Uninsured families believe they are unhealthy

Uninsured families believe that they are in worse health than their insured counterparts, according to a study funded by the Agency for Health Care Policy and Research (AHCPR).

Uninsured families are also more likely to believe that they need health services, according to researchers from the University of Washington. The researchers surveyed families from nine counties in Washington State to determine their health status and use of health services. They found that 41.3 percent of the low-income families surveyed did not carry health insurance.

Researchers also found that the uninsured families surveyed used fewer health care services, made fewer "ambulatory" visits to health care professionals, and reported fewer hospitalizations than those with insurance. The study revealed that 6 percent of uninsured families had no regular source of care compared to 2.5 percent of their insured counterparts. Uninsured families also were more likely to use emergency rooms for routine care and to limit their use of health care services because of high costs.

The study was funded under grant HS06662 from AHCPR. To receive a copy of the study write: AHCPR Publications Clearinghouse, PO Box 8547, Silver Spring, MD 20907.

New study cites nutrition's impact on education

Children of all socioeconomic levels are at risk for poor nutrition because they and their families lack awareness of good eating habits or the money to provide healthy meals, according to a study by the National Health Education Consortium.

Some children are not consuming enough food in a day because their families lack the funds to buy adequate amounts of food. Other children's food intake is satisfactory in terms of amount, but their diets are high in fat, sugar and sodium which places them at risk for child obesity or developing heart disease.

The report, "Eat to Learn, Learn to Eat: The Link Between Nutrition and Learning in Children," is based on research and discussions with experts in nutrition, children's health and education.

The report cites examples of governmental programs that have demonstrated significant positive effects on the nutritional status of children and their ability to learn in school. The report also points out that nutritional programs are ineffective because they are mired in bureaucracy and misconceived.

For example, the U.S. General Accounting Office calculated that for the initial investment of $296 million in Women, Infants and Children (WIC) funding for 1990, the total savings in health and education related expenses over the next 19 years total $1.036 billion. However, only 60 percent of those eligible for WIC receive benefits because of limited funding.

Copies of "Eat to Learn, Learn to Eat: The Link Between Nutrition and Learning in Children" is available from the National Commission to Prevent Infant Mortality, 330 C Street, SW, Switzer Building, Room 2014, Washington, DC 20201; (202) 205-8364.

Pregnancy-drug contraindications

A national database is currently available to pregnant women and their physicians who are concerned about harmful effects of exposure to therapeutic agents for treating diseases such as cancer and kidney disease, according to the Journal of the National Cancer Institute (Vol. 85, No. 4).

The database has records of 270 pregnancies in which mothers were exposed to therapeutic agents. Each chronicles a pregnancy and the exposure to particular drugs or radiation, and other potential confounding factors.

The database registry also includes medical and obstetrical history, confounding factors, chemotherapeutic exposures, a week-by-week chronicle of the pregnancy, and birth outcome including weight, gestational age and any specific abnormalities.

The database may be made by the pregnant woman, her physician or other interested health care professionals by calling (412) 647-4168. Patient confidentiality is maintained.

NICHD funds programs to end infant mortality

New perinatal programs will be implemented in Washington, D.C., in an effort to combat the high infant mortality rate among minority populations in the U.S.

The programs are part of a project funded and coordinated by the National Institute of Child Health and Human Development (NICHD) and its Division of Epidemiology, Statistics and Prevention Research. The project is cosponsored by the Office of Minority Health and the National Center for Nursing Research of the National Institutes of Health (NIH).

Washington was chosen because of its high infant mortality rate and because NIH is based there. The infant mortality rate for Washington was 20.1 per 1,000 in 1990, which is higher than that of all 50 states and among the highest for any city with a population greater than 500,000.

Researchers will test unprecedented programs of preconceptual and prenatal care for high-risk women and will study the outcome of optimal neonatal and infant care. They also plan to: improve the utilization of prenatal care; develop and test effective interventions to reduce adverse health behavior during pregnancy; target intensive prenatal care for high risk women; and increase parenting skills to improve utilization of health supervision clinics for immunization and injury prevention.

For information about the project, contact the NICHD Office of Research Reporting, Building 31, Room 2A32, NIH, Bethesda, MD., 20892; (301) 496-5133.

ATVs present summer hazard

The AAP Committee on Injury and Poison Prevention urges physicians to mention the dangers posed by all-terrain vehicles (ATVs) to patients and their parents during summer camp checkups.

According to the U.S. Consumer Product Safety Commission, 1,794 persons have died in ATV-related accidents since 1982. During the first six months of 1991, 31 persons died in ATV accidents and 10,800 children and adolescents, as old as 16 years, sustained injuries serious enough to warrant emergency room treatment.

The committee recommends that physicians advise parents on the following aspects of ATV use:

• The safe appearance of ATVs is deceptive. The safe use of ATVs requires skill, judgment and experience. Children younger than 14 years should be prohibited from driving ATVs.

• Children may be protected by parents who choose other, safer forms of recreation that are more appropriate to their children's age and development.

• ATVs shouldn't be used at night or by drivers who have used alcohol or drugs.

• ATVs should never be operated on public roads or on unfamiliar terrain.

• ATVs are designed to carry only one rider at a time.

• Riders should wear helmets and other protective clothing.

• Riders should be required to hold licenses based on demonstrated competence.

Editor's note: Health Briefs summarizes journal and magazine articles, news reports, child health statistics and new resources of interest to pediatricians and parents. To submit a Health Brief, contact: Elizabeth Oplaska, editor, AAP News, 141 Northwest Point Blvd., PO Box 927, Elk Grove Village, IL 60009-0927; (800) 433-9016, ext. 7875.