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Health Promotion and Wellness Friday Facts



DECEMBER IS IMPAIRED DRIVING PREVENTION MONTH!



In the 2012 Fleet and Marine Corps Health Risk Assessment Annual Report, four percent of respondents (including active duty and reserve Sailors and Marines) indicated they had driven after having too much to drink, while 22 percent said they engaged in heavy drinking.¹ While four percent may not seem like a high number, no one should be driving when they've had too much to drink given the risks of accident, injury and death.

In addition, some prescription medications cause similar effects to that of consuming alcohol such as delayed response, so driving should be avoided when on these medications. In 2010, males aged 21-34 comprised 11 percent of the U.S. adult population, but were responsible for 32 percent of all instances of drinking and driving.²

Check out the NMCPHC HPW [December Toolbox on Impaired Driving Prevention](#) for resources and information on drinking responsibly, using prescription medications safely, and preventing impaired driving. In the coming weeks, please check the HPW Departments [reproducible materials webpage](#) for articles on Impaired Driving Prevention and Managing Your Drinking Habits and Building Positive Coping Skills.

¹Navy and Marine Corps Public Health Center. EpiData Center Department. Fleet and Marine Corps Health Risk Assessment Annual Report, 2012. http://www.med.navy.mil/sites/nmcphc/Documents/health-promotion-wellness/general-tools-and-programs/HRA/HRA2012_FINAL.pdf. Prepared April 2013. Accessed October 2013.

²Centers for Disease Control and Prevention. Drinking and Driving: A Threat to Everyone. Vital Signs October 2011. <http://www.cdc.gov/vitalsigns/DrinkingAndDriving/>. Updated 3 October 2011. Accessed October 2013.



HOOKAH - WHAT DOES THE CDC HAVE TO SAY ABOUT THEM?



smoking cigarettes, according to the CDC.

The Centers for Disease Control and Prevention (CDC) has released new information about water pipes - The Dangers of Hookah Smoking. There has been an increase of hookah use among youth, with many misconceptions about their safety. Hookah is often perceived to be safer than other forms of tobacco use, which is inaccurate, as they are as dangerous as



For additional information on hookah see the latest CDC article at: <http://www.cdc.gov/features/hookahsmoking/> and Fact Sheet at: http://www.cdc.gov/tobacco/data_statistics/fact_sheets/tobacco_industry/hookahs/index.htm.



F.D.A. RULING WOULD ALL BUT ELIMINATE TRANS FATS



The Food and Drug Administration (F.D.A.) proposed measures that would all but eliminate artery-clogging, artificial trans fats from the food supply, the culmination of three decades of effort by public health advocates to get the government to take action against them. The agency emphasized that the ruling, which is open to public comment for 60 days, was preliminary.

Artificial trans fats, a major contributor to heart disease in the United States, have already been substantially reduced in foods. But they are still being used in such popular products as frostings, microwave popcorn, packaged pies, frozen pizzas, stick margarines and coffee creamers. The agency has proposed that partially hydrogenated oils, the source of trans fats, no longer be “generally recognized as safe.”

That means companies would have to prove that such oils are safe to eat, a high hurdle given that scientific literature overwhelmingly shows the contrary. The Institute of Medicine has concluded that there is no safe level for consumption of them, a conclusion that the F.D.A. cited in its reasoning.

Partially hydrogenated oils are cheaper than saturated animal fats like butter, and for years were thought to be healthier. They are formed when liquid oil is treated with hydrogen gas and made solid.

But over the years, scientific evidence has shown they are dangerous because they raise the levels of so-called bad cholesterol and can lower the levels of good cholesterol. According to the F.D.A., banning them completely could prevent 20,000 heart attacks and 7,000 deaths from heart disease each year. In 2003, the F.D.A. required that artificial trans fats be listed on food labels, a shift that prompted many large producers to eliminate them. Two years later, New York City under Mayor Michael R. Bloomberg told restaurants to stop using artificial trans fats in cooking; other places, including California, Cleveland and Philadelphia, followed suit. Many major chains, like McDonald’s, found substitutes and sharply reduced the use of trans fats. Those actions led to a stunning reduction in consumption: Americans ate about one gram a day last year, down from 4.6 grams in 2006.

But the fats were not banned. They are required to be listed on food labels only if there is more than half a gram per serving, a trace amount that can add up. Even as little as two or three grams of trans fat a day can increase the health risk, scientists say. Scientists also emphasized that saturated fats are still an enormous problem in the American diet, and that Thursday’s ruling should not give consumers false security.

Source: Sabrina Tavernise. The New York Times. F.D.A. Ruling Would All but Eliminate Trans Fats. <http://www.nytimes.com/2013/11/08/health/fda-trans-fats.html>. Prepared 7 November 2013. Accessed November 2013.



CLINICAL DECISION-SUPPORT SYSTEMS IMPROVE PROVIDER PRACTICES FOR CARDIOVASCULAR DISEASE PREVENTION



Cardiovascular disease causes one out of every three (approximately 800,000) deaths each year in the U.S. and is the leading cause of death for both men and women. About half of U.S. adults (49%) have at least one of the three key cardiovascular disease risk factors: high blood pressure, high cholesterol, and smoking. A new recommendation from the Community Preventive Services Task Force (Task Force) can be used by healthcare organizations and providers to help facilitate the delivery of evidence-based care that has been proven to reduce patients' risk for cardiovascular disease. The Task Force released the following

recommendation:

The [Community Preventive Services Task Force recommends](#) clinical decision-support systems for prevention of cardiovascular disease (CVD) based on sufficient evidence of effectiveness in improving screening for CVD risk factors and practices for CVD-related preventive care services, clinical tests, and treatments.

The Task Force based its recommendation on a systematic review of all available studies focused on clinical decision-support systems for cardiovascular disease prevention. With oversight from the Task Force, scientists and subject matter experts from the Centers for Disease Control and Prevention (CDC) conduct systematic reviews of the scientific literature in collaboration with a wide range of government, academic, policy, and practice-based partners.

Using Clinical Decision-Support Systems for Cardiovascular Disease Prevention Clinical decision-support systems are computer-based information systems designed to assist healthcare providers in implementing clinical guidelines at the point of care. These systems provide tailored patient assessments and evidence-based treatment recommendations for healthcare providers to consider using patient information that is entered either manually or automatically through an electronic health record system. A clinical decision-support system designed to assist providers in cardiovascular disease prevention gives one or more of the following:

- Reminders for overdue cardiovascular disease preventive services, including screening for CVD risk factors
- Assessments of patients' risk for developing cardiovascular disease
- Recommendations for evidence-based treatments to prevent cardiovascular disease
- Recommendations for health behavior changes to discuss with patients
- Alerts when indicators for cardiovascular disease risk factors are not at goal

Commonly implemented in outpatient, primary care settings, clinical decision-support systems are often incorporated within electronic health record systems and integrated with other computer-based functions that offer patient-care summary reports, feedback on quality indicators, and benchmarking.

The systematic review is pending publication; however, a [summary of the findings](#) and supporting materials are available on The Community Guide website.

NAVY LAUNCHES ANNUAL HOLIDAY STRESS NAVIGATION CAMPAIGN



With the holiday season approaching, Navy officials announced the launch of its annual holiday stress navigation campaign Nov. 1. This year's campaign, "Thrive during the Holidays," will provide Sailors and families proactive resources to get ahead of holiday chaos while focusing on building resilience for the New Year.

Navy Operational Stress Control's 2013 "Thrive During the Holidays" campaign will include collaboration between Navy's 21st Century Sailor programs and other readiness programs to offer resources on topics such as responsible alcohol use during holiday celebrations;

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planning and time management; budgeting; incorporating physical fitness into busy schedules; healthy eating tips; spirituality and relationship fitness; and more.

For more information visit the Navy Operational Stress website at: <http://navynavstress.com/>



OPERATION LIVE WELL RELEASES FAVORITE FALL AND HOLIDAY RECIPES



Don't overstuff yourself this holiday season! Fall and winter cooking doesn't have to be calorie-packed thanks to the latest Operation Live Well e-book. The Department of Defense's wellness initiative just published its fifth e-book, featuring some of the Operation Live Well team's favorite fall and holiday recipes. The 49-page booklet includes healthier options for fall favorites, with a few classic meals like turkey and stuffing. The goal is to showcase that even your favorite comfort foods are okay to consume during this festive season, but in moderation.

Visit the nutrition section of the [Operation Live Well](#) page on Health.mil to [download](#) and print your copy today. While you're there, be sure to follow Operation Live Well's social media channels, including [Pinterest](#), for more healthy meal ideas.