FROM THE NATIONAL INSTITUTE OF CHILD HEALTH AND HUMAN DEVELOPMENT (NICHD): FAMILY PROBLEM-SOLVING SESSIONS HELP TEENS BETTER MANAGE DIABETES

A clinic-based program for adolescents with type 1 diabetes and their families helped the teens develop the healthy behaviors needed to control their blood sugar levels. Researchers found that 12- to 15-year-olds benefited from a 2-year program of 3–4 meetings each year with parents and a health advisor to discuss shared responsibilities, goals, and strategies for solving diabetes management problems that arose.

"Adolescence can be difficult for families—even without the complex challenge of taking care of diabetes," said first author Tonja R. Nansel. "Our study found that meeting with a health advisor during regular diabetes
Many adolescents have difficulty managing diabetes. Hormonal changes may affect insulin levels. Moreover, adolescents may find it difficult to adhere to their daily treatment plan. When caring for their diabetes, adults often follow the patterns they established in adolescence. If they fail to learn how to care for the disease properly during this time, they may develop poor habits that increase the chances for health problems later on.

In the study, the researchers evaluated WE-CAN Manage Diabetes, a 2-year behavioral intervention program they developed. The study included about 300 preteens and young adolescents with type 1 diabetes (ages 9–15) and their families. Half the families received the WE-CAN intervention and half received standard care.

Standard care consisted of regular visits with their diabetes care physician. In addition to the physician visits, the WE-CAN program included meetings in which the health advisor discussed with the family any difficulties they were having with the child’s diabetes management or areas they would like to improve. The health advisor then helped the families work out a plan for solving the problems. For example, in their sessions with the health advisor, young people with diabetes and their families frequently set goals such as checking blood sugar more often or eating more healthfully.

At the study’s conclusion, the 12- to 15-year-olds in the intervention group had markedly better hemoglobin A1c levels than those who received standard care. The intervention did not appear to improve blood sugar control among 9- to 11-year-olds.

“The approach appears to be better suited for the behavioral issues that the older kids were facing,” said Dr. Nansel. “The findings show us that the children who needed it most are the ones for whom this approach worked.”

---

**FROM THE CENTERS FOR DISEASE CONTROL AND PREVENTION: MILLION HEARTS LAUNCHES NEW EDUCATIONAL PROGRAM TO IMPROVE AMERICANS’ BLOOD PRESSURE CONTROL**

Customers at drugstores around the nation can get help to improve blood pressure control, through a collaboration among pharmacists, the US Department of Health and Human Services, and other partners. The program, “Team Up, Pressure Down,” includes educational videos, a blood pressure control journal, and wallet card to track medication use.

The blood pressure initiative, part of the Million Hearts health education program and support ed by the Affordable Care Act, was developed by CDC with practicing pharmacists and national pharmacist groups. The initiative’s tools will help pharmacists talk about current medications and ways in which patients can use the medications most effectively. The goal of Million Hearts is to prevent 1 million heart attacks and strokes by 2017.

“This valuable Million Hearts initiative will prevent heart attacks and strokes by bringing pharmacists into the care team to help patients control their blood pressure. Pharmacists are able to talk to patients and families about using medication to manage, high blood pressure, and they can also help patients address barriers to taking their medication,” said Surgeon General Regina M. Benjamin.

“More than 36 million Americans, or more than half of those with hypertension, don’t have their blood pressure under control and every single day, more than 1,000 Americans have a heart attack or stroke,” said Janet Wright, executive director of Million Hearts. “Through the ‘Team Up, Pressure Down’ educational program for pharmacists, we are taking the first step in helping many more Americans achieve blood pressure control.”

---

**FROM THE CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC): STUDY SHOWS 54% DECREASE IN TEEN DRINKING AND DRIVING SINCE 1991**

The percentage of teens in high school (aged 16 and older) who drove when they had been drinking alcohol decreased by 54% between 1991 and 2011. Nine out of 10 school teens (aged 16 and older) did not drink and drive during 2011.

“We are moving in the right direction. Rates of teen drinking and driving have been cut in half in 20 years,” said CDC Director Thomas R. Frieden. “But we must keep up the momentum—1 in 10 high school teens, aged 16 and older, drinks and drives each month, endangering themselves and others.”

For the study, CDC analyzed data from the 1991–2011 national Youth Risk Behavior Surveys (YRBS). These national surveys asked high school students if they had driven a vehicle when they had been drinking alcohol 1 or more times during the 30 days before the survey; CDC researchers focused their analysis on students aged 16 and older.

Many efforts have been helping to reduce teen drinking and
driving. Some of the proven, effective strategies include the laws in place in every state that make it illegal to sell alcohol to anyone under age 21 and for those under age 21 to drive after drinking any alcohol, plus the graduated driver licensing systems in every state that allow teens to gain privileges, such as driving at night or driving with passengers, over time.

Parents also have a crucial role to play in keeping their teens safe on the road. They can model safe driving behavior and can consider using tools like parent-teen driving agreements with their teens. Safe driving habits for teens include never drinking and driving, following state laws, and wearing a seat belt on every trip.