



## For Your Information – August 2009

At the State Board of Health (SBOH), we believe information is essential. For several years we have been making SBOH and health-related information available through the distribution of our Board meeting agendas with an attached segment simply called, "FYI". To make this information more accessible we have created this Web page. This page will be updated on a regular basis and should be considered the go-to source for current information on correspondence to and from the Board, a selection of health publications, and health-related conferences.

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### Events and Conferences

#### October 2009

<b>Date</b>	<b>Name and Location</b>
Oct. 5-6	<b>Joint Conference on Health</b> Yakima, WA For information: <a href="http://www.wspha.org/JCH1.html">http://www.wspha.org/JCH1.html</a>
Oct. 16-17	<b>Latino Summit &amp; Institute 2009</b> Bellevue, WA For information: <a href="http://www.latinocommunityfund.org/summit09.html">http://www.latinocommunityfund.org/summit09.html</a>

#### June 2010

<b>Date</b>	<b>Name and Location</b>
Jun. 5-9	<b>National Environmental Health Association (NEHA) 74th Annual Education Conference</b> Albuquerque, New Mexico For information: <a href="http://www.neha.org">www.neha.org</a>

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## Correspondence

### Correspondence from the Board

**To: The Honorable Christine O. Gregoire, Governor of Washington**

From: Treuman Katz, Chair, Washington State Board of Health, July 28, 2009

*Letter encouraging her continue support for the comprehensive approach to public health and community wellness that is reflected in various drafts of the Affordable Health Choices Act.*

**To: Mr. Doug Ross, City Administrator, Medical Lake**

From: Treuman Katz, Chair, Washington State Board of Health, August 4, 2009

*Letter responding to petition for rule making for Group A Water Systems.*

### Correspondence to the Board

To: Treuman Katz, Chair, Washington State Board of Health

**From: Julia Patterson, Chair, King County Board of Health, July 17, 2009**

*Invitation to attend Puget Sound Forum on Federal Health Care Reform on August 11, from 9:30 - 11:30 a.m. in Seattle.*

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## General Interest

**Childhood Obesity is a serious concern in New York City: Higher levels of fitness associated with better academic performance**

*NYC Health, Vol. 8, No. 1, June 2009*

Childhood obesity is epidemic throughout the United States. In 1980, 7% of children ages six to 11 years were considered obese. By 2006, this figure more than doubled to 17%. Childhood obesity increases the likelihood of adult obesity, which is associated with heart disease and cancer. Both childhood and adult obesity are associated with diabetes, high blood pressure, and high cholesterol. Physical activity has many health benefits, including preventing obesity and losing weight. The Office of Fitness and Health Education was created in 2003 as a joint effort between the NYC Department of Health and Mental Hygiene (DOHMH) and the NYC Department of Education (DOE).

**Menu Labeling: Does Providing Nutrition Information at the Point of Purchase Affect Consumer Behavior?**

*RWJF, June 2009*

Americans spend nearly half of their food budget on away-from-home food, and 45 percent of adults agree that restaurants are an essential part of their lifestyle.<sup>1</sup> In addition to purchasing meals for their own consumption, parents frequently purchase restaurant foods for their children.<sup>2, 3</sup> The majority of parents report purchasing restaurant food for a family meal one or more times per week.<sup>2</sup> Annual restaurant sales are projected to total \$395 billion by the end of 2009, up from \$42.8 billion in 1970.<sup>1, 4</sup>

**Partnering with Parents and Families to Support Immigrant and Refugee Children at School**

*Center for Health and Health Care in Schools, June 2009*

An influx of immigrants and refugees over the past two decades has changed the face of American classrooms. Coming to the United States in search of a better life for their children, immigrant and refugee families care greatly about education and have high aspirations for their children. As immigrant and refugee children enter school, they are optimistic about their future and tend to work hard.<sup>1,2,3</sup> Yet that is not what you may hear from many American educators. Faculty and administrators raise concerns

that these students don't pay attention in class or act out, and that their families don't support the school. Oft-heard faculty remarks about these students tell the story: "They don't have the experiences necessary for school." "They lack basic social skills." "Their parents don't care."

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## Public Health Leadership Positions Available

### Public Health Nurse II - First Steps Program

Kittitas County Health Department

Closes: When Filled

For information:

<http://www.co.kittitas.wa.us/hr/jobs.asp?jobID=348>

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## Publications - General Media

### An Emerging Middle Ground? An Analysis of Health Reform Positions

*RWJF, July 06, 2009*

With various versions of health care reform legislation being passed around Capitol Hill, and outspoken advocates pressing agendas on all sides, most recent news reports have highlighted the most contentious issues. But a new report suggests that health reform discussions so far have yielded more agreement than may at first meet the eye. The report identifies and explores eight areas in which diverse business, medical and consumer interests are beginning to find middle ground and earn the support of bipartisan lawmakers.

### Arsenic and lead: Dirty words at schools

*YAKIMA HERALD-REPUBLIC, July 14, 2009*

YAKIMA, Wash. -- Playgrounds at two Yakima elementary schools are getting a blanket of clean dirt this summer to cover soil tainted with lead and arsenic deposited decades ago. But similar work planned for several other area schools could be several years away. Like many Central Washington schools, Gilbert and Robertson elementary schools were built atop former orchards where arsenic and lead were sprayed as pesticides from the turn of the century to the early 1950s.

### Blacks are most obese group, study finds

*The Olympian, July 16, 2009*

ATLANTA – Nearly 36 percent of black Americans are obese - much more than other major racial or ethnic groups - and that gap exists in most states, a new federal study finds. About 29 percent of Hispanics and 24 percent of whites are obese, the Centers for Disease Control and Prevention reported. Racial differences in obesity rates have been reported before, and health officials were not surprised to see larger proportions of blacks tipping the scales. But the new CDC report is the first to look at the gap on a state-by-state level, finding blacks had much higher obesity rates in 17 states, and had rates about as high or higher than other groups in another two dozen more states.

## **Bridging the Culture Gap**

*New York Times, July 16, 2009*

One afternoon not long after I finished my training, two sisters, both well-respected professionals in their late 40s, came to the hospital clinic. Both sisters had hepatitis B, and the older sister, like a fair number of chronic hepatitis B patients, had developed liver cancer. She and her sister were hoping that we might be able to remove the tumor. I remember watching the sisters' faces turn grim as the younger of the two drew a family tree on the flimsy paper covering the examining table. Under each branch, she wrote out the names of siblings and parents, and I shuddered over the number of "L.C.'s," her abbreviation for "liver cancer," this sister scrawled next to a name.

## **Equal care doesn't end cancer disparity**

*The Washington Post, July 8, 2009*

WASHINGTON – African Americans are less likely than whites to survive breast, prostate and ovarian cancer even when they receive equal treatment, according to a large study that offers provocative evidence that biological factors play a role in at least some racial disparities. The first-of-its-kind study, involving nearly 20,000 cancer patients nationwide, found the gap in survival between blacks and whites disappeared for lung, colon and several other cancers when they received identical care as part of federally funded clinical trials.

## **Get out and play! Tacoma families go play outside**

*Tacoma Weekly, July 2009*

In an effort to combat childhood obesity, the Northwest Physicians Network (NPN) hosted the second annual Get Out and Play! Day in Jefferson Park on July 18. The free event offered more than 500 Tacoma kindergarten through eighth-grade students the chance to play in field-day style activities. The goal of the event was to raise awareness about the importance of leading an active, healthy lifestyle. "When I have kids come in who have problems with their weight, I can give advice or treatment where appropriate, but I can't teach the kids how much fun it is to play," said Dr. Ted Bridge, a Federal Way pediatrician. "Events like this teach them and their parents these important tools."

## **Health Reform Plans to Emphasize Neighborhood Design**

*RWJF, Jul 13, 2009*

Sweeping health care reform legislation working its way through Congress would allot funding for community projects designed to add walking paths, streetlights, jungle gyms and farmers' markets, the Boston Globe reports. Added to reform legislation at the urging of the Trust for America's Health (TFAH), a proposal would make available community grants to help establish "the infrastructure to support active living and access to nutrition foods in a safe environment." TFAH cited two programs in Massachusetts, Shape Up Somerville and the Physical Activity Club in Attleboro. Both helped promote weight loss among children and show how a modest community endeavor can lead directly to improvements in public health. To obtain funding for the projects, state and local government agencies would be required to submit proposals for review, with final decisions made by the secretary of the U.S. Department of Health and Human Services.

## **Number of Americans With Private Health Coverage Drops to Lowest Level in 50 Years**

*RWJF, Jul 2, 2009*

According to the Centers for Disease Control and Prevention, "the percentage of Americans with private health insurance has hit its lowest mark in 50 years," with about 65 percent of nonelderly Americans having private insurance in 2008, down from 67 percent in 2007, reports the Associated Press. In the 1970s and 1980s, the percentage was as high as 80 percent, according to the CDC, which based its new estimates on a survey of 75,000 Americans. "Some experts blamed the faltering economy and corporate decisions to raise health insurance premiums—or do away with employee coverage—as the main drivers of the recent data," according to the article. The percentage for 2009 could be worse.

### **Obese people drive up U.S. health costs**

*Los Angeles Times, July 9, 2009*

Spending on health care for obese American adults increased 82 percent between 2001 and 2006, according to a new government report compiled by the Agency for Healthcare Research and Quality. In 2001, expenditures for obese Americans totaled \$167 billion compared with \$303 billion in 2006. Costs for adults who were overweight rose 36 percent during that time period while costs for normal-weight adults increased 25 percent.

### **Obesity studies work against popular opinion**

*Spokesman Review, July 21, 2009*

These days it seems our entire way of life is predicated on the belief that being overweight is terrible for you. We're waging war against the obesity epidemic, which public health experts call one of the great threats to our society. Countless diet books and programs promise to help us get thin because our lives depend on it. The government joins in, too. Just two weeks ago, the Centers for Disease Control and Prevention launched a Web site designed to help small and medium-size employers devise strategies for helping workers manage their weight. At the end of this month, the CDC will convene its first "Weight of the Nation" conference in Washington to discuss obesity prevention and control.

### **Pharmaceutical opiates leading cause of overdose deaths in King County**

*Seattle Times, July 22, 2009*

The number of people who died from pharmaceutical opiates -- including Percocet and Vicodin -- increased sharply last year, replacing heroin and cocaine as the primary drugs involved in overdose deaths in King County, according to a report released today. According to the study, pharmaceutical opiates contributed to 153 of the 256 overdose deaths in the county in 2008, based on statistics culled from the King County Medical Examiner's Office. Pharmaceutical-type opiates, in combination with other drugs, caused more than double the number of deaths in which another substance was the primary drug, researchers found.

### **Program tackles diabetes in young Indians**

*HeraldNet, July 21, 2009*

ALBUQUERQUE, N.M. — A special curriculum aimed at tackling the growing prevalence of diabetes among American Indian children has been developed by health officials, tribal leaders and educators from across the country. Teachers who work with Indian students in New Mexico and neighboring states will have a chance this fall to incorporate the curriculum into their lessons. Officials with the national Diabetes Education in Tribal Schools project say the disease is an epidemic in Indian country, and prevention needs to start with children in the classroom.

### **Study: Biology may explain race gap in cancer deaths**

*Spokesman Review, August 4, 2009*

A new study suggests that racial differences in biology could be a key reason why black women are more likely to die of breast cancer than white women. That has reignited an intense debate among medical experts about the role of genetics compared to such social factors as poverty, diet and unequal access to quality health care. For nearly three decades, researchers have known about the disparity in death rates, but they have been puzzled over the reasons.

### **US: 160 million swine flu vaccine doses in October**

*The News Tribune, July 23, 2009*

Federal health officials say the U.S. expects to have 160 million doses of swine flu vaccine available sometime in October - if all goes well. That's despite continued bad production from manufacturers around the world. The chief ingredient for vaccine is grown in chicken eggs, and companies are getting far fewer doses per egg than is usual with regular winter flu. Another complication: That 160 million

estimate assumes a low dose will work. Studies will begin in a few weeks to see if this new vaccine will protect with a low dose or if people will need a higher one. Scientists also expect people will need two separate inoculations, about a month apart, for protection.

### **U.S. states to get "significant" obesity money**

*Reuters, July 28, 2009*

WASHINGTON (Reuters) - The U.S. government plans to increase funding to battle obesity and views healthcare reform as an opportunity to encourage better eating habits, Health and Human Services Secretary Kathleen Sebelius said on Tuesday. The Obama administration, as part of its economic stimulus package, will give states and local governments more money to control obesity, including investing in public transportation, Sebelius told an obesity conference in Washington. She added that legislation in Congress to overhaul the \$2.5 trillion healthcare industry could boost programs to get more fruits and vegetables into school lunches and encourage grocery stores to sell more fresh produce in poor communities.

### **Vaccine is a must for young people**

*Everett Herald, July 7, 2009*

Teenagers think they are immortal. But they're not when it comes to meningococcal meningitis. Teens are at increased risk for contracting this lethal disease, and are the age group most likely to die from the infection. That's why the Centers for Disease Control and Prevention has some advice. The federal government recommends that all preteens aged 11 to 12 years get the meningococcal vaccine. Any teenager aged 13 to 18 who did not get vaccinated in his or her preteen years should also receive the vaccine, according to the CDC.

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## **Publications - Highlighted Journal Articles**

### **Journals Reviewed**

#### **American Journal of Public Health**

<http://www.ajph.org/current.shtml>

- Vol. 99, No. 8, August 1, 2009

#### **Environmental Health Perspectives**

<http://www.ehponline.org/>

- Vol. 117, No. 8, August 2009
- Vol. 117, No. 7, July 2009

#### **Health Affairs**

<http://www.healthaffairs.org/>

- Vol. 28, No. 4, July/August 2009

#### **The Journal of the American Medical Association**

<http://jama.ama-assn.org/>

- Vol. 302, No. 5, August 5, 2009
- Vol. 302, No. 4, July 22/29, 2009

- Vol. 302, No. 3, July 15, 2009
- Vol. 302, No. 2, July 8, 2009

### **The Journal of Health Politics, Policy & Law**

<http://jhppl.dukejournals.org/archive/>

- Vol. 34, No. 4, August 2009

### **Morbidity and Mortality Weekly Report**

[http://www.cdc.gov/mmwr/mmwr\\_wk.html](http://www.cdc.gov/mmwr/mmwr_wk.html)

- Vol. 58, No. 29, July 31, 2009
- Vol. 58, No. 28, July 24, 2009
- Vol. 58, No. 27, July 17, 2009
- Vol. 58, No. 26, July 10, 2009
- Vol. 58, No. 25, July 3, 2009

### **The New England Journal of Medicine**

<http://content.nejm.org/current.shtml>

- Vol. 361, No. 6, August 6, 2009
- Vol. 361, No. 5, July 30, 2009
- Vol. 361, No. 4, July 23, 2009
- Vol. 361, No. 3, July 16, 2009
- Vol. 361, No. 2, July 9, 2009

### **Preventing Chronic Disease**

CDC

<http://www.cdc.gov/pcd/>

## **Journal Articles**

### **Differences in Prevalence of Obesity Among Black, White, and Hispanic Adults --- United States, 2006--2008**

*MMWR, Vol. 58, No. 27, July 17, 2009*

Obesity is associated with increased health-care costs, reduced quality of life, and increased risk for premature death (1,2). Common morbidities associated with obesity include coronary heart disease, hypertension and stroke, type 2 diabetes, and certain types of cancer (1,2). As of 2007, no state had met the Healthy People 2010 objective to reduce to 15% the prevalence of obesity among U.S. adults (3,4). An overarching goal of Healthy People 2010 is to eliminate health disparities among racial/ethnic populations. To assess differences in prevalence of obesity among non-Hispanic blacks, non-Hispanic whites, and Hispanics, CDC analyzed data from Behavioral Risk Factor Surveillance System (BRFSS) surveys conducted during 2006--2008. Overall, for the 3-year period, 25.6% of non-Hispanic blacks, non-Hispanic whites, and Hispanics were obese. Non-Hispanic blacks (35.7%) had 51% greater prevalence of obesity, and Hispanics (28.7%) had 21% greater prevalence, when compared with non-Hispanic whites (23.7%). This pattern was consistent across most U.S. states. However, state prevalences varied substantially, ranging from 23.0% (New Hampshire) to 45.1% (Maine) for non-Hispanic blacks, from 21.0% (Maryland) to 36.7% (Tennessee) for Hispanics, and from 9.0% (District of Columbia [DC]) to 30.2% (West Virginia) for non-Hispanic whites. Given the overall high prevalence of obesity and the significant differences among non-Hispanic blacks, non-Hispanic whites, and Hispanics, effective policies and environmental strategies that promote healthy eating and physical

activity are needed for all populations and geographic areas, but particularly for those populations and areas disproportionately affected by obesity.

### **Obesity Prevalence Among Low-Income, Preschool-Aged Children --- United States, 1998--2008**

*MMWR, Vol. 58, No. 28, July 24, 2009*

Childhood obesity continues to be a leading public health concern that disproportionately affects low-income and minority children (1). Children who are obese in their preschool years are more likely to be obese in adolescence and adulthood (2) and to develop diabetes, hypertension, hyperlipidemia, asthma, and sleep apnea (3). One of the Healthy People 2010 objectives (19-3) is to reduce to 5% the proportion of children and adolescents who are obese (4). CDC's Pediatric Nutrition Surveillance System (PedNSS) is the only source of nationally compiled obesity surveillance data obtained at the state and local level for low-income, preschool-aged children participating in federally funded health and nutrition programs. To describe progress in reducing childhood obesity, CDC examined trends and current prevalence in obesity using PedNSS data submitted by participating states, territories, and Indian tribal organizations during 1998--2008. The findings indicated that obesity prevalence among low-income, preschool-aged children increased steadily from 12.4% in 1998 to 14.5% in 2003, but subsequently remained essentially the same, with a 14.6% prevalence in 2008. Reducing childhood obesity will require effective prevention strategies that focus on environments and policies promoting physical activity and a healthy diet for families, child care centers, and communities.

### **Public Health Action Amid Scientific Uncertainty: The Case of Restaurant Calorie Labeling Regulations**

*JAMA, Vol. 302, No. 4, July 22/29, 2009*

By the 1930s, observational studies had suggested a link between cigarette smoking and lung cancer and, by the 1950s, strong evidence for a causal role had emerged. However, comprehensive measures to reduce cigarette smoking in the United States were delayed until after the 1964 Surgeon General's Report on Smoking and Health, in part due to the political influence of the tobacco industry.<sup>1</sup> In 1977, the US Senate Select Committee on Health and Human Needs held hearings to explore the relationship between diet and chronic disease.<sup>2</sup> At that time, the adverse effects of saturated fat on blood cholesterol levels were well-documented, motivating the committee to recommend reducing this type of fat to 10% of calorie intake.

### **Unvaccinated Children Face Pertussis Risk: Some Parents Fear Vaccine More Than Infection**

*JAMA, Vol. 302, No. 3, July 14, 2009*

A new study shows that children who are not vaccinated for pertussis because of parental refusal have a higher risk of contracting the disease, but whether this news will help convince parents ambivalent about immunization remains to be seen. The case-control study (Glanz JM et al. *Pediatrics*. 2009;123[6]:1446-1451) of 156 laboratory-confirmed pertussis cases between 1996 and 2007 found that while unvaccinated children made up about 0.5% of the examined population, they accounted for about 12% of the pertussis cases. "Many of the parents who refuse have the common perception that their child is not at risk—that they are protected by proxy—and our study showed that they are at risk and highlights the need to immunize," said Jason M. Glanz, PhD, lead author and an epidemiologist with Kaiser Permanente Colorado's Institute for Health Research.

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## Publications - Inside this Issue

### Advances

*RWJF*

<http://www.rwjf.org/global/email.jsp?nsid=665>

### Alliance

*Western Washington Area Health Education Center*

### Elaborations

*Department of Health, Vol. XIV, No. 4, July/August 2009*

[http://www.doh.wa.gov/hsqa/fsl/lqa\\_newsletters.htm](http://www.doh.wa.gov/hsqa/fsl/lqa_newsletters.htm)

- Waived Testing: Good Laboratory Practice Guidelines & Recommendations
- Venipuncture Techniques Training Course
- Swine Flu Virus (H1N1) and West Nile Virus

### EpiLog

*Public Health Seattle & King County*

<http://www.kingcounty.gov/healthservices/health/communicable/epilog.aspx>

### EpiTrends

*Department of Health*

[http://ww2.doh.wa.gov/EHSPHL/epitrends/08-epitrends/2008\\_trend.htm](http://ww2.doh.wa.gov/EHSPHL/epitrends/08-epitrends/2008_trend.htm)

### The Nation's Health

*American Public Health Association*

<http://www.apha.org/publications/tnh/>

### Zoonotic Disease Newsletter

*Washington State Department of Health, Summer Issue, Volume 3 Issue 2*

<http://www.doh.wa.gov/ehp/ts/Zoo/zdnewsletter.html>

- West Nile virus heats up as mosquitoes test positive early
- Report dead birds online for West Nile virus monitoring
- Influenza A (H1N1): Hogs, humans, and public health
- Don't be fomite – practice good hygiene around animals
- Washington resident diagnosed with Q fever
- Tick-borne disease in Washington
- Angela Balint – moving west with West Nile virus

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## Publications - Reports

### **National Strategic Plan for Emergency Department Management of Outbreaks of Novel H1N1 Influenza**

*American College of Emergency Physicians, June 2009*

This plan informs health care personnel, public health, and government officials at all levels of the necessary capabilities that must be present for successful emergency department management of an outbreak of H1N1. It also enumerates the necessary actions that must be taken to attain these capabilities. The performance of the necessary actions will fall to parties including professional associations, government entities at the federal, state and local levels, public health officials and departments at the federal state and local levels, and hospitals – administrators, medical staff, nursing and support services. Those entities should undertake the necessary operational planning to assure their performance prior to, during and following an outbreak of novel H1N1 influenza. The plan serves as a guide for emergency departments to address the interdependencies that are necessary for successful management of such an incident. The goal of this guidance is to protect the health care infrastructure and ensure the delivery of emergency medical treatment during a large scale epidemic or pandemic.

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## Rule Development

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