THE DAILY CLIPS

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ECU study: Little changes can take big bite out of weight

Small dietary changes might not seem important, but they can go a long way toward helping children achieve a healthy weight, according to an evaluation of childhood obesity projects conducted statewide.

East Carolina University researchers reviewed the results of 19 childhood obesity projects funded by the N.C. Health and Wellness Trust Fund that aimed to help North Carolina children achieve a healthy weight.

ECU researchers looked at 1,346 children from 4 to 18 years old who were grouped into one of four categories when the projects began: underweight, healthy weight, overweight and obese. Forty-four percent were overweight or obese when the projects began. These children were followed for three years.

Using approaches such as nutrition lessons that encourage less sweet beverage consumption and more fruit and vegetable consumption, 90 percent of the children stayed in their weight category or improved. Most of the 19 projects focused on nutrition education, such as a cooking class for children, and physical activity.

During the projects, the percentage of children who chose fruits over traditional snack foods climbed from 13.3 to 17.5 percent. Physical activity, however, did not change much overall, researchers said.

"These projects have demonstrated that even small dietary changes can make a difference," said lead researcher Dr. Lauren Whetstone, a clinical associate professor of family medicine at the Brody School of Medicine at ECU.

Among overweight and obese children in the study, 51 percent improved their weight category. For some, improving their weight category meant they actually lost weight. For others, it meant they grew taller while maintaining their weight. Some did both.

"These projects were developed and implemented at the local level with a small amount of resources," said Kathryn Kolasa, a nutritionist and professor of family medicine and pediatrics at ECU. "The positive results show these projects deserve to be sustained and expanded throughout North Carolina."

According to the advocacy group Trust for America's Health, more than 16 percent of North Carolina children ages 10 to 17 are overweight.

Most of the projects were conducted by local health departments, school systems, after-school programs or community-based organizations. For example, Pitt County Schools received $449,000 to fund several projects that encouraged students to make healthy food choices and be more active, said Alice Keene, special projects coordinator for Pitt County Community Schools and Recreation. She said long-term behavioral change is needed to help children achieve healthy weights.

"We are extremely pleased with the positive outcomes of our project and are committed to trying to find ways to sustain our programs and interventions over time," Keene said. "We are making progress; therefore, we must stay the course."

The team that pays

A few months back, University of North Carolina System President Erskine Bowles, in explaining chancellor salary hikes, said he wanted to make sure that he didn’t lose the people he had in place.

UNC-Chapel Hill Chancellor James Moeser and N.C. State Chancellor James Oblinger each received 15.7 percent raises, or $53,055 each. The increases brought their annual pay to $359,835. “These chancellors get offers all the time,” Bowles told reporters. “I’ve got the team I want. I want to keep them.”

Three weeks later, Moeser announced that he was retiring.

So much for keeping the team.

I suppose we could conclude that Bowles had no clue about Moeser’s plans. But if he’s that out of touch with “the team,” it doesn’t sound like much of a team. Certainly, it doesn’t sound like a team that’s going to generate many win-win-win-wins, has much synergy, or is doing any thinking outside of the box.

But let’s not doubt the old team. It’s far more likely that Bowles did know that Moeser’s retirement was coming.

So, that would mean his explanation doesn’t hold up very well to scrutiny. Still, Bowles might well explain the decision by saying that UNC-Chapel Hill will need to pay that amount of money to Moeser’s successor to attract a good candidate.

On the other hand, Moeser’s pay doesn’t create a hard precedent for a successor. With less experience, perhaps the next chancellor should be paid less.

But here’s a little factor that shouldn’t be overlooked: Moeser’s pay in his final year as chancellor could well affect his retirement pay.

It’s not real clear the exact effects. He has announced that he’ll return as a professor at UNC-Chapel Hill after a year’s leave, which will begin June 30.

For most state employees, though, retirement pay is contingent on average pay during the final four years of employment. Moeser is 68 years old, and it’s hard to believe that big pay bump in his final year won’t significantly increase his retirement benefits.

Meanwhile, pay hikes in hand, the old team is creating some of that synergy.

Moeser and the UNC-Chapel Hill Board of Trustees announced a little tuition hike, described as “relatively small” and a “fair number” in some circles. Out-of-state undergraduates will pay $1,250 more; out-of-state graduate students will see an $800 tuition hike; in-state graduate students will pay another $400.

The UNC Board of Governor’s new tuition cap, coupled with a 14.7 percent appropriations increase by the General Assembly, barred an increase for resident undergraduates.

Over at N.C. State, the legislature’s appropriation wasn’t enough to block an increase for resident undergraduates. School trustees approved a $100 increase for in-state students and a $200 hike for out-of-state residents. The increases could have been three times higher, but Oblinger, at least, must have figured out that loading down students with debt on the heels of a $53,000 pay hike might not look so good.

Apparently, you don’t need to be as sensitive when you’re about to yacht off into the sunset.

Scott Mooneyham writes about North Carolina government and politics for the Capitol Press Association.
Forum presents facts on substance abuse

Community leaders and the public discuss strategies for substance abuse prevention, treatment and enforcement.

By Brock Letchworth
The Daily Reflector

North Carolina Senator Clark Jenkins, D-Edgecombe, said he was embarrassed.

The senator, whose areas include Pitt County, was shocked to learn during a public forum Monday the state budget does not allocate any money toward substance abuse prevention.

That issue and several others surrounding substance abuse were brought to the attention of Jenkins and N.C. Rep. Marian McLawhorn, D-Pitt, during the forum sponsored by the Eastern North Carolina Council on Substance Abuse, Pitt County Substance Abuse Coalition and the Substance Abuse and Mental Health Services Administration.

Community leaders and the public discussed an array of strategies for substance abuse prevention, treatment and enforcement with the state legislators, who said the discussions are vital in getting legislation passed.

"This was a good thing," McLawhorn said of the forum. "People become frustrated because they don't feel like there is enough being done in the areas that have problems in the community, but we can't know about those problems unless they let us know. Forums like this are important."
ABUSE
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this help people express their concerns.

The forum resulted from data obtained during a Youth Risk Behavior Survey administered in 2005 to nearly 6,000 middle school and high school students in the county. The survey revealed 50 percent of 12th graders had drank alcohol in the last 30 days while one in four had used marijuana.

Finding funding for substance abuse prevention was one of the focuses Monday. David Ames, president of the Eastern North Carolina Council on Substance Abuse, said North Carolina is the only state which does not provide money for prevention services.

"To me, prevention is the ultimate answer to our problems," Ames said. "We can't continue business as usual. The use of substances among our youth is too high.

"We want to continue working on this to have in the state budget a line item defined, funded and mandated for the creation and support of coalitions and prevention efforts around the state."

Jenkins recommended people work together to bring their concerns about prevention funding to legislators statewide.

"I can't believe that as big as the health and human services budget is there is not room to find the money," Jenkins said.

Glen Buck, clinical director of PORT Human Services, proposed several changes for substance abuse treatment. He recommended more parity and comprehensive service providers along with a reduction in the number of local management entities.

Enforcement strategies were presented by Tim Nelson, chief of police for Pitt County Memorial Hospital. Nelson said task force efforts within law enforcement were important in trying to end substance abuse.

"When you come together and unite in a cause with the support of legislators, you can make great strides," Nelson said.

Margaret Blackmon, executive director of the substance abuse coalition, said she felt Monday's forum served its purpose and hopes action will be taken by legislators.

"I think this is a step in the right direction toward getting something done," she said.

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Heart disease kills fewer in N.C.

Cancer is now the top killer as doctors make hearts last longer.

BY JEAN P. FISHER
STAFF WRITER

For the first time in nearly 90 years, heart disease is no longer the No. 1 killer of North Carolinians — a historic upset in a state widely known as a hot spot for heart attack.

Instead, cancer has become the leading killer, even as rates for both cancer and heart disease are falling, according to numbers released Monday by the state Division of Public Health. Death rates from heart disease declined more radically, fueled by improvements for controlling high blood cholesterol and opening blocked arteries.

The difference in the number of deaths is not large. Cancer killed just a few dozen more North Carolinians, with 17,267 deaths last year, while heart disease took 17,189 lives.

But the heart disease death rate in North Carolina has dropped 30 percent since 1990, when it was about 279 per 100,000 residents. Last year, it was 194 per 100,000 residents.

Cancer deaths have declined only about 2 percent since 1990, falling to about 195 per 100,000 residents last year.

"If you think about it, 30 years ago we didn't have angioplasty, we didn't have any cholesterol-lowering agents, we didn't routinely use aspirin — it was a very different world," said Dr. Pamela Douglas, a Duke University cardiologist and immediate past president of the American Heart Association.

Lynda Redner of Willow Springs, 60, has benefited from the full array of breakthroughs. After she visited a doctor for chest pains in 2004, she had an emergency heart catheterization at WakeMed. Redner's cardiologist found three blocked arteries, which he cleared and propped open with stents.

She went on medicine to reduce her cholesterol but was back at WakeMed in 2005 to have four more blockages treated with quadruple bypass surgery. Just last month, Redner had yet another blockage, which was treated with angioplasty and another stent.

"I feel very fortunate to be here," Redner said.

Other prevention efforts, such as getting more smokers to kick tobacco, have also helped, said Dr. Marcus Plescia, head of the state Division of Public Health's chronic disease branch. Tobacco use causes damage to the circulatory system and greatly increases the chance of death from heart attack.

Heart disease is still the No. 1

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NEW LEADING CAUSE OF DEATH

For the first time in nearly 90 years, the rate of deaths from heart disease in North Carolina dropped below cancer deaths. Doctors attribute aggressive prevention and treatment.

Deaths per 100,000 people

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<th>Year</th>
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<th>Cancer</th>
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Source: State Center for Health Statistics
The News & Observer
killer nationally. North Carolina is the first state in the Southeast to see heart disease deaths dip below cancer deaths, according to state public health officials. Several other states, including Alaska, Colorado, Maine, Minnesota, Montana, Oregon and Washington now count cancer as their top killer.

"The numbers have been converging for quite some time," Plescìa said.

Cancer is in many ways a harder disease to control, said Dr. Shelley Earp, an oncologist at UNC-Chapel Hill and director of UNC’s Lineberger Comprehensive Cancer Center. What is commonly called cancer is really a group of dozens of different diseases, each with its own cause and treatment.

By contrast, heart disease is essentially the same in most patients. It’s caused by the same things and responds well to the same few treatments. Patients who have high cholesterol — a major risk factor for heart disease and heart attack — generally get a drug such as Lipitor that gets their blood levels in line, Earp notes.

"We unfortunately don’t have a silver bullet in cancer in quite the same way," he said.

Age and cancer

Now, people who once would have succumbed to heart attack or heart failure are now living long enough to develop cancer.

"The incidence of cancer goes up almost tenfold once you reach age 65," Earp said. "All of those men who would have died of heart attack in the 1950s and ’60s are instead surviving to an age where cancer is a lot more prevalent."

And while the rate of death from heart disease is down overall, it remains the No. 1 killer of women, ending the lives of 8,286 last year in North Carolina. Cancers killed 8,140 women.

Plescìa added that the gains for heart disease are accompanied by a growing concern about the state’s children, who are increasingly overweight and sedentary — lifestyle factors that lead to heart disease. He said the state’s progress could easily be reversed.

"I think we’re going to see this bottom out and go right back up again if we don’t do something about childhood obesity," he said.

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Hospitals scurry to build satellites


BY ALAN M. WOLF
STAFF WRITER

Wake County's two largest hospitals are accelerating their race to set up satellites in fast-growing sections of the county.

Late last week WakeMed and Rex Healthcare filed plans with state regulators to add new facilities in Garner, Cary, Holly Springs and North Raleigh:

The proposals would extend a massive building boom by Triangle hospitals, which want to keep up with rivals amid surging demand for medical services.

Last week, Duke University Hospital filed plans for a $596 million expansion at its Durham campus. UNC Health Care is already building a $207 million cancer center in Chapel Hill.

But in Wake County, with its booming population of affluent patients, a big push is on to add outpatient centers in outlying communities. The centers offer services such as urgent care clinics, day surgery facilities and doctors' offices.

"Even a decade ago, people drove to where they could get health care," said Carla Parker Hollis, vice president of market development and planning at Duke Raleigh East, which is building a $22 million satellite in Knightdale.

"Now health care is moving out to the communities where people live," she said. "We're certainly moving off of our main campuses."

WakeMed filed plans last week to build a $34.5 million "healthplex" at the Brier Creek area in North Raleigh, near the Durham County line. The facility, if approved by state regulators, would include an emergency department and open in late 2010.

WakeMed also wants to build a $25 million healthplex in Garner. The hospital is considering two locations, including a preferred spot at Jones Sausage Road and U.S. 70, near the White Oak shopping center.

WakeMed also is building healthplexes in Apex and Wendell. And WakeMed is already expanding a similar campus in Northern Wake County, essentially creating a mini-hospital by adding a birth center and acute-care beds. The other satellite campuses would likely be expanded in the future, off-

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HOSPITALS
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“As we have for 48 years, we continue to look at where people need services and try to adjust our plans accordingly,” said WakeMed CEO Bill Atkinson.

Last week Rex filed plans for a $6.8 million urgent care center and a $7.7 million satellite cancer center in west Cary and a $5.5 million urgent care center in Holly Springs.

“We believe the community can support expansion of health services,” said Lisa Schiller, director of marketing at Rex, which is owned by UNC Health Care.

Last week was the deadline set by state regulators for hospitals to submit applications and start the Certificate of Need review process this year. Regulators will review the proposals to determine whether there is legitimate need using such factors as projected population. WakeMed and Rex expect decisions by April.

Some industry observers questioned whether spending millions of dollars on rapid expansion is really healthy.

LATEST PROPOSALS IN RIVAL HOSPITALS’ BUILDING BOOM

WakeMed and Rex Healthcare filed plans for new satellites last week. All proposals require approval from the state Certificate of Need office. Here are some details:

**WAKEMED**
- WakeMed Brier Creek Healthplex
  - **Cost:** $34.5 million
  - **Location:** 24,257 square feet on 20 acres at TW Alexander Road and ACC Boulevard, in the Brier Creek area of North Raleigh.
  - **Projected Opening:** Late 2010
- WakeMed South Healthplex
  - **Cost:** $25 million
  - **Location:** 23,480 square feet in Garner. Preferred location is Jones Sausage Road at U.S. 70 near the White Oak shopping center. Secondary site is farther south at N.C. 50 at Sunshine Knoll Drive.
  - **Projected Opening:** Late 2010

**REX**
- Panther Creek Urgent Care & Diagnostics
  - **Cost:** $6.8 million
  - **Location:** 16,000 square feet at the corner of McRimmon Parkway and N.C. 55 in west Cary, near I-540.
  - **Projected Opening:** January 2010
- Panther Creek Cancer Center
  - **Cost:** $7.7 million
  - **Location:** 16,000 square feet at the corner of McRimmon Parkway and N.C. 55 in west Cary, near I-540.
  - **Projected Opening:** January 2010
- Holly Springs Urgent Care & Diagnostics
  - **Cost:** $5.5 million
  - **Location:** 9,000 square feet at the corner of Avent Ferry Road and N.C. 55 bypass.
  - **Projected Opening:** July 2010

“I feel a little bit overwhelmed when I look around and see all this new spending, and I see my premiums going up 10 percent a year,” said Adam Searing, a consumer advocate and project director at the N.C. Justice Center’s Health Access Coalition in Raleigh. “I wonder at what point people connect those two things.”

WakeMed does an admirable job caring for the uninsured in the county, Searing added. But to afford that, the hospital system also has to attract more insured customers.

With Wake County’s population expected to pass 1 million residents by 2012, its health systems need to be prepared, said Stan Taylor, vice president of corporate planning at WakeMed.

“We’re fortunate to be in a growing community,” Taylor said. “Our proposals are efficient, cost-effective ways to meet those growth needs.”

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Turner shares views at UNC-CH

'Mouth of South' packs auditorium

Ted Turner, "The Mouth of the South," spoke Monday afternoon at UNC-Chapel Hill about his love life, the Bush administration and why women should run the world.

Former Public Broadcasting Service President Pat Mitchell — whose son is married to Turner's daughter — interviewed the billionaire philanthropist and Cable News Network founder in a full Memorial Hall auditorium.

On CNN today:
"I don't like it as much as when I was running it. ... At 69 years old — and I've been gone for a while — I think they're trivializing the news," he said. "They still do some excellent programming, but I'm disappointed overall, particularly in the programs like 'Headline News' and prime time.

"That was the biggest mistake I made. I knew I shouldn't have let control slip away. ... I was working 18 hours a day, and I did for 30 years. I just got tired, and when you're tired, your decisions aren't as good as when you stay fresh."

On the Atlanta Braves and one of his divorces:
"My ex-wife [Jane Shirley Smith, his wife before Jane Fonda], she said the two phrases in the English language that drove her to terror were extra innings and overtime," he joked.

"Now, are you blaming the Braves for your divorce?" Mitchell asked.

"No," Turner replied. "But they didn't help."

On giving $1 billion to the United Nations:
Turner told then-Secretary General Kofi Annan before he made the announcement.

"He didn't hug you or fall down on his knees?" Mitchell asked.

"No! The general secretary on his knees?" Turner asked, astonished. "That wouldn't be appropriate.

"I don't feel like I've been giving my money away anyway," he said. "I feel like what I've been doing is making an investment in the future of humanity."

On the Bush administration:
"Making friends where there used to be enemies is a very important thing to do," he said. "That's why I'm so sorry about this administration. Because we were friends with just about everybody in this world — the United States was — when this administration came to power. Now, we've turned a lot of our friends into enemies. ... I think the country with the most friends is the one that wins in the end."

On women running the world:
"Turner has been quoted as saying, "Men should be barred from running for public office for 100 years."

"Men have been running the world for the last, God knows, how many thousands of years, and we've really, kind of, I think, screwed it up," he said Monday.

"I'm not saying men shouldn't be able to do everything else — be able to run education, business — just part from public office for 100 years," he added. "Let's let the women run the countries, run the world for a while. I know what would happen. We would get big reductions in military budgets and big increases in education and health care."

— Meiling Arounnarath
Heart news not all good

Study: Women dying younger

BY MIKE STOEBE
THE ASSOCIATED PRESS

ATLANTA — Though heart disease death rates have been falling for decades, a new study shows a troubling turn — more women under 45 are dying of heart disease caused by clogged arteries, and the death rate for men that age has leveled off.

Heart experts think increasing rates of obesity and other risk factors are to blame.

The rates will have to be monitored to see if this is the beginning of a real trend. But if the data hold, the study may be an early glimpse of the impact of escalating obesity and diabetes on U.S. deaths, said Wayne Rosamond, a UNC-Chapel Hill epidemiology professor and expert on heart disease statistics.

"This could be a harbinger of things to come," Rosamond said.

The study was done by researchers at the U.S. Centers for Disease Control and Prevention and Britain's University of Liverpool. They looked at U.S. vital statistics for artery-related deaths in adults ages 35 and older for the years 1980 through 2002, the most recent year for which data were available when the analysis was done.

When they compared age groups, they detected the worrisome difference. The study found the death rate for women ages 35 to 44 rose from 1.97 to 2002, when the rate was 8.2 per 100,000 women, the highest it's been since 1987.

The rates for men age 35 to 44 were relatively stable in the last few years of the study period. The rate was 26 deaths per 100,000 men in that age group in 2002.