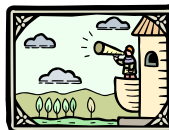


WELCOME TO THE CENTER FOR HEALTH PROMOTION NETWORK!

A Monthly Newsletter Compiled By
THE CENTER FOR HEALTH PROMOTION
November 2006



ANNOUNCEMENTS

NEW REGULATIONS TO FACILITATE ADOPTION OF HEALTH INFORMATION TECHNOLOGY

HHS recently announced final regulations that will support physician adoption of electronic prescribing and electronic health records technology. Electronic prescribing enables a physician to transmit a prescription electronically to the patient's choice of pharmacy or ancillary provider. It can improve patient safety by decreasing prescription errors due to hard-to-read physician handwriting and communication errors, automating the process of checking for drug interactions and allergies and eliminating duplicative laboratory and diagnostic tests. Electronic prescribing also enables physicians and pharmacies to obtain from drug plans information about the patient's eligibility and medication history. Having access to this information at the point of care makes writing, transmitting, and filling prescriptions quicker and easier, and also makes it possible for physicians to make informed decisions about the availability of lower-cost, therapeutically appropriate alternatives to the prescribed medication. Electronic health records technology, when interoperable among health care providers in various settings, offers benefits similar to the benefits of electronic prescribing in terms of reducing medical errors, coordinating care and improving efficiency. Interoperable electronic health records will allow information to be more portable, moving with consumers from one point of care to another. In addition, the implementation of interoperable electronic health records technology is a critical step in achieving secure and seamless information exchange and improving our health care system. For more information, visit the CMS Web site at www.cms.hhs.gov and the OIG Web site at <http://www.oig.hhs.gov>.

NIDA ANNOUNCES RECOMMENDATIONS TO TREAT DRUG ABUSERS, SAVE MONEY, AND REDUCE CRIME

The National Institute on Drug Abuse (NIDA), National Institutes of Health, recently released a landmark scientific report showing that effective treatment of drug abuse and addiction can save communities money and reduce crime. "Principles of Drug Abuse Treatment for Criminal Justice Populations" outlines some of the proven components for successful treatment of drug abusers who have entered the criminal justice system, leading to lower rates of drug abuse and criminal activity. Untreated substance abuse adds significant costs to communities, including violent and property crimes, prison expenses,

court and criminal costs, emergency room visits, child abuse and neglect, lost child support, foster care and welfare costs, reduced productivity, unemployment, and victimization. The cost to society of drug abuse in the year 2002 was \$181 billion -- \$107 billion associated with drug-related crime. "Principles of Drug Abuse Treatment for Criminal Justice Populations" and its companion publication, "Principles of Drug Addiction Treatment" (issued in 1999) can be accessed on NIDA's website <http://www.drugabuse.gov> or by calling 1-800-729-6686.

NHLBI OFFERS UPDATED GUIDE WITH PRACTICAL INFORMATION FOR LOWERING HIGH BLOOD PRESSURE THROUGH DIET

If you're one of the 65 million American adults, one in three, with high blood pressure, you have probably heard the advice, "watch your diet, cut back on salt." But how? Figuring out what to eat and how much to eat is not always simple. The National Heart, Lung, and Blood Institute (NHLBI) has developed "Your Guide to Lowering Your Blood Pressure with DASH" to provide step-by-step advice on lowering and controlling high blood pressure by following the DASH eating plan. DASH, which stands for Dietary Approaches to Stop Hypertension, follows heart-healthy guidelines to limit salt or sodium, saturated fat, trans fat, and cholesterol, and focuses on increasing intake of fruits, vegetables, and fat-free or low-fat milk products. It is also rich in whole grain products, fish, poultry, and nuts. The DASH guide is available for ordering through the NHLBI Information Center, (301) 301-592-8573 or 240-629-3255 (TTY) or online at <http://hp2010.nhlbihin.net/yourguide/> Information is available on the Web at:

Your Guide to Lowering High Blood Pressure With DASH:

<http://www.nhlbi.nih.gov/health/public/heart/hbp/dash/index.htm>

Dietary Guidelines for Americans 2005 and A Healthier You:

www.healthierus.gov/dietaryguidelines/

FREE PUBLICATION HELPS OLDER HISPANICS IMPROVE DOCTOR/PATIENT COMMUNICATION

How well patients and doctors talk to each other is one of the most important parts of getting good health care. As we get older, it becomes even more important to talk often and comfortably with the doctor. Unfortunately, talking to the doctor isn't always easy. It takes time and effort. A new publication from the National Institute on Aging (NIA) can help older adults learn to communicate more effectively with their doctors. "Conversando con su medico" is a 38-page Spanish-language publication that includes information on: Choosing a doctor, Communicating effectively with the doctor and other health care providers, Working with an interpreter, Discussing sensitive issues such as incontinence or sexuality, and Finding additional health information in Spanish. To order a free copy of "Conversando con su médico", please call the NIA Information Center toll free at 1-800-222-2225 Monday through Friday from 8:30 a.m. to 5:00 p.m. Information specialists are available to respond to inquiries in both English and Spanish. You also may order this and other Spanish-language materials on the NIA Web site at www.nia.nih.gov.

AHRQ EVIDENCE REPORT ON TOBACCO USE IS AVAILABLE

AHRQ released an evidence report summarizing available evidence on the effectiveness of community- and population-based efforts to prevent tobacco use and encourage smoking cessation, and on the impact of smokeless tobacco marketing. The report, *Evidence Report on Tobacco Use: Prevention, Cessation, and Control*, was requested and funded by NIH's Office of the Medical Applications of Research for a State-of-the-Science Conference held on June 12-14 in Bethesda, MD. The researchers found notable gaps in the evidence. Some new information confirms conclusions of earlier authoritative reviews of the topics. However, little new information addresses issues that the reviews had not covered, and no new evidence was found that would overturn any earlier recommendations. AHRQ's Evidence-based Practice Center at RTI International and the University of North Carolina conducted the systematic literature review and prepared the report. Select to read the [report](#) and select to read the NIH [consensus statement](#). A print copy is available by sending an e-mail to AHRQpubs@ahrq.hhs.gov.



NEWS

A LITTLE TLC GOES A LONG WAY TOWARD REDUCING HIGH CHOLESTEROL NEW CONSUMER BOOKLET HAS LIFESTYLE TIPS TO REDUCE HEART DISEASE

If you're one of the nearly 65 million Americans with high blood cholesterol, National Cholesterol Education Month (September) is a perfect time to read a new publication designed to help you make the lifestyle changes needed to reduce cholesterol and, with it, your risk for heart disease. "Your Guide to Lowering Your Cholesterol with TLC (Therapeutic Lifestyle Changes)" from the National Heart, Lung, and Blood Institute (NHLBI) of the National Institutes of Health details a three-part program of diet, physical activity, and weight management designed to bring cholesterol levels down. The 80-page easy-to-read booklet is based on the NCEP's guidelines on cholesterol management. These guidelines emphasize the importance of therapeutic lifestyle changes (TLC) -- intensive use of heart-healthy eating, physical activity, and weight control -- for cholesterol management. To help people lose those extra pounds, the guide includes calorie-cutting strategies, ideas for substituting lower calorie foods for high calorie favorites, and a handy chart of portion sizes based on NHLBI's Portion Distortion Interactive Quiz:

<http://hin.nhlbi.nih.gov/portion/>. There are also sample menus for TLC at different calorie levels.

The new guide is the latest in the NHLBI "Your Guide to Better Health" series. Other "Guides" include "Your Guide to Lowering Your Blood Pressure With DASH; Your Guide to a Healthy Heart; Your Guide to Physical Activity and Your Heart; Your Guide to Living Well With Heart Disease; and Your Guide to Healthy Sleep." For an online version of the new booklet, go to:

http://www.nhlbi.nih.gov/health/public/heart/chol/chol_tlc.htm. Printed copies are available for \$4.00 through the NHLBI website or from the NHLBI Information Center at P.O. Box 30105, Bethesda, MD 20824-0105, or at 301-592-8573 or 240-629-3255 (TTY). For more information on cholesterol and heart disease, check out the following NHLBI resources:

What is High Blood Cholesterol?

http://www.nhlbi.nih.gov/health/dci/Diseases/Hbc/HBC_WhatIs.html.

High Blood Cholesterol, What you Need to Know

EASY-TO-READ BOOKLETS ON ALZHEIMER'S DISEASE, MEMORY LOSS OFFERED BY NIA

The National Institute on Aging (NIA), a component of the National Institutes of Health, now offers two free booklets designed to help people with limited literacy skills learn about Alzheimer's disease (AD) and memory loss. In these easy-to-read booklets, the medical and technical language has been replaced by plain language, stories, photographs, and other features to help readers understand the content. To order copies or for more information about these booklets, visit the ADEAR Center Web site at www.alzheimers.nia.nih.gov, or call 1-800-438-4380. Bulk orders are welcome.

NEW TEST MEASURES SPANISH-SPEAKING PATIENTS' UNDERSTANDING OF BASIC MEDICAL TERMINOLOGY

Researchers have developed an easy-to-use word-recognition test to assess Spanish speakers' comprehension of medical terms commonly used in clinics and community health programs. Low health literacy plays an important role in health disparities and may contribute to high health care cost, low quality of care, and even medical errors. The researchers evaluated the test-the Short Assessment of Health Literacy for Spanish-Speaking Adults or SAHLSAon 201 Spanish-speaking clinic patients from various countries and found that it could reliably identify those with low health literacy. The test, which asks patients to identify words such as *embarazo* (pregnancy), *microbios* (germs), and *infección* (infection), found no major differences among the groups except that patients of South American origin scored higher. According to the study's leader, Shouou-Yih D. Lee, Ph.D., of the University of North Carolina School of Public Health, the new tool overcomes the problems encountered in translating word-recognition health literacy assessment into Spanish and can be used in clinics as well as in community health programs. The article, "Development of an Easy-to-Use Spanish Health Literacy Test," was published in the August issue of Health Services Research. Select to read the [abstract](#) in PubMed.

NURSE-LED CARE IMPROVES FUNCTIONING IN HEART FAILURE PATIENTS IN MINORITY COMMUNITIES

Patients with heart failure whose care is directed by nurse managers can perform everyday activities better and have fewer hospitalizations than patients who manage their own care, according to an AHRQ-funded study that appears in the August 15 Annals of Internal Medicine. Researchers led by Jane Sisk, Ph.D., of Mount Sinai School of Medicine and currently at the Centers for Disease Control and Prevention's National Center for Health Statistics, enrolled 406 heart failure patients, about one-half of whom were African American and one-third of whom were Hispanic, from ambulatory practices affiliated with Harlem, New York, hospitals. The patients were randomly assigned to a nurse-management group or a usual-care group. By 9 months, nurse-managed patients reported only slight limitations in their physical functioning, while self-managed patients reported marked limitations. This difference persisted through the 12-month intervention period. Also, the nurse-managed patients had fewer hospitalizations at 12 months: 143, as opposed to 180 for the self-managed patients. Select to read the [abstract](#) in PubMed.

RECENTLY PUBLISHED DATA FROM STATEHEALTHFACTS.ORG

Statehealthfacts.org has recently added new and updated data on [Demographics & the Economy](#), [Health Coverage & Uninsured](#), [Medicaid & SCHIP](#), and [HIV/AIDS](#). In addition to the updates listed below, you can view a list of all [recent updates](#).

[Demographics & the Economy](#)

- [Population Characteristics](#)
- Demographic data for the total population - [age](#), [gender](#), [citizenship status](#), [family structure](#), [income](#), [metropolitan area](#), and [race/ethnicity](#) - have been updated to 2005 using data from the Census Bureau's 2006 Current Population Survey (CPS). Updated demographic data on people living in [poverty](#) and [minority](#) populations are also available by state and by region.

[Health Coverage & Uninsured](#)

- [Health Insurance Status](#)
- Health coverage data for key populations - the [nonelderly](#), [adults](#), [children](#), [men](#), and [women](#), and people living in [poverty](#) have been updated to 2005 using the latest CPS data and are available by state and region. Data on individuals with [Employer-Sponsored Insurance](#), [Medicaid](#), and the [Uninsured](#) have also been updated.

[Medicaid & SCHIP](#)

To compare your state's Medicaid program and the population it serves to other states and the nation, visit Kaiser's interactive online [State Medicaid Fact Sheets](#) tool.

- [Medicaid Budget Policy](#)
- New data from the latest 50-state Medicaid budget survey by the Kaiser Commission on Medicaid and Uninsured on state Medicaid budget policies to control costs in Medicaid or to expand the program are now available for state FY2006 and FY2007. The number of states that have implemented or proposed Medicaid [cost-containment actions](#) related to provider payment changes, eligibility cuts, pharmacy controls, benefit reductions, co-pays, managed care expansions, disease and case management, fraud and abuse, and long term care are available by state and region. Also available is information about [positive Medicaid policy actions](#), which increase provider payments, expand benefits, increase eligibility, or change the delivery of long term care services.



PHYSICAL ACTIVITY UPDATES

NHLBI OFFERS COMPLETE GUIDE TO PHYSICAL ACTIVITY FOR A HEALTHY HEART

About 60 percent of U.S. adults do not get the recommended levels of physical activity, yet research suggests that regular physical activity is essential for maintaining a healthy heart. To help people jump-start and maintain a physical activity program for their heart, the National Heart, Lung, and Blood Institute (NHLBI) of the National Institutes of Health (NIH) has developed a new publication. "Your Guide to Physical Activity and Your Heart" presents comprehensive and easy-to-understand information on the impact of physical activity on your heart, as well as the power of physical activity to keep you healthy overall. Since physical inactivity is one of several major heart disease risk factors that you can do something about, the 44-page guide is full of practical tips, including sample walking and jogging programs, instructions for finding your target heart rate zone, ideas for making fitness a family affair, and an overview of the best physical activities for a healthy heart. The new guide is the latest in the NHLBI "Your Guide to Better Health" series. The series provides easy-to-read science-based health information and features compelling testimonials from people about their real-life experiences with improving their health. Other "Guides" include "Your Guide to Lowering Your Blood Pressure With DASH"; "Your Guide to a Healthy Heart"; "Your Guide to Lowering Your Cholesterol With TLC"; "Your Guide to Living Well With Heart Disease"; and "Your Guide to Healthy Sleep". The guides can be downloaded for free from the NHLBI Website (www.nhlbi.nih.gov) or can be ordered through the NHLBI Information Center, (301) 301-592-8573 or 240-629-3255 (TTY) or online at <http://hp2010.nhlbihin.net/yourguide/>.

ARTICLE ASSESSES RELATIONSHIP BETWEEN NEIGHBORHOOD TYPE AND ADOLESCENT OVERWEIGHT AND ACTIVITY LEVELS

"Not only do these findings help illustrate the important effects of neighborhood on health, but they also demonstrate the inherent complexity of these relationships," state the authors of an article published in the August 2006 issue of the American Journal of Preventive Medicine. Overweight and obesity have emerged as national public health concerns, with adolescence as an important developmental period. Built and social environments are important determinants of obesity-related health behavior (e.g., physical activity [PA]) and targets for intervention strategies. Using data from a nationally representative, ethnically diverse sample of adolescents, the aims of the study described in this article were to (1) identify meaningful patterns of sociodemographic and built features in neighborhood environments that have been identified as potentially important determinants of PA and (2) describe the associations between these neighborhood patterns and adolescent residents' PA and weight status. Nelson MC, Gordon-Larsen P, Song Y, et al. 2006. Built and social environments: Associations with adolescent overweight and activity. American Journal of Preventive Medicine 31(2):109-117. Abstract available at:

http://www.sciencedirect.com/science?_ob=ArticleURL&_udi=B6VHT-4KC0W9F-1&_user=655954&_handle=V-WA-A-W-AW-MSAYVW-UUW-U-AACZVYWZEA-AACVUZBVEA-WVYVEWWB-AW-U&_fmt=summary&_coverDate=08%2F31%2F2006&_rdoc=1&_orig=browse&_srch=%23to%236075%232006%23999689997%23627285!&_cdi=6075&_view=c&_acct=C000035538&_version=1&_urlVersion=0&_userid=655954&_md5=834b8674f08421c59090601762cb1145.

(Note: You may have to cut and paste the URL due to the length of it.)



HIV/AIDS UPDATES

POLITICS AND POLICY: PROPOSED CHANGES TO RYAN WHITE CARE ACT WOULD HARM TREATMENT EFFORTS AMONG HIV-POSITIVE LATINOS, PANEL MEMBERS SAY

Proposed changes to the [Ryan White CARE Act](#), which provides funding for HIV/AIDS programs in the U.S., would result in inadequate funding for treatment efforts among HIV-positive Latinos, members of a panel held by the [Latino Commission on AIDS](#) and the [Hispanic Federation](#) said on Wednesday, *CQ HealthBeat* reports (Blinkhorn, *CQ HealthBeat*, 10/4). Congress on Saturday adjourned without the Senate passing a measure to reauthorize the CARE Act. Five senators, including some from New Jersey and New York, on Friday blocked Senate consideration of a House-approved bill ([HR 6143](#)) sponsored by Rep. Mary Bono (R-Calif.) that would change CARE Act funding formulas so that rural areas experiencing increasing numbers of HIV/AIDS cases receive increased funding amounts, which would decrease funding allocated to urban areas. The government will allocate about \$2 billion for CARE Act programs in fiscal year 2006. The bill -- which the House last week

voted 325-98 to pass -- would authorize funding increases of 3.7% annually from 2008 through 2011. Bono's bill also would require that 75% of CARE Act funds be used for "core medical services," while remaining funds would be allocated for care-related services. Some legislators from states with large urban areas -- including California, New Jersey and New York -- have opposed measures that would change CARE Act funding formulas, saying they could harm HIV/AIDS programs in areas with higher HIV prevalence (*Kaiser Daily HIV/AIDS Report*, 10/2).

FORUM ON CDC'S NEW HIV TESTING RECOMMENDATIONS

The Kaiser Family Foundation hosted a panel discussion on October 3 in Washington, D.C., to explore the implications of the Centers for Disease Control and Prevention's revised recommendations on HIV testing, which say HIV tests should become a routine part of medical care for patients ages 13 to 64.

Kaiser Vice President and Director of HIV Policy Jennifer Kates moderated a panel discussion that included Bernard Branson, M.D., associate director for Laboratory Diagnostics Divisions of HIV/AIDS Prevention, National Center for HIV, STD and TB Prevention, Centers for Disease Control and Prevention; Frank Oldham, executive director, National Association of People with AIDS; Marsha Martin, senior deputy director, Administration for HIV/AIDS Policy and Programs, Department of Health, Washington, D.C.; David Holtgrave, professor and chair, Department of Health, Behavior and Society at the Johns Hopkins Bloomberg School of Public Health; and Bruce Rashbaum, M.D., Capital Medical Associates, Washington, D.C.

 [Fact Sheet: HIV Testing in the United States](#)

 [CDC Revised Recommendations on HIV Testing](#)

 [CDC HIV Testing in Healthcare Settings](#)

[Research Results for the Public: HIV/AIDS](#)

<http://www.nih.gov/about/researchresultsforthepublic/HIV-AIDS.pdf>
National Institutes of Health

CANCER UPDATES



ANNUAL REPORT TO THE NATION FINDS CANCER DEATH RATES CONTINUE TO DROP, LOWER CANCER RATES OBSERVED IN U.S. LATINO POPULATIONS

A new report from the nation's leading cancer organizations finds that Americans' risk of dying from cancer continues to drop, maintaining a trend that began in the early 1990s. However, the rate of new cancers remains stable. The "Annual Report to the Nation on the Status of Cancer, 1975-2003, Featuring Cancer among U.S. Hispanic/Latino Populations" is published in the October 15, 2006, issue of "Cancer" *. The report includes comprehensive data on trends over the past several decades for all major cancers. It shows that the long-term decline in overall cancer death rates continued through 2003 for all races and both sexes combined. The declines were greater among men (1.6 percent per year from 1993 through 2003) than women (0.8 percent per year from 1992 through 2003), although rates for men remain 46 percent higher than for women. Death rates decreased for 11 of the 15 most common cancers in men and for 10 of the 15 most common cancers in women. The authors attribute the decrease in death rates, in part, to successful efforts to reduce exposure to tobacco, earlier detection through screening, and more effective treatment, saying that continued success will depend on maintaining and enhancing these efforts. Overall cancer incidence rates for both sexes and all races combined have been stable from 1992 through 2003. Overall rates for men were stable from 1995 through 2003, while rates for women increased from 1979 through 2003. Notably, incidence rates for female breast cancer stabilized from 2001 through 2003, ending increases that began in the 1980s. For more information on this report, visit the following Web sites:

<http://www3.interscience.wiley.com/cgi-bin/abstract/112777119/ABSTRACT?CRETRY=1&SRETRY=0>



CHILD HEALTH UPDATES

TRACKING AMERICA'S VULNERABLE CHILDREN "AN OVERVIEW OF SELECTED DATA ON CHILDREN IN VULNERABLE FAMILIES"

"

This paper presents trends in the number of children in families facing problems such as domestic violence, substance abuse, depression, and childhood disabilities. These families are of particular importance to policymakers because of the risk to children's safety and development, the challenges to parents' ability to raise children amid these major stressors, and the potential need for a strong public role to meet children's needs when parents cannot.

HEALTH COVERAGE FOR LOW-INCOME CHILDREN "The Role of Medicaid and SCHIP as an Insurance Safety Net"

This brief documents the state variation and decline in employer-sponsored health insurance for low-income adults and children between 2000 and 2004. During this period, rates for children fell by more than 2 percentage points because Medicaid and the State Children's Health Insurance Program expanded to offset that decline. Without public programs serving as the same coverage safety net, uninsured rates for adults increased nearly 3 percentage points.

A BETTER CHILD CARE SYSTEM Toward a New Child Care Policy

This paper describes the primary components of the U.S. child care subsidy system and highlights variation in policies across states. It also describes challenges facing the system, including state fiscal constraints and access to quality care for low-income children. The author identifies state-level efforts to improve the quality of care through rating systems and to coordinate child care with early education systems.

MOTHERS LIVING APART FROM THEIR CHILDREN

"Thirty-nine percent of children with a nonresident mother live apart from both parents, while only 10 percent of those with a nonresident father live with neither parent." From ["The Economic Reality of Nonresident Mothers and Their Children,"](#)

OVERWEIGHT IN EARLY CHILDHOOD INCREASES CHANCES FOR OBESITY AT AGE 12

Children who are overweight as toddlers or preschoolers are more likely to be overweight or obese in early adolescence, report researchers in a collaborative study by the NIH and several academic institutions. The researchers periodically collected height and weight measurements of a sample of children, beginning at age 2 and continuing until age 12. Their analysis, appearing in the September "Pediatrics", provides some of the strongest evidence to date that overweight in early childhood increase the chances for overweight in later life. A large number of studies have found that obesity persists from childhood, through adolescence and into adulthood. Obese adolescents are likely to become overweight adults and, as such, at risk for the complications of obesity --cardiovascular disease, high blood pressure, stroke, and diabetes. Most previous studies have collected height and weight information only from a few intervals in childhood and 1 or 2 intervals in later life. The strength of the current analysis is that it was conducted on data collected during frequent intervals over an extended period of time, from age 2 through age 12. The study authors also found that no children in the study who were below the 50th percentile at preschool or elementary school age were overweight at age 12. Information about the NICHD Study of Early Child Care and Youth Development is available at <http://www.nichd.nih.gov/od/secc/index.htm>.

YOUTH OVERWEIGHT INCREASES RISK OF BONE FRACTURES, MUSCLE AND JOINT PAIN

Children and adolescents who are overweight are more likely than their normal weight counterparts to suffer bone fractures and have joint and muscle pains, according to a study conducted at the National Institutes of Health. The researchers also found that the overweight youth in the study were more likely than non-overweight youth to develop changes in the knee joint that make movement more difficult. The study appears in the June 2006 "Pediatrics". A new NIH curriculum, Media Smart Youth, seeks to prevent youth overweight by helping youth evaluate the messages they see in the media and by making informed choices regarding diet and exercise. The Media Smart Youth materials are available at <http://www.nichd.nih.gov/msy>. The NIH We Can! (Ways to Enhance Children's Activity and Nutrition) Program provides parents, caregivers and community organizations with practical tools to help children 8-13 years old stay at a healthy weight. Tips, fun activities, and curricula for parents and youth, including Media Smart Youth, focus on three critical behaviors: improved food choices, increased physical activity and reduced screen time. The We Can! Materials are available at <http://wecan.nhlbi.nih.gov> or by calling toll-free 1-866-35-WECAN.

CHARTBOOK PROVIDES DATA ON OVERWEIGHT AND PHYSICAL ACTIVITY AMONG CHILDREN AND ADOLESCENTS

Overweight and Physical Activity Among Children: A Portrait of States and the Nation 2005 presents national and state-level data on the prevalence of overweight in children and adolescents (ages 10-17) within the context of family structure, poverty level, parental health and habits, and community surroundings. The chartbook, produced by the Maternal and Child Health Bureau, is based on parent reports from the National Survey of Children's Health. Survey findings for each state and the District of Columbia are presented in comparison with national statistics and include (1) the percentage of children and adolescents who are overweight, (2) the percentage of children and adolescents who exercised or participated in physical activity for 20 minutes or more per day during the past week, (3) the percentage of children and adolescents who were on a sports team or took sports lessons during the past 12 months, and (4) the percentage of children and adolescents who have parents who exercise regularly. Several of the indicators are also shown by one or more of the following: child's or adolescent's age, family income, and child's or adolescent's sex. The chartbook is intended for use by health professionals, program administrators, educators, policymakers, and others in their efforts to promote healthy weight and physical activity among children and adolescents. The chartbook is available at <http://nschdata.org/documents/OverweightChartBook.pdf>.

PAPER EXAMINES EFFORTS TO ADDRESS UNIQUE HEALTH ISSUES AND HEALTH CARE COVERAGE REQUIREMENTS OF YOUNG ADULTS

Young People's Health Care: A National Imperative examines young adult (ages 19-24) health status, with an emphasis on health care access and utilization. The issue paper, published by the National Institute for Health Care Management Research and Educational Foundation, contains a short introduction on why the young adult population merits more attention; the introduction is followed by a discussion of young adult health issues. Section one presents an overview of young adult health issues and social influences, and section two discusses implications for the delivery and financing of health care for young adults. Innovative efforts to address health care coverage of young adults and selected resources on young adult health are included in the appendices. The paper is intended to inform policymakers, health professionals, health insurance purchasers, beneficiaries, and young adults and their families about the health status and coverage issues young adults face as they strive to reach self-sufficiency. The paper is available at <http://www.nihcm.org/finalweb/YoungPeoplesHCFINAL.pdf>.

REPORT PRESENTS EXAMPLES OF STATE ACTION TO ADDRESS THE NEEDS OF CHILDREN UNDER AGE 3

Starting Off Right: Promoting Child Development from Birth in State Early Care and Education Initiatives seeks to support state leaders who endeavor to develop early care and education policies that support child development from birth. The report, published by the Center for Law and Social Policy, provides background data on infants and toddlers and their participation in early care and education; outlines a framework and highlights state examples of both policy initiatives to promote child development from birth to age 3 and state governance and funding strategies to support birth-to-3 policies; suggests key steps and considerations for state leaders; and discusses emerging themes that cut across birth-

to-3 early care and education policy issues. A list of primary contacts for state examples is also included. The full report, an executive summary, and additional resources are available at <http://www.clasp.org/publications/startingoffright.htm>.

REPORT ANALYZES CONTENT OF ONLINE FOOD MARKETING TO CHILDREN

Its Childs Play: Advergaming and the Online Marketing of Food to Children provides a systematic analysis of the content of online food marketing to children. The report, published by the Kaiser Family Foundation, focuses on a study of corporate Web sites that either target children directly or contain content that would likely be of interest to children under age 12. The study investigated general aspects of the Web sites, specific details about a brand's presence on the sites, and each game that is available on the sites. The discussion of specific findings is organized into seven major topics: (1) "advergaming," defined as advertiser-sponsored video games with embedded brand messages; (2) the overall level of brand exposures children experience on the sites and the relationship of these brands to nutritional information and claims that also appear on the sites; (3) marketers' efforts to customize visitors' experiences; (4) the use of marketing partnerships or brand alliances on the sites, (5) educational activities, (6) specific methods used to extend the online experience beyond the site visit and the prevalence of these methods, and (7) evidence relevant to existing Web site protections for children. A summary and conclusions are also presented. The report is intended to help policymakers, advocates, and those in the food industry understand the nature and scope of the online environment children face. The report and a webcast of a roundtable discussion featuring food industry leaders, government health officials, and consumer advocates are available at <http://www.kff.org/entmedia/entmedia071906pkg.cfm>.

BRIEF HIGHLIGHTS SIGNIFICANCE OF PARENTS IN SHAPING ADOLESCENTS' BEHAVIORS AND CHOICES

The Family Environment and Adolescent Well-Being: Exposure to Positive and Negative Family Influences reports data on adolescents' experiences in their families, identifies where disparities exist and where needs for intervention are greatest, and discusses the implications for parenting and for policy. The brief was published by Child Trends and the National Adolescent Health Information Center with support from the Maternal and Child Health Bureau. Topics include parent-adolescent closeness and communication, parental monitoring, eating meals together, and parental health behaviors. The brief is intended for use by policymakers and educators in taking preventive actions and teaching and building positive behaviors before serious health consequences are experienced. The brief is available at <http://ent.groundspring.org/EmailNow/pub.php?module=URLTracker&cmd=track&j=84166725&u=773146>.



WOMENS' HEALTH UPDATES

FOUR IN 10 WOMEN FACE PARTNER ABUSE AND HEALTH PROBLEMS

Forty-four percent of women ages 18 to 64 who enrolled in a large Seattle-based HMO reported experiencing physical, sexual, or psychological violence by current or former spouses, live-in partners, or dating partners during their adult lifetime. This study and an accompanying study on the same sample of 3,400 women were conducted by researchers with Group Health Cooperative and the University of Washington School of Medicine. In the first study, Robert S. Thompson, M.D., and colleagues found that 44 percent of women reported intimate partner violence of any type in their lifetime, with 67 percent of those women indicating they experienced more than one type of violence. Between 11 percent and 21 percent of the women suffered abuse from more than one partner. The persistence of abuse varied, with up to 13 percent of the women saying it persisted for more than 20 years. Select to read the [abstract](#) in PubMed. In the second study, Amy E. Bonomi, Ph.D., and colleagues found that the health of women who had been abused in the previous 5 years was poorer than that of women who had never been abused. Women who experienced recent physical and/or sexual abuse were four times more likely to report severe depressive symptoms and three times more likely to report fair or poor health; they also reported lower social functioning and more physical symptoms, such as nausea and back pain. The effects of physical abuse (slapping, hitting, kicking, or forced sex) were stronger than those of nonphysical abuse (threats, chronic disparaging remarks, or controlling behavior) alone; but nonphysical abuse also eroded these women's health. The study was published in the June issue of the *American Journal of Preventive Medicine*. Select to read the [abstract](#) in PubMed

STUDY EXAMINES ACCULTURATION, SOCIAL SUPPORT, AND HEALTH BEHAVIORS DURING PREGNANCY AMONG WOMEN OF MEXICAN DESCENT

"Our finding that high levels of social support may prevent some of the deterioration in diet that occurs with increased time in the US . . . has relevance for prenatal care providers," state the authors of an article published in the June 2006 issue of *Social Science and Medicine*. Among women of Mexican descent, increased acculturation in the United States has been associated with poorer health behaviors during pregnancy. The article examines the interrelationship among acculturation, social support, and health behaviors in Mexican and Mexican-American pregnant women living in an agricultural community in California. Subjects were participants in a longitudinal birth cohort study of the health of pregnant women and their children living in the Salinas Valley of California. Women were interviewed three times: near the end of the first trimester of pregnancy (enrollment), at the end of the second trimester of pregnancy, and following delivery.

Harley K, Eskenazi B. 2006. Time in the United States, social support and health behaviors during pregnancy among women of Mexican descent. *Social Science and Medicine*

62(12):3048-3061. Abstract available at

http://www.sciencedirect.com/science?_ob=ArticleURL&_udi=B6VBF-4HYV0B3-2&_user=10&_handle=V-WA-A-W-WC-MSAYWA-UUW-U-AACWWZVZCD-AAVEYVCVCD-EAEDCWCCA-WC-U&_fmt=summary&_coverDate=06%2F30%2F2006&_rdoc=11&_orig=browse&_srch=%23toc%235925%232006%23999379987%23622132!&_cdi=5925&view=c&_acct=C000050221&_version=1&_urlVersion=0&_userid=10&md5=2ea08c24680d45da5706e0476ecff9ee.

(Note: May need to cut and paste URL due to its length.)



CONFERENCES

NONE TO REPORT THIS MONTH



CALENDAR OF EVENTS

November 2006

1 - 30

National Hospice Month

National Hospice and Palliative Care Organization
1700 Diagonal Road, Suite 625
Alexandria, VA 22314
(703) 837-1500
nhpco_info@nhpco.org
www.nhpco.org
Contact: Jon Radulovic

1 - 30

Foot Health Issues Related to Diabetes Awareness Month

American Podiatric Medical Association
9312 Old Georgetown Road
Bethesda, MD 20814
(301) 581-9200
(301) 530-2752 Fax
jescherer@apma.org
www.apma.org
Materials available
Contact: Julia Scherer

1 - 30

Pancreatic Cancer Awareness Month

Pancreatic Cancer Action Network
2141 Rosecrans Avenue, Suite 7000
El Segundo, CA 90245
(877) 272-6226
(310) 725-0025
(310) 725-0029 Fax
information@pancan.org
www.pancan.org
Materials available
Contact: none available

1 - 30

Lung Cancer Awareness Month

Lung Cancer Alliance
888 16th Street, NW, Suite 800
Washington, DC 20006
(202) 463-2080
(800) 298-2436
info@lungcanceralliance.org
www.lungcanceralliance.org
Materials available
Contact: Sarah Temin

1 - 30

National Adoption Month

National Council for Adoption
225 North Washington Street
Alexandria, VA 22314
(866) 21-ADOPT (212-3678)

info@adoptioncouncil.org

www.adoptioncouncil.org

Materials available

Contact: none available

1 - 30

National Healthy Skin Month

American Academy of Dermatology
930 East Woodfield Road
Schaumburg, IL 60173
(888) 462-DERM (3376)
(847) 330-0230

mediarealtions@aad.org

www.aad.org

Materials available

Contact: Lisa Doty

1 - 30

Jaw Joints - TMJ Awareness Month

The TMJ Association, LTD
P.O. Box 26770
Milwaukee, WI 53226-0770
(414) 259-3223
(414) 259-8112 Fax

info@tmj.org

www.tmj.org

Materials available

Contact: Terrie Cowley

1 - 30

COPD Awareness Month

U.S. COPD Coalition
P.O. Box 83027
Gaithersburg, MD 20883
(301) 926-1938
(301) 869-3768 Fax

shurd@prodigy.net

www.uscopd.org

Materials available

Contact: Suzanne Hurd

1 - 30**PH (Pulmonary Hypertension) Awareness Month**

Pulmonary Hypertension Association
 801 Roeder Road, Suite 400
 Silver Spring, MD 20910
 (301) 565-3004
 (301) 565-3994 Fax
pha@phassociation.org
www.phassociation.org

Materials available

Contact: Advocacy & Awareness Department

1 - 30**Diabetic Eye Disease Month**

Prevent Blindness America
 211 West Wacker Drive, Suite 1700
 Chicago, IL 60606
 (800) 331-2020
info@preventblindness.org
www.preventblindness.org

Materials available

Contact: PBA Consumer and Patient Hotline

1 - 30**National Epilepsy Awareness Month**

Epilepsy Foundation
 4351 Garden City Drive
 Landover, MD 20785
 (800) 332-1000
 (800) 213-5821 Publications
postmaster@efa.org
www.epilepsyfoundation.org

Materials available

Contact: Mary Ann Maurey

1 - 30**National Family Caregivers Month**

National Family Caregivers Association
 10400 Connecticut Avenue, Suite 500
 Kensington, MD 20895-3944
 (800) 896-3650
 (301) 942-2302 (Fax)
info@thefamilycaregiver.org
www.thefamilycaregiver.org

Materials available

Contact: none available

1 - 30**American Diabetes Month**

American Diabetes Association
 1701 North Beauregard Street
 Alexandria, VA 22311
 (800) DIABETES (342-2383)
askada@diabetes.org
www.diabetes.org

Materials available

Contact: Local Affiliates

1 - 30**Prematurity Awareness Month**

March of Dimes Birth Defects
 Foundation
 1275 Mamaroneck Avenue
 White Plains, NY 10605
 (888) MODIMES (663-4637)
askus@marchofdimes.com
www.marchofdimes.com

Materials available

Contact: Pregnancy and Newborn Health Education Center

15

World COPD Day

U.S. COPD Coalition
 P.O. Box 83027
 Gaithersburg, MD 20883
 (301) 926-1938
 (301) 869-3768 Fax
shurd@prodigy.net
www.goldcopd.org
 Materials available
 Contact: Suzanne Hurd

19 - 25

**GERD Awareness Week
(Gastroesophageal Reflux Disease)**

International Foundation for Functional
 Gastrointestinal Disorders
 P.O. Box 170864
 Milwaukee, WI 53217
 (888) 964-2001
 (414) 964-1799
iffgd@iffgd.org
www.aboutGERD.org
 Materials available
 Contact: Nancy Norton

16

Great American Smokeout

American Cancer Society
 1599 Clifton Road, NE
 Atlanta, GA 30329
 (800) ACS-2345
www.cancer.org
 Materials available
 Contact: National Office

21

Prematurity Awareness Day

March of Dimes Birth Defects Foundation
 1275 Mamaroneck Avenue
 White Plains, NY 10605
 (888) MODIMES (663-4637)
askus@marchofdimes.com
www.marchofdimes.com
 Materials available
 Contact: Pregnancy and Newborn Health
 Education Center

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/>
