State Action in 2005:
Trends in Legislative Responses to Public Health Issues

Several public health concerns made headlines during states’ 2005 state legislative sessions—especially concerns related to children and youth. Topics ranging from obesity and health disparities to school violence and asthma were considered on the floors of statehouses around the country, sometimes accompanied by heated debate over how best to address these issues. As state legislative sessions wind down for 2005, here is a sampling of state action.

Childhood obesity
Data from the 1999–2002 National Health and Nutrition Examination Survey show that an estimated 16 percent of children and adolescents age 6–19 are overweight, a rate that has doubled since 1980. This is a major cause of concern for states because children who are overweight are more likely to be overweight or obese as adults. Given that obesity contributes to increased risk and complications of diabetes, heart disease, stroke, some types of cancer and depression, implications for future health status are tremendous.

Recognizing that now is the time to act on this public health threat, more than half the states have put forth legislation in recent years intended to decrease childhood obesity. This year, several states proposed task forces to study the issue of childhood obesity and make recommendations on what can be done through schools, including Alaska, Hawaii, Iowa, North Carolina, Oregon, Pennsylvania and Rhode Island.

Healthy School Kids:
Keeping Immunizations Up-to-Date

As parents across the country begin their back-to-school preparations this month, ensuring that their children’s immunizations are up-to-date for the first day of school will be a priority for many. School vaccination requirements are an essential mechanism by which public health officials make sure the school-age population is fully immunized and are an integral component of efforts to decrease unnecessary illness and death.

Why immunize?
Immunization is the key to preventing illness and death in infants, children and adults from a number of infectious diseases. Before vaccines were available, many children in the United States became very ill and often died from diseases that are now very rare or entirely eliminated, including diphtheria, measles and polio. Immunizing not only protects the individual, but it also helps to protect the

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What diseases can vaccines protect children and adolescents against?

There are now 13 vaccine-preventable diseases for which routine immunizations are recommended for children and/or adolescents: diphtheria; Haemophilus influenzae type b (Hib); hepatitis B; measles; mumps; whooping cough (pertussis); invasive pneumococcal disease; polio; German measles (rubella); lockjaw (tetanus); influenza; chickenpox (varicella); and meningococcal disease. While the age-specific recommendations for these vaccines start at birth and continue to age twelve, most of the vaccines are given by age two, so immunity to these diseases is largely established in children before they start attending school (see map). A new meningococcal vaccine was approved this year, and is recommended specifically for adolescents.

Immunizations given to school age children are often “booster” shots—additional doses of previous vaccines to enhance a child’s immunity—or catch-up immunizations if the child missed a recommended vaccine. An example of a booster shot is the recently approved booster for whooping cough. Outbreaks of this illness among teens and adults have increased dramatically and, while not usually deadly for this population, these outbreaks do increase the risk of exposure for infants who have yet to be vaccinated.

The recommended schedule of vaccines for children and adolescents is developed by the Advisory Committee on Immunization Practices in conjunction with the Centers for Disease Control and Prevention (CDC), and is endorsed by the American Academies of Pediatrics and Family Physicians. As research proves new vaccines to be of value in preventing illness—such as the recent vaccine for meningitis added this year—these organizations review and endorse new vaccine recommendations.

How do state laws protect children through immunizations?

Most state laws concerning immunizations focus on preventing and controlling the spread of infectious diseases, outlining, for example, school registration requirements for students attending public schools. Some states are now proposing to add immunization requirements for children in private schools, foster care, home schools, charter schools, homeless shelters and juvenile justice centers.

A few states have proposed increasing the number of statewide immunization registries to track persons who are immunized, and others have proposed more comprehensive commissions to better plan for state immunization practices. With the approval of a new vaccine for a deadly infectious disease, such as meningitis, states are proposing that information about this newly approved vaccine be made available to parents of primary, secondary or post-secondary students.

Are there laws that limit immunizations?

Several states have proposed laws that would prohibit the administration of some vaccines, particularly those containing the preservative thimerosal. These state bills are the result of concerns some parents and researchers have about the mercury-containing preservative thimerosal, which is used in some vaccines to prevent bacterial contamination. Three states—Missouri, Iowa and California—have passed such laws. Although the type of mercury in the preservative has not been proven to be harmful, concerns about adverse health effects, including autism, still persist. Most childhood vaccines are available today without the preservative thimerosal, and some states are requiring insurers to provide the same coverage for both the preservative-containing and the more expensive preservative-free formulations of vaccines (to learn more, go to www.healthystates.org, keyword: vaccine safety).

“Exemption” bills are another legislative response that limit vaccination of school age children. State-mandated vaccine requirements always allow exemptions for medical reasons where vaccines would be contraindicated based on an individual’s medical condition. Recently, states are expanding exemptions to include objections due to religious or philosophical reasons. Legislative approval of policies that allow people to easily refuse immunizations raise public health concerns about the risk of an infectious disease outbreak, especially as more people in the community are not immunized.

Where can parents go to learn more about the immunizations their kids need?

Parents should receive information on the recommended childhood vaccinations from their child’s physician or other medical care provider, as well as from the requirements listed on school registration forms. Parents can also get information through their public health departments, many of which have vaccine distribution programs. For children with no health insurance or who are eligible for Medicaid, and for children of Native American or Alaska Native descent, the Vaccines for Children (VFC) program provides information and vaccines at many sites, including participating provider offices and state and local health departments. Children with health insurance that does not cover
STDs Among Adolescents:
A Continuing Public Health Problem

Sexually transmitted diseases (STDs) among adolescents and young adults are disproportionately high: it is estimated that 18.9 million new cases of sexually transmitted infections occurred in 2000, of which almost half—9.1 million—were among persons aged 15–24 years old (see Figure 1 for estimated incidence of selected STDs). If this weren’t troubling enough for state policymakers, the total estimated economic burden for these 9 million new cases of STDs is $6.5 billion.

Youth at Risk
Adolescents are at higher risk for some STDs than adults for a number of reasons, including:
- aspects of their biology and sexual behavior;
- differences in their relationships;
- lack of knowledge and skills to prevent infection; and
- less access to reproductive health care services.

Sexually active adolescents and young adults are more likely to have multiple partners with little gap between partners and are less likely to use condoms, which puts them at risk for infection. They are also less likely to be screened regularly for STDs. Although most adolescents receive some education about HIV and STDs in school, STD prevention information may be limited.

Role for States
States can play a critical role in HIV/STD prevention among adolescents by developing and implementing effective health education programs and enhancing partnerships with public health and education agencies. Some states have already made great strides in developing and implementing effective programs for youth. These efforts take various forms, including adopting policy initiatives, funding local agencies that provide services, providing HIV/STD prevention education or establishing a task force. The following are just a few examples.

Michigan
In 2003, the Michigan State Board of Education adopted a policy to “Promote Health and Prevent Disease and Pregnancy” which encourages schools to use HIV/STD prevention education that is based on reliable scientific evidence and proven educational techniques. Michigan’s Youth Risk Behavior Survey data will indicate whether this policy has been effective in reducing risk for pregnancy and disease.

New Jersey
The New Jersey Department of Health and Senior Services is collaborating with HiTOPS (Health-Interested Teens’ Own Program on Sexuality), a non-profit organization that promotes adolescent health and well-being located in Princeton, New Jersey. HiTOPS provides comprehensive sexual health education programs, including a model peer education approach; primary reproductive health care in a “teen-friendly” clinic; psycho-educational support groups; and training and consultation to local, regional, state and national organizations. Last year almost 4,000 adolescents received services at HiTOPS.

Washington
In response to a request from 41 state legislators, Washington’s Department of Health and Office of Superintendent of Public Instruction collaborated to develop Guidelines for Sexual Health Information and Disease Prevention (available at http://www.k12.wa.us/curriculum/health/fitness/). The guidelines provide a framework for medically and scientifically accurate sex education and outline common characteristics of effective sex education programs.

Partnering with the CDC
Financial and program support from a variety of federal agencies including the Centers for Disease Control and Prevention (CDC) are available to states working to address HIV/STD incidence among youth.

One example of a successful collaboration comes from Pennsylvania. Between 1995 and 2002, the rate of chlamydia infections for 15–19 year olds in Philadelphia was three times the national average. In response, in 2002, the city’s health department and the school district began a voluntary STD screening program in the city’s public high schools. Through the program, 30,000 students received instruction in how to avoid STDs and nearly 20,000 were screened for chlamydia and gonorrhea in 53 of Philadelphia’s 54 high schools. Nearly every student who tested positive received treatment (1,051 out of 1,052). To ensure this successful public health intervention continued, CDC provided a one-time grant to Philadelphia in November 2003. During the 2003–2004 school year, 17,091 students were screened and 813 tested positive for chlamydia and/or gonorrhea. Again, of the students who were infected, 99.3 percent received the needed treatment.

In addition, CDC supports six national non-governmental organizations to strengthen communication, coordination and collaboration among agencies working to prevent sexual risk behaviors among youth that result in HIV, STDs or unintended pregnancy, with an emphasis on partnerships with agencies that focus exclusively on helping school-age youth to not engage in sexual intercourse.

Next steps
State education agencies and state and local health departments are excellent sources of information about what a state is doing to prevent HIV/STDs among high risk populations. These groups recognize that youth have specific needs and are able to provide guidance about effective programs and services.

By working together, states and their partners can provide educational, social and clinical services for youth to help reduce the disproportionate burden of STDs in this population.

— Jenny Sewell is senior health policy analyst with The Council of State Governments.

Table 1
Estimated incidence of selected STDs among 15–24 year olds, United States, 2000

<table>
<thead>
<tr>
<th>Condition</th>
<th>United States, 2000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chlamydia</td>
<td>1.5 million</td>
</tr>
<tr>
<td>Gonorrhea</td>
<td>431,000</td>
</tr>
<tr>
<td>Syphilis</td>
<td>8,200</td>
</tr>
<tr>
<td>Genital herpes</td>
<td>640,000</td>
</tr>
<tr>
<td>HPV (human papillomavirus)</td>
<td>4.6 million</td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>7,500</td>
</tr>
<tr>
<td>Trichomoniasis</td>
<td>1.9 million</td>
</tr>
<tr>
<td>HIV</td>
<td>15,000</td>
</tr>
</tbody>
</table>

Total: 9.1 million

Health Disparities and Youth

Disparities are evident in six categories of priority health-risk behaviors for youth identified by the CDC’s Division of Adolescent and School Health (DASH). These behaviors are: tobacco use; unhealthy dietary behaviors; inadequate physical activity; alcohol and other drug use; sexual behaviors that contribute to unintended pregnancy and sexually transmitted diseases, including HIV infection; and behaviors that contribute to unintentional injuries and violence.

A variety of environmental, social, economic and behavioral factors have been cited for these differences, and, in response, DASH has established a Task Force on Health Disparities Among School-Aged Youth of Color. The Task Force’s strategic approaches to eliminating health disparities are three-fold:

1. Raise awareness of the strategies that have been successful in reducing health disparities in disease prevention and health promotion programs and services.
2. Identify key issues that national public health agencies need to consider when crafting program announcements and funding opportunities.
3. Improve the quality of existing resources, programs and services to more effectively address the needs and priorities of communities of color.

State Action, continued from page 1

Colorado approved a bill that asks school districts to ensure that every student has access to healthful food choices throughout the school day; parents receive information about the nutritional content of foods available at school; fresh produce is provided when possible; instruction includes lessons in healthy eating and activity; and drinking fountains are in good repair (SB81). Kansas’ legislature asked its state board of education to develop nutrition guidelines for all foods and beverages made available to students in Kansas public schools during the school day (SB154).

Other proposed legislation considered limiting the sale of foods with minimal nutritional value, imposing an extra tax on items like soft drinks and candy and promoting public awareness of obesity and healthy lifestyle choices.

Health disparities

According to the 2004 National Health Care Disparities Report published by the U.S. Department of Health and Human Services, disparities related to race, ethnicity and socioeconomic status are found in almost every aspect of health care. This includes quality and access to care, type of care received, health outcomes and setting of care.

Growing awareness of this problem led many states, including Arkansas, Massachusetts, New Jersey, and New Mexico, to pass legislation to create an office or commission to better study the issue and put forth a possible plan of action. New Mexico’s SB 786 established a new data system to collect health information that will allow the state to identify disparities in health care access and quality. Other states considered creating programs to improve health outcomes for specific health conditions or to require doctors to participate in cultural competency trainings.

School violence

While the victimization rate for youth declined between 1992 and 2002, both on school property and away from school property, many policy-makers feel that no level of violence is acceptable on school grounds.

Bullying

According to a joint report by the U.S. Department of Justice and U.S. Department of Education, in a survey of school principals, 29 percent reported that during the 1999–2000 school year, student bullying occurred on a daily or weekly basis. In addition, between 1999 and 2001, the percentage of students aged 12–18 who reported that they had been bullied at school increased from 5 percent to 8 percent.

In an attempt to curb bullying, several states considered legislation that would require the states’ boards of education to adopt and implement policies regarding bullying in schools or that would prohibit bullying on school property. For example, Virginia’s House and Senate passed legislation that would require local school boards to instruct students in the inappropriateness of bullying and to develop policies to address bullying when it does occur. Arkansas’ Legislature approved legislation that provides procedures for anonymous reporting of bullying.

Dating violence

Violence that occurs or is threatened within the context of dating is a serious problem among youth. According to a study published in JAMA in 2001, 20 percent of female high school students reported being physically or sexually abused by a dating partner. And, according to the 2003 Youth Risk Behavior Survey conducted by the Centers for Disease Control and Prevention (CDC), 9 percent of students reported being hit, slapped or physically hurt on purpose by their boyfriend or girlfriend in the 12 months prior to being surveyed.

State actions considered this year to combat this problem include:

- Legislators in California and Illinois proposed legislation that would establish teen dating violence prevention programs that include reporting procedures and response requirements.
- Several states—including Tennessee and Virginia—proposed that health education include information about dating violence.

Teacher victimization

Students aren’t the only group threatened by violence in the school. During the 1999–2000 school year, 9 percent of elementary and secondary school teachers were threatened with injury by a student and 4 percent were attacked by a student.

States are taking notice of this problem and considering legislation that protects the rights of teachers. For example, Alaska considered legislation on sentencing rules for offences against school employees.

Asthma and air quality

According to the CDC, from 1980 to 1996, the number of Americans with self-reported asthma more than doubled, from almost 7 million to over 14 million. Especially troubling are the rates of increase among children: from 1980 to 1996, asthma prevalence among children age 0–4 increased 115 percent, and for those 5–14, prevalence increased 81 percent.

In response, states have considered or approved legislation this year that would:

- allow students to self-administer asthma medication (Alaska, Colorado, Maryland, New Mexico, South Carolina, Wyoming and Washington);
- educate school personnel about asthma and asthma treatment (California and North Carolina);
- create a task force on school indoor air quality (Arizona, Connecticut and Maryland);
- collect data on asthma diagnosis (Connecticut and New York);
- work through Medicaid to prevent and treat pediatric asthma (Illinois); and

Continued on page 5
### Trends in Legislative Responses to Public Health Issues

**Sample 2005 State Legislation**

<table>
<thead>
<tr>
<th>Subject</th>
<th>State</th>
<th>Bill Number</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Childhood Obesity</strong></td>
<td>AZ</td>
<td>HB2544</td>
<td>Requires the Arizona Department of Education (ADE) to develop minimum nutrition standards for food and beverages sold on the school grounds of elementary, middle and junior high schools during the school day and requires schools to abide by these standards.</td>
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<tr>
<td></td>
<td>WV</td>
<td>HB2816</td>
<td>Creates a Healthy Lifestyles Office in the state’s Department of Health and Human Resources. The office will coordinate the efforts of all agencies to prevent and remedy obesity and related weight problems.</td>
</tr>
<tr>
<td><strong>Health Disparities</strong></td>
<td>NC</td>
<td>HB408</td>
<td>Proposes allocating resources to the state’s Department of Health and Human Services to fund a Community-Focused Eliminating Health Disparities Initiative to build capacity of faith-based and community-based organizations to close the gap in health status of African-Americans, Hispanics/Latinos and American Indians.</td>
</tr>
<tr>
<td></td>
<td>NM</td>
<td>SB786</td>
<td>Asks that the state system for collecting health information aggregate the data in a way that will allow the state to identify disparities in health care access and quality.</td>
</tr>
<tr>
<td><strong>School Violence</strong></td>
<td>CA</td>
<td>HB506</td>
<td>Establishes a Teen Dating Violence Prevention Program and requires school districts to establish a policy that includes reporting procedures and response requirements for dealing with teen dating violence in middle schools and in high schools. Requires the state Department of Education to incorporate teen dating violence education into the curriculum.</td>
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<tr>
<td></td>
<td>VA</td>
<td>HB2879</td>
<td>Requires local school boards to instruct students on the inappropriateness of bullying and to develop policies to address bullying when it occurs.</td>
</tr>
<tr>
<td><strong>Asthma &amp; Air Quality</strong></td>
<td>WA</td>
<td>SB5841</td>
<td>Addresses training for school personnel in asthma monitoring and response and student access to asthma rescue medicine, and calls for the design of a state asthma plan based on clinically sound criteria.</td>
</tr>
<tr>
<td><strong>Suicide Prevention</strong></td>
<td>HI</td>
<td>HB292</td>
<td>Requires the state Department of Health to establish a youth suicide prevention program and to provide research, training and technical assistance to the Department of Education and other entities.</td>
</tr>
<tr>
<td></td>
<td>IL</td>
<td>HB58</td>
<td>Requires a comprehensive health education program to include instruction in secondary schools on clinical depression and suicide prevention.</td>
</tr>
</tbody>
</table>

**State Action continued from page 4**

- include poor air quality as a consideration for school renovation funds (Maryland, Massachusetts and New York).

**Suicide prevention**

Suicide remains a leading cause of death in the United States, especially among adolescents and young adults: for people age 15–24, suicide is the third leading cause of death.

Actions proposed by states during the 2005 legislative session to address this include:
- providing suicide prevention kits to school psychologists and social workers (Connecticut);
- establishing a youth suicide prevention program that will provide technical assistance to educators (Hawaii);
- requiring teachers receive instruction in suicide prevention as part of their professional development training (New Jersey); and
- including suicide prevention in health education program (Illinois).

— Jenny Sewell is senior health policy analyst with The Council of State Governments.
Smart Solutions:
Arizona Encourages Healthier Vending Machine Choices in Schools

After July 2006, children in elementary and middle schools in Arizona will no longer be tempted with soft drinks, candy and gum for sale in their schools. On April 27, 2005, Gov. Janet Napolitano signed a bill that bans these snacks from school vending machines. While Arizona is not the first state to pass or consider this type of legislation, its journey to the governor’s desk is noteworthy for how different groups came together to create a policy that worked for the state.

Arizona has a large population of Hispanic/Latino and American Indian, two groups who have higher than average rates of obesity. Additionally, nearly 31 percent of low-income children ages 4 and under in Arizona are overweight. These facts prompted Gov. Napolitano to commission the Arizona Department of Health Services to develop a plan to address the growing problem of obesity. The resulting plan, entitled “The Arizona Nutrition and Physical Activity State Plan,” came together with the input of various state groups, health experts and concerned citizens. It called for school policy changes including the following:

- establish policies that would increase the nutritional value of food distributed in school cafeterias and vending machines;
- establish standards for nutrition and physical education and include healthy lifestyle concepts;
- establish a plan to measure and track students’ Body Mass Index (BMI) and create an action plan based on the assessment results; and
- educate and apply knowledge learned in the classroom to help students make healthier choices in the cafeteria.

In response to these recommendations, state Rep. Mark Anderson sponsored House Bill 2544, which mandates that the Department of Education develop minimum nutrition standards for food and beverages sold or served in elementary and middle schools, and expressly prohibits the sale of sugared, carbonated beverages and all other food of minimal nutritional value in vending machines and other venues.

In the past, school administrators had been hesitant to ban sales of soft drinks and snacks from vending machines because of the revenue they bring to the school. These revenues are often used to fund school programs and extracurricular activities. However, to respond to these concerns, the Department of Education launched a pilot study to evaluate the financial impact of making healthy changes to schools’ vending food selections.

The results indicated no negative financial impacts for those schools. State School Superintendent Tom Horne said, “With positive results overall, the pilot proved that revenues will remain constant or even slightly increase when offering healthier food choices to kids. It is time for Arizona to make the grade when it comes to the health of our students. This legislation will lead Arizona in the direction it needs to make that happen.”

Arizona now joins California, Colorado, Kentucky, Oklahoma, Texas and West Virginia as states that have passed such legislation. Other states that are considering similar legislation are Louisiana, New Mexico, Nebraska, North Carolina and Maryland.

— Lizeth Fowler is a health policy intern for The Council of State Governments.

**Immunizations continued from page 1**

Immunizations may receive immunizations through the VFC Program at federally qualified health centers or rural health clinics.

Additional information about vaccines, including answers to commonly asked questions about vaccine preventable diseases, can be found on the Web at www.cdc.gov/nip, or by calling the CDC Information Contact Center at (800) CDC-INFO (1-800-232-4636). Information about specific vaccines can be found in CDC’s Vaccine Information Statements (VIS) at www.cdc.gov/nip/publications/VIS/default.htm.

Links to state immunization programs can be found at www.immunize.org/states/index.htm. The immunization profile for all states appears at www.partnersforimmunization.org/immunizationprogram.html.

— Ann Kelly is chief policy analyst for public health programs at The Council of State Governments.

**Estimated vaccination coverage among children 19–35 months of age**

| Coverage Percentage | States
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>≥90% covered</td>
<td>внутри</td>
</tr>
<tr>
<td>80–89% covered</td>
<td>внутри</td>
</tr>
<tr>
<td>70–79% covered</td>
<td>внутри</td>
</tr>
<tr>
<td>60–69% covered</td>
<td>внутри</td>
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</tbody>
</table>

Includes the District of Columbia

Source: National Immunization Survey, 12 months ending June 2004

Note: Coverage for routinely recommended childhood vaccines (Four or more doses of DTP, three or more doses of poliovirus vaccine, one or more doses of any MCV, three or more doses of Hib, three or more doses of HepB, and one or more doses of varicella)
New CDC Initiative Aims for Earlier Detection of Autism

In the United States, 17 percent of children have a developmental or behavioral disability such as autism, mental retardation or attention-deficit/hyperactivity disorder (ADHD). Autism has gained attention lately because recent estimates indicate that up to 1 in 166 children have a condition in the autism spectrum. Early recognition of this and other developmental disorders is essential to ensure a child achieves optimal development.

The Centers for Disease Control and Prevention (CDC), in collaboration with a number of national partners, has launched a public awareness campaign called “Learn the Signs. Act Early.” This campaign is designed to educate parents about childhood development, including early warning signs of autism and other developmental disorders.

“Learn the Signs. Act Early.” builds on familiar experiences of parents, such as monitoring their children’s physical growth, and expands to social and emotional milestones such as how children speak, learn, act and play. Although all children develop differently, certain milestones should be reached by every child within a certain range of time. By giving parents the information they need to identify developmental concerns earlier, intervention during the crucial period of early development is possible.

Partnering with states

The CDC encourages states to build on this campaign to raise awareness of the need for early detection.

“We need to find ways that help parents understand and recognize the early signs of intellectual, social and emotional disabilities. Health care professionals, caregivers and teachers and the community at large need to be aware of the early signs of developmental disabilities, such as autism, and take appropriate action,” said Dr. José Cordero, director of CDC’s National Center on Birth Defects and Developmental Disabilities, at a special event in New York for mothers and soon-to-be mothers.

The event, held just prior to Mother’s Day, offered parents valuable information on early childhood development. Several state and local officials from New York participated in sharing this information with mothers. State officials can get information about resources and upcoming events in their area by emailing actearly@cdc.gov. In addition, the CDC has developed materials to inform parents of the developmental milestones, remind health care professionals to observe and document milestones and encourage dialogue between parents and health care professionals. Free resources are available in English and Spanish by calling 1-800-CDC-INFO (1-800-232-4656) or visiting www.cdc.gov/actearly.

— Sarah Donta Razor is health policy research associate at The Council of State Governments.

Fact File

Autism Spectrum Disorders

Autism spectrum disorders (ASDs) are a group of developmental disabilities caused by unusual brain development. People with ASDs tend to have problems with social and communication skills. Many people with ASDs also have unusual ways of learning, paying attention or reacting to different sensations. ASDs begin during childhood and last throughout a person’s life.

- Using the current prevalence data, it is estimated that approximately 24,000 of the estimated 4 million children born every year will eventually be diagnosed with an ASD.
- Assuming the prevalence rate has been constant over the past two decades, the CDC estimates that up to 500,000 individuals age 21 or younger have an ASD.
- In 2003, approximately 141,022 children were served under the “autism” classification for special education services.
- Between 1994 and 2003, the number of children classified as having an ASD increased six-fold, from 22,664 to 141,022.

Source: CDC’s National Center on Birth Defects and Developmental Disabilities autism Web site (www.cdc.gov/ncbddd/autism/).
Collaborating for Effective Health Services for Children with Autism Spectrum Disorder

With funding from Center for Health Care Strategies, Inc., researchers at the University of New Mexico Health Sciences Center convened a workgroup to identify the appropriate mix of services for children with ASD and determine how to finance these services within New Mexico’s Medicaid managed care program. A summary of the findings and recommendations, a policy brief and an action plan can be downloaded at www.chcs.org/publications3960/publications_show.htm?doc_id=273739.

Comprehensive Approaches to Cancer Control Tool Kit

This new tool for state policy-makers, published as part of The Council of State Governments’ Healthy States initiative, provides information on the importance of coordinating state cancer control efforts. The tool kit offers talking points, sample legislation and answers to frequently asked questions. With an introduction from Delaware Gov. Ruth Ann Minner, this tool kit will help states evaluate their current efforts and determine where changes can be made to improve coordination. The tool kit is available at www.healthystate.csg.org.

Does Neighborhood Deterioration Lead to Poor Health?

This report from Rand Corporation examines how the environments in which people live affect their health—specifically why poorer people tend to have poorer health. Noted in the report was the fact that, even after controlling for poverty, residents of deteriorated neighborhoods had higher rates of gonorrhea, premature death in general and death from cardiovascular disease and homicide. To download a copy, go to www.rand.org/publications/RB/RB90741.

The Global HIV/AIDS Epidemic: A Timeline of Key Milestones

Kaiser Family Foundation has produced a new interactive web-based timeline of key HIV-related events and noteworthy activities from 1981 through 2005. The Web site also provides estimates of the number of people worldwide living with HIV/AIDS at any point over the last 25 years. To view, go to www.kff.org/hivaidstimeline/index.cfm.

National Hospital Ambulatory Medical Care Survey: 2003 Emergency Department Summary

According to this report from the CDC, visits to the nation’s emergency departments (EDs) reached a record high of nearly 114 million in 2003, but the number of EDs decreased by 12 percent from 1993 to 2003. The report attributes the rise in ED visits to increased use by adults, especially those 65 years old and over: Among people age 65–74, the ED visit rate was more than five times higher for those residing in nursing homes or other institutions compared with those not living in institutionalized settings. To download a copy, go to www.cdc.gov/nchs/pressroom/05news/emergencydept.htm.

Regional and Racial Differences in Prevalence of Stroke—23 States and District of Columbia, 2003

Two recent studies from the CDC show that racial and regional disparities in stroke prevalence and stroke-related deaths still continue to exist in the United States, particularly among African Americans. In the first study, researchers found that the years of potential life lost due to stroke by African Americans before age 75 was more than double that of all other races. The second report provides further evidence that the prevalence of stroke is higher in the Southeast, also known as the "Stroke Belt," and is most significant among African Americans. To read more, go to www.cdc.gov/mmwr/preview/mmwrhtml/mm5419a3.htm.

Updated Food Pyramid

The U.S. Department of Agriculture has released an updated version of the food pyramid. MyPyramid incorporates recommendations from the 2005 Dietary Guidelines for Americans, which provides authoritative advice for people two years of age and older about how proper dietary habits can promote health and reduce the risk of major chronic diseases. MyPyramid was developed to carry the messages of the dietary guidelines and to make Americans aware of the vital health benefits of simple and modest improvements in nutrition, physical activity and lifestyle behavior. Learn more at www.mypyramid.gov.

In Brief—Recent Reports and Studies

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