

**FACT or FICTION:** If your weight is normal and your cholesterol is normal, you're safe.

**Fiction.** Thin people with low cholesterol die of heart attacks every day. Normal weight and normal lipids are good. But weight and diet are only part of the story. You need to quit smoking, exercise and control your blood pressure.

**FACT or FICTION:** Women get breast cancer, not heart disease.

**Fiction.** Heart disease kills far more women than breast cancer. Women past the age of menopause are at particular risk. Both men and women need to observe the same diet and lifestyle factors.

**FACT or FICTION:** If you've smoked most of your life, quitting now can still help.

**Fact.** The minute you quit, you begin the process of reducing your cardiac risk, not to mention your risk of lung, bladder, mouth, breast and colon cancer. You can eventually reduce some risks to levels approaching those of someone who never smoked.

**FACT or FICTION:** If you take statins, you can eat whatever you want.

**Fiction.** There's no free lunch. Statins can cut your risk of cardiac events. But they only do half the job. The rest is up to you beginning with diet, exercise, quitting smoking and controlling your blood pressure.

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