

MAR 04 2011

Simple handwashing procedures by health care professionals can cut the risk of bloodstream infections in hospitals. A researcher has developed a five-step checklist for reducing such infections.

By Jodie Jackson Jr.

Thursday, March 3, 2011

Wash your hands..

That simple, time-honored command mothers give to their children is one of the earliest lessons of manners and hygiene.

Now, health care regulators and patient-safety advocates are giving that command to hospitals and health care providers with a sense of urgency. Good hand-cleansing policies and enforcement are among the most simple steps to reducing or eliminating infections — and saving lives.

The Centers for Disease Control and Prevention estimates as many as one-third of the 99,000 people who die each year as the result of a hospital-acquired infection were struck with a bloodstream infection.

Health workers who make contact with patients should apply antibacterial gel “immediately before and after touching the patient,” national infection control specialist Marcia Patrick said.

“Patients or family members should say, ‘Please clean your hands,’ ” if a health care worker approaches a patient without doing so, Patrick said. “But they shouldn’t have to say that.”

Examples of poor hand hygiene were cited in a recent report on infection control and sterile processing deficiencies at University Hospital. Patrick called the handwashing observations and a nurse’s statement that dirty floors were not an infection control concern “inexcusable.”

Incidents cited in the Centers for Medicare and Medicaid Services report were observed Nov. 4. The incidents included:

- “RN entered patient’s room without cleansing her hands. The RN removed the patient’s intravenous lock (IV) without wearing gloves. The RN left the room without cleansing his/her hands. The RN went into another patient’s room and opened a drawer getting a flashlight and brought it back to patient’s room.”
- “RN entered room without cleansing hands, put on non-sterile gloves; checked patient’s ID bracelet on the ankle; wrote on the patient’s medical chart; opened a refrigerator door and

poured liquid into a cup and gave it to the patient. Left the patient's room without cleansing her hands."

Patrick, a board member of the Association for Professionals in Infection Control and Epidemiology, is the director of infection prevention and control for a four-hospital system in Tacoma, Wash. That system has a stringent hand-cleansing policy enforced from the hospital's top administrator.

Any unit that achieves less than 100 percent compliance gets a personal call from the CEO, "and that's not a call you want to get as a manager," she said.

MU Health Care officials said yesterday in an electronic newsletter to employees that the CMS report "only includes those observations when staff members do not comply to the letter of a regulation. The report does not include observations when staff complied nor does it give perspective on what a small percentage the times of non-compliance represent."

Many patient-safety advocates suggest infections were once considered a normal risk of being in the hospital. But that attitude apparently is changing. The growing list of hospitals that dramatically lowered their infection rates by implementing rigid hand hygiene policies indicates the "average" infection rates were anything but "normal."

Kathleen Sebelius, secretary of the U.S. Department of Health and Human Services, called on hospitals in 2009 to reduce central line-associated bloodstream infections by 75 percent over the next three years. Thomas Frieden, director of the CDC, has listed hospital-acquired infections as one of the seven "winnable battles" for public health organizations.

Peter Pronovost, a patient-safety researcher and physician at Johns Hopkins School of Medicine, has developed a five-step checklist that targets eliminating bloodstream infections related to the use of catheters and central lines.

He refers to elimination of those infections as "the polio campaign for the 21st century."

A national initiative to combat such infections is using a Comprehensive Unit-based Safety Program supported by a number of health care-monitoring and patient-safety advocate organizations.

"On the CUSP: Stop BSIs" adopts Pronovost's checklist, first implemented in 127 intensive care units in Michigan hospitals in 2003. The pilot project targeted central line-associated bloodstream infections and ventilator-associated pneumonia. After 18 months, those ICUs had a median central line-associated bloodstream infection rate of zero. The project saved an estimated 1,500 lives and \$200 million. Advocates of the campaign say those rates have been sustained for five years.

The five steps to inserting central lines or catheters are:

1. Wash hands to prevent bacteria from the caregiver's hands from entering the catheter directly or getting into the vein through the opening on the skin.
2. Disinfect the patient's skin.
3. Use barrier precautions — such as masks, gowns and gloves — to prevent bacterial contamination when the catheter is put in.
4. Avoid placing the catheter in the groin area, which is inherently difficult to keep clean.
5. Remove unnecessary catheters. The risk of infection increases the longer the catheter is in place.

Pronovost insisted the CUSP program could have “the potential to save more lives than virtually any other medical discovery of the last quarter-century.”

CUSP advocates suggest patients and their families should take the checklist with them to the hospital and insist all health care providers follow the steps.

“On the CUSP” came to Missouri in 2010, with 15 hospitals — all in the Kansas City area — signing on. The program will expand to more Missouri hospitals in the coming months, but none of Columbia's three hospitals plans to participate. Those hospitals say they already have stricter hand hygiene programs.

University Hospital, for instance, had several representatives on advisory boards for the Missouri Center for Patient Safety, which coordinates the statewide “On the CUSP” effort. MU Health officials helped the Center for Patient Safety establish several safety priorities, said Jo Ann Wait, MU Health's director of public relations.

She said University Hospital has been using the same strategies outlined in CUSP to improve infection rates for the past five years.

“Because these efforts have lowered our infection rates to rates below the national average, we chose not to participate in the statewide collaborative,” Wait said, “but to focus our ongoing improvement efforts in other areas.”

In an internal electronic newsletter for employees, MU Health officials yesterday stated state health inspectors returned to the hospital Jan. 18 and found “instances when we did not follow proper hand hygiene.”

“No hospital in the country achieves a 100 percent hand hygiene rate,” the newsletter stated. “Our most recent compliance rate is at 89 percent.”

Stephen Gaither, public affairs director for Truman Memorial Veterans' Hospital, said all Veterans Administration health facilities have adopted Institute for Healthcare Improvement infection control standards and other programs “more robust than the CUSP program.”

Boone Hospital Center extensively educates staff about critical safety procedures, including hand sanitation, media relations specialist Jacob Luecke said.

Each hospital uses a “secret shopper” method of monitoring hand hygiene policies. Luecke said Boone Hospital recorded some 3,000 hand hygiene observations in 2010. “Anyone spotted not sanitizing his or her hands before and after entering a patient room is given immediate correction and is reported to their manager for follow-up education,” he said.

Patrick said hospitals need to add an additional step — to publicly report their hand sanitation compliance rates along with infection rates.

All hospitals report data on select infections and other statistics to CMS. That information is reported on several websites, including [hospitalcompare.hhs.gov](http://hospitalcompare.hhs.gov).

MU Health announced last week it is making plans to post its health and safety statistics online. Boone Hospital also lists some of the information on its website.

Reach Jodie Jackson Jr. at 573-815-1713 or e-mail [jjackson@columbiatribune.com](mailto:jjackson@columbiatribune.com).



## **PATENTS IN PERIL?: Infection control Q&A**

Thursday, March 3, 2011

The Tribune asked representatives of Columbia's three hospitals about internal hospital quality control, infection-tracking and related policies. Answers were provided by Jacob Luecke, media relations specialist at Boone Hospital Center; Stephen Gaither, public affairs officer at Truman Memorial Veterans' Hospital; and Jo Ann Wait, public relations director at University of Missouri Health Care.

### **Q: How does the hospital report data on hospital-acquired infections and other quality-of-care measures?**

**Boone:** Two outside organizations independently monitor safety at Boone Hospital: CMS (Centers for Medicare and Medicaid Services) and the Joint Commission.

We regularly submit safety-related data to CMS. The data we provide to the government is reported to the public via websites such as [hospitalcompare.hhs.gov](http://hospitalcompare.hhs.gov). We also report some of this information directly on our website. If you visit [Boone.org](http://Boone.org), find the "Quality Reports" link on the left side under "About Boone."

**VA:** HAIs can be tracked on the Hospital Report Card website at [www.va.gov/health/docs/HospitalReportCard2010.pdf](http://www.va.gov/health/docs/HospitalReportCard2010.pdf).

**University:** All hospitals and health systems, including University of Missouri Health Care, have the goal of reducing infections to zero. MU Health Care publicly shares our performance data at [www.dhss.mo.gov/data/mhirs](http://www.dhss.mo.gov/data/mhirs) and [www.hospitalcompare.hhs.gov](http://www.hospitalcompare.hhs.gov).

### **Q: What internal measures are in place for tracking infections? How does the hospital provide verification of that data?**

**Boone:** Although we do not publicly disclose our internal tracking of safety measures, I can tell you that we measure widely, set the bar high and expect improvement each year. We use a separate safety monitoring process that goes beyond the scope of the government requirements. Each month we collect and track close to 100 measures of safety, which are validated by abstractors at the BJC HealthCare system. With this information, we can compare ourselves to peer hospitals within the system and continually seek improvement.

**VA:** Truman VA tracks and monitors all of those infections. We are active in a nationwide VA MRSA screening initiative to help reduce its spread. Within the VA health care system, the Inpatient Evaluation Center and the Office of Inspector General provide oversight.

**University:** Our performance related to quality and safety is monitored by nationally recognized third-party organizations that measure quality and safety, including the Joint Commission, the Centers for Medicare and Medicaid Services, the state Board of Pharmacy, the state Bureau of Narcotics and Dangerous Drugs, the American College of Surgeons, the U.S. Food and Drug Administration, the state Department of Natural Resources, the state Department of Health and Senior Services, the federal Nuclear Regulatory Agency, the National Safety Healthcare Safety Network of the Centers for Disease Control and Prevention and numerous other governmental entities.

We have had an Office of Clinical Effectiveness since 1997, and Dr. Doug Wakefield joined us in 2005 to direct the Center for Health Care Quality. Quality efforts involving hundreds of employees are in place throughout the health system, and MU Health System annually spends approximately \$4.6 million in direct costs that support quality efforts.

**Q: What is the hospital's policy on "flash" sterilization? (Flash sterilization is sterilization of an unwrapped instrument when they are needed for immediate use. The process, sometimes done in a room next to the operating room, uses higher temperatures for shorter exposure times).**

**Boone:** We do everything we can to avoid flash sterilization. But in some infrequent situations, it is necessary. Only central services (sterile processing) staff can perform flash sterilization at Boone Hospital.

**VA:** Our policy is to eliminate flash sterilization. It is only performed in emergency situations. Flash sterilization is monitored monthly and has been reduced by more than 300 percent in the last year. Any instrument brought in from a vendor or outside facility is sterilized through our sterile processing department.

**University:** Our policy related to flash sterilization is to use it rarely and track usage. Our rate of flash sterilization is among the lowest in the nation for academic medical centers.

**Q: What is the hospital's policy on re-sterilizing single-use instruments?**

**Boone:** We do not reprocess single-use devices. As the standards have changed over the years, we gradually phased out the practice with the rest of the industry.

**VA:** There is a VA health care system directive that prohibits the reprocessing of single-use devices. Sterile processing and distribution staff members are trained on this policy.

**University:** It has never been the policy of University of Missouri Health Care to reprocess single-use instruments. We disagreed with the 2008 FDA surveyor observations. An inspector from the U.S. Food and Drug Administration completed a one-day site visit to University

Hospital on Feb. 10. At the conclusion of the visit, the inspector told University of Missouri Health Care representatives that she had found no evidence to indicate reprocessing of single-use items.

**Q: What policy is in place regarding employees reporting concerns about infection control and patient safety?**

**Boone:** Employees are encouraged to report concerns, and there are many ways for them to do so anonymously. We have a safety hotline inside the hospital as well as a number of individuals assigned to listen to, and act upon, employee concerns.

**VA:** Concerns are reported to executive management at the medical center. We abide by federally mandated confidentiality policy and employ an internal incident reporting system. Other avenues for reporting concerns include the OIG Hotline or the Joint Commission.

**University:** University of Missouri Health Care encourages our employees to report all patient-safety issues, and we have multiple ways for an employee or physician to be heard. We have had an online reporting system in place since 2002, so employees can voice any concerns. Employees can report problems anonymously if they choose. We also have multiple compliance hotlines.

This article was published on page A6 of the Thursday, March 3, 2011 edition of The

---

# THE MANEATER

## Faculty prep diversity course requirement for vote

*The diversity requirement will be voted on at a general faculty meeting in April.*

By Stephanie Ebbs

Published March 4, 2011

Faculty Council discussed a modified version of the diversity course requirement proposal at its meeting Thursday. Recent changes included the addition of study abroad programs to fit the requirement and some specific changes in wording.

The bulk of discussion focused on whether some study abroad programs address diversity and explore social inequalities.

Executive Committee member Victoria Johnson is in charge of the General Education Review, including the Diversity Intensive Course Requirement Proposal.

"It's not as clear in terms of the social inequality dimension, but if anyone's ever been in a different country there's no way you can not get an idea of how fundamentally different other cultures are," Johnson said.

Professor April Langley has also been active with the proposal.

"I think that we should define what social inequality is and hold all the courses to that criteria," Langley said.

Faculty Council Chairwoman Leona Rubin presented an idea to solve the disagreements about the suggested course list included in the proposal.

"One possibility is to have the list of possible courses as an appendix instead of part of the proposal, because they are not approved courses but suggested courses," Rubin said.

A general faculty meeting has been scheduled for early in April. The diversity course requirement is on the agenda for discussion and will be voted on during that meeting.

Rubin also gave a report from the MU Committee on Benefits and Retirement meeting, where the possibility of benefits for domestic partners was discussed. Benefits would not add cost to the university in most cases, and are mainly a policy matter, Rubin said.

NCAA Representative on Student Athlete Progress Lori Franz also presented to the Faculty Council about the academic status of MU athletes.

Franz mentioned an article in The Daily Beast, which recently listed MU as the No. 3 smartest athletic program, behind Northwestern and Notre Dame.

These rankings were based on the Academic Progress Rate of athletes, a rating system that allocates points for eligibility based on current athletes' progress toward graduating.

MU's men's and women's basketball teams both scored 1,000 on the APR, the highest score possible. MU football scored a 977, well above the minimum requirement of 925.

The Graduation Success Rate for MU's men's basketball team has raised some concerns. The GSR is an NCAA assessment measuring the number of athletes in four-year programs that graduate within six years.

The GSR is measured from previous years, and the current rating is at 44 percent for athletes graduating from 2000 to 2003. United States Secretary of Education Arne Duncan declared that teams with low rates of graduation for athletes be prohibited from competing in March Madness tournaments.

Projected GSR rates for MU's men's basketball team are up to 67 percent for 2002 to 2005 graduates. Franz told Faculty Council members to note that athletes recruited since Mike Anderson came to MU in 2007 are not included in these numbers.

"Our student athletes have two sets of problems," Franz said. "One is when we have a student athlete who's a double major. The other thing that's really difficult is the kids that do student teaching."

Other elements that impact the GSR are athletes that transfer to or from MU or leave the athletic program for professional teams.

# THE MANEATER

## Police investigate rape near Laws Hall

*MUPD is using security cameras and other tools in an effort to identify a suspect.*

By Kelsey Maffett

Published March 2, 2011

The MU Police Department is continuing the search for a suspect in a rape that occurred early Tuesday morning outside of Laws Residence Hall.

“We’re using cameras and anything available to us to gather more information about the incident,” MUPD Capt. Brian Weimer said.

According to an MUPD news release, the victim said a man approached her between 4 a.m. and 5 a.m., started asking her questions, then assaulted and raped her. The suspect, who the victim described as an older college-age male, ran south toward parking lot WG-6 after the attack. The victim alerted MUPD at about 6:30 a.m. Tuesday.

“She was taken to the hospital for an exam, but she was not kept there,” Weimer said.

Department of Residential Life Director Frankie Minor said his department worked with MUPD to make the rest of the student body aware of the incident.

“We worked closely with the police department to convey the information and make sure students in the area, and all residence hall students on campus, were aware of what had been reported,” Minor said.

Weimer said cases of assault by a stranger are very rare on campus.

“We haven’t had a stranger incident in many years,” Weimer said. “I can only remember one in my time here. It’s not something that happens very often at all.”

Weimer said this is the first rape reported to MUPD this year. Minor said he believes most students feel safe in the residence halls.

“I think security in the residence halls is good,” Minor said. “Tragically, this incident occurred outside of the residence hall, but I think we have a good system that we’ve worked to integrate with MUPD.”

Minor said he encourages students in residence halls to take advantage of their resources and look out for each other.

“One great thing about the residence halls is the sense of community,” Minor said. “We have keys, locks and cameras, but the best security is another set of eyes. Rely on your community and friends to keep an eye out for each other and report suspicious people in the area.”

MUPD asks anyone with information to call Detective Michael Laughlin at (573) 884-2605 or Crime Stoppers at (573) 875-8477. Tips may also be submitted online at [875tips.com](http://875tips.com). Anyone with information can remain anonymous and may be eligible for a reward of up to \$1,500 if the information leads to an arrest.

# THE MANEATER

## MU NAACP seeks zero-tolerance on hate crimes

*MU's chief diversity officer and Office of Student Conduct coordinator say such a policy "could get complicated."*

By Marie Mandelberg

Published March 4, 2011

In response to the racially-offensive graffiti message left in front of Hatch Hall in February, the MU National Association for the Advancement of Colored People started an online petition to add a zero-tolerance policy on hate crimes to the student conduct policy.

According to the petition website, the main goal of the movement is to implement specific consequences for hate crimes committed on campus.

MU NAACP President Bryan Like said this policy would act as both a reactive and a preventive measure against hate crimes.

"I believe that if the consequences were severe enough, students wouldn't get involved in such acts," Like said. "Students will know that if they commit a hate crime, they will be expelled."

But MU Chief Diversity Officer Roger Worthington said making this kind of policy would get complicated.

"If you introduce that into university policy, then you have to provide an adequate definition of a hate crime when you are writing the policy," Worthington said. "Another piece would be if you say there is zero-tolerance for a hate crime, does the student have to be accused, arrested or convicted of a hate crime? You're sort of blending criminal law with university policy."

Donell Young, Office of Student Conduct senior coordinator, said the university already believes in zero-tolerance for events or actions similar to the cotton ball incident last February and the Hatch Hall graffiti incident last month. But Young said he often wants to assess each incident case-by-case to see its impact on the university.

"I would be an advocate for a zero-tolerance policy related to specific conduct on the part of students that rises to the equivalent of a hate crime," Worthington said. "I think it becomes a little bit problematic if you don't clearly define what it is you mean by hate crime and what the target of our zero-tolerance policy is really going to be."

Young said adding a policy to the Code of Conduct is a long and arduous process.

“To change the Code of Conduct, all four campuses (of the UM System) have to agree to add a hate crime policy,” Young said. “It has to be approved by the chancellors and then the general council would have to approve it.”

Young said a faster option would be changing the rule specifically on MU’s campus, rather than waiting on all four campuses to agree.

At the most recent count, the petition had 97 signatures.

“I want thousands to sign this thing,” Like said. “We have to push it because while a hundred or so is good, it may not really get a policy done.”

The more students that sign the petition, the better, Like said.

“I think students would want something like that on campus,” Like said. “It’s one of those no brainers.”

## Advisory committee to aid in search of UM System president

By Amanda Harrison

March 3, 2011 | 6:04 p.m. CST

**COLUMBIA – A panel of 20 will advise the University of Missouri System Presidential Search Committee in finding its 23rd president.**

**The advisory group will assist the search committee in determining exactly what qualifications the next UM System president should have.**

System spokeswoman Jennifer Hollingshead said there will be seven statewide public forums to discuss traits the public wants to see in the next president. The advisory board members will take this information and give their opinions and recommendations to the presidential search committee, Hollingshead said.

Hollingshead said the advisory panel also will help review the presidential candidates, but she was unclear how it would help with that task.

According to the news release, the new committee comprises:

- Marilyn Rantz, curators professor, MU School of Nursing.
- Mark Ryan, curators teaching professor of fisheries and wildlife, director of the MU School of Natural Resources.
- Max Skidmore, curators professor, University of Missouri-Kansas City department of political science.
- Joan Gallos, curators teaching professor, UMKC executive MBA program, Bloch School of Management.
- David Summers, curators professor, Missouri University of Science and Technology, Rock Mechanics and Explosives Research Center.
- Kent Peaslee, curators teaching professor, Missouri S&T department of metallurgical engineering.

- Richard Rosenfeld, curators professor, University of Missouri-St. Louis department of criminology and criminal justice.
- Michael Murray, curators teaching professor, UMSL department of theatre, dance and media studies.
- Hal Williamson, MU vice chancellor for health sciences.
- Chris Scheetz, chair of the Intercampus Staff Council.
- Randy Wright, MU alum and president of the Mizzou Alumni Association.
- Jerry Lonergan, UMKC alum and president-elect of the UMKC Alumni Association.
- Susan Rothschild, Missouri S&T alumna.
- Terry Elmendorf, UMSL alum and president of the UMSL Alumni Association.
- Jericah Selby, Intercampus Student Council member.
- Jordan Paul, Intercampus Student Council representative.
- William Wiebold, chair of the Intercampus Faculty Council.
- Anita Hampton, secretary of University Extension.
- Gary Smith, University of Missouri Retiree Association.
- Wanda Blanchett, UMKC School of Education dean and associate professor, academic administration representative.



## **UM president search committee named**

A 20-member advisory committee has been formed to help the University of Missouri System find its next president.

The group, made up of faculty and alumni representatives, will help the UM Board of Curators determine what qualifications the next president should have and will help them review candidates.

Members include: Marilyn Rantz, curators professor, MU School of Nursing; Mark Ryan, curators' teaching professor, director of the MU School of Natural Resources; Max Skidmore, curators professor, UMKC Department of Political Science; Joan Gallos, curators teaching professor, UMKC executive MBA program, Bloch School of Management; David Summers, curators professor, Missouri S&T Department of Rock Mechanics and Explosives; Kent Peaslee, curators teaching professor, Missouri S&T Department of Materials Science and Engineering; Richard Rosenfeld, curators professor, UMSL Department of Criminology and Criminal Justice; Michael Murray, curators teaching professor, UMSL Department of Theatre and Dance; Hal Williamson, MU vice chancellor for health sciences; Chris Scheetz, chair of the Intercampus Staff Council; alumni Randy Wright, Jerry Lonergan, Susan Rothschild and Terry Elmendorf; Jericah Selby and Jordan Paul, from the Intercampus Student Council; William Wiebold, chairman of the Intercampus Faculty Council; Anita Hampton, University Extension; Gary Smith, University of Missouri Retiree Association; and Wanda Blanchett, UMKC dean and associate professor, who will serve as an academic administration representative.

## Can new ice cream lick health troubles?

By EDWARD M. EVELD

Let's admit it: Attempts to make ice cream healthier by deleting fat and sugar didn't work. At least not for true ice cream lovers.

But rather than taking stuff out, what if you could add an array of healthy ingredients to ice cream without wrecking it in the process?

**Researchers at the University of Missouri-Columbia are in the final throes of taste-testing their “multifunctional ice cream,” a name that makes it clear these are food scientists, not marketing wizards.**

MU food chemist Ingolf Gruen knows he and his team are in touchy territory, this tinkering with ice cream. Americans love ice cream and eat a lot of it. But by adding four components — antioxidants, dietary fiber, probiotics and prebiotics — the scientists think they have hit on something.

Adding probiotics or “good” bacteria to food products is hot right now, although experts caution that some health claims need to be scrutinized.

Whether their fruit-flavored, full-fat ice cream concoction ever goes commercial isn't known, but it might be available this summer at Buck's Ice Cream Place, the College of Agriculture's shop famous for its “Tiger Stripe” flavor.

While there are some decent low-fat and no-fat ice creams, Gruen said, they aren't preferred.

“Food is all about taste,” he said. “If something doesn't taste good, people don't come back. We do a lot of sensory studies in our department.”

Those trials are led by Ting-ning Lin, a doctoral candidate who got hooked more than two years ago on the idea of ice cream with a larger purpose.

Lin is aware of potential criticism, that good-for-you ice cream could promote over-consumption. The other way to look at it: If you're going to occasionally indulge, a treat might as well have healthy additions.

“Ice cream is high-fat compared with other products, so moderate eating is still very important,” Lin said.

The challenges of adding function to ice cream have been many. Turns out ice cream is easy to mess up. Besides taste, there’s texture and even the way it behaves in your mouth.

“You want a clean melting profile,” Gruen said. “It can’t be sticky or gummy or gooey. On the flip side, you don’t want it to be too watery, to melt too fast.”

Adding dietary fiber wasn’t too difficult, except to determine how much could be included without altering flavor and texture. The proper amount seemed to be equivalent to 15 percent of the recommended daily intake. Many Americans consume about half the recommended fiber in a day.

Adding antioxidants was a bit thorny. Last year, the U.S. Food and Drug Administration said only Vitamins A, C and E could be called antioxidants, so the ice cream needed a fruit addition that would fit the bill. Acai, a trendy Brazilian fruit, was the choice.

“It’s a little bit exotic and has given us some flavor challenges,” Gruen said. “It’s not a flavor people recognize — chocolaty and woody. It’s different.”

What about blueberries?

“Good point,” he said. “We might, in fact, switch. We’re playing around with it.”

Adding probiotics proved the toughest challenge. The term refers to “good” bacteria, live microorganisms that have been tested for health benefits, such as countering gastrointestinal problems, diarrhea and irritable bowel syndrome.

The MU researchers chose *Lactobacillus rhamnosus*. The bacteria couldn’t be grown in ice cream, but, after their inclusion, they needed to survive the hard freeze of ice cream storage. Researchers learned they could keep the bacteria alive in frigid temperatures, but then another issue arose. The bacteria like to clump together, which became a texture problem, a little bit crunchy, like biting into ice crystals.

Ice cream add-ins such as candy bar bits and cookie crumbs can have texture, but the ice cream itself must be smooth, Gruen said.

“We had to get those clumps into smaller pieces without destroying the cells,” he said.

Besides probiotics, you also can add prebiotics to your diet. Prebiotics are food for the beneficial bacteria living in the colon. Gruen and Lin chose inulin; humans can’t digest it, but those beneficial microorganisms love it.

Inulin is a laxative at certain levels, and a laxative is not something most people want in their ice cream. Getting the amount right was crucial.

---

As for the health effects of probiotics, consumers are getting bombarded with claims. Fermented foods can be good sources of live cultures — everybody knows about yogurt. “Our native, colonizing microbes play an important role in health,” said Mary Ellen Sanders, a probiotics expert and consultant to the food industry. “Recent research has highlighted that humans have an ongoing relationship with them. They talk to us. We talk to them. They talk to each other.

“The question has been, if we add microbes to this already colonized system, can we further promote health?”

Among the reasonable conclusions from research so far: Some probiotics can decrease gastrointestinal side effects from antibiotics. Some can decrease the duration of infectious diarrhea. Some can help with irritable bowel syndrome and intestinal regularity. Some can improve the reaction of your immune system.

But which ones are best? The health effects of one strain can't be presumed to be the same as another strain, Sanders said.

“Without knowing what strain is in a product, and at what level or dose, it is impossible to say what specific benefits that product is likely to have,” she said.

Meanwhile, plenty of food scientists and manufacturers are working on healthier treats by adding fiber and probiotics. Some are on the market. But Gruen and Lin don't know of another ice cream product that offers all four of their components: antioxidants, dietary fiber, probiotics and prebiotics. No doubt, the additions would mean higher costs.

“I think consumers are willing to pay more for healthier stuff,” Lin said.

---

# THE MANEATER

## **Editorial: Campus needs to stand together against sexual violence**

Published March 4, 2011

Tuesday's string of sexual assaults across Columbia and the rape reported outside Laws residence hall have invoked both anger and fear from the student body, but this also provides a new time for discussion about rape and sexual violence.

The statistics speak for themselves. The MU Relationship and Sexual Violence Prevention Center, or the RSVP Center, reports that one in four women and one in 14 men are sexually assaulted during their time in college. Of the women assaulted, 91 percent knew the person who assaulted them and 62 percent were assaulted by a current or former partner.

Most disturbing, however, is that it's estimated that less than 5 percent of rapes are ever reported to the police.

The recent crimes offer us, as a campus and community, the much-needed opportunity to re-evaluate our perception of rape and sexual violence. First of all, we need to shed the blame-the-victim mindset. By its very definition, nobody ever asks to be raped, just like nobody asks to be robbed or murdered. Yes, people can take safety precautions, but putting blame on anyone but the assaulter is unacceptable.

An environment that blames the victim is part of the reason more than 95 percent of rapes go unreported. How can we, as a society, expect a victim to feel safe reporting a rape or assault if he or she is going to be blamed for it? It's easy to say that reporting incidents to the police is easy, but nobody can ever put themselves in a victim's shoes. We have no place to judge another victim's response in these situations.

Furthermore, we need to abandon the view that rapes and other acts of sexual violence are isolated incidents and are confined only to women. Men also are vulnerable to sexual violence, as are people of different sexual orientations and ages. Rape has no confined demographic, and is not isolated to young women. Rape happens in friendships, relationships and marriages more than it does between strangers. Again, less than 5 percent are ever reported. If every assault were reported, sexual violence would hardly be considered "isolated."

Thankfully, there are organizations at MU like RSVP, the Sexual Health Advocate Peer Program, or SHAPE, and Men Against Relationship and Sexual Violence, or MARS, that offer resources and help for the victims of sexual violence. The Green Dot campaign, which encourages individuals and organizations to be vigilant and proactive in preventing sexual

violence in situations where it could arise, is another helpful effort to prevent assaults before they happen.

However, it seems almost sad that we have to have a campaign like Green Dot. Why should only a few people be responsible for preventing sexual violence? Shouldn't we all be? Just like the response to the graffiti outside Hatch Hall reflected upon us as a campus and community, our response to acts of sexual violence does the same. It takes an event close to home, like the rape outside Laws Hall, to remind us of the basic values that we stand for not only as MU students, but also as members of a community.

Just as we have stood together against racism, it is time for us to stand together against sexual violence. As a community, we need to reach out to each other to create a safe environment for victims to come forward, feel safe and recover and also so justice can be served. Each of us may have a friend, relative or classmate who has been raped or sexually assaulted, and what kind of society are we to leave them behind? It is time for us to become involved, proactive and supportive, so one day sexual violence can be a thing of the past.

# THE MANEATER

## 10 new campus street signs replaced since August

*Campus Facilities updated some of the MU-themed street signs to make them easier to read.*

By Tony Puricelli

Published March 4, 2011

Following the installation of new MU-themed street signs throughout campus in August 2010, Campus Facilities has chosen to replace some of the signs because the letters were difficult to read.

Campus Facilities spokeswoman Karlan Seville said 10 signs have been replaced so far this year.

Seville said each set of two connected signs located at traffic intersections costs \$100. With about 110 MU signs on campus, the entire project originally cost about \$11,000.

A recent federal regulation would require all signs for streets with speed limits greater than 25 miles per hour to use a combination of uppercase and lowercase letters in order to make them more legible to drivers. But Seville said this legislation was not the driving force behind replacing some of the signs.

“The signs that we made already met the regulations,” Seville said. “So, we did not have to remake signs for that reason.”

She said when the new signs were installed last year, Campus Facilities created them all to be the same size and, over time, has noticed the names of longer streets are difficult to read.

“We tried to make all signs the same length, but when we put those signs up, the letters were small,” Seville said. “They still met federal guidelines, but we chose ourselves to just go ahead and make the length of the sign longer for those streets.”

The streets in question include Carrie Francke Drive and East Campus Drive. Campus Facilities has since installed larger and longer replacements for the signs on those streets.

The last round of road signs replacements occurred in time for Homecoming in the fall.

Seville said the Mizzou Alumni Association agreed to fund the signs to let visitors know they had “arrived” on campus.

The signs help to distinguish campus from the rest of downtown Columbia.

Mizzou Alumni Association Executive Director Todd McCubbin said the idea came up during a chancellor staff meeting when members mentioned other college campuses with similarly styled street signs made up of school colors.

“It’s something we’d had on our minds for awhile,” McCubbin said. “It wasn’t something that necessarily had to be done, but it was an opportunity to look at branding our campus, and the Alumni Association was happy to step forward to make that gift and get those signs printed.”

The Mizzou Alumni Association figured out how to implement the signs and worked with Campus Facilities to pull it off.

“When you’re dealing with the Alumni Association, there’s no such thing as too much black and gold,” McCubbin said.

The Alumni Association gave a one-time donation to Campus Facilities to create the signs. Campus Facilities budgeted for replacement signs, but the Mizzou Alumni Association did not provide additional funding for replacement signs.

McCubbin said he has heard a lot of positive feedback from students, faculty and returning alumni this past fall.

“I think it’s great to see those signs up and about campus now,” he said.

---