



## For Your Information – April 2011

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

### March 2011

Date	Name and Location
24	<b>Webinar: What Shapes Health? Panel discussion with experts on social determinants of health moderated by David Williams, Ph.D.</b> Robert Wood Johnson Foundation Webinar For information: <a href="http://www.rwjf.org/pr/product.jsp?id=72030">http://www.rwjf.org/pr/product.jsp?id=72030</a>
29	<b>Retrofitting for Reform 9th NW Regional Critical Access Hospital Conference</b> Western Washington Area Health Education Center Spokane, Washington For information: <a href="http://www.wwahec.org">www.wwahec.org</a> or 800-279-0705
30-31	<b>24th NW Regional Rural Health Conference</b> Western Washington Area Health Education Center Spokane, Washington For information: <a href="http://www.wwahec.org">www.wwahec.org</a> or 800-279-0705

## September 2011

**Date**      **Name and Location**  
7-9          **19th Annual NALBOH Conference**  
Coeur d'Alene, Idaho  
For information: [www.nalboh.org](http://www.nalboh.org)

## October 2011

**Date**      **Name and Location**  
Oct. 29-    **APHA 139th Annual Meeting and Expo: Make a Capitol Investment in Public Health**  
Nov 2      Washington, D.C.  
For information: <http://www.apha.org/meetings>

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## Correspondence

### Correspondence to the Board

To: Craig McLaughlin, Executive Director

**From: David Hays, O.D., President, Optometric Physicians of Washington, March 10, 2011**

*Letter requesting the Board of Health assist school districts by clarifying the districts' ability to take advantage of the opportunity to utilize volunteers with professional training in an effort to dramatically decrease the likelihood that students will struggle academically due to undiagnosed vision problems.*

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## Public Health Leadership Positions Available

### Disease Response & Control Manager

*Whatcom County Health Department*

Closes: March 21, 2011

For information: [http://www.whatcomcounty.us/as/hr/jobs/drc\\_mgr\\_health\\_open.jsp](http://www.whatcomcounty.us/as/hr/jobs/drc_mgr_health_open.jsp)

### Director of Community Health

*Northeast Tri County Health District*

Closes: When Filled

For information:

<http://www.netchd.org/Employment/dir%20comm%20heath%2010%2021%202009.pdf>

### Public Health Nurse

*Whatcom County Health Department*

Closes: March 15, 2011

For information:

[http://www.whatcomcounty.us/as/hr/jobs/phn\\_health\\_open.jsp](http://www.whatcomcounty.us/as/hr/jobs/phn_health_open.jsp)

## 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 Interest

### County Health Rankings: Mobilizing Action Toward Community Health

Visit the County Health Ranking's Web site, <http://www.countyhealthrankings.org/>.

### School-based Intervention Lowers Obesity Rate in Children at Risk for Diabetes

*National Diabetes Information Clearinghouse, Winter 2011*

Researchers recently announced results from the HEALTHY clinical trial, led by the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK). The 3-year study, conducted in middle schools with a high enrollment of minority youth from low-income families, found that a school-based intervention could lower the obesity rate in students at highest risk for type 2 diabetes—those who started out overweight or obese in sixth grade. However, schools that implemented the intervention did not differ from comparison schools in the study's primary outcome—the prevalence of overweight and obesity combined.

Visit the HEALTHY study's Web site, [www.healthystudy.org](http://www.healthystudy.org), and <http://www2.niddk.nih.gov/Research/ClinicalResearch/HEALTHY/QandA> for additional information about the study.

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## Publications - General Media

### 4 deaths in Japan not tied to shots: panel

*CBC News, March 8, 2011*

There's no direct link between two vaccines that help prevent meningitis and pneumonia and the deaths of four children in Japan, a panel of medical experts says. The Japanese panelists will continue to do more checks, Kyodo news agency reported Tuesday. The two vaccines are Pfizer's Prevnar 7 and Sanofi-Aventis's ActHib, which protect against bacterial infections that can lead to meningitis and pneumonia.

### Black babies at twice risk of whites, study indicates

*Seattle Times, March 3, 2011*

HACKENSACK, N.J. — African-American women are significantly more likely to lose a baby in the first year of life than white women, in an enduring medical mystery. It exists at all income and education levels, but is widest among more affluent, highly educated women. A college-educated black woman in the United States is more likely to lose her baby than a white woman with only a high school education. An African-American woman who starts prenatal care in her first trimester is more likely to lose her baby than a white woman with late or no prenatal care. A black woman who does not smoke has worse birth outcomes than a white woman who smokes.

### **Calorie labeling doesn't change fast-food orders**

*USA Today, March 6, 2011*

Calorie labeling in fast-food restaurants has no effect on the food purchases of parents or teens in low-income neighborhoods, according to a new study published in the International Journal of Obesity. The study, led by Brian Elbel, assistant professor of medicine and health policy at New York University School of Medicine, shows that although calorie labels do increase awareness of calories, they do not necessarily influence food choices or the number of calories consumed.

### **Calorie Labeling For Restaurants Recommendations Coming Soon**

*Kaiser Health News, March 6, 2011*

Like many Americans, 55-year-old Washington, D.C. entrepreneur Ron Howard eats out many times a week. Unlike many Americans, he chooses restaurants based on whether he'll be able to find out the calorie count for the meal he'll be eating. "Without knowing the calories in something, it's too easy to splurge and you can't possibly watch your weight effectively," says Howard, who shed 40 pounds from his 6 foot 2 inch frame over the past year.

### **CDC explores pneumococcal vaccine link to kids' febrile seizures**

*CIDRAP News, Feb 23, 2011*

In their ongoing investigation of febrile seizures in young children who were vaccinated against flu this season, experts from the US Centers for Disease Control and Prevention (CDC) said today that they have detected a small excess risk of the condition in those who received the vaccine alongside the new pneumococcal conjugate vaccine. The CDC enhanced its surveillance for febrile seizures in children who received the flu vaccine this season after Australia and New Zealand found higher-than-expected rates of fever and convulsions after flu immunization, mainly with Fluvax, made by CSL Ltd, in children younger than age 5.

### **CO school exercise requirement agreement reached**

*9News.com, March 29, 2011*

DENVER (AP) - Colorado lawmakers have reached agreement on a proposal to require daily exercise in elementary schools. House and Senate members agreed early Tuesday to a version of a bill requiring 30 minutes of daily exercise to help address childhood obesity. It could soon be headed to the governor's desk. House Bill 1069 directs school districts to make sure students are getting exercise, whether it's during recess, physical education classes or field trips.

### **Despite incentives, doctors are wary about switching to electronic health records**

*Washington Post, March 14, 2011*

With funding and technical support from his employer, Washington internist Brad Moore made a swift transition to electronic records seven years ago. He now pulls up a patient's chart with a few clicks of his mouse. Lab tests show the man, a diabetic, has his blood sugar under control. A surgeon's note describes progress after a shoulder operation. Before heading to the exam room, Moore, 47, clicks on a yellow "FYI" button, the electronic equivalent of a sticky note. It reminds him to ask how his patient is doing after his wife's recent death.

### **Editorial: It's too easy for parents to opt out of children's vaccinations**

*Spokesman Review, March 27, 2011*

Washington state has long had a childhood immunization rate that lags the national average, because, in part, it's easier for parents to sign a form that exempts their children from vaccinations. While some parents opt out for religious or philosophical reasons, others may feel that getting their children inoculated is too great an inconvenience.

## **FDA proposal would require chain restaurants to display calorie information**

*Washington Post, April 1, 2011*

Chain restaurants, convenience stores, concession stands and vending machines would soon have to display calorie information for the food products they sell under rules proposed Friday by the Food and Drug Administration. "We do see this as an important step in providing consumers with information they can use in choosing healthy diets and fighting obesity," Michael R. Taylor, deputy FDA commissioner for foods, said in describing the nation's first federal menu-labeling law.

## **'Food deserts' compound obesity issue**

*Clarion Ledger, March 19, 2011*

More than two-thirds of Mississippi's counties - including Hinds, Madison and Rankin - contain "food deserts," where fresh fruits and vegetables are hard to find. And experts say that helps perpetuate obesity in a state that is the fattest in the nation. "There are food deserts all over the state," said Sandra Shelson, executive director for the Partnership for a Healthy Mississippi. "It takes some people living in the Mississippi Delta 20 minutes to get to a grocery store."

## **Govt announces plan to reduce health disparities**

*News Tribune, April 7, 2011*

WASHINGTON — From cradle to grave, minority populations tend to suffer poorer health and get poorer health care than white Americans. In a first-of-its-kind report, the government is recommending steps to reduce those disparities. The plan being released Friday runs the gamut from improving dental care for poor children to tapping "promotoras," savvy community health workers who can help guide their Spanish-speaking neighbors in seeking treatment.

## **Govt plans steps to reduce health disparities, but that will take work beyond doctors' offices**

*Washington Post, April 8, 2011*

WASHINGTON — From cradle to grave, minority populations tend to suffer poorer health and get poorer health care than white Americans. In a first-of-its-kind report, the government is recommending steps to reduce those disparities. The plan being released Friday runs the gamut from improving dental care for poor children to tapping "promotoras," savvy community health workers who can help guide their Spanish-speaking neighbors in seeking treatment. But it acknowledges that giving everyone an equal shot at living a healthy life depends on far more than what happens inside a doctor's office — or steps that federal health officials can take.

## **Health Reform's Next Act: A Focus On Achieving Health Equity**

*Kaiser Health News, March 18, 2011*

When President Barack Obama met with the nation's governors last month and offered to allow states to establish their own plans to reform health care in place of the Patient Protection and Affordable Care Act, he insisted that states meet or exceed the same goals established in the health overhaul to expand insurance coverage, improve the quality of care and contain rapidly escalating healthcare costs. The president might also insist that states show progress toward eliminating health inequities -- differences in the opportunity to have good health that exist between rich and poor Americans, and whites relative to most non-whites.

## **How Information Technology Will Impact Health Disparities**

*Medical News Today, March 8, 2011*

A diverse group of healthcare stakeholders are addressing questions related to health information technology's (HIT) impact on health and healthcare disparities in a two-day invitational roundtable on March 7-8, sponsored by the Kaiser Permanente Institute for Health Policy, the Agency for Healthcare Research and Quality, and AMIA, the association for informatics professionals. Participants represent

the perspectives and concerns of community health centers, health systems, health plans, clinicians and other providers, and consumers.

### **Is the National School Lunch Program to blame (in part) for the rise of childhood obesity?**

*Los Angeles Times, April 6, 2011*

When the National School Lunch Program began in 1946, the idea was to get nutritious food into the stomachs of malnourished children from low-income families. Ironic, then, that these days the school lunch program is being scrutinized for its role in contributing to the growing problem of childhood obesity in America. The latest report was published online this week by the Archives of Pediatric and Adolescent Medicine. It concludes that girls who participate in the National School Lunch Program gain weight at a faster clip than other girls from low-income families who do not get the subsidized lunches (and sometimes breakfasts) at school.

### **It shouldn't be too easy to opt out of vaccinations**

*News Tribune, March 25, 2011*

When it comes to legislation pertaining to childhood vaccinations, state lawmakers should heed the experts – like the Washington State Medical Association and the Washington Academy of Family Physicians. They should politely but firmly reject the medical opinions of people who get their information from questionable Internet sites and quacks.

### **Japan halts vaccines after deaths of 4 children**

*Tri-City Herald, March 7, 2011*

TOKYO Japan has temporarily stopped using vaccines from U.S. drugmaker Pfizer Inc. and Sanofi-Aventis SA of France while it investigates the deaths of four children who were inoculated, the health ministry said Monday. The decision to halt the vaccines against pneumonia, some types of meningitis and other infections was made Saturday. The government is hearing from experts at a meeting Tuesday, the health ministry said. The four children, from under six months to 2 years old, died between March 2 and March 4. The deaths occurred the same day to three days after the vaccines were administered, the z

### **Kids' ear infections decline by nearly 30%**

*USA Today, March 4, 2011*

Ear infections, a scourge that has left countless tots screaming through the night, have fallen dramatically, and some researchers suggest a decline in smoking by parents might be part of the reason. Health officials report nearly a 30% drop over 15 years in young children's doctor visits for ear infections. That's half a million fewer trips to the pediatrician each year, on average. Why the numbers are declining is a bit of a mystery, but Harvard researchers think it's partly because fewer people smoke, meaning less irritation of children's airways. Many doctors credit growing use of a vaccine against bacteria that cause ear infections. And some think increased breast-feeding is protecting more children.

### **Lawmakers should tighten immunization rules**

*Seattle Times, March 23, 2011*

Parents ought to be required to prove a health-care provider has informed them of the benefits and risks of immunization before they can opt out of school-entry immunization rules. Immunizing children against nearly a dozen diseases is the best and most cost-effective way to prevent life-threatening disease and disability. It works best when most children are immunized. Current immunization rules need the stronger safeguards offered in Senate Bill 5005 and House Bill 1015. Now, parents need only sign a school form claiming religious, philosophical or personal opposition to be exempted from state immunization law.

### **Let's Move! Can it make a dent in the childhood obesity problem?**

*Los Angeles Times, March 20, 2011*

Michelle Obama's public awareness program aims to improve the health of the nation's children, and maybe even their parents' health. Experts weigh in on its chances and the hurdles it must overcome. Can childhood obesity be eliminated in a generation? Will we ever get our children away from video games and into the park? Is there anything to be done about neighborhoods with a plethora of fast-food outlets and a dearth of options for eating healthfully?

### **Local Health Departments Cut 29,000 Since 2008**

*Food Safety News, March 22, 2011*

Budget reductions have forced local health departments to cut programs and staff, resulting in the loss of 6,000 public health jobs last year alone, according to survey released Monday by the National Association of County and City Health Officials (NACCHO). Nearly 19 percent of the local health department workforce nationwide has been eliminated since 2008, presenting "a staggering challenge" at a time when the country's economic woes have increased demand for services, the association said.

### **Long battle for state drug take-back program must continue**

*The Olympian, March 13, 2011*

State senators dropped the ball when they failed by a single vote last week to approve legislation to launch a statewide medicine take-back program funded by the pharmaceutical companies. The drug industry mounted a successful lobbying campaign to keep the state from becoming the first to approve a system that would do a better job of keeping unused prescription and over the counter drugs from being misused and abused. A broad coalition of law enforcement agencies, local governments, health care professionals, environmental groups and substance abuse prevention networks vowed to continue their work to refine and promote legislation that would provide safe disposal of unused drugs, estimated at 10 percent to 30 percent of all drugs prescribed or sold over the counter.

### **Most parents trust vaccine information they get from doctors, U-M study finds**

*Mlive.com, April 2, 2011*

As public health officials work to reassure parents about the need for vaccinations against serious diseases, University of Michigan researchers report that most parents get their information about vaccines from their children's doctors. Other sources of information include parents, friends and family members and even celebrities, the study found. The results show different strategies must be used to reach all parents, the researchers say.

### **Mukilteo father turns grief over son's overdose death into action**

*Everett Herald, March 5, 2011*

SEATTLE -- Hundreds of people passed by Sean Gahagan's photograph on Friday as they gathered in downtown Seattle to raise awareness about drug addiction among young people. Gahagan, 17, died of a drug overdose in 2008 at his family's Mukilteo home. Since then, his father, John Gahagan, has turned his grief into action. Gahagan was instrumental in getting federal legislation passed to allow for community-based prescription drug take-back programs, Rep. Jay Inslee, D-Wash., said Friday at an annual fundraiser for the Science and Management of Addictions Foundation.

### **Municipalities trim health services amid housing bust**

*Washington Post, March 27, 2011*

FLINT, Mich. — Inside the Genesee County Health Department, Mark Valacak gestures to a darkened office that until a few months ago housed a clinic providing free baby formula and diapers to poor mothers. "You used to always hear the crying babies," before the clinic was closed and services moved to a suburban clinic, says Valacak, the county health officer.

### **Nashville's neighborhood stores to offer fresher, healthier foods through grants**

*Citizen Times.com, March 6, 2011*

Latrice Burns walked across Lafayette Street from Eddie's Cee Bee with a grocery bag containing a bag of sugar, hamburger meat and Velveeta. A year from now, she'll have fruits and vegetables in that bag, if a new initiative sponsored by the Metro Public Health Department works according to plan. The grocery near the J.C. Napier public housing development is one of 29 selected to become "Healthy Corner Stores" through a program that will help owners offer better foods in urban food deserts, areas that don't have the demographics to attract supermarkets. Eddie's Cee Bee is in line for a \$5,000 grant.

### **Nebraska healthy food measure advances**

*Bloomberg Businessweek, March 31, 2011*

Nebraska lawmakers have advanced a bill that would offer competitive state financing to grocery stores, farmers markets and community gardens that offer nutritious food in low-income areas. Omaha Sen. Brenda Council said Thursday that her legislation would extend more healthy eating options to urban and rural regions that lack access. Opponents argued that market forces would create such options if a demand existed, and questioned whether the program would work.

### **New York City to consider banning fast-food toys**

*Reuters, April 5, 2011*

(Reuters) - Several New York City council members unveiled a bid on Tuesday to ban toy giveaways in fast-food restaurant meals for children, emulating a San Francisco city law that will be enforced later this year. City Council Deputy Majority Leader Leroy Comrie, who plans to introduce the bill on Wednesday, said banning toy giveaways would reduce the allure of fast-food restaurants for children and encourage the industry to provide healthier options.

### **NIH obesity plan focuses on real-world research**

*Reuters, April 1, 2011*

(Reuters) - Health officials Thursday announced a new effort to curb America's obesity epidemic by moving science from the lab into clinical trials to find practical ways for prevention and treatment. "This plan is a bold blueprint that will encourage the research community to examine the epidemic of obesity from diverse perspectives," National Institutes of Health (NIH) Director Dr. Francis Collins said in a statement. More than a third of adults and nearly 17 percent of children in the United States are obese, increasing their chances of developing health problems including type 2 diabetes, heart disease, high blood pressure, fatty liver disease and some cancers.

### **Northwest states move to counter rise in child immunization waivers**

*KPLU, March 31, 2011*

Record numbers of parents in the Northwest are seeking waivers from mandatory child immunization requirements. The trend alarms public health officials. They say it creates increased risk for disease outbreaks. Washington, Oregon, and Idaho are all moving to sway vaccine skeptics. All U.S. states require parents to immunize their children before sending them to school.

### **Obama Official: Affordable Care Act Closes Racial Disparities**

*NPR, March 23, 2011*

One year ago, President Obama signed into law sweeping new health care legislation. Over the course of four years, the Patient Protection and Affordable Care Act aims to make insurance companies more accountable, offer more health care choices and reduce costs for patients. The law remains a subject of spirited political debate, with many Republican lawmakers vowing to repeal the legislation. Tell Me More explores the impact, so far, of the Affordable Care Act on the lives of ordinary Americans, and

particularly minority communities. Guest host Farai Chideya talks with Dr. Garth Graham, Assistant Secretary for Minority Health at the U.S Department of Health and Human Services.

### **Obese with strong heart beats thin and weak**

*MedicinePlus, March 31, 2011*

NEW YORK (Reuters Health) - For overweight people with heart disease, improving their physical fitness could pay big dividends. A new study has found that fitness, not body weight, is a more important predictor of whether people with clogged blood vessels in their heart will die in the relatively near term. Being overweight, or even obese, but having a heart that could tolerate heavy exercise was markedly better than being a lean person who panted from walking up a hill.

### **Ohio removes legal hurdles to HIV testing**

*Columbus Dispatch, April 4, 2011*

Ohio law no longer stands in the way of federal recommendations to increase routine HIV tests, even on those Americans not considered at high risk. The federal Centers for Disease Control and Prevention began calling for more widespread screening five years ago. But until recently, Ohio law created obstacles to boosting the numbers here.

### **Ostracized overweight kids eat more**

*USA Today, March 29, 2011*

When overweight children feel left out or ostracized, they tend to eat more and exercise less, new research shows. The findings come at a time when about one-third of children are overweight or obese, which increases their risk for type 2 diabetes, high cholesterol, sleep apnea and other health problems. Scientists at the University of Buffalo have been studying the effects of different situations on kids' food intake and activity levels for several years. In one new study, they had 40 normal-weight and overweight children play a computer game that replicates ball-tossing.

### **A Panel Decides Washington State's Health Care Costs**

*New York Times, March 22, 2011*

SEATTLE — The health care board was in session, and Deryk Lamb was pleading for them to continue paying for the spinal injections he receives to dull the pain from a workplace injury. “My life would be a living hell without these injections,” said Mr. Lamb, a 44-year-old carpenter from Lake Stevens, Wash., who was crushed between two trucks in 1996. “I don’t deserve to be sentenced by a committee to a life of agony.”

### **Parents group urges return to recess**

*Chicago Tribune, April 6, 2011*

A coalition of North Side parents that fought last year against state education budget cuts now is turning its attention to bringing recess back to more Chicago elementary schools. The group, called Raise Your Hand, gathered representatives from 35 grammar schools at Waters Elementary School, 4540 N. Campbell Ave., on Wednesday, hoping to sell them on the benefits of recess and show them how to implement it at their schools.

### **Parents must make informed decision on immunizations**

*The Olympian, April 7, 2011*

Parents who refuse to get their preschool children immunized against polio, whooping cough, measles, diphtheria and other deadly diseases should be forced to consult with a physician on the advantages and disadvantages of immunizations. Senate Bill 5005 would do just that – forcing an immunization consultation before their child enrolls in school. The measure passed the Senate on a vote of 35-11. House members added a number of amendments, then passed it back to the Senate on a vote of 66-29.

There is clearly enough bipartisan support to push this legislation to Gov. Chris Gregoire's desk for her signature into law.

### **Poke in the arm much better than a shot of shingles**

*Everett Herald, March 30, 2011*

Shingles are nasty. It's easy to avoid the painful skin rash: Get a vaccine. My hubby got the shot, didn't keel over or anything, so I will probably get needle poke, too. We are both 60 or older, the recommended age to receive the herpes zoster vaccine. Rite-Aid has been shooting people with the liquid since 2007. According to the U.S. Department of Health and Human Services Centers for Disease Control and Prevention, shingles can strike those who have had chickenpox.

### **Post hosts summit on childhood obesity epidemic**

*Washington Post, March 21, 2011*

A third of American children are overweight or obese. That startling statistic and all its health and economic implications have created a groundswell of action from the White House to school cafeterias across America. Last week, Washington Post Live hosted a conference on the health crisis called "Weighing In on America's Future: Childhood Obesity Summit." Those in the auditorium and watching online heard how children have become so sedentary that they don't even know how to jump rope, and how our "all you can eat" culture has led to an alarming rise in diabetes in children.

### **Pro: The high cost of cheap drinks**

*Signon San Diego, March 18, 2011 (opinion)*

Childhood obesity is reaching crisis proportions in California and throughout the United States. It is predicted that a third of children – and nearly half of Latino and African-American children – born in 2000 will suffer from preventable diabetes in their lifetime. The sad fact is that one of the biggest culprits contributing to childhood obesity is the increased consumption of sugary drinks. These trends in obesity are leading to preventable chronic diseases.

### **A Proposed Maryland Snack Tax Could Help Overweight Kids**

*ColesvillePatch, March 12, 2011*

Maryland lawmakers are proposing a tax on specific snack foods to help fund an anti-obesity program for kids. Buying a bag of potato chips could soon help Maryland children get fit. A group of Maryland lawmakers has proposed taxing certain snack foods to help fund the Maryland Combating Childhood Obesity Grant Program, which would provide grants for organizations fighting obesity, keeping children active and teaching them about healthy eating.

### **Quincy hospital's records go electronic**

*The Wenatchee World, March 4, 2011*

QUINCY — Quincy Valley Medical Center is entering the computer age in a big way this week. The hospital facility began the first phase of its \$1.5 million electronic medical records program on Tuesday. A platoon of technicians from vendor Computer Programs and Systems Inc. was on hand to install hardware and software and train hospital employees on the system. The program will fulfill a federal mandate that requires health care facilities that receive Medicare reimbursement to convert to electronic medical records.

### **SC House budget writers slice physical ed spending**

*Business Week, March 14, 2011*

The \$5.2 billion spending plan South Carolina legislators are discussing Monday backs away from years of efforts to encourage physical education instruction in schools to combat childhood obesity. The House budget debate includes a 15 percent reduction in state funds for PE. School districts could make

up for the lost cash, but they're strapped and no longer have the option of raising taxes like they once could to cover the loss of state money, said Scott Price, a lobbyist for the state School Boards Association.

### **Scrutinized in Japan, Pfizer's Prevnar Vaccine is Used Widely in U.S.**

*Wall Street Journal, March 7, 2011*

Prevnar, the Pfizer vaccine that is under investigation in Japan, is widely used in U.S. children to prevent infection by a bacterium that causes pneumonia and meningitis. Infants routinely receive the shot, starting at two months of age and ending at 15 months, with a fourth dose. The goal of immunization is to prevent infection with *Streptococcus pneumoniae* bacteria. About one in 20 people who contract pneumonia because of infection by *S. pneumoniae* die, according to the CDC; the death rate is about three in ten for those whose infection leads to meningitis.

### **Senate gives initial OK to bill mandating exercise time for elementary school kids**

*Denver Post, March 12, 2011*

Elementary school students might soon find themselves working up a sweat, as the Senate on Friday gave initial approval to a bill that would require public elementary schools to give children more exercise time. House Bill 1069 requires each school board to adopt policies making more time for physical activity, citing a "growing trend of childhood obesity" and studies linking physical activity to improved performance in the classroom. Language in the bill also references the increasing unsuitability of young people for military service due to poor physical conditioning. One in four Colorado children is overweight or obese, according to a 2009 child-health survey conducted by the Department of Public Health and Environment.

### **Should Duwamish cleanup also focus on improving the health of those nearby?**

*Seattle Post-Intelligencer, March 21, 2011*

Living along the Duwamish River is hard on your health. The more than 38,000 people tucked into South Park, Georgetown and Beacon Hill neighborhoods in the river's Superfund site suffer more illness -- including asthma, diabetes and colorectal cancer -- than elsewhere in King County. Babies born to families along the river are more likely to die and those who survive can expect a shorter life span than people born and raised just a few miles away. Their obstacles are many. They are often poor. They are frequently overweight. Access to a supermarket, much less to health care, can be tough. But people here also carry the added burden of the river, a toxic stretch that is the legacy of Seattle's industrial past. And Seattle's industrial future continues to foul the air that residents breathe.

### **Soda tax to battle childhood obesity in Texas**

*Jacksonville Daily Progress, March 7, 2011*

The price of a 12-ounce can of soda in Texas may jump 12 cents if the Texas Legislature passes Senate Bill 1004, legislation that would place a penny-per-ounce tax on all sugar-sweetened beverages sold in grocery and retail stores. "The point of this bill is to get a conversation started," said Sen. Eddie Lucio (D-Brownsville), who filled the bill last week. "Not only would a bill like this raise revenue that could go to health care and education, it would help us save money in the long run by cutting expenses associated with health issues like obesity and diabetes."

### **Study: Moms, kids more overweight than they think**

*USA Today, March 23, 2011*

Many heavy-set moms and children think they are slimmer than they actually are, a new study shows. It's a trend that pediatricians and other doctors have noticed. Researchers at Columbia University Medical Center in New York asked 111 women and 111 children a series of questions about their age,

income and body size. They also measured their height and weight. About 80% of participants were Hispanic. The rest were black, Asian or white.

### **Study: US has much higher obesity rate than Canada**

*Seattle Times, March 2, 2011*

ATLANTA — American adults have a significantly higher rate of obesity than their neighbors to the north, a new study says. About 24 percent of Canadians are obese compared to more than 34 percent of Americans, according to the U.S. Centers for Disease Control and Prevention study released Wednesday. Researchers looked at height and weight data taken in surveys in both countries during 2007-09.

### **Sugar-sweetened drinks associated with higher blood pressure**

*American Heart Association, February 28, 2011*

DALLAS — Soda and other sugar-sweetened beverages such as fruit drinks are associated with higher blood pressure levels in adults, researchers report in *Hypertension: Journal of the American Heart Association*. In the International Study of Macro/Micronutrients and Blood Pressure (INTERMAP), for every extra sugar-sweetened beverage drunk per day participants on average had significantly higher systolic blood pressure by 1.6 millimeters of mercury (mm Hg) and diastolic blood pressure higher by 0.8 mm Hg. This remained statistically significant even after adjusting for differences in body mass, researchers said.

### **Supermarkets work to embrace health at Orlando conference**

*St. Petersburg Times, April 5, 2011*

ORLANDO — When it comes to advice on healthy eating, supermarkets are generally regarded as more hindrance than help. But with obesity now labeled a national public health menace, more chains are trying to clean up their acts and seize on customers' changing dietary needs as a marketing opportunity. The Food Marketing Institute even staged its second-ever health and wellness conference Monday in Orlando for big chains to swap notes and solicit suggestions from health experts.

### **Surgeon general says obesity crisis should be addressed together**

*Washington Post, March 15, 2011*

Since 1980, obesity rates have doubled in adults and more than tripled in children. The problem is even worse among black, Hispanic and Native American children. Nationwide, more than two-thirds of adults and more than one in three children are overweight or obese. We see the sobering impact of these numbers in the high rates of chronic diseases such as diabetes, heart disease and other illnesses that are starting to affect our children. A study from the University of North Carolina School of Medicine reported that obese children as young as age 3 show signs of an inflammatory response that has been linked to heart disease later in life.

### **Type 2 diabetes surges in people younger than 20**

*Washington Post, March 21, 2011*

Annie Snyder figured she'd be out of the pediatrician's office in 30 minutes, tops. Then she'd head home, tuck the medical permission for YMCA summer camp in her bag and finish packing. But that exam last summer wasn't like any other she'd had in her 16-year, basically healthy life. Within minutes of learning the results from a urine test, she got two corroborating blood tests and was hustled off to Inova Fairfax Hospital. Lying on a gurney in the emergency room, she heard the word "diabetes" several times and knew from the urgent medical reaction that it was bad. Frightened and crying, she thought: "What have I done to myself?"

### **Utah House passes ban on smoking with kids in car**

*Washington Examiner, March 7, 2011*

The Utah House has narrowly passed a bill making it a crime to smoke in a vehicle with passengers under 16 years old. Democratic Rep. Patrice Arent of Salt Lake City, the bill's sponsor, says House Bill 89 protects children from secondhand smoke. The bill passed the House Monday 39-35. It now moves to the Senate. Arent says children in a vehicle with a smoking adult are harmed worse than the adult because of their developing lungs and more rapid breathing.

### **U.S. quality improvement steady, but progress on disparities elusive**

*AmedNews.com, March 14, 2011*

The U.S. health system is demonstrating better performance on most of the federal government's 179 measures of health care quality, but it's failing to improve access to care or cut racial and ethnic health disparities, according to two reports released in February by the Agency for Healthcare Research and Quality. American health care improved its performance on two-thirds of quality measures in areas such as acute care, delivery of preventive services and chronic disease management, with a median annual rate of improvement of 2.3% on a composite measure, according to the "2010 National Healthcare Quality Report."

### **Vaccine skeptics protest bill requiring doctor's note to opt out**

*Seattle Times, March 22, 2011*

Worried by outbreaks of contagious diseases such as measles and whooping cough, public-health officials are supporting a proposal to make it more difficult for parents to avoid school-entry immunization requirements. The measure under consideration has drawn strong support in both houses of the Legislature and faced little opposition until recently, when vaccine-resisting parents mobilized to pack hearings and lobby lawmakers.

### **Washington may require doctor's signature to pass on vaccination**

*My Northwest.com, March 23, 2011*

Most parents in our state have been through the tears of watching their kids get poked with a needle for measles, hepatitis and other shots. But some parents choose not to have their children vaccinated and the state is proposing a change that would make it more difficult for parents to object. The legislation is widely supported in the house and the senate.

### **Weighing down state: Obesity Council established**

*Clarion Ledger, April 6, 2011*

The House and Senate have passed legislation aimed at reducing obesity in the nation's fattest state. "It's very good news, a step in the right direction that helps us get healthier," said Sandra Shelton, executive director for The Partnership for a Healthy Mississippi. Dr. Rick deShazo, professor of medicine and pediatrics at the University of Mississippi Medical Center, said the bills are "meritorious if they're a starting point, but if it's just an effort to defuse concern, it's not going to work."

### **What Are the Barriers to Using Electronic Medical Records?**

*Wall Street Journal, April 7, 2011*

The reasons for not adopting electronic medical records are pretty straightforward: those on the sidelines think the systems are expensive, that they won't produce a return on investment and that they'll cut productivity even after they're fully implemented. So finds a new survey, conducted by the Medical Group Management Association and covering 4,588 health-care organizations, including independent practices, hospitals, integrated systems and others. Some groups were still using paper records and others reported being at various stages of implementing electronic ones.

## **Why Cartoon Characters Make Kids' Food Taste Better**

*Time, March 8, 2011*

A new study finds that when kids see familiar and favorite characters from cartoons or movies on food packaging, they tend to like that food more. That may not seem like such a revelation, but consider that in this particular experiment, the researchers fed the children the exact same food, and just changed the exterior appearance of the packaging. Such alterations were enough to actually change the way the youngsters tasted the food. Led by Matthew Lapierre, who is working on his dissertation at the University of Pennsylvania's Annenberg School of Communication, the scientists devised four different boxes of cereal for 80 children to test. After analyzing existing children's cereals and the licensed characters appearing on their packaging, Lapierre's group decided to decorate two of the boxes with images of penguins from the movie Happy Feet. The penguins were familiar enough to children without being part of established marketing campaigns to bias the participants' perceptions of the cereal. The two remaining boxes contained no characters, just an image of the cereal.

## **Why does whooping cough keep returning?**

*News Tribune, March 27, 2011*

Whooping cough, also known as pertussis, has remained one of pediatrics' –and parents' – most troublesome issues. The highly contagious bacterial disease, which leaves victims (traditionally children) with a hacking cough, can be fended off with a vaccine that has been in use for decades. But in spite of the vaccine's good work, said the authors of a study published online Monday in the journal Proceedings of the National Academy of Sciences, whooping cough cases have been on the rise over the last two decades.

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## **Publications - Highlighted Journal Articles**

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#### **American Journal of Preventive Medicine**

<http://www.ajpm-online.net/>

- Vol. 40, No. 4, April 2011

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

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

- Vol. 101, No. 4, April 1, 2011

#### **Environmental Health Perspectives**

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

#### **Health Affairs**

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

*Vol. 30, No. 3, March 2011: Profiles of Innovation in Health Care Delivery*

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

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

- Vol. 305, No. 13, April 6, 2011
- Vol. 305, No. 12, March 23/30, 2011
- Vol. 305, No. 11, March 16, 2011

- Vol. 305, No. 10, March 9, 2011

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

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

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

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

- Vol. 60, No. 13, April 8, 2011
- Vol. 60, No. 12, April 1, 2011
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### **The New England Journal of Medicine**

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- Vol. 364, No. 14, April 7, 2011
- Vol. 364, No. 13, March 31, 2011
- Vol. 364, No. 12, March 24, 2011
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### **Preventing Chronic Disease**

CDC

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

- Vol. 8, No. 3, May 2011

## **Journal Articles**

### **Addressing the Needs of the Whole Child: What Public Health Can Do to Answer the Education Sector's Call for a Stronger Partnership**

*Preventing Chronic Disease, Vol. 8, No. 2, March 2011*

Although the overall level of child health in the United States remains high, public health professionals know that racial and ethnic disparities in child and adolescent health persist and that lifestyle choices related to chronic disease in adults are often established in childhood and adolescence. And yet, those health needs are not the public health sector's alone to resolve. We have natural partners among educators. Improving graduation rates is one of the most cost-effective ways to reduce health disparities. This article provides strategies for how public health professionals can answer this call by educators to address the needs of the whole child.

### **Adolescent BMI Trajectory and Risk of Diabetes versus Coronary Disease**

*NEJM, Vol. 364, No. 14, April 7, 2011*

- **Background:** The association of body-mass index (BMI) from adolescence to adulthood with obesity-related diseases in young adults has not been completely delineated.
- **Conclusions:** An elevated BMI in adolescence — one that is well within the range currently considered to be normal — constitutes a substantial risk factor for obesity-related disorders in midlife. Although the risk of diabetes is mainly associated with increased BMI close to the time of diagnosis, the risk of coronary heart disease is associated with an elevated BMI both in

adolescence and in adulthood, supporting the hypothesis that the processes causing incident coronary heart disease, particularly atherosclerosis, are more gradual than those resulting in incident diabetes. (Funded by the Chaim Sheba Medical Center and the Israel Defense Forces Medical Corps.)

### **Association Between Opioid Prescribing Patterns and Opioid Overdose-Related Deaths**

*JAMA, Vol. 305, No. 13, April 6, 2011*

- **Context** The rate of prescription opioid–related overdose death increased substantially in the United States over the past decade. Patterns of opioid prescribing may be related to risk of overdose mortality.
- **Objective** To examine the association of maximum prescribed daily opioid dose and dosing schedule (“as needed,” regularly scheduled, or both) with risk of opioid overdose death among patients with cancer, chronic pain, acute pain, and substance use disorders.
- **Conclusion** Among patients receiving opioid prescriptions for pain, higher opioid doses were associated with increased risk of opioid overdose death.

### **CDC Grand Rounds: Childhood Obesity in the United States**

*JAMA, Vol. 305, No. 10, March 9, 2011*

In the United States, childhood obesity affects approximately 12.5 million children and teens (17% of that population). 1 Changes in obesity prevalence from the 1960s show a rapid increase in the 1980s and 1990s, when obesity prevalence among children and teens tripled, from nearly 5% to approximately 15%. 1 During the past 10 years, the rapid increase in obesity has slowed and might have leveled. However, among the heaviest boys, a significant increase in obesity has been observed, with the heaviest getting even heavier. Moreover, substantial racial/ethnic disparities exist, with Hispanic boys and non-Hispanic black girls disproportionately affected by obesity. 1 Also, older children and teens are more likely to be obese compared with preschoolers. 1

### **Curtailing Diversion and Abuse of Opioid Analgesics Without Jeopardizing Pain Treatment**

*JAMA, Vol. 305, No. 13, April 6, 2011*

Opioid analgesics are among the most effective medications for pain management (including noncancer pain), but they are also associated with serious and increasing public health problems, such as abuse (ie, use for nonmedical purposes), addiction, and deaths from opioid overdose (excluding heroin). Both immediate and extended opioid release formulations, including methadone, are abused and contribute to overdose. For example, since 2002, the US prevalence of high school seniors reporting past-year nonmedical use of opioids has been 8% to 10% for hydrocodone and 4% to 5% for oxycodone. 1 After excluding alcohol and tobacco, the prevalence of hydrocodone abuse is second only to marijuana abuse. Concurrently, there has been a 5-fold increase in drug treatment admissions for pharmaceutical opioids between 1998 and 2008, from 19 941 to 121 091. 2

### **Diabetes Public Health: From Data to Policy**

*JAMA, Vol. 305, No. 12, March 23/30, 2011*

Diabetes is presented as a prototypical public health problem in this authoritative, extensively referenced, and convincing book. The statistics are compelling. In the United States, it is estimated that 25.8 million individuals have diabetes, and 79 million adults have prediabetes. Worldwide, it is estimated that 284 million individuals have diabetes, 80% of them in developing countries. The prevalence of diabetes in the United States was 1% in 1950, increased to 6% in 2005, and may reach 12% by 2050. Health care costs for a patient with diabetes are 2 to 5 times those for a patient without diabetes. Estimated direct health expenditures for the care of persons with diabetes worldwide were calculated at \$422 billion in 2007.

## **Excess Black Mortality in the United States and in Selected Black and White High-Poverty Areas, 1980–2000**

*AJPH, Vol. 101, No. 4, April 2011*

- **Objectives.** Black working-aged residents of urban high-poverty areas suffered severe excess mortality in 1980 and 1990. Our goal in this study was to determine whether this trend persisted in 2000.
- **Methods.** We analyzed death certificate and census data to estimate age-standardized all-cause and cause-specific mortality among 16- to 64-year-old Blacks and Whites nationwide and in selected urban and rural high-poverty areas.
- **Results.** Urban men's mortality rate estimates peaked in 1990 and declined between 1990 and 2000 back to or below 1980 levels. Evidence of excess mortality declines among urban or rural women and among rural men was modest, with some increases. Between 1980 and 2000, there was little decline in chronic disease mortality among men and women in most areas, and in some instances there were increases.
- **Conclusions.** In 2000, despite improved economic conditions, working-age residents of the study areas still died disproportionately of early onset of chronic disease, suggesting an entrenched burden of disease and unmet health care needs. The lack of consistent improvement in death rates among working-age residents of high-poverty areas since 1980 necessitates reflection and concerted action given that sustainable progress has been elusive for this age group.

## **Geographic Distribution of Diagnosed Diabetes in the U.S.**

*American Journal of Preventive Medicine, Vol. 40, No. 4, April 2011*

- **Background:** The American “stroke belt” has contributed to the study of stroke. However, U.S. geographic patterns of diabetes have not been as specifically characterized.
- **Purpose:** This study identifies a geographically coherent region of the U.S. where the prevalence of diagnosed diabetes is especially high, called the “diabetes belt.”
- **Methods:** In 2010, data from the 2007 and 2008 Behavioral Risk Factor Surveillance System were combined with county-level diagnosed diabetes prevalence estimates. Counties in close proximity with an estimated prevalence of diagnosed diabetes  $\geq 11.0\%$  were considered to define the diabetes belt. Prevalence of risk factors in the diabetes belt was compared to that in the rest of the U.S. The fraction of the excess risk associated with living in the diabetes belt associated with selected risk factors, both modifiable (sedentary lifestyle, obesity) and nonmodifiable (age, gender, race/ethnicity, education), was calculated.
- **Results:** A diabetes belt consisting of 644 counties in 15 mostly southern states was identified. People in the diabetes belt were more likely to be non-Hispanic African-American, lead a sedentary lifestyle, and be obese than in the rest of the U.S. Thirty percent of the excess risk was associated with modifiable risk factors, and 37% with nonmodifiable factors.
- **Conclusions:** Nearly one third of the difference in diabetes prevalence between the diabetes belt and the rest of the U.S. is associated with sedentary lifestyle and obesity. Culturally appropriate interventions aimed at decreasing obesity and sedentary lifestyle in counties within the diabetes belt should be considered.

## **Health Care Use and Costs for Participants in a Diabetes Disease Management Program, United States, 2007-2008**

*Preventing Chronic Disease, Vol. 8, No. 3, May 2011*

- **Introduction:** The Disease Management Association of America identifies diabetes as one of the chronic conditions with the greatest potential for management. TRICARE Management Activity, which administers health care benefits for US military service personnel, retirees, and their dependents, created a disease management program for beneficiaries with diabetes. The objective of this study was to determine whether participation intensity and prior indication of

uncontrolled diabetes were associated with health care use and costs for participants enrolled in TRICARE's diabetes management program.

- **Conclusion:** Greater intensity of participation in TRICARE's diabetes management program was associated with lower medical costs and improved receipt of recommended testing. That patients who were categorized as having uncontrolled diabetes realized greater program benefits suggests diabetes management programs should consider indication of uncontrolled diabetes in their program candidate identification criteria.

### **Local Food Outlets, Weight Status, and Dietary Intake: Associations in Children Aged 9–10 Years**

*American Journal of Preventive Medicine, Vol. 40, No. 4, April 2011*

- **Background:** The rising prevalence of childhood obesity is a key public health issue worldwide. Limited evidence suggests that there may be interactions between environmental factors at a neighborhood level and the development of obesity, with the availability and accessibility of food outlets being potentially important.
- **Purpose:** To examine how the weight status and dietary intake of 1669 children aged 9–10 years was associated with neighborhood food outlets in a cross-sectional study.
- **Methods:** Availability of food outlets was computed from GIS data for each child's unique neighborhood. Outlets were grouped into BMI-healthy, BMI-unhealthy, or BMI-intermediate categories according to food type sold. Weight status measurements were objectively collected, and food intake was recorded using 4-day food diaries. Data were collected in 2007 and analyzed in 2009.
- **Results:** Availability of BMI-healthy outlets in neighborhoods was associated with lower body weight (1.3 kg,  $p=0.03$ ); BMI (0.5 kg/m<sup>2</sup>,  $p=0.02$ ); BMI z-score (0.20,  $p=0.02$ ); waist circumference (1.3 cm,  $p=0.02$ ); and percentage body fat (1.1%,  $p=0.03$ ) compared to no availability. In contrast, neighborhood availability of BMI-unhealthy outlets was inversely associated with body weight (1.3 kg,  $p=0.02$ ); BMI (0.4 kg/m<sup>2</sup>,  $p=0.05$ ); BMI z-score (0.15,  $p=0.05$ ); waist circumference (1.1 cm,  $p=0.04$ ); and percentage body fat (1.0%,  $p=0.03$ ). Unhealthy food intake (fizzy drinks 15.3%,  $p=0.04$ , and noncarbonated "fruit" drinks 11.8%,  $p=0.03$ ) was also associated with availability of BMI-unhealthy food outlets.
- **Conclusions:** Features of the built environment relating to food purchasing opportunities are correlated with weight status in children.

### **Longitudinal Assessment of Urban Form and Weight Gain in African-American Women**

*American Journal of Preventive Medicine, Vol. 40, No. 4, April 2011*

- **Background:** Numerous cross-sectional studies have found higher levels of obesity among residents of auto-oriented, sprawling areas compared to residents of more urban areas.
- **Purpose:** The association between neighborhood urban form and 6-year weight change was prospectively analyzed in the Black Women's Health Study, a cohort study of U.S. black women who enrolled in 1995 and are followed biennially with mailed questionnaires.
- **Methods:** The analysis included 17,968 women who lived in New York City, Chicago, or Los Angeles and were followed from 1995 to 2001. Factor analysis was used to combine variables describing the urban form of participants' residential neighborhoods into an "urbanicity" score. Mixed linear regression models were used to calculate least-squares means for weight change across quintiles of the urbanicity score. Incidence rate ratios (IRRs) and 95% CIs for incident obesity in relation to the urbanicity score among women who were not obese at baseline were derived from Cox regression models. All results were adjusted for age, region, lifestyle factors, and neighborhood SES. Analyses were conducted in 2008–2010.
- **Results:** In multivariate analysis, mean weight gain for women in the highest quintile of urbanicity score (most urban) was 0.79 kg less than for those in the lowest quintile, with a

significant trend ( $p=0.003$ ). The IRR for incident obesity in the highest quintile relative to the lowest was 0.83 (95% CI=0.71, 0.97), with a significant trend ( $p=0.042$ ).

- **Conclusions:** Policies that encourage dense, urban residential development may have a positive role to play in addressing obesity in black women.

### **Measles Imported by Returning U.S. Travelers Aged 6--23 Months, 2001--2011**

*MMWR Vol. 60, No. 13, April 8, 2011*

In the first 2 months of 2011, CDC received reports of seven imported measles cases among returning U.S. travelers aged 6--23 months; four required hospitalization. Young children are at greater risk for severe measles, death, or sequelae such as subacute sclerosing panencephalitis (1,2). Although all seven children had been eligible for vaccination before travel, none had received measles, mumps, and rubella (MMR) vaccine, the only measles-containing vaccine currently available in the United States. To characterize imported measles cases reported in the first 2 months of 2011 in U.S. travelers aged 6--23 months and compare them with cases in recent years, CDC analyzed data from the National Notifiable Diseases Surveillance System (NNDSS) for the period January 2001--February 2011. The results of that analysis indicated that, during January--February 2011, a total of 13 imported cases were reported in U.S. residents, including the seven children aged 6--23 months. During 2001--2010, a total of 159 imported cases were reported in U.S. residents, including 47 (range: 3--8 per year) in children aged 6--23 months (three of whom had been vaccinated before travel). Because measles remains endemic in much of the world, international travelers should be up-to-date on vaccinations. In accordance with the Advisory Committee for Immunization Practices (ACIP) recommendations, U.S. children who travel or live abroad should be vaccinated at an earlier age than those living in the United States because of the greater risk for exposure to measles outside the United States, and particularly outside the Americas (3).

### **Obesity Prevalence in the United States — Up, Down, or Sideways?**

*NEJM, Vol. 364, No. 11, March 17, 2011*

Americans are continually bombarded with statistics on obesity. The media are filled with news reports celebrating the possible shrinking of our waistlines or lamenting their ongoing expansion. Some recent studies have suggested that U.S. obesity rates are continuing to increase. For example, state- and national-level data from the 2009 Behavioral Risk Factor Surveillance System (BRFSS) of the Centers for Disease Control and Prevention (CDC)1 showed increases between 2007 and 2009 in the reported prevalence of obesity among adults — a 1.1% increase nationally, or an additional 2.4 million or so obese adults. Such data have led some investigators to suggest that by 2050, an enormous percentage of Americans — perhaps approaching 100% — will be overweight (defined in adults as a body mass index [BMI, the weight in kilograms divided by the square of the height in meters] above 25 but below 30) or obese ( $BMI \geq 30$ ). Other reports, however, suggest that the U.S. obesity prevalence, though very high, has stabilized. Results from the CDC's 2007–2008 National Health and Nutrition Examination Survey (NHANES) suggest that the prevalence of obesity among women (35.5%)2 and children 2 to 19 years of age (16.9%)3 has remained stable over the past 10 years and that the prevalence among men (32.2%)2 has not changed significantly since 2003. These conflicting reports have led to confusion regarding the prevalence of, and secular trends in, obesity in the United States.

### **Potential Strategies to Eliminate Built Environment Disparities for Disadvantaged and Vulnerable Communities**

*AJPH, Vol. 101, No. 4, April 2011*

In 2006, the Federal Collaboration on Health Disparities Research (FCHDR) identified the built environment as a priority for eliminating health disparities, and charged the Built Environment Workgroup with identifying ways to eliminate health disparities and improve health outcomes. Despite extensive research and the development of a new conceptual health factors framework, gaps in knowledge exist in areas such as disproportionate environmental and community hazards, individual and

cumulative risks, and other factors. The FCHDR provides the structure and opportunity to mobilize and partner with built environment stakeholders, federal partners, and interest groups to develop tools, practices, and policies for translating and disseminating the best available science to reduce health disparities.

### **Updated Recommendations for Use of Meningococcal Conjugate Vaccines—Advisory Committee on Immunization Practices (ACIP), 2010**

*JAMA, Vol. 305, No. 13, April 6, 2011*

On October 27, 2010, the Advisory Committee on Immunization Practices (ACIP) approved updated recommendations for the use of quadrivalent (serogroups A, C, Y, and W-135) meningococcal conjugate vaccines (Menveo, Novartis; and Menactra, Sanofi Pasteur) in adolescents and persons at high risk for meningococcal disease. These recommendations supplement the previous ACIP recommendations for meningococcal vaccination. 1, 2 The Meningococcal Vaccines Work Group of ACIP reviewed available data on immunogenicity in high-risk groups, bactericidal antibody persistence after immunization, current epidemiology, vaccine effectiveness (VE), and cost-effectiveness of different strategies for vaccination of adolescents. The Work Group then presented policy options for consideration by the full ACIP.

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<http://www.rwjf.org/global/email.jsp?nsid=805>

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- Estimating How ACA Will Affect States
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- LCC's remote nursing program graduates first class
- A Beacon of Health...A Beacon of Hope: Dungeness Valley Health & Wellness Clinic
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*Department of Health, Vol. XVI, No. 2, March/April 2011*

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

- 2011 MTS License Renewal
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## EpiLog

*Public Health Seattle & King County*

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

## EpiTrends

*Department of Health, Vol. 16, No. 3, March 2011*

<http://www.doh.wa.gov/EHSPHL/epitrends/>

- The Impact of Imported Measles

## NALBOH Newsbrief

*National Association of Local Boards of Health, Vol. 18, No. 1, 1st Quarter, 2011*

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  - Local board of health engages community in health department-driven strategic planning process
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## **The Nation's Health**

*American Public Health Association*

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

## **Preceptor**

*Washington State Medical Association, Fourth Quarter 2010*

- Disease registry gets results for diabetes patients
- State committee assessing health treatments for efficacy, safety
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Washington State Department of Health

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

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## Publications - Reports

### Enhancing Use of Clinical Preventive Services Among Older Adults: Closing the Gap

*CDC, Undated Report*

Every day in America about 10,000 people turn 65. By the year 2030, roughly one out of every five Americans will be aged 65 years and older. Unfortunately, many older adults currently do not receive vaccinations, screenings, and other preventive services national experts recommend. These important services help detect many diseases, delay their onset, or identify them early in their most treatable stages to ensure healthier, longer, and more productive lives for older adults. By presenting and interpreting available state and national self-reported data, the report *Enhancing Use of Clinical Preventive Services Among Older Adults: Closing the Gap* aims to raise awareness of crucial gaps and increase interventions focused on those currently underserved.

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