

PHOTOGRAPHS BY JOSHUA GUNTER | THE PLAIN DEALER

Nicole Shirk of Highland Heights performs the move "Mambo Mama" during a Dancing for Birth class at Hillcrest Hospital. Shirk believes the techniques she is learning in the class will help her prepare for a natural delivery.

DANCING

FROM E1

Classes prepare women for birth

The safety of dancing was initially a concern for expectant mother Julia Anisimova, 29, of Mayfield Heights, who is enrolled in Montague's class at Hillcrest. A nurse practitioner at the Cleveland Clinic, Anisimova has enjoyed taking belly dancing and Latin dance classes for years.

"When they described what it was, they listed all of the dances that I've already been doing, so I thought, 'That's great. I already know all of the moves,'" says Anisimova, who is due in late September. Now, she says, "I know which moves are safe."

Anisimova plans to practice the movements until they become embedded in her memory, so that when she's in labor, they'll come naturally. Most women in the class hope to deliver without pain medication. Montague says she is thrilled to see this shift in attitude.

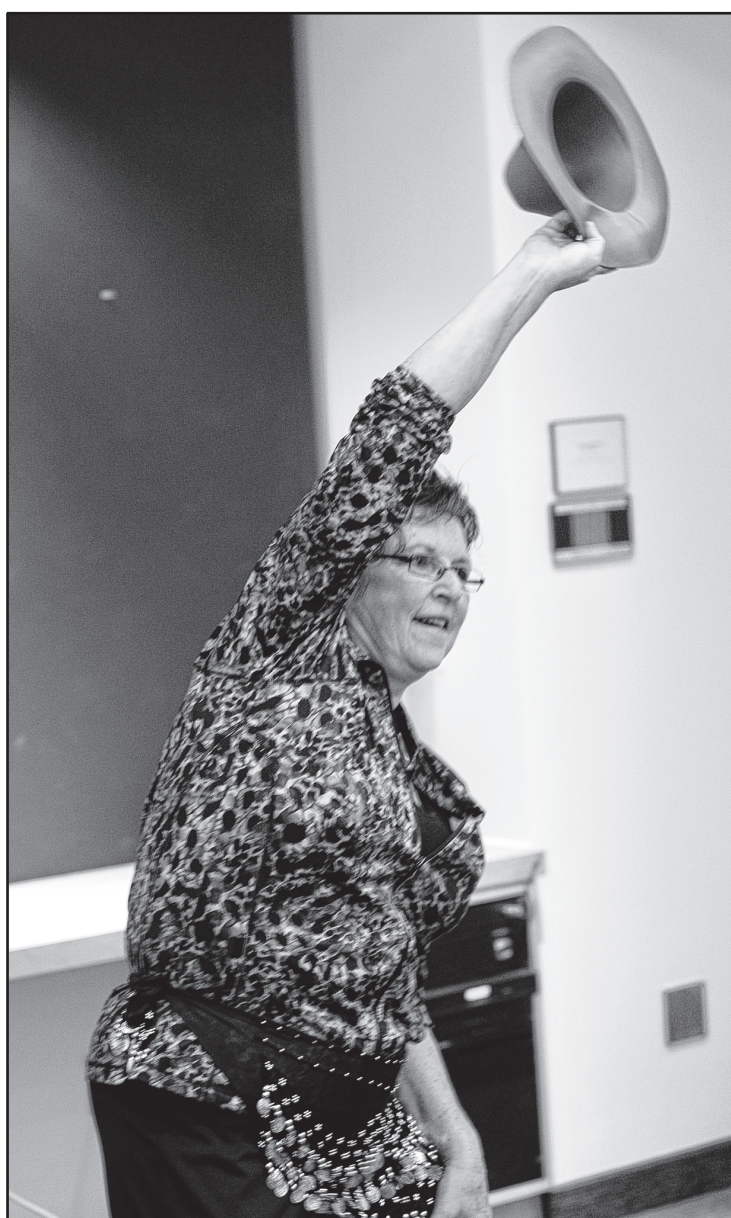
"Thirty-five years ago, the moms were heavily medicated in labor and they all had [epidurals] for their birth. They didn't want to be aware of what was going on," says Montague. "And then moms became more informed about their births, and once they knew what was going on, they wanted to be awake and they wanted to be involved with the birth."

Help from instructor and other moms

In the final portion of the hourlong class, Montague calls out "Contraction!" and the women ease into various positions they might assume throughout labor to aid the birthing process.

Walking over to each student, Montague, who is also a Lamaze instructor, provides pointers on how to use objects in the hospital delivery room, such as the back of a chair or bed, to help the baby descend into the pelvis.

Nicole Shirk, a 19-year-old college student from Highland



Instructor Barbara Montague, encourages the women to play music and practice the moves at home in preparation for labor.

MORE ON CLASSES

For more information on future Dancing for Birth classes, call Hillcrest Hospital at 440-312-4647 or University Hospitals at 216-844-4000.

Classes are \$40 for four hourlong sessions.

Heights, who is due in early July, has enjoyed the class so much that she says she wants to follow in Montague's steps and become a Dancing for Birth instructor.

"I wanted to do a natural birth and stay away from pain medications, so I was really grateful for

this whole experience," says Shirk, who says the best part of the class is talking with the other moms about how they're feeling. "Obviously, there's going to be a lot of pain. But this class gives us ways to cope with it."

At the height of the workout, Montague instructs the women to swivel their hips in large circles and "hug their baby."

"What if we went into labor right now?" asks one of the mothers, breathing hard.

Responds another, "Well, at least we're in the hospital."

To reach this Plain Dealer reporter: ccapachi@plaind.com, 216-999-4098

TOWNSEND

FROM E1

Rapid HIV tests for home, pharmacy

First tests required a blood sample

Rapid HIV tests have been on the market for years. The first incarnation of the OraQuick Advance test required a finger-stick blood sample. In 2004, that changed to a saliva sample.

"At the time, it was revolutionary," Ticho said of the change. "You didn't have to worry about all the universal precautions with blood. Clearly, from a patient's standpoint, there's a preference over [a] blood [sample]. It made it easy for use in outreach settings."

New York-based Chembio Diagnostics Inc. is seeking FDA approval for a new test that it says delivers results in 15 minutes and detects antibodies in a variety of bodily fluids, including saliva, blood from a finger stick and whole blood.

It takes up to three months from the last possible exposure for most people to begin developing antibodies that fight against the HIV virus. HIV tests are usually taken after that time has passed in order to avoid a "false negative" result.

If a person's test result is positive for HIV antibodies, he or she should go to a health care professional for a repeat test to confirm those results, Ticho said.

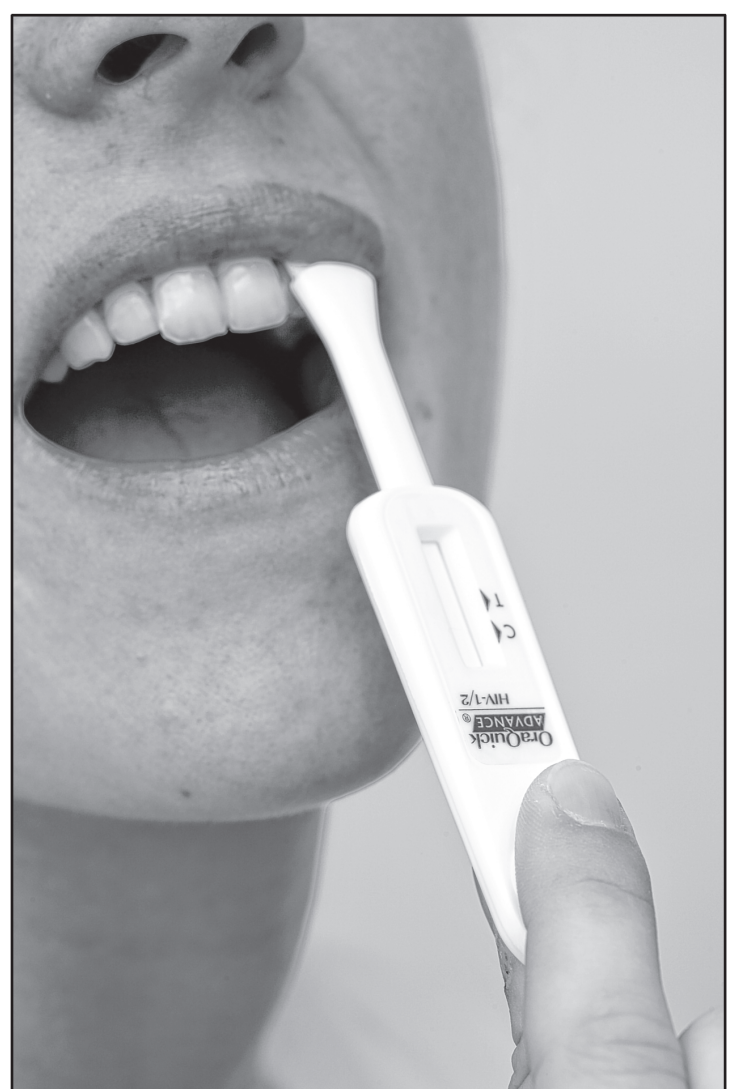
Before that even happens, OraSure has over-the-phone counseling available round the clock from company representatives who have gone through 160 hours of training, "not just in HIV education but also on the use of the test and what to do in case someone tests positive or negative," Ticho said. Those representatives also can refer someone immediately to local health care services.

It took years for OraSure to develop its at-home test to meet FDA specifications, everything from label comprehension to conducting studies to see if people could follow the directions while taking the test. Those observed-use and unobserved-use studies wrapped up in August 2011.

Given the high number of people believed to be undiagnosed with HIV, the possibility of an accessible at-home test is welcome news, said Dr. Alan Taeye, a physician in the Cleveland Clinic's Department of Infectious Disease and director of HIV Care.

Although no test is perfect — and the effectiveness of the test depends largely on a person being able to follow directions — OraSure has a good track record, he said.

But, like Ticho, Taeye cau-



DAVID W. COULTER PHOTOGRAPHY

A person demonstrates how to use the OraQuick Advance Rapid HIV-1/2 Antibody Test, currently in use at hospitals and other health care sites. The test is identical to an at-home HIV test, approved last week by the Food and Drug Administration, that can provide a result in about 20 minutes.

tioned that taking the test shouldn't be the last thing someone does.

"This is just a screening test," he said. "We need to make this accessible to people, to get it in people's hands and get more people diagnosed."

When that happens, he said, there is a good chance that people will change their behavior, making it less likely that they will infect someone else with HIV.

"With more acceptance and a better understanding of the epidemic, this is probably a good time to move forward," Taeye said of the at-home test.

Fewer students taught about HIV

On June 8, a few weeks after news broke that an FDA advisory committee had recommended approval of the OraQuick at-home test, the CDC released its Youth Risk Behavior Surveillance System report, looking at data gathered during a 14-month period ending in December 2011.

The report is part of the CDC's weekly Morbidity and Mortality report on a variety of health topics.

Data were extracted from more than 15,000 completed questionnaires at 158 high schools across the country.

The percentage of high school

students who had been taught about HIV/AIDS in school dropped from 91.5 percent in 1997 to 84 percent in 2011. Nationally, just under 13 percent have ever been tested for HIV, a percentage that has been steady for the past three years.

Interestingly, Ohio was one of six states that did not provide data in that category.

Among the other findings included in the report: Of sexually active students, 60 percent had used a condom during their last sexual intercourse. That means 40 percent didn't.

The diminished HIV instruction is contributing to a generation of people who are ill-informed about the disease, Taeye said.

"The fear is gone," he said. "I think one of the observations that many of us are having is [people thinking] 'It could happen and if it does happen, I could take [a] pill.'"

What young people don't realize, he said, is that while treatments are available, it's better to avoid and prevent than to treat.

"That pill' is for life," he said. "We can't cure [HIV]. And 'that pill' isn't free."

To reach this Plain Dealer reporter: atownsend@plaind.com, 216-999-3894

GRANTS

FROM E1

Four programs link more providers to poor

Since positions serving the poor generally pay less, the grant allows MetroHealth and UH to offer competitive salaries to doctors.

"With the nationwide shortage of primary care physicians, we are seeing fewer and fewer doctors available to work with the disadvantaged population," said Dr. George Kikano, director of the Weatherhead Institute for Family Medicine and Community Health. This is especially true

with pediatricians, psychiatrists and family medicine doctors.

The other three programs receiving money include:

- CWRU's dental school plans to train dentists in cultural sensitivity. It will also expand the network of dentists that accept children on Medicaid. CWRU also will place more people trained as "oral health patient navigators" in its community dental clinics to educate families on oral health and help them find a regular dentist.

- The CWRU Department of Pediatrics will work to expand the number of professionals by offering additional training programs for medical residents, fellowship positions and faculty members. The goal is to culti-

vate an interest in careers in locations with disadvantaged children.

- The CWRU Department of Psychiatry will add faculty and clinical positions to attract more doctors who want to treat the indigent.

Other institutions receiving training money from the state include University of Akron's College of Nursing, Kent State University College of Nursing, University of Toledo Department of Psychiatry, Wright State University psychiatric collaborative, and the Ohio State University colleges of dentistry, nursing and behavior health.

To reach this Plain Dealer reporter: ekleiner@plaind.com, 216-999-4631

STRETCH

FROM E1

Jujitsu master has the edge

Somewhat, in an instant, Dias had swept both my legs and elbows out from under me, transferring whatever leverage I thought I had from me to him. That I towered a good 12 inches over him, and could surely outrun him, mattered not one iota.

No wonder jujitsu masters win so many cage matches. When most combatants, even those trained in other martial arts, fall to the ground, the match is as good as over. For a jujitsu practitioner, on the other hand, it's just beginning.

A jujitsu fighter likes nothing more than being on his back, where he can rotate on his spine and wield his legs like tentacles,

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hooking his feet around whatever he can find.

I ended up waving the white flag several more times that evening, in the school's well-attended, hourlong fundamentals class. One drill concluded with me face-down on the mat, my opponent poised to snap my arm. Another, with me in a chokehold and the other guy capable of breaking my wrist.

Every time, the series of motions that for me required slow, laborious thought required all of one second and seemingly no effort whatsoever from my partner, a blue belt. Frankly, it was stunning to behold: the balletic fluidity, grace and firmness with which Dias and friends tossed

me around. In their hands, I was little more than a crash-test dummy.

Boy, though, was it great exercise. Not only did I sweat buckets — thanks, in part, to the heavy cotton kimono I wore — but I'd also drained the energy from what felt like every muscle in my body. That I'd gotten a terrific workout would become very clear the next day, when I woke up feeling sore and lethargic.

Exhausted as my body was, my mind was, and is, eager for more. Now that I've gotten a taste of jujitsu, I could happily sit and watch serious practitioners grapple for hours, marveling at their fiercer, expert maneuvers and considering myself lucky all the while to be a spectator.

To reach this Plain Dealer reporter: zlewis@plaind.com, 216-999-4632