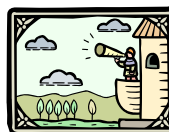


WELCOME TO THE CENTER FOR HEALTH PROMOTION NETWORK!

A Monthly Newsletter Compiled By
THE CENTER FOR HEALTH PROMOTION
February 2007



ANNOUNCEMENTS

RELEASE OF NEW PUBLICATIONS ON ADOLESCENT HEALTH FROM INCENTER STRATEGIES

Incenter Strategies is pleased to announce the release of 4 new publications on adolescent health and health care. Incenter Strategies is a new not-for-profit organization, affiliated with the Maternal and Child Health Policy Research Center, that was formed to provide education, research, policy analysis, and technical assistance to support fundamental improvements in the way that adolescent health care is structured and financed. We are committed to building partnerships and promoting interdisciplinary models of health care to ensure the availability and accessibility of comprehensive services that meet adolescents' unique needs.

A number of projects are underway. With the AAP and its Committee on Adolescence, we are surveying pediatricians on their preferences and requirements for expanding their practice capacity to provide comprehensive, teen-friendly care. Also, working with an expert advisory committee of pediatricians and adolescent medicine specialists, we are conducting surveys and analyzing the literature to make recommendations regarding improved financing and organizational arrangements to enhance medical education in adolescent health.

*Racial and Ethnic Disparities in Adolescent Health and Access to Care
By Harriette B. Fox, Margaret A. McManus, Matthew Zarit, Gerry Fairbrother, Amy E. Cassidy, Christina D. Bethell, and Debra Read

Based on data from the National Health Interview Survey and the National Survey of Children's Health, this fact sheet examines the relationship of race and ethnicity for a set of 12 indicators pertaining to health and risk status, access to care, service utilization, and unmet needs among Hispanic, Black, and White adolescents, ages 12 through 17. It also examines the influence of income, insurance, and mother's or household education on these indicators. We found that Black and Hispanic adolescents particularly those from households where Spanish is the primary language experience significant disadvantages in health status and access to care compared with their White peers.

*Racial and Ethnic Disparities in Health and Access to Care Among Older Adolescents
By Harriette B. Fox, Margaret A. McManus, Matthew Zarit, Amy E. Cassidy, and Gerry Faribrother

This companion fact sheet uses data from the National Health Interview Survey to examine the relationship of race and ethnicity for a set of 5 measures among Hispanic, Black, and White adolescents ages 18 through 21 and the influence of income, insurance, and mother's education on racial and ethnic differences. We found that Hispanic adolescents are at significantly greater risk than Whites for having no usual source of care and also having no contact with a health professional in the past year and that being uninsured is the strongest predictor of disparities. Compared with their younger peers, older adolescents, regardless of their racial or ethnic background, fare much worse on the access measures.

***Making the Case for Addressing Adolescent Health Care**

By Margaret A. McManus and Harriette B. Fox

Drawing on data from multiple studies and national surveys, this fact sheet documents that the compelling needs of our nation's adolescents are being poorly addressed through our current system of health care financing and delivery. It argues for more effective teen-friendly health care in which intensive health promotion interventions are available; health care for physical and behavioral conditions is integrated; and the unique needs, perspectives, and vulnerabilities of adolescents are understood.

***Preliminary Thoughts on Restructuring Medicaid to Promote Adolescent Health**

By Harriette B. Fox, Stephanie J. Limb, and Margaret A. McManus

This issue brief examines state Medicaid benefit and payment policies affecting adolescents and concludes that they are inadequate to support the type of care that adolescents require. We propose an enhanced set of health promotion and primary care benefits designed specifically for adolescents that can be offered through EPSDT or as an alternative benefit package under the Deficit Reduction Act and make suggestions for possible changes to payment policies to support comprehensive preventive and primary care service delivery for adolescents.

These publications are available at www.incenterstrategies.org. For more information about the publications or Incenter's ongoing work, please contact Stephanie Limb at slimb@incenterstrategies.org.

IT'S NEVER TOO LATE TO GET HEALTHY STUDY

NEW YORK (Reuters Health) - Even after age 60, people can significantly reduce their risk of heart disease and diabetes by adopting healthier habits, a new study from the UK shows. "The present findings emphasize the benefits of lifestyle modification, including losing weight, increasing physical activity, stopping smoking, and avoiding a high-carbohydrate diet, in reducing the risk of the metabolic syndrome in older men," report Dr. S. Goya Wannamethee of the Royal Free and University College Medical School in London and colleagues.

People with the metabolic syndrome have a constellation of risk factors including high blood pressure, abdominal obesity, impaired blood glucose metabolism, and high cholesterol. The syndrome, which is more common among older people, increases the likelihood that a person will go on to develop heart disease and diabetes.

To better understand how lifestyle changes might affect metabolic syndrome risk in older people, Wannamethee and colleagues looked at 3,051 men aged 60 to 79 participating in a

long-term study of heart disease. All were free of diabetes and heart disease, but about one in four had the metabolic syndrome.

Among the team's findings: The higher a man weighed, the greater his risk of metabolic syndrome. Eating a high-carbohydrate diet and smoking cigarettes also increased the risk of the syndrome, but the risk for smokers who had quit at least 15 years previously was the same as it was for people who had never smoked.

The researchers also found that a low-fat, high carbohydrate diet increased metabolic syndrome risk, largely due to reductions in levels of "good" HDL cholesterol and increases in harmful triglyceride levels.

While men who reported being active throughout the study period were at the lowest risk of metabolic syndrome, with a 27 percent lower risk than men who were sedentary, men who became active during the previous three years reduced their risk by 24 percent. Among those who lost weight during the past 2 to 4 years, 12.4 percent had the metabolic syndrome, compared to 23.5 percent of those whose weight did not change and 32.2 percent of those who gained weight. Even among men who were overweight or obese, those who had lost weight were at lower risk of the syndrome than those who hadn't.

The researchers conclude that lifestyle changes made later in life have "considerable potential" for preventing the metabolic syndrome.

SOURCE: Journal of the American Geriatrics Society, December 2006.

RESOLVE TO EXERCISE YOUR BRAIN – 10 STEPS WILL HELP YOU STAY SHARP AS YOU AGE, EXPERTS SAY

MONDAY, Jan. 1 (HealthDay News) -- Getting in shape tops many New Year's resolution lists, but the Alliance for Aging Research is encouraging Americans to boost their *brain* health, too.

The Alliance for Aging Research recommends these 10 steps for improving your brain health.

- **Eat a Brain-Healthy Diet.** A diet rich in omega-3 fatty acids (commonly found in fish), protein, antioxidants, fruits and vegetables and vitamin B; low in trans fats; and with an appropriate level of carbohydrates will help keep your brain healthy.
- **Stay Mentally Active.** Activities such as learning a new skill or language, working on crossword puzzles, taking classes, and learning how to dance can help challenge and maintain your mental functioning.
- **Exercise Regularly.** Exercising often can increase circulation, improve coordination, and help prevent conditions that increase the risk of dementia such as heart disease, stroke and diabetes.
- **Stay Social.** Spending time with friends, volunteering, and traveling can keep your mind active and healthy.
- **Get Plenty of Sleep.** Not getting enough sleep can have a negative impact on brain health.
- **Manage Stress.** Participating in yoga, spending time with friends, or doing other stress-relieving activities can help preserve your ability to remember and learn.
- **Prevent Brain Injury.** Wearing protective head gear and seat belts can help you avoid head injury, which has been associated with an increased risk of dementia.
- **Control Other Health Conditions.** Maintaining a healthy weight, exercising, eating a well-balanced and nutritious diet, and controlling stress can help reduce your risk of diseases that affect your brain, including diabetes, heart disease, high blood pressure and hypertension.
- **Avoid Unhealthy Habits.** Smoking, heavy drinking and use of recreational drugs can increase the risk of dementia and cognitive decline.
- **Consider Your Genes.** If your family history puts you at risk for developing dementia, work with your doctor to find ways to maintain your brain health to help avoid or slow the progression of cognitive decline.

DISPARITIES IN ACCESS TO PREVENTIVE HEALTH SCREENINGS EXIST FOR MINORITIES, LOW-INCOME, UNINSURED U.S. RESIDENTS, AHRQ REPORT FINDS

Millions of U.S. residents do not receive necessary preventive care, according to two reports released on Thursday by the [Agency for Healthcare Research and Quality](#), the [AP/Arizona Daily Star](#) reports. According to the fourth annual national health care quality and disparities reports, although the quality of the health care system continues to improve overall, lower-income and minority residents continue to receive a lower quality of care than other residents. In addition, the reports found that uninsured residents received the lowest quality of care and had the most problems with access. The reports also found that many residents overall -- with the majority low income, minority or uninsured -- do not receive necessary examinations, tests and advice from physicians that can prevent or limit the progression of asthma, cancer, diabetes and obesity. Physicians are less likely to advise obese black and Mexican-American residents than white residents that they are overweight, the reports found. In addition, the reports found that black residents with asthma are less likely than other residents to receive medications for their conditions and that black and Asian residents receive colon cancer tests at a lower rate than white residents. AHRQ Director Carolyn Clancy said, "It's encouraging to learn that overall quality continues to improve," adding, "At the same time, the message is clear: Much more can be done to prevent illness from occurring or progressing." Andrea Kabcenell, an executive director for the [Institute for Healthcare Improvement](#), said, "If we can show health care organizations how to do the things that reduce disparities, they will jump on them. Nobody wants these disparities" (AP/Arizona Daily Star, 1/12).

NATIONAL HEALTH SURVEY SHIFTS FOCUS TO INCLUDE BROADER HISPANIC POPULATION

The [National Health and Nutrition Examination Survey](#), a federally funded ongoing research effort that is collecting a broad data set on the nation's health, has shifted its focus to include a wider variety of Hispanic populations, the [Miami Herald](#) reports. The study, which began in the 1960s, examines about 5,000 individuals annually through a series of diagnostic tests and personal interviews. The data enables researchers to assess national averages and allows them to examine health factors as they relate to race, gender and ethnicity over time. In previous years, researchers from the study focused on recruiting a survey population that included one-third blacks, one-third Mexican Americans and one-third of the rest of the population; however, beginning this year researchers will recruit one-third non-Hispanic blacks, one-third Hispanics and one-third of the rest of the population. "The shift is part of a larger trend of health researchers paying more attention to Hispanics in America -- and recognizing that there may be variations within the Hispanic community itself," according to the Herald. Data that distinguishes between different groups of Hispanics -- such as Puerto Rican, Cuban, Mexican American, and South and Central Americans -- "remains scarce," the Herald reports. Researchers will begin recruiting individuals in Hispanic communities in Miami by going door-to-door and also will set up a mobile clinic on the main campus of [Florida International University](#) to conduct physical examinations. At the conclusion of the study in February, researchers expect to have visited about 1,000 households to recruit 300 Hispanics, NHANES spokesperson Nora Martinello said. (Goldstein, Miami Herald, 1/12).

STUDY FINDS USDA NUTRITION EDUCATION MATERIAL INTENDED FOR MINORITIES IS INADEQUATE

Printed educational material sponsored by [USDA](#) that aims to promote proper nutrition and address hunger among low-income minorities is ineffective and inadequate, according to a study published in the January/February issue of the American Journal of Health Promotion, the [Native American Times](#) reports. The report, by researchers from the [University of Oklahoma Health Sciences Center](#), found that 20 of the 27 brochures and handouts distributed by USDA were "either irrelevant or of low relevance to food security" and that "very few of them were intended for minority populations." The reading level required to understand the material also was too high for the intended population and "lacked cultural relevance," and nearly all were written for the non-Hispanic white general population, the report found, noting that a few did address Hispanics and the elderly. Report co-author Robert John said, "[W]hatever is being done is not enough." The Rev. David Beckmann, president of [Bread for the World](#), said, "This paper points out that current USDA nutrition education materials could be improved to make them more helpful for people with limited incomes. People who struggle to put food on the table could benefit from guidance on how to budget and stretch their food dollars" (Native American Times, 1/10).

SCIENTISTS FIND NEW GENETIC CLUE TO CAUSE OF ALZHEIMER'S DISEASE

Variations in a gene known as SORL1 may be a factor in the development of late onset Alzheimer's disease, an international team of researchers has discovered. The genetic clue, which could lead to a better understanding of one cause of Alzheimer's, is reported in *Nature Genetics* online, Jan. 14, 2007, and was supported in part by the National Institutes of Health (NIH).

The researchers suggest that faulty versions of the SORL1 gene contribute to formation of amyloid plaques, a hallmark sign of Alzheimer's in the brains of people with the disease. They identified 29 variants that mark relatively short segments of DNA where disease-causing changes could lie. The study did not, however, identify specific genetic changes that result in Alzheimer's.

Richard Mayeux, M.D., of Columbia University, Lindsay Farrer, Ph.D., of Boston University, and Peter St. George-Hyslop, M.D., of the University of Toronto, led the study, which involved 14 collaborating institutions in North America, Europe and Asia, and 6,000 individuals who donated blood for genetic typing. The work was funded by NIH's National Institute on Aging (NIA) and National Human Genome Research Institute (NHGRI), as well as by 18 other international public and private organizations.

Scientists think that in Alzheimer's disease, amyloid precursor protein, or APP, is processed into amyloid beta protein fragments that make up plaques in the brain. The researchers began their search for genetic influences amid a group of proteins that transport APP within cells, looking for small changes, or "misspellings," in seven genes involved in moving APP within cells.

To start, the scientists combed two large data sets of genetic information from families in which more than one person has Alzheimer's disease. They were soon able to see that many of the families with Alzheimer's had variations in the SORL1 gene but not consistently in any of the other six genes.

They then expanded their search to genetic data sets from families of Northern European, Caribbean Hispanic, Caucasian, African American, and Israeli Arab heritage for changes in the SORL1 gene. Again, they found same association between SORL1 variations and Alzheimer's disease. Searching additional data sets provided by Steven Younkin, M.D., Ph.D., of the Mayo Clinic further confirmed the association of SORL1 variations and Alzheimer's.

Examining blood cells from people with and without Alzheimer's, the researchers found less than half the level of SORL1 protein in people with Alzheimer's compared to people without the disease. In laboratory experiments, they found that altering the levels of SORL1 changed the way APP was moved around in cells, with low levels of SORL1 resulting in increased production of amyloid beta fragments while high levels decreased production. However, the researchers note, other genetic and non-genetic factors are likely to affect SORL1 production in people, and more research is needed to determine the how different versions of the SORL1 gene influence production of the harmful protein fragments.

NIA and NHGRI support a number of studies looking at genetic factors that may be involved in Alzheimer's disease. For information on the NIA Alzheimer's Disease Genetics Study, which is currently recruiting volunteers from families with two or more siblings affected by late onset Alzheimer's disease, visit the study web site, www.ncrad.org, call 1-800-526-2839, or email alzstudy@iupui.edu.



NEWS

THE LATEST REPORTS IN HEALTH POLICY – REPORT DETAILS CONSUMER-DIRECTED HEALTH PLANS; ISSUE BRIEF EXAMINES HEALTH INFORMATION TECHNOLOGY NETWORKS

- "[Consumer-Directed Health Plans: Potential Effects on Health Care Spending and Outcomes](#)," [Congressional Budget Office](#): The report examines consumer-direct health plan features and the impact such plans could have on health care usage, prices and quality. The report also discusses incentives for enrollment in consumer-driven plans (Congressional Budget Office, "Consumer-Directed Health Plans: Potential Effects on Health Care Spending and Outcomes," December 2006).
- "[Linking Providers Via Health Information Networks](#)," [Alliance for Health Reform](#): The issue brief looks at challenges to establishing a national health information technology system that is interoperable and allows different health IT networks to connect with one another. The brief also discusses issues involving stakeholder participation, structure, financing and privacy, among other considerations, that "will be central to the debate" surrounding the creation of a successful health IT system (Alliance for Health Reform, "Linking Providers Via Health Information Networks," December 2006).

OMHRC KNOWLEDGE CENTER JANUARY 2007 ACQUISITIONS (www.omhrc.gov)

1. **Cancer Facts and Figures 2006**
This publication presents data on cancer incidence, mortality, survival, and cancer risk factors, and annual estimates of expected new cancer cases and deaths. A special section covers cancers and environmental pollutants.
Source: Atlanta, GA: American Cancer Society, 2006, 52 p., ill.
2. **2005-2006 Enrollment and Graduations in Baccalaureate and Graduate Programs in Nursing**
AACN's annual survey on enrollment and graduations reported by the nation's baccalaureate and graduate degree programs in nursing. Tables include data by race, ethnicity, gender, geographic region, degree level. Appendices include lists of nursing schools by state.
Source: Washington, DC: American Association of Colleges of Nursing (AACN), 2006; xii, 94 p.
3. **Diversity in the Physician Workforce: Facts & Figures 2006**
This is an update to the statistical report on the physician workforce, last published in 1998: *Minority Graduates of U.S. Medical Schools: Trends, 1950-1998*.
Source: Washington, DC: AAMC, 2006; 126 p.
4. **Hispanics: The Future of America**
This collection of papers profiles the diversity and history of the Hispanic population, giving perspectives on demography, geography, education, family, employment, economic status, health, and politics.
Source: Washington, D.C., National Research Council (NRC), The National Academies Press, 2006, 490 p.

5. **Multiple Origins, Uncertain Destinies: Hispanics and the American Future**

This report describes the influences of the Hispanic population on schools, the labor market, health care system, and politics. It projects long-term trends in aging, social disparities, and demographic mobility for this population.

Source: Washington, D.C., National Research Council (NRC), The National Academies Press, 2006, 159 p.

NEW PUBLICATIONS EXAMINE SCHIP EXPERIENCE; TRENDS IN ACCESS TO MEDICAID AND SCHIP COVERAGE

A new 50-state survey released this week by the Foundations Kaiser Commission on Medicaid and the Uninsured (KCMU) shows that one-third of states (17) increased access to health coverage in 2006, and no states cut income eligibility in Medicaid and SCHIP for the first time in four years. [*Resuming the Path to Health Coverage for Children and Parents: A 50 State Update on Eligibility Rules, Enrollment and Renewal Procedures, and Cost-Sharing Practices in Medicaid and SCHIP in 2006*](#) is the sixth in a series of annual surveys examining changes to rules that impact enrollment in the Medicaid and SCHIP programs. The report profiles states with key funding and policy changes that affected health coverage, such as Illinois initiative to provide coverage for all children, Utahs SCHIP enrollment freeze, and new enrollment procedures in Connecticut. It also assesses the impact of the new federal requirement for applicants to document citizenship and identity when applying or renewing eligibility for Medicaid, which went into effect on July 1, 2006. The report indicates that Iowa, Louisiana, New Hampshire, Virginia, and Wisconsin are among states reporting enrollment declines and processing backlogs since the implementation of the law.

SOCIETY FOR ADVANCEMENT OF CHICANOS AND NATIVE AMERICANS IN SCIENCE (SACNAS) NEWS

Apply Now! SACNAS Genome Scholars Program

Applications for the 2007 SACNAS Genome Scholars Program are currently being sought from qualified graduate students and graduating seniors who have been accepted to a graduate program in genomics or bioinformatics.

Genome Scholars will receive \$25,000 for one year of support. Support will be provided for the first-year of graduate school in genomics/bioinformatics. In addition, SACNAS will support Genome Scholars to attend the 2007 SACNAS National Conference and one additional genomics/bioinformatics conference.

Deadline: 2/15/07

Website: www.sacnas.org/genomicsOpportunities.cfm

Minority Health Disparities Summer Research Program

Summer research experience for undergraduate rising junior and senior students who are majoring in fields leading to graduate education in biomedical sciences and specifically research involving pulmonary, heart and vascular, and blood diseases and disorders research and who are interested in health disparities among under-represented populations. 10 weeks, \$4,000 salary, round-trip airfare to Tucson from anywhere with the US and Puerto Rico, six units of upper division research credit, and GRE Prep. (deadline: 2/1/07) grad.arizona.edu/imsd.



PHYSICAL ACTIVITY UPDATES

NONE TO REPORT THIS MONTH



HIV/AIDS UPDATES

KAISER FAMILY FOUNDATION RELEASES UPDATED FACT SHEETS ON HIV/AIDS AMONG U.S. BLACKS, HISPANICS, WOMEN

[Updated Fact Sheets](#), [Kaiser Family Foundation](#): The Kaiser Family Foundation on Wednesday released updated fact sheets on the impact of HIV/AIDS on [blacks](#) and [Hispanics](#), as well as [women](#) in the U.S. The fact sheets include the latest information on trends and cases, as well as information about HIV transmission routes and access to care for each population (Kaiser Family Foundation, 1/3).

HIV CLINICAL TRIAL AIMING TO INCREASE PARTICIPATION OF BLACK MEN WHO HAVE SEX WITH MEN

Organizers of a federally funded clinical trial in Atlanta that seeks to determine whether a drug can safely prevent HIV transmission are focusing on increasing the participation among black men who have sex with men, [Reuters/Washington Post](#) reports (Bigg, Reuters/Washington Post, 1/9). [CDC](#) granted \$3.5 million to fund trials in San Francisco and Atlanta to test [FDA](#)-approved Viread, which also is known as tenofovir and has been shown to boost immune response and lower viral levels in the bloodstreams of people with HIV who are resistant to other antiretrovirals. The trials are designed to determine if Viread is safe to use for HIV prevention among MSM and if using the drug would result in an increase in unsafe-sex practices and higher HIV incidence. If any of the participants contract HIV while taking Viread, researchers can determine whether the strain they contract is resistant to the drug. In each city, researchers plan to enroll 200 MSM in the double-blind study. Participants will be assigned to take Viread or a placebo every day for two years. The Atlanta trial began in February 2005 at the [AIDS Research Consortium of Atlanta](#) ([Kaiser Daily HIV/AIDS Report](#), 3/18/2005). Trial participants complete a questionnaire about their sexual activity and receive risk-reduction counseling and condoms during each visit. About 43% of the participants in the Atlanta trial are black, according to Reuters/Post. HIV/AIDS

research in the U.S. primarily has focused on white MSM in part because HIV was first identified in that group and the group developed an effective lobbying initiative. Blacks accounted for 50% of new HIV diagnoses in 2003 and made up 12.8% of the U.S. population, according to [CDC](#) and [U.S. Census Bureau](#) data. In Georgia, 78% of people diagnosed with AIDS in 2005 were black and 81% of those diagnosed with HIV in the same year were black, according to Melanie Thompson, the Atlanta trial's lead investigator. Many blacks are reluctant to enroll in clinical trials because of fear and misunderstanding, Thompson said. She added, "While the study is open to men of any race, we are working hard to enroll as many men of color as possible" because black men "are disproportionately affected by HIV and underrepresented in clinical trials." Researchers also have said that a "lack of organization within the gay black community [has] made it harder to promote awareness and mobilize against AIDS," Reuters/Post reports. In addition, the stigma of being gay in the black community has "left some gay men vulnerable to a degree of social isolation that made poor choices on safe sex easier," according to Reuters/Post (Reuters/Washington Post, 1/9).

SEX EDUCATION AND HIV PREVENTION EDUCATION IN U.S. SCHOOLS FIERCELY POLITICIZED AND HIGH PROBLEMATIC, ARTICLE SAYS

Sex education and HIV prevention education in U.S. schools is a "heated, fiercely politicized debate" that "remains highly problematic," according to the monthly HIV/AIDS magazine *POZ*. According to recent [CDC](#) data, one-third of U.S. ninth graders have had sexual intercourse; 47% of high-school-age teenagers and adults have had sexual intercourse; and 75% of black high-school-age boys and men have had sexual intercourse. In addition, 12% of the 40,000 new HIV cases in the U.S. annually occur among people between age 13 and 24, *POZ* reports. There is no federal law requiring that sex education be taught in schools. Although about 20 states require some form of sex education and about 40 states require HIV/AIDS education, "what actually gets taught, and how, varies wildly by state, county, school district -- even by school," according to *POZ*. A 2004 [Government Accountability Office](#) report found that the curriculum of 11 out of 13 of the most popular federally funded programs emphasizing abstinence-only-until-marriage had clear inaccuracies, including that HIV could be transmitted through sweat and tears. According to *POZ*, teachers, parents and HIV-positive youth are "fighting back and mobilizing against" abstinence-only-until-marriage sex education programs, and parents in Albuquerque, N.M., successfully lobbied to have abstinence-only-until-marriage sex education programs limited to grade six and below, "freeing room for" more comprehensive sex education in the upper grades (Murphy, *POZ*, January 2007).

CANCER UPDATES



NCI BOOKLET – WHAT YOU NEED TO KNOW ABOUT CERVICAL CANCER

This National Cancer Institute (NCI) booklet (NIH Publication No. 05-2047) has important information about *cancer* of the cervix. Cancer of the cervix is also called cervical cancer. You will read about causes, screening, symptoms, diagnosis, and treatment. You will also find ideas about how to cope with the disease.

Scientists are studying cervical cancer to find out more about how it develops. And they are looking at better ways to detect and treat it.

The NCI provides information about cancer, including the publications mentioned in this booklet. You can order these materials by telephone or on the Internet. You can also read them on the Internet and print your own copy.

- **Telephone (1-800-4-CANCER):** Information Specialists at NCI's Cancer Information Service can answer your questions about cancer. They also can send NCI booklets, fact sheets, and other materials.
- **Internet (<http://www.cancer.gov>):** You can use NCI's Web site to find a wide range of up-to-date information. For example, you can find many NCI booklets and fact sheets at <http://www.cancer.gov/publications>. People in the United States and its territories may use this Web site to order printed copies. This Web site also explains how people outside the United States can mail or fax their requests for NCI booklets.



CHILD HEALTH UPDATES

MAJOR CHANGES IN 2007 PEDIATRIC VACCINE SCHEDULE

NEW YORK (Reuters Health) - The American Academy of Pediatrics has issued its annual recommended immunization schedules for children and adolescents in the United States -- these include extending the age range for influenza vaccination and giving the new human papillomavirus (HPV) vaccine, the first vaccine to prevent cervical cancer, to girls between 11 and 12 years old.

The changes in the 2007 schedules, which were approved by the Centers for Disease Control and Prevention and the American Academy of Family Physicians, include:

- Routine administration of oral live rotavirus vaccine to all infants at ages 2, 4, and 6 months. Rotavirus is the leading cause of severe diarrhea in infants and young children and kills roughly 500,000 children a year globally. In the US, it affects 2.7 million children in an average year and 75 percent of children get diarrhea from rotavirus by their 5th birthday.
- Administration of a second dose of varicella (chickenpox) vaccine to all children between 4 and 6 years of age.
- Administration of the HPV vaccine to girls 11 to 12 years of age, with a catch-up vaccine given to girls 13 to 18 years of age.
- Annual influenza (flu) vaccination has been expanded to include children between 6 and 59 months of age. Vaccination is also recommended for close contacts of children between 0 and 59 months of age.

SOURCE: Pediatrics, January 2007.

MORE FAMILY MEALS MAY HELP KEEP KIDS SLIM

NEW YORK (Reuters Health) - Spending more time around the family dinner table -- and less time in front of the TV -- can help prevent kids from getting fat, a new study shows.

Among 8,000 children followed from kindergarten to third grade, those who watched the most TV were at the greatest risk of being or becoming overweight, Dr. Sara Gable of the University of Missouri, Columbia and her colleagues found. And the fewer meals children ate each week with their families, the more likely they were to put on excess pounds.

"Families need to work together to help children maintain a healthy weight," Gable told Reuters Health in an e-mail message. "Even the simple things, like how often families eat together and the amount of time that children spend watching television, play a role in children's weight status."

To identify factors associated with being or becoming overweight, Gable and her team divided the 8,000 children who were participating in a national, long-term study into three groups: those who had never been overweight; those who began the study at a normal weight, but then became overweight; or those who were overweight throughout the study.

The risk of being persistently overweight increased by 3 percent for every additional hour a child spent watching TV each week, the researchers found, while each family meal missed per week increased the risk of persistent overweight by 8 percent. Living in a neighborhood perceived as unsafe for outside exercise also substantially increased the risk of being overweight.

Kids who stayed at a normal weight throughout the study watched 14.12 hours of TV a week, compared with 15.63 hours for those who became overweight and 16.09 hours for those who were overweight for the entire study period.

Children who did not become overweight ate 10.26 meals a week with their families, compared with 9.54 for children who became overweight and 9.57 for persistently overweight children.

While the actual percentages for increased risk were small, the investigators note that "even a small effect matters when the base rate of the phenomenon in question is as high as the prevalence of overweight in a general population." They add that 17% of the children in the current study were overweight by third grade.

SOURCE: Journal of the American Dietetic Association, January 2007.

GOOD HEART HEALTH HABITS SHOULD START IN CHILDHOOD – PARENTS URGED TO ACT EARLY TO REDUCE FUTURE RISK OF DISEASE



TV commercials touting cholesterol-lowering remedies typically feature middle-aged men and women. The reason: That's when the soft, waxy substance can start to clog arteries, raising the risk of heart disease. But experts say the focus on reducing threats to the heart should start much early, as soon as *early* childhood. If more parents instilled heart-healthy habits from the time their children were toddlers, they could greatly reduce their kids' risk of future problems.

The value of adopting a heart-healthy diet early in life is being demonstrated in an ongoing study in Finland, where researchers in 1990 began following more than 1,000 infants who were 7 months old at the time.

Half of the children were allowed an unrestricted diet, while the parents of the other half were directed to feed their children a diet low in saturated fats -- the unhealthy fats that are typically found in foods from animals. Those parents also received dietary and lifestyle counseling twice a year.

The benefits of the low-saturated fat diets and counseling were revealed in tests done when the children were 11. Ultrasound images of the boys' arteries found that those on the low-saturated fat diets had blood vessels that were better able to widen, allowing blood to flow more freely. No such difference was seen for the girls, a finding reported for females in some adult studies. "The reason for this is not known, but one explanation could be estrogen," said study co-investigator Dr. Olli Raitakari, chief physician at the Turku University Central Hospital. Estrogen, the female sex hormone, influences the number of receptors for LDL cholesterol, the "bad" kind that clogs arteries, he said.

Still, the findings for the boys were very encouraging, Raitakari said, and the researchers believe the benefits for girls will eventually prove true. The study will continue until the children turn 20.

The American Heart Association and the American Academy of Pediatrics recommend that children aged 2 to 3 years old eat a diet in which fats make up 30 percent to 35 percent of total calories. By age 4 and continuing through the teens, fats should make up no more than 25 percent to 35 percent of total calories.

And parents can expect more help from schools to make sure their children are eating properly, Moag-Stahlberg said. Beginning with the 2006-07 school year, schools participating in the U.S. Department of Agriculture child nutrition programs must establish a local wellness policy to meet the requirements of the Child Nutrition and WIC (women, infants and children) Reauthorization Act.

The act, designed to combat the childhood obesity epidemic, calls for schools to offer more fruits and vegetables, milk, and better quality meats. Parents can ask their school officials to outline the new policies for both nutrition and physical activity, Moag-Stahlberg said. "Ask, 'How are you going to meet the new goals?'" she said.

HealthDay



WOMENS' HEALTH UPDATES

EXERCISE BENEFITS TALL PREGNANT WOMEN

NEW YORK (Reuters Health) - Taller women who participate in regular physical exercise during pregnancy may deliver lighter babies, but still within the "normal" birth weight range, which could have health benefits for the baby and the mother, a study shows.

"Our findings support that healthy pregnant women, with no obstetric complications, can perform appropriate physical activity during pregnancy and does not adversely affect birth weight," study chief Dr. Cooker C. D. Perkins from Pepperdine University, Malibu, California, told Reuters Health. "In fact, physical activity may positively affect birth weight, and subsequently positively affect labor, in taller women," she added.

In 51 healthy, nonsmoking women, Perkins and colleagues examined the potential impact of physical activity during pregnancy on infant birth weight and compared that to well-established predictors of birth weight, such as weight gain during pregnancy and maternal height.

As expected, they found a relationship between physical activity during pregnancy and lower birth weight. Women who were active tended to have smaller babies compared with women who were not active.

On closer look, the relationship between physical activity during pregnancy and birth weight was only truly evident in the women who were taller than the average height of the group -- those who were taller than about 5 feet 5 inches.

The shorter women, whether physically active or sedentary, had babies about the same size, and the physically active, taller women also had babies about the same size. However, taller, sedentary women had larger babies than the other three groups (taller active, shorter active, and shorter sedentary).

The difference in birth weights of the women with the lowest and the highest level of physical activity - about 600 grams -- has been associated with blood pressure differences when the child reaches adulthood, Perkins and colleagues note.

SOURCE: Obstetrics and Gynecology, January 2007

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CONFERENCES

Achieving Health Equity Ensuring Access to Care

SAVE THE DATE!

Achieving Health Equity Ensuring Access to Care

April 17 - 18, 2007
 Kauffman Foundation Conference Center • 4801 Rockhill Road, Kansas City, MO

Invited Keynotes:
 • Samuel Betances, PhD • Gloria WilderBrathwaite, MD, MPH • Carmen Tafolla, BA, MA, PhD

Register early - space is limited!
http://muconf.missouri.edu/health_equity

Register early (when registration becomes available)! Participants from Iowa and Nebraska are strongly urged to attend this event and offer ideas for the future four state Region VII conference. To find out further information about this conference, be sure to check back at: http://muconf.missouri.edu/health_equity



CALENDAR OF EVENTS

February 2007

1 - 28

AMD/Low Vision Awareness Month

Prevent Blindness America
211 West Wacker Drive, Suite 1700
Chicago, IL 60606
(800) 331-2020
(847) 843-8458 Fax
info@preventblindness.org
www.preventblindness.org
Materials available
Contact: PBA Consumer and Patient Hotline

1 - 28

National Children's Dental Health Month

American Dental Association
211 East Chicago Avenue
Chicago, IL 60611
(312) 440-2500
publicinfo@ada.org
www.ada.org/goto/ncdhm
Materials available
Contact: Department of Public Information

1 - 28

Prenatal Infection Prevention Month

Group B Strep International
61 Carver Road
West Wareham, MA 02576
(508) 273-7247
info@gbs-intl.org
www.groupbstrepinternational.org
Materials available
Contact: John MacDonald

1 - 28

American Heart Month

American Heart Association
7272 Greenville Avenue
Dallas, TX 75231
(800) 242-8721
inquire@americanheart.org
www.americanheart.org
Materials available
Contact: Program departments or local chapters

1 - 28

National Wise Health Consumer Month

American Institute for Preventive Medicine
30445 Northwestern Highway, Suite 350
Farmington Hills, MI 48334
(248) 539-1800 x222
sjackson@healthylife.com
www.healthylife.com
Contact: Sue Jackson

2

Give Kids A Smile Day

American Dental Association
211 East Chicago Avenue
Chicago, IL 60611
(312) 440-2500
publicinfo@ada.org
www.ada.org/goto/gkas
Materials available
Contact: Department of Public Information

2**National Wear Red Day 2007**

National Heart, Lung, and Blood Institute Health Information Center

Attention: The Heart Truth

P.O. Box 30105

Bethesda, MD 20824-0105

(301) 592-8573

(240) 629-3255 TTY

(301) 592-8563 Fax

nhlbiinfo@nhlbi.nih.govwww.nhlbi.nih.gov/health/hearttruth

Materials available

Contact: Information Specialist

7 - 14**Congenital Heart Awareness Week**

Congenital Heart Information Network

600 North 3rd Street, First Floor

Philadelphia, PA 19123

(215) 627-4034

(215) 627-4306 Fax

mb@tchin.orgwww.tchin.org/aware

Materials available

Contact: Mona Barmash

12 - 17**National Condom Week**

American Social Health Association

P.O. Box 13827

Research Triangle Park, NC 27709

(919) 361-8400

lescun@ashastd.orgwww.ashastd.org

Materials available

Contact: ASHA Media Relations Office

16**National Women's Heart Day**

Sister to Sister: Everyone Has A Heart Foundation, Inc.

4701 Williard Avenue, Suite 223

Chevy Chase, MD 20815

(301) 718-8033

(301) 718-8620 Fax

info@sistertosister.orgwww.womansheartday.org

Materials available

Contact: None designated

4 - 10**National Burn Awareness Week**

Shriners International Headquarters

P.O. Box 31356

Tampa, FL 33631

(813) 281-0300

www.shrinershq.org

Materials available

Contact: Public Relations

11 - 17**Children of Alcoholics Week**

National Association for Children of Alcoholics

11426 Rockville Pike, Suite 301

Rockville, MD 20852

(888) 554-2627

(301) 468-0987 Fax

nacoa@nacoa.orgwww.nacoa.org

Materials available

Contact: Gail Jordan

14**National Donor Day**

Division of Transplantation, OSP, HRSA

U.S. Department of Health and Human

Services

Parklawn Building, Room 16C-17

5600 Fishers Lane

Rockville, MD 20857

(301) 443-7577

ask@hrsa.govwww.organdonor.gov

Materials available

Contact: Division of Transplantation Staff

25 - March 3**National Eating Disorders Awareness Week**

National Eating Disorders Association

603 Stewart Street, Suite 803

Seattle, WA 98101

(800) 931-2239 Information and Referral

Helpline

(206) 382-3587

(206) 829-8501 Fax

info@nationaleatingdisorders.orgwww.nationaleatingdisorders.org

Materials available

Contact: Tonia Brown

We welcome your participation. If you have news to share about publications, workshops, conferences, or know of others that would like to join the network, please e-mail

Irene Felicetti (ilf@umich.edu).
The Center for Health Promotion
<http://www.nursing.umich.edu/chp/>

