



AAHE At-A-Glance

Volume 4 Issue 4, December 1, 2006

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Thank you for reading, and happy holidays!

For more information, please go to the AAHE website --

<http://www.aahperd.org/aahe>

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AAHE Contributing Editor

Valencia, California

The American Association for Health Education serves health educators and other professionals who promote the health of all people. AAHE encourages, supports, and assists health professionals concerned with health promotion through education and other systematic strategies.

AAHE InfoSource

American Association for Health Education, www.aaheinfo.org

December 2006

AAHE 2nd Special Interest Group Networking Luncheon

AAHE will host the second Networking Luncheon on Thursday March 15, 2007 at the AAHE/AAHPERD convention in Baltimore, MD. This complimentary luncheon is available on a pre-registration basis due to limited seating available, so sign up early for the opportunity to have an informal lunch with colleagues who share your special interests. There will be tables for discussing such topics as professional preparation, K-12 teaching, research, student activities, young professional interests, and many more. The event is sponsored for AAHE by the Forrest T. Jones Insurance Company. We look forward to seeing you there! Register now at <https://www.one-stop-registration.com/aaahperd/OSR.Index>

Nominations Sought for the 2007 AAHE/HEDIR Technology Award

The purpose of this award is to recognize a health educator, or a group, who has made outstanding contributions or who has transformed the profession of health education through technology. The award was created by Mark Kittleson, owner of the HEDIR. The American Association for Health Education (AAHE) is a partner with HEDIR on this Award

Eligibility: Any academically prepared health educator or group who has used technology to improve health education initiatives.

Procedures: Nominations can be made by e-mailing the individual's name, address, affiliation, fax, phone, and e-mail address to Mark Kittleson (kittle@siu.edu) no later than January 20, 2007.

Included within this nomination should be a description on why this person should be given the **HEDIR Award**. Included within this description can be URLs, specific programs, or other related issues that will support this person's nomination. Nominators will be kept confidential but must provide their name, address, affiliation, fax, phone, and e-mail. Assisting Dr. Kittleson with the selection process will be a group of technologically savvy individuals.

The recipient(s) will be announced on or around March 1 over the HEDIR listserv. An awards luncheon/meeting is scheduled to take place at the American Public Health Association's conference in Washington where the recipient(s) will be given an opportunity to make a presentation.

Previous winners have included Dr. Robert Gold (1997), Dr. Billie Lindsey (1998), and Dr. Vic Strecher and Dr. Judy Baker (1999), Dr. Alyson Taub (2000), Dr. James Eddy (2001), Dr. Michael Pejsach (2002) and HPCAREER.net/Michaela Conley (2002), Dr. Don Chaney and Elaine Auld (2003), Dr. Min Qi Wang (2003), Dr. Mark Tomita (2004).

Robert Wood Johnson Foundation Announces Games for Health Competition - Deadline: March 30, 2007

The Robert Wood Johnson Foundation (<http://www.rwjf.org/>) has announced a nationwide contest to promote the development of computer and video games that improve people's health and help them get the care they need.

The Games for Health Competition will award prizes totaling \$30,000 to entrants who develop game concepts or prototypes aimed at improving aspects of health and healthcare. Three prizes will be awarded -- one for a working prototype and two for storyboard/design treatments.

Entrants in the storyboard/treatment competition will design a game that identifies a specific problem faced by healthcare providers (such as training staff to counsel family members or raising awareness about bone marrow donations) or address a significant health issue and offer potential strategies for addressing the problem. (Two prizes of \$5,000 each.)

Participants in the prototype competition will develop working prototypes of a health-related game in a playable form. The games may be about any health or healthcare topic and could help with training, health education, disease management, prevention, or building general awareness and understanding. (One prize of \$20,000.)

The competition is open to U.S. residents over the age of 18, including independent and collegiate developers, casual gamers, and organizations that are not commercial game publishers. Health and healthcare organizations, including schools of public health, healthcare nonprofits, and hospitals, are invited to enter. Entrants are encouraged to involve representatives from a healthcare organization, patient population, or other health-related audiences that would benefit from the game it designs in the concept development and execution. Details on contest categories and application procedures may be found on the Games for Health Competition Web site.

<http://fconline.foundationcenter.org/pnd/10005097/gamesforhealth>

Updates for Health Educators!

Diabetes News...

Study Finds Breastfed Babies Are Less Likely to Become Obese, Even if Mother is Obese or Has Diabetes

How to break the cycle of diabetes that often plagues families – especially those in which the parents are overweight – is a problem that has troubled researchers and physicians for many years. However, a study being published in the October issue of *Diabetes Care* provides families with one tool that may help: Breastfeeding. The Harvard School of Public Health based study, of more than 15,000 boys and girls between the ages of 9 and 14, found that those who were breastfed during the first year of life were less likely to become obese as they grew older – regardless of whether their mothers were overweight or had diabetes. This research contradicts a previous study that suggested that children breastfed by mothers with diabetes exhibited poor glucose tolerance and excessive weight gain as they began to grow.

The United States is in the midst of an epidemic of obesity and overweight, for both children and adults. Obesity is one of the leading risk factors for type 2 diabetes, a disease that has begun to show up in American youth in recent decades as obesity rates climb. The National Institutes of Health provided financial support for this study.

To reach lead interviewer Dr. Mayer-Davis, phone: 803-251-7873 or email: EJMayer@gwm.sc.edu.

High-Fiber Diet Prior to Pregnancy Helps Prevent Gestational Diabetes

A separate study in the October issue found that women who ate a high-fiber diet prior to becoming pregnant were less likely to develop gestational diabetes. Specifically, it found that every 10 grams of total daily fiber intake reduced the risk of gestational diabetes by 26 percent. The beneficial effects of dietary fiber in this study mainly came from eating fruit, cold breakfast cereal, and dark bread. Since women who experience gestational diabetes are more likely to develop type 2 diabetes later in life, eating a high-fiber diet could not only improve their health during pregnancy, it could help set the course for a lifetime of better health. In its recently updated Nutritional Guidelines, the American Diabetes Association stressed the important preventive role that fiber can play in the diet of those who are at risk for diabetes. This study was funded by a grant from the National Institutes of Health.

To reach lead researcher Dr. Cuilin Zhang, Department of Nutrition, Harvard School of Public Health, phone: 617-432-4973 or email: nhcui@channing.harvard.edu.

Chart Book from MCHB on Overweight and Physical Activity

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

School Health Index Training Manual Available

The Division of Adolescent and School Health is pleased to announce the release of the *School Health Index Training Manual*, available at www.cdc.gov/HealthyYouth/SHI/Training. This manual is a packaged set of materials for conducting trainings or presentations on the *School Health Index: A Self-Assessment and Planning Guide (SHI)*. It provides detailed materials and resources on how to implement the SHI in schools. Users can select the most appropriate sections of the *SHI Training Manual* and customize those components to best suit their needs.

The *SHI Training Manual* is currently available for download in PDF, PowerPoint, and Text versions. Hard copies will be available to order free of charge in late 2006.

This manual is intended to be used in conjunction with the School Health Index, which can be completed interactively, downloaded, or printed from the Web site at <http://www.cdc.gov/HealthyYouth/SHI>. Designed for use at the elementary, middle, and high school levels, the SHI has already helped thousands of schools around the country to identify the strengths and weaknesses of their school health programs and policies, prioritize actions for improvement, and develop a team approach to implementing school guidelines recommendations. It addresses physical activity, healthy eating, tobacco-use prevention, unintentional injury and violence prevention, and asthma. The SHI is a user-friendly, confidential means of engaging the people who know your school best, to improve the health and well-being of your students and staff—often at little or no financial cost!

Identifying Promising Strategies for Physical Activity

The Maternal and Child Health Library released a new electronic resource guide offers a selection of current resources that analyze data, describe public health campaigns and other promotion programs, and report on research aimed at identifying promising strategies for improving physical activity levels within families, schools, and communities. It also provides resources that describe the consequences of sedentary behavior.

Available at http://www.mchlibrary.info/KnowledgePaths/kp_phys_activity.html

Sorry Cupcake, You're Not Welcome in Class

The days of the birthday cupcake -- smothered in a slurry of sticky frosting and with a rash of rainbow sprinkles -- may be numbered in schoolhouses across the nation. Fears of childhood obesity have led schools to discourage and sometimes even ban what were once de rigueur grammar-school treats. "They can bring carrots," said Laura Ott, assistant to the superintendent of Orange County's Saddleback Valley Unified School District, which this month started allowing non-nutritious classroom treats only three times per year. "A birthday doesn't have to be associated with food." Such nutritional dictates have ignited a series of mini cupcake rebellions across the country, and Texas has led the way. The Texas Legislature last year passed the so-called Safe Cupcake amendment, which guarantees parents' right to deliver unhealthful treats to the classroom -- such as sweetheart candies on Valentine's Day and candy corn on Halloween. Rep. Jim Dunnam sponsored the legislation after a school in his district booted out a father bringing birthday pizzas to his child's class. "There's a lot of reasons our kids are getting fat," said Dunnam, a Democrat from Waco. "Cupcakes aren't one of them." Whether cookies, cakes and other birthday treats at school are the culprits or not, writes Seema Mehta, the nation's children are definitely packing on the pounds.

Excerpt from PEN Weekly NewsBlast for September 29, 2006

Website on Mental Health for Youth

An interactive website that provides valuable information for teenagers to help improve their mental health and wellbeing during the transition-age years is now available at www.reachout.com.au. Developed for Australian youth, the materials are useful to any teenager. The site includes coping tips, forums, fact sheets, personal stories as well as resources regarding mental illness, school, employment, stress and relationships. The website was created after the developers conducted research with youth focus groups and determined what appeals to teenagers most when learning about mental health issues. Reachout plans to develop a similar website in America and will be conducting research here to determine what is best for American teenagers. Therefore, please feel free to send any feedback regarding the website to Dana Crudo, Child & Adolescent Center Program Associate, at danac@nami.org

Promising Practices Working with Adolescents

Two proven programs were recently added to RAND's Promising Practices Network (PPN) Web site: the Coping with Stress Course and the Adolescents Coping with Depression Course (CWD-A).

The Coping with Stress Course targets adolescents who are at risk for developing depression. The program focuses on teaching coping strategies in an effort to provide adolescents with the skills needed to counteract their vulnerability to depression and other mood disorders later in life. Participants in the program have experienced significant reductions in depressive episodes and symptoms as well as in other depression-related measures. More information is available at

<http://www.promisingpractices.net/program.asp?programid=151>.

CWD-A shows promising effects for adolescents who are already experiencing high levels of depression. CWD-A teaches a variety of skills to cope with and relieve depression, including techniques for assertiveness, relaxation, cognitive restructuring, and mood monitoring. The program also includes a group intervention for parents to encourage their support and reinforce the adolescent's use of these coping skills, and to teach parents communication and problem-solving techniques. More information is available at <http://www.promisingpractices.net/program.asp?programid=152>.



A CALL FOR PROPOSALS FOR

Engage. Challenge. Inspire 2007- RESEARCH INTO PRACTICE 2007 AAHE Mid-Year Meeting & 19th Annual NAHEC Conference

DEADLINE: January 16, 2007

The 2007 American Association for Health Education Mid-year Meeting and the 19th Annual Conference of the National Association of Health Education Centers, hosted by the CDC Global Health Odyssey, HealthMPowers and Georgia Association for Health, Physical Education, Recreation and Dance, will be held June 24 – June 26, 2007 in Atlanta, Georgia. Hotel accommodations provided by the Holiday Inn, Decatur. We are enthusiastic to build a strong base of speakers to present in the following tracks:

- Executive / Administrative
- Educator
- Marketer / Fund Developer
- Technology

Proposals will be assessed based on the following criteria and must meet presentation format guidelines.

1. Diverse Speakers: representatives of varying experiences and backgrounds
2. Relevance of session proposal to conference theme
3. Timeliness of the session topic to the field
4. Degree of audience participation worked into the session
5. Demonstrates innovative approach

Past conference attendees have noted specific interests in:

- How to position your health education program as a LEAD resource on health within your community
- How to advocate for health education at a local and/or state level
- Building a brand
- Tips and tools for effective outreach
- Teaching techniques
- Program evaluation tools
- Programs focused on healthy choices, IE: tobacco, drugs, alcohol prevention
- Both published and unpublished research may be presented

PRESENTATION FORMATS

Presentation (55 minutes)

- **Definition** – 1 to 2 facilitators present on a topic, open the floor to participants and summarize main points.
- **Guidelines** – presenters must be experienced in facilitating and should be experts on discussion issue.
- **Abstract** – should include a topic discussion and the names, titles, affiliations and specific qualifications of all facilitators.

Case Study (55 minutes)

- **Definition** – two 20 minute case study presentations around a common theme that provide an in-depth look into a program, plan, etc.
- **Guidelines** – must allow for questions following each presentation, provide handouts and address both the success and challenges of programs.
- **Abstract** – should describe programs in detail and what supplementary material will be provided to attendees.

Roundtable Discussion (55 minutes)

- **Definition** – 1 to 2 facilitators host a table and lead an informal discussion on a specific topic within a discipline area.
- **Guidelines** – handouts are encouraged.
- **Abstract** – should include a topic description and summary of facilitator experience.

Poster Session (55 minutes)

- **Definition** – 1 to 2 facilitators place materials such as photos, diagrams, charts, data, and narrative text on a large poster board provided. Facilitator/s will have the opportunity to discuss project as attendees come through the area.
- **Guidelines** – facilitator/s must be present to show poster and answer questions as needed.
- **Abstract** – should include author, objectives of the project or research, major findings and their significance and conclusions.

PROPOSAL PREPARATION GUIDELINES

Please read these guidelines carefully to ensure successful submission of your proposal. Download the form for session proposals from the NAHEC website: www.nahec.org

1. **General Format:** Please submit only one-sided copies of all materials
2. **Proposal Form:** Submit one copy with all items completed and proofread for publication in conference programs.
3. **E-mail Address:** The main contact **MUST** supply a current email address on the proposal form. Notifications will only be sent to the main contact. **The main contact, if other than the actual presenter, is responsible for disseminating all logistical and other information to session presenters.**
4. **Speaker Registration:** Speakers do not receive honoraria, complimentary registrations or paid expenses to present; however, a discounted speaker rate, as well as a one day registration option is available. The 2007 speaker registration is \$114.00. The fee includes conference registration plus all AV needs, with the exception of computer/laptop access. Please note the group rate at the conference hotel, Holiday Inn, Decatur, is \$99.00 plus tax per night.
5. In order to ensure a variety of perspectives, presenters may participate in a maximum of **TWO SESSIONS**. Presenters, as a condition of acceptance, must be available any day during the conference.

SUBMIT ALL PROPOSALS

BY MAIL TO:
NAHEC / AAHE 2007 Conference Coordinator
c/o 1533 N. RiverCenter Drive
Milwaukee, WI 53212

BY FAX TO:
(414) 390-2199

BY EMAIL TO:
mmiller@nahec.org

PROPOSALS MUST BE RECEIVED NO LATER THAN JANUARY 16, 2007

DEADLINE: JANUARY 16, 2007

Presentation Proposal Form

Engage. Challenge. Inspire 2007- RESEARCH INTO PRACTICE **AAHE Mid-Year Meeting & 19th Annual NAHEC Conference**

1. Main Contact (all correspondence will be sent ONLY to the main contact): Telephone and e-mail address are required. (Main contact may not be a speaker)

First name: _____ Last name: _____

Title: _____ Institution: _____

Street: _____

City: _____ State/Province: _____ Postal Code: _____

Phone: _____ Fax: _____

E-mail: _____

2. Session Title: (15 word max.)

3. Description – Description for Publication in Program (50 word maximum)

4. To help the committee in assessing this presentation, please include a session description, which must include 1-3 learning objectives. (250 word maximum)

5. Key issues: What are the key issues addressed by your session, and why are they important?

6. Session Format (Please identify first priority and all others that would be acceptable 1-4)

- Presentation Round Table Discussion
 Case Study Poster Session

7. Track (Please check all that apply)

- Executive / Administrative Marketer/Fund Development
 Educator Technology

8. Unless otherwise noted, all rooms will be set in classroom style.

9. Audio Visual Needs: The following are provided to the speaker as part of the registration. Speakers must supply their computers/laptops.

(Please check the AV equipment you need)

- LCD Projector/Screen
 DVD Player/TV
 Podium with Microphone (Keynote Addresses only)
 Podium
 Flip Chart with Markers
 Electrical Extension Cord

Internet Access

10. Speaker Information If the speaker is the same as the main contact, please write "main contact." (Please remember that registration is not waved for presenters. Refer to *Proposal Preparation Guidelines* for more information.) MAXIMUM OF THREE PRESENTERS PER SESSION.

1. Name:

Title:

Credentials:

Company:

Street:

City, State, Zip

Phone: _____ E-mail address: _____

2. Name:

Title:

Credentials:

Company:

Street:

City, State, Zip

Phone: _____ E-mail address: _____

3. Name:

Title:

Credentials:

Company:

Street:

City, State, Zip

Phone: _____ E-mail address: _____

11. Authorization

By signing this form I confirm that this information is correct to the best of my knowledge. I fully understand my responsibilities if this proposal should be accepted and agree to all terms.

Main Contact Signature

Date