

# HEALTH

The Portland Observer

## WIC Participation Linked To Reduced Infant Mortality

Secretary of agriculture Mike Epsy announced the release of a study linking participation by pregnant women in a USDA sponsored supplemental food program with significantly reduced infant mortality rates.

The study, which tracked Medicaid newborns in five states, found that infant mortality was dramatically lower among Medicaid beneficiaries who participated in the Special Supplemental Food Program for Women, Infants and Children (WIC) than among Medicaid beneficiaries who did not participate in WIC.

"Study after study has documented the effectiveness of the WIC program," said Epsy. "This new data is just additional evidence that WIC works."

The results showed that predicted infant mortality rates for WIC participants were approximately one-quarter to two-thirds the predicted rate for non-participants. In comparing both groups, the greatest difference was in lower neonatal mortality rates, that is, deaths occurring within the first 28 days of life.

"These findings further underscore the need for full-funding of the WIC program," said Epsy. "President Clinton and I are both committed to ensuring that every eligible woman,

infant and child receives these invaluable benefits by 1996."

Established in 1972, WIC is a supplemental food program administered by USDA's Food and Nutrition Service. The \$2.9 billion program provides benefits to 5.7 million participants, including forty percent of all babies born in the United States. The prenatal component of WIC provides food supplements, nutrition education and referrals to health care, and social services to low-income pregnant women. Medicaid is a joint federal and state medical care program for low-income people.

The study included all Medicaid births in 1987 in Florida, Minnesota, North Carolina and South Carolina. In Texas, the study tracked all Medicaid births from January through June 1988.

Estimated reductions in infant mortality associated with participating in WIC during pregnancy were: 1.2 deaths per 1,000 live births in Minnesota, 3.6 in Florida, 4.0 in Texas, 8.4 in North Carolina and 27.2 in South Carolina. Since infant mortality is a rare event, these small numbers represent relatively large effects.

Put another way, the study results suggest that states would have experi-

enced more infant deaths in 1988 in the absence of WIC participation: 114 deaths in Florida, 174 in North Carolina, 320 in South Carolina and 103 in Texas for the six-month period. The Minnesota findings were not statistically significant.

This study is the third in a series of reports based on 1988 WIC, Medicaid, and the vital records data. The first report examined the relationship between prenatal WIC participation, Medicaid cost and a variety of birth outcomes. The second report examined very low birthweight among Medicaid newborns.

The results of this most recent study are consistent with USDA's earlier findings concerning WIC's impact on the Medicaid population, namely higher average birthweights, longer gestations, a lower incidence of preterm or low birthweight births, and a greater probability of receiving adequate prenatal care.

Entitled "Infant Mortality Among Medicaid Newborns in Five States: The Effects of Prenatal WIC Participation," the study was conducted for USDA's Food and Nutrition Service by Mathematica Policy Research, Inc. of Princeton, New Jersey.

## Moderate Caffeine Consumption During Pregnancy Not Linked With Miscarriage, Low Birth Weight

A large multicenter study conducted by the National Institute of Child Health and Human Development (NICHD) has determined that moderate consumption of caffeine-containing beverages—the equivalent of 3 or fewer cups of coffee a day—does not appear to increase the risk of miscarriage or retard the growth of a fetus while in the womb. The study appeared in the Journal Of The American Medical Association.

The study carefully followed the pregnancies and deliveries of 431 women. Roughly 76 percent of them were enrolled before conception, while the remainder were enrolled no later than 21 days after conceiving.

The researchers found that caffeine consumption was not significantly higher in women who aborted

than in women whose babies were born alive. Moreover, early fetal growth, as measured by ultrasonographic examination, was not affected by caffeine consumption.

The researchers did find, however, that the group consuming the most caffeine per day, 300 mg (roughly 3 cups of coffee) or more were more likely to give birth to infants of lower birth weight. These infants were also likely to have a smaller head circumference—a possible indication of growth retardation while in the womb.

But the women in this group were also likely to have known risk factors for having a low birth weight infant, most notably smoking. When the researchers compensated for the risk posed by these risk factors, the

heavy caffeine consumers were no more likely to have a child of low birth weight or small head circumference than the non-caffeine users.

"Very few women in our study consumed more than 300 mg of caffeine per day, so we cannot address the safety of very high doses," said the study's principal investigator, James L. Mills, MD, Chief of NICHD's Pediatric Epidemiology Section. "What our work demonstrates is that a woman who drinks a few cups of coffee or tea, or several cans of cola a day, is not a higher risk for having a miscarriage or a growth retarded baby."

The study monitored consumption of the major sources of caffeine, coffee (100 mg caffeine per serving), tea (40 mg), throughout pregnancy.

## Americans Trying For Healthier Diets

Three of every four Americans say they're actively trying to change their diets in favor of lower-fat, healthier food choices, but most can't distinguish among high and low-fat content foods.

Those were among the findings of a recent nationwide survey, conducted by Market Facts, Inc. The survey was sponsored by Worthington Foods, a leading manufacturer of vegetarian and healthful foods. The telephone survey questioned more than 1,000 consumers on a range of issues concerning their knowledge of and attitudes toward dietary changes to reduce fat consumption.

"From a health perspective, this survey shows that although progress has been made, we still have a long way to go in the effort to improve diets," said Trudy Cravens, Ph.D., F.D., manager of technical services of Worthington Foods, Inc.

In fact when respondents were asked to name the most important thing they were currently doing to reduce dietary fat consumption, the most frequent responses centered on paying greater attention to the fat content of processed foods and reducing and/or restricting their consumption of meat.

Contrary to their stated efforts, however, many survey respondents appeared to have the most difficulty breaking the long-standing dietary habit of eating meat. Nearly 15% of respondents (the greatest number) listed steak, beef or other meat items as the one food item they would least be willing to give up in an effort to eat more healthfully.

"Perhaps one of the reasons why people are having a hard time in cutting back on meat consumption, is that they are unaware of the growing number of meatless alternatives on the market. There are readily available products in the supermarket which contain meat or animal fat, but have the appeal meat eaters are looking for in bacon, sausage, hamburger and the like," said Cravens.

The survey also revealed that low-fat or "light" food items appear to have reached high acceptance levels in American homes. More than 90% of the respondents said they regularly use such products. The most commonly mentioned product was low-fat milk (72% respondents), but "light margarine (59% or respondents) and reduced-fat luncheon meats (38% of respondents also showed high rates of

use. While nearly 75% of the respondents cited ways they were changing their dietary habits to avoid high-fat foods, fewer than 10% could correctly identify apple pie as the lowest fat-content item from a list of five common food items including an all-beef hotdog, baked salmon, cheddar cheese, homemade apple pie, and premium ice cream. The respondents did slightly better when asked to identify the highest fat content item in the list, but still only 26% came up with cheddar cheese as the correct answer.

"The good news is that Americans clear are making changes in their diets in an effort to lead a more healthful lifestyle. The bad news, however, is that consumers lack the knowledge of alternatives available to aid them in the process of eating more healthfully," stated Cravens.

Morningstar Farms brand from Worthington Foods provides alternatives to whole eggs (Better'n Eggs and Scramblers), as well as meatless substitutes for sausage (Breakfast Patties and Breakfast Links), bacon (Breakfast Strips), and hamburger (Grillers) which are lower in fat and cholesterol than their counterparts.

## Largest Global Study Of Heart Attack

The results from an international study involving two local hospitals indicate that heart attack patients have a greater chance of survival if the clot dissolving medication tissue plasminogen activator, t-PA is given over a shorter time period than is the current practice.

Albany General and McMinnville Community Hospitals were able to participate in the study because of their affiliation with the Heart Emergency Network at Providence Medical Center in Portland. Providence coordinates the Heart Emergency Network through its Heart Center with seven rural hospitals including Albany General, McMinnville Community, Santiam Memorial, Valley Community, North Lincoln, Hood River Memorial and Providence Milwaukie Hospitals.

The two year GUSTO (Global Utilization of Streptokinase and t-PA for Occluded Coronary Arteries Trial) study, makes the largest and most comprehensive evaluation of treatments for heart attacks ever conducted. The global study involved 41,021 heart attack patients in 1,100 medical cen-

ters throughout the U.S. and 15 other countries. The extensive network of hospitals, including Albany General and McMinnville Community, gives doctors and medical researchers around the world a model for further evaluation of new treatments and drug therapies.

According to Sandy Bell, program manager of the Providence Heart Center, because of Albany General and McMinnville Community's participation, the entire Heart Emergency Network is now provided with the most up to date information about treatments for heart attack patients available.

GUSTO study patients were treated with thrombolytic medications Streptokinase and/or t-PA within six hour after first experiencing heart attack symptoms. The drugs are similar because they both dissolve dangerous clots in the coronary arteries that can cause heart attacks that starve the heart muscle of life giving blood. But their prices differ widely. Streptokinase is available for about \$200 per dose, while t-PA is about \$2500 per dose. During the study, researchers evaluated the

effects of t-PA separately and together. Blood thinning agents heparin and aspirin were also used.

The study demonstrates that deaths from heart attacks were reduced as much as 13% among patients who were treated with t-PA. According to GUSTO chairman, Eric J. Topol, M.D., chairman of the department of cardiology and professor of medicine at the Cleveland Clinic Foundation, "the study has demonstrated that by rapidly opening arteries in a patient with a heart attack who is eligible for thrombolytic therapy, as many as 2,000 more lives can be saved in the United States each year."

While the GUSTO study was very helpful, drawbacks to the use of these medications are clearly recognized: Failure to open the blocked artery in 20-30% of patients; patient ineligibility 60% of the time; bleeding complications (including a one to two percent risk of hemorrhagic stroke); and continued heart attack symptoms, including a 15% chance that the artery will block again.

## Campaign For Human Development

The Campaign for Human Development will hold its Northwest Regional meeting in Portland, Thursday and Friday, June 24 and 25, 1993. The Campaign for Human Development (CHD) is the official program of the United States Catholic Conference to overcome poverty and to achieve social justice. It was founded in 1969, and supports community self-help projects and organizations. The funds provided as grants for community organization, economic development and education for justice programs are donated by Catholics through an annual collection. This Regional meeting brings together participants in various grassroots projects of the Pacific Northwest, so that individual efforts can be enhanced

through the sharing of innovative ideas and successful strategies. CHD Representatives are expected from the archdioceses of Portland, Seattle, and San Francisco, and the dioceses of Baker, Yakima, Spokane, Boise, Helena and Great Falls. Participating representatives from the national Campaign for Human Development, Washington, D.C., will include Ron White, field representative, Annie Donovan, economic development specialist, Rene Key, education specialist, and Denise Thomas, grant allocations specialist. Among the vital issues being considered are health care, environmental sustainability, and multi-cultural community organizing. Project from western Oregon funded by the Campaign for Human Develop-

ment include Rogue Valley Fair share, The Coalition of Black Men, Convenio de Raices Mexicanas, Hotel Workers Organizing Committee, New Outlooks Regarding the Homeless, Oregon Re-forestation Cooperative, Portland Organizing Project, the Powers/North Bend Hotels Project, Rogue Valley Community Development Corporation, and the Sojourner Truth Theater Company.

The Pacific Northwest Regional meeting will be held at the Archdiocese of Portland Pastoral Center, 2838 E. Burnside Street, Portland, OR. Those interested in applying for future CHD grants are also invited to attend this conference. For more information contact the Archdiocese of Portland, Campaign for Human Development, (503) 233-8361.

## More Than 300 Medicines In development To Meet The Special Health Needs Of Women

Three hundred and one medicines are being developed for diseases that affect only women, disproportionately affect women or are among the top 10 causes of death in women. This massive effort shows that America's pharmaceutical research companies are committed to meeting the special health needs of women.

A new chart—"New Medicines in Development for Women," prepared by the Pharmaceutical Manufacturers Association (PMA)—indicates that, since the last survey in 1991, 38 more medicines are in development for women. The 301 medications in development cover nine therapeutic areas, nearly half of the research projects listed in the new chart focus on the top three killers of women—heart disease, cancer and stroke. Progress is also being made against conditions that limit a woman's mobility, including arthritis.

At a press briefing June 1, PMA Executive Vice president Robert F.

Allnutt emphasized that this major research effort "underscores the need to preserve the incentives for pharmaceutical innovation in whatever healthcare-reform legislation is enacted." In remarks to reporters at the National Press Club in Washington, D.C., Allnutt said the U.S. pharmaceutical industry "supports comprehensive healthcare reform. Such reform should take the approach of managed competition and should ensure prescription-drug coverage for all Americans." He stressed that new medicines "offer the best hope for curing and treating many diseases and are the most cost-effective form of medical treatment."

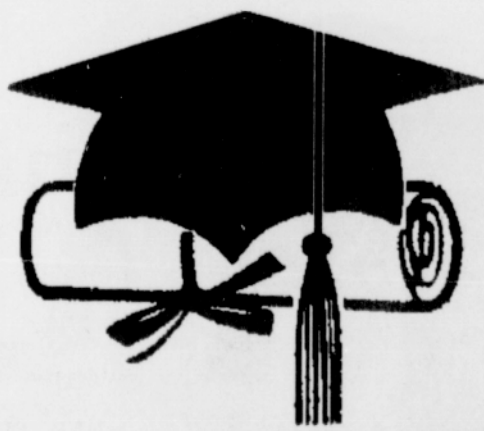
The new chart shows that there are 73 medicines in development for cancer, including 42 for lung cancer and 52 for breast cancer—the top two cancer killers of women. More than 60 therapies are in development for obstetric and gynecologic conditions. Fifty-two medicines are in develop-

ment for cardiovascular and cerebrovascular disease. And 40 drugs are begin developed for arthritis and other musculoskeletal conditions.

The Food and Drug Administration has approved 23 medications that were listed in PMA's 1991 survey of medicines in development for women. These 23 new medicines now on the market include four for contraception; two for obstetric and gynecologic problems; two for ovarian cancer, and one for osteoporosis.

For a free copy of the report on New Medicines in Development for Women, please write to New Medicines in Development for Women, PMA, 1100 Fifteenth Street, N.W., Washington, DC 20005.

The Pharmaceutical Manufacturers Association is a nonprofit scientific and professional organization of more than 100 member companies that discover and develop most of the prescription drugs used in the United States.



## STUDENT SUMMER SPECIAL

**COUPON**  
STUDENTS' SUMMER SPECIAL  
**3 MONTHS/ \$99**  
Valid for students only. Student I.D. card required.  
Offer valid through July 31, 1993. Cash value 1/20th of 1¢.

- Racquetball
- ★ New Hardwood Maple Floors
- Lifecycle Fleet
- Aerobics Studio
- Star Trac® Treadmills
- Professional Instructors
- Super Circuit Training
- Fitness Testing/Body Composition
- Cardiovascular Conditioning

- Child Care
- Nutritionist
- Full Juice Bar
- Wolff Tanning
- Physical Therapy
- Indoor Swimming Pool
- Jacuzzi, Steam & Sauna
- Stair Climber Equipment
- Next Generation® Nautilus
- Complete Conditioning Equipment

Daily Rates Available

*The health experience*  
ATHLETIC CLUB

OPEN 24 HOURS  
WEEKDAYS — 8AM-8PM SAT. & SUN.



Town Plaza • 5411 E. Mill Plain Blvd., Vancouver • 696-9841