



POLICY & PRACTICE

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All-Terrain Vehicle Injuries Rise

Hospitalizations for children injured in all-terrain vehicles rose 150% during 1997-2006, according to the Center for Injury Research and Policy at Johns Hopkins University, Baltimore. Rates rose most dramatically in the South and Midwest and among teens aged 15-17, according to a Journal of Trauma report. Boys still had the highest rate of injury, but girls aged 15-17 saw a 250% increase in ATV-related hospitalizations. "All-terrain vehicles are inherently dangerous to children," lead author Stephen Bowman, Ph.D., said in a statement. "While manufacturers are required to label vehicles with engine sizes greater than 90 cc as inappropriate for children younger than 16, our data [suggest] that parents are unaware of these recommendations or are choosing to ignore them." The researchers chose the 9-year period to probe ATV-related hospitalizations after the 1998 expiration of a consent decree governing ATV sales in which the industry had agreed to reduce the risk of injury by offering free driver training, labeling vehicles with warnings, conducting a nationwide information campaign, and using other measures.

Top Calorie Sources Are Junk Food

More than 40% of total energy consumed by children aged 2-18 years comes from "empty calories" in the form of fat and added sugar, according to National Institutes of Health researchers. Children consume more calories from cookies, cake, pizza, and soda than from other food sources: On average, children got 138 calories each day from grain-based desserts, 136 calories a day from pizza, and 118 calories a day from sugar-sweetened soda. The report, from National Health and Nutrition Examination Survey data, is in the October issue of the Journal of the American Dietetic Association. "The landscape of choices available to children and adolescents must change to provide fewer unhealthy foods and more healthy foods with less energy," the researchers wrote.

HHS Tries to Ensure Insurance

The Department of Health and Human Services has outlined how states can ensure health coverage for all children despite their health status. Some insurers have stopped offering new child-only policies in what the HHS said is an effort to avoid covering some children with pre-existing conditions. In a letter to state insurance commissioners, HHS Secretary Kathleen Sebelius said that companies may – if state laws allow – charge higher premiums when enrolling already-ill children, limit enrollment to preset periods of the year, and impose surcharges on families who drop child coverage and later reapply for it. However, Ms. Sebelius said that insurers may not enroll healthy children while refusing sick children, according to the promise that insurance companies recently made to the HHS.

HHS Funds Special Needs Centers

The HHS will provide \$3.9 million to continue support for Family-to-Family Health Information Centers. The nonprofit centers provide information, education, training, outreach, and peer support among families with special needs children and offer some services to health professionals. "This program is a model for effective

collaboration between families and health care professionals," Health Resources and Services Administrator Mary Wakefield said in a statement. With the funds from the Affordable Care Act, centers in 40 states and the District of Columbia will be able to operate through 2012. Centers in the remaining 10 states received such funding last year.

Costs Prevent Some Kids' Care

About one in six parents surveyed said that it's become more difficult to obtain health care for their children, even though all had public or private health insurance. About

13% of parents said that within the past year, they couldn't comply with at least one recommendation from a health professional because of its cost. About 5% said their children failed to see a recommended specialist or get a lab test, and nearly 9% didn't fill a prescription because they couldn't pay for it. Parents who said they have had increasing difficulty getting needed care for their children were more likely to have private rather than public insurance and to have middle incomes (\$15,000-\$34,999) rather than higher or lower incomes. The researchers at Wright State University, Xenia, Ohio, reported



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Deflux is indicated for treatment of children with VUR grades II-IV. Adverse events are usually of the type seen with cystoscopic and subureteral injection procedures. In clinical trials, UTI (7.6%-15.4%), ureteral dilatation (2.6%-3.5%) and nausea, vomiting and abdominal pain (1.2%) were reported. Rare cases of postoperative dilatation of the upper urinary tract with or without hydronephrosis leading to temporary placement of a ureteric stent have been reported.

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their findings at the annual meeting of the American Academy of Pediatrics.

NIH Funds Resistance Research

The National Institute of Allergy and Infectious Diseases has okayed four new contracts for large clinical trials designed to address the problem of antimicrobial resistance. The trials will evaluate alternatives to antibiotics as treatments for diseases such as acute otitis media, community-acquired pneumonia, and gram-negative bacteria infections, which frequently resist first-line antibiotics. The new trials are part of a two-pronged gov-

ernment approach to antimicrobial research: learning how to protect the usefulness of available drugs while facilitating the development of new antibiotics.

Monitor Market Is Growing

Three companies' sales of continuous blood glucose systems reached close to \$200 million in 2009, nearly double their sales of just the year before, according to a market-research firm. In its latest report on the diagnostic-testing industry, Kalorama Information said that the continual-monitoring growth by the companies Medtronic Inc., Dexcom Inc., and Insulet

Corp. should continue, given the increasing patient population and the growing popularity of the devices. Fewer than 30% of type 1 diabetes patients in the United States who currently use insulin pumps also have continuous blood glucose monitors, according to the report. Among type 2 U.S. diabetes patients using insulin pumps, fewer than 1 in 100 has a continuous monitor.

Giving Back to the DEA

Americans turned in more than 242,000 pounds of unused or unwanted prescription drugs for disposal as part of the

first national prescription drug "Take-Back" campaign, the Drug Enforcement Administration reports. The agency reported a huge turnout of people turning in large quantities of old drugs at more than 4,000 disposal sites being run by law enforcement personnel across the country. "The Take-Back campaign was a stunning nationwide success [and] a crucial step toward reducing the epidemic of prescription drug abuse that is plaguing this nation," said DEA Acting Administrator Michele Leonhart in the announcement.

—Jane Anderson

Grade II-IV VUR

In the management of children with grade II-IV vesicoureteral reflux (VUR)

next febrile UTI could scar a child for life¹

Deflux prevents febrile UTIs that could lead to renal scarring

- ▶ patients experienced nearly 4X fewer VUR-associated UTIs vs antibiotics²
- ▶ provides febrile UTI protection comparable to surgery^{3,4}

A minimally invasive endoscopic injection^{5,6}

15

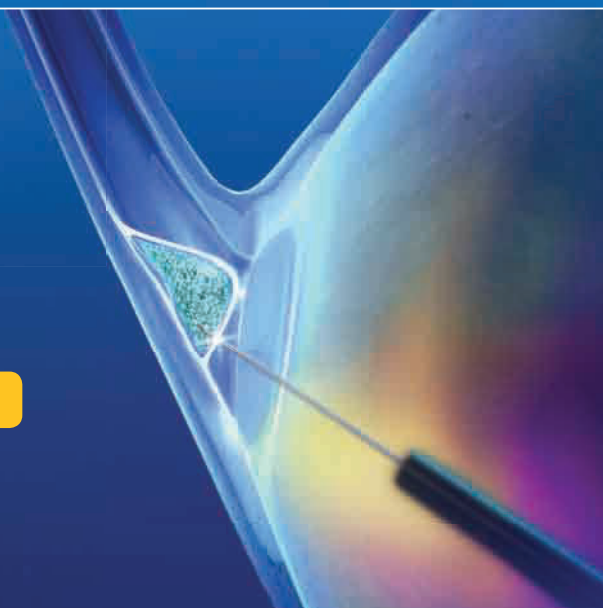
minute procedure, approximately⁵

10

years on the market⁷

50,000

children treated with Deflux⁷



For a list of pediatric urologists in your area who use Deflux, visit www.deflux.com.

Deflux[®]

Stop febrile UTIs in their tracts