THE CSTE WASHINGTON REPORT

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EDITOR'S NOTE. Officials from the National Institutes of Health (NIH) announced a collaboration December 6 with the National Council of Negro Women (NCNW) to help African American children maintain a healthy weight. As part of this collaboration, NCNW members around the U.S. will offer a fun, fast-paced training program for parents, and one for children, developed by the National Institutes of Health. The programs are based on NIH's successful *We Can!* or "Ways to Enhance Children's Activity & Nutrition," a science-based national education program to help children ages 8-13 stay at a healthy weight.-- additional details are provided in this *Washington Report*.

The *CSTE Washington Report* is provided as an information resource for members of the Council of State and Territorial Epidemiologists on federal legislation and regulation affecting public health and epidemiology in the U.S.

DEMOCRATS YIELD TO BUSH ON FY 2008 APPROPRIATIONS – After failing to override the President's veto of a FY 2008 Labor-HHS-Education Appropriations bill with $10.2 billion over the President's budget, Democrats tried to win support, instead, for a split-the-

difference omnibus package. The package containing the 11 unfinished appropriations bills, including the Labor-HHS-Education bill, would have retained a total of $11 billion in increased funding over the President's budget. However over the weekend, the White House issued a veto threat and so the Democrats have retreated all the way back to the President's overall budget level of $933 billion for all discretionary spending. They have added $3.7 billion on top of that for Veteran's health spending, an item that the White House has not threatened to veto. They are also retaining funding, at a somewhat reduced level, for Congressional earmarks and are adding about $7 billion in emergency spending items, including possibly $57 million for NIOSH to monitor and provide treatment access, as needed, for 9/11 rescue workers. Within these limits, all Subcommittees are being asked to cut spending 1.5 percent below the split-the-difference amount they would have had and are being told they should sacrifice President Bush's priority programs in favor of Democratic priorities. It is unclear how much additional funding is now left to the Labor-HHS-Education Subcommittee to work with, but it is estimated this is in the realm of $3.5 billion for the entire bill, about $145 billion in total program spending for the Departments of Labor, Health and Human Services and Education. The new bill is expected to be on the House floor on Tuesday.

TEEN BIRTH RATE RISES FOR FIRST TIME IN 14 YEARS -- The teen birth rate in the United States rose in 2006 for the first time since 1991, and unmarried childbearing also rose significantly, according to preliminary birth statistics released December 5 by the Centers for Disease Control and Prevention (CDC).

The statistics are featured in a new report, "Births: Preliminary Data for 2006, " prepared by CDC's National Center for Health Statistics, and are based on data from over 99 percent of all births for the United States in 2006. Although the findings in this early version will not change, the final report will have more detailed data.

The report shows that between 2005 and 2006, the birth rate for teenagers aged 15-19 rose 3 percent, from 40.5 live births per 1,000 females aged 15-19 in 2005 to 41.9 births per 1,000 in 2006. This follows a 14-year downward trend in which the teen birth rate fell by 34 percent from its all-time peak of 61.8 births per 1,000 in 1991.

"It's way too early to know if this is the start of a new trend, " said Stephanie Ventura, head of the Reproductive Statistics Branch at CDC. "But given the long-term progress we've witnessed, this change is notable. "

The largest increases were reported for non-Hispanic black teens, whose overall rate rose 5 percent in 2006. The rate rose 2 percent for Hispanic teens, 3 percent for non-Hispanic white teens, and 4 percent for American Indian teens.

The birth rate for the youngest teens aged 10-14 declined from 0.7 to 0.6 per 1,000 and the number of births to this age group fell 5 percent to 6,405. The birth rate for older teens ages 18-19 is 73 births per 1,000 population – more than three times higher than the rate for teens ages 15-17 (22 per 1,000). Between 2005 and 2006 the birth rate rose 3 percent for teens aged 15-17 and 4 percent for teens aged 18 and 19.

The study also shows unmarried childbearing reached a new record high in 2006. The total number of births to unmarried mothers rose nearly 8 percent to 1,641,700 in 2006. This represents a 20 percent increase from 2002, when the recent upswing in non-marital births began. The biggest jump was among unmarried women aged 25-29, among whom there was a 10 percent increase between 2005 and 2006.

In addition, the non-marital birth rate also rose sharply, from 47.5 births per 1,000 unmarried females in 2005 to 50.6 per 1,000 in 2006 - a 7 percent one-year increase and a 16 percent increase since 2002.

The study also revealed that the percentage of all U.S. births to unmarried mothers increased to 38.5 percent, up from 36.9 percent in 2005.

The report contains other significant findings:

• The preliminary estimate of total births in the U.S. for 2006 was 4,265,996, a 3 percent increase -- or 127,647 more births -- than in 2005.

• Birth rates increased for women in their twenties, thirties and early forties between 2005 and 2006, as well as to teenagers.

• The Caesarean delivery rate rose again in 2006, to 31.1 percent of all births, a 3 percent increase from 2005 and a new record high. The percentage of all births delivered by cesarean has climbed 50 percent over the last decade.

• The preterm birth rate rose slightly between 2005 and 2006, from 12.7 percent to 12.8 percent of all births. The percentage of births delivered before 37 weeks of gestation has risen 21 percent since 1990.

• The low birthweight rate also rose slightly in 2006, from 8.2 percent in 2005 to 8.3 percent in 2006, a 19 percent jump since 1990.

• As a result of the increases in the birth rates for women aged 15-44, the total fertility rate – an estimate of the average number of births that a group of women would have over their lifetimes – increased 2 percent in 2006 to 2,101 births per 1,000 women. This is the highest rate since 1971 and the first time since then that the rate was above replacement – the level at which a given generation can replace itself.

The full report is available at www.cdc.gov/nchs.

CDC STATEMENT ON PENDING HIV INCIDENCE ESTIMATES

By Dr. Kevin Fenton, Director, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, Centers for Disease Control and Prevention

Recent media reports have speculated about CDC's pending estimates of new HIV infections in the United States. CDC emphasizes that the new estimates are not yet final.

In recent years, CDC has worked to develop an innovative system designed to estimate the number of new HIV infections in a given year. As a result of new technology that can distinguish recent from longstanding infections, the new system will provide the clearest picture to date of new HIV infections in the United States.

Given the importance of the new estimates in guiding HIV prevention policy and programs, CDC's public health responsibility is to ensure accurate information. The estimates have been submitted for further analysis and rigorous scientific review to ensure the accuracy of the complex new methods and of the estimates themselves.

The new estimates utilize complex methods based on a number of statistical assumptions. Any modification to those assumptions during the scientific review process will affect the final estimates. It would not be responsible for CDC to discuss specific data before we are certain that the new estimates are reliable.

CDC is strongly committed to providing an accurate, timely picture of the domestic HIV epidemic, and we are moving as quickly as possible to finalize, confirm, and release these important new estimates. Presuming that the methods are found to be sound, we anticipate releasing the new estimates in early 2008.

CDC remains committed to the best available research, surveillance and programs to accelerate progress in HIV prevention and reduce the continuing and severe toll of this epidemic.

NIH ANNOUNCES COLLABORATION WITH NATIONAL COUNCIL OF NEGRO WOMEN TO REDUCE CHILDHOOD OVERWEIGHT-- Officials from the National Institutes of Health (NIH) announced a collaboration December 6 with the National Council of Negro Women (NCNW) to help African American children maintain a healthy weight. As part of this collaboration, NCNW members around the U.S. will offer a fun, fast-paced training program for parents, and one for children, developed by the National Institutes of Health. The programs are based on NIH's successful *We Can!* or "Ways to Enhance Children's Activity & Nutrition," a science-based national education program to help children ages 8-13 stay at a healthy weight.

The *We Can!* program provides parents and caregivers with the tools, strategies, and tactics they need to address the problem of childhood overweight. It supports population-based programming that provides a coordinated response to childhood overweight through community mobilization. The program is currently being implemented through a network of organizations in more than 450 community sites in 44 states. Information is available at http://wecan.nhlbi.nih.gov.

"This is a perfect collaboration," said Yvonne T. Maddox, Ph.D., Deputy Director of the NIH's National Institute of Child Health and Human Development. "Children are our most valuable resource and NCNW can help us get our health information to families who can benefit from it."

The announcement was made at the 53rd annual meeting of the NCNW in Washington, D.C.

Dr. Maddox explained that some of the *We Can!* community-based program components use a facilitator to explain the practical strategies included in the program materials to families and their children. NCNW members will fill this purpose, scheduling workshops and demonstrating the materials to members of their respective communities. Other components of the program include media outreach, partnership development with over 40 national and corporate partners, resources for parents, health care providers, and others, and a comprehensive Website.

NCNW joins these other organizations implementing *We Can!* in community centers, schools, health care settings, corporate wellness programs, and faith-based organizations to help families work with their children toward healthier lifestyles. Last week, Acting U.S. Surgeon General Rear Admiral Steven K. Galson, M.D., M.P.H., announced a new partnership between *We Can!* and the Association of Children's Museums at the Boston Children's Museum. The event marked his first public outreach activity as chair of the Department of Health and Human Services' new Childhood Overweight and Obesity Prevention Initiative, which highlights new approaches to obesity prevention and the promotion of healthy weight for children. In April 2007, NIH established the ***We Can!*** City/County program to help cities and counties across the nation mobilize their communities to prevent childhood overweight.

"Overweight and obesity are a threat to the health of African American youth," said Dr. Dorothy I. Height, Chair and President Emerita of the National Council of Negro Women, Inc. "The NCNW is committed to helping our children develop the healthy habits that will serve them through a lifetime."

Specifically, NCNW leadership will work with its member families to carry out *We Can!* components programs for parents and children.

One key program is *We Can! Energize Our Families: Parents Program*, a multi-session program that covers the basics of maintaining a healthy weight. The fun and hands-on sessions, along with the companion parent handbook and workbook, focus on helping participants learn skills that can help their families make healthy food choices and become more physically active. Information on the Parents Program is available on the Web at http://www.nhlbi.nih.gov/health/public/heart/obesity/wecan_mats/parent_curr.htm. *We Can!* also offers three curricula for youth. For example, *Media-Smart Youth: Eat, Think, and Be Active!* is an interactive after-school education program for young people ages 11 to 13 developed by NICHD. It is designed to help teach young people about the

complex media world around them, and how it can affect their health — especially in the areas of nutrition and physical activity. *Media-Smart Youth* teaches young people to analyze, evaluate, and create media messages — skills that can help them make informed choices about nutrition and physical activity. More information about *Media-Smart Youth* is available at http://www.nichd.nih.gov/msy/.

We Can! also offers *CATCH* (Coordinated Approach to Child Health) *Kids Club*, an after-school program proven to help elementary school age children improve nutrition and increase physical activity. The program uses a coordinated approach to helping children adopt healthy dietary and physical activity behaviors by positively changing the health environments of recreation programs, schools, and homes. The third youth curriculum, *S.M.A.R.T.* (Student Media Awareness to Reduce Television), is an in-school curriculum designed to teach third and fourth grade children about the need to reduce television, videotape and DVD viewing, and video and computer game use.

Dr. Maddox noted that the *We Can!* program is based on research that the NIH has supported for over a decade. The program conveys what researchers have learned about preventing overweight; it is designed to help families and community groups teach children to make better food choices, be more physically active, and reduce the amount of time spent in front of television and computer screens.

As with adults, Dr. Maddox said, overweight and obesity put youth at risk for such health problems as type 2 diabetes, high blood pressure, high blood cholesterol, heart disease, and asthma.

About *We Can!* *We Can!* is a science-based national education program developed by the National Institutes of Health — a component of the U.S. Department of Health and Human Services — to help children ages 8-13 stay at a healthy weight. *We Can!* is unique among existing youth obesity-prevention initiatives in its focus on reaching parents and families as a primary group for influencing young people. The program offers flexible resources complete with partnership ideas and outreach opportunities to unite community organizations. Four of the National Institutes of Health have combined their unique resources and activities to create *We Can!*: the National Heart, Lung, and Blood Institute; the National Institute of Diabetes and Digestive and Kidney Diseases; the National Institute of Child Health and Human Development; and the National Cancer Institute. For more information, visit http://wecan.nhlbi.nih.gov or call toll-free 866-35-WE CAN (866-359-3226)

The NICHD sponsors research on development, before and after birth; maternal, child, and family health; reproductive biology and population issues; and medical rehabilitation. For more information, visit the Institute's Web site at http://www.nichd.nih.gov.